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FIXING THE FOUNDATIONS

BUILDING A LONG-TERM STRATEGIC APPROACH TO
CANCER IN WALES

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What is the Wales Cancer Alliance?

We are a coalition of charities working to prevent cancer, promote earlier diagnosis, improve care, fund research, and influence policy in Wales.

Together, we fund research and roles including nurses, allied health professionals and social workers, and provide information and support. Our members aim to ensure everyone facing a cancer diagnosis can access what they need, when they need it.

Our work provides us with a deep knowledge of cancer and cancer services in Wales, along with insight into patient experience and needs. For many of our members, this insight spans across the UK's health systems and extends internationally. Over the past two decades working as an Alliance, we have collaborated on and produced evidence-based policy recommendations for decision-makers to apply across Wales at the national, strategic, regional and local levels.

By using our expertise in this way, we aim to create a virtuous circle of insight driving improvements in both services and cancer patient outcomes and experience. Visit www.walescanceralliance.org to learn more about our work, along with information on our thirty-two members.

Introduction

In autumn 2025, the Wales Cancer Alliance published *Fixing the Foundations: Building a better future for cancer care in Wales*. This outlines four key recommendations we believe must be adopted and delivered by the next Welsh Government to ensure cancer patients across Wales are able to access high-quality and timely diagnosis, treatment and care from a world-class health service. With rising diagnoses, persistently missed targets, and an over-stretched NHS, this is desperately needed.

One of these recommendations is for **a new, long-term, cancer strategy for Wales to be developed to drive much-needed improvements in cancer outcomes, services and care across all cancer pathways**. Whilst we use the term ‘cancer strategy’, this is shorthand for taking a long-term, strategic, and systematic approach to planning cancer services in Wales.

The Wales Cancer Alliance believes this shift is vital. In recent years, Wales’ cancer services have grown organically from layering well-intended plans, statements and initiatives on top of one another. This has left patients and professionals with a needlessly complex system which is difficult to understand and has unclear accountability.¹ Most crucially, it has also failed to deliver the improvements to cancer outcomes that Government and NHS leaders have long aspired to.

The Wales Cancer Alliance believes the next Welsh Government must urgently address this through underpinning cancer services with the solid foundation of a comprehensive and long-term strategic approach. This briefing explores the rationale for this, drawing on the Wales Cancer Alliance’s expertise and international evidence, along with the views of stakeholders gathered as part of a listening exercise. The latter included a roundtable discussion held with senior NHS leaders and politicians at the Senedd on 11 November 2025.

¹ This sentiment is echoed in Audit Wales’ 2025 review of Welsh cancer services.

Context

As outlined in *Fixing the Foundations*, one in two people born after 1960 is expected to receive a cancer diagnosis in their lifetime,ⁱ and cancer incidence in Wales is predicted to rise over the coming years. By 2038–2040, the number of new cancer cases is projected to rise by more than a tenth from where they stand today, which means around 24,800 new cases diagnosed in Wales each year.ⁱⁱ This will place additional strain on an already stretched health system unless planned for in advance.

Whilst cancer outcomes have broadly improved over recent decades,ⁱⁱⁱ international research shows that Wales continues to lag behind other high-income countries and evidence suggests that progress in outcomes had stalled even before the pandemic.^{iv} To try and mitigate this challenge, the Welsh Government and NHS Wales have produced a variety of initiatives, programmes and short-term plans, and an outline of the most significant publications since 2012 follows.

2.1. A timeline of key strategic documents for cancer since 2012

The Welsh Government published *Together for Health - Cancer Delivery Plan*, in 2012, which set out ambitions to improve cancer outcomes to match the best in Europe. Health Boards were expected to report progress against the Plan annually yet there were reportedly issues with buy-in at this level of implementation. As such, the Wales Cancer Network led the development of the subsequent cancer plan in an attempt to overcome this and coalesce stakeholders behind it.

The *Cancer Delivery Plan for Wales 2016-2020* was then published in 2016 and contained key actions to be delivered with the same aim of closing the gap between Welsh cancer outcomes and those of Europe. Annual reporting was replaced with the inclusion of cancer in the Integrated Medium-Term Plan.² In 2018, the move to the single cancer pathway was announced by Welsh Government, which simplified cancer performance reporting.^v

In 2020, the COVID pandemic took hold and placed pressure on already struggling NHS services. In March 2021, the Welsh Government published *Health and Social Care in Wales – COVID-19: Looking forward* which detailed its priorities as services recovered, including for cancer. That same month, the *Quality Statement for Cancer* was also launched and replaced the *Cancer Delivery Plan for Wales 2016-2020*. This set out the Welsh Government's policy intent for what good cancer services should look like and was much lighter on detail than the 2012 and 2016 plans in spanning just several pages.

