Welsh Parliament
Health and Social Care Committee

Unheard: Women's journey through gynaecological cancer

Follow-up report on implementation of recommendations

January 2026

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About the Committee

The Committee was established on 23 June 2021. Its remit can be found at:
www.senedd.wales/SeneddHealth

Current Committee membership:

Committee Chair:
Peter Fox MS
Welsh Conservatives

Mabon ap Gwynfor MS
Plaid Cymru

John Griffiths MS
Welsh Labour

Lesley Griffiths MS
Welsh Labour

Joyce Watson MS
Welsh Labour

The following Member attended as a substitute during this inquiry.

Sioned Williams MS
Plaid Cymru

The following Member was also a member of the Committee during this inquiry.

James Evans MS
Independent Member

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- introduce quarterly reporting on gynaecological cancer waiting time performance by health board, alongside clear improvement milestones to be achieved within the next 12 months. He should ensure transparency by making all performance data publicly accessible to enable scrutiny and drive improvement.
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- setting clear improvement targets for reducing emergency diagnoses and publishing an update on progress by March 2026;
- exploring the feasibility of enhanced emergency gynaecology provision, ensuring access to specialist expertise and diagnostic tools within emergency departments.

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- set out the plans in place to continue work in this area, along with timelines and key milestones. ..... Page 43

Recommendation 9. The Welsh Government should urgently strengthen the implementation and monitoring of its palliative and end-of-life care commitments. This should include:

- Publishing clear data on referral patterns and access to palliative care for women with gynaecological cancers;
- Setting measurable targets for early referral and equitable access, and reporting progress annually;
- Ensuring the new service specification and competence framework translate into real improvements on the ground, supported by adequate resources and workforce planning;
- Working with partners to challenge misconceptions about palliative care and promote its benefits earlier in the care pathway. ..... Page 46

1. Introduction

Background

1. The Committee's strategy for the Sixth Senedd[1] identified women's health as a priority. In October 2022, we agreed to hold an inquiry into gynaecological cancer and the experiences of women with symptoms of gynaecological cancer.

2. We concluded evidence gathering in June 2023, and our report *Unheard: Women's journey through gynaecological cancer*[2] was published in December 2023. The report highlighted systemic failings in how women with gynaecological cancer symptoms were listened to, diagnosed, and treated in Wales. It found that many women felt dismissed or misdiagnosed, often leading to delayed diagnoses with serious consequences. The report made 26 recommendations to the Welsh Government, 24 of which were accepted in full or in part.

3. As part of our inquiry, we heard powerful testimony from three women who had experienced a gynaecological cancer. Sadly, Judith Rowlands and Claire O'Shea have since passed away, and we pay tribute to them again for their incredible honesty and bravery in sharing their stories with us.

Progress in implementing our report recommendations

4. In June 2025, following concern raised by stakeholders about the lack of progress in implementing our report recommendations, we agreed to hold a formal scrutiny session in the autumn term with the Cabinet Secretary for Health and Social Care ("the Cabinet Secretary") and Minister for Mental Health and Wellbeing ("the Minister"). We sought a written update from the Welsh Government in advance of this meeting.

5. We received the Welsh Government's response in July[3]. This was shared with stakeholders over the summer for comment and seven responses were received[4].

6. In his written response, the Cabinet Secretary maintained "there has been good progress for most commitments made in response to the inquiry"[5].

[1] Sixth Senedd strategy, December 2021
[2] Unheard: Women's journey through gynaecological cancer, December 2023
[3] HSC Committee, 15 October 2025, Paper 2
[4] Responses from stakeholders on the implementation of Unheard recommendations
[5] HSC Committee, 15 October 2025, Paper 2

7. However, in general, stakeholders did not share this view. According to the British Gynaecological Cancer Society, "there is still a long way to go"[6]. The Royal College of General Practitioners said "there remain significant gaps which must be addressed if the report's ambitions are to be realised"[7].

8. Target Ovarian Cancer expressed disappointment at the lack of progress and priority given to implementing the Committee's recommendations. It also raised concern at the failure to ensure that women affected by gynaecological cancers feel genuinely heard:

> *"We recently spoke with some of the women who contributed to the inquiry, and they expressed their disappointment at the lack of progress made since the Unheard report was published. They shared they felt they had not been fully listened too and their concern around the lack of ambitious targets."*[8]

9. Tenovus Cancer Care and Claire's Campaign acknowledged the Welsh Government's commitment to prioritising gynaecological cancers but felt that "translating that commitment into a transparent plan of action is lacking"[9].

10. It also said that despite Welsh Government having accepted the need for measurable NHS targets on gynaecological cancers almost two years ago, no targets have yet been published.[10]

11. In our evidence session held on 15 October 2025, we asked the Cabinet Secretary to comment on the apparent disconnect between the Welsh Government's assessment of progress and the concerns raised by stakeholders. He told us:

> *"I've read the response of stakeholders and I think that it's probably fair to say that there's a mixed picture in terms of progress.*
>
> *So, I think, in a sense, you could say, looking at the recommendations, that there has been progress, but the fundamental question of course is: has the overall experience of*

[6] FGC02 British Gynaecological Cancer Society
[7] FGC04 Royal College of General Practitioners
[8] FGC05 Target Ovarian Cancer
[9] FGC03 Tenovus Cancer Care and Claire's Campaign
[10] FGC03 Tenovus Cancer Care and Claire's Campaign

> *women with gynaecological cancer improved to where we want it to be? And the answer to that is, 'It clearly has not yet.'"*[11]

12. Commenting on the Welsh Government's response to our original report in April 2024, Tenovus Cancer Care said:

> *"... we are concerned that most [of the recommendations that have been accepted] are at least cost neutral, a regrettable signal to women affected by gynaecological cancers that investment in resolving the issues uncovered by the inquiry is not forthcoming despite claims that it is a priority for Welsh Government and NHS Wales."*[12]

13. We asked the Cabinet Secretary if any additional ring-fenced funding had been allocated specifically to support the implementation of our recommendations, beyond what was already committed in existing budgets. He told us:

> *"... there were certain elements—the women's health plan, the research budget, some of the digital interventions—where there have been specific budgets allocated to those. Some of that is in the correspondence that we've already provided, so £3 million for the hubs and there's £3.8 million, I think, for research. So, there are elements that certainly have ring-fenced funding, but I think, in general terms, it's about where we allocate the existing budget."*[13]

14. He further clarified:

> *"What the report has allowed us to do is to look at how we can spend that money in a way that the committee would argue is more purposeful and more effective, and that, obviously, has happened."*[14]

[11] RoP, 15 October 2025, paragraph 11
[12] Stakeholder views on the Welsh Government's response to the Committee's report – Tenovus Cancer Care
[13] RoP, 15 October 2025, paragraph 23
[14] RoP, 15 October 2025, paragraph 28

Our view

15. When we published '*Unheard*', the then Chair said "this inquiry has probably been the most hard-hitting and emotional one I have been involved with in my time as a Member". We heard shocking stories from women who felt their health concerns were not taken seriously by the health professionals they dealt with, and we made recommendations aimed at ensuring other women would not have to repeat these experiences. It is, therefore, disappointing to hear that so little progress has been made in implementing many of those recommendations.

