



NHS Wales National Cancer Team

INTEGRATED WORKPLAN

2025-26

MAY 2025

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Introduction

The 2025-26 Plan for the National Cancer Team¹ is an amalgamation of the Cancer Network Plan and the Recovery Programme Plan which provides a range of targeted activity and deliverables to support the NHS in Wales to improve compliance with the Suspected Cancer Pathway performance targets, aid delivery of the Quality Statement for Cancer and support the recovery of waiting times in line with Planned Care policy.

The National Cancer Team (NCT) has a remit established via the National Clinical Framework and the Ministerial mandated recovery programme. There are also a range of national actions identified within the Cancer Improvement Plan 2023-2026 that are led by the NCT and reflected herein. In delivering the plan it will support two key enabling actions identified within the NHS Wales Planning Framework 2025-2028 in the development and implementation of Straight to Test pathways as well as the implementation and improved compliance of National Optimal Pathways.

The activity within the plan is structured and prioritised as follows:

- **Section A: Priority Tumour Pathways** A plan for each priority tumour pathway, specifically aligned with the Ministerial Mandate to prioritise recovery and improvement of SCP compliance within Breast, Gynaecology, Lower GI, Skin and Urology services
- **Section B: Cross-cutting Programme Plans** Activity supporting patient centred approaches, business intelligence, cancer treatment, and research and innovation
- **Section C: Additional Tumour Site Pathways** A single plan covering the remaining tumour site pathways reflected within the Quality Statement for Cancer
- **Section D: Register of National Optimal Pathways** A status summary and planned revision date (where applicable) for each National Optimal Pathway

DELIVERY & MONITORING

The National Cancer Team, as part of the NHS Wales Performance and Improvement, will work collaboratively to deliver this plan and as a minimum ensure alignment with the following existing activity:

- Utilising Planned Care Optimisation Frameworks to ensure best practice cancer improvements are considered alongside planned care performance recovery
- Working across the National Strategic Clinical Networks (e.g. Women's Health) to ensure alignment of workplans and delivery
- Collaborative implementation of Diagnostics Recovery & Transformation Strategy, via National Diagnostics Programme, combining resources where necessary to generate greater national impact. The activity reflected within this plan related to diagnostic component of the SCP have been collaboratively developed with the National Diagnostics Programme (NDP) complement the NDP programme of work
- Informing targeted support, including coaching and supporting multiple cancer multidisciplinary teams (MDTs) and Cellular Pathology teams of the suspected cancer pathway, via Quality, Safety & Improvement team
- Support performance management arrangements, business intelligence development, operational delivery support and demand & capacity oversight, working with the National Performance & Assurance team

Activity referenced within, alongside the collaborative and cross-working, will generate improvement within cancer pathways (NOPs) and SCP compliance via the identification and implementation of productivity and efficiency gains and the development of appropriate benign pathways for more appropriate SCP demand management in collaboration with the National Planned Care Programme and Health Boards. In addition, there are a range of cross-cutting deliverables that will provide better insights to support improved planning locally, regionally and nationally.

¹ National Cancer Team brings together the National Strategic Clinical Network for Cancer and the Cancer Recovery Programme, with effect from 1 April 2025

Components of the workplan also reflect a number of key national actions remaining for delivery within the Cancer Improvement Plan in relation to service specifications for MMR, SACT, Person Centre Care, and Cancer Psychology Support, as well as the production of a Cancer Digital Data Roadmap for Wales and Cancer Patient Reported Outcome Measures.

The delivery of this plan will be monitored monthly via the Cancer Leadership Board, with formal reporting to the Cancer Leadership Board required on a quarterly basis. Where necessary, resource will be prioritised to ensure delivery of actions within priority tumour pathways, including the recommended high value interventions identified by the Ministerial Advisory Group (MAG). In addition, Health Board progress associated with the National Cancer Improvement Plan will also be monitored and reported on a quarterly basis.

HIGH VALUE INTERVENTIONS

The Ministerial Advisory Group for NHS Wales Performance and Productivity recommended² implementation of high value interventions within four of the five priority pathways. No specific intervention was identified for Urology, however, the prioritised focus is maintained to support improvement. The MAG findings also recognise the challenges associated with MDT working; work is underway to improve MDT efficiency, captured in Section B: [Innovation programme plan](#).

The high value interventions and progress are summarised below:

High Value Intervention	Position Statement
Breast Provision of breast-pain only services (R9)	<u>Status: Early Development</u> In the absence of a benign breast pain only pathway, around 10 – 40% of people can be referred as a suspected cancer priority. GIRFT identify East Midlands (EM) as providing an exemplar pathway. Collaborative working has been established with East Midlands; planning is underway for an education event and associated feasibility assessment of NHS Wales implementation of the exemplar pathway. Scoping of training requirements will be undertaken and discussed with HEIW as needed.
Gynae Consistent provision of post-menopausal bleeding services (R9)	<u>Status: HB Implementation</u> There has been a rapid increase in HRT prescriptions over the last few years, with around 40% of patients experiencing unscheduled bleeding as a side effect. In the absence of alternative benign pathways, there has been a reported 43% increase in suspected cancer referrals without a corresponding increase in gynaecology cancers diagnosed. A collaborative nationally agreed pathway has been completed to support Health Board adoption, the EQIA for which is due to be ratified at the Gynaecology CIN (21st May). Recovery funding has been provided for outpatient clinic-based ultrasound equipment and training to support delivery of one-stop models of care. GP webinar events have been undertaken to support implementation. Recovery funding has also been allocated to support a WID Easy evaluation (non-invasive swab test) to support early endometrial cancer detection and reduce diagnostics demand.
Upper GI Capsule sponge should be rolled out with a view to reducing demand for intervention endoscopy (R6)	<u>Status: HB Implementation</u> Data provided via the national endoscopy programme allows us to estimate it could reduce upper GI endoscopy demand by between 5,769 to 11,538 procedures across Wales (25/26) depending upon the scale of adoption. This equates to additional capacity to deliver around 2,307 to 4,614 endoscopy procedures. A collaborative programme of work (upper GI clinical implementation lead, CSG, national diagnostics programme, third sector) has been undertaken in partnership with industry partners (Tackling Cancer Initiative). A national service specification and clinical guidance has been developed, peer reviewed and ratified by DSOG (date). National learning event was held date with representation across Health Boards. Direct support is being provided to each Health Board

