Llywodraeth Cymru
Welsh Government

1. How should the national cancer strategy improve outcomes?

The aim of the strategy is to improve population outcomes for cancer. This includes:

- reducing the number of people per 100,000 who develop cancer
- improving survival after a cancer diagnosis
- reducing the number of people per 100,000 who die from cancer each year
- improving people's experience of NHS services

There are many ways to improve cancer outcomes. We want to know how you think the Welsh Government can make the greatest difference.

Maximum 750 words.

The Royal College of Physicians of Edinburgh ("the College") is pleased to be able to respond to this consultation and welcomes the Welsh Government's commitments aimed at reducing the number of patients developing cancer and dying from the disease.

The College considers that a strong emphasis on prevention-focused public health policy is critical to reducing cancer morbidity. While some welcome progress has been made- and this is to be commended- there is much further work required in key areas such as further reducing smoking rates; additional restrictions on foods HFSS and encouraging healthier diets; increasing rates of physical activity, and reducing alcohol harm.

The College also supports action to deliver earlier diagnosis and to ensure that cancer treatment services are appropriately supported and resourced while staffing challenges, including at consultant level, are fully addressed.

One Fellow with particular expertise in digital health suggested the foundational approach should be improving systems and using proactive iterative design – monitoring how systems actually work in day-to-day cancer management, etc, and iteratively (continuously) improving them in the light of experience. They suggested ISO 9241-210:2010 is the relevant (and very helpful) international standard to do this both well and professionally. Of course this applies particularly to digital systems, but it is understood that digital systems may entrench poor NHS manual processes and both need scrutinised for improvement.

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

Most cancers can be staged based on how far they have progressed. Earlier-stage cancers are often easier to treat but can be harder to detect.

We want to know what factors, developments, approaches or innovations could help more cancers be detected at earlier stages in Wales.

Maximum 750 words.

The College fully supports improved access to, and take up, of screening and recognises that particular focus may be needed in particular communities such as among people born outside the UK and more deprived communities.

Cervical screening is one of the best examples of a successful screening programme but continual evaluation of other tumour types in terms of those which are currently screened and those for which screening may prove cost effective is clearly important as new evidence continues to emerge.

The timeline to investigation with biopsy to reporting needs to be improved – much of the delay relates to staffing levels and the MDT assessment – Ai may assist in part of this process but serious consideration needs to be given to staffing and infrastructure.

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

Healthcare services are constantly changing as new evidence about cancer treatment emerges. This means the NHS needs to prepare for new and innovative ways of treating cancer.

We want to know what major changes the NHS should prepare for over the next 10 years to ensure it can deliver future cancer treatments.

Maximum 750 words.

The College considers that the use of AI could make a positive area in many areas, for example contributing to data analysis, improving patient and relatives' education and synthesising complex data. (example detailed above)

The improved use of video assisted consultations could also be a positive development although we also support patients' right to in person consultations if preferred.

Consideration should also be given to a refinement of genetic screening and the benefits or risks of a more targeted approach.

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

Healthcare services do more than treat cancer. They also provide advice, support and care during diagnosis, treatment and recovery.

We want to know what the NHS and other organisations should provide to improve the experience of people affected by cancer.

Maximum 750 words.

Some Fellows indicated that they would like to see consideration of better incorporation of patient representatives into NHS planning.

Palliative care experts working within cancer said that the focus in recent years has been a call to strengthen supportive and palliative care services, and evidence shows that cancer patients are significantly more likely to require expertise in palliative care with regard to complex symptom management, including cancer pain, nausea, vomiting, breathlessness and support towards the end of life. Populations are living for longer and often with multiple long-term conditions (multi-morbidity), so the cancer often does not exist in isolation, but alongside other conditions such as diabetes, chronic kidney disease, chronic obstructive pulmonary disease and congestive cardiac failure, to name but a few.

Palliative and supportive care services should also be well placed to see patients and those close to them earlier into the cancer journey, and also help planning ahead, with regard to wishes and preferences when someone becomes less well. Integrated palliative care services, provided via community palliative care team, hospital support teams, outpatient services, day care and inpatient hospice care will be vital in the cancer strategy, and will also be important for patients who are suffering side-effects from novel, life-prolonging treatments. A wave of patients is already developing whose lives will be prolonged but who will be living with the lasting effects of major surgery, radiotherapy, proton-beam therapy or systemic anticancer treatments including immunotherapy. They will need to be able to access both generalist and specialist palliative care services.

The 10 year plan will also have to be responsive to the Welsh Government Quality Statement on Palliative and End of Life Care https://www.gov.wales/quality-statement-palliative-and-end-life-care-wales-html and also the All Wales Competency Framework for Adult palliative and End of Life Care https://heiw.nhs.wales/files/final-all-wales-end-of-life-care-framework-oct-2025/ Integral to this will be integrated IT systems and the Once For Wales approach. NHS Scotland and NHS Wales have a 'Future Care Planning' approach with regard to planning ahead for people with long term conditions, and the need to carry this forward into the next 10 years will be the responsibility of all healthcare teams, whether specialist or non-specialist.