16. To demonstrate fully that gynaecological cancer really is a priority, the Welsh Government needs to take visible, measurable actions. Despite having accepted our recommendation for clear and measurable objectives and targets for NHS Wales Performance and Improvement in relation to improving gynaecological cancer outcomes, nearly two years on no targets have been published.

17. In his evidence to us, the Cabinet Secretary confirmed that no additional money had been allocated for gynaecological cancer services. We believe that if we are to see any real improvement in performance, the Welsh Government needs to allocate ring-fenced funding specifically for gynaecological cancer services, rather than relying on reallocation of existing budgets.

Recommendation 1. The Welsh Government should allocate targeted investment to improve experiences and outcomes for women with gynaecological cancer. While women's health is a stated priority for the First Minister, current spending does not sufficiently address this area. In light of the concerns identified in our report and subsequent follow-up, this priority must be matched by dedicated funding and action to bring gynaecological cancer services in line with other clinical specialties.

2. Listening to women

Background

18. Our original inquiry found that many women felt they were not being listened to by healthcare professionals. At the time, Claire O'Shea told us:

> *"Primary care and my experience with my GP was [ ], disappointing, to say the least; so many phone calls, me chasing, being dismissed. I called it medical gaslighting by the end, and I think the reason I ended up in tears with the final GP appointment was finally feeling vindicated, like I'm not a neurotic woman who's making a fuss over nothing, which is definitely how I was made to feel"*[15]

19. Jo's Cervical Cancer Trust reported that, of 10 women in Wales who spoke to their GP about possible gynaecological cancer symptoms, 12% felt their concerns were not taken seriously, 6% were told to wait for their cervical screening, and 6% were told to come back later if their symptoms didn't change.[16]

20. We were told there were many reasons why women were not always being listened to by healthcare professionals, including gender bias, stereotypes and preconceived notions about women's emotions, pain tolerance, or health concerns. Further, women from diverse cultural backgrounds or those with lower socioeconomic status may face additional barriers to being heard in healthcare settings.

21. Our report found that while the focus needed to be on 'fixing the system', women had to be empowered to speak up for their health, ensuring they receive the care and attention they deserve.

22. To facilitate this, we recommended that the Welsh Government should work with the relevant health professional bodies and health boards to promote gender sensitivity and cultural competence among healthcare professionals. The Welsh Government accepted our recommendation.

[15] RoP, 27 April 2023, paragraph 14
[16] GC10 Jo's Cervical Cancer Trust

Evidence from stakeholders

23. Follow-up evidence from Tenovus Cancer Care and Claire's Campaign stated:

> *"The Women's Health Plan commits to women being 'listened to,' but gynaecological cancers are absent. Despite calls from Tenovus Cancer Care and the Unheard report, they weren't included at all. That means no plan, no standards, and no way to measure whether women with these cancers are being heard."*[17]

24. When asked if they believed that people affected by gynaecological cancer were being meaningfully involved in policy development, they responded:

> *"In those few instances where we manage to secure the ear of those involved in the development of programmes of work and delivery of services, we feel that Claire's Campaign has been listened to, but that's not the same as being meaningfully involved. For example, earlier this year we became aware that "Unheard" themed CPD for GPs was in development. We reached out to the then NHS Executive to better understand the proposal (and hopefully share insight) but heard nothing back."*

25. Fair Treatment for the Women of Wales called for "a strengthened commitment to patient involvement at all levels of service-design and evaluation"[18].

26. While Target Ovarian Cancer said it had been in contact with women who had contributed to the original inquiry and they felt "they had not been fully listened to". It said:

> *"The voices of those impacted by ovarian and other gynaecological cancers are crucial to shaping and improving services. We would urge the Welsh Government to consider providing an update specifically addressed to those who have*

[17] FGC03 Tenovus Cancer Care and Claire's Campaign
[18] FGC06 Fair Treatment for the Women of Wales

> *had a diagnosis, reassuring them that their concerns are being listened to."*[19]

Evidence from Welsh Government

27. In relation to our specific recommendation, the Cabinet Secretary said in his letter of 28 July 2025:

> *"Progress is being made. The Women's Health Network has developed a co-production framework to support the expectation that health boards will involve women, and those with lived and learned experiences in implementing their respective plans. By March 2026, a pathfinder women's health hub will have been developed in each health board area in Wales, which will support improved outcomes, access to and the experience of health and care services for women."*[20]

28. The additional information provided to us on 14 October 2025, stated:

> *"The [women's health] plan makes it clear that health boards must involve women, and those with lived and learned experiences locally, to implement the actions in the plan to improve women's healthcare and women's experience of healthcare. The Women's Health Network has worked with the Women's Health Research Centre to develop a co-production framework to support health boards. I believe that improving education and training, both for healthcare practitioners and the public, will help ensure that women's voices are heard in every interaction they have with the NHS."*[21]

29. In oral evidence, the Minister said:

> *"[…] we know that there are absolutely inequalities in women's health; they are long-standing, they are historical and they are across society. We are absolutely committed, as a Welsh Government, to addressing those. Wherever a woman presents, wherever they are receiving any kind of care, we want them, as has been said by everybody today, to be heard and to be*

[19] FGC05 Target Ovarian Cancer
[20] HSC Committee, 15 October 2025, Paper 2
[21] HSC Committee, 15 October 2025, Paper 2a

> *believed, to be taken seriously and then to be referred as quickly as possible to the right care, the right diagnostics and the right treatment."*[22]

30. The Chief Nursing Officer (CNO) for Wales told us:

> *"... from a clinician perspective, the evidence around the lack of belief in women's voices and when women say they are in pain goes and extends far wider than gynaecological cancers [ ] I want to put on record [ ] that, even as far as it extends to cardiac and presentation for heart attacks, there is disbelief. So, there is widespread work that needs to be done with our population, but, equally, with our clinical cadre in terms of really listening and really spending time understanding what women are saying."*[23]

31. She also highlighted work being undertaken by Health Education and Improvement Wales (HEIW) to bring GPs and secondary care doctors together and help them understand what they need to listen for, what behaviours need to change, and how to change culture when it comes to listening to women.[24]

32. Both the Minister and CNO talked about the emphasis placed on diversity in the Women's Health Plan. The CNO highlighted work being undertaken in individual health boards, including Betsi Cadwaladr and Cwm Taf Morgannwg, to bring diverse views around the table. She said:

> *"So, there's quite a lot of work in terms of diversity. There's more to be done, of course, and we've got to do more in-reach and support the health boards to do more in-reach into the communities, I think that's right. But, from the women's health plan, there's been quite a lot of progress in that area."*[25]

33. Our original inquiry found that a lack of medical research on female subjects was resulting in misdiagnoses or inadequate care for women. In his letter of 14 October 2025, the Cabinet Secretary confirmed:

[22] RoP, 15 October 2025, paragraph 199
[23] RoP, 15 October 2025, paragraph 51
[24] RoP, 15 October 2025, paragraph 53
[25] RoP, 15 October 2025, paragraph 52

> *"In 2025, Welsh Government announced a £3m investment in the new Women's Health Research Wales Centre, alongside a £750,000 funding call for women's health research. This will help to address health inequalities and improve services for women, including those affected by gynaecological cancers."*[26]

Women's Health Plan

34. When our report was published in December 2023, the Women's Health Plan was still being developed. We urged the Welsh Government to finalise and publish the Plan as a matter of urgency. We also recommended that there should be specific reference to gynaecological cancers within the Plan as a means of driving improvements in women's health inequalities.

