



Longer,
better
lives

A manifesto for cancer research and care **in Wales**

September 2025



CANCER
RESEARCH
UK

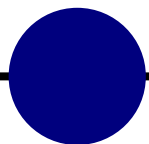
Together we are
beating cancer

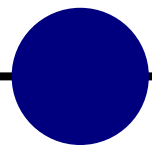


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Introduction

The challenge

We've made huge progress on cancer in the last 50 years. Since the 1970s, cancer death rates have fallen by around 16% in Wales, thanks to improvements in the prevention, detection, diagnosis and treatment of the disease [1].

Despite this progress, cancer remains the defining health issue of our time. Alongside the devastating human cost of cancer, we know that in 2023 alone, around 16,000 productive years of life were lost due to cancer in Wales. The present value of future lost productivity for those deaths in 2023 is estimated to be around £400m. More than any other disease, cancer deaths cause the biggest loss of productivity in Wales. Lung, bowel and breast cancers are associated with the largest productivity losses [2].

And the challenge is growing.

Despite action to more effectively prevent cancer, we'll see more cancer cases as our population grows and ages. By 2038–2040, the number of new cases is projected to increase by more than a tenth from today. This means around 24,800 new cases diagnosed each year in Wales [3].

Cancer death rates are almost 48% higher for people living in the most deprived areas of Wales compared to the least deprived [4]. Around 1,400 cancer deaths in Wales each year are associated with deprivation, equating to four avoidable deaths each day – that's around 3 in 20 of all deaths from cancer [5]. This is unacceptable.

And behind every one of these numbers is a person, a friend, a family member – the impact is devastating.

As well as the huge human cost, cancer causes more deaths in people of working age than any other disease, leading to a big economic loss.



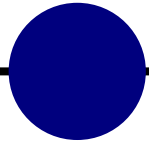
16,000 years
of productive life were lost
in Wales in 2023 alone

The economic cost of
those lost working years is

£400m



**The cancer crisis is urgent.
Without immediate action,
countless lives will be lost.
The time to act is now.**



The benefits of tackling cancer

Investing in cancer research, prevention, earlier diagnosis and treatment will save and improve lives, benefit the NHS, improve productivity and strengthen the economy.

Health benefits

In Wales, cancer remains the leading cause of death, claiming around 9,100 lives each year [6]. Cancer death rates have declined over the past 50 years, thanks in part to advances in prevention, early diagnosis and treatment. But the overall burden of cancer continues to be substantial and will continue to grow.

Thousands of cancers are caused by smoking and excess weight alone [7]. Tackling shared risk factors like smoking and overweight and obesity would not only reduce cancer incidence but also help with other major health conditions such as heart disease and diabetes.

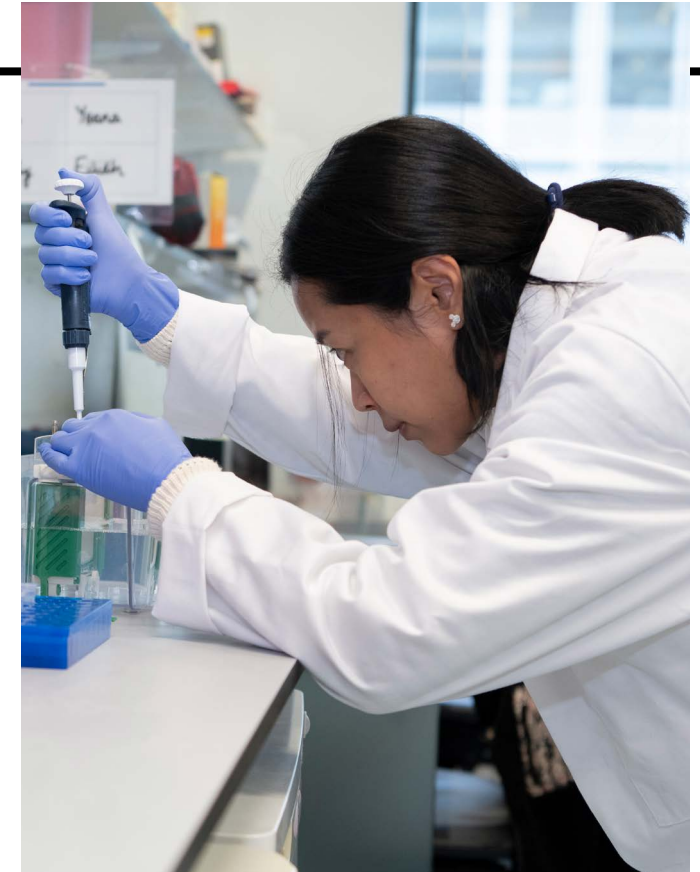
We're in a golden age for cancer research. The transformative potential of data, digital, and artificial intelligence (AI) offers unprecedented opportunities in research to improve outcomes for people affected by cancer. Our research has played a role

in more than half of the world's essential cancer drugs, as well as advances in early diagnosis and screening. These innovations directly help to save and improve lives: around 65,000 deaths have been avoided in Wales since the late 1980s, thanks to research and better cancer care [8].

The opportunity and urgent need for further action is clear. Beyond the number of lives saved, this means more precious time with loved ones, renewed contributions to communities and cherished moments that might otherwise have been lost forever.

Economic impact

Cancer research saves lives and benefits the economy. The research we've supported has generated billions in economic value and supports thousands of jobs in the UK. In 2020/21, there was £1.8bn of investment in cancer research in the UK. This investment generated more than £5bn of economic impact. Every £1 invested in cancer research generated £2.80 of economic benefits [9].



Every

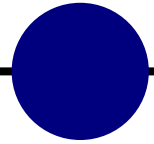
£1

invested in cancer research generated

£2.80

of economic benefits





Our call to action

Our manifesto for Wales is an urgent call to action. All political parties contesting the election, and the incoming government, should commit to making cancer a top priority and support our evidence-based recommendations.

To prevent more cancers, reduce cancer deaths, increase survival and improve the lives of those living with cancer requires strong leadership and collaboration. By investing in beating cancer and working together with the NHS, charities, universities, industry and patients, the next Welsh Government can create a healthier future for people in Wales.



Our headline ambition is that the Welsh Government should make a national commitment to reduce the cancer death rate in Wales by 15% by 2040, which would prevent around 5,500 cancer deaths between now and 2040.

This reduction would avoid £37m in productivity loss from the cancer deaths prevented in 2040 alone [10].

Our manifesto sets out measures to help achieve this ambition and make sure people in Wales live longer, better lives, free from the fear of cancer.

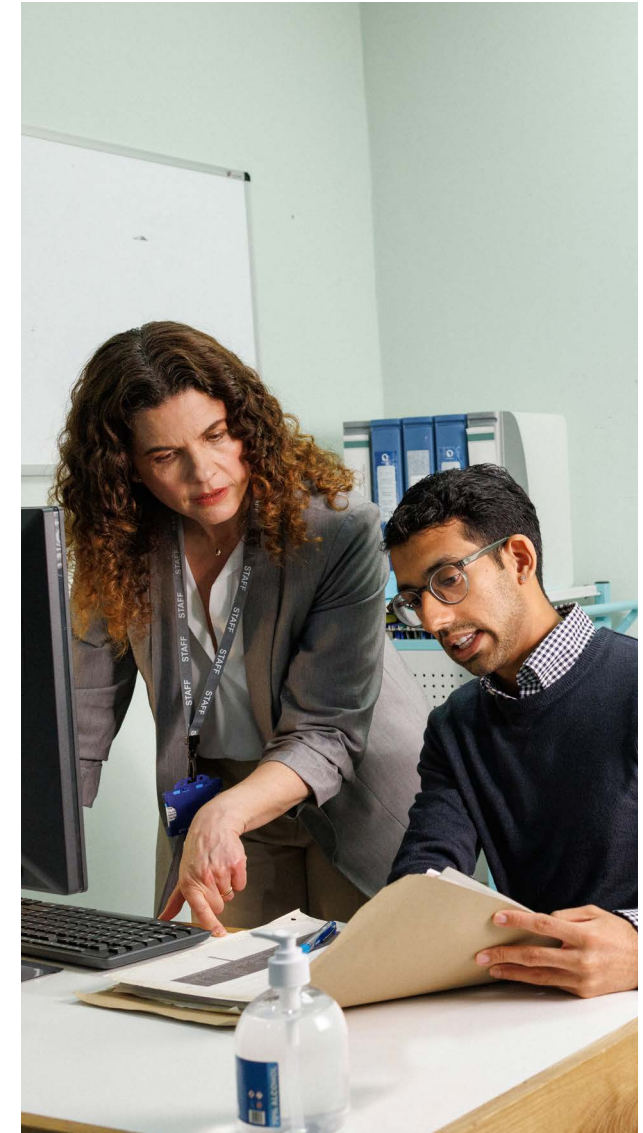
What needs to happen to beat cancer in Wales

