Please use this template to draft your responses to submit via the online consultation form.

Evidence from: Royal College of Pathologists (RCPath)

Senedd Cymru | Welsh Parliament

Pwyllgor Iechyd a Gofal Cymdeithasol | **Health and Social Care Committee**

Blaenoriaethau ar gyfer y Pwyllgor Iechyd a Gofal Cymdeithasol | **Priorities for the Health and Social Care Committee**

Why are we asking for your views?

We are planning our work for the Seventh Senedd (2026–2030) and want to understand what matters most to people and organisations.

We are particularly interested in your views on the Welsh Government's priorities for health and social care, including:

- reducing waiting times;
- improving urgent and emergency care;
- strengthening health and social care integration;
- expanding community-based care and shifting towards prevention;
- workforce planning and service sustainability, including improving pay, terms and conditions for the social care workforce;
- strengthening mental health services;
- driving improvements in women's health;
- improving support for unpaid carers;
- accelerating work towards a national care service;
- strengthening partnerships between health services, communities, and sports and arts organisations;
- reducing health inequalities and improving public health, including action on healthy weight, smoking, vaping, vaccination, and screening.

If you want to see the full details of the Welsh Government's priorities for health and social care, you can read:

- the **Cabinet Minister's health and care priorities**, (as set out in his oral statement to the Senedd on 2 June 2026);
- the **Deputy Minister' priorities for social care, mental health and women's health** (as set out in her oral statement to the Senedd on 8 July 2026);

- the Deputy Minister's priorities for Public and Preventative Health (as set out in her oral statement to the Senedd on 14 July 2026).

Please send us your views by **Monday 14th September 2026**.

Please keep your response to 1000 words or fewer.

You do not need to answer every question, only those on which you wish to share information or have a view.

1. Do the Welsh Government's health and care priorities reflect the most significant challenges facing communities across Wales?

Yes Partly No Don't have a view

Please outline your reasons for your answer to question 1

(We would be grateful if you could keep your answer to around 250 words).

The College is pleased to see the focus on workforce issues in Wales in the Welsh Government's health and care priorities. Safe and effective high-quality patient care relies on the right number of skilled health staff in the right places, including in pathology services. Pathology staffing numbers in Wales have not risen in line with demand, and some pathology services are unable to recruit to vacant posts.

There is an urgent need to invest in the recruitment of pathology staff, especially in the more rural parts of Wales, to alleviate delays in diagnosis and to support timely diagnosis in supporting cancer screening initiatives such as lung, breast and colon cancers.

The RCPath **workforce census** reports that 74% of pathology staff in Wales do not think current staffing levels are adequate to ensure long-term sustainability of the service and to meet growing clinical demand - this needs to be addressed.

It can be hard to recruit and retain staff who are willing to work in smaller hospitals. This means patients wait longer for a diagnosis and can need to travel long distances. Welsh health boards must rely more heavily on expensive agency staff to fill gaps in rotas. The College believes that financial incentives should be offered to pathology trainees who choose to work in hard to recruit for areas, to help tackle workforce gaps, tackle backlogs and increase workforce productivity.

2. Are any important priorities missing?

Yes Partly No Don't have a view

Please outline your reasons for your answer to question 2

(We would be grateful if you could keep your answer to around 250 words).

There needs to be prioritisation of improving NHS IT systems across Wales. Robust and modern IT systems are vital for pathologists' day-to-day work, including the roll-out of modern, functional Laboratory Information Management systems (LIMS) across Wales, which are essential to improve patient care.

Meanwhile, the Welsh Government must invest in digital pathology (the process of analysing tissue samples digitally) to ensure staff can work more efficiently, and patients can benefit from the role new technologies (including AI) can play in diagnosis.

There also needs to be a focus on the state of the physical NHS estate, as many pathology laboratories in Wales are ageing. Many buildings were not originally designed to house modern diagnostic equipment and can present challenges for infection control and data connectivity.

The **Ministerial Advisory Group's NHS Wales review** described pathology estates as 'unfit for purpose', and the Royal College of Pathologists **found that 39% of staff in Wales** do not think building facilities enable them to do their job effectively. The Welsh Government must urgently invest ring-fenced capital and operational funding for laboratory refurbishment and digital pathology equipment, with minimum environmental and operational standards set.

