1. How should the national cancer strategy improve outcomes?

Improving cancer outcomes across Wales requires a fundamental shift in perspective.

Historically population level interventions to reduce cancer incidence have generally fallen short due to the treatment of peoples' health paths as "lifestyle choices" with an over-emphasis on individual responsibility and a lack of recognition for social, economic and environment factors.

The inequalities in cancer outcomes due to deprivation are a result of lack of equity at all levels within the cancer pathway, including lack of GP accessibility (manifesting in multiple ways – including, geographical distance, fewer GPs and through long-winded and complex booking systems), poorer symptom awareness, a higher likelihood of co-morbidities which limit treatment options and access to clinical trials and higher chances of fatalistic beliefs influencing treatment choices.

The significant variation in incidence and outcomes of people in the most deprived areas of Wales compared to those in the least deprived areas indicate that the single most effective way to reduce the number of people per 100,000 who die from cancer each year would be to tackle the inequalities that those people face.

Yet cancer policy has focused predominantly on clinical survival metrics and NHS service delivery. While timely access to high-quality clinical treatment is vital, cancer outcomes cannot be defined by medical interventions alone, and that increases in importance as cancer becomes more survivable and more people are living with and after cancer.

Cancer affects every aspect of an individual's life: emotional stability, mental health, household finances, employment, and family wellbeing, and in areas of deprivation these are exacerbated through socio-economic factors, educational attainment etc.

Tenovus Cancer Care urges the Welsh Government to broaden its framing from improving people's "experience of NHS services" to improving inequalities and holistic outcomes of people affected by cancer. This is the Welsh Government's strategy for cancer and success will rely on activity delivered alongside, as well as within, NHS Wales.

A 10-year strategy presents Wales with the opportunity to prioritise, plan for and coordinate long-term action across the cancer pathway (and adjacent support services): prevention, early detection, rapid diagnostics, treatment, wrap-around practical and emotional support, rehabilitation, and palliative, through to end of life care.

Central to achieving improved cancer outcomes is recognising the third sector as an equal strategic partner within the Welsh cancer system. Charities are not

mere supplementary services operating at the periphery of the NHS; they deliver essential frontline care that protects health outcomes. For example, Tenovus Cancer Care has supported communities across Wales through services designed around the whole person, we provide:

- Specialist Information and Reassurance: The free Tenovus Cancer Care Support Line and Nurse SACT Callback service provides nurse-led clinical reassurance, safety netting, practical advice, and emotional guidance to people affected by cancer navigating complex pathways, throughout their cancer journey.
- Tackling Financial Hardship: The Tenovus Cancer Care Benefits Advice Service/Money and More Cymru works with patients to secure vital financial support, mitigating the financial costs, impacts and harms associated with cancer.
- Psychological Support: The Tenovus Cancer Care counselling service provides professional psychological care for cancer patients and loved ones coping with trauma and anxiety.

Aside from inequalities and being more person centred, improved cancer outcomes will result from developing interventions such as a Wales-wider Lung Cancer Screening Programme (see below) and **a renewed focus on the HPV vaccination scheme and ensuring that uptake meets the WHO 90% uptake target.** HPV vaccination will also be the model for future cancer-related vaccines (the Epstein-Barr Virus being the nearest potential candidate for eventual clinical adoption and roll-out). As public distrust in vaccinations has grown because of the spread of misinformation Wales cannot afford for HPV vaccination rates to slow when we are so close to seeing the tangible outcomes on cancer incidence rates.

The Wales cancer strategy should establish a commitment to a person-centred model that breaks down existing silos between the third sector, acute healthcare, primary care and social care. Improved integration will ensure that non-clinical needs, which directly influence treatment adherence, recovery, and quality of life, are addressed systematically from the point of diagnosis.

2. How can more cancers be detected at earlier stages?

First, not all cancer types are stageable, and by placing emphasis on staging, unstageable cancers such as brain and blood cancers are overlooked.

