



Llywodraeth Cymru
Welsh Government

Welsh Government
Call for evidence

National Cancer Strategy for Wales

Date of issue: 31 July 2026

Action required: Responses by 31 October 2026

Overview

The Welsh Government is developing a new National Cancer Strategy for Wales. The aim of the strategy is to improve the outcomes and experiences of people affected by cancer in Wales.

Cancer outcomes are the length of time people survive after a diagnosis of cancer, and the number of people that die from cancer each year.

We want to hear evidence-based insights from people and organisations in Wales about the future of cancer care.

We will use the responses from the call for evidence to inform what the strategy requires. We will publish a summary of the responses alongside the final strategy.

Responses may draw on personal experience, professional expertise, research evidence, or organisational perspectives.

Please provide evidence, examples, and recommendations where possible. If you can, provide a reference or hyperlink to any evidence that supports your view. Examples of evidence that would be helpful include published research, international comparative data, service evaluations, clinical audits, workforce planning evidence, and patient-reported experience measures. However, this list is not exhaustive.

If you do not have evidence, your views will still be considered.

How to respond

This call for evidence will close on 31 October 2026.

We are using SmartSurvey, a UK-based online survey and questionnaire platform, to collect and analyse call for evidence responses on behalf of the Welsh Government.

Please complete the online survey below, or write to:

Major Health Conditions

Healthcare Quality Division

Welsh Government

Cathays Park

Cardiff

CF10 3NQ

Further information and related documents

Large print and Braille versions of this document are available on request. Please contact qualityandnursing@gov.wales.

This document is also available in Welsh: [Strategaeth Ganser Genedlaethol ar gyfer Cymru | LLYW.CYMRU](#).

UK General Data Protection Regulation (UK GDPR)

The Welsh Government will be the data controller for any personal data you provide as part of your response to the call for evidence.

Welsh Ministers have statutory powers they will rely on to process this personal data which will enable them to make informed decisions about how they exercise their public functions. The lawful basis for processing information in this data collection exercise is our public task; that is, exercising our official authority to undertake the core role and functions of the Welsh Government (Art 6(1)(e)). Any response you send us will be seen in full by Welsh Government staff dealing with the issues which this call for evidence is about.

We use SmartSurvey to collect and analyse call for evidence responses on behalf of the Welsh Government. SmartSurvey is a UK-based survey platform that maintains UK GDPR compliance and applies appropriate technical and organisational measures to protect personal data, including secure storage and encryption. Any personal information collected through the call for evidence will only be used for the purposes described in this notice and will be retained in accordance with the Welsh Government's retention schedule. Once no longer required, the personal data shared as part of the call for evidence will be securely deleted.

We will be collecting the names and addresses of private citizens who respond to the call for evidence. This is so we can check they are resident in Wales. Where individuals respond on behalf of organisations, we will collect their names, job titles, and organisation names.

In addition, we may also unintentionally collect personal data via open questions through this call for evidence if respondents provide information that could identify them. Whilst we will not publish or otherwise make available any personal data that is shared via responses to this call for evidence, we advise that you not to disclose any personal information which might identify yourself or others.

Please do not provide personal data in order to raise a specific query or complaint about healthcare in Wales. Any queries or complaints should be raised through the NHS Wales 'Listening to People' process. Personal data provided relating to this will be deleted.

The Welsh Government intends to publish a summary of the responses to demonstrate that the call for evidence has been carried out properly. This summary will include a list of organisations that have responded, but the personal details of responding individuals will be excluded. Likewise, where responses are received from private citizens, their personal details will not be included in the summary.

Where organisational details are published as part of the call for evidence summary response, these published reports will be retained indefinitely. Any of your data held otherwise by the Welsh Government will be kept for no more than 12 months after the strategy's publication on 4 February 2027.

You should also be aware of our responsibilities under Freedom of Information legislation and that the Welsh Government may be under a legal obligation to disclose some information.

