Archwilio Cymru
Audit Wales

Cancer Services in Wales:

A review of the strategic approach to improving the timeliness of diagnosis and treatment

January 2025

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

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Key facts

Exhibit 1: key facts

Cancer is the **leading cause of death** in Wales

Wales has the **second highest** cancer mortality in the UK. The UK has one of the highest cancer mortality rates of all OECD countries

Five-year cancer survival has improved. **62%** of people diagnosed with cancer between 2016-2022 survived at five years compared to **54%** of people diagnosed between 2002-2006

4 in 10
annual cancer cases in Wales could be prevented

At £719 million in 2022-23, spending on cancer services was the **third highest area of NHS spending** after mental health and trauma and orthopaedics

Real terms spending on cancer services has **increased by 54%** from 2009-10 to 2022-23

Since August 2020, no health board has met the overall target that **75%** of patients should start their first definitive treatment within **62 days** of first suspicion of cancer

From August 2023 to August 2024, between **53%** and **61%** of patients started treatment within **62 days**

In 2021, **24%** of cancer patients were diagnosed at stage 4 and **18%** at stage 3

Survival decreases as stage advances for all cancer types

Bowel screening eligibility has expanded in stages since October 2021. It now includes people aged **50 to 74** and uses a more sensitive test.

From July 2023 to July 2024, just **21%** of bowel screening participants referred to their health board for a colonoscopy were offered the procedure within 4 weeks against a standard of **90%**

Breast and cervical screening uptake were **below standard**

Non-melanoma skin cancer, bowel, female breast, lung and prostate cancers are the most **common cancers** in Wales

Source: Audit Wales

Notes: *Welsh Government data: NHS Expenditure by programme budget category and year, 'cancer and tumours', on StatsWales

Key messages

Context

1 One in two people in the UK born after 1960 will be diagnosed with some form of cancer during their lifetime[1]. Many people go on to survive cancer and lead healthy lives. Early diagnosis and timely treatment are key to survival for most cancers.

2 Services to detect, diagnose and treat cancers and to support cancer patients are provided by many public and third sector organisations. Some services, notably Systemic Anti-Cancer Therapy[2] and radiotherapy, mostly serve cancer patients. However, much of the outpatient, diagnostic and surgical capacity needed for cancer patients is part of the wider planned care system.

3 The Welsh Government is responsible for setting the vision and targets for health care and for the allocation of funding. It sets out a range of expectations for the NHS Executive, including supporting improvement in cancer services, through an annual remit letter. The National Strategic Clinical Network for Cancer[3] is part of the NHS Executive and brings together clinicians and health professionals to support improvement. Health boards are responsible for providing high quality care to patients and meeting performance targets. **Appendix 1** explains roles and responsibilities for cancer services and key elements of the strategic approach.

4 Our work has examined the coherence of the national arrangements to drive improvements in cancer services in Wales. The report includes an overview of NHS Wales' performance in providing cancer diagnosis and treatment and offers views on the prospects for improvement, including through prevention. The report does not comment on the performance of individual NHS bodies as this will be examined as part of the Auditor General's 2025 programme of local audit work at those bodies. **Appendix 3** provides more detail about our work.

1 Cancer Research UK.

2 Systemic Anti-Cancer Therapy includes chemotherapy, immunotherapy and hormonal therapy.

3 Called the Wales Cancer Network at the time. We refer to the Network as the 'Cancer Network' throughout the report for ease of reference.

Overall conclusions

5 Overall, we found that despite increased investment, there is a continuing failure to meet the national performance targets for cancer with a minority of patients facing unacceptably long waits for diagnosis and/ or treatment. Cancer outcomes in Wales have improved over recent years but are still poor compared to other countries. Stronger and clearer national leadership is urgently needed to help drive the necessary improvements in the timeliness and sustainability of cancer diagnosis and treatment.

Key findings

Performance and resources

6 Demand from suspected cancer patients is increasing ahead of the NHS' ability to meet it. As a result, the waiting list for diagnosis and treatment is growing. Our indicative modelling shows that without a significant increase in activity to diagnose and treat patients, the waiting list will not return to pre-pandemic levels.