² [NHS Wales performance and productivity: independent review](#) [April 2025]

High Value Intervention	Position Statement
	(via service managerial and clinical leads) to support implementation. Recovery funding provided to Health Boards to pump prime purchase of capsule sponge devices & pathology analysis. Support is provided to Health Boards to support service transition to business as usual, with training provided as required.
Lower GI Consistent implementation of symptomatic FIT, with a new dataset to assess capacity prioritisation for FIT positive patients (R9)	<u>Status: Nearing Completion</u> Symptomatic FIT is available to request directly from primary care across all Health Boards apart from Hywel Dda who currently has a FIT hub in secondary care. Support has been provided to help them align their model of delivery with the rest of Wales (planned Q2). A national symptomatic FIT dashboard has been developed with DHCW to report across areas including FIT positive demand (trends), correlation with lower GI suspected cancer pathway entry (variation) and inappropriate use. Plans to present FIT dashboard and undertake targeted discussions regarding FIT pathway components at next colorectal CSG meeting. Meeting arranged with PHW symptomatic FIT team to discuss pathway optimisation.
Skin Standardised provision of teledermatology services in primary care (R9)	<u>Status: In progress</u> Health board evaluations have reported that a minimum of 50% of referrals can be returned with advice and guidance if Teledermatology is provided with referral. Teledermatology is available across all Health Boards however it is currently difficult to measure pathway compliance, effectiveness and improvement opportunities. Discussions with DHCW have confirmed that it is possible to identify electronic skin referrals with images attached. Once access is granted to national data warehouse, a baseline review will be undertaken to identify variation across Health Boards and opportunities for pathway optimisation. In addition, funding has been allocated to Health Boards for the purchase of dermatoscopes for use in primary care, enabling further increase in the volume of referrals able to be returned with advice and guidance to primary care.

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes				
					2025-26				
					Q1	Q2	Q3	Q4	
National Optimal Pathway(s)									
	Publish principles and quality standards for patients requiring breast prostheses.	Standardise the provision of external breast prosthesis for patients with breast cancer in Wales.	Publish principles and standards for the provision of external breast prosthesis and establish a standard procurement framework for products.	Raise standards of care and improve patient experience.	NWSSP procurement		✓		
	Evaluate and share identified good practice "Models of Delivery" in Breast.	Reduce variation in the diagnosis and treatment of Breast Cancers in Wales, evaluating against published NOPs where possible, identifying productivity and efficiency gains, innovations in process and a national model of good practice for Breast Services.	Site visits/field work to assess breast service delivery across all Health Boards in Wales, to identify good practice; write up good practice model for HB sharing and implementation.	Reduction in average time from PoS to FDT in breast cancer patients Reduce variation in the diagnosis and treatment of Breast Cancer in Wales	QS&I Health Boards		✓		
Faster Diagnosis									
	Understand constraints within the current Breast Test Wales (BTW) screening pathway and interface with local Health Boards	Develop options appraisal for reconfiguration of breast clinical assessment model to reduce variation between screening and symptomatic services as BTW participants account for around a third of Breast suspected cancer pathway breaches.	Following agreement from PHW (BTW) and Health Boards (planned care SOG April 25) to undertake a review of the pathway delivery options and associated implications	Reduction in time from Diagnosis to First Definitive Treatment (FDT) in screening detected Breast cancer participants	PHW Screening Health Boards Performance and Assurance Directorate		✓		
Service Configuration									
	Develop National Breast Pain only care pathway	Produce new All-Wales guidance document based upon GIRFT exemplar model of delivery and support national adoption.	Establish collaboration with East Midlands Cancer Alliance (EMCA) to assess feasibility to implement their vanguard service model across Wales.	To reduce unnecessary USC referrals in Breast Cancer	Clinical Implementation Network / Breast Cancer Site Group (CSG)			✓	
Tumour Specific Treatments									

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
Standardise access to Axillary radiotherapy	Standardise access to the service for patients across Wales.	COSC to review evidence, assess and provide position paper/clinical guidance	Reduce unwarranted postcode variation in access to axillary radiotherapy	JCC		✓		
Increase use of magnetic seeds in surgical treatment of Breast Cancer	Support implementation of magnetic seeds to release capacity.	Recovery funding has pump-primed magnetic seed implementation within CAVUHB, BCUHB, ABUHB, CTMUHB. Monitoring of benefits of increased utilisation of magnetic seeds in 2025/26.	Magnetic seeds will prevent patients from re-attending a hospital appointment prior to surgery releasing appointment capacity and improved patient/staff experience	Health Boards		✓		
Workforce Development								
Review of workforce requirements of Breast Radiology services	Review Breast Radiology, identify variation between HB approaches & quantify workforce constraints.	Conduct service assessment on the cost, patient outcomes, & pros/cons of introducing various workforce models.	Reduction in average time from Point of Suspicion to Diagnosis	National Diagnostics Programme		✓		

A2 Gynaecology

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes				
					2025-26				
					Q1	Q2	Q3	Q4	
National Optimal Pathway(s)									
	All Wales guidance regarding Unscheduled Bleeding on HRT	For all HBs in Wales to have standardised approach to managing patients referred to secondary care with Unscheduled Bleeding on HRT	Collaborative development and implementation support for an all-Wales HRT model with guidance to ensure equitable standards of care, supported by an EQIA	Reduced SCP Gynae demand	Primary Care Womens Health Network	✓			