Your rights

Under the data protection legislation, you have the right:

- to be informed of the personal data held about you and to access it
- to require us to rectify inaccuracies in that data
- to (in certain circumstances) object to or restrict processing
- for (in certain circumstances) your data to be 'erased'
- to (in certain circumstances) data portability
- to lodge a complaint with the Information Commissioner's Office (ICO) who is our independent regulator for data protection

For further details about the information the Welsh Government holds and its use, or if you want to exercise your rights under the UK GDPR, please see contact details below:

Data Protection Officer:
Welsh Government
Cathays Park
CARDIFF
CF10 3NQ
e-mail: dataprotectionofficer@gov.wales

The contact details for the Information
Commissioner's Office are:

Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF
Tel: 0303 123 1113
Website: <https://ico.org.uk/>



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Call for Evidence Response Form

Which of the following best describes you? (please tick)

A member of the public or private citizen

Responding on behalf of an organisation

If you are responding on behalf of an organisation, then please state your name, job title, and organisation. Only your organisation's name will be included in the published document. Your name and job title will be deleted after 12 months of the strategy's publication.

Name: Adam Freedman

Job title: Public Affairs & Policy Officer

Organisation name: Royal College of Pathologists

If you are responding as a private citizen, then please state your name and address. This is so that we can check respondents live in Wales. Your personal information will not be published and will be deleted after 12 months of the strategy's publication.

Name:

Address:

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.

The National Cancer Strategy for Wales should focus on what makes the greatest difference to overall outcomes. These include prevention, earlier diagnosis, timely access to treatment and reduction of inequalities. Effective and well-resourced pathology services are crucial to achieving all these objectives.

In Wales, workforce shortages, variation in diagnostic testing turnaround times between health boards and the ageing NHS laboratory estate risk limiting progress on cancer outcomes.

To improve overall cancer outcomes, there needs to be investment in the Welsh pathology workforce, modernising laboratory infrastructure and the adoption of digital pathology systems and genomic testing. Investing in these core improvements will enable earlier diagnosis, personalise treatments and improve survival rates.

The National Cancer Plan for Wales should support regionally integrated diagnostic services to reduce variation in service delivery and lead to more consistent delivery, to the benefit of patients.

Nationally, Welsh Government should strengthen pathology workforce planning and work to deliver modern digital diagnostic infrastructure across Wales. This would improve diagnostic turnaround times, support multidisciplinary care, expand access to genomic medicine and reduce unwarranted variation in outcomes between different parts of Wales.

Maximum 750 words.

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.

Earlier diagnosis of cancer requires improvements across the whole diagnostic pathway. The Welsh Government should prioritise increasing participation in established screening programmes for the most common cancers (such as breast, colon and cervical cancer), supporting timely referrals from primary care when symptoms are first raised and expanding diagnostic capacity in the community.

Cellular pathology services in Wales (services run by the pathologists who help to diagnose cancer and analyse test samples, of which there are many sub-specialties) are underfunded, understaffed, and face challenges due to an ageing workforce, with many professionals retiring early. The reasons for this include historical underfunding and lack of training posts.

While competition for training posts in cellular pathology remains high, there are insufficient training posts available to create the numbers of fully trained pathologists that are required now and in the future by the Welsh NHS. Addressing these workforce shortages is crucial to diagnosing cancer earlier (see response to Question 6 for more information).

A “one-stop shop” approach for quicker and easier access to diagnostic services can lead to earlier diagnoses and better outcomes, ultimately saving lives. However, with increasing cancer diagnoses and a projected shortage of 4.1 million healthcare workers by 2030 in Europe and the UK, the pressure on oncology care is expected to rise, leading to delayed diagnoses, worsening health outcomes, and increased strain on healthcare professionals.

Many cancers are diagnosed late due to low public awareness of symptoms, limited access to GP appointments, and delays in diagnostic referrals. Early detection efforts should focus on identifying high-risk individuals using evidence-based tools.

Some patients are now attempting to understand their own risk for cancer via direct-to-consumer (at-home) diagnostic testing. However, this is complicated by the rapid growth of unregulated and low-quality devices and services, which may exacerbate health inequalities and place further strain on the NHS. Carefully regulating these services and ensuring quality control are essential to prevent additional burdens on healthcare systems. Encouraging greater uptake of screening is crucial to mitigate this risk.

Addressing the pathology workforce shortages, enhancing screening, and investing in innovative technologies are essential to improving earlier diagnosis and treatment.