7 The national target that 75% of cancer patients should start their first definitive treatment within 62 days of first suspicion has not been met by any of Wales' health boards since August 2020. Performance deteriorated following the pandemic and has been stable since early 2022 with between 52% and 61% of patients starting their treatment within the target time. Waiting times for some cancer types are particularly long with some patients waiting over 100 days for treatment[4]. There are also growing waits between diagnosis and the start of treatment.

8 A significant minority of people are being picked up with late-stage cancer which impacts their likelihood of survival. In 2021, patients diagnosed with cancers of the gall bladder, pancreas and lung were more likely than patients with other types of cancers to be diagnosed at stage four (74%, 52% and 48% of patients).

9 Screening plays a vital role in early detection. While the standard for uptake of bowel screening is being achieved, this is not the case for breast and cervical screening programmes.

4 See **Exhibit 8.**

10 Patient outcomes have improved over time. But Wales has the second highest cancer mortality rate in the UK after Scotland. The UK itself has a worse rate than many OECD countries. Mortality rates in Wales are significantly worse for people living in deprived areas and the gap between the most and least deprived is growing.

11 Real terms spending on cancer care over the last 13 years has grown considerably more than the overall increase in real terms NHS spending. However, this increase does not necessarily translate into extra activity as there are a range of inflationary cost pressures, including costs of drugs and new treatments. There are also challenges around capacity – including gaps in the workforce and concerns about a shortage of modern scanning equipment.

Strategic direction

12 The Welsh Government has set out its high-level strategic vision for cancer services in its 2021 Quality Statement for Cancer. In February 2023, at the request of the then Minister for Health and Social Care, the Cancer Network published a three-year Cancer Improvement Plan as a collated NHS response to the Quality Statement. The NHS Executive is developing a National Cancer Recovery Programme as part of the wider national approach to transforming planned care. The Welsh Government has also launched a 'Cancer: Improving Outcomes' initiative through its Life Sciences Hub aimed fostering innovation and collaboration between the NHS and industry.

13 Whilst these various developments demonstrate a clear national commitment to improve cancer services, their collective efficacy is undermined by a lack of clarity over the status of the three-year Cancer Improvement Plan. Welsh Government officials were clear that the Plan was not their document but rather the collated response of the NHS to the Quality Statement.

14 However, NHS and third sector bodies are confused about the Cancer Improvement Plan's status and what, if anything, they should be doing to implement it. Many were also confused about the links between the Improvement Plan, the National Cancer Recovery Programme and the Cancer: Improving Outcomes initiative.

15 There is similar confusion about the split of leadership and accountability between the Welsh Government and the NHS Executive and about roles within the NHS Executive. Overall, we identified a consensus, including within the Welsh Government and the NHS Executive, that the arrangements were not yet providing the strong leadership needed to drive system-wide improvement in cancer services.

16 We identified examples of important Welsh Government investment to improve cancer services and broader planned care including rapid diagnostic centres and a new cancer centre for Velindre NHS Trust. However, the pace at which some new developments are taken forward can be slow, in areas such as digital cellular pathology and lung cancer screening.

17 There is also a risk that the Welsh Government may not get a good return on its £3.4 million investment in a National Imaging Academy. The Academy is training more radiologists to address workforce shortages, but some NHS bodies have not been able to create jobs for newly qualified people.

18 The Welsh Government relies heavily on its performance management arrangements to oversee and drive improvement. However, these arrangements are focussed predominantly on the 62-day timeliness target, which only covers part of the patient pathway. The Welsh Government told us it also focuses on delivery of National Optimised Pathways, although at the time of drafting the NHS Executive was still developing plans for monitoring compliance with those pathways.

19 The Welsh Government's Quality Statement does not set out any specific expectations in respect of cancer prevention despite around 38% of cancers being preventable. Whilst there are other Welsh Government strategies and frameworks aimed at encouraging healthier lifestyles these do not constitute a coherent policy framework for population health and disease prevention.

20 Data and digital are two other key areas for improvement. We identified inaccuracies in national data and a need for more consistent national data that helps track delivery across the patient pathway. Work is underway to replace the previous outdated cancer information system. However, progress has been slow, and services continue to rely on fragmented digital systems that consume time and carry risks to patient safety.