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
Improve gynaecology ultrasound scanning capability and capacity	Improve gynaecology service resilience by improving capability and capacity for medical and non-medical clinical staff to undertaken basic gynaecological diagnostic investigations autonomously	Facilitate collaborative development of an all-Wales sustainable training plan for gynaecology specialist staff	Improved average time to diagnosis Reduced number of referrals from gynaecology to radiology, for patients on suspected cancer pathway	National Diagnostics Programme Health Boards				✓

A3 Gastrointestinal

A3.1 Upper GI - (Oesophageal & Hepatobiliary-pancreatic (HPB))

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes				
					2025-26				
					Q1	Q2	Q3	Q4	
Faster Diagnosis									
	Continue implementation of Capsule Sponge across Wales	Continue work supporting HBs in implementing Capsule Sponge, following on from previous year’s work.	Service specification to be circulated widely and discussions held with each HB to ensure any support requirements are picked up and undertaken via the programme.	Reduces variation in the provision of Capsule Sponge across Wales.	National Diagnostics Programme Recovery Funding		✓		
	Standardise GI biopsy protocols across endoscopy units	To reduce variation in GI biopsy protocols, which is currently impacting workload with unnecessary workload for pathology services, therefore requiring additional capacity.	Guidance has been created by working group led by National Pathology Programme Clinical Lead – this will be consulted upon with stakeholders and published.	Reduce variation across Wales in GI biopsy protocols. Reduce unnecessary biopsy processing requirements, therefore reducing cost of extra capacity and impact on other pathology areas.	National Pathology Programme			✓	

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes				
					2025-26				
					Q1	Q2	Q3	Q4	
Service Configuration									
	Publish service specification for Transnasal Endoscopy (TNE) services	To provide a service specification for Wales HBs in support of implementing a TNE service within their HB.	Engagement with stakeholders and plan to launch at TNE training event later in the year.	Reduces variation across TNE service provision across Wales.	National Diagnostics Programme			✓	
	Provide national guidance to reduce the use of low yield endoscopy in upper GI	Update Upper GI CHP to reflect stricter criteria and better h pylori testing in primary care	Representation from programme on British Society of Gastroenterology working group and feeding into Community Health Pathways where needed.	Reduce the use of low yield endoscopy, therefore releasing capacity for other patients.	National Diagnostics Programme British Society of Gastroenterology				✓
Workforce Development									
	Provide training for Transnasal Endoscopy (TNE) for HB staff	To upskill Health Board endoscopy staff that would be undertaking TNE as part of new and existing service implementation.	UGI Clinical Lead to provide TNE training to HBs as and when required, above the training event if needed.	Reduces variation across TNE service provision. Proficient staff ready to provide new service.	National Diagnostics Programme Health Boards			✓	
Data & Digital									
	Review PEUGIC rates to evaluate variation between units	Gain access to PEUGIC data and provide more in depth information on variation between units, potential causes and to identify opportunities to target improvement interventions.	Currently working through financial arrangements and logistics of access to allow for use.	Allow for variation to be identified and therefore improvement opportunities to reduce variation	SAIL (Secure Anonymised Information Linkage)			✓	

A3.2 Lower GI

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes				
					2025-26				
					Q1	Q2	Q3	Q4	
National Optimal Pathway(s)									
	Evaluate and share identified good practice "Models of Delivery" in Lower GI services.	Reduce variation in the diagnosis and treatment of Lower GI Cancers in Wales, evaluating against published NOPs where possible, identifying productivity and efficiency gains, innovations in process and a national model of good practice for GI Services.	Site visits/field work to assess Lower GI service delivery across all Health Boards in Wales, to identify good practice; write up good practice model for HB sharing and implementation.	Reduction in average time from PoS to FDT in Lower GI cancer patients Reduce variation in the diagnosis and treatment of Lower Cancer	QS&I Health Boards		✓		
Faster Diagnosis									
	Support and contribute to the development and roll out of a Bowel Screening Wales (BSW) dashboard	BSW participants account for 20% of colorectal suspected cancer pathway breaches. A BSW dashboard was published on 01 April 2025 (link: Bowel Screening Wait Monitoring and Planning Support).	NHS Executive and BSW are running a series of health-board-specific workshops for NHS staff throughout May, followed by development of a planning tool. A baseline review of the dashboard will be undertaken to understand existing constraints and potential areas for pathway optimisation.	Early identification of constraints in delivering the screening pathway Data-driven decisions for planning and delivering the bowel screening pathway	PHW (BSW) Performance and Assurance Directorate Health Boards	✓			
Service Configuration									
	Pilot a national Early Rectal Cancer MDT	Reduce variation in the diagnosis and treatment of early rectal cancer across Wales, whilst also making most efficient use of specialist skills in the specialty – supported by Recovery Funding	Design and run a national pilot, hosted by SBUHB, for patients with confirmed early rectal cancer diagnosis, and evaluate. If successful, consider long-term adoption and consider if model of specialist, national MDT should be replicated in other tumour sites.	Reduction in average time from PoS to FDT in early rectal cancer patients					✓
Data & Digital									
	Power BI dashboard for	Implementation of a Power BI dashboard to enable assessment	Collaborative development and refinement of a draft BI	Identify optimisation opportunities and be	PHW			✓	

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
symptomatic FIT – linked to ensuring consistent use of FIT in Primary Care	of symptomatic FIT impact and optimisation opportunities at a Health Board and national level.	dashboard linked to the SCP dataset. The aim is to release this to Health Boards to support lower GI pathway improvement, aim for Q2/Q3.	able to evaluate patient outcomes	Performance and Assurance Health Boards				
Pilot development of Visual Dashboard of Entire Colo-rectal pathway	Develop a Visual dashboard allows elements of pathway to be undertaken in parallel rather than in sequence thereby reducing delays and improving performance against 62-day SCP	Need to monitor impact of investment and consider national roll-out of findings	Improved Lower GI SCP compliance	SBUHB Recovery funding			✓	