Diagnosing cancer at an earlier stage significantly improves curative treatment options, cancer patient outcomes and long-term survival. To achieve a step-change

in early detection, Wales must take steps to focus attention on those tumour sites with the poorest survival outcomes.

The strategy needs to focus attention on the six less survivable cancers: lung, liver, brain, oesophagus, pancreas, and stomach. According to the Less Survivable Cancers Taskforce, these cancers have an average five-year survival rate of 16%. Because these cancers often present with non-specific symptoms, early diagnosis is challenging but deserving of specific focus over the long-term period the strategy affords.

The single most impactful action the Welsh Government can take over the next decade is the complete rollout of a targeted (55 to 74 years old ever smokers) lung cancer screening programme as recommended by the UK National Screening Committee (UKNSC) in 2022 and supported by the Welsh Government in 2025. Lung cancer remains the leading cause of cancer death in Wales, with significant inequalities between deprived and affluent communities. The national rollout is due to start in 2028. **This strategy presents Ministers with an opportunity to issue a target to 100% rollout within its 10-year lifespan and issue a target for uptake.** We understand from our participation in the UK Lung Cancer Coalition (UKLCC) that in those cancer alliances where rollout of lung cancer screening is approaching 100% complete that over 50% of lung cancers detected are at stages 1 or 2. Were this replicated in Wales the impact would be transformative.

Integrating cancer screening reporting into and alongside the Suspected Cancer Pathway (SCP) in Wales is essential for eliminating hidden patient waiting times, standardising accountability across health boards, and accurately managing diagnostic capacity. Because population screening programmes in Wales are managed nationally by PHW while onward diagnostic tests and treatments are delivered locally by the seven health boards, unified reporting is the primary mechanism that bridges these separate organisations.

We also recommend learning from the experience of targeted lung cancer screening and for Wales to become more willing to utilise UK and international trial data, evidence and findings in the production of proposals for screening programmes. As the technology and risk-stratification techniques matures the UKNSC are likely to recommend screening for more cancer types. Relying on small-scale Wales located pilots to justify adoption risks the duplication of resources and time that could be better spent on developing new screening programmes.

NHS Wales must expand innovative diagnostic pathways. As outlined in Tenovus Cancer Care's report A Burning Issue, oesophago-gastric cancers are frequently diagnosed late in emergency departments. We must expand diagnostic capacity through the nationwide adoption of non-invasive diagnostic innovations like the capsule sponge and transnasal endoscopy (TNE). Alongside this, the creation of a

national registry for people with Barrett's oesophagus will ensure rigorous surveillance of pre-cancerous conditions.

Community awareness initiatives must be sustained and targeted. One-off national campaigns are insufficient. Tenovus Cancer Care's "Life Shouldn't Be Hard to Swallow" campaign demonstrated the effectiveness of working through community pharmacies in high-incidence areas to raise awareness of persistent heartburn and encourage early presentation. **However, these campaigns shouldn't be the sole preserve of the third sector – collaboration between the NHS and their third sector partners is essential**

Early detection requires health professionals to listen to patients. The Senedd Health and Social Care Committee's inquiry, Unheard: Women's journey through gynaecological cancer, and our work with Claire's Campaign demonstrated that women presenting with gynaecological symptoms often face misdiagnosis and dismissive attitudes. **Improvements to primary care education, streamlined referral protocols, and the expansion of Rapid Diagnostic Clinics (RDCs) for vague symptoms are essential to prevent diagnostic delays.**

Finally, following England and **adopting Jess's Rule into primary care would establish a vital safety net to detect cancers earlier by introducing a formal "three strikes and rethink" threshold.** The rule, subject to a petition being considered by the Senedd petition's committee, instructs GPs teams to reflect, review, and rethink their diagnosis whenever a patient presents three times with unresolved or worsening symptoms.

Formalising this diagnostic pause prevents missed opportunities and ensures unresolved symptoms lead directly to earlier intervention.

3. How should the NHS prepare to deliver future cancer treatments?

Between 2025 and 2035, Public Health Wales projects the number of cancer cases to rise from 20,031 to 24,371 an 11% increase. That is on top of the 21% increase in cases in the 15 years prior to 2025.