The Welsh Government's Quality Statement, the identification of nationally optimised pathways and the publication of a Cancer Improvement Plan are all examples of a clear commitment to secure high quality cancer care for the people of Wales.

However, despite this and increased investment over recent years, too many people are experiencing unacceptably long waits for cancer diagnosis and treatment. Variations in performance and outcomes persist within and between health bodies in Wales, and insufficient attention is being placed on prevention of the lifestyle factors that can cause cancer and other major health conditions.

The arrangements for the national leadership and oversight of cancer services in Wales need to be clarified and strengthened as a matter of urgency. This must include a clear statement on the status of the NHS Wales Cancer Improvement Plan and how the Welsh Government and NHS Executive expect it to be used, alongside other programmes and initiatives, to shape the improvements which are needed in cancer services in Wales.

Adrian Crompton
Auditor General for Wales

4 Recommendations

Exhibit 2: recommendations

Setting out a coherent, long-term strategic approach for cancer in Wales, supported by clear system leadership and informed oversight

R1 The Welsh Government should publicly clarify the status of the Cancer Improvement Plan and its links to the National Cancer Recovery Programme and the Cancer: Improving Outcomes initiative. As part of this the Welsh Government should clarify how it intends to hold NHS bodies to account for delivery of the Cancer Improvement Plan.

R2 The Welsh Government should set out a coherent model for system leadership in respect of cancer services that clarifies its own role and that of the NHS Executive and sets out how it will bring on board clinicians and other key stakeholders to build a common view of cancer service performance, quality and opportunities for improvement.

R3 The Welsh Government should review its oversight and performance framework in respect of cancer services to focus on a broader range of issues, including a more explicit alignment to the ambitions and quality attributes set out in the Quality Statement for Cancer.

Developing the strategic approach to population health improvement and disease prevention

R4 The Welsh Government should develop a more coherent approach to population health improvement by setting out how it intends to use its Science Evidence Advice: NHS in 10+ Years to harness the opportunities associated with prevention to reduce the incidence of cancer and other major conditions.

Exploiting specific opportunities for improvement

R5 The Welsh Government should work with Public Health Wales to accelerate decision making for a national lung screening programme. It should clarify as soon as possible whether it will fund national lung screening for Wales and the timescale for implementing such a programme.

R6 As part of a wider approach to encourage greater regional working between health boards, the Welsh Government and the NHS Executive should work with the service to understand and help address any key barriers to delivering regional services. This should include working with DHCW to identify digital solutions to support shared waiting lists for cancer diagnosis and treatment, where it is appropriate to do so.

R7 The Welsh Government should work with the NHS Executive, HEIW and other NHS bodies to ensure there are employment opportunities for radiologists who have been trained in the National Imaging Academy.

Improving Data and Digital

R8 The Welsh Government should clarify national roles and responsibilities for monitoring and ensuring compliance with its data standards including how it will hold NHS bodies to account for poor compliance.

R9 The Welsh Government should work with the NHS Executive (particularly the Cancer Network), DHCW and Public Health Wales NHS Trust to develop a more comprehensive set of publicly available data on cancer services, which as a minimum should include:

- the number of people currently waiting for cancer diagnosis or treatment (open pathway data).
- performance against the 62-day target for the health board providing diagnosis and treatment and health board of residence, including people living Powys Teaching Health Board area.
- performance across the patient pathways including timeliness of diagnostic reporting across different tumour sites; timeliness from the decision to treat a patient to the start of that treatment (including surgery, radiotherapy and Systemic Anti-Cancer Therapy); and diagnosis and treatment of recurrent disease. Performance information should be provided at cancer sub-tumour level where possible.
- timeliness of diagnosis and treatment for patients referred from the breast and cervical screening programmes.
- accurate information on equity of access, including ethnicity of cancer patients as well as the experiences of different patient groups (this should include children and young people).

R10 The Welsh Government should work with DHCW and NHS England to share regular and consistent data on the timeliness of diagnosis and treatment for Welsh cancer patients treated by NHS England.