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 future of cancer treatment will increasingly rely on personalised medicine, genomics, molecular diagnostics, immunotherapies and AI-enabled diagnostics. The College welcomes the benefits these technologies can bring to improving diagnostic capability across pathology specialties. Pathology services are overstretched and could benefit from the benefits these technologies could potentially bring.

However, concerns remain that patients do not yet fully trust the accuracy of these technologies. It is vital that clinicians, including pathologists, are involved in evaluation and oversight of the implementation of these technologies, to help highlight and solve any existing issues and to improve their efficacy and effectiveness.

To prepare for these changes, NHS Wales and health boards must ensure sufficient workforce and system capacity exists in pathology services. Investment in genomic testing pathways, laboratory infrastructure, digital pathology and bioinformatics capabilities will be required to make the implementation of these technologies effective.

There also needs to be improvement in NHS data and digital infrastructure to be ready for implementation of future cancer treatments, protected time for training clinicians in the use of new technologies and sharing of examples of best practice of use of these technologies in pathology and other branches of medicine.

Future service models should ensure equitable access to genomic testing regardless of geography, support participation in clinical trials and provide the diagnostic capability necessary to identify patients who may benefit from novel treatments.

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.

NO RESPONSE

Maximum 750 words.

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.

Pathologists and laboratory staff are vital to researching the best ways to diagnose and treat cancer. They are at the forefront of research to develop precise, tailored diagnostics and treatments, such as cancer vaccines, immunotherapies and liquid biopsies, speeding up targeted treatments for individual patients. As mentioned in our response to Question 3, new technologies offer great potential to advance diagnostics through genomic medicine and AI, if used and applied appropriately.

Researchers have developed multi-cancer early detection (MCED) blood testing which currently can detect a common cancer signal from over 50 different types of cancer and predict where the signal has come from in the body. The signal arises from small sequences of circulating tumour DNA (ctDNA) in the blood which have some different methylation patterns from non-tumour DNA. Hope is on the horizon for detecting cancers that are currently unscreenable, but more work is needed, and, with experience and larger samples, these assays will improve. The tests need refining, so they are better at distinguishing tumour DNA from all the other DNA that is circulating in the patient's blood. It is also critical to note that the purpose of cancer screening is not to decrease the incidence of cancer, but to decrease cancer mortality.

Most new cancer therapies and protocols come with an increased (but often unpredictable) risk for infections. It is important that cancer research becomes even more multidisciplinary and novel treatment trials have infection specialist input from early stages of trial design to avoid this. To avoid unnecessary prophylactic and treatment use of broad-spectrum antibiotics, antifungals and antivirals, it is very important that any infection related adverse events are investigated properly with infection expert input.

Blood cancers are both diagnosed and treated by haematologists, and this has undoubtedly made it possible to bring targeted treatments and advanced technologies, such as CAR-T therapy, from the bench to bedside. Advances in genomics have already led to new treatments, and advances in genomics will lead to new technologies, such as the development of cancer vaccine hubs and associated trials. Pathologists and clinical scientists are integral in all cancer trials, and hence also embrace the opportunity to help deliver these vaccine trials.

Legislation and the associated bureaucracy can also be barriers to research and trials in the UK. There are extremely lengthy processes required before a research project can start. Local data governance, research governance in Trusts and Boards, ethics committees and GDPR all put barriers in the way of research. Clinicians often do not have time in their working week to be able to set aside for research as they are under extreme pressure to complete service commitments. Hospital departments are often not supportive of staff taking time for research activities as they are under extreme pressures. It is too easy to seek sponsorship for the rare rather than

common issues. Time for pathologists to undertake research in the diagnosis and treatment of cancer is vital to strengthen innovation.

Our College's members also recommend that the vast data available in pathology systems are used to facilitate research and ideally a single NHS medical record across all NHS bodies in Wales, that is viewable by all in case of patient transfer. Sufficient time must also be allowed for clinicians to engage in researching new treatments, and there needs to be appropriate data and digital infrastructure to make research possible.

Maximum 750 words.

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.

A sustainable pathology workforce is fundamental to delivering high-quality cancer care across Wales, and the National Cancer Strategy needs to tackle key workforce shortages.

Safe and effective high-quality patient care relies on the right number of skilled health staff in the right places. Pathology staffing numbers have not risen in line with demand, and some pathology services are unable to recruit to vacant posts. The 2025 Royal College of Pathologists [workforce census](#) reported 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.

