

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Canserau gynaeolegol](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Gynaecological Cancers](#)

GC 16

Ymateb gan: Royal College of Nursing Wales | Response from: Coleg Nyrsio Brenhinol Cymru

Royal College of Nursing (RCN) Wales response to Health and Social Care Committee Inquiry into Gynaecological Cancers

The Royal College of Nursing Wales (RCN) Wales welcomes the opportunity to provide written evidence to the Health and Social Care Committee's inquiry on gynaecological cancers.

This evidence will focus on the barriers to diagnosis, public health awareness and the need for investment and expansion of the workforce and services to reduce waiting times.

Recommendations

- To ensure adequate workforce planning the Welsh Government must publish information on how many specialist cancer nurses, including gynaecological cancer nurses, are employed in Wales.
- Public Health Wales should increase targeted public awareness of symptoms of gynaecological cancers through a consistent, all Wales approach to reduce inequalities. This must include using social media, public messaging, and easily accessible online resources.
- NHS Wales should expand education and training opportunities for health professionals to increase their awareness of the symptoms of gynaecological cancers, and internal examinations.
- The Welsh Government must invest in rapid access diagnosis and treatment services for women with suspected gynaecological cancers. This should be similar to the rapid access services provided for those with suspected breast cancer.

Introduction

There are five main types of gynaecological cancers including: cervical, ovarian, uterine, vaginal, and vulval.

Gynaecological cancers currently have one of the longest waiting times in Wales, with just 25% of patients starting treatment within 62 days of first being suspected of cancer.

This compares to the average of 52% for all cancers, with some cancers having more promising figures, such as lung (61.5%), skin (74.8%) and brain/central nervous systems (100%) and acute leukaemia (100%).¹

Prevention and early intervention are crucial for early diagnosis and survival rates. However there are clear barriers to achieving early diagnosis including: socioeconomic inequalities, health professional knowledge of the symptoms of gynaecological cancers, confidence and skills to undertake internal examinations and the need for further targeted public health messaging.

There should also be consideration as to whether gynaecological cancers has been adequately prioritised in the forthcoming Welsh Government/NHS Wales women and girls' health and care action plan. Gynaecological cancers were not specifically mentioned in the Welsh Government women and girls' quality statement published in July 2022. The investment in gynaecological cancer services should be scrutinised by the new NHS Executive as part of the performance framework.

Nursing workforce

Gynaecological cancer nurses, employed by NHS Wales, MacMillian and other third sector provider, provide highly skilled care, treatment and support for the individual and their families. However they are facing the same struggles as the rest of the nursing workforce including burnout and short staffing.

To become a gynaecological cancer nurse, an individual must be registered on the Nursing and Midwifery Council (NMC) register having completed an undergraduate degree in one of the four fields of nursing: adult, mental health, child and learning disability. Having done so they will have achieved significant experience in cancer services and additional masters level education.

Currently there is no way to identify how many gynaecological cancer nurses are employed in Wales, as the Welsh Government do not publish this information. This is crucial information for workforce planning and ensuring Wales can meet public demand now and in the future.

To ensure adequate workforce planning the Welsh Government must publish information on how many specialist cancer nurses, including gynaecological cancer nurses, are employed in Wales.

Inequalities

The most well-known gynaecological cancer is cervical cancer with substantive efforts in vaccinations, screening, and public health messaging but more could be done to further increase awareness and address inequalities.

¹ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Cancer-Waiting-Times/Monthly/suspectedcancerpathwayclosedpathways-by-localhealthboard-tumoursite-agegroup-gender-measure-month>

Wales has the highest uptake of cervical cancer screening (2018) at 77%, compared to 72% in England, 73% Scotland and 76.8% Northern Ireland.² Data relating to 2019-2020 was published by Cervical Cancer Wales in 2022. The data showed that 228,004 individuals aged 25-64 were invited for screening and 178,259 were screened, an uptake of 78%.³

However a *Screening Division Inequalities 2020-21* report by Public Health Wales highlights that coverage of cervical cancer screening is lowest in the youngest age group (25-29), with 63.4% uptake compared to 77.2% in those aged 50-54.⁴

It further identified an inequality gap between cervical cancer screening coverage in the least deprived communities compared to the most deprived communities with a difference of 12.1%.⁵

Therefore despite substantive efforts to increase awareness, vaccinations and screening there remains individuals that are being missed and widening existing inequalities. This is not unique to cervical cancer but shared across all gynaecological cancers.

HPV vaccinations and access to timely screening services including the consideration of inequalities and well known barriers should be monitored by Public Health Wales and scrutinised by the new NHS Wales Executive as part of the performance framework.

