

# Losing Our Patience

Meeting Wales' growing need for timely, equitable cancer services



**tenovus**  
cancer care  
gofal canser



# Foreword

**The impact of cancer is devastating. It isn't something anyone wants to think about - but the reality is that most of us will be affected by it in our lifetime.**

By the end of the next Senedd term, an estimated 230,000 people in Wales will be living with cancer. Yet, our system is already struggling to cope.

Compared to similar countries worldwide and even our neighbours within the UK, we are not detecting and treating cancer early enough, and too many people are dying as a result. **Wales can do better than this.**

Certain cancers have far worse outcomes than others. And factors such as where you live, your ethnicity, and even your gender can determine your chances of survival. That is simply unacceptable.

A larger Senedd and a new Welsh Government will bring fresh ways of working and create opportunities - we must take full advantage of them. We know the challenges. We now need urgent action.

Wales must tackle inequalities, invest in early detection, and commit to vital initiatives that could make us world leading. We need progress, not promises.

The impact of cancer is far more than medical - it's financial, emotional, and deeply personal. Behind every statistic is a person and a family, and they deserve the best treatment and support.

This manifesto sets out clear proposals to meet rising demand, close deadly cancer gaps, and transform cancer care for the future. Our patience is running out.

Judi Rhys MBE  
Chief Executive Tenovus Cancer Care



# Introduction

Tenovus Cancer Care is committed to listening to the real experiences of people affected by cancer in Wales to drive improvements that make a difference.

The Welsh Government has a critical role in preventing, diagnosing, treating and supporting people living with, and beyond cancer. That's why we work alongside politicians to help represent those affected by cancer and their loved ones.

It's vital the voices of people affected by cancer are heard and the reality of living with cancer in Wales is better understood.

We want to:

- **Influence the policies of Government to meet the needs of people affected by cancer in Wales**
- **Amplify the voices of those who are underrepresented in the planning and delivery of services, so that our NHS better supports all people affected by cancer in Wales no matter their characteristics or background.**
- **Prioritise what we do to optimise Tenovus Cancer Care's resources and maximise our impact**

Our support services are here for everyone affected by any type of cancer. However, we've prioritised our policy and influencing work in the areas we can add value to the activity of our partners, amplify the diverse voices of the people of Wales affected by cancer, and have the most impact.

## Policy Context for the 2026 Senedd Election

The covid-19 pandemic presented enormous challenges for the Welsh Government and NHS Wales, but despite the passage of time, periodic injections of additional funding, and an overall emphasis on service "recovery", the impact of the pandemic on cancer services has been acute.

As far as cancer is concerned, NHS Wales is far from recovered. Key issues pre-date the pandemic; an aging general population; workforce pressures; diagnostic bottlenecks - to name but a few. These challenges existed before covid-19, but the pandemic exacerbated them.

Cancer waiting times<sup>1</sup> the primary metric for measuring the health of our cancer services - have remained well below the 75% target over recent years. This single waiting time metric also masks significant waiting time variation by tumour site, between and within health boards.

The Audit Wales report into cancer services (published January 2025) tells us that as a proportion of total NHS spending, services to diagnose, treat, and support cancer patients has increased slightly from 7% in 2009-10 to 8% in 2022-23<sup>2</sup>.

We have found that despite the additional investment, the NHS is struggling to deliver a cancer service that meets the needs of its patients. Our perspective was validated by Audit Wales which found that despite increased Welsh Government investment, NHS Wales is failing to perform against national cancer targets, with a significant minority of patients facing 'unacceptably long' waiting times for their cancer diagnosis, and/or treatment.

Yet, despite these challenges, innovation in NHS Wales does occur. Often because of clinically informed, evidence led decision-making and a dogged determination from key individuals to make change happen.

The adoption of the clinically recommended single suspected cancer pathway is one example<sup>3</sup>. It consistently measures cancer waiting times from the point of suspicion, improving on the system that preceded it, being more transparent, and better reflecting actual patient experience.

The Rapid Diagnostic Clinics (RDCs)<sup>4</sup> and the roll out of the vague cancer symptom pathway is another welcome recent innovation. Patients with potentially serious but non-specific cancer symptoms can be referred to an RDC in their health board, contributing to earlier, faster, cancer diagnosis or ruling out cancer as a cause of their symptoms.

These innovations - developed, piloted, and rolled out across Wales - offer hope. There remains enormous potential for positive, transformative, developments over the coming years.