A4 Skin

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes				
					2025-26				
					Q1	Q2	Q3	Q4	
National Optimal Pathway(s)									
	Publish Melanoma National Optimal Pathways	To develop a national optimal pathway	Stakeholders to review and consider any evidence	Published pathway			✓		
	Evaluate and share identified good practice "Models of Delivery" in Skin.	Reduce variation in the diagnosis and treatment of Skin Cancers in Wales, evaluating against published NOPs where possible, identifying productivity and efficiency gains, innovations in process and a national model of good practice for Dermatology Services.	Site visits/field work to assess dermatology service delivery across all Health Boards in Wales, to identify good practice; write up good practice model for HB sharing and implementation.	Reduction in average time from PoS to FDT in breast cancer patients Reduce variation in the diagnosis and treatment of Skin Cancer in Wales	QS&I Health Boards			✓	
Faster Diagnosis									
	Roll out of Dermatoscopes in Primary Care	Pump prime use of dermatoscopes in primary care to improve the quality of images for skin referrals.	Following delivery of dermatoscopes in April 2025, training plan to be implemented and use monitored	Reduced number of face-to-face dermatology OPA's Improved skin cancer triage, leading to an	Primary Care Local HBs Skin CIN (Planned Care)	✓			

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
			increased number of downgrades from SCP					
Workforce Development								
Address the variation in use of Teledermoscopy in Primary & Secondary Care.	Maximise the use of telederm in Wales, supported by training in primary and secondary care. .	Implement programme of training Raise awareness at national skin cancer conference in June 2025,	Increase in referrals able to be returned with advice & guidance Reduction in SCP demand for skin cancer	Recovery Funding			✓	

A5 Urology

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes				
					2025-26				
					Q1	Q2	Q3	Q4	
National Optimal Pathway(s)									
	Evaluate and share identified good practice "Models of Delivery" in Urology.	Reduce variation in the diagnosis and treatment of Urology Cancers in Wales, evaluating against published NOPs where possible, identifying productivity and efficiency gains, innovations in process and a national model of good practice for Urology Services.	Site visits/field work to assess breast service delivery across all Health Boards in Wales, to identify good practice; write up good practice model for HB sharing and implementation.	Reduction in average time from PoS to FDT in Urology cancer patients Reduce variation in the diagnosis and treatment of Urology Cancer in Wales	QS&I Health Boards		✓		
Workforce Development									
	Identify optimum workforce models for prostate cancer	Assess feasibility of implementing HD Prostad Project findings and recommendations	Review evaluation findings from Cancer Research UK via collaborative working group and undertake feasibility assessment	Reduced time to diagnostic testing	Urology CIN & CSG Elective Optimisation Programme (Planned Care)			✓	
	Support development of nurse led models of care	Informed by the planned fieldwork to identify good practice models of delivery,	Using the learning from the National Endoscopy Programme, support development of workforce development programme	Reduction in SCP delays	NEP, HEIW Urology CIN & CSG				✓

Section B: Cross-Cutting Programme Plans

B1 Data & Digital

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
Cancer Data Road Map	Tiered data availability; from near real-time to fully quality assured data			DHCW		✓		
NHS Wales participation in the 10 national cancer audits.	To measure and demonstrate the quality of cancer care for the NHS in Wales.	Refinement of methodology and Reporting tools with support from DHCW & NHS Executive Health Intelligence. Engagement with NATCAN to satisfy data requirements	Enables benchmarking between NHS Wales and NHS England	Health Boards and Trusts DHCW NATCAN Establishment of a national SACT and RT dataset	✓	✓	✓	✓
Establish Core Quality Performance Indicators for Cancer (Phase 1 and 2)	Create a dashboard to demonstrate quality of cancer services across cancer sites and geography. Have links to validation dashboard so health boards can identify records within metrics.	Use the CD&RSOG and CSGs to engage with cancer clinical and informatics community. Iterate dashboard with feedback	Improve how accessible cancer intelligence is for all. Enables comparisons to be made across cancer sites and geography	DTIV DHCW ISD Team			✓	
Support the ongoing implementation of the cancer dataset forms	The cancer dataset forms have increased the number of data items collected by cancer services. Many of these are new so require support to implement.	Evaluation of data validation to identify data capture issues. Provide bitesize style training sessions for MDT coordinators. Create documentation where required.	Data capture will improve. All intelligence tools will have more accurate conclusions	Health Boards and Trusts DHCW DTIV		✓		
RT Dataset	RT Data is pulled nationally but not structured in an interrogable format	Improve coding of data with DCHW ISD Likely to lead to need for national ways of working changes for coding consistency	Will enable good quality RT data to be included in Welsh audits and cancer registry.	DHCW Data Standards DHCW ISD DHCW & PHW IG			✓	

	Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
						2025-26			
						Q1	Q2	Q3	Q4
	SACT Dataset & Dashboard	Development and implementation of national SACT dataset and a dashboard to measure agreed QPIs	DHCW ISD to create the national database. Health Boards and Trusts to extract and submit data Cancer Network Pharmacists to support change in working practice	Will enable good quality SACT data to be included in Welsh audits and cancer registry. Opens possibility of further analysis	Welsh Government DHCW & PHW IG DHCW ISD SACT teams across NHS Wales				✓
	Strengthen SCP Data with diagnostics and tumour subsite data	Understand current availability of diagnostics information and address data gaps via SCP component wait data.	Enhance diagnostics data access via informatic development, review existing SCP subsite and refine information and merge existing SCP dataset with new diagnostics data into SCP dashboard	Support the advancement of cancer informatics in NHS Wales	National Diagnostics Programme DHCW HB's to pilot subsite data			✓	
	Support the implementation of e-referrals (WPRS) across Health Boards in Wales	Support e-referrals provide a direct and timely route of referral from primary to secondary care and is the accepted standard of care in Wales. e-referral systems also provide information related to triage outcomes	Support outstanding Health Boards with implementation Seek access to WPRS data set within NHS executive and incorporate digital intelligence into existing operational dashboards	Reduce time to triage, leading to improved SCP compliance Understand open pathway demand	Health Boards DHCW			✓	
	Support the implementation of Hospital Initiated referrals (HIR)	Referrals between Health Boards and Trusts, as well as within Health Board Trusts, as well as within Health Boards are frequent and within hospitals Patients with a suspected or confirmed cancer diagnosis often need to move between providers for cancer care and treatment.	Assess national roll-out of HIR, taking learning from SBUHB pilot evaluation to provide targeted support for implementation.	Improved SCP compliance through reduced time spent referring between providers	DHCW Health Boards			✓	
	Improve quality and effectiveness of Cancer PTL	Develop a detailed patient list for patient tracking, showing all patients currently on a 62 day	Develop an effective PTL to enable staff to clearly identify where each patient is in their	Improved SCP compliance by ensuring that	QS&I HEIW			✓	