In 2023, the *Cancer Improvement Plan 2023-26* was published, having been developed by the Wales Cancer Network. This sought to improve outcomes and patient experience, however there have been issues as to the status of this plan in terms of

² This is a three-yearly plan which all NHS Health Boards and Trusts must produce.

leadership and accountability. Furthermore, there are some omissions from the plan, including detail on children and young people and meeting their bespoke needs.

In 2024, the newly appointed First Minister, Eluned Morgan, also put in place a standalone Welsh Government-led initiative focussing on improving cancer outcomes and partnerships in Wales. This includes the workstreams: Tackling Cancer through Innovation and Tackling Cancer through Research and Clinical Trials, Tackling Cancer through Working Together, and Tackling Cancer through Clinical Engagement.

The NHS Wales National Cancer Team's Integrated Workplan 2025-26 was then released in 2025, bringing together the previously separate plans of the Cancer Network and the Cancer Recovery Programme. This contains targeted activity to support the delivery of the *Quality Statement for Cancer* (which was updated in 2025) and other cancer initiatives.

2.2. The future of cancer planning in Wales

The above timeline of publications demonstrates that – and particularly over the past five years – a variety of programmes and short-term plans for cancer have been produced for Wales. While these each have merit, and are based on the best of intentions and admirable ambitions, they have not been matched with the improvement in outcomes and system performance that patients need.

Two recent reports that scrutinised cancer services in Wales have made it clear that improvements are necessary, including in relation to strategic direction. In January 2025, Audit Wales concluded there was need for 'setting out a coherent, long-term strategic approach for cancer in Wales, supported by clear system leadership and informed oversight.'^{vi} The National Cancer Leadership Board was established in response. The April 2025 *Report of the Ministerial Advisory Group (MAG) on NHS Wales Performance and Productivity* also highlighted 'problems with planning and delivery' and stated that the then-present 'agenda is too broad and often too high level to result in any nationally significant and consistent change.'^{vii}

The MAG also identified a dilution of focus, a result of the wide breadth of Welsh cancer initiatives, and accountability and delivery issues. Many of these points were echoed in our listening exercise (section 3.3). The MAG also recommended against more plans and initiatives, due to 'evidence that this is no more likely to be delivered than the previous ones'. These findings led to the joining up of the Cancer Network and the Recovery Programme workplans into a single integrated plan, providing operational clarity as to priorities. Developments of this nature are welcome since they provide a foundation for supporting delivery.

However, to truly transform cancer outcomes, it is vital the Welsh Government and NHS Wales take greater action and adopt a long-term approach to cancer planning that reflects cancer care's complexity. For example, cancer comes in many forms, impacts many people, and involves multidisciplinary care. To improve the survival and quality of

life of patients, technological and scientific breakthroughs must be mainstreamed, and research must be prioritised to make further advancements. The Wales Cancer Alliance believes that this complexity needs a single long-term, strategic approach, that contains the necessary levers to secure its delivery, rather than continuing the present piecemeal way of working.

This approach has the potential to marshal focus and, crucially, consolidate Wales' wide range of cancer initiatives into a single, streamlined roadmap for change. This should be supported by clear priorities and responsibilities and steered by strong leadership at each tier of the system. This approach would also provide a vital opportunity to look beyond the short-term to ensure that the necessary groundwork is in place to build resilient cancer services for the years ahead.

A new approach also provides the opportunity to learn from countries that have seen the greatest successes in terms of cancer outcomes, whilst also harnessing the strengths of effective workstreams already underway. This includes initiatives such as the National Lung Cancer Screening Programme and rolling out new interventions like capsule sponge and trans-nasal endoscopy and using cutting-edge technologies including liquid biopsy. Whilst the challenge to improve outcomes is significant, so too is the opportunity given the considerable amount of clinical talent across Wales.

Support for a strategic approach to planning cancer services

There is support for taking a long-term, strategic, approach to planning cancer services from both international evidence and stakeholders in Wales.

3.1. Research into the value of consistent cancer policy setting – cancer plans

The International Cancer Benchmarking Partnership (ICBP) is a unique collaboration that brings together clinicians, policymakers, researchers and data experts from across the world. It aims to measure international variation in cancer survival, incidence, mortality, and stage at diagnosis, as well as to identify factors that might be driving differences.

The ICBP produces high-quality research to help identify best international practice and insights to support policy change. The ICBP's work has catalysed and enabled the optimisation of cancer services and improvement of outcomes for cancer patients internationally. Wales has been a member of the ICBP since its inception and has participated in its research to examine the policy context of member countries to explore its impact on patient outcomes.

Evidence from the ICBP demonstrates that countries with consistent and sufficiently supported cancer plans have seen greater improvements in cancer survival over time.^{viii} Notable examples include Denmark, which has historically experienced similar cancer outcomes to Wales, yet over the last 20 years, Denmark has seen cancer survival rapidly improving, leaping ahead of Wales. This can be linked to a series of funded cancer plans that have successively and strategically built on the last to tackle the most pressing issues facing Danish cancer services.

