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Russell George MS
Chair, Health and Social Care Committee
Senedd Cymru
Cardiff
CF99 1SN

12 April 2024
Our Ref: Unheard/RG/01
Your Ref:

Dear Russell

Further to your correspondence dated 18 March 2024, thank you for this opportunity to comment on the Welsh Government's response to the Committee's gynaecological cancers inquiry report.

Accepted Recommendations

We tentatively welcome the fact that 18 of the 26 recommendations have been accepted by the Welsh Government – proof, if any were needed, in the powerful evidence delivered by the female contributors during the inquiry.

However, we are concerned that most 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. We also have concerns regarding implementation of these recommendations, and where operational responsibility and consequential accountability lies.

Alongside the Wales Cancer Network's Cancer Improvement Plan, and an existing Cancer Site Group (CSG) for gynaecological cancers, a new Cancer Recovery Plan is due to be drawn up by the NHS Executive's Planned Care directorate, following instructions and funding from the Cabinet Secretary for Health. We would welcome further clarity from the Welsh Government to ensure that matters are not delayed, nor efforts duplicated; and the third sector and other stakeholders, acting on behalf of patients, are able to scrutinise and contribute to plans as they develop and be a partner in ongoing decision-making.

Accepted in Part Recommendations

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Since there are fewer of these we will focus on each in turn.

Recommendation 2. Our above concern about responsibility and accountability applies here too. Without clear lines we fear delays, duplication, and diluted efforts.

Recommendation 8. We welcome the Cabinet Secretary for Health's agreement to provide a written statement concerning HPV vaccination and screening. It is critically important, for the future health of young women and young men that Wales achieves vaccination and cervical screening targets.

The response from Welsh Government fails to mention that the first definitive treatment target rises to 80% from 75% in 2026, we feel it is important to keep this near-future targets in mind since it should be informing Health Board planning as set out within the Cancer Improvement Plan (pg 30). That is unless the 75% target set within the Cancer Quality Statement (point 20) takes precedence. Clarity from the Cabinet Secretary for Health would be welcome.

Recommendation 12. We query the rose-tinted picture painted by the Welsh Government in the first half of their response.

While all support from the Welsh Government and the NHS is welcome, "amplification" may take the form of social media posts by Government accounts and some local health board accounts. Unless the Welsh Government provides recent evidence to the contrary there is little or no consistency and co-ordination, and no funding or in-kind contributions.

For relatively small amounts of funding, Welsh Government, through the Wales Cancer Network, Public Health Wales and others could develop a range of campaigns, online and offline, targeted at at-risk audiences. It could also develop a more formal framework/process for engaging with cancer charities that have developed and fund their own cancer awareness campaigns.

We are aware of another, albeit non-gynaecological cancer, campaign developed by a member of the Wales Cancer Alliance (and endorsed by NHS England with approved use of its logo) where a request for Welsh Government endorsement was denied. That charity is now examining other routes to securing NHS Wales endorsement.

Recommendation 14. It's unclear what parts of the recommendation the Welsh Government accepts – and what activity will happen. Instead, a long list of activity has been produced.

Also, the picture isn't complete, not all women with gynaecological cancers are presenting/being diagnosed through their GP. A significant number are presenting in A&E, though any attempt to

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get to the bottom of this will be delayed as a result of the Welsh Government's response to Recommendation 15 (below).

Accepted in Principle Recommendations

Again, since there are only two, we've responded to these individually.

Recommendation 3. We're disappointed the response rules out specific funding or focus on gynaecological cancer research considering the evidence considered by the Committee. Whilst we understand that the Welsh Government has prioritised genealogical cancer as one of their three cancer priorities to improve outcomes, we see little evidence of this translating into definitive focus on research into this specific cancer site. We feel this is a missed opportunity and trust the Committee will engage with the Wales Cancer Research Centre (WCRC) to explore how the Committee's findings can align with activity resulting from the Cancer Research Strategy for Wales.

Recommendation 17. We welcome the response and appreciate that access to new cancer drugs and new treatments is also becoming more dependent on workforce resources and additional capacity in areas such as genetic testing. We hope the All-Wales Therapeutics and Toxicology Centre (AWTTC) and other NHS bodies consider ongoing engagement with the third sector to consider how these challenges are overcome and how improvements can be made to the ways they are communicated to the public. If Wales does not get to grips with the wider system changes needed to make new medicines routinely available when they are newly recommended, patients in Wales will quickly become disadvantaged compared to their counterparts in other parts of the UK.

Rejected Recommendations

Finally, we have responded below to the two recommendations which were rejected by Government.

Recommendation 4. The clinicians we spoke to during the inquiry called for the gynaecological cancer clinical capacity that had existed before the pandemic to return. The rationale presented by the Welsh Government, during a period when the number of women starting their cancer treatment within the 62-day target is at an all-time low is baffling.

There has never been any intention, nor wish, to reintroduce the pre-pandemic clinical service model, the clinical capacity lost during the pandemic would service the gynaecological cancers national optimal pathway (NOP) and we will be urging Welsh Government to reconsider this stance within the context of the new Cancer Recovery Plan and the future delivery of the gynaecological cancers NOP.

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Recommendation 15. We're disappointed that despite being prioritised by the Cabinet Secretary for Health (alongside lower bowel and urology cancers) funding cannot be identified and allocated to this piece of much needed work. While the six-month timescale might be challenging, it could have been achieved, adopting a similar method, model, and analysis used to examine A&E presentation of Upper GI cancers. We intend to speak to stakeholders and other interested parties to see how this piece of work can proceed despite rejection by the Welsh Government.

Once again, thank you for this opportunity to comment on the Welsh Government response to the Committee's inquiry report. We hope our comments inform the debate in mid-May.

Our comments will form the basis of a briefing we intend to issue to Members of the Senedd in the days leading up to the debate.

Yours sincerely

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