Evidence from stakeholders

35. While welcoming the Women's Health Plan, Target Ovarian Cancer expressed disappointment that the plan only focused on cervical screening uptake and did not address any other gynaecological cancer:

> *"Based on the Welsh Government's response to the Unheard report we had hoped the Women's Health Plan would be an opportunity to improve gynaecological cancers, access to health care and cancer outcomes."*[27]

36. Tenovus Cancer Care and Claire's Campaign said that inclusion of gynaecological cancer within the Women's Health Plan would have offered an opportunity to take a holistic approach over a decade. Further, it "would ensure dedicated funding, workforce planning, and public-facing accountability for all issues related to gynaecological cancers, rather than being part of a broader, more diffuse cancer plan."[28]

37. Evidence from the Royal College of General Practitioners stated:

> *"We note, however, that gynaecological cancers were not given specific prominence within the Plan, despite the Committee's recommendations. Greater clarity is needed on why this is the*

[26] HSC Committee, 15 October 2025, Paper 2a
[27] FGC05 Target Ovarian Cancer
[28] FGC03 Tenovus Cancer Care and Claire's Campaign

case, and whether this risks reducing the policy priority of these cancers compared with other areas of women's health."[29]

38. Fair Treatment for the Women of Wales suggested that:

"... the lack of references to gynaecological cancer (and the female experience of other cancers) could be addressed in future progress reports and evaluation of the Women's Health Plan by highlighting how the Women's Health and Cancer Clinical Networks are working together to achieve shared goals."[30]

Evidence from the Welsh Government

39. The Welsh Government accepted our recommendations in part. The Plan was published and does address women's health inequalities broadly, but it does not include specific actions on the gynaecological cancers; instead the Welsh Government says that these are already covered in the Quality Statement for Cancer and the Cancer Improvement Plan.

40. When asked about the decision not to include gynaecological cancers specifically in the Women's Health Plan, the Minister told us that she had read the evidence submitted by stakeholders:

"and I absolutely accept that we could strengthen what has been in the women's health plan."[31]

41. She said that a women's health plan website was being created, alongside a biannual women's health newsletter, and the first would be published in December, to coincide with the anniversary of the publication of the Women's Health Plan:

"And we will include a section about gynaecological cancer to make clear the links between the women's health plan and the cancer improvement plan and provide updates about ongoing work, so, to really demonstrate that integration."[32]

[29] FGC04 Royal College of General Practitioners
[30] FGC06 Fair Treatment for the Women of Wales
[31] RoP, 15 October 2025, paragraph 33
[32] RoP, 15 October 2025, paragraph 35

42. The Minister confirmed that gynaecological cancer was not one of the priorities in the women's health plan, "and the reason for that is that it's in the cancer pathway and in the cancer improvement plan".[33] She went on to say:

> *"... we could not move a cancer pathway and the accountability and deliverability of it solely into the women's health plan and the women's health strategy. That was not the purpose of it, and it's not also the right mechanism."*[34]

43. When asked what plans were in place to ensure a long-term strategic focus on gynaecological cancers once the Cancer Improvement Plan expires in 2026, the Cabinet Secretary responded:

> *"To make the obvious point, Chair, that will, in a sense, be for a Government formed in the new Senedd to decide on plans beyond that. But, clearly, the focus that we are bringing to gynaecological cancer is one that we would want to see continue, and we've had a discussion today about the women's health plan's contribution to that, which is one part of it, and that is a 10-year plan. Each of those of us competing in the election will be bringing forward plans for the future, but, certainly, the focus we have as a Government is in continuing to drive those plans forward."*[35]

Women's health hubs

44. The Women's Health Plan includes a commitment to introduce women's health hubs in Wales:

> *"Work has already started to define the model and pathway to ensure these hubs, which will be available in each health board area by March 2026, improve timely access to services making it easier for women to obtain care they need while promoting preventative measures and empowering them to take charge of their health and wellbeing."*[36]

[33] RoP, 15 October 2025, paragraph 37
[34] RoP, 15 October 2025, paragraph 38
[35] RoP, 15 October 2025, paragraph 91
[36] The NHS Wales Women's Health Plan 2025-2035

Evidence from stakeholders

45. Generally, the creation of women's health hubs was welcomed by stakeholders.

46. Fair Treatment for the Women of Wales believed they presented an excellent opportunity to improve the health-related experiences of patients across Wales, including those affected by gynaecological cancer. It went on to say:

> *"However, we feel it's important also to acknowledge and address women's concerns as the Hubs develop, such as anxieties about whether and how far the Hubs will continue to be resourced beyond the initial first year of Welsh Government investment, and how their successes – and gaps – will be measured, reported, and acted-upon in order to drive continuous investment and improvement."*[37]

47. Target Ovarian Cancer said:

> *"While the establishment of women's health hubs in each health board is a positive step, the focus seems heavily centred on gynaecological health, with a lack of clarity on whether the women's health hubs will be equipped to diagnose ovarian and other gynaecological cancers."*[38]

48. Tenovus Cancer Care and Claire's Campaign were concerned that "details about the remit of the hubs remain limited; current commitments centre on workforce scoping and pathfinder models by 2026, with the framing skewed toward menopause and menstrual conditions". Further, it stated:

> *"There is no explicit indication of how hubs will interface with gynaecological cancer pathways, screening, or early diagnosis. Therefore, while hubs may represent a positive development in women's health, they cannot be interpreted as progress against Unheard report recommendations on gynaecological cancers.*

[37] FGC06 Fair Treatment for the Women of Wales
[38] FGC05 Target Ovarian Cancer

> *Without clear links to cancer data, access, or pathways, there is a risk that they remain parallel initiatives rather than core components of the Committee's stated priorities."*[39]

Evidence from the Welsh Government

49. We sought clarification from the Minister on the role of the women's health hubs. She told us:

> *"I will give absolute clarity today: that is not and never was the purpose of the women's health hubs, to do gynaecological cancer diagnostics. That has never been said, and that is not what the women's health hubs are there for. That is very much for the cancer pathway and diagnostics."*[40]

Our view

50. A strong and consistent theme of the 'Unheard' report was the fact that many women felt they were not being listened to by healthcare professionals. We even heard it described as 'medical gaslighting'.

51. We note the Cabinet Secretary's assurance that progress is being made in ensuring that women and those with lived experience are involved in the development of services. However, it would appear from the evidence we received from stakeholders that this is not happening consistently or in a meaningful way.

52. We welcome the publication of the Welsh Government's Women's Health Plan and its focus on listening to women. We are hopeful that the plan will drive forward improvements in women's health across all conditions.