The new strategy needs to set the shared national vision and mission for NHS Wales to take control and proactively address increased demand from the projected increase in cancer incidence. Planning needs to focus on embedding wrap-around care, modernising clinical treatment delivery and adapting the infrastructure to bring care closer to home.

NHS Wales needs to improve coordination with support organisations, such as Tenovus Cancer Care, to address factors that complicate the patient pathway and threaten treatment completion.

The physical and mental stresses of complex cancer treatment is amplified when patients face financial hardship or psychological distress. **Consideration needs to be given to how established support services, such as those offered by Tenovus Cancer Care, are better integrated into clinical practice and available to patients from the point of diagnosis.** Clinical teams that can meet the holistic needs of their patients will bolster their patient's ability to complete complex treatment regimens.

One such service provided by Tenovus Cancer Care that straddles the clinical/non-clinical space is its Nurse Callback service. The nurse-led primary call back service, delivered through SLAs with six of the seven Health Boards, and Velindre NHS Trust – complements scheduled care and acute oncology by encouraging patients undergoing systemic anti-cancer therapies (SACT) to act on their side effects at an earlier stage before they become an emergency in need of unscheduled care. With permission, patients are referred to the call-back service. A Tenovus Cancer Care nurse calls the patient at a fixed time (usually 6 times - once during days 3-7 post first treatment; once during days 10-14 and then 4 monthly calls after that).

The call-back service increases patient awareness about SACT side effects and gives people undergoing SACT the confidence to approach their agreed health board team at an earlier stage with any concerns, rather than waiting until the issue becomes an emergency. The service also allows people to access additional benefits advice and emotional, well-being support (discussed below) – helping to meet their holistic needs.

Where clinically safe to do so treatment delivery must move closer to patients' homes. Prolonged travel to regional specialist centres places an immense physical and financial burden on patients, particularly those living in rural parts of West and North Wales. The administration of SACT, supportive oral treatments, routine blood monitoring, and follow-up care can be delivered in local primary care clusters and community healthcare settings. However, **record keeping must, however, be designed to avoid fragmentation – software standardisation; consistent, nationally applicable definitions and hardware integration.**

Personalised treatments are increasingly reliant on complex genomic data. It is our view, from working alongside NHS Wales, that **the data infrastructure is not currently equipped to handle or interrogate genomic data at the levels which will be essential in the next 10 years.** This is also true for the increased use of AI technologies in both diagnostics and treatments, which require all patient data to be codable, searchable and comparable across UK Nations. This is currently not the

case, with data collection being patchy and inconsistent. **The cancer strategy presents an opportunity to set and support agreed standards.**

A useable, expandable and safe data collection system will enable researchers in Wales (with the support of an engaged data governance team, and within a secure data environment) to safely interrogate huge amounts of patient data over the coming years to develop new AI systems which can not only explore drug development but also plan treatment delivery.

4. What support should individuals, carers and families receive during and after cancer treatment?

It isn't clear from the above question, but a person's cancer journey starts before their treatment starts and while around 60% of people start their first definitive treatment within 62 days, a significant number of people are waiting for treatment, knowing they have cancer and need support *prior* to treatment. **It is critical that holistic, person-centred cancer support is available from the point of diagnosis and support (information) on cancer signs, symptoms and self-advocacy is available from reliable, trustworthy sources for people with concerns about their body and from the point of cancer suspicion.**

Nobody affected by cancer should have to navigate support services alone, whether before, during or after treatment. A cancer diagnosis impacts individuals *and* families, creating financial instability, social isolation, and psychological distress. A recent study has also suggested that patients are at an increased risk of depression and anxiety rates post-treatment, and since we know that in the future significantly more people will live with and beyond treatment, Wales needs to be better prepared to provide holistic support.