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
administration / tracking	pathway and allowing easy filtering by tumour site or by hospital area (pathology, radiology etc.).	cancer pathway, what next step(s) each patient is awaiting and the deadline by which it needs to be done.	administrative processes are aligned to most effectively pull patients through the Cancer pathway.	Health Boards				

B2 Quality Patient Experience & Engagement

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
Develop and publish a person-centred care (PCC) service specification	To ensure that every person diagnosed with cancer in Wales has high-quality comprehensive person-centred care and support throughout their pathway in accordance with the National Optimal Pathways (NOPs) and the Cancer Quality Statement (2021).	Publish a national person-centred care (PCC) service specification to supersede Key Worker WHC/2014/001—that defines the core principles and quality standards for Person Centred Care interventions.	Raise standards of care by defining expectations through principles and quality standards. Support accountability and improvement by providing a framework to assess service delivery against. Improve patient experience.	WG, Health Boards and Trusts				✓
Plan for the next iteration of the Wales Cancer Patient Experience Survey (WCPES) to take place in April 2026.	To ensure patient feedback is used to drive quality improvement and learning. WCPES is already well established and there have been 3 previous national surveys undertaken, the last in 2021. There is an expectation from stakeholders that WCPES will continue to be undertaken.	Proposed new patient experience survey for 2026 Comply with the peoples experience framework process WHC document for delivering national surveys: NHS Wales People's Experience Framework	The survey will identify areas of good practice and help understand the extent to which person-centred care is achieved. The survey will also highlight areas nationally, regionally and locally where improvements are required. Results can be used to assess progress against	Input from lead cancer nurses and AHPs in health boards/trust. Support from the Executive Directors of Nursing.				✓

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
			national, regional and local priorities.					
Improving access to psychological and emotional support	The ensure that there is equitable access to the appropriate level of psychological and emotional support for people affected by cancer in Wales.	Scope existing psychological and emotional support services, capture patient and carer experiences, and provide recommendations to improve access and equity to psychological services.	Health Boards and Trusts will be equipped with evidence-based recommendations to enhance the psychological and emotional support provided to cancer patients, leading to services delivering more equitable, consistent person-centred care.	All Wales Psychology forum, lead cancer nurses and AHPs, CSG's and COMG.		✓		
Commence a targeted peer review programme	To assess the quality, safety, and effectiveness of cancer services and to improve patient care.	Establish clinical leadership for peer review. Establish peer review steering/advisory group. Develop peer review schedule.	Improve compliance with cancer standards. Encourage a culture of continuous improvement. Highlight inequalities and unwarranted variation.	Clinical leadership Agreed programme of work and allocated resource				✓
Implement National Patient Reported Experience and Outcome Measures (PREMs) and (PROMs)	To develop a suite of measures to ensure patient experience and engagement is used to drive quality improvement nationally, regionally and locally in order to help shape cancer services to better meet people's needs and preferences.	Plan for the next iteration of the Wales Cancer Patient Experience Survey (WCPES) using guidance from the NHS Wales People's Experience Framework , and agree a patient engagement strategy for the cancer network.	Standardised tools and collection methods for PREMs and PROMs will allow for analysis of trends and gaps in care at a population level to support service improvement and national benchmarking alongside traditional activity and waiting time data.	NHS Executive governance team. Llais.				✓
Development of Cancer Nurse Workforce	To ensure the cancer nursing workforce is skilled, knowledgeable and competent in delivering high-quality, person-centred cancer care across the cancer pathway – enhancing outcomes, improving	To scope the development of a framework for the cancer clinical nurse specialist workforce, that includes a career pathway, core capabilities and an education and development framework.	A structured cancer career pathway and education and development framework to ensure the cancer workforce is skilled and competent to deliver high quality person-centred care.	Network governance processes. EDoNS governance process. Health Boards / Trusts			✓	

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
	experience and supporting sustainable responsive healthcare through the career pathway.		Improved patient experience.	HEIW				
Provide a prioritised programme of engagement events with clinical communities	Provide a platform and peer group forum to engage with the with the wider cancer clinical community	Support clinical teams and CSGs to deliver national conferences, workshops and education events ensuring agendas and outcomes align with national priorities. Event schedule to be provided via the website.	To address challenges identified at a national level and educate on latest advancements in services, treatments, and best practices	Programme and CSG leads Events schedule/budget	✓	✓	✓	✓

B3 Early Intervention

B3.1 Prehabilitation

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
Publication of a national cancer prehabilitation service specification for NHS Wales.	Establish standards for organisations to ensure that there is a consistent, evidence-based approach to the delivery of cancer prehabilitation services.	Develop and launch a National Prehabilitation Service Specification by integrating UK Macmillan prehabilitation guidance and embedding already published prehabilitation standards for Wales.	To improve patient outcomes	Timely publication of UK wide Macmillan prehabilitation guidance. Input from lead cancer AHP and nurses in Health Boards/Trust.				✓
To provide guidance to plan, deliver and evaluate cancer prehabilitation services in Wales.	Develop a national cancer prehabilitation service specification, a national standardised universal patient information leaflet, and deliver a national summit to promote	<ul style="list-style-type: none"> Q2- Universal prehabilitation patient information leaflet to be published for HB's to use. Q3- Establish advisory group, Develop national 	The leaflet will ensure that patients receive accurate, evidence based, standardised information to reduce	UK Macmillan Prehabilitation guidelines due to be published in summer 2025.		✓		

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
	awareness and equity of access to prehab services.	prehabilitation service specification <ul style="list-style-type: none"> Q4- Publish and launch prehabilitation service specification. 	variation and inequity across services.	Cancer AHP leads/ prehab teams in Health Boards. Patient panels to review.				