**Tenovus Cancer Care hopes that the following proposals will capture the attention of all political parties across the country to further progress in this challenging cancer landscape and eventually be delivered across the nation.**

## Less Survivable Cancers

Wales has not seen any meaningful improvement in the survival rates from less survivable cancers for decades<sup>5</sup> and we lag far behind comparable countries.

Cancers of the lung, liver, brain, oesophagus, pancreas and stomach, have an average five-year survival rate of less than 20%.

A recent analysis of existing cancer registry data shows that the average one-year survival for a patient diagnosed with a less survivable cancer in Wales is just 39%<sup>6</sup>.

**This contrasts sharply with the overall one-year survival rate for all cancers, which is over 70%<sup>7</sup>.**

For people who have one of these six cancers, early and fast diagnosis is critical to detecting the cancer at a stage when a cure is possible. However, these cancers can often present with vague symptoms or are asymptomatic and can therefore be harder to diagnose.

Tenovus Cancer Care supports the work of the Less Survivable Cancers Taskforce. Over recent years we have provided leadership for the campaign in Wales, leading the Taskforce's Welsh arm; organising visits with politicians and decision makers and securing media attention. All this activity goes towards increasing awareness of this group of cancers and taking steps to develop interventions that will, over time, make them more survivable.

We have chosen to focus our policy and campaigning resources on three of the six less survivable cancers: **lung, stomach, and oesophageal**.

These cancers are currently underserved by the third sector in Wales, and we can add value through our influencing activities without risk of duplication.

Wales can no longer afford - morally nor financially - to neglect the less survivable cancers and their impact on our communities. A concerted effort, focused on all six, must be an integral part of any collective effort to build and deliver sustainable cancer services. The cost of failing to act now is simply too great.

It need not be a zero-sum game either. The actions needed to drive improvements and deliver better outcomes for less survivable cancers will have positive net effects on the rest of the NHS. Treatments would be less costly, delivered over a shorter period, often in the community and likely leading to less rehabilitation time. As a result, NHS capacity and resources would be unlocked.

Tenovus Cancer Care is calling on the next Welsh Government and senior NHS leaders to:

**Recognise the six less survivable cancers, their unique characteristics, their impact on Wales and plan accordingly.**

**Develop specific targets on the development and adoption of tumour site specific interventions that lead to earlier, faster diagnosis and treatment of the six less survivable cancers.**

# Lung Cancer

**Lung cancer is the biggest cancer killer in Wales – more than breast and bowel cancer combined. One-year (41%) and five-year (18.2%) survival rates lag slightly behind those of Scotland and England<sup>8</sup>.**

Of the most common cancer types, lung has the widest cancer death inequality, with higher incidence and mortality in areas of economic deprivation. The size of the differences in mortality between more and less deprived areas has also increased over time<sup>9</sup>.

Targeted lung cancer screening, delivered via a low dose CT scan (and commonly referred to as a Lung Health Check) was reviewed by the UK National Screening Committee (UKNSC) and recommended for adoption by all four UK nations in the autumn of 2022<sup>10</sup>.

Offering targeted lung health checks to the at-risk population (people who have ever smoked) between 55 and 74 years of age has been found to be an effective screening method. It is capable of discovering small, early-stage lung cancers, well before the presentation of symptoms associated with lung cancer: prolonged cough, breathlessness, coughing blood. Early surgical intervention contributes to improved survival rates and reduces the overall cost of lung cancer to the NHS<sup>11</sup>.

To date, only NHS England, under the direction of the UK Government, has a commitment to implement a nationwide screening programme by 2030. Over a million eligible people across England have received their invitations, uptake is understood to be broadly positive and thousands of early-stage cancers have been detected, diagnosed, and treated.

“There is nothing, now or on the horizon, that would make a bigger difference to cancer mortality and cancer inequality in Wales than introducing a national lung cancer screening programme.”

**Dr Sinan Eccles**

**Respiratory Clinical Lead, Targeted Lung Cancer Screening Scoping Project**

Wales has regrettably not followed at the same pace, nor the scale of developments, as England. The Welsh Government has yet to commit to a timetable rolling out a targeted screening programme.

Developments in Wales have been on a much smaller, less ambitious, scale. Around 500 people in the Ysbyty Cwm Rhondda area participated in a privately funded, third sector supported, operational pilot between the autumn of 2023 and spring of 2024.

Public Health Wales has been commissioned by Welsh Government to undertake a scoping

project that reviews how a future lung cancer screening programme could be delivered in Wales in the future. That project will report and make recommendations to the Wales Screening Committee in the autumn of 2025. The Wales Screening Committee will advise the Cabinet Secretary for Health and Social Care.