The strategy presents Wales with an opportunity to set out a comprehensive, consistent, bilingual, support offer that covers the entirety of the cancer pathway. An offer that includes:

Welfare and Financial Support

For too many people a cancer diagnosis is an immediate financial shock. The GIFT study of 671 UK cancer patients and survivors revealed that nearly 1 in 2 (46 %) experience financial strain during or after their diagnosis. Since Wales is poorer, relative to the UK, we can assume the 46% figure underestimates demand in Wales. Patients can experience unexpected loss of earnings alongside increased heating bills, travel expenses, and dietary costs. Part-time workers, self-employed, and rural workers are amongst the hardest hit.

Between April 2021 and March 2025 - supported through Single Advice Fund grant funding across the North Wales region - Tenovus Cancer Care's Benefits Advisors secured approximately £15 million in welfare benefits for people affected by cancer in Wales.

Since mid-2026 Tenovus Cancer Care is also responsible for delivering a new service, Money and More Cymru, a new innovative partnership funded by Macmillan Cancer Support. The new pan-Wales service ensures that anyone affected by cancer who needs support with welfare benefits, financial concerns or wider wellbeing issues gets the right guidance, tailored to their situation.

Emotional and Psychological Care

Living with cancer involves significant trauma. The last Wales Cancer Patient Experience Survey (2021) revealed that only 65% of respondents were able to discuss any worries or fears they had with staff during their hospital visit; and only 74% of respondents said that hospital staff gave them enough emotional support.

Tenovus Cancer Care is addressing this gap by providing a bilingual, pan-Wales counselling service staffed by BACP-registered counsellors. This service has had nearly 2400 referrals into it since 2022.

Additionally, Tenovus Cancer Care's Sing with Us choirs offer an evidence-based psychosocial intervention that boosts wellbeing, reduces anxiety, and builds social connection.

The strategy must fully implement the recommendations of the All-Wales Cancer Psychology Project and recognise third-sector counselling and peer-support networks as core elements of psychological care.

Support for Carers

Unpaid carers provide essential daily care but experience significant burnout. The strategy must guarantee carers of people affected by cancer and carers with cancer are identified and their holistic needs are assessed to improve access to tailored respite, emotional counselling, advice and financial support.

End of Life Care

For individuals with an end-of-life prognosis, swift, seamless support is paramount. Between April 2022 and September 2026 Tenovus Cancer Care has supported 3,409 people living with terminal cancer, assisting with fast-tracked welfare benefits ("SR1" recipients represent around one third of clients); future care planning, and counselling.

The strategy must acknowledge that palliative and end of life care is a prognosis for many people with a cancer diagnosis and they should be able to

receive high quality, holistic care in a timely manner and that the third sector are critical partners in the delivery of care at this part of the pathway – whether securing welfare benefits through the special rules (SR1) route, or counselling. There must be read across to the palliative and end of life care quality statement, through to delivery via the NHS Wales Palliative and End of Life Care programme.

Holistic support contributes to the prevention agenda and should be recognised as such. Third sector support (including the SACT Nurse Callback service) reduces the likelihood or severity of acute, unscheduled, demand on the NHS.

5. What opportunities exist to strengthen cancer research, clinical trials and innovation in Wales?

Tenovus Cancer Care is committed to amplifying the cancer patient voice across research, policy and service delivery.

Our experience has shaped our view that **this strategy gives Wales a rare opportunity to embed patient insight and lived experience into all research and innovation – moving beyond it being *a nice to have* to an essential component – reflecting patient experience.** The creation and growth of patient groups like Tenovus Cancer Care's All-Wales Cancer Community means there is a cohort of patients with lived experience who wish to be involved.

A cancer strategy which lays out a clear and manageable implementation strategy for new innovations (a once for Wales approach) would foster a research environment whereby researchers are likely to see the outcomes of their research become standard practice.

Wales needs to become a more receptive environment for diagnostic tools, such as capsule sponge and trans-nasal endoscopy, and the proven-to-work innovations of the future, if we are to move away from diagnosing cancer at stage 3 and 4.

The lack of dedicated research time for clinicians is a significant stumbling block for cancer research and clinical trials. Clinicians are unable to act as primary investigators, manage protocols or recruit patients to clinical trials. This limits access to clinical trials, contributing to inequalities across Wales. This also makes Wales a less desirable place for ambitious clinicians, contributing to workforce retention challenges.