53. However, the Minister has confirmed that gynaecological cancer is not a priority within the Women's Health Plan and that the women's health hubs are designed to provide generic support. While these developments are positive, we are concerned that when the Welsh Government responds to questions on gynaecological cancer by referring to investment in hubs and the Women's Health Plan, this creates confusion.

54. Improving gynaecological cancer outcomes, from the Welsh Government's perspective, sits within the cancer improvement governance frameworks, not the

[39] FGC03 Tenovus Cancer Care and Claire's Campaign
[40] RoP, 15 October 2025, paragraph 67

Women's Health Plan. Given the consistently poor outcomes for gynaecological cancers, there must be a greater focus on gynaecological cancer within the cancer improvement plans. At present, this priority lacks visibility and risks being lost.

Recommendation 2. The Welsh Government must ensure gynaecological cancer receives greater visibility and priority within its cancer improvement plans. Given the persistently poor outcomes for gynaecological cancers, and the Welsh Government's position that these should not fall under the Women's Health Plan, there must be a stronger, more visible focus on gynaecological cancer within cancer improvement strategies. This should include clear, and immediate actions to raise awareness, improve access to care, and address inequalities in outcomes.

3. Cancer waiting times

55. Gynaecological cancer performance is mainly measured through general cancer waiting-time statistics. Stakeholders suggest this makes it harder to monitor progress or hold the government accountable specifically for gynaecological cancer outcomes.

56. The national target is for 75% of patients to begin treatment within 62 days of an urgent referral. However, this target has not been met since 2020, with performance typically ranging between 50% and 60%. The Welsh Government set an interim recovery target of 70% by March 2023, with a longer-term goal of 80% by 2026. These targets apply to all cancer types, including gynaecological cancers, but performance varies significantly across health boards.

57. In October 2025, only 41% of patients with gynaecological cancers in Wales began treatment within the 62-day target timeframe from the point of suspicion[41].

Evidence from stakeholders

58. According to the Royal College of General Practitioners, "demand for suspected cancer referrals continues to rise faster than diagnostic and treatment capacity"[42].

59. While the British Gynaecological Cancer Society told us that "performance with waiting times remains poor with lesser than 50% gynaecological cancer patients starting their treatment within 62 days"[43].

60. Evidence from Target Ovarian Cancer stated:

> *"Whilst the Welsh Government have demonstrated a commitment to improving cancer services through the Quality Statement for Cancer, the three-year Cancer Improvement Plan and the National Cancer Recovery Programme, having multiple initiatives has made it difficult to understand and monitor progress, as well as making accountability unclear."*[44]

[41] NHS cancer waiting times: April 2005 to October 2025,
[42] FGC04 Royal College of General Practitioners
[43] FGC02 British Gynaecological Cancer Society
[44] FGC05 Target Ovarian Cancer

61. Tenovus Cancer Care and Claire's Campaign said:

> *"... there remains volatility in gynaecological cancer waiting times 45.5% (Apr 25), a sharp drop to 36.5% (May 25), before rising again to 47% (Jun 25) and sharply falling again to 32.4% (Jul 25). This is in stark contrast with the national average across all tumour sites, which has remained broadly steady and increased from the mid-50s to low-60 percent."*[45]

62. It also highlighted variation between health boards, and stated:

> *"Without published, accessible thresholds or milestones to hold services accountable, progress remains inconsistent, fragile, and prone to fluctuation rather than steady improvement. It's also important to remember and reflect that behind all these percentages are people with a cancer diagnosis and their families. In far too many cases, depending on where they live, the likelihood that they'll receive timely gynaecological cancer treatment comes down to something between a roll of the dice and a coin-toss."*[46]

Evidence from Welsh Government

63. In his letter of 28 July 2025, the Cabinet Secretary told us the underperformance in meeting the waiting times target was a result of significantly more people being referred with suspected gynaecological cancer, which exceeded current capacity. Further, he said:

> *"The pathway is relatively complex to deliver due to the number of cancer subtypes involved; the variety of treatment options involved, and the limited specialist workforce available to deliver it. I am not content with this level of performance. The Welsh Government continues to work with the NHS through the cancer recovery programme to drive further improvement. This includes changes to the pathway and to manage access to services based on risk."*[47]

[45] FGC03 Tenovus Cancer Care and Claire's Campaign
[46] FGC03 Tenovus Cancer Care and Claire's Campaign
[47] HSC Committee, 15 October 2025, Paper 2

64. In the additional information provided to us on 14 October 2025, the Cabinet Secretary said:

> *"There has been an improvement in the cancer waiting time performance for gynaecological cancers but there is much more to do. As I have previously stated, while the NHS is focused on improving performance against the 62-day cancer target, it has struggled to meet the rising demand for investigations and treatment within current capacity. As part of the national cancer recovery programme, we are focusing on changes to respond to that rising demand and using accountability meetings with health boards to guide performance improvements. As part of the cancer data development roadmap, NHS services will introduce additional public reporting to support better transparency of service access."*[48]

65. The Cabinet Secretary told us:

> *"I think when the committee reported, coming up to two years ago, it was at about 27 per cent, which was very, very, very poor. [ ] if you look at the last 12 months, I think the broad average is about 40 per cent."*[49]

66. He said the Welsh Government had adopted a twin-track approach, in terms of holding health boards to account for delivering their agreed plans and the national targets set for them. While the second aspect was about reforming how services were delivered:

> *"So, some of the things we've been able to do through that mechanism are around working with health boards on local demand modelling; capacity planning; the digital and data developments [ ]; changing how clinics are delivered; training programmes, including the HEIW training programme; the rapid diagnostic centre and the national ovarian cancer audit."*[50]

[48] HSC Committee, 15 October 2025, Paper 2a
[49] RoP, 15 October 2025, paragraph 95
[50] RoP, 15 October 2025, paragraph 97

67. We asked the Cabinet Secretary how health boards were being held to account if they were not delivering on their agreed plans and targets. He told us there was a separate set of cancer accountability arrangements, which fed into the work of the national leadership board. Further, he said:

> *"You will know that many health boards are in escalation specifically because of their cancer performance, and that enables that more intensive support and scrutiny to be in place. Ultimately, health boards—and the Government, but health boards—need to manage a set of demands that are, in the context of this inquiry, relevant to gynaecological cancer, but also to other cancers, and also to non-cancers as well."*[51]

68. Finally, we asked the Cabinet Secretary if, having already accepted our recommendation to publish regular disaggregated data on gynaecological cancers, he would progress this and commit to publishing waiting time data broken down by gynaecological cancer subtype so that the longest delays could be identified and targeted more effectively. He responded:

> *"The answer is 'yes'. This is one of the things that the cancer leadership board has been leading on. The data definitions for the subtypes have been agreed with health boards, and we expect it'll be possible by the end of this financial year to be able to start to report that publicly."*[52]

Our view

69. Despite gynaecology being designated a priority, waiting times for gynaecological cancer treatment remain among the worst of all cancer types. Performance is far below national targets, with only 36.8% of patients starting treatment within 62 days in July 2025. This is unacceptable and highlights systemic issues in capacity, accountability, and transparency.