Source: Audit Wales

Performance and resources

01

1.1 This part of the report looks at how well services to diagnose and treat cancer are performing, including against national targets. It considers performance in the wider context of demand, financial and capacity pressures.

What we looked for

We looked for evidence that the NHS is sustainably meeting demand to diagnose and treat cancer; whether it is meeting the national performance targets for timeliness of cancer diagnosis and treatment; and for evidence that outcomes for cancer patients are improving and compare well internationally.

Demand is increasing ahead of the NHS's ability to meet it and the waiting list for diagnosis and/ or treatment is growing

The number of people referred for suspected cancer has continued to rise following a sharp drop during the pandemic

1.2 Suspected cancer referrals create demand for NHS services even though the vast majority of those referrals (over 84%[5]) go on to find out that they do not have cancer. Around 80% of patients with suspected cancer are referred by GPs. However, because they are far less likely than those coming from other routes[6] to actually have cancer, those referred by GPs only make up around 54% of patients who go on to start treatment.

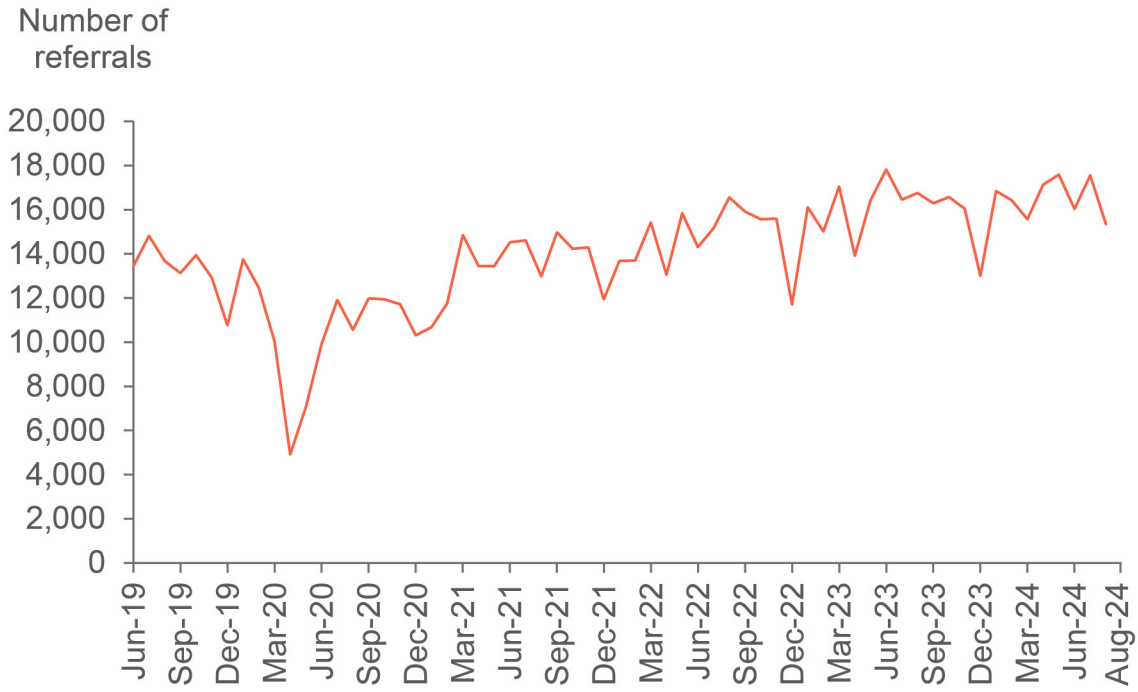
1.3 The number of suspected cancer referrals increased by 14% from June 2019 to August 2024 (**Exhibit 3**); equivalent to around 3% growth each year. Referrals have increased after a drop at the start of the pandemic. The highest numbers of referrals in August 2024 were for skin (excluding basal cell carcinoma[7]) and lower gastrointestinal cancers (17% and 15% of referrals respectively).

5 Since November 2020.

6 Other routes include screening services, emergency departments, and other secondary care professionals.

7 Basal cell carcinoma is the most common type of skin cancer and less likely than other skin cancers to spread to other parts of the body. NHS Wales does not refer suspected basal cell carcinomas via the suspected cancer pathway unless there is a concern that delayed investigation may cause significant impact to the patient in line with NICE Guidance NG12, last updated October 2023.