Tenovus Cancer Care has a long and proud history of funding and supporting research in Wales. Following Covid and the development of a new strategy, Tenovus

made the difficult decision to step away from the research space, acknowledging the contribution that other cancer charities make in this space.

We felt that patient experience and involvement in the cancer research, policy and service development spaces was underutilised and more could be done. This became a key priority for the charity and in 2022 we established the All-Wales Cancer Community (the AWCC).

The AWCC now contains over 300 members, representing each of the seven health boards areas of Wales and importantly, each of the deciles of the Welsh Index of Multiple Deprivation. Tenovus Cancer Care has brokered and shared almost 100 opportunities with the AWCC since its inception. The AWCC enables the patient voice to be at the heart of research, policy and service development. It is vital that the new Cancer Strategy continues to place the voice of the patient at the heart of co-production of services right across the cancer community – within the NHS, Academia and into Government.

6. What future workforce, equipment and facilities will be needed to deliver high-quality cancer care in Wales?

Delivering high-quality, sustainable cancer services across the NHS requires a balanced, forward-looking workforce strategy. **While recruiting new personnel to fill critical vacancies is essential, training and upskilling the existing workforce is just as important as workforce expansion.**

Across primary care, in GP surgeries and local pharmacies, a reliance on locums exposes local knowledge gaps and intermittent relationships with patients and communities. During Tenovus Cancer Care's Upper GI cancer symptom campaign "Hard to Swallow", targeted at local pharmacies in areas with high UGI cancer incidence we were struck by the lack of awareness of the issues faced by the local communities.

Healthcare professionals across primary, secondary, and tertiary settings must also be better equipped with knowledge regarding the support services offered by the third sector.

The strategy must ensure that cancer multidisciplinary teams, hospital staff, and primary care professionals receive structured training on voluntary sector provision. Staff should be confident in identifying non-clinical needs and referring patients directly to established third-sector services.

Frontline clinical staff, including GPs, oncologists, and Clinical Nurse Specialists (CNSs), face relentless clinical pressures. Consequently, non-clinical needs such as financial crisis, emotional distress, or social isolation can be difficult for clinical teams

to resolve within standard appointments. Third-sector organisations provide extensive, free services that relieve these exact pressures, yet awareness among NHS staff remains variable and overly dependent on individual initiative.

The cancer strategy provides Wales with an opportunity to ensure information concerning the services offered by the third sector can be accessed via health boards. Representing over thirty cancer charities, the Wales Cancer Alliance shares information about the services offered by its membership via its support services webpage.

7. What improvements in digital systems and cancer data will support improved care and outcomes?

Modern digital infrastructure and high-quality, validated, data are essential for delivering timely, equitable cancer services. **The current digital landscape across NHS Wales remains fragmented and data is hoarded, leading to clinical inefficiencies and masking health inequalities.**

Digital Fragmentation

We have accounts of MDT meetings in which digital fragmentation (across hardware and software) may have contributed to inefficiencies and delays. More must be done to understand this challenge (perhaps a consequence of the speed of digital progress, and patchy adoption across an MDT) and overcome it. The use of multiple digital systems within NHS Wales, not just between Health Boards but also between teams over complicates communication.

Additionally, with the discussion moving towards the use of AI to support MDTs in future, it is essential for the overall quality of the data used to train large language models (LLMs) to ensure that all data collection systems are compatible and cohesive.

Closing the Ethnicity Data Gap

Tenovus Cancer Care wants Wales to close its unacceptable cancer ethnicity data gap. In England, patient ethnicity is recorded for approximately 95% of cancer patients. In Wales, collection rates vary between 15% and 55% depending on the health board. Without comprehensive demographic data, NHS Wales cannot understand how cancer incidence, diagnosis stage, treatment access, and outcomes vary among Black, Asian, and minority ethnic communities.