Recommendation 1: Develop, fund and deliver a long-term cancer strategy to improve cancer outcomes in Wales by:

- publishing a cancer strategy that builds a new long-term national approach to beating cancer – driven by the Welsh Government in collaboration with clinical leadership, patients and the third sector, this should be underpinned by effective governance, implementation plans and adequate funding
- setting and meeting ambitious targets to diagnose cancers earlier, reduce cancer deaths and tackle health inequalities
- making sure cancer waiting times are met by the end of the Senedd term in 2030

Recommendation 2: Support the NHS to deliver cancer services for everyone, both now and in the future, by:

- addressing cancer workforce shortfalls with a long-term workforce plan that's aligned with a 10-year cancer strategy for Wales
- improving NHS Wales workforce data collection and reporting to inform evidenced and sustainable workforce planning across primary and secondary care
- providing predictable and sufficient capital investment for equipment to diagnose and treat cancer, underpinned by transparent and regular reporting on equipment needs across Wales, with a robust decision-making process to prioritise funding at the national level
- supporting an increase in GP capacity, improving equitable access to GPs for patients and expanding the use of direct access diagnostics by GPs, alongside widespread uptake of recognition and referral guidance for cancer



Recommendation 3: Combat lung cancer – the biggest cancer killer in Wales – by:

- supporting and voting for the Tobacco and Vapes Bill, making sure all measures, in particular the age of sale legislation, are fully implemented in an evidence-based way and effectively enforced
- making sure stop smoking services (Help Me Quit) are sufficiently and consistently funded in Wales, that access is equitable, and that national stop smoking health campaigns are sustained and well-resourced to increase the uptake of these services
- fully implementing a national lung cancer screening programme, with a phased approach beginning from 2027 and full rollout achieved on or before 2033 – fully resourced smoking cessation will be a crucial part of the programme rollout

Recommendation 4: Strengthen the research and innovation ecosystem to enable research to flourish and get innovations to patients faster by:

- increasing foundational research investment in universities (quality-related (QR) strategic institutional funding), to unlock long-term growth and impact in Welsh research, innovation and translation
- strengthening the innovation ecosystem to get new tests, treatments and technologies with the greatest potential for improving cancer outcomes into healthcare more quickly, by prioritising research activity within the NHS and speeding up pathways to adopt innovations



Our recommendations

■ Recommendation 1: **Develop, fund and deliver a long-term cancer strategy to improve cancer outcomes in Wales**

The vision

Wales stands at a pivotal moment in its effort to beat cancer. This election represents an important turning point where we can reassess and redefine the national approach to tackling cancer to ensure better cancer outcomes for everyone in Wales.

It's an opportunity to learn from countries that have seen the greatest success, while also harnessing our own strengths in Wales. These strengths include strong clinical leadership and collaboration, as reflected in positive developments on lung screening and Rapid Diagnostic Clinics. We must build on this.

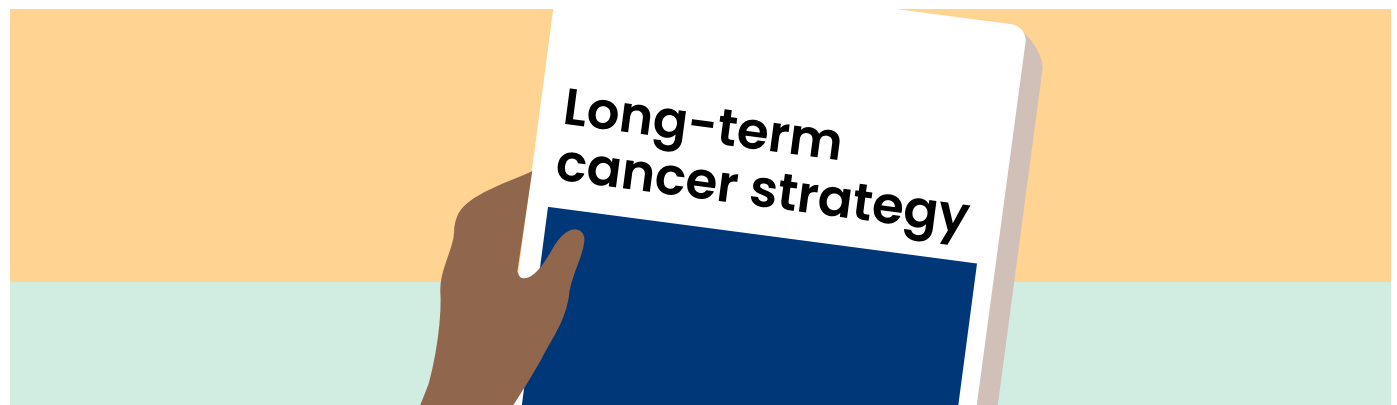
An ambitious national approach requires a longer-term cancer strategy that drives earlier diagnosis and reduces cancer deaths. Wales' recent approach has developed a combination of cancer plans, quality statements and initiatives – each with merit in their ambition but lacking in clarity and cohesion. Efforts have been made to simplify this landscape by streamlining

workstreams and governance under a National Cancer Integrated Workplan and Cancer Leadership Board. We welcome these developments as a foundation for change.

A new national approach must be delivered through strong leadership and a good governance structure, including the Welsh Government, the NHS, the charity sector and patients. Doing so can secure a future where everybody in Wales lives longer, better lives, free from the fear of cancer.

The challenge

Every day, around 55 people in Wales are diagnosed with cancer, and around 25 people die from it. This impact isn't shared equally, with cancer incidence rates nearly 20% higher in the most deprived areas compared to the least deprived. The number of cancer cases is projected to rise by more than a tenth between 2023–2025 and 2038–2040 [11], so tackling the rising demand for services and reducing inequalities requires a long-term strategy.



Delivering an effective cancer strategy

International comparisons show that countries with consistent cancer strategies that are sufficiently supported see greater improvements in cancer survival over time [12]. This is pressing, as while important progress has been made in recent decades, Welsh cancer survival is falling behind comparable countries [13].

Effective cancer strategies set long-term actions to meet future challenges. Wales' current Cancer Improvement Plan added welcome detail and drive to the Welsh Government's Quality Statement for Cancer. However, its potential to advance change was limited by a lack of levers and funding, and its three-year horizon was unable to set the long-term actions required to meet future challenges.

With the Cancer Improvement Plan concluding in 2026, the government must build on its foundations and take learnings to ensure the success of a new approach.



These learnings were captured in recent national reviews, including an Audit Wales report, which highlighted the need for enhanced accountability, strengthened leadership and ensuring that priorities are set nationally and delivered equitably through health boards and trusts [14] [15]. Building on the current 62-day Suspected Single Cancer Pathway target, robust evaluation and monitoring of a wider set of measures is required, capturing what matters most for people affected by cancer.

Denmark's success in improving cancer outcomes

Denmark has historically experienced similar cancer outcomes to Wales [16].

But over the last 20 years, Denmark has seen cancer survival rapidly improving, leaping ahead of Wales. This success can be linked to a series of funded cancer plans that successively and strategically built on the last to tackle the most pressing issues facing Danish cancer services. The same progress can be made in Wales.

If a cancer strategy isn't sufficiently supported, it won't lead to transformative change or improved outcomes. Drawn from international evidence, the following table outlines the components of successful cancer planning. These are the pillars that should uphold a cancer strategy and will help drive its success.

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.

Cancer death rates are almost

48%

higher for people living in the **most deprived areas** of Wales compared to the least deprived



Unacceptable cancer inequalities

In Wales, people from the most deprived areas have poorer cancer survival than people from the least deprived areas [17]. Similar patterns are seen across exposure to cancer risk factors and participation in screening.