70. While the Cabinet Secretary points to rising referrals and workforce constraints, these challenges cannot justify the lack of progress nearly two years after publishing our report.

71. The Cabinet Secretary set out how health boards were being held to account for the delivery of gynaecological cancer services. However, we believe there is a

[51] RoP, 15 October 2025, paragraph 100
[52] RoP, 15 October 2025, paragraph 185

need for increased accountability if performance is to be improved. This could be done by introducing mandatory quarterly reporting on gynaecological cancer performance and could be for a set period of time to drive performance.

72. It is disappointing that, nearly two years after having accepted our recommendation to publish regular disaggregated data on gynaecological cancers, this is still not available. The Cabinet Secretary said this data would be available by the end of this financial year. In his response to this report, we ask him to update us on the progress with delivering this commitment.

Recommendation 3. The Cabinet Secretary should:

- introduce quarterly reporting on gynaecological cancer waiting time performance by health board, alongside clear improvement milestones to be achieved within the next 12 months. He should ensure transparency by making all performance data publicly accessible to enable scrutiny and drive improvement.
- set out how he intends to hold health boards to account for poor performance in these quarterly reports, including escalation measures where performance remains poor.

Recommendation 4. In the response to this report, the Cabinet Secretary should provide an update on progress with delivery of his commitment to publish regular disaggregated data on gynaecological cancers by the end of the financial year.

4. Prevention and screening

73. We made a number of recommendations in our original report which focused on improving prevention and early detection of gynaecological cancers in Wales.

HPV vaccination

74. Our report called for increased uptake of the HPV vaccine and progress towards WHO targets for cervical cancer elimination.

Evidence from stakeholders

75. Tenovus Cancer Care and Claire's Campaign said that while progress had been made, gaps still remained:

> *"Wales is still short of the WHO's 90% HPV coverage target. Uptake among 15-year-olds is around 73%, leaving thousands of girls and boys at risk of preventable cancers."*[53]

76. Evidence from Public Health Wales stated that it continued to publish regular data on uptake of HPV vaccine at local health board, local authority and school level to support health boards to target improvements and reduce inequalities in uptake.

Evidence from Welsh Government

77. In the additional information provided to us on 14 October 2025, the Cabinet Secretary said:

> *"Vaccination against HPV is shown to be effective in preventing cervical cancer – I hope we can work towards the eventual elimination of cervical cancer through our policy of HPV vaccination. We are therefore continuing to maximise uptake of vaccination to meet the World Health Organisation recommended target of 90%."*[54]

[53] FGC03 Tenovus Cancer Care and Claire's Campaign
[54] HSC Committee, 15 October 2025, Paper 2a

78. He went on to say that the latest Public Health Wales surveillance figures (published on 17 September 2025) showed that uptake had increased to 74.1% by the age 15:

> *"So, there is a screening engagement team at Public Health Wales. They obviously are focused on working in local communities, and there's an equity lead in those teams [ ]. So, for HPV specifically [...] there is specific work in relation to individual GP practices, and also identifying schools serving low-income communities, and particular focus on supporting those schools. So, over the summer, there's been an extra 1,400 vaccinations given to increase the level of coverage."*[55]

79. In relation to vaccination uptake more generally, the Chief Nursing Officer told us:

> *"The movement on anti-vax is growing, and it's growing in and around places you wouldn't normally expect, even as far as influencing the clinical voice, you'll be shocked to hear."*[56]

80. She went on to say that Public Health Wales was utilising behavioural science to work with the population and understand "how we can put some messages out":

> *"I think there's something about reiterating facts and utilising voices of authority, particularly in the clinical space [...] to really help the population understand the trusted voices."*[57]

Cervical screening

81. Our report highlighted the need for more equitable access to cervical screening, particularly for groups with historically low participation. We also made recommendations in relation to implementation of self-sampling and improved information on the purpose of cervical screening.

[55] RoP, 15 October 2025, paragraph 106
[56] RoP, 15 October 2025, paragraph 136
[57] RoP, 15 October 2025, paragraph 136

Evidence from stakeholders

82. In 2024, Public Health Wales commissioned independent research across Wales to specifically look at the barriers to attending for cervical screening. This work concluded that lack of awareness of screening and the benefits were not a barrier, but the following were factors that were reported:

- Cervical screening tests are embarrassing;
- Cervical screening tests are painful;
- Scared of what the test might find;
- Challenges in appointment booking with the GP surgery.

83. In evidence to our follow-up inquiry, it stated that:

> *"Building on the findings of this research, Cervical Screening Wales has reviewed and redesigned the invitation letter and leaflet, using behavioural science to inform the messaging. This has been focussed on the first invitation for screening to address lower coverage in the 25-29 year age group. Initial feedback from focus groups has been positive and this work is now progressing with an in-service evaluation, comparing against the existing resources to determine the impact on coverage."*[58]

84. It also said that a pilot project had been established to offer further support to individuals who had not responded to their screening offer. This was being implemented with a primary care cluster, working in collaboration with the voluntary sector, to reach out directly to these individuals:

> *"The outcome of this work will be assessed in October 2025, with a view to extending this in other regions if successful."*[59]

85. The Royal College of General Practitioners suggested that the option of self-obtained cervical cytology could improve screening uptake, addressing barriers such as time constraints, appointment availability, embarrassment, or previous poor experiences:

[58] FGC07 Public Health Wales
[59] FGC07 Public Health Wales

> *"Wales has previously demonstrated success with self-sampling models, such as the Frisky Wales STI screening programme, and this could represent a significant advance in early cervical cancer diagnosis."*[60]

86. Public Health Wales told us that Cervical Screening Wales had established a project team and was actively working through the range of options and requirements to implement self-sampling within the cervical screening programme in Wales:

> *"The UK National Screening Committee (UK NSC) published their recommendation in June 2025 to offer self-sampling as an option to under-screened individuals. Working to this recommendation will allow a more targeted focus on improving uptake in those who haven't taken up the offer of screening previously.*
>
> *This is an exciting opportunity to improve our offer of cervical screening in Wales. The Wales Screening Committee will be updated regularly on progress towards implementation which is anticipated to begin rollout in 2026."*[61]

Evidence from Welsh Government

87. In relation to improving the information provided at cervical screening appointments, Public Health Wales confirmed that Cervical Screening Wales had updated the leaflet sent with every invitation for screening to include information that cervical screening did not screen or test for other gynaecological cancers[62]. The original Welsh Government response indicated that work on this had not progressed; however, the Cabinet Secretary subsequently confirmed in oral evidence that:

> *"So, Public Health Wales have issued new literature, which has updated information, and has also updated [Correction: 'is also updating'] its website, so there has been some move forward there."*[63]

[60] FGC04 Royal College of General Practitioners
[61] FGC07 Public Health Wales
[62] FGC07 Public Health Wales
[63] RoP, 15 October 2025, paragraph 113

Our view

88. Governance and accountability for Public Health Wales' role in HPV vaccination and awareness need significant strengthening. Accountability mechanisms must be a priority to ensure Wales meets international standards and protects women's health.