Exhibit 3: urgent suspected cancer referrals, June 2019 – August 2024



Source: DHCW, Suspected Cancer Pathway – Open Pathways Dataset, on StatsWales.

Note: data from June 2019 to November 2021 is based on experimental analysis on StatsWales and may not be directly comparable to the validated data from December 2021 onwards.

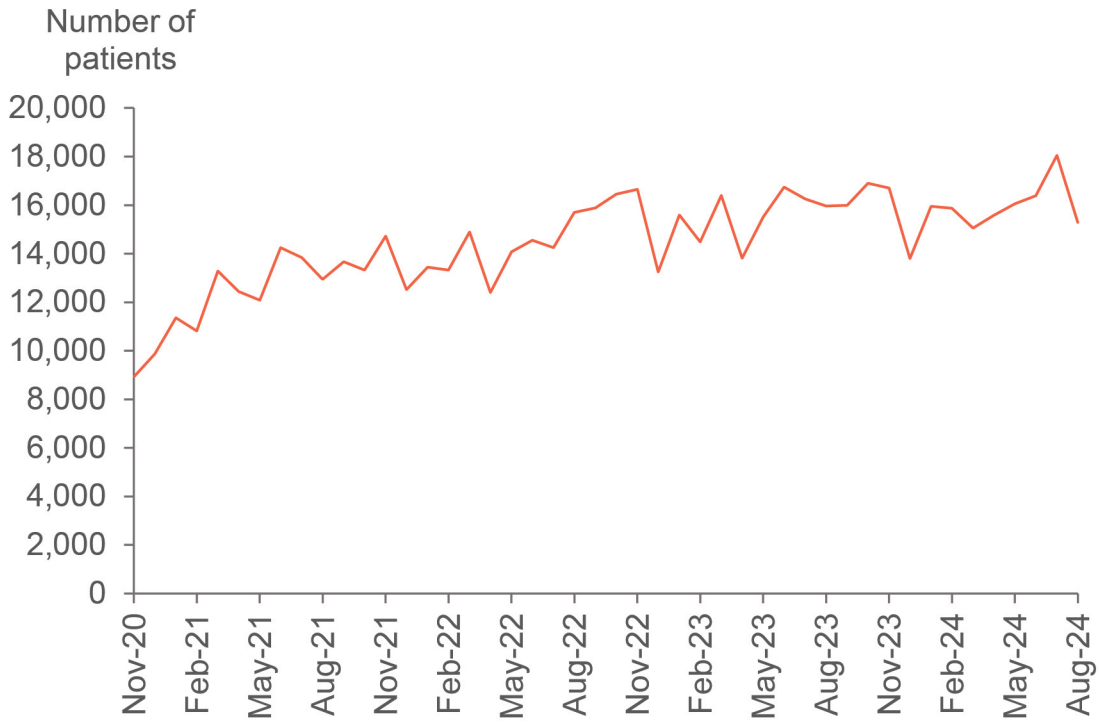
1.4 The number of newly diagnosed cancer patients has also increased over time (by 22% from 2002 to 2021) (see **Appendix 2, Exhibit 26**). Numbers fell in 2020, probably because fewer people accessed healthcare during the pandemic. Numbers of newly diagnosed cancers increased in 2021 but have not yet returned to pre-pandemic levels. The Welsh Cancer Intelligence and Surveillance Unit (WCISU)[8] has not yet published clinical cancer registry data beyond 2021.

