Priorities for the Seventh Senedd - Health and Social Care Committee

Executive Summary

Tenovus Cancer Care is Wales' leading independent cancer charity, dedicated to giving help, hope, and a voice to everyone affected by cancer. By the end of the Seventh Senedd term, an estimated 230,000 people in Wales will be living with cancer. However, NHS cancer services across Wales are struggling under unprecedented demand, stagnant waiting time performance, and persistent health inequalities.

In our manifesto, *Losing Our Patience*, we set out our calls for fairer, faster cancer services across Wales. Following a strategic re-evaluation of our work during the COVID-19 pandemic, Tenovus Cancer Care focuses its efforts on frontline community support, benefits advice, professional counselling, and policy advocacy.

We welcome the opportunity to submit this response to the Health and Social Care Committee. We urge the Committee to focus its scrutiny and inquiry work for 2026–2030 on the five priority areas set out below.

1. Accelerating Early Diagnosis and Prioritising Less Survivable Cancers

The Challenge:

Wales continues to lag behind comparable international health systems in early cancer detection. Late-stage diagnosis directly drives poorer survival outcomes, particularly for less survivable cancers: lung, liver, brain, oesophagus, pancreas, and stomach. These six cancers account for 40% of all cancer deaths in Wales, yet five-year survival rates remain under 20%.

Recommendations:

- **Targeted Lung Cancer Screening:** Lung cancer is the biggest cancer killer in Wales, causing more deaths than breast and bowel cancer combined. Screening will be a significant public health/preventative measure that has the potential to saves lives and relieves pressure on the NHS as more cancers are detected at an earlier stage. The Committee must closely scrutinise the Welsh Government's rollout of a targeted lung cancer screening programme to ensure it meets its 2028 launch date. Wales also needs equitable implementation in communities with the highest deprivation and mortality rates if it's to ensure meaningful uptake rates, and the secondary/tertiary services must be able to manage the anticipated changes in demand.

- **Rapid Diagnostic Centres (RDCs):** The Committee should examine health board capacity to maintain RDCs – their roll-out across Wales was a rare success post-covid. Yet, the decision by Aneurin Bevan UHB to close their single RDC late last year was alarming. We know from international evidence that Wales must provide a pathway for patients with non-specific but concerning symptoms to ensure they're diagnosed cancer or cancer is ruled out swiftly.
- **Adoption of Diagnostic Innovations:** Examine whether Health Boards are successfully accelerating adoption of low-cost, high-impact diagnostic tools across clinical setting, such as the capsule sponge test for early detection of oesophago-gastric cancers or trans-nasal endoscopy.

2. Driving Improvements in Women's Health (Gynaecological Cancers)

The Challenge:

Women facing gynaecological cancers frequently experience prolonged diagnostic delays, dismissal of early symptoms, and fragmented treatment pathways. Evidence gathered by Tenovus Cancer Care and highlighted in Senedd committee inquiry reports the Unheard Report and its follow up report, reveals that gender-specific health barriers continue to compromise care. We remain concerned that the lack of inclusion or any measures within the Woman's Health Plan has stalled potential implementation by a couple of years.

Recommendations:

- Continue to hold the Welsh Government accountable for implementing all recommendations from the Senedd inquiry into gynaecological cancer pathways.
- Understand where responsibility for addressing issues raised within the Unheard report sits. Is it within the Woman's Health Plan or the National Cancer Team. Has fallen between the two in the recent past and will continue to do so unless addressed.

3. Strengthening Mental Health and Emotional Wellbeing Support

The Challenge:

The emotional impact of a cancer diagnosis is profound and often long-lasting, made worse by anxiety during extended waiting periods for diagnostic tests and treatment. NHS psychological services are under severe pressure, leaving significant gaps in emotional support for patients and families.

Charity Context and Experience:

Tenovus Cancer Care delivers an All-Wales Counselling Service staffed by BACP-registered counsellors, supporting over 1,000 people since 2022. Alongside our free Support Line (0808 808 1010) and specialist nurse support, our service demonstrates the vital role third-sector providers play in supporting psychological wellbeing.