B3.2 Primary Care

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
Align relevant Community Health Pathways (CHPs) with National Optimal Pathways (NOP)	CHP's and NOPs have historically been developed independently There is the need to ensure relevant CHP developments are prioritised by SPPC in line with programme requirements and advocate for CHPs within the suspected cancer community	Baseline review of CHPs that relate to published NOPs across priority tumour sites, to identify existing variation Regular engagement with CHP team (SPPC) ensuring alignment with NOP publication/updates	Reduced variation in both suspected cancer and urgent/routine referrals from primary care to secondary care, positively influencing quality of SCP referrals made	Primary Care Community Health Pathways Team (SPPC)			✓	
Ensure consistent access and use of FIT in Primary Care	In primary care, FIT (Faecal Immunochemical Testing) is used to assess the risk of colorectal cancer in patients with lower gastrointestinal (GI) symptoms FIT is required to identify those patients that can be managed in primary care and for those that require referral to secondary care and effective prioritisation of referrals	Address known variation in delivery model of FIT testing (SW Wales) – ensuring all Health Boards follow national guidance (Colorectal NOP) Identify method to record inclusion of FIT result with primary care referral Q3 onwards – Monitor compliance and variation through symptomatic FIT dashboard	Reduce volume of patients requiring referral to secondary care Effective secondary care triage of referrals to straight to test pathways, ensuring timely investigation of treatment of patients on a suspected cancer pathway	Primary care Health Boards (e-referral utilisation) DHCW			✓	
Assess availability and compliance of Direct Access Diagnostics (DAD)	Primary care direct referrals account for over 60% of new cancer diagnoses. There is significant variation in access to	Paper to be submitted to for endorsement to explore DADs, and variation in use nationally.	Reduced SCP demand through better patient management in the community	National Diagnostics Programme SPPC		✓		

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
from Primary Care in alignment with National Optimal Pathways (NOPs)	DAD and referral pathways across Wales. Primary care requires consistent and rapid access to appropriate diagnostic investigations to confirm or exclude cancer (and the need for onward referral or further tests)	Detailed plan to be developed in response to this paper		Health Boards				

B4 Effective Treatment

B4.1 Acute Oncology

Priority Action	Problem Statement	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
Assess the system delivery of the Acute Oncology Service Specification with Six Goals programme	To measure compliance against the acute oncology service specification, identifying areas for shared learning and/or improvement	Develop tools and measurable criteria (QPIs) to assess compliance and implementation	Acute oncology service assessment Identifying opportunities for improvement and shared learning	All Wales AOS Group National Six Goals Programme		✓		
Update AOS service specification and republish	There has been an update to the 24/7 telephone triage service principles and standards following consultation therefore the AOS service specification document needs to be amended and republished.	Submit 24/7 telephone triage service principles and standards through governance process for sign off. Amend AOS service specification and send to publishers. Submit through network governance structure for approval.	It will set measurable standards to ensure that AOS services in Wales are providing safe, equitable and effective care. Improve patient experience and outcomes.	NWSSP Procurement Governance processes Budget for publishing			✓	
Identify optimal service model for	NHS Executive to develop costed solution to deliver telephone	Develop and distribute self-assessment tool for Health	An equitable, safe service model.	JCC				✓

	Priority Action	Problem Statement	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
						2025-26			
						Q1	Q2	Q3	Q4
	24/7 cancer treatment telephone triage services	triage services, in collaboration with the Joint Commissioning Committee, taking account of the impact findings.	Boards/Trust to benchmark current services, followed by a national workshop to consider solutions for future ways of working. Collaborate with JCC re. the scope and remit.	Improve patient experience and outcomes.	Health boards/trust				

B4.2 Genomics

	Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
						2025-26			
						Q1	Q2	Q3	Q4
	Genomics Tumour Advisory Board (GTAB)	Establish MDT to review whole gene panel result to identify/ensure recruitment into clinical trials					✓		
	MSI / MMR testing: To achieve and deliver equitable and timely access to either in-house immunohistochemistry dMMR testing, or AWMGS testing for MSI for all rectal cancers.	Current inequity of timely access to genomic testing for rectal cancer patients across Wales. In rectal cancer, MSI-H tumours are a subset of patients, and treatment strategies may vary depending on the specific characteristics of the tumour	Scoping: Gather baseline information of Genomics testing Review: Identify 'good & best practice' opportunities to inform standardised service models Implement: Engage with stakeholders to delivery identified models.	Improved Lower GI SCP compliance	AWMGS QS&I				✓

B4.3 Radiotherapy

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
Assess the system delivery of the Radiotherapy Service Specification	To measure compliance against the radiotherapy service specification, identifying areas for share learning and/or improvement	Develop tools and measurable criteria (QPIs) to assess compliance and implementation	Radiotherapy service assessment Identifying opportunities for improvement and shared learning	COSC			✓	

B4.4 Systemic Anti-Cancer Therapy (SACT)