This will also require a system that allows patients to access important parts of their medical record, for instance read-access to Future Care Plans specifying treatment refusals or specific areas a patient feels strongly about, i.e. what matters most to them.

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

Improving cancer care, treatment and outcomes requires a strong focus on research.

This includes:

- population studies
- laboratory-based research
- clinical trials of new treatments and tests
- adopting new and innovative practices

We want to know what developments, opportunities and approaches could strengthen cancer research and innovation in Wales.

Maximum 750 words.

Some Fellows expressed the view that close cooperation across the UK was an important way to take forward much of the research in this area in the most effective way, for example through NCRI. They also supported liaison with Life Sciences industries and University research centres.

Some suggested some local initiatives could be piloted particularly in Health Services Research and some could be, for example, Wales/Scotland specific in topics such as rural areas access or development of telemedicine.

Critical to the advancement is UK wide trials in cancer therapy with a commitment that funding should be available to ensure all patients have the opportunity to participate in trials for new cancer drugs – this will require sustained investment in infrastructure in all hospitals and Academic staff – the numbers of which continue to decline in the UK.

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

The NHS delivers cancer treatment and care in a range of settings, including people's homes, GP surgeries, hospitals and specialist cancer centres.

Many clinical teams play a role in caring for people affected by cancer. For some specialist teams, such as oncology services and cancer specialist nurses, this is their primary role.

We want to know how NHS facilities, equipment and workforce planning should evolve to meet future cancer care needs.

Maximum 750 words.

It is essential that detailed workforce planning is developed and regularly reviewed.

Specific workforce challenges- which often vary significantly across different areas of Wales-, for example relation to clinical oncologists, clinical radiologists and clinical nurse specialists need particular attention and must be an urgent priority.

The College considers that there is still work to be done in terms of improved communication between hospitals and community services.

NHS facilities need to liaise closely with all areas and sectors they work in collaboration with, including hospices, Maggie's Centres and community palliative care facilities. Key workers such as cancer CNS will link up with palliative and supportive care CNS and introduce them to patients earlier on in their journey, so that individuals have been sign-posted and are aware of services that exist.

Hospices play a vital role but are challenged with poor funding from central services and rely heavily on the goodwill of the public and many offering a voluntary service.

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

Some Fellows emphasised that, in broad terms, genetics had subdivided many diseases and cancer data systems needed to continue to adapt to this.

The COVID-19 pandemic brought difficult conversations about deterioration, treatment escalation and end-of-life care into sharper focus, highlighting both their importance and the challenges they present for patients, families and clinicians. Fellows welcome Wales' development of a national, person-centred Future Care Planning (FCP) model, which replaces the more ambiguous term "advance care planning" and provides a structured way for people to discuss and record what matters to them, their future treatment preferences and end-of-life wishes. FCP has been adopted across NHS Wales and aligns with wider Welsh Government health and social care priorities, supported by national policies, training resources and an all-Wales DNACPR framework.

FCP is designed to support people at every stage of life, including those with diminished capacity, and aims to ensure care is guided by patients' values and preferences. Significant progress has also been made in embedding FCP digitally, with electronic records and a national flag within the Welsh Clinical Portal allowing plans and key documents to be shared across services. Ongoing work will further integrate FCP across primary care and eventually give patients direct access through the NHS Wales app. By improving communication, coordination and shared decision-making, FCP helps reduce unwanted interventions and supports more personalised care.

Data plays an important role in supporting individual care and helping the NHS plan services.

More accurate, integrated and accessible data can improve patient care, service delivery and planning.

We want to know how improvements in digital systems, technology and cancer data could support better care, service planning and outcomes.

Maximum 750 words.

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

People affected by cancer can experience differences in:

- risk factors
- access to care
- the type of cancer they are diagnosed with
- outcomes following treatment

We want to know what the NHS can do to reduce these differences.

Maximum 750 words.

Investment in focused preventative public health policies, as referenced in section 1, have the potential to help reduce differences in outcomes between groups and communities.

There remains not just in Wales but UK wide huge inequities in geographic distribution of resources, staffing levels and access to high-quality facilities. Until this is addressed adequately large variations in quality of care given will remain. Simple words will not be sufficient without concrete action and implementation of change.

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

There are many different ways to measure cancer care and the success of this strategy.

We want to know how best to measure improvements over time and how the success of the strategy should be assessed.

Maximum 750 words.

Fellows indicated that mortality remains the best overall measure of improvements but that measurements of diagnostic and staging categories were also important as these evolve over time.

From a research perspective the drive to measure PROMS – patient related outcome measures is becoming a key metric, as simply living longer but in poor quality is not enough as a measure of success. For example the NICE measure of QALY – quality adjusted life year refers to the added year or years to life in “perfect health”.

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

Are there any comments or suggestions that have not been covered by the previous questions?

For example:

- how services are commissioned or planned in Wales
- how NHS organisations can best work together

- what should happen to services that can only be provided in England

We want to hear your views.

Maximum 750 words.

Some Fellows emphasised the need for health boards to work closely together on a regional basis given the increased complexity of cancer treatment and involvement of almost every other medical specialty.

Collaboration between organisations is also important to share good practice as in the GIRFT methodology of get it right first time.