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# THE WELSH GOVERNMENT

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| **TITLE** | **Improving gynaecological cancer services** |
| **DATE** | **10 December 2024** |
| **BY** | **Jeremy Miles MS, Cabinet Secretary for Health and Social Care** |

As we today publish the [Women’s Health Plan](https://executive.nhs.wales/functions/networks-and-planning/womens-health/the-womens-health-plan-for-wales/), and a year after the Senedd’s Health and Social Care Committee published its report into gynaecological cancer, this statement provides an update about the work to improve NHS services for women with gynaecological cancer.

There have been some important long-term improvements in the survival rates for most gynaecological cancers and many women report positive experience about their treatment.

But, the current performance by health boards against the 62-day cancer target for gynaecological is simply not good enough at around 38%. That means too few women are receiving the standard of care we would expect.

We have made improving cancer services and outcomes a top priority for the NHS. We have set out our expectations for delivery in the NHS planning framework and the NHS performance framework. This includes implementing the [*Quality Statement for Cancer*](https://www.gov.wales/quality-statement-cancer) as part of local planning processes and meeting 75% against the 62-day cancer target.

We are working with the NHS in Wales to improve access so women can get an earlier diagnosis and start treatment as soon as possible. Two health boards have achieved more than 60% compliance with the pathway target in the most recent performance figures – but there is still a very long way to go to so all women, all over Wales, can be assured of a similar standard of service.

We have previously announced £2m a year for the NHS Executive’s national Planned Care Programme to deliver a Cancer Recovery Programme to focus on improving cancer pathways with the poorest performance, such as gynaecological cancer. The programme team is working with health boards to implement the four nationally agreed pathways for gynaecological cancer – for cancers of the cervix, endometrium, ovary, and vulva.

These are part of the *Quality Statement for Cancer* and set out for health boards how they must plan and deliver services. We have reinforced this requirement in two Welsh Health Circulars, and through two Ministerial summits with NHS service leaders in the last 12 months.

Clinicians in the Cancer Recovery Programme and Wales Cancer Network are developing a new pathway for women prescribed Hormone Replacement Therapy who experience unexpected bleeding. This will support the NHS to investigate suspected cancer referrals in a timelier manner.

We also need to make sure that women who present to the NHS with symptoms are heard and appropriately referred.

The Women’s Health Plan must be the catalyst for real change in the NHS. It must ensure women’s experiences are properly acknowledged and that women are listened to.

Health Education and Improvement Wales has rolled out digital learning to all GPs to support clinical teams to assess people who present with symptoms and to make good referral decisions. The Rapid Diagnostic Centres, which were set up for people with symptoms that don’t match referral criteria for suspected cancer, has developed pathways which provide GPs with an additional option when they suspect cancer, but the symptoms do not clearly relate to cancer referral guidelines. These are in place across Wales and help to ensure there is another way to rapidly investigate women where cancer is suspected.

We are also focusing on improving access to diagnostics and have set out our approach in the Diagnostics Recovery and Transformation Strategy.

More broadly, high take-up rates of HPV vaccination and cervical screening will have a long-term impact on the incidence of cervical cancer in the years ahead, and we have introduced a clinical audit of ovarian cancer care to improve the quality of treatment. These specific interventions sit alongside a number of important service changes and investments, including the development of the gynaecology hub at the Royal Glamorgan Hospital, the ongoing construction of the new Velindre Cancer Centre, and the replacement of radiotherapy equipment at our three regional cancer centres.

There is a lot more to do to improve services for women with gynaecological cancer. We remain committed to working with the NHS to make these improvements.