8 WCISU is part of the Public Health Wales NHS Trust.

The sharp increase in activity after the pandemic seems to have levelled off

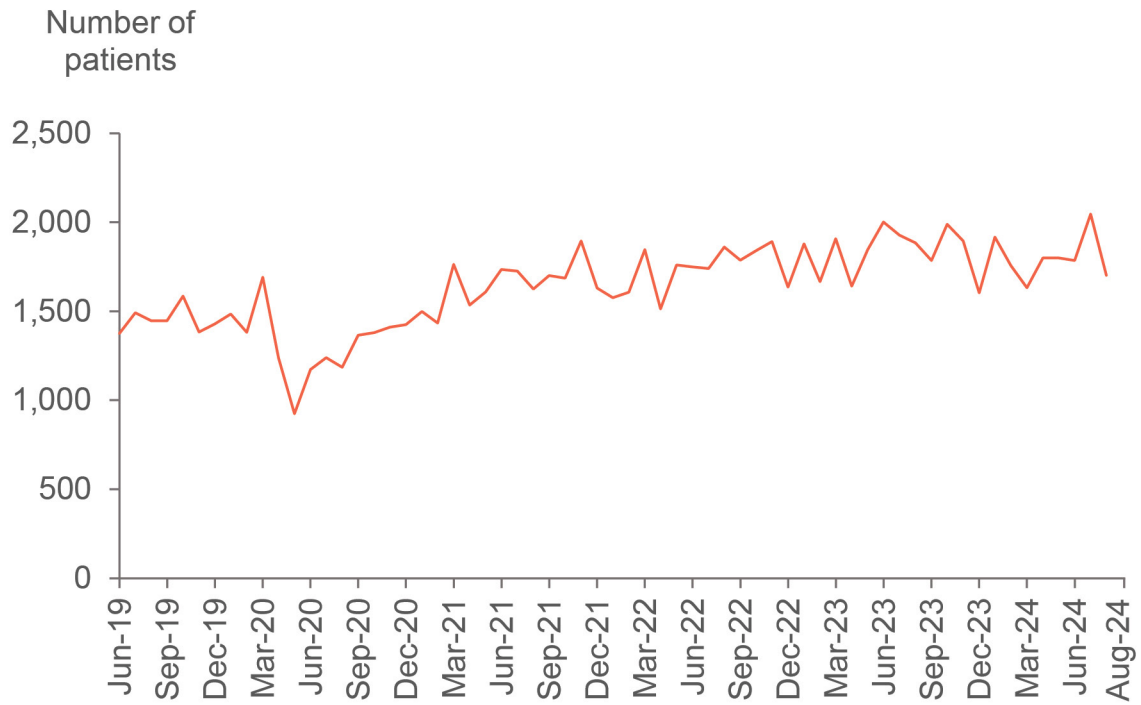
1.5 Activity to diagnose and treat suspected cancer patients[9] has increased since the pandemic but seems to be levelling off. The overall number of pathways closed – including those who were told they do not have cancer and those who started treatment – has increased since November 2020 (**Exhibit 4a**). There is no comparable historic data to show how overall activity levels compare with pre-pandemic levels. However, the number of patients starting treatment for cancer increased quickly after a drop at the start of the pandemic and exceeded pre-pandemic figures by March 2021 (**Exhibit 4b**). The number of patients starting treatment appears to have to broadly levelled out from November 2022.

Exhibit 4a: all closed pathways November 2020 – August 2024



9 As measured by pathways closed.

Exhibit 4b: pathways closed due to patient starting first treatment, June 2019 – August 2024



Source: DHCW, Suspected Cancer Pathway – Closed Pathways Dataset, on StatsWales.

