

Dear Chair,

Implementation of *Unheard: Women's journey through gynaecological cancer*

Thank you for inviting the Royal College of General Practitioners (RCGP) to contribute to the Committee's short inquiry into the implementation of *Unheard*. We have reviewed both the Committee's correspondence and the Welsh Government's response.

We welcome the fact that the Welsh Government has accepted the majority of the report's recommendations in principle, and note the important groundwork already laid through the Cancer Recovery Programme, Quality Statements, pathway design, and targeted investment. Nevertheless, many changes remain at the planning or early implementation stage, and measurable improvements in patient outcomes, particularly timely diagnosis and treatment, have yet to be demonstrated across Wales. We believe there remain significant gaps which must be addressed if the report's ambitions are to be realised.

Performance against targets

As of March 2025, only 38% of gynaecological cancer patients in Wales are starting treatment within 62 days, well below the 75% target. Although Betsi Cadwaladr and Cardiff & Vale Health Boards are approaching 69%, wide variation remains, with most boards performing far below the standard. Audit Wales' 2024 report on cancer services also highlighted that, despite increased investment, many national targets are not being met. Demand for suspected cancer referrals continues to rise faster than diagnostic and treatment capacity.

The Integrated Cancer Workplan 2025–26 contains welcome commitments to strengthen suspected cancer pathways, multi-disciplinary team working, and diagnostic capacity. Targeted interventions such as post-menopausal bleeding services and “one-stop” outpatient models are also encouraging. However, these plans need clear timescales, publicly accessible progress reporting, and accountability mechanisms to ensure delivery.

Women's Health Plan and exclusion of gynaecological cancer

The Women's Health Plan 2025–35 establishes the National Clinical Strategic Network for Women's Health and sets a monitoring framework. 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 case, and whether this risks reducing the policy priority of these cancers compared with other areas of women's health.

Workforce and diagnostic capacity

Shortages in imaging, ultrasound, and pathology services remain a critical barrier. Demand continues to outpace supply, with backlogs for hysteroscopy investigations extending up to 12 months in some areas, even for urgent appointments. This is unacceptable and requires urgent additional capacity. Expanding access to one-stop gynaecological investigation centres, where diagnostics, treatment, and oncology follow-up are co-located, should be prioritised to provide seamless care through true multidisciplinary working.

Rapid diagnostic clinics are 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.

Public and professional awareness

Public awareness of symptoms, and primary care confidence in recognising and referring, remains variable. Current interventions, such as GP webinars, are valuable but insufficient at scale. Public health campaigns, delivered via social media, broadcast, print, and in practices, remain essential to raise awareness of gynaecological cancer symptoms and the importance of HPV vaccination.

The option of self-obtained cervical cytology could improve screening uptake, addressing barriers such as time constraints, appointment availability, embarrassment, or previous poor experiences. 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.

Education and professional development

Ongoing education for healthcare professionals, including GPs and practice nurses, remains critical. This should cover presentations of gynaecological cancers, investigation in primary care, and referral pathway updates. RCGP can play a role in delivering education through webinars, in-person courses, and forthcoming CPD events, including a Women's Health event for members planned in Wales for 2026.

Palliative care

Ensuring access to high-quality palliative care for women with advanced gynaecological cancers is essential. General practice teams are well placed to identify patients who may benefit, to challenge misconceptions, and to support equitable access, particularly where barriers exist due to age, ethnicity, rurality, or socioeconomic status. Education for primary and community care professionals, including district nurses and palliative care teams, should be integral to this agenda.

Areas for further clarification

We would welcome the Committee seeking further detail from the Government on the following:

- **Funding and resources:** whether additional, ring-fenced funding will be allocated to support the recommendations, beyond existing budgets.
- **Targets and measurement:** clear metrics and timelines for reducing emergency presentations, improving waiting times, and achieving treatment standards.
- **Transparency and accountability:** regular public reporting mechanisms on implementation, including progress against each recommendation.
- **Stakeholder involvement:** how patients, charities, and professional groups will be engaged in ongoing implementation planning and monitoring.
- **Barriers and risk management:** what specific obstacles have been identified (e.g., workforce, diagnostic bottlenecks) and how the Government intends to overcome them.

Conclusion

We acknowledge the progress made so far, but remain concerned that without dedicated resources, and robust monitoring, the ambitions of *Unheard* may not be fully realised. We urge the Committee to maintain scrutiny to ensure that women in Wales benefit from earlier diagnosis, timely treatment, and equitable, high-quality care throughout their journey with gynaecological cancer.