In addition, a significant number of cellular pathologists in Wales reported that they felt stressed at work "often" or "always", which will have implications for staff morale and productivity. If morale is low, pathologists might wish to retire early, further compounding future workforce crises. This is further compounded by a lack of time to get through workloads (reported by a significant number of cellular pathologists in Wales).

Increased workforce investment is urgently needed in pathology services, particularly in the recruitment and training of pathologists and scientists. More funded training places are needed across all pathology disciplines to help meet the rising demand for cancer diagnosis.

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 Strategy should also support investment in laboratory estate, digital pathology systems, automation and genomic testing infrastructure. Many pathology facilities require modernisation to accommodate contemporary diagnostic technologies and support future service demand.

Without investment in workforce and infrastructure, ambitions to expand screening, improve waiting times and increase access to personalised medicine to treat and diagnose cancer will not be achievable.

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

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.

Modern, interoperable digital health data systems are essential for improving cancer diagnosis, treatment and cellular pathology service planning.

The College supports continued development of the All-Wales Laboratory Information Management System (LIMS) to enable data sharing across health boards. We also support improved interoperability between systems and wider implementation of digital pathology in Wales, which are key system improvements to help diagnose and treat cancer more effectively.

However, for the next LIMS upgrade, procurement teams must ensure that supplying companies have the expertise and experience to deliver LIMS to avoid NHS staff picking up the burden of implementation and delivery. Once LIMS is ready for roll out, there must be staff skilled in IT delivery for its implementation and protected time for clinicians and scientists to carry out testing.

Digital pathology – the collection, management, sharing and interpretation of pathology information in a digital environment – has been shown to improve patient care and support the pathology workforce by making the diagnosis and monitoring of disease, including cancer, much more efficient. It will bring faster and easier access

to expert opinion and advice, with the rapid referral of cases between pathology networks or between organisations.

The Welsh Government must ensure the implementation of digital pathology so staff can work more efficiently and flexibly and to prepare the ground to benefit from the role artificial intelligence (AI) can play in diagnosis of cancer. The workforce, be it clinical or scientific, must be rigorously trained and expert, and that that will include ensuring the next generation is AI literate. The move to digital pathology needs to be completed and followed through with the right infrastructure.

The Cancer Strategy for Wales should also address information-governance barriers that prevent effective data sharing and support secure access to high-quality data for service improvement, research and innovation.

AI will become increasingly important in diagnostic workflows, but implementation must be accompanied by workforce training, robust governance and evaluation of clinical benefit.

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.

Reducing inequalities requires equitable access to screening, diagnostics, genomic testing and treatment across Wales.

To reduce inequalities in cancer outcomes between different protected characteristics and different health board areas, there must be parity in terms of access to screening and reduction of waiting times for referrals; the 62-day target to start treatment is often longer in some parts of the country, and it is often not met. Cancer screening uptake may be reduced in some populations because they are harder to reach e.g. because they are sleeping rough, for economic or cultural reasons.

The College recommends a review of current Welsh screening programmes to see if they still meet the needs of the affected populations, in line with the principles of the “Community by Design” initiative. For example, does the age limit for screening need

to be reviewed or revised to account for differences of risk in different populations by ethnicity or levels of socioeconomic disadvantage.

Variation between health boards should be reduced through greater service integration, national standards and consistent access to specialist expertise. The strategy should focus particularly on underserved communities, rural populations and groups with lower screening uptake.

Overall, the proportion of cases diagnosed through screening is more than a third lower in the most versus the least deprived areas. The cancer death rate is 54% higher in the most deprived areas of Wales compared to least deprived areas, according to [Public Health Wales](#).

Implementation of innovative diagnostics is needed to improve precision, speed and equity of access to personalised cancer care. Everyone who would benefit should have access to personalised cancer treatment. We must ensure that all patients across the UK have access to equitable cancer diagnostic testing to be able to deliver personalised care to everyone who will benefit.

Innovations such as digital pathology, genomics personalised medicine and AI have a role to play in reducing inequalities in cancer outcomes. A critical eye is necessary to ensure that emerging diagnostic tools are safe, accessible to all patients and acceptable to wider society, and that they do not worsen health inequalities. These tools need to be usable and trusted by the workforce charged with their deployment in diagnostic workflows.