89. Vaccination against HPV is highly effective in preventing cervical cancer, yet Wales continues to fall short of meeting the World Health Organisation's target. This is deeply concerning, particularly given the growing influence of the anti-vaccine movement, which risks further undermining uptake.

Recommendation 5. The Welsh Government and Public Health Wales must take urgent, coordinated action to increase HPV vaccination coverage and counter misinformation. Specifically:

- Public Health Wales should set and publish annual improvement targets for HPV vaccination uptake (for example, achieving 90% coverage by 2027) and report progress transparently;
- The Welsh Government should lead a national strategy to tackle vaccine misinformation, including targeted campaigns in schools and across social media platforms.

90. We note the establishment of a project team by Cervical Screening Wales to prepare for self-sampling within the cervical screening programme in Wales, and that roll-out of self-sampling is anticipated to begin in 2026. The Welsh Government should update us on progress with work towards this target, including lessons learned from similar work in other nations of the UK.

Recommendation 6. In its response to this report, the Welsh Government should provide an update on progress by Cervical Screening Wales with preparatory work to implement the roll-out of self-sampling within the cervical screening programme in Wales, including:

- the likely start-date and milestones for the roll-out;
- details of who will be included in the self-sampling offer;
- lessons learned from similar work in other nations of the UK, and their application to the planned Wales roll-out; and

- details of how the success of the self-sampling offer will be monitored and evaluated.

5. Emergency care for gynaecological cancers

91. Our original inquiry found that many women were diagnosed with a gynaecological cancer in hospital, often after attending A&E, and these women often presented with late-stage cancer symptoms.

92. As a result, we recommended that the Welsh Government should commission an urgent review of the incidence, trends and high-risk populations in relation to emergency presentations with a gynaecological cancer, broken down by each of the gynaecological cancers (recommendation 15). The Welsh Government rejected this recommendation, stating "there is insufficient resource available to undertake a formal review of this matter within the timeframe requested"[64].

Evidence from stakeholders

93. Stakeholders expressed disappointment at the Welsh Government's rejection of recommendation 15, with the British Gynaecological Cancer Society saying:

> *"the outcomes in these patients are worse and only if we undertake a review of the incidence and trends can an evaluation be undertaken to improve where the need may be."*[65]

94. In its response to our follow-up inquiry, the British Gynaecological Cancer Society said:

> *"The performance with waiting times remains poor with lesser than 50% gynaecological cancer patients starting their treatment within 62 days. There are still issues with recruitment of adequate workforces within Wales. There is no uniformity in care received across Wales and still issues related to patients presenting as emergency admissions."*[66]

[64] Written Response to the Health and Social Care Committee's December 2023 Inquiry Report on Gynaecological Cancer: "Unheard: Women's journey through gynaecological cancer", March 2024
[65] Stakeholders' views on the Welsh Government's response to the Committee's report - 04 British Gynaecological Cancer Society
[66] FGC02 British Gynaecological Cancer Society

95. Similarly, Tenovus Cancer Care and Claire's Campaign said that emergency diagnoses remained too high:

> *"Around 41% of women with ovarian cancer in Wales are diagnosed following an emergency admission, a route linked to worse outcomes. Rare gynaecological cancers like Claire O'Shea's face the same challenge. The Unheard report recommended a targeted review, but this has not been commissioned, we were desperately disappointed when the Welsh Government rejected this recommendation."*[67]

96. Fair Treatment for the Women of Wales urged the Welsh Government to revisit its response to Recommendation 15. It said that emergency settings often lacked staff with sufficient knowledge of gynaecological or menstrual health, leading to inadequate care and misdiagnosis:

> *"[this] has meant that a significant number of FTWW's members have had their symptoms misattributed to other 'causes', such as a ruptured appendix or a psychological disorder."*[68]

97. It also found that ultrasound scans, which were essential for investigating many gynaecological issues, were rarely available in emergency departments, particularly out of hours. It suggested the establishment of a dedicated emergency gynaecology unit offering 24/7 gynaecology provision within every A&E department:

> *"This kind of offer would enable patients to access expert knowledge and interventions like scanning in a timely fashion, expediting optimum treatment and reducing the risk of complications or worse outcomes."*[69]

Evidence from Welsh Government

98. In his letter of 28 July 2025, the Cabinet Secretary said that presentation of cancer in an emergency setting was associated with more advanced disease and poorer outcomes:

[67] FGC03 Tenovus Cancer Care and Claire's Campaign
[68] FGC06 Fair Treatment for the Women of Wales
[69] FGC06 Fair Treatment for the Women of Wales

> *"This is not confined to gynaecological cancer – it is the case for many cancers with symptoms which can be hard to identify. The Welsh Government's approach recognises the need to detect cancers – including gynaecological cancer - earlier. Our approach includes several actions to reduce referral and diagnostic intervals and includes access to rapid diagnostic centres for people with vague or unusual symptoms."*[70]

99. He further stated that there was not the capacity to undertake a case note review to determine what factors lead individuals to present in emergency departments.

100. In oral evidence, the Cabinet Secretary told us:

> *"I think there are a sort of range of reasons that I think we understand to be why people may present at emergency departments in some cases of cancer. The fundamental question is: what can we do to make sure that people have access to services at an earlier point so that people don't end up having to come into the emergency department?"*[71]

101. Nick Wood, Deputy Chief Executive NHS Wales, confirmed that around 44 per cent of gynaecology cancer referrals (excluding post-menopausal bleeding clinics) are seen within 2 weeks (a 14 day target at the front end of the pathway features as part of the 62 day pathway).

102. We then asked the Cabinet Secretary for his views on the suggestion of dedicated emergency gynaecological units in every A&E department. He told us:

> *"EDs have access to acute oncology services, as they do to a range of other acute services. That's the model that enables us to make sure that people presenting have the widest range of access to the widest range of acute specialties. And that is currently available to each emergency department—access to that suite of services. And the quality statement that we published in 2021, I think, or 2022 […] that sets out our*

[70] HSC Committee, 15 October 2025, Paper 2
[71] RoP, 15 October 2025, paragraph 117

expectation in terms of what ED departments are able to provide in relation to this."[72]

Our view

103. We believe that women presenting to emergency departments with gynaecological cancer symptoms indicates a serious breakdown in the planned care pathway and highlights missed opportunities for earlier intervention.

104. Emergency diagnoses are associated with poorer outcomes, yet the Welsh Government rejected our original recommendation for an urgent review of incidence and trends. Stakeholders remain deeply concerned that emergency presentations are too high.

105. While we welcome efforts to improve diagnostics pathways, the lack of dedicated emergency gynaecology provision and limited access to essential investigations, such as ultrasound, continue to put women at risk of delayed diagnosis and poorer outcomes.

106. We strongly urge the Welsh Government to revisit its decision not to commission a targeted review of emergency presentations for gynaecological cancers. If the Government maintains its position, it must set out clearly in its response to this report how it will identify trends, high-risk groups, and gaps in care through alternative means. Persistently poor outcomes and current performance levels demand urgent action, measurable targets, and clear accountability.