Public Awareness

Third sector organisations and charities play a crucial role in increasing public awareness of gynaecological cancers and provide supportive services for those diagnosed with gynaecological cancers. Gynaecological cancer awareness month does draw attention to gynaecological cancers but there needs to be awareness of gynaecological cancers all year round. Third sector organisations and charities are crucial to this, but further investment is needed by the Welsh Government.

The Welsh Government in partnership with Public Health Wales and NHS Wales need to increase public awareness through school talks from health professionals, signs and symptoms posters in public locations and what to do if an individual does have symptoms. These efforts should be targeted at the most deprived communities in an attempt to reduce inequalities.

² https://www.jostrust.org.uk/sites/default/files/final_accessibility_policy_jun2018.pdf

³ <https://phw.nhs.wales/services-and-teams/cervical-screening-wales/information-resources/programme-reports/csw-annual-statistical-reports/csw-annual-statistical-report-2019-20/>

⁴ <https://phw.nhs.wales/news/men-younger-people-and-those-living-in-the-more-deprived-communities-in-wales-show-lower-uptake-of-life-saving-screening-services1/screening-division-inequities-report-2020-21/>

⁵ <https://phw.nhs.wales/news/men-younger-people-and-those-living-in-the-more-deprived-communities-in-wales-show-lower-uptake-of-life-saving-screening-services1/screening-division-inequities-report-2020-21/>

There also needs to be targeted consistent messaging on social media platforms to address the stigma of HPV, debunk myths and fears of screening and explain the importance, and how to contact health professionals to discuss symptoms.

Primary Care

An individual's first point of contact regarding symptoms of gynaecological cancers is often a GP or nurse within a general practice surgery.

Recent data has shown that in 2021-22, nearly half (49%) of GP appointments were over the phone and 1% were by video call. This is a rise of phone appointment from 32% from 2020-21. Subsequently, in person appointments have decrease from 67%, 2020-21 to 50% in 2021-22.⁶ Although the use of phone appointments is supported by RCN Wales, there needs to be an emphasis on continuing in person GP appointments for those experiencing gynaecological cancer symptoms who may require internal examination.

When symptoms of gynaecological cancers are present a GP will be required to complete an internal examination. The omission of an internal examination has been associated with diagnostic delay in women diagnosed with gynaecological cancer.

Research has found that if a clinician does not carry out the examination frequently the skills, or confidence in those skills, may decline along with ability to distinguish normal from abnormal findings and willingness to undertake the procedure.⁷

To ensure internal examinations are undertaken in a timely manner, when required, health professionals need to be able to access training opportunities to ensure they retain their confidence and skills. This will reduce unnecessary diagnostic delay in women diagnosed with gynaecological cancer.

Internal examinations are predominately undertaken by GPs. However Advance Nurse Practitioners and consultant nurses working within primary care should be supported to use their skills and competence to deliver these examinations. This will reduce the workload on GPs and enable more timely diagnosis. It will also provide the patient with a choice of practitioner. Advance Nurse Practitioners already complete cervical cancer screening within general practice.

Furthermore, all practice nurses should be educated in gynaecological cancer symptoms. Nurses are the patient's advocate and remain the highest trusted

⁶ <https://www.gov.wales/hospital-and-gp-services-national-survey-wales-april-2021-march-2022-html#:~:text=Most%20non%2DGP%20appointments%20were,appointments%20were%20with%20a%20nurse.>

⁷ <https://bjgp.org/content/bjgp/early/2023/02/08/BJGP.2022.0363.full.pdf>

profession across Britain⁸. It is important that women feel comfortable disclosing symptoms that they may find uncomfortable to talk about, and that these symptoms are recognised and addressed quickly, making sure the women feels listened to. In order to do this, nurses need to understand gynaecological cancer symptoms and the diagnostic pathways for addressing any concerns.

About the Royal College of Nursing (RCN)

The Royal College of Nursing is the world's largest professional organisation and trade union for nursing, representing over 500,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 29,500 members in Wales. RCN members work in both the independent sector and the NHS. Around two-thirds of our members are based in the community. The RCN is a UK-wide organisation, with National Boards in Wales, Scotland and Northern Ireland.

The RCN represents nurses and nursing, promotes excellence in nursing practice and shapes health and social care policy.

⁸ <https://www.ipsos.com/en-uk/ipsos-veracity-index-2022#:~:text=It%20also%20reveals%20that%20nurses,truth%20in%20Britain%20in%202022.&text=This%20year's%20top%20six%20most,scientists%2C%20teachers%20and%20museum%20curators.>