Given the scale and commitment to implement the programme across England, and the effect that will have on the availability of resources - both workforce and technology – we need the Welsh Government to move swiftly to commit to rolling out a targeted lung cancer screening programme across Wales.

Tenovus Cancer Care is calling on the next Welsh Government and senior NHS leaders to:

**Deliver a targeted lung cancer screening programme.**

**Commit to an ambitious timetable, rolling out the targeted programme to areas of greatest need, where lung cancer incidence and mortality are highest.**

**Involve people affected by cancer and the wider public in the development of promotional materials to ensure uptake in the future targeted lung cancer screening programme is maximised.**

# Cancers of the Oesophagus and Stomach

**Unfortunately for Wales, oesophageal and stomach (oesophago-gastric) cancer patient outcomes remain poor. These cancers have historically had very little public attention but have devastating consequences for the individuals and their families.**

In 2020, 445 people were diagnosed with oesophageal cancer and 348 people were diagnosed with stomach cancer in Wales. Men are more than twice as likely to be diagnosed with oesophago-gastric cancer compared to women. Despite incidence rates and survival for these cancers marginally improving over time, oesophageal and stomach cancers were still responsible for 680 deaths in 2021.

This means that while oesophago-gastric cancers accounts for just 4.5% of cancer incidence in Wales in 2020, they were responsible for 7.7% of cancer deaths<sup>12</sup>.

Insight, data, and evidence from national audits, and Tenovus Cancer Care's own report 'A Burning Issue' have concluded that the diagnosis and treatment pathway is too long, leading to poorer outcomes. It is clear - the biggest improvements will come from earlier diagnosis. Addressing the known causes of delays in the diagnostic phase of the cancer pathway is vital.

As both oesophageal and stomach cancer often have vague, or no symptoms, increasing symptom awareness can be challenging. In 2024, Tenovus Cancer Care ran a symptom awareness campaign for oesophago-gastric cancers called 'Life Shouldn't Be Hard to Swallow'. The campaign focussed on heartburn, one of the main symptoms of these cancers.

However, a one-off, month-long campaign is not enough as we learnt that the public needs more support to understand when to contact their GP with cancer concerns.

Even before the pandemic, endoscopy services in Wales were under significant pressure due to high demand. During the pandemic, endoscopy provision was stopped entirely for an extended period due to the nature of the procedure being deemed too risky in relation to the spread of airborne particles generated during the procedure. To this day recovery from this backlog is hampered by lack of capacity due to many factors such as lack of suitably trained workforce, appropriate clinical spaces, and funding.

NHS Wales must embrace newer, more efficient diagnostic techniques such as the capsule sponge test and trans nasal endoscopy (TNE). Doing so could reduce demand for these services thereby decreasing waiting times and improving early diagnosis rates.

Barrett's oesophagus, the only known precursor to oesophageal cancer, is a non-life-threatening condition which causes cells to grow abnormally within the oesophagus. A registry for people with Barrett's oesophagus would aid surveillance, recording instance, severity, and schedule of follow ups. This would contribute to an increase in the proportion of oesophageal cancers diagnosed at stages 1 and 2.

We welcome the initial steps that have been made to the digital infrastructure to capture data concerning Barrett's oesophagus. One day we might be able to call it a "registry", and we want to work with the NHS to help achieve that milestone.

Tenovus Cancer Care is calling on the next Welsh Government and senior NHS leaders to:

**Expand the capacity of diagnostic services across Wales, rolling out 'Once for Wales' innovative technologies such as transnasal endoscopy and capsule sponge.**

**Provide practical support and resources to increase awareness of the vague and non-specific symptoms of oesophageal and stomach cancer.**

**Develop a national registry for people with Barrett's oesophagus in Wales. One that is accessed and utilised by clinicians from across the pathway and enables the surveillance of patients over an agreed time interval.**



# Closing Cancer Inequalities

## **Cancer doesn't discriminate, but our systems sometimes do.**

Cancer inequalities refer to the unequal and avoidable differences in cancer incidence, diagnosis, treatment, and outcomes between different groups of people. These differences can be based on factors like:

### **Socioeconomic status:**

Poverty often limits access to healthcare, healthy food, and safe environments, increasing cancer risk and hindering early diagnosis and treatment.

### **Race and ethnicity:**

Certain racial and ethnic groups face higher rates of specific cancers and poorer survival outcomes due to a complex interplay of genetic, social, and environmental factors.