Through this 20-year period, Denmark experienced rapid improvements in diagnosis and treatment capacity. The planning process established a strong coalition of stakeholders that were integral to improving cancer outcomes, which supported work between different health system levels with patient organisations and healthcare professionals. This was underpinned by continuous political momentum for the success of each plan.

Denmark's approach to improving cancer services has attracted global attention^{ix}, including at the roundtable, where several attendees had visited the country to observe its approach on the ground. At the roundtable, the Danish political context was raised in relation to the Danish parliament's commitment towards developing plans at regular intervals. This long-term approach, along with a dedicated budget for cancer and effective implementation and evaluation, were key factors in Denmark making impressive improvements in cancer outcomes.

3.2. Supported cancer plans

Evidence demonstrates that if a cancer strategy is not sufficiently supported, it will not lead to transformative change or improved outcomes. From the international evidence outlined above, Cancer Research UK has highlighted the elements of successful cancer planning that should uphold a cancer strategy and drive its success. These include: bold and comprehensive long-term ambitions; strong leadership with dedicated governance and oversight structures; steady implementation plans; robust monitoring and evaluation, and the funding and capacity to deliver a strategy.

An infographic containing these tests are included at the end of this briefing.

The Wales Cancer Alliance believes the ICBP's evidence is compelling and calls on the next Welsh Government to take heed of it as it considers cancer services and to apply Cancer Research UK's associated tests.

3.3. Support from stakeholders

To understand the views of stakeholders in Wales who would be vital in developing and/or implementing a long-term strategic approach to cancer, the Wales Cancer Alliance undertook a listening exercise in late 2025. This comprised of a roundtable in the Senedd in November 2025 and several other one-to-one conversations. Those who took part included politicians, civil servants, healthcare professionals, third sector organisations and – most importantly – those with a personal experience of cancer.

Overall, the listening exercise demonstrated support for a long-term, planned, approach to cancer when the new Welsh Government is formed after the 2026 Senedd election:

“We know what we need to do... But unless you've got a strategy and a plan to deliver those over a medium to longer term, you're not going to deliver them. So, we do need a 10-year strategy.” Senior NHS leader

“An ambitious long-term cancer strategy is needed... There is a need to consider how best the system works together including politicians, NHS bodies, and the Welsh Government which also includes the third sector both as advocates for patients, and recognising their vital role in providing support for patients.” Cancer patient advocate

“I think absolutely – 100 percent – need a long-term strategy; you need consistency.” Senior NHS planner

Yet it was clear from participants that lessons must be learned from how previous strategies and plans have been developed and delivered to ensure that impact matches ambition. This includes building political consensus across parties and having the support of Health Boards. Here it was suggested by a senior NHS planner that there

needs thought as to “*what is the architecture that we need*” in the system to deliver a strategy or plan, including “*delaying*” it and having the necessary accountability.

Accountability was a theme, with several participants suggesting this should be improved. This view was supported by members of the third sector, and it was also suggested that a cancer strategy would enable a more comprehensive approach to cancer to be detailed as, for example, children and young people are largely missing from the most recent plan:

“From the children and young people's perspective, I would say absolutely yes, we do need a long-term strategic approach, but also one that absolutely includes children and young people within it.” Children and young people’s third sector manager

It was also suggested that it is vital to have clear priorities to target action within a new approach to ensure that progress is made:

“What handful of interventions make the biggest impact... Because I think that's a little bit of what we're missing is, okay, so there are so many opportunities here to go at, so many different things, there is a danger in boiling the ocean that we don't get anything forward, done. So, I think we need to genuinely coalesce around a handful of things in that first three years that we think will be a step change, but then understand what will enable us to deliver them at pace.” Senior NHS leader

Roundtable participants also considered why Wales had not managed to deliver the improvements it has aspired to over recent years. It was agreed that this was not due to a lack of effort or will. A political stakeholder suggested there was not “*vibrant enough political engagement*” to pressure delivery and that perhaps “*what we need is more political accountability*”.

A further added that:

“We know we need a new narrative around this; a new consensus... we can start then laying the foundation for those next steps, and I think we've got to be mature enough to do that.”

Funding was also discussed, in recognition of a difficult financial environment for public spending, along with issues with the planning guidance and the definition of the cancer workforce.