Given that cancer health inequalities exist in all aspects of public health and cancer care, the Welsh Government must take a whole-system, strategic approach to addressing them. It's welcome that the Cancer Improvement Plan explicitly recognises the need for cross-sector action to address cancer health inequalities [18], but due to its short timeframe, it lacks long-term actions needed to sustain progress in this area.

A 10-year cancer strategy can provide the necessary policy direction, coordination and long-term focus needed to guarantee cancer health inequalities are prioritised across the system, with equitable access



to all services offered to people living in every health board. To do this, addressing cancer inequalities must be baked into the targets, governance and accountability structures, and monitoring and evaluation mechanisms that underpin the strategy.

Setting new cancer targets and meeting cancer waiting times

The Suspected Cancer Pathway (SCP) aims to ensure that 75% of patients begin their first treatment within 62 days of the first suspicion of cancer [19]. Across Wales, the national target has never been met since it was first introduced in 2019. In April 2025, the proportion of people starting their first treatment within 62 days across each health board ranged from 54% to 65% [20].

Meeting cancer waiting times across the whole of Wales by the end of the next Senedd term will be crucial for making sure NHS Wales is delivering the timely diagnosis and treatment that people affected by cancer expect and deserve.

But the SCP target is only one piece of the puzzle – it doesn't tell us about the time leading up to cancer detection, the route to diagnosis, how early the cancer was caught, whether a treatment was optimal or what happens after that first treatment [21]. Alongside a commitment to meeting the SCP target, a future cancer strategy for Wales should consider a wider set of ambitions and targets that capture what matters most to people affected by cancer and contribute to improving outcomes.



Recommendation 1 priority actions

- Publish a cancer strategy that builds a new long-term national approach to beating cancer – driven by the Welsh Government in collaboration with clinical leadership, patients and the third sector, this should be underpinned by effective governance, implementation plans and adequate funding
- Set and meet ambitious targets to diagnose cancers earlier, reduce cancer deaths and tackle health inequalities
- Make sure cancer waiting times are met by the end of the Senedd term in 2030

Our recommendations

■ Recommendation 2: **Support the NHS to deliver cancer services for everyone, both now and in the future**



The vision

We envisage a future where every person in Wales, no matter where they live, has fast, equitable access to the very best in cancer prevention, diagnosis and treatment.

Achieving this vision means building a stable and skilled cancer workforce, supported and equipped with essential kit and cutting-edge tools and technologies. The cancer workforce works hard to deliver cancer services for people right across Wales, but we know they're working in increasingly challenging conditions

With a data-driven cancer workforce plan, longer-term planning and sustained investment to fully equip cancer services, and good access to primary care, we can create a health service that not only meets today's needs but is ready for tomorrow's challenges — delivering earlier cancer diagnoses, kinder and better treatments, and world-class outcomes.

The challenge

Sufficient workforce

The Cancer Improvement Plan notes that issues with workforce capacity and capability are frequently cited as key issues – if not the critical issues – facing cancer services in Wales [22]. Wales currently has around 5,700 full-time equivalent health system vacancies, with nursing accounting for a third of these [23]. The Royal College of Radiologists has highlighted the growing shortfall across the workforce, with clinical radiology and clinical oncology facing acute shortfalls of 32% and 15% respectively – projected to reach 38% and 23% by 2029 [24]. These shortfalls need to be addressed.

Currently, there are multiple workforce initiatives in Wales. As well as an overall workforce strategy for Health and Social Care, there are separate plans for primary care, nursing and diagnostics, making it difficult to assess how they piece together to deliver on cancer. This fragmentation risks misalignment and inefficiencies in planning. As an example, a £3.4m investment in the National Imaging Academy in 2018 was unable to provide employment to graduates because of recruitment freezes in radiology [25].

A long-term cancer workforce strategy, with data-driven planning and funding through health boards and trusts, is key to identifying and addressing the shortfalls in staff required to deliver the vision and ambitions of a 10-year cancer strategy.

Effective workforce planning is limited by poor data availability. The data infrastructure used to inform workforce modelling is

insufficient due to inconsistent data collection and outdated systems. NHS Wales needs a reformed and united data collection effort to improve data collection systems and enforce mandatory collection, which will help create a workforce plan with updated modelling and accurate data.

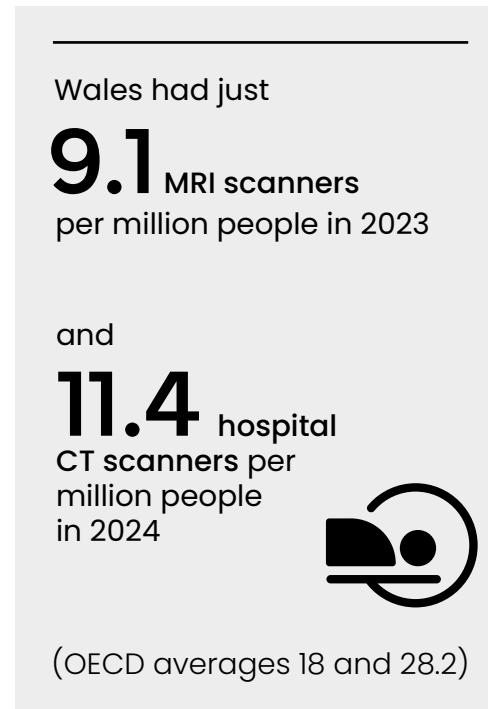


Adequate equipment

Capital funding for health and social care in Wales has increased in real terms in recent years, reaching £619m in 2025, with some funding made available for replacing equipment and diagnostics [26]. We welcome the recent announcement of two new linear accelerators (the most common radiotherapy machine) to replace old machinery at the North Wales Cancer Treatment Centre in 2026 [27].

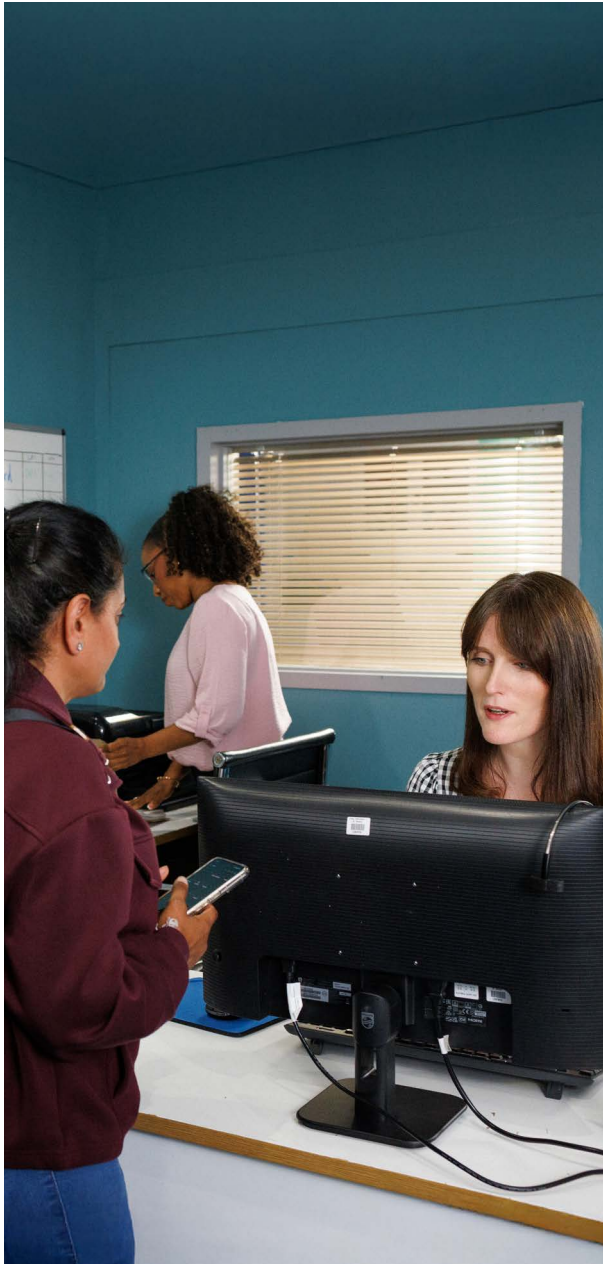
But equipment shortages remain significant. Wales has fewer MRI and CT scanners in proportion to population size compared to the average in Organisation for Economic Co-operation and Development (OECD) countries. Wales had just 9.1 MRI scanners per million people in 2023 and 11.4 hospital CT scanners per million people in 2024. This is compared to the 2021 OECD averages of 18 MRI and 28.2 CT scanners per million people [28].