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
Delivery of National SACT Capacity Workshop	To understand the national picture of SACT delivery including identifying barriers and enablers to safe and timely SACT delivery. To share lessons learned from local service improvements and identify key areas for collaborative working to facilitate service improvement to meet current and future demand. To inform a position statement and recommendations to escalate to Health Boards, Trust and NHS Executive teams.	Collation and Evaluation of data from each HB to aid the understanding of the current challenges and identify current examples of initiatives which have improved safe and timely delivery of SACT.	To understand the national picture of SACT delivery including identifying barriers and enablers to safe and timely SACT delivery. To share lessons learned from local service improvements and identify key areas for collaborative working to facilitate service improvement to meet current and future demand.	Health Boards/Trust demand and capacity planning NHS Executive		✓		
Facilitate Health Boards, Shared Services and DHCW in the procurement of a SACT ePMA system	Health Boards are contracted to 5 separate instances of a SACT ePMA system across Wales, where contracts expire September 2025. Health Boards should take advice from NWSSP on next steps.	Facilitate the procurement of a SACT ePMA system whereby the opportunity to have one contract covering the NHS in Wales for adult electronic prescribing services.	A legal and financial standing of a SACT ePMA system. Opportunity for single contract that could lead to a single system.	NWSSP Procurement Health Boards/Trust DHCW DDITV (digital/ViH)			✓	

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
Develop a SACT Service Specification for the NHS in Wales	To develop and implement standardised service specifications for Systemic Anti-Cancer Therapy (SACT) services, addressing structural and delivery complexities and reducing variation across cancer centres and units.	Scope and engage stakeholders. Review existing standards and evidence. Draft, test and consult on service specification. Implement and disseminate service specification for adoption. Assess and monitor for continuous improvement	Setting national agreed specifications and standards for delivery. Continuous improvement	Health Boards and Trust cancer centres and units. Demand and capacity planning Safe staffing levels SACT Dataset and QPIs				✓

B6 Research & Innovation

B6.1 Research

Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
Increase availability/uptake in cancer clinical trials	Increase Cancer Clinical trials conversation within MDT meetings and eradicate barriers to cross boundary referrals into clinical trials.	Develop and Distribute survey to MDTs across Wales to gather intelligence on the barriers of recruiting to and opening of clinical trials. Recruit a volunteer from each CSG as a Research Champion role.	Improved understanding of recruitment barriers through survey insights enabled targeted actions.	HCRW VPAG DHCW DDITV				✓

B6.2 Innovation

	Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
						2025-26			
						Q1	Q2	Q3	Q4
	Strengthen collaborative working between Health boards and Trusts and Industry	Optimise the Wales Cancer Industry forum to provide a vehicle for Health Boards and Trusts to work with industry, identifying and testing innovations in cancer care aligned to national priorities, as detailed in the revised Quality Statement for Cancer	<p>To have established a systematic approach to the development and implementation of an iterative work programme.</p> <p>To include developing pipeline flows of appropriate proposals from the Tackling Cancer (innovation) initiative, horizon scanning and cancer innovation database.</p>	<p>Increased volume of potential projects presented to the Wales Cancer Industry Forum.</p> <p>Increased number of projects taken forward in partnership with industry.</p> <p>Additional resource capture.</p>	Collaborative development of systematic approach system wide stakeholders		✓		
	Optimise MDT Meeting (MDTM) working practices	<p>With increasing cancer incidence and improving survival rates, the demand on MDTMs has grown significantly and will continue to grow over time, resulting in:</p> <ul style="list-style-type: none"> Limited time to discuss cases clinician burnout delays in decision making and patient care <p>A dedicated project (cancer recovery fellow) aims to identify the existing challenges and find innovative solutions to streamline and modernise the MDTM structure across Wales</p>	<p>Outline baseline of current MDTs across Wales, identifying areas that require change. Implement refinements in MDT working practices through scoping, service transformation, and the integration of AI/Digital solutions</p> <p>Correlate against existing component wait data (MDT stage)</p>	Streamline MDT processes, reduce time pressures for complex patient cases, enhance collaboration across specialties, and improve overall efficiency in cancer patient management, leading to better patient outcomes	Health Boards			✓	
	Review “Routes to Diagnosis” across priority cancer sites and make recommendations for pathway optimisation	Emergency presentations are a common route of cancer diagnosis although this varies across tumour sites and with variation with onward pathway progression	A cancer recovery fellow will (start September 25) review routes to diagnosis across several priority tumour sites using existing data sources and SAIL Databank, to identify areas to improve pathway efficiency and	Optimise and reduce pathway length for people presenting via different routes	<p>Third sector</p> <p>SAIL Databank</p> <p>Health Boards</p>				✓

	Priority Action	Aim	Delivery Plan	Impact/Outcomes	Interdependencies	Delivery Timeframes			
						2025-26			
						Q1	Q2	Q3	Q4
		Earlier diagnosis of cancers remains key in reducing the number of patients diagnosed with late-stage cancers, which improves cancer survival	drivers via different routes to diagnosis						

Section C: Additional Cancer Sites - Programme Plan

Tumour Site	Priority Action	Aim	Delivery Plan	Impact/Outcomes	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
	Brain & Central Nervous System	Service Configuration: AHP and neuro-psychology support for patients in West Wales (Singleton).	There is a lot of unmet neuropsychological need further along the pathway after the surgical aspect of treatment- e.g. those who are undergoing treatment at Singleton or Velindre (Velindre has Clinical but no Neuro psychology, Singleton has nil input)				✓	
	Head & Neck	National Optimal Pathway(s) Neck Lump	Revision of National Optimal Pathway for Neck Lump	Stakeholders to review and consider any evidence				✓
		National Optimal Pathway(s) Mucosal	Revision of National Optimal Pathway for Mucosal	Stakeholders to review and consider any evidence				✓
		Service Configuration Communication and information flows between MDTs	Stressing the added value of involvement with the CSG. Opportunity to improve relationships between Cancer Network, the CSG and MDTs.				✓	
	Haematology	National Optimal Pathway(s) Development of Myeloma Pathway	To develop a national optimal pathway	Stakeholders to review and consider any evidence			✓	
		National Optimal Pathway(s) Development of Lymphoma Pathway	To develop a national optimal pathway	Stakeholders to review and consider any evidence			✓	
		Service Configuration: Regional haematology configuration	Evaluate and present potential solution for urgent strengthening of the fragile West Wales haematology provision – working across HB boundaries.	Stakeholder engagement through clinical teams and service models				✓
		Data & Digital Improve haematology data capture.	Present a paper highlighting data capture issues which are not representative of real activity				✓	