In terms of the planning guidance, it was commented that the present steer for cancer appears too simplistic in that it states that Health Boards should deliver on Cancer Waiting Times targets and the way to do this is to embed the Optimal Cancer Pathways. Whilst these are two simple statements, the enormity of this delivery requires a multitude of levers across Health Boards to come together in divisions and

departments which are “non-cancer”. Furthermore, there are so many actions in the guidance overall that it is difficult to deliver and be held accountable for them:

“Cancer is not very prominent in the planning framework which NHS bodies must comply with. Also, when health boards report cancer performance it is hidden amongst other performance, so it is difficult to see specific focus on cancer performance.” Cancer patient advocate

With workforce, it was discussed that, without a formal definition as to what roles the cancer workforce comprises of, it is hard to comprehensively plan or budget for it. The development of a comprehensive cancer strategy would help to solve some of the challenges involved in identifying cancer-related roles and put in place a framework for planning for the future.

Conclusion and next steps

The Wales Cancer Alliance believes there is compelling evidence to show that taking a long-term strategic approach to cancer planning is effective in improving outcomes for people diagnosed with the disease. When considered alongside the broad cross-sector support for this, and the need to improve cancer outcomes in Wales, we believe this shift must be adopted by the next Welsh Government.

With multiple cancer initiatives and plans drawing to a close, there is a pivotal opportunity to apply the lessons of the past to shape Wales' future. As cancer incidence continues to rise and health budgets come under increasing strain, we must act strategically to harness every opportunity to meet this challenge in the years to come.

The Wales Cancer Alliance calls on the Welsh Government and NHS Performance and Improvement to work together to consult with the NHS and wider stakeholders as to what will replace the National Cancer Team's Integrated Workplan 2025-26 once this expires and coproduce what is decided.

We understand that some stakeholders were unable to take part in the listening exercise at the end of 2025. As this discourse is ongoing, we would welcome your thoughts. If you would like to share your views and considerations, please email: secretary@walescanceralliance.org

The pillars of a successful cancer strategy



1. Bold, comprehensive and long-term ambitions

A comprehensive strategy must set long-term ambitions for Wales nationally and consider how these can be driven through to delivery by health boards and trusts. This strategy should bridge actions across cancer prevention, care and research, with national and local organisations all aligned around a single vision for change.



4. Implementation

A strategy must be accompanied by mechanisms to drive actions from paper into practice in health boards and trusts. To do this, there must be detailed implementation plans with measurable objectives, clear accountabilities and deliverable timelines. Plans must prioritise and sequence actions, considering what can be achieved at pace and where groundwork must be laid for longer-term transformation.



2 Leadership

Success requires effective political, clinical and managerial leadership at both the national and local levels. These leaders must be transparent and aligned in their aims. Critically, they must be empowered to direct resources to develop an evidence-based cancer strategy and be able to coordinate its implementation.



5. Evaluating progress

Performance and progress must be regularly monitored, building from the Suspected Cancer Pathway to a wider set of measures that capture what matters most for people affected by cancer and outcomes. When health boards and trusts don't achieve goals, the national level response must provide proactive support. At set points, the strategy should be independently reviewed in consultation with stakeholders across the cancer community.



3. Dedicated governance and oversight

There must be a robust coordinating and oversight function, bringing together a national cancer body with health boards and trusts, and the Welsh Government. This function must have the ability to bridge separate structures across the health system and drive equitable delivery of the strategy across Wales.

A key function of these structures should be to make sure wider NHS leadership, such as health board executive staff, are informed and aligned on key cancer priorities.



6. Funding and capacity to deliver

Funding and resource must be matched to the ambitions and actions in the strategy and directed to implement cancer priorities as needed across Wales. Sufficient resource in the wider health system to deliver transformative change will also be key to the strategy's success.

ⁱ Cancer Research UK, Cancer Risk Statistics, accessed January 2026

ⁱⁱ Cancer Research UK, [Cancer in the UK Wales overview](#), accessed January 2026

ⁱⁱⁱ Welsh Cancer Intelligence and Surveillance Unit, Cancer mortality in Wales, 2002 – 2022 , Welsh Cancer Intelligence and Surveillance Unit: 2024 pg. 1

^{iv} Public Health Wales, [Short-term cancer survival worsened early in the pandemic, then improved by 2021](#), accessed January 2026

^v Welsh Government, [Written Statement: Single Cancer Pathway public reporting \(22 November 2018\)](#) | [GOV.WALES](#) Accessed January 2026

^{vi} Audit Wales (2025) [Cancer Services in Wales](#) Audit Wales: Wales pg. 10

^{vii} Welsh Government (2025) [A Report of the Ministerial Advisory Group on NHS Wales Performance and Productivity](#) Welsh Government: Wales pg. 28

^{viii} Nolte, Ellen et al (2022) [Exploring the link between cancer policies and cancer survival: a comparison of International Cancer Benchmarking Partnership countries](#), The Lancet Oncology, Volume 23, Issue 11, e502 - e514

^{ix} BBC (2025) [The secrets of the country that helped more people survive cancer - BBC News](#) Accessed January 2026