The 2025 Audit Wales report into cancer services highlighted that Wales lacks a robust approach to identifying, assessing and prioritising opportunities for funding, with gaps in decision-making structures holding back investment in areas such as digital and diagnostics [29]. This is limiting the rollout of transformation programmes. For example, as set out in the 2025 Audit Wales report into cancer services, health boards were for a time reluctant to commit funds towards a digital cellular pathology



programme because of uncertainty regarding government contributions to funding modern scanning equipment and digital storage. The result is that Wales fell behind the rest of the UK for digital cellular pathology rollout, affecting service efficiency, workforce retention and other factors important for improving patient outcomes.

The 2025 Audit Wales report also highlights that NHS Wales Performance and Improvement is building up a picture of the age and availability of diagnostic imaging equipment. We encourage the Welsh Government to support and expand this process to regular and transparent reporting across diagnostic and therapeutic equipment to fully understand and be able to address any weaknesses in the system.



Boosting primary care

Primary care plays an essential role in improving cancer outcomes, with many cancer diagnoses coming from GP referrals. GPs also play a key role in screening, safety netting and promoting healthy behaviours.


Good and equitable access for the public to primary care is vital. Alongside this, adequate consultation time is crucial for thorough clinical assessment. However, existing capacity is insufficient. In Wales, almost 1 in 5 people who tried to contact their GP over a suspected cancer symptom reported being unable to make an appointment [30]. Commitments to improve this problem are welcome, including the 2025–2028 NHS Wales Planning Framework which sets an aim for every GP practice to achieve national standards that make it easier for people to get appointments [31]. But this will be difficult given that the GP workforce is under significant strain, with full-time equivalent GP numbers having fallen by 25% from 2012 to 2024 [32].

To guide GPs on referral for suspected cancer, the 2015 NICE cancer recognition and referral guidance (NG12) helps determine when to refer patients to secondary care or whether to request further tests. Evidence has continued to grow on best practice referral – for example, with the development of Rapid Diagnostic Clinics. NICE should update NG12 guidance using the latest evidence to inform practice, building on recent

updates to the Scottish Referral Guidelines in Scotland [33]. These guidelines must be implemented equitably across Wales and GPs must be supported to navigate them. We welcome commitments such as the expansion of the Health Pathways platform, which, if adequately supported, can help GPs to navigate local referral pathways.

For patients requiring further investigation within the primary care setting, there needs to be sufficient GP access to, and training to support use of, diagnostic tests. This currently varies across health boards in Wales.

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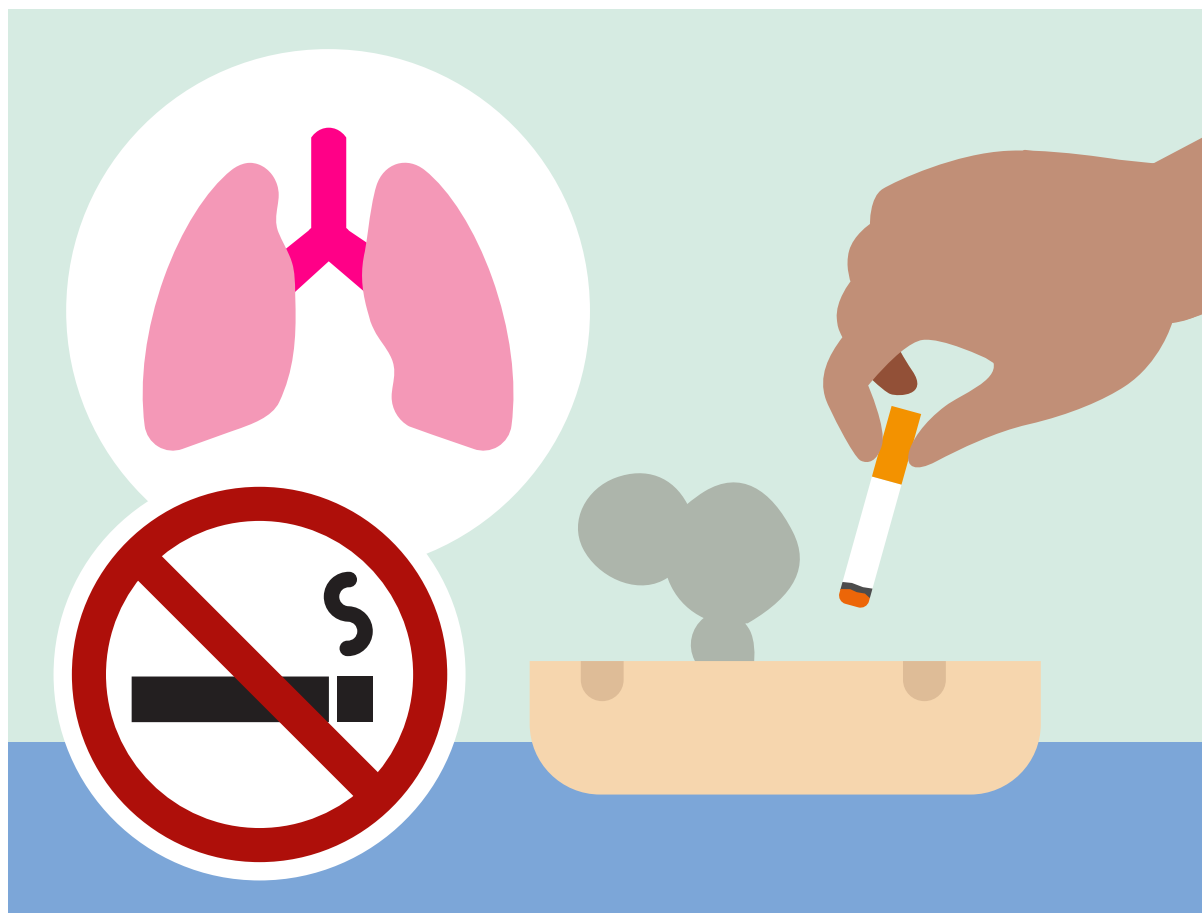


Recommendation 2 priority actions

- Address cancer workforce shortfalls with a long-term workforce plan that's aligned with a 10-year cancer strategy for Wales
- Improve NHS Wales workforce data collection and reporting to inform evidenced and sustainable workforce planning across primary and secondary care
- Provide predictable and sufficient capital investment for equipment to diagnose and treat cancer, underpinned by transparent and regular reporting on equipment needs across Wales, with a robust decision-making process to prioritise funding at the national level
- Support an increase in GP capacity, improving equitable access to GPs for patients and expanding the use of direct access diagnostics by GPs, alongside widespread uptake of recognition and referral guidance for cancer

Our recommendations

■ Recommendation 3: **Combat lung cancer – the biggest cancer killer in Wales**



The vision

We want to prevent as many lung cancer deaths as possible by reducing tobacco use in Wales and detecting and treating lung cancer earlier.

Achieving this vision means taking bold action to create a smokefree Wales. But based on current trends, this isn't expected until the early 2040s. To make smoking a thing of the past, the Welsh Government must implement and enforce the age of sale of tobacco policy through the Tobacco and Vapes Bill and strengthen smoking cessation services to help people quit.

And we must tackle lung cancer on multiple fronts. The Welsh Government has recently announced the introduction of a national lung cancer screening programme in Wales. This is a very welcome commitment. If sufficiently supported, this programme will detect more lung cancer cases earlier, at a more treatable stage when survival is highest. In addition, this programme can address longstanding health inequalities through a targeted approach that provides opportunities to help people quit smoking, with smoking cessation services embedded as part of the screening programme.

Our analysis estimates that with full national coverage and 60% uptake, lung cancer screening in Wales could save around 120 lives per year [34] and provide wider economic benefits of around £77.3m each year [35].

While the economic costs of lung cancer are significant, the human costs faced by Welsh communities are far greater. That's why we're committed to turning the tide on lung cancer and making our vision a reality.

The challenge

Lung cancer is the most common cause of cancer death in Wales [36], and survival for lung cancer in Wales lags behind comparable countries [37]. People living in the most deprived areas in Wales are almost three times more likely to be diagnosed with lung cancer compared to those living in the least deprived areas [38]. Tackling lung cancer will reduce lives lost to cancer and improve cancer inequalities.