Over the course of the strategy the Welsh Government must commit to capturing ethnicity data across all cancer pathways, setting a clear, measurable target to match NHS England's 95% recording rate within the first

five years. To ensure this occurs, clinical and administrative staff must be trained to collect demographic data sensitively and consistently.

While NHS Wales works towards meeting this target action can be taken to accelerate data-linkage work through the SAIL Databank to connect cancer registry data with wider socioeconomic and protected characteristic datasets. This can contribute to a better understanding of cancer outcomes across Wales; however, the use of data linkage should not be prioritised over accurate and consistent data collection.

Emergency Presentation

A recent piece of work by Tenovus Cancer Care has highlighted how the use of emergency presentation rates of cancer (the proportion of cancer admissions which occur because of a medical emergency rather than through screening or GP referral), could help us to quantify the standard of cancer services being provided throughout Wales. Higher rates of emergency presentation are tightly associated with later stage of diagnosis (and act as a good proxy for unstageable cancers), significantly poorer survival rates and higher levels of deprivation.

Ideally route-to-diagnosis data would be regularly published, to identify areas where emergency presentation is disproportionately high. **Wales is now the only UK Nation not to publish route to diagnosis data. It is essential that the cancer strategy recognises the need for a clear and consistent UK wide definition of "emergency presentation" and that the routes to diagnosis data set (which is currently collected on the Cancer Information System form) is validated and reported.** To achieve this, resources for the Welsh Cancer Intelligence and Surveillance Unit (WCISU) must be bought in line with those of the national cancer registries of other UK Nations, with resources provided for at least two additional full-time senior cancer analysts.

8. What actions will help address differences in outcomes between people with protected characteristics, people living in different health board areas, or people affected by different types of cancer?

Health inequalities across Wales represent a systemic barrier to equitable care. Public Health Wales and Audit Wales analysis (page 20) explains that while overall cancer mortality has declined over recent decades, the gap in cancer deaths between the most and least deprived communities has widened.

Addressing Deprivation and Geographical Inequalities

Breaking down silos: Poverty directly affects health literacy, symptom awareness, and healthcare access. NHS Wales is one part of a much larger concerted effort required to address these issues.

Targeted Interventions: High-deprivation communities must be prioritised for targeted lung cancer screening.

Rural Equity: Patients in rural health boards often travel long distances to access rapid diagnostics, radiotherapy and specialised oncology.

Tackling Disparities Between Tumour Sites

Survival gains have been disproportionately concentrated and accumulated in certain common cancers through breakthroughs in research, symptom awareness and earlier diagnosis. The less survivable cancers (lung, oesophageal, stomach, pancreatic, liver, brain) are such due to their late diagnosis. **The strategy presents Wales with an opportunity to prioritise less survivable cancers, targeting their disproportionate rates of cancer mortality, diagnosis via the emergency presentation route and association with socio-economic inequality.**

Gynaecological Cancers and Claire's Campaign

The gynaecological cancers waiting times post-pandemic have been so severe that it triggered a Senedd Health Committee inquiry and were prioritised by the then Welsh Government and NHS Wales for special attention. Despite this, waiting times for women with gynaecological cancer remains poor compared with waiting time improvements across other cancer tumour sites. **Gynaecological cancer services must continue to be prioritised by Welsh Government.**

Too many women report visiting primary care multiple times before a suspected cancer referral. The Welsh Government must:

> Fully implement all recommendations from the Unheard report, particularly improving GP symptom education and access to the rapid diagnosis/vague symptom pathway, and,
>
> Explicitly integrate gynaecological cancers into the national Women's Health Plan without compromising its status within the cancer strategy.
>
> Adopt Jess's Rule into primary care - establishing a vital safety net to detect cancers earlier by introducing a formal "three strikes and rethink" threshold.