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.

Improving cancer services could be measured by metrics such as:

- Stage at which cancer is diagnosed
- Length of survival after diagnosis/treatment
- Waiting-time performance for diagnostic testing
- Turnaround times within pathology services for diagnostic test results.
- Uptake of cancer screening programmes
- Measures of cancer patient experience
- Levels of participation in clinical trials across Wales
- Ease of access to genomic testing to determine risk of certain cancers
- Vacancy rates for key pathology specialties, particularly histopathology.
- Variation in each of these measures between health boards across Wales.

While diagnosing and treating cancer at an early stage is quite rightly lauded as crucial to better outcomes, and is a benchmark of successful improvements, a 'one-size-fits-all' approach to diagnostic timelines does not help in certain cancer subtypes. This is alluded to in the plan, including the different way some rarer cancers are staged (which determines the size of the cancer and how far it has grown).

Some blood cancers require diagnosis (including ultra-rapid genomic testing) and treatment within hours of presentation. Many more indolent blood cancers (that grow and spread slowly) require no treatment at all, and swift diagnosis (and sometimes diagnosis at all) is of limited clinical benefit. Shoe-horning the evaluation of blood cancer pathways into solid tumour metrics is both misleading and unhelpful. Bespoke measures of success are required to truly get to the task of improving outcomes.

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.

The National Cancer Strategy for Wales should recognise the crucial role that pathology plays in cancer prevention, diagnosis, treatment and research. In summary, to diagnose people with cancer early enough to improve survival and treatment outcomes, the College recommends:

1. A national pathology workforce plan for Wales, particularly focusing on key specialties such as histopathology and genomics.
2. Accelerated implementation of digital pathology systems in NHS boards across all regions of Wales.
3. Continued development of interoperable digital infrastructure, including the all-Wales LIMS (Laboratory Information Management Systems).
4. Investment in laboratory estate and equipment needed for processing and analysis of pathology samples.
5. Greater regional and national integration of pathology services where feasible and appropriate.
6. A commitment to equitable access to advanced diagnostics and genomic testing across all health boards in Wales.

These actions would provide the foundation necessary for delivering the wider ambitions of the National Cancer Strategy, by ensuring that pathology services have the investment they need to help diagnose cancer effectively. All initiatives announced in the final Strategy must be fully funded from the outset, to ensure certainty for service delivery to improve outcomes.

There are also cross-border issues that need to be considered in how cancer services are delivered in Wales. We have heard concerns from RCPATH members that there is a potential inequality for Welsh patients, in terms of a two-tier service in the turnaround times for diagnostic test reporting, and therefore how quickly patients can begin treatment. Similarly, there are differences in performance of diagnostic testing between health boards (see our response to Question 1).

Diagnostic tests are required for a vast number of conditions, including, but not limited to cancers, genetic and rare conditions and viral and microbiological infections.

Some Welsh patients living near the border with England may have certain diagnostic tests sent to pathology services run by English health boards, which may have faster turnaround times for results than Welsh health boards, for example immunohistochemistry (IHC) and molecular tests.

The quicker that patients' test results are analysed and reported, the sooner they can get the treatment that they might need. This means that Welsh patients whose diagnostic results are processed and analysed more quickly in England could potentially have better health outcomes than those whose results are processed in Wales. This two-tier system of diagnostic outcomes is concerning and demonstrates clear cross-border differences for Welsh patients who interact with either English or Welsh pathology services.

Establishing interoperability between digital pathology systems in Wales and networked systems in England could facilitate timely access to second opinions for complex cases, ensuring faster and more streamlined patient care for those living near the English/Welsh border. This, in turn, would enhance the quality of service by enabling more efficient and timely reporting of diagnostic test results.

For example, the upgrade to the all-Wales LIMS is a step in the right direction to ensuring interoperability. Future business cases for digital health systems, including digital pathology systems, should be operable across all health boards in Wales, but also in relevant English health systems that operate at the Welsh border. This could be achieved by agreeing and setting out relevant interoperability standards between systems. This would ensure better patient experience and outcomes, regardless of which side of the border they live on.