### **Geographical location:**

People in rural areas may have limited access to services, leading to delayed cancer diagnosis and treatment.

### **Gender and sexual orientation:**

Disparities exist in cancer screening, diagnosis, and treatment based on gender and sexual orientation.

### **Disability:**

People with disabilities may face barriers to accessing cancer care, including physical accessibility and communication challenges.

Cancer inequalities represent a systemic failure to provide equitable healthcare. Poor cancer outcomes are felt disproportionately by disadvantaged communities across Wales. In February 2024, Public Health Wales published findings that stated that while the overall rate of cancer death has fallen over the past couple of decades, the deprivation gap between cancer deaths in the most and least deprived areas of Wales has significantly widened<sup>13</sup>.

We must do our best to identify inequalities across Wales, including when and where they happen, and strive to tackle them. It is a matter of equity and justice.

**Everyone deserves a fair chance at a healthy life, regardless of their background or circumstances. Doing so saves lives and reduces the overall burden of cancer.**

Given the shape, scope, and scale of health inequalities across Wales, Tenovus Cancer Care often works with other charities and organisations to identify the causes of poor health outcomes and recommends where improvements can be made. The Wales Cancer Alliance and the health inequalities subgroup of the NHS Confederation's Health and Wellbeing Alliance both scrutinise and hold Government to account, and we proudly support their work.

**Over recent years, through the people we support, the data we analyse, and insight we gather, Tenovus Cancer Care has identified and prioritised the following four issues - all of which relate to health and cancer inequalities.**



# Ethnicity Data and Cancer

**We know, from research conducted outside Wales, that a person's ethnicity can impact on many different stages of their cancer experience including their cancer outcomes.**

Multiple factors are often at play. For example, there may be differences in screening uptake and symptom awareness. Potentially a result of genetic, social, and environmental factors associated with Black, Asian and minority ethnic communities. As an organisation we are constantly learning and seeking to better understand these issues and work towards improving our own services in response to increased knowledge.

By better understanding the state and nature of inequalities associated with ethnicity, NHS cancer services are far better placed to develop, test, and roll-out the new interventions needed to improve cancer outcomes.

Yet in Wales, until only very recently, we have been unable to gain an understanding of the relationship between a person's ethnicity and their cancer experience. This is due to their ethnicity data not being systematically captured and/or linked to their cancer data by NHS Wales. It is a disappointing omission.

**NHS England captures the ethnicity data of around 95% of people using its cancer services, our research shows in Wales the figure falls between 15% and 55% depending on the health board<sup>14</sup>.**

While the collection of ethnicity data is mandated by the Welsh Government, it has not been enforced. Since the summer of 2023, Tenovus Cancer Care has challenged the Welsh Government to do better.

In its recent report on cancer services Audit Wales also recommended more comprehensive publicly available datasets from the NHS including ethnicity data<sup>15</sup>.

There are signs of some improvements. Public Health Wales is examining how the SAIL databank can be used to link cancer data and NHS data with inequalities data, including ethnicity, held by other public bodies. We also understand that the recently revised Primary Care contract contains a new provision to collect ethnicity data at GP practices.

We will closely follow these approaches to see whether they are achieving the desired outcomes. Wales must close the ethnicity data gap with NHS England to achieve person-centred, holistic care for everyone with a cancer diagnosis.

Tenovus Cancer Care is calling on the next Welsh Government and senior NHS leaders to:

**Give a firm commitment to collect the ethnicity data of cancer patients, with a plan to close the gap with NHS England by 2030.**

**Support NHS staff to better understand the benefits of capturing this data and provide training to enable them to collect patient ethnicity data in a timely and sensitive manner.**

**Commit to working with people affected by cancer from diverse communities to develop policies to underpin the collection of ethnicity data across NHS Wales.**



# Gynaecological Cancers

**Extremely poor waiting times for cancer diagnosis and treatment has, for too long, been an unwelcome feature of Wales' stretched cancer services.**

People with suspected cancer should not have to wait more than 62 days between the moment the suspicion is raised and the start of the first definitive treatment.

However, in the case of gynaecological cancers, **only around 35% of patients** started their gynaecological cancer treatment within this target. That percentage figure also masks significant, unacceptable variation across Wales. In some parts of the country, **just 19% of women** started their treatment within 62 days<sup>16</sup>.