Tumour Site	Priority Action	Aim	Delivery Plan	Impact/Outcomes	Delivery Timeframes			
					2025-26			
					Q1	Q2	Q3	Q4
		within Haematology services across Wales and therefore not a true picture of performance against SCP targets.						
Lung & Mesothelioma	National Optimal Pathway(s) Development of Lung Neo-adjuvant Pathway	To develop a national optimal pathway	Stakeholders to review and consider any evidence	Published pathway				✓
Malignancy of Unknown Origin (MUO) / Cancer of Unknown Primary (CUP)	National Optimal Pathway(s) Development of MUO/CUP Pathway	To develop a national optimal pathway	Stakeholders to review and consider any evidence	Published pathway	✓			
Sarcoma	Data & Digital Analysis of Welsh data with SARCOLATOR						✓	
Thyroid	Tumour Specific Treatments BRAF Guidelines	Develop clinical guidance for Rapid BRAF genomics testing service for anaplastic Thyroid Cancer	Stakeholders to review and consider evidence	Clinical Guidelines			✓	
Children	Service Configuration Establish a paediatric genomics tumour advisory board	Set up regular board – membership to include various clinicians to review whole genome sequencing.	October 2025				✓	
Teenagers & Young Adults	Tumour Specific Treatments Service specification development - based on SBAR that was submitted Summer 2024.	To achieve a commissioning structure in Wales for TYA Cancer.		Wales is currently the only UK nation without a service specification.		✓		
Vague Symptoms (Rapid Diagnosis Clinics)	Service Configuration Increasing the scope of Rapid Diagnosis Clinics	To explore the viability of increasing the acceptance of referrals of all patients where there is not a clear red flag for a cancer site.		Looking to expand beyond vague symptoms and neck-lump clinics			✓	

Section D: Register of National Optimal Pathways

KEY

	No pathway in existence
	Pathway in place – revision date overdue
	Pathway in place within revision period

Name of pathway	Date of publication	Version	Date of next review	Current Status	RAG Status
Brain & CNS					
<i>NOP Not in place</i>					N/A currently
Breast					
Metastatic Breast	01/12/2023	1st edition	01/12/2025	For 26/27	
Breast	01/02/2024	2nd edition	01/02/2026	For 26/27	
GastroIntestinal					
<u>Upper GI</u>					
Upper GI - HPB - Hepatocellular Carcinoma (HCC)	01/02/2020	1st edition	01/02/2021	Q2	
Upper GI - HPB - Pancreatic	01/02/2020	1st edition	01/02/2021	Q2	
Upper GI - Gastric	01/11/2023	2nd edition	01/11/2025	For 26/27	
Upper GI - Oesophageal	01/11/2023	2nd edition	01/11/2025	For 26/27	
<u>Lower GI</u>					
Colorectal	01/11/2023	2nd edition	01/11/2025	For 26/27	
Gynaecology					
Gynaecological - Cervical	01/02/2020	1st edition	01/02/2021	Q4	
Gynaecological - Ovarian	01/02/2020	1st edition	01/02/2021	Q4	
Gynaecological - Ovarian HRD	N/A	NEW	TBD	Q4	
Gynaecological - Vulva	01/02/2020	1st edition	01/02/2020	Q4	
Gynaecological - Endometrial	01/02/2024	2nd edition	01/02/2026	For 26/27	
Head & Neck					
Head and Neck - Neck Lump	01/11/2023	2nd edition	01/11/2025	For 26/27	
Head and Neck - Mucosal	01/11/2023	2nd edition	01/11/2025	For 26/27	
Haematology					
Haematology - Myeloma	N/A	NEW	TBD	Q3	
Haematology – Lymphoma	N/A	NEW	TBD	Q3	
Lung					
Lung	01/07/2022	2nd edition	01/07/2024	For 26/27	
Lung - genomics	01/07/2022	2nd edition	01/07/2024	For 26/27	
Lung - Neo-adjuvant Micro-Pathway	N/A	NEW	TBD	Q4	

Name of pathway	Date of publication	Version	Date of next review	Current Status	RAG Status
MUO/CUP					
Malignancy of Unknown Origin (MUO) / Cancer of Unknown Primary (CUP)	N/A	NEW	TBD	Q2	
Sarcoma					
Sarcoma	01/02/2024	1st edition	01/02/2026	For 26/27	
Skin					
Skin - Melanoma	N/A	NEW	TBD	Q2	
Skin - Melanoma genomics	N/A	NEW	TBD	Q2	
Thyroid					
Thyroid - Neuroendocrine (NETs)	01/01/2022	1st edition	01/01/2024	For 26/27	
Urology					
Urological - Bladder	01/01/2023	2nd edition	01/01/2025	For 26/27	
Urological - Penile	01/02/2020	1st edition	01/02/2021	For 26/27	
Urological - Renal	01/02/2020	1st edition	01/02/2021	For 26/27	
Urological - Testicular	01/02/2020	1st edition	01/02/2021	For 26/27	
Urological - Prostate	01/02/2023	2nd edition	01/02/2025	Q2	
Children					
Childrens Cancer	01/03/2022	1st edition	01/03/2024	For 26/27	
Teenagers/Young Adults					
Teenagers /Young Adults Cancer	01/02/2020	1st edition	01/02/2021	For 26/27	
Vague Symptoms					
Vague Symptoms	01/10/2021	1st edition	01/10/2023	For 26/27	