Recommendation 7. The Welsh Government must urgently strengthen its approach to reducing emergency presentations of gynaecological cancers. This should include:

- setting clear improvement targets for reducing emergency diagnoses and publishing an update on progress by March 2026;
- exploring the feasibility of enhanced emergency gynaecology provision, ensuring access to specialist expertise and diagnostic tools within emergency departments.

[72] RoP, 15 October 2025, paragraph 128

In addition, Public Health Wales should take a stronger leadership role by coordinating early detection initiatives and driving improvements across the system.

6. General practice and Rapid Diagnostic Clinics

General practice

107. Our original inquiry acknowledged that recognising the signs and symptoms of gynaecological cancers was not straightforward. However, we found that too many women were misdiagnosed with common, less serious health problems, only to find that, sadly sometimes too late, they actually had a gynaecological cancer.

108. We also recognised that, while GPs had a lot to deal with, keeping pace with NICE guidelines and latest developments was a key part of their role.

109. We made a number of recommendations in relation to general practice, including:

- Ensuring GPs receive ongoing education on gynaecological cancers, keeping them up to date with the latest guidelines and diagnostic techniques.
- Making clinical guidelines on symptoms and risk factors clear, and monitor their use through audits of GP referrals and patient outcomes to support continuous improvement.
- Providing GPs with specialist support, including telemedicine, to help assess and refer patients with potential gynaecological cancer symptoms, particularly in rural or underserved areas.

Evidence from stakeholders

110. According to Tenovus Cancer Care and Claire's Campaign:

> *"GPs are being offered training via GatewayC [the online learning platform], but without evaluation we don't know if referrals are improving or cancers being caught earlier. Right now, we cannot measure or scrutinise progress."*[73]

111. It said it was aware that '*Unheard*' themed continuous professional development (CPD) was being developed but said it was unclear if this was a

[73] FGC03 Tenovus Cancer Care and Claire's Campaign

standalone offer or part of ongoing CPD. It also questioned whether there had been any patient involvement in the production of the content:

> *"We reached out to the then NHS Executive to better understand the proposal (and hopefully share insight) but heard nothing back."*[74]

112. The Royal College of General Practitioners told us:

> *"[…] primary care confidence in recognising and referring, remains variable: Current interventions, such as GP webinars, are valuable but insufficient at scale."*[75]

113. It said that ongoing education for healthcare professionals, including GPs and practice nurses, remained critical, and that the Royal College could play a role in delivering education through webinars, in-person courses, and forthcoming CPD events.

Evidence from Welsh Government

114. In its response to our original report, the Welsh Government stated that:

- All GPs in Wales had been provided with access to GatewayC to support learning about cancer symptoms, including gynaecological cancers.
- National guidelines on assessing potential cancer symptoms were in place.
- The NHS tracked suspected cancer referrals, and GPs were referring more patients than were being diagnosed, showing that women's concerns were being taken seriously.
- New electronic referral systems allowed specialists to provide advice or request further information on patient cases.

115. We asked the Cabinet Secretary if GatewayC was influencing GP decision-making and ensuring that women's concerns were properly addressed. He told us that while there was evidence that the GatewayC tool was changing clinical decisions, it was harder to gauge whether it was changing the broad approach towards ensuring that women's health concerns were appropriately addressed.

[74] FGC03 Tenovus Cancer Care and Claire's Campaign
[75] FGC04 Royal College of General Practitioners

He did say that a quarter of the GPs that were surveyed as part of the evaluation of GatewayC said they were referring more people as a result of the tool, "which suggests they are better informed about what they ought to be doing".[76]

116. Finally, we asked the Cabinet Secretary if any consideration was being given to introducing Jess's Rule[77] in Wales. He told us:

> *"We will want to consider what could be learnt from that sort of guidance. Obviously, the referral guidance is already in place and I would expect that to be complied with from the first presentation, let alone the third, and there already arrangements in there around what I think is called safety netting, which is about patients identifying any change in their symptoms and coming back. So, that's already part of the guidance that we have. There isn't a specific equivalent to Jess's law, but we will see if that can be a useful addition to the existing guidance."*[78]

Rapid Diagnosis Clinics

117. Rapid Diagnosis Clinics (RDCs) were set up to enable patients with potentially serious but non-specific symptoms suspicious of cancer to be referred in a timely way, and to speed up the diagnosis process.

118. We recommended that the Welsh Government should undertake an evaluation of the effectiveness of RDCs and report back to us with the findings. An evaluation of RDCs was published in December 2023[79].

Evidence from stakeholders

119. Tenovus Cancer Care and Claire's Campaign said that since May 2024, "there's been some meaningful movement on the machinery of diagnosis, but accountability is lagging". Further, it said that the all-Wales external evaluation of RDCs had confirmed that they were now operating across every health board and were benefitting patients with vague symptoms, but it:

[76] RoP, 15 October 2025, paragraph 179
[77] Jess's Rule is a GP safety initiative introduced in England in September 2025. It requires GPs to reassess a patient's case if they have presented three times with the same or worsening symptoms without a clear diagnosis
[78] RoP, 15 October 2025, paragraph 182
[79] Rapid Diagnosis Clinic Programme evaluation, Wales Cancer Network, December 2023

> *"also flags issues in referral quality, equity of access, 7-day pathways, and inconsistent data capture. While recommendations are clear, there's no public evidence that Health Boards have taken action or that outcomes are improving."*[80]

120. The Royal College of General Practitioners said that RDCs were an important tool for patients presenting with vague or non-specific symptoms, but:

> *"they must be properly resourced with immediate access to imaging and pathology. Alternatively, improving GP access to radiology remains a pressing need, though current waiting lists make this unlikely without significant investment."*[81]

Evidence from Welsh Government

121. The Cabinet Secretary told us that RDCs were popular with staff and patients, and provided faster access to diagnostics for those whose symptoms did not otherwise meet the criteria for referral:

> *"So, where a GP has seen a patient and their symptoms don't match up to one of the referral criteria but there is a suspicion that cancer may be the cause, then that's the best use of the capacity in the rapid diagnostic centre. So, it's more to do with that speed of diagnosis than it is about catching cancer sooner."*[82]

122. Nick Wood, Deputy Chief Executive NHS Wales, confirmed that in the last month there had been nearly 2,000 referrals for gynaecological cancer diagnosis, and:

> *"1,886 were told they didn't have cancer post diagnostic. So, it was 102 or so that went through for treatment, which is around 5 per cent to 6 per cent of the total referrals."*[83]

[80] FGC03 Tenovus Cancer Care and Claire's Campaign
[81] FGC04 Royal College of General Practitioners
[82] RoP, 15 October 2025, paragraph 164
[83] RoP, 15 October 2025, paragraph 162

123. When asked if the Welsh Government would commit to mainstreaming funding for RDCs into health boards' core budgets to ensure sustainable staffing and clinic expansion, the Cabinet Secretary told us:

> *"Across the range of things that we ask health boards to do, […] there is a huge amount of activity in relation to improving cancer pathways, […] and what we want to see over time is that becoming, obviously, the core means of delivery on the part of the health board. So, what we're trying to do is move away from a model, bluntly, where there is a pot of money for a new innovation—obviously that is required to establish something—but then over time that needs to become the new operating model for the NHS. So, these centres would be in that mix."*[84]

124. In relation to how RDCs and Community Diagnostic Hubs were working together, the Cabinet Secretary said that significant capital funding had been allocated for new equipment to build capacity in diagnostics:

> *"because it is probably one of the biggest challenges that we've got in delivering both access to cancer services and diagnosis, but more broadly on diagnostics across a huge range of services. So, I think it's imperative that we link them all up and utilise them, as you say, to enable better access in hard-to-reach communities, in communities that are more rural, but recognise that, in some elements, there will be a requirement to travel and there will be a requirement to send people to certain places for more specialist diagnostic testing."*[85]

Our view

125. We welcome the steps to support GPs, such as access to GatewayC and the introduction of rapid diagnostic clinics. These initiatives appear to be improving clinical decision-making and encouraging more proactive referrals, which is positive. However, the evidence suggests that, while GPs are referring more patients, this has placed significant pressure on diagnostic services, leading to delays for those who do have cancer.