These unacceptably poor waiting times led to the Senedd's Health and Social Care Committee to undertake an inquiry into gynaecological cancer services between the summer of 2022 and winter of 2023. It published its findings in a report 'Unheard: Women's journey through gynaecological cancer'<sup>17</sup>.

Tenovus Cancer Care's involvement with the inquiry started with the initial call for evidence. We took steps to work with the Committee to ensure that the voices of women affected by gynaecological cancers were recorded and submitted as part of the evidence session itself - a Senedd Health Committee first.

Many of the women who shared their experience with the Committee believed that healthcare professionals did not listen to their concerns nor take their symptoms seriously. Women talked about their experiences being tantamount to "medical gaslighting" where they were led to question their confidence around what was happening to their own bodies.

This is a concerning finding. The suspected cancer pathway waiting time target starts once cancer is suspected, yet multiple women have reported going to their GP multiple times before securing a suspected cancer referral. This adds many unreported weeks, if not months, to their cancer diagnosis – sometimes the difference between survival and a non-curative diagnosis.

**Tenovus Cancer Care welcomed the Committee's report in December 2023<sup>18</sup> and continues to call on the Welsh Government and NHS Wales to fully implement its findings.** We continue to scrutinise the delivery of the recommendations through Claire's Campaign, created by cancer patient Claire O'Shea in association with Tenovus Cancer Care and the Public Affairs agency, Cavendish Cymru (formerly, Deryn)<sup>19</sup>.

In early 2025, Audit Wales validated the findings of the Committee in their review of cancer services, finding that waiting times for gynaecological cancers were unacceptably high and there is a lack of data concerning the barriers to diagnosis and treatment<sup>20</sup>.

While steps taken have started to tackle some of the issues raised in the 'Unheard' report, for instance the prioritisation of gynaecological cancers by the Cancer Recovery Programme, more will need to be done to embed the issues faced by women within cross-cutting health policy and activity associated with its delivery.

The recently published Women's Health Plan<sup>21</sup> goes some way to addressing the issues around women's health concerns not being taken seriously. However, it is disappointing that it did not reference the life-threatening challenges women with gynaecological cancer face within our health systems.

Tenovus Cancer Care is calling on the next Welsh Government and senior NHS leaders to:

**Implement at pace the accepted recommendations of the 'Unheard: Women's journey through gynaecological cancer' report.**

**Reconsider the rejected recommendations from the report, working with external stakeholders and applying innovative approaches if that adds value and enables their implementation.**

**Reconsider the exclusion of gynaecological cancer in the Women's Health Plan and include gynaecological cancer as part of a review based on the Plan being published as a live and iterative document.**

# Money, Practical Support and Cancer

## **A cancer diagnosis leads to unexpected costs that quickly mount up.**

For a person unable to work or having to make changes to their lifestyle, it can quickly become very expensive. Over recent years the cost-of-living crisis has compounded these challenges as the rising cost of day-to-day basics such as food and energy has increased at a far higher and faster rate than a person's ability to plan and prepare.

The sudden and unexpected loss of income, coupled with hidden costs, such as heating, extra washing and travel to and from appointments, can place a sudden, enormous burden on people. For people facing a cancer diagnosis - many of whom have a suppressed immune system due to their treatment - the removal of any additional stress is invaluable.

People affected by cancer may be entitled to a variety of benefits, grants and additional practical support that can help with easing the pressure. Tenovus Cancer Care's benefits advisors have the expertise needed to support and guide people during these difficult times.

Blue badges enable people affected by cancer and a mobility impairment to park that much closer to facilities they need. Car parking, and the stress often associated with it, becomes less of an issue.

Blue badges are currently available subject to strict criteria around their mobility difficulty. However, the picture on the ground is one of unnecessary paperwork, significant variation between local authorities and bureaucratic delays with the application process.

Between April 2021 and March 2025 Tenovus Cancer Care's small team of dedicated advice quality standard (AQS) accredited **Benefits Advisors, have secured approximately £15 million** in benefits for people with a cancer diagnosis. People who have also had to manage the financial stress associated with the Covid-19 pandemic and the ongoing cost-of-living crisis.

Everyone with cancer deserves a welfare benefits check-up with an Advice Quality Standard (AQS) accredited advisor to ensure income from financial entitlements are maximised and they can discuss practical support. As well as supporting the person in greatest need, the money finds its way into local communities across Wales, supporting the foundation economy.

To reach this point, Wales must move away from the current opt-in system for welfare benefits advice – where a referral is at the request of the person affected by cancer. The current system relies on people knowing roughly what they need and having a healthcare professional who knows of - and has the time to refer onto - a welfare benefits pathway. We want Wales to start moving towards an opt-out system where the referral is a systematic part of a holistic cancer pathway.