NHS services in Wales are fragmented between health boards, leading to inconsistent practices across regions and disparities in test availability and turnaround times. Welsh Government should support, where appropriate, regionally integrated services like those in England. This would reduce variation and lead to consistent practices, improving diagnostic equity and ensuring better outcomes for patients.

3. What are the main barriers to delivering these priorities and measuring progress?

(We would be grateful if you could keep your answer to around 250 words).

The biggest barriers to the Welsh Government delivering on these priorities are systemic pathology workforce issues, the lack of working, interoperable IT systems and the poor

condition of the NHS pathology estates in Wales (see response to Question 2 about NHS pathology estates).

When measuring progress on tackling pathology workforce gaps, it is important that Welsh Government are aware that the sizes of some pathology specialty workforces are very small meaning just a small number of consultants retiring or leaving a job due to ill health has significant implications for service delivery. It is important that future pathology workforce planning accounts for this, to ensure continuity of service delivery and prevent current and future staff from having workloads that are too high.

IT systems also provide a real barrier to the operation of effective pathology services. While the **Welsh Clinical Portal**, designed to give NHS health professionals in Wales access to patients' digital health records in one place, is produced centrally by Digital Health and Care Wales, the roll out is individual health board based, which can make coordinated use of patient data difficult and means it is not possible to introduce Wales-wide initiatives to optimise patient care. This lack of interoperability between systems impedes patient care and is a barrier to running effective pathology services.

4. What should the Committee focus on to make the biggest difference?

(We would be grateful if you could keep your answer to around 250 words).

To make the biggest difference, the Committee should focus on ensuring scrutiny of the Welsh Government in the development of a credible, robust workforce plan that delivers for the needs of all the pathology specialties across Wales. This needs to take account of the needs of smaller pathology specialties, smaller hospitals and hospitals in rural areas, as well as particularly struggling specialties.

For example, paediatric and perinatal pathology services in Wales are experiencing a **66% shortfall** in necessary consultant numbers, which has a significant negative impact on reducing backlogs in the system, which can harm the families of the bereaved, and puts existing consultants under considerable strain with a heavy workload. This also affects the training the next generation of paediatric and perinatal pathologists with consultants lacking the capacity and time to train new trainees.

The Committee should also focus on scrutinising the Welsh Government's implementation of digital pathology technologies in the NHS in Wales, and ensuring there are robust, interoperable IT systems that encourage efficiency in pathology services. This includes ensuring that the procurement of the All-Wales LIMS is underpinned by teams that have the expertise

and experience to deliver the system, without NHS staff needing to pick up the burden of implementation and delivery.

The Committee should also focus on the state of the NHS estate and hold Welsh Government to account in ensuring pathology laboratories are able to house modern (including digital) diagnostic equipment, undertake appropriate infection control procedures.

The Committee could also conduct an enquiry into the benefits of introducing regionally integrated NHS services in Wales, focusing on the benefits to both pathology services and other medical specialties.

Anything else?

(We would be grateful if you could keep your answer to around 250 words).

We agree with Welsh Government about the importance of expanding community-based care and shifting towards prevention. The NHS cannot deliver its ambition of shifting care into communities if diagnostics remain anchored inside hospitals. The next phase of healthcare change will depend not simply on moving appointments out of hospitals, but on moving diagnostic capability closer to where people live.

Real opportunity for the NHS lies in moving diagnostics upstream - from detecting disease to preventing it altogether. In-vitro diagnostics (medical tests done on biological samples) sit at the centre of this transition, enabling earlier detection, risk stratification and preventative models of care that intervene before disease becomes advanced, complex and costly.

Earlier access to testing means earlier clinical decisions, faster treatment, fewer avoidable complications and less pressure on overstretched hospitals. In a strained system, diagnostics could become one of the NHS's most powerful tools for prevention.

Some key challenges to achieving this include siloed budgeting between primary care and community providers, challenges in the governance and interoperability of patient data and a lack of workforce capacity within community diagnostic centres.

Meanwhile, health literacy around screening is often limited, with many patients not understanding the benefits of screening for disease detection. Operational logistics for how samples are processed and shipped, as well as incentive structures in primary care that do not prioritise prevention are also barriers. The Committee could consider looking at these issues

when scrutinising Welsh Government progress on scaling up prevention and community-based care.