Implementing Audit Wales recommendations

Over recent years Audit Wales has conducted and published (or in the process of publishing) a number of cancer service related audits that examine the coherence of the national arrangements to drive improvements in cancer services (Audit Wales,

2025) and also understand performance of individual NHS bodies (to date this includes Cardiff and Vale UHB ; Aneurin Bevan UHB ; Hywel Dda UHB ; Betsi Cadwaladr UHB). The health board level reports describe disparities between health boards in term of pathway delivery and outcomes, some health boards seem to have managed the increase in demand (albeit without significant improvement in waiting times), while other have struggled and deteriorated. **Welsh Government must ensure the recommendations made by Audit Wales are implemented by health boards, the cancer strategy presents an opportunity to do so.**

9. How can success in improving cancer services and outcomes be measured?

Measuring the success of the cancer strategy requires a balanced, transparent framework. Currently, performance management relies almost entirely on a single metric: the proportion of patients starting treatment within 62 days on the Suspected Cancer Pathway (target: 75%, has never been achieved).

While waiting times are important, an exclusive focus on this target can distort clinical priorities and obscures profound variations between tumour sites and health boards. Success must be assessed across multiple indicators. Work in this space stalled pre-pandemic as resource shifted to deliver the then single cancer pathway and a key figure vacated their post and no replacement was identified.

An accessible, public dashboard reporting on a quarterly basis, disaggregated by tumour site and health board, might include the following metrics:

Emergency Presentation, Survival, Staging Outcomes:

> Routes to diagnosis data sets alongside more robust demographic dataset collection will enable us not only to explore areas of inequality, but also the reason for these inequalities such as lack of engagement with or access to GP services, low uptake of screening and potential referral biases.

Equity and Access Metrics:

> Completeness of patient demographic data, with the goal of reaching 95% ethnicity capture.
>
> Screening uptake rates broken down by deprivation quintile, ethnicity, and geography.

Whole-Person and Patient-Reported Metrics:

Routine capture of Patient-Reported Experience Measures (PREMs) and Patient-Reported Outcome Measures (PROMs), assessing quality of life, pain management, and emotional wellbeing.

Monitoring referral rates to welfare benefits advice and psychological support services.

10. Are there any other comments or suggestions you would like to make?

Tenovus Cancer Care welcomes the development of this 10-year cancer strategy. To ensure it delivers meaningful change, we want to highlight three additional, overarching areas that need to be considered and reflected in the final document:

Stronger National Leadership and Governance

The Audit Wales report highlighted that national leadership and oversight for cancer services have historically lacked clarity, with confusing relationships between various improvement initiatives and boards.

We welcomed the establishment of the National Cancer Leadership Board, and the much-needed leadership it gave to cancer services in Wales. However, meaningful activity over the past year has been sporadic, stalled and piecemeal and we fear a repeat of the situation highlighted by Audit Wales. The current situation is partly a consequence of the Senedd elections that led to a change in political leadership, and partly a result of a programme of change within NHS Wales Performance and Improvement.

The new strategy must have more resilient accountability and governance arrangements, capable of bridging the uncertainty created by the election cycle every four years, and enhanced involvement of health boards would help with diffusing and decentralising responsibility for activity. Any new arrangements must also have clear lines of authority, transparent reporting mechanisms, and be held to account for delivering agreed milestones.

Meaningful Patient and Public Involvement (PPI)

People affected by cancer must not only be consulted during the drafting of this strategy; they must be equal partners in its governance, implementation, service design, and evaluation.

The strategy must establish continuous patient advisory mechanisms that reflect diverse communities across Wales. The impact of elevating lived experience will be profound: women sharing video testimonies in the Senedd Unheard inquiry led to Claire O'Shea's legacy influencing policies and improving patient experience. Patient

feedback on the design of leaflets and other public information concerning lung cancer screening will impact on uptake and cancer diagnosis.

Cross-Sector Commissioning and True Partnership

Third-sector organisations deliver essential frontline services that sustain the cancer system, including Tenovus Cancer Care's free Support Line, Money and More Cymru and counselling.

However, the sector too frequently depends on fragile settlements and relationships that rely on short-term funding and are liable to fracture and break when a key health board figure moves post or retires. **We would welcome from the Welsh Government, via the cancer strategy, a commitment to consider ways in which third sector support services can be better integrated into standard cancer pathways.**