Tobacco causes around 2 in 3 (65%) lung cancers and 3 in 20 (15%) of all cancers in Wales, and is responsible for around 4,100 Welsh deaths each year [39] [40]. Reducing tobacco use in Wales is therefore vital.

Progress has been made to reduce tobacco use, including through the most recent tobacco control strategy. But the Welsh Government isn't on track to meet its 2030 smokefree target until the early 2040s – and beyond 2050 for those in the most deprived communities [41].

For people who get lung cancer, detecting it earlier is the best way to improve chances of survival. Yet, in 2021, around 3 in 4 (74%) lung cancer patients in Wales were diagnosed at stages 3 and 4 [42]. The best tool we currently have for diagnosing lung cancers earlier is screening.

With full national coverage and 60% uptake, lung screening in Wales could save around



120 lives each year

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Supporting the Tobacco and Vapes Bill

Every year, around 6,500 people aged 18–25 start smoking in Wales [43]. Preventing young people from ever starting is key to a future without tobacco. The Tobacco and Vapes Bill's policy to incrementally raise the age of sale of tobacco could prevent premature death and a lifetime of addiction and ill health for generations to come. This legislation must be brought into force and enforcement agencies such as Trading Standards must be adequately funded to make sure it has the impact intended.

Other measures in the Tobacco and Vapes Bill will enable the Welsh Government to further limit the availability of tobacco and reduce the appeal of vapes to young people, including through a licensing scheme for retailers, smokefree and vape-free places, and action on the flavours, packaging and display of vapes.

Every year, around

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Delivering smoking cessation

Preventing people from taking up smoking is critical. But to achieve a smokefree nation, more action must be taken to help those who currently smoke to quit. More than 325,000 people still smoke in Wales – around 13% of the adult population [44]. Moreover, the harms of smoking aren't felt equally across society – smoking rates are almost three times higher in the most deprived areas compared to the least deprived areas [45].

People who smoke should be encouraged and able to access the services and tools that help them stop. Help Me Quit services, which offer behavioural support, advice and cessation medications, can help people do so. Although services are available in each health board, there's some variation in provision due to differences in local funding and planning arrangements. Additionally, these services don't always reach the people who need them most. Our research based on people using the Help Me Quit service found that people in lower socioeconomic groups face greater barriers to accessing stop smoking services, such as remoteness of service and low awareness [46].

Alongside services, mass-media campaigns also play an important role in reducing tobacco use. Mass-media campaigns are proven to be effective in motivating people to quit smoking or not take it up in the first place. These must continue to be prioritised in Wales, ensuring they receive adequate funding so they can be sustained and intense in their delivery – both vital for effectiveness [47] [48].



Taking wider action to prevent cancer

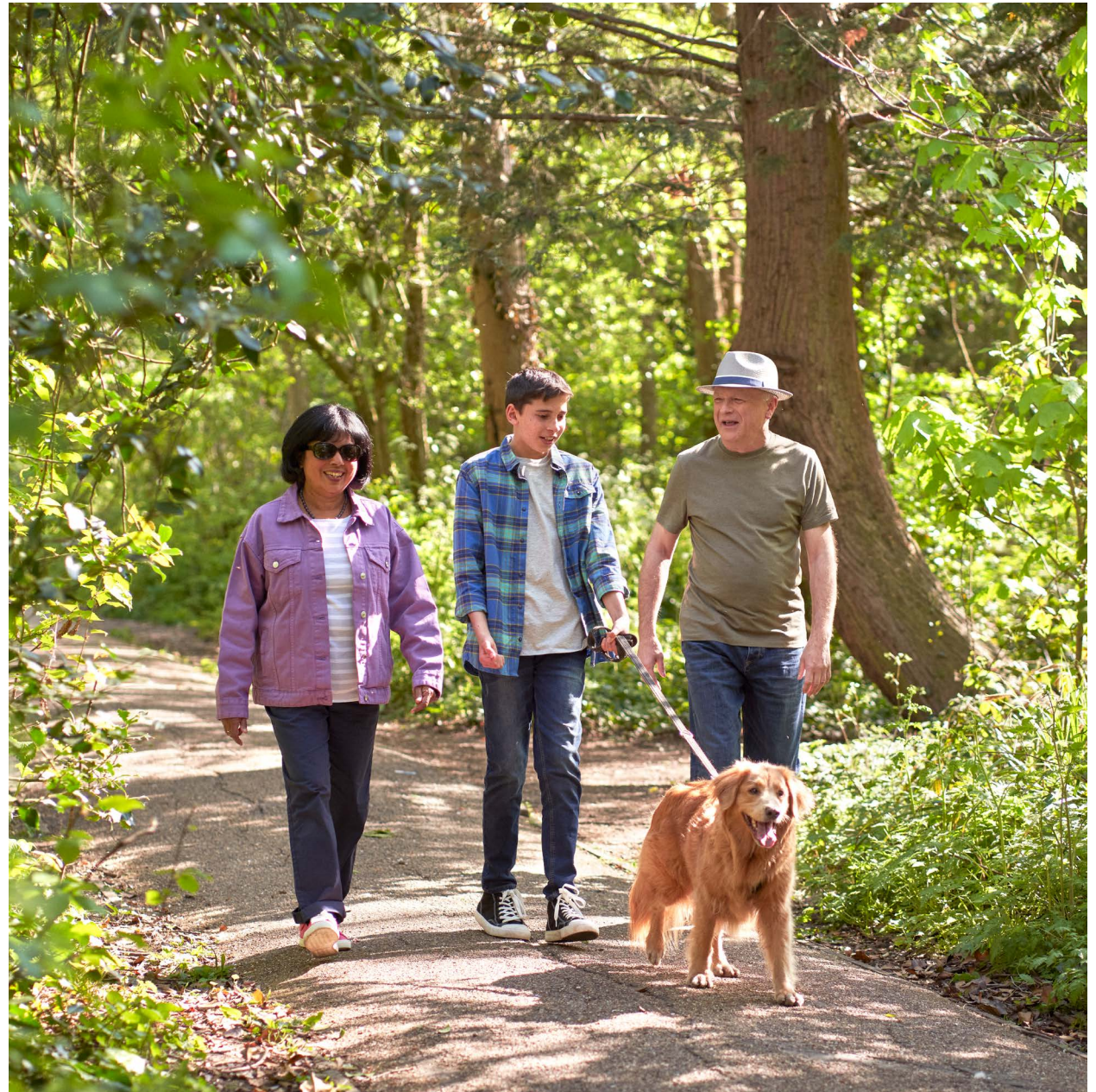
Tobacco remains the biggest preventable cause of cancer [49]. Reducing tobacco use will not only prevent deaths from lung cancer, but many other types of cancer too. In addition to action on tobacco, we also continue to support measures to help prevent obesity, support healthy lifestyles and tackle the root causes of health inequality.

Commitment and funding for lung cancer screening

Lung cancer screening helps detect lung cancers earlier. In the Welsh pilot of lung cancer screening, 67% of lung cancers were diagnosed at an earlier stage (1 and 2), compared to just 30% outside of the screening programme [50].

The UK National Screening Committee (UK NSC) recommended screening for lung cancer in 2022 [51]. Following the robustly evaluated pilot hosted by Cwm Taf Morgannwg University Health Board [52], the Welsh Government has committed to the rollout of a national lung cancer screening programme in Wales, with the first invitations anticipated in 2027.

Funding of £2.3m has been provided in 2025–26, with an overall expected spend of £13m per year once fully implemented [53]. We welcome this as a promising step towards diagnosing lung cancer earlier and call on parties in Wales to commit to continuing this funded implementation.