Unfortunately for many people their cancer prognosis is terminal, and they begin to receive palliative, and end of life care. Since the last Senedd election, Tenovus Cancer Care has supported approximately 3,000 people with terminal cancer, and by doing so we have indirectly supported many more family members. We help people to apply for and secure expedited welfare benefits, provide counselling, and help with planning for what comes next.

Tenovus Cancer Care is calling on the next Welsh Government and senior NHS leaders to:

**Develop a single, 'Once for Wales', approach for blue badge applications. Simplifying the process and making applications swifter and more consistent between different local authorities.**

**Ensure that people living with a terminal illness are included in the new Council Tax Reduction Scheme following its review.**

**Move towards an assumption that everyone with a cancer diagnosis needs benefit advice and commit to exploring the potential for moving welfare benefits advice referrals from the current opt-in model to one that's opt-out. The cancer pathway could provide the model for other health conditions to follow.**

# Emotional Wellbeing, Mental Health, and Cancer

**Alongside the physical trauma of a cancer diagnosis, and the subsequent treatment regime, people affected by cancer may experience a wide range of feelings and emotions that might lead to them needing support.**

Living with cancer may need significant adjustment when anxiety levels are increased, and emotions such as anger, denial, fear and isolation are heightened to the extent that these feelings can become difficult and confusing.

Over recent years, activity in this space has increased - a growing recognition of the importance of emotional wellbeing and mental health to a person's cancer experience and their outcomes. Work is being undertaken by the Strategic Network for Cancer within the NHS Executive through the All-Wales Cancer Psychology Project to better understand unmet need across Wales. This work is vital.

Initial findings, drawing on the 2021 Wales Cancer Patient Experience Survey, has found that only 20% of people diagnosed with cancer received information about psychological support and 58% of people felt that their mental health was taken as seriously as their physical health. There is also significant variation across Wales concerning: the availability of psychological support; awareness of such support; and access to support where and when it is available.

Tenovus Cancer Care has responded to these challenges by developing its own Wales-wide counselling service for people affected by cancer. The offer is available to anyone in Wales with a cancer diagnosis and clinical referral. Our trained, British Association for Counselling and Psychotherapy (BACP) registered counsellors are highly experienced in helping people with cancer explore their feelings and worries in a confidential, compassionate space. Since 2022, **the service has supported over 1,000 people** with their emotional wellbeing.

However, we are unable to be there for everyone who needs emotional and mental health support. We back efforts to assess the scale of the issue and call on Welsh Government and NHS Wales to ensure that those people who need help following their cancer diagnosis can access the right information and are referred to the right support.

Tenovus Cancer Care is calling on the next Welsh Government and senior NHS leaders to:

**Reflect the emotional wellbeing and mental health needs of people affected by cancer in the next iteration of the Wales Cancer Quality Statement.**

**Ensure that the Strategic Network for Cancer work with their NHS Health Board partners to implement the recommendations of the All-Wales Cancer Psychology Project, reducing variation of availability, awareness and access to psychological support.**

OVER  
1,000

# Conclusion

At the heart of everything we do are those affected by cancer right here in Wales.

As well as providing services to those who need us, Tenovus Cancer Care is committed to amplifying their voices. Their voices echo throughout this manifesto in various ways. Our policy priorities have been shaped by feedback from Tenovus Cancer Care support service users; the findings of wide-reaching surveys like the Wales Cancer Patient Experience Survey; and by the impact of direct patient involvement that we secured, such as during the Health and Social Care Committee's gynaecological cancer inquiry.

Since 2022, we have worked hard to develop our All-Wales Cancer Community - a patient involvement network spread across Wales whose voices have fed into hundreds of projects run by health care providers, researchers, policy makers and other third and private sector partners. As well as regular interaction with the wider community, the steering group for this community convenes at least twice a year, to share ideas and feedback on our service and policy activity. The expertise of these people, all of whom have been affected by cancer, help to make sure that our voice remains grounded in the needs of those we serve, and we would urge Welsh Government to do likewise.

Woven throughout this manifesto is the need for Welsh Government to listen to and learn from these voices. When patient voices are sought and heard, a clearer picture emerges of what is happening on the ground, and better solutions can be found.



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Elusen Gofrestredig Rhif 1054015 Cwmni Cyfyngedig trwy Warant Rhif 943501.

Cofrestrwyd gyda'r



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