Recommendations:

- Scrutinise NHS health board provision of dedicated psycho-oncology and emotional support services, ensuring psychological care is embedded into every cancer pathway.
- Explore formal partnerships between NHS Wales and third-sector providers to ensure sustainable funding and seamless referral pathways for community counselling.

4. Tackling Health Inequalities and Poverty

The Challenge:

Cancer is not equal in Wales. People living in the most deprived communities are 20% more likely to develop cancer and face higher mortality rates. Simultaneously, a cancer diagnosis brings severe financial hardship due to lost income, increased heating costs, and travel expenses for treatment.

Charity Context and Experience:

Through our team of specialist benefits advisers, Tenovus Cancer Care helps cancer patients in Wales access millions of pounds in unclaimed financial support every year, directly relieving financial strain.

Recommendations:

- Prioritise a cross-committee inquiry into health inequalities, examining how socio-economic deprivation impacts screening uptake, cancer stage at diagnosis, and survival rates.

5. Embedding Patient Voices in Healthcare Scrutiny

The Challenge:

Policy decisions and service redesign must be informed by the lived experiences of those directly affected by cancer.

Committee Recommendations:

- Establish formal co-production mechanisms within the Health and Social Care Committee's work program, drawing upon patient networks such as the All-Wales Cancer Community hosted by Tenovus Cancer Care.
- Ensure that lived experience evidence is routinely gathered alongside clinical and financial data when scrutinising NHS performance and health board plans.

Barriers to Delivery

Workforce Deficits

Clinical and Diagnostic Staffing: Severe shortages of clinical oncologists, radiologists, and histopathologists create direct bottlenecks in confirming diagnoses and initiating treatment plans. The Royal College of Radiologists highlight significant staffing deficits across NHS Wales, with regional shortfalls particularly acute in North and West Wales.

Specialist Support Roles: Gaps in Clinical Nurse Specialists (CNS) and dedicated psycho-oncologists limit the capacity of local health boards to provide structured emotional care, leaving patients reliant on stretched voluntary-sector resources.

Diagnostic Infrastructure and Equipment Constraints

Imaging and Endoscopy Backlogs: Implementing targeted lung cancer screening and expanding diagnostic capacity – whether through Rapid Diagnostic Centres, or more generalist/centralised Diagnostic centres requires substantial infrastructure investment, but will doing so will pay off over time. Diagnostic delays remain a major driver of missed waiting-time targets.

Capital Investment Limitations: Rolling out new diagnostic innovations, such as cytosponge tests for oesophageal cancer or digital pathology platforms, requires upfront capital and digital systems integration that compete with wider NHS Wales financial pressures.

Strategic Governance and Oversight Gaps

Unclear Delivery Mechanisms: An extensive review by Audit Wales on Cancer Services identified a lack of clarity regarding how national improvement plans are operationalised and monitored between the Welsh Government, the NHS Executive, and individual health boards. We had also been led to believe that oversight of gynaecological cancers would fall to the Woman's Health Plan.

Conclusion

The Seventh Senedd term represents a decisive opportunity to reshape cancer outcomes across Wales. With cancer prevalence projected to reach 230,000 by the end of the decade, continuing with the status quo is unsustainable for NHS Wales, healthcare professionals, and patients alike.

By prioritising early diagnosis for less survivable cancers, addressing historic delays in gynaecological pathways, embedding mental health support, and tackling cancer-related poverty, the Health and Social Care Committee can drive meaningful, measurable progress.

Crucially, rooting Committee inquiries in the lived experiences of individuals through networks like the All-Wales Cancer Community will ensure policy solutions directly address the realities on the ground.

Tenovus Cancer Care stands ready to work collaboratively with the Committee throughout the 2026–2030 term, providing frontline evidence, expert insights, and a strong voice for everyone affected by cancer in Wales.