Implementation of lung cancer screening

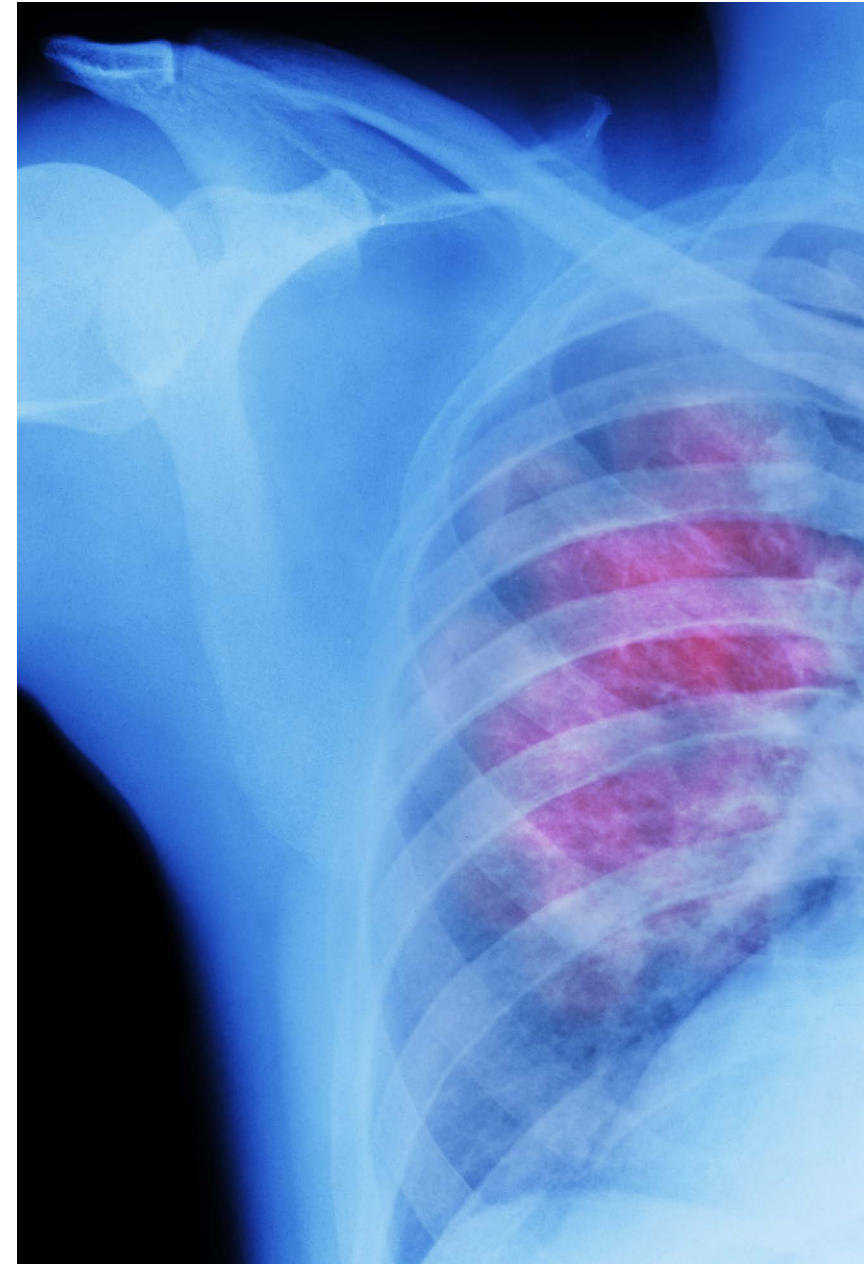
The Welsh Government has stated that work to implement the national lung cancer screening programme will begin immediately and will include an integrated smoking cessation service. This integration is recommended by the UK NSC and welcomed by us. Not only does smoking cessation reduce cancer incidence, it also reduces cancer-specific mortality compared to continuing to smoke. To make sure this approach is successful, the government should consider modelling done as part of business case development to expedite securing investment for smoking cessation services, following any uplifts from lung screening referrals.

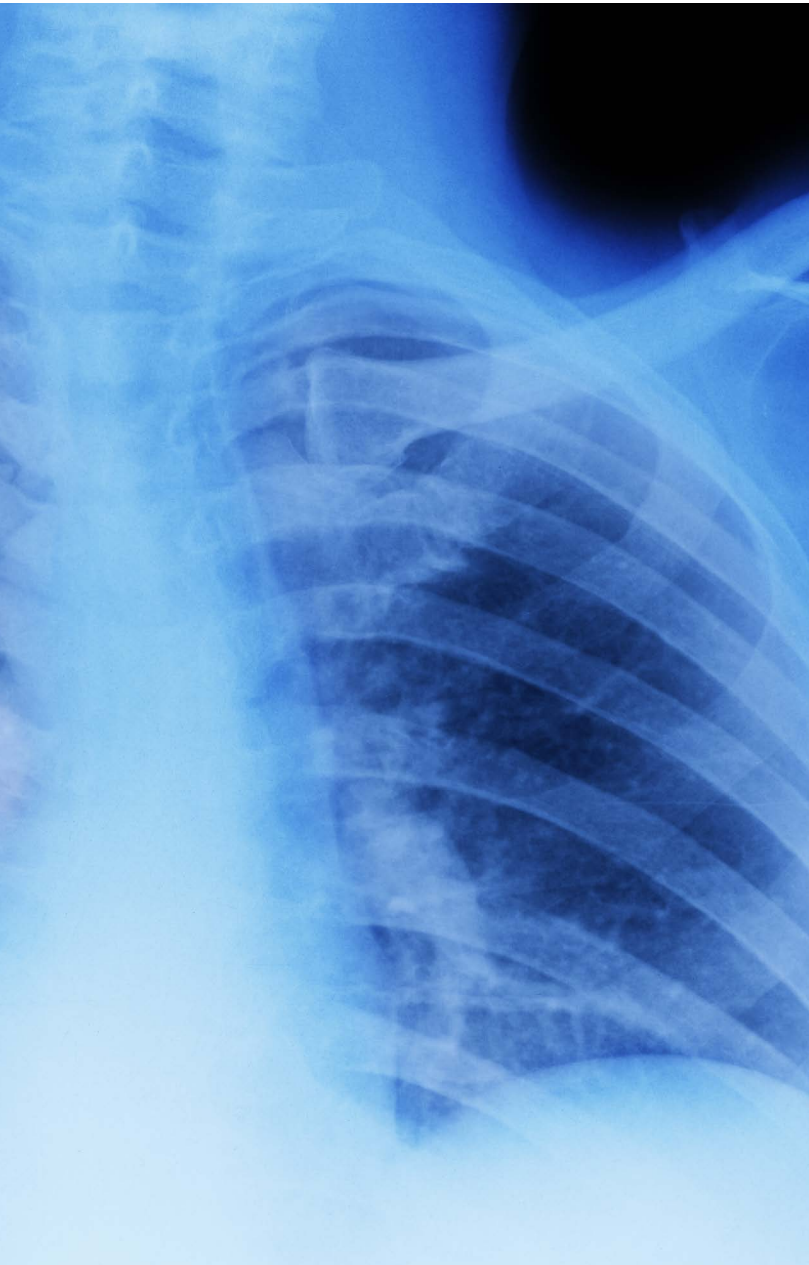
As people who live in more deprived areas are more likely to die from lung cancer than those in least deprived areas [54], screening has the potential to benefit these communities the most [55]. But people from more deprived areas also face the biggest barriers to participation, as they're less likely to respond to an invitation for screening and more likely to decline it [56]. The Welsh pilot embedded strategies to overcome barriers to participation and achieved a 58% uptake rate –

higher than other previous UK trials and pilots. It's key that the rollout of the national lung cancer screening programme in Wales builds on this work, addressing these barriers through service design and delivery, and community engagement.

Full rollout of lung cancer screening requires continued leadership from government and collaborative working across NHS Wales organisations on areas including IT system integrations, procurement and workforce agreements with health boards and trusts. Implementation will also incur costs beyond the direct programme cost of £13m, as patients identified through screening require diagnosis, treatment and other care. The programme will also lead to more diagnoses of non-cancer conditions requiring treatment.

Multiple workforce groups will be needed to deliver across this pathway [57]. There's some international and audit evidence that suggests there's unwarranted variation in lung cancer treatment [58]. To truly realise the benefits of lung cancer screening, we want to ensure downstream services are resourced appropriately.





Recommendation 3 priority actions

- Support and vote for the Tobacco and Vapes Bill, making sure all measures, in particular the age of sale legislation, are fully implemented in an evidence-based way and effectively enforced
- Make sure stop smoking services (Help Me Quit) are sufficiently and consistently funded in Wales, that access is equitable, and that national stop smoking health campaigns are sustained and well-resourced to increase the uptake of these services
- Fully implement a national lung screening programme, with a phased approach beginning from 2027 and full rollout achieved on or before 2033 – fully resourced smoking cessation will be a crucial part of the programme rollout

Our recommendations

Recommendation 4: **Strengthen the research and innovation ecosystem to enable research to flourish and get innovations to patients faster**



The vision

Research and innovation have the power to drive transformative breakthroughs in cancer prevention, detection and treatment which, if rapidly translated into patient benefit, will lead to improved outcomes for people affected by cancer in Wales. Research also benefits the economy – evidence shows every £1 invested in cancer research generates £2.80 for the UK economy [59], including through supporting well-paid, highly skilled jobs across sectors.