[84] RoP, 15 October 2025, paragraph 164
[85] RoP, 15 October 2025, paragraph 168

126. GatewayC is influencing referral decisions, but there is no clear evidence that it has changed the broader way GPs engage with women's health concerns or lived experiences.

127. We remain concerned that misdiagnosis and delayed recognition of symptoms persist, particularly in rural and underserved areas. Expanding diagnostic capacity and improving triage are essential to ensure that those most likely to have cancer are prioritised. GPs need ongoing education, better access to decision-support tools, and specialist advice to balance reassurance with urgency. Without these measures, the system risks continuing to fail women who present with vague or complex symptoms.

128. We believe the Welsh Government needs to act with greater urgency in taking forward our original recommendations and strengthen support for GPs in the early detection of gynaecological cancers.

Recommendation 8. The Welsh Government must act with greater urgency in taking forward our original recommendations and strengthen support for GPs in the early detection of gynaecological cancers. In its response to this report, it should:

- provide an update on progress with implementing the recommendations in our original report; and
- set out the plans in place to continue work in this area, along with timelines and key milestones.

7. Palliative and end of life care

129. Our original report made two specific recommendations relating to palliative and end of life care, calling for the Welsh Government and its partners to promote the benefits of palliative care and challenge the misconception that it is only for the final stages of life, as well as for the Welsh Government to provide an update on its progress in implementing the quality statement for palliative and end-of-life care. Both recommendations were accepted.

Evidence from stakeholders

130. According to Marie Curie, end of life care in Wales is "at breaking point". It said that gaps in care and a system under severe pressure mean too many people are spending their final days isolated, in pain, and struggling to make ends meet.

131. It also said:

> *"The current data landscape makes it very difficult, if not impossible, for organisations such as ourselves to determine whether women with terminal gynaecological cancer are being referred to palliative care at the appropriate time, whether women are accessing palliative care services and whether those services are meeting women's needs."*[86]

132. However, Tenovus Cancer Care and Claire's Campaign suggested that palliative and end of life care was an area where progress was underway. It said:

> *"Since May 2024, we've seen several key developments:*
>
> - *A Cabinet Written Statement confirmed interim Phase 3 funding review actions, including a £4 million cost-of-living grant to all 12 NHS-commissioned hospices (2023–24) and work progressing toward a national hospice commissioning framework.*
> - *A National Service Specification for Palliative and End of Life Care has been published for public engagement (May 2025), which hard-wires equitable access, governance*

[86] FGC01 Marie Curie

standards, KPIs, workforce requirements, and 24/7 urgent response.

- *The 2025–26 budget includes a £5.5 million one-off cash injection for hospices and a £3 million recurrent uplift—a significant financial boost.*
- *Multi-year bereavement support grants were awarded to 18 organisations to address inequities in bereavement care."*[87]

Evidence from Welsh Government

133. We asked the Cabinet Secretary if there was any evidence that the Welsh Government's commitments under recommendations 25 and 26 were being implemented in practice, and specifically whether GPs and acute clinicians were changing their approach to palliative care and whether patients were experiencing earlier access to these services.

134. The Cabinet Secretary said he was "not sure we have evidence of those things bearing fruit on the ground yet". He went on to highlight the launch of the new service specification:

> *"which sets out a new standard around access and early access to palliative care, but also out-of-hours provision, specialist provision, so that's now launched and required to be complied with."*[88]

135. He also outlined work being undertaken by HEIW:

> *"I think we're calling it a competence framework, which is around how we can skill clinicians to understand where earlier access to palliative services may be appropriate. So, those have launched this week, they're required to be delivered, and so I expect that we'll see that improve. There will be a monitoring arrangement, and I will be publishing data about compliance with it when we have it."*[89]

[87] FGC03 Tenovus Cancer Care and Claire's Campaign
[88] RoP, 15 October 2025, paragraph 193
[89] RoP, 15 October 2025, paragraph 193

Our view

136. Our original report highlighted the differences between palliative and end of life care and the importance of women with an incurable gynaecological cancer being offered early access to palliative care.

137. While we welcome the publication of the new service specification and the competence framework for clinicians, it is deeply concerning that there is little evidence these measures are improving access to palliative care in practice.

138. Marie Curie's evidence paints a stark picture: despite recent funding boosts and policy developments, end-of-life care in Wales remains "at breaking point", with too many people spending their final days isolated, in pain, and without adequate support.

139. The lack of robust data makes it impossible to assess whether women with terminal gynaecological cancer are being referred to palliative care at the right time or whether services are meeting their needs. Early access to palliative care is critical, not only for symptom management but for dignity and quality of life, and the current gaps in provision and accountability are unacceptable.

Recommendation 9. The Welsh Government should urgently strengthen the implementation and monitoring of its palliative and end-of-life care commitments. This should include:

- Publishing clear data on referral patterns and access to palliative care for women with gynaecological cancers;
- Setting measurable targets for early referral and equitable access, and reporting progress annually;
- Ensuring the new service specification and competence framework translate into real improvements on the ground, supported by adequate resources and workforce planning;
- Working with partners to challenge misconceptions about palliative care and promote its benefits earlier in the care pathway.

Annex 1: List of oral evidence sessions.

The following witnesses provided oral evidence to the committee on the dates noted below. Transcripts of all oral evidence sessions can be viewed on the Committee's website.

Date	Name and Organisation
15 October 2025	**Jeremy Miles MS,** Cabinet Secretary for Health and Social Care **Sarah Murphy MS,** Minister for Mental Health and Wellbeing **Nick Wood,** Deputy Chief Executive, NHS Wales **Sue Tranta,** Chief Nursing Officer for Wales

Annex 2: List of written evidence

The following people and organisations provided written evidence to the Committee. All Consultation responses and additional written information can be viewed on the Committee's website.

Reference	Organisation
FGC01	Marie Curie
FGC02	British Gynaecological Cancer Society
FGC03	Tenovus Cancer Care and Claire's Campaign
FGC04	Royal College of General Practitioners
FGC05	Target Ovarian Cancer
FGC06	Fair Treatment for the Women of Wales
FGC07	Public Health Wales