The Welsh Government can strengthen the research base in Wales with action to support foundational research investment into universities. This kind of investment is critical for universities to support the building blocks of research, enabling them to fund modern laboratory facilities, advanced data and digital platforms, and the development of a skilled, multidisciplinary research workforce. This should be driven by a partnership between research system leaders that focuses on areas of relative strength in Wales (for example, as set out in the Wales Cancer Research Strategy) [60].

A strong innovation ecosystem is also needed to get new tools and technologies to patients more quickly – by expediting adoption pathways, incentivising research activity within the NHS, and clearly identifying and prioritising new technologies with the greatest potential for improving cancer outcomes.

The challenge

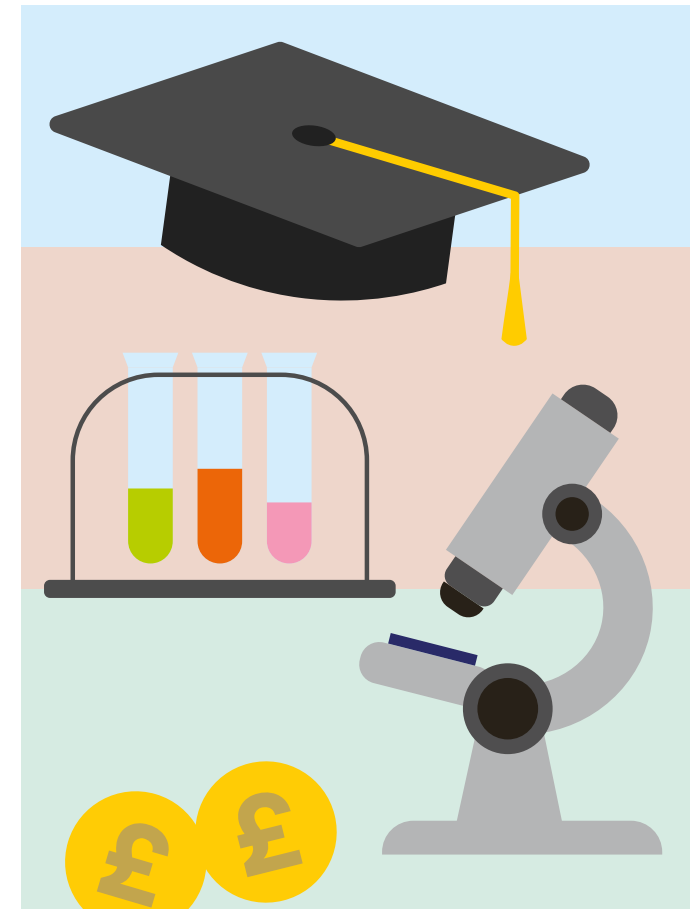
Supporting research in universities

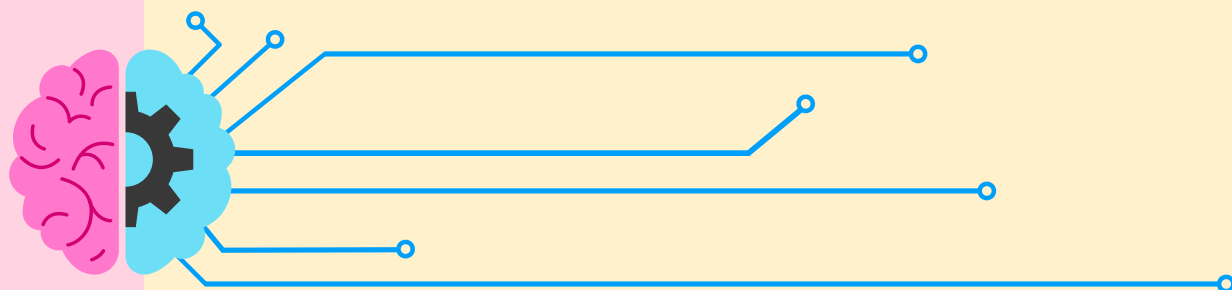
We remain committed to supporting research in Wales. But we're increasingly concerned about the level of government foundational research funding, known as quality-related (QR) institutional funding, into Welsh universities. This funding is allocated to universities based on the quality of their research and so underpins the research and innovation system by rewarding impactful research. The Welsh Government has consistently invested less QR funding into its universities per head of population than other nations in the UK. And despite a 2018 review of government-funded research and innovation recommending that this funding keep pace with inflation [61], it hasn't.

QR funding is a critical enabler for universities to secure additional competitive research funding from other sources. A stagnation in this foundational support undermines Wales' ability to retain and attract top

research talent and maintain infrastructure. It also impacts universities' ability to win competitive funding, including from funders like us. Wales isn't keeping pace with other UK nations and is instead falling behind.

Increasing QR funding to universities will enable the higher education sector in Wales to build and sustain the conditions to strengthen research and innovation in some strategic areas. Though this won't happen overnight, it will support universities to leverage additional public and private investment to scale up their impact and retain and attract world-class talent. QR funding also supports the development of strong partnerships between universities, the NHS, government, industry and charities. This can contribute to the translation of discoveries from the lab to the clinic for people across Wales.





The opportunity for innovation in cancer diagnosis and treatment

Innovations across the cancer pathway are critical to improving health outcomes. A strategic approach is required to make sure more innovations can be taken from the lab and translated into patient benefit. Innovations from early detection and diagnostics through to treatment and service delivery can improve outcomes and ease system pressures.

For example, digitisation of services like surgery and pathology, along with advanced imaging, is enhancing efficiency in radiology and endoscopy. In the short term, AI can boost clinical capacity by

handling routine tasks, while in the long term, its data-processing power could revolutionise cancer prediction, diagnosis and treatment.

Promising developments like cancer vaccines, such as the colorectal cancer trial in Wales led by Velindre and BioNTech [62], may reduce invasive treatments and improve outcomes

Proximity between research institutions and care providers accelerates the translation of innovation into patient benefit, highlighting the value of local investment in research and healthcare integration.

Clinical research in Wales

Clinical research plays a critical role in the pathway to develop these innovations, translating scientific discoveries into safer, kinder and more effective cancer diagnostics and treatments. But due to increasing pressure on the NHS in Wales, it's become more difficult to deliver research. Welsh Government funding for health and social care R&D is also historically lower, proportionally, than equivalent funding in England [63].

Protected research time and associated support are vital. For example, one project providing such support in three Welsh health boards led to a huge increase in bowel cancer research activity [64]. However, research and its benefits have historically lacked visibility within the health service, meaning there's a lack of accountability for research at senior levels and health service staff don't have enough protected research time. Concerted efforts are being made to address this, including the Tackling Cancer through Research initiative, 'Once for Wales' approaches to trial setup and a recently launched plan to build research capacity for certain NHS roles [65] [66]. This trend must be accelerated.

Doing more to prioritise research in NHS Wales will accelerate improvements to care and strengthen the research and innovation ecosystem to attract more talent and build a globally competitive life sciences industry.

Getting innovations to patients more quickly

Health systems in all UK nations are slower at implementing proven innovations at scale than other comparable countries. Firstly, there's a lack of clarity around which innovations are ready to test, evaluate or adopt within a health system, which to prioritise, whether they're cost effective and what alternative options exist. For some innovations, schemes like the Innovative Licensing and Access Pathway and the Innovative Devices Access Pathway offer an accelerated route to adoption and clearer signalling to health systems, but not all innovations are eligible. Expedited routes must be provided for testing, evaluating and adopting innovations within a health board or trust.

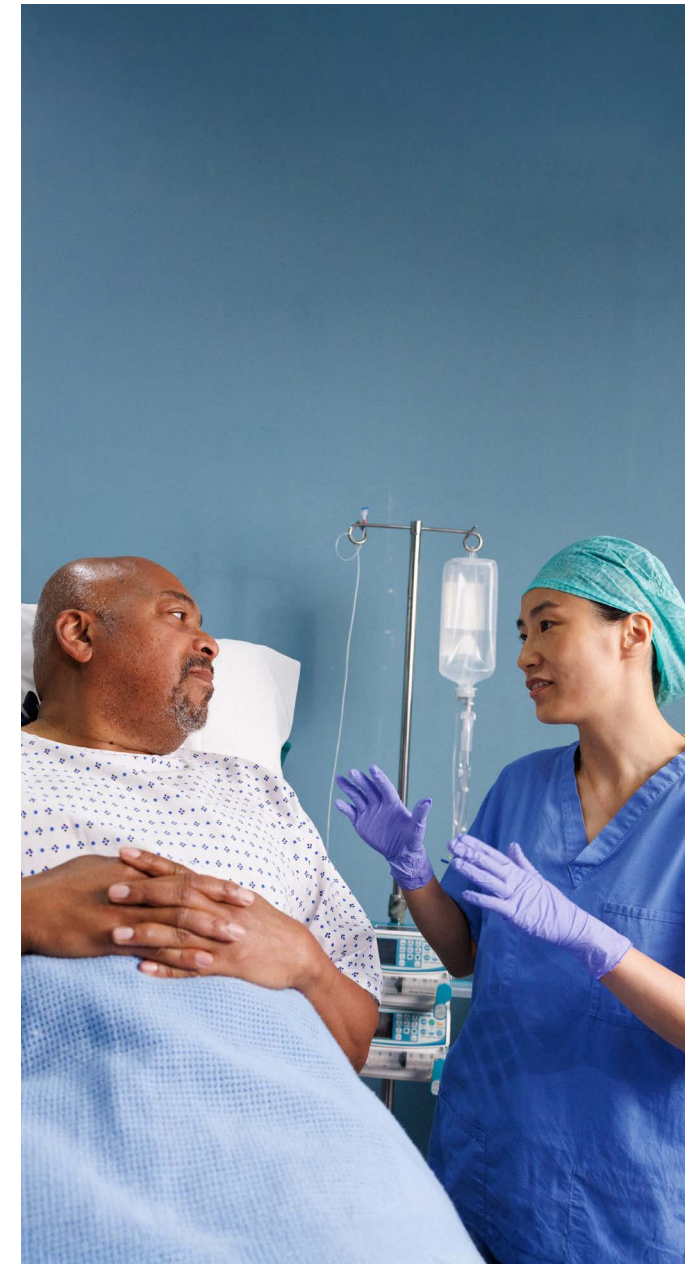
There's also little clarity regarding how innovations which prove successful should be implemented at scale across Wales. There must be enhanced processes to select, support and drive successful innovations into practice equitably for everybody in Wales. These processes should be aligned with and delivered through a long-term strategy for cancer. We welcome steps being taken in this direction, such as the Tackling Cancer through Innovation workstream.

In practice, the current situation leads to delays and variation between the health boards regarding which innovations are adopted and when, and patient experience

can differ as a result. Taking one example, Betsi Cadwaladr University Health Board leapt ahead in recent years in the use of digitised and AI-assisted pathology [67]. However, as reported by Audit Wales, there was uncertainty on how this would be scaled and funded across all health boards [68]. Though progress in this area has been reported more recently [69], this delay and uncertainty emphasises the challenges new innovations face and the need for a more coordinated approach across Wales.

There are positive examples to draw on. The QuicDNA programme, embedding a liquid biopsy test to rapidly guide lung cancer treatment [70], shows how much can be achieved with an ambitious approach to adoption and scale across health boards. Wales can also follow the example of organisations dedicated to the implementation of impactful innovation, such as Moondance Cancer Initiative. In addition, it's positive to see work initiated by Public Health Wales to help organisations horizon scan for innovations and future opportunities [71].

It's key that the Welsh Government, health boards and trusts, national cancer leadership, and the Joint Commissioning Committee work together to clearly define routes to adoption and national implementation for emerging innovations – including AI applications, digital technologies and diagnostic tests. This should set out accountabilities and responsibilities, evaluation criteria, evidence thresholds and cost-effectiveness requirements.





Recommendation 4 priority actions

- Increase foundational research investment in universities (quality-related (QR) strategic institutional funding), to unlock long-term growth and impact in Welsh research, innovation and translation
- Strengthen the innovation ecosystem to get new tests, treatments and technologies with the greatest potential for improving cancer outcomes into healthcare more quickly, by prioritising research activity within the NHS and speeding up pathways to adopt innovations

**The cancer crisis is urgent.
Without immediate action,
countless lives will be lost.**

**The time to
act is now.**



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Images

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Our Welsh Campaigns Ambassadors outside the Senedd.

Image credit: Matthew Horwood

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One of our Welsh Campaigns Ambassadors outside the Senedd.

Image credit: Matthew Horwood

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One of our Welsh Campaigns Ambassadors inside the Senedd.

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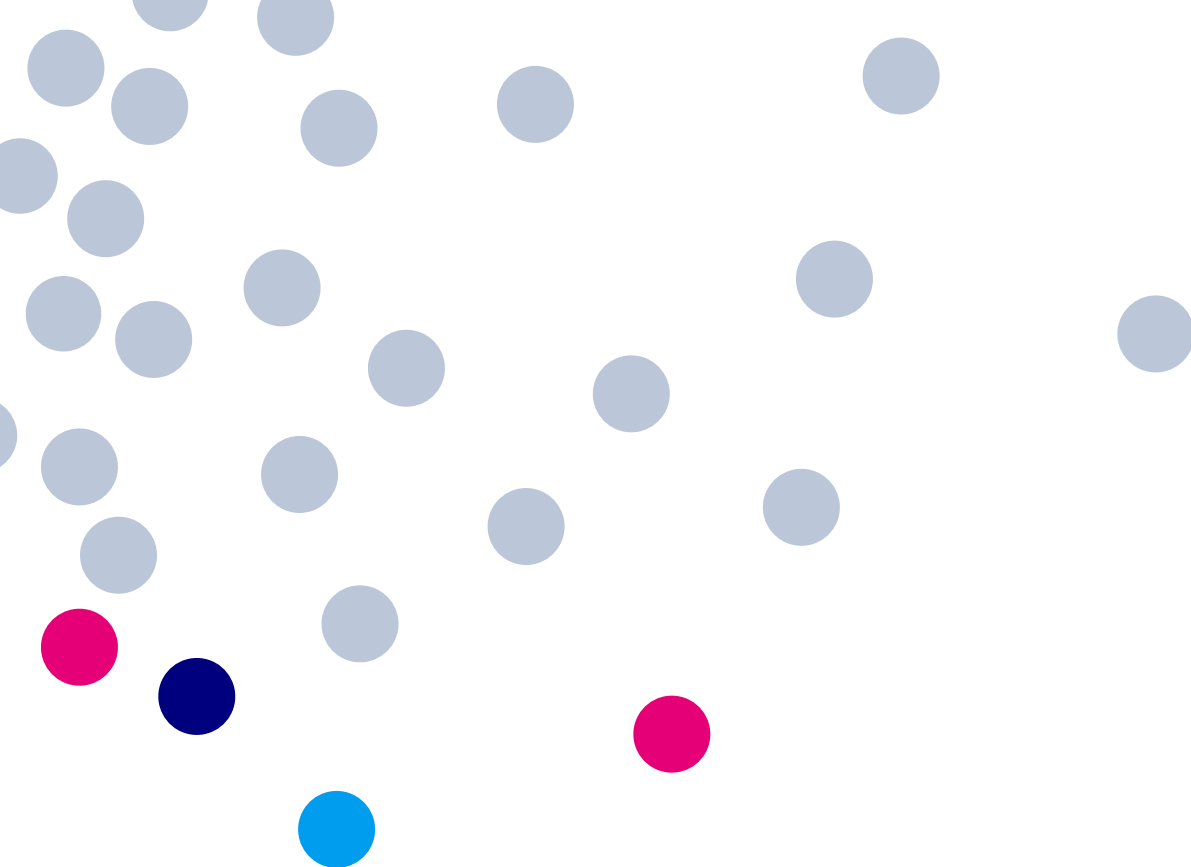
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One of our Welsh Ambassadors, wild swimming at Moelfre Beach, Anglesey.

Image credit: Paul Heyes



Cancer Research UK is a registered charity in England and Wales (1089464), Scotland (SC041666), the Isle of Man (1103) and Jersey (247).



Further information

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this manifesto, please email
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