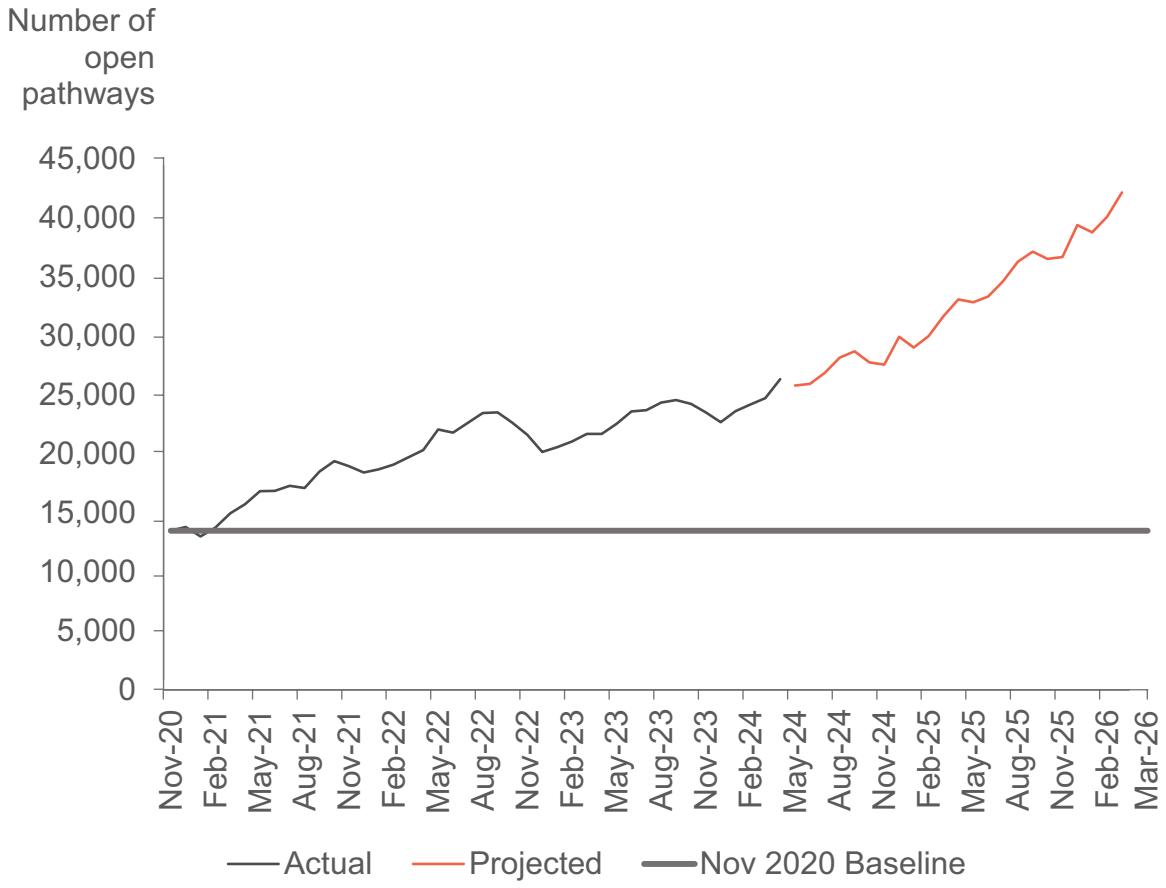
1.6 The available data understates the amount of activity because it only includes activity to the point of first treatment. Many people will need multiple episodes of care after they start their first treatment. It is likely that the amount of activity after first starting treatment is growing with the increasing complexity of new treatments, particularly in immunotherapy. The three cancer centres in Wales[10] hold information on the timeliness of access to radiotherapy and Systemic Anti-Cancer Therapy. However, inconsistencies in the way some of the data is collected means it cannot currently provide any insight on national trends or comparative timeliness of ongoing treatment across Wales.

10 In north Wales, southwest Wales, and south Wales. The centres are managed individually by Betsi Cadwaladr University Health Board, Swansea Bay University Health Board and Velindre NHS Trust.

The numbers of patients awaiting diagnosis or treatment is growing and our analysis suggests the NHS needs to further increase activity if it is to reduce the backlog and sustainably meet demand

1.7 As part of its vision for quality cancer care, the Welsh Government wants to see the waiting list volume return to pre-pandemic levels. It has also set a target that 80% of cancer patients start treatment within 62-days by March 2026. However, the waiting list for diagnosis and/ or treatment has continued to increase, and it is difficult to see how that target will be achieved (**Exhibit 5**). Our indicative modelling shows that the list will continue to grow based on recent trends of demand and activity. It is clear that without a significant increase in activity to diagnose and treat more patients the waiting list is unlikely to return to previous levels.

Exhibit 5: actual and modelled numbers of open suspected cancer pathways to March 2026



Source: Audit Wales analysis of DHCW data, open suspected cancer pathways at month end

Note: Patients may have more than one pathway if they are waiting for diagnosis or treatment for more than one cancer.

Our projection assumed demand, as measured by referrals, increases by 3% a year in line with recent trends and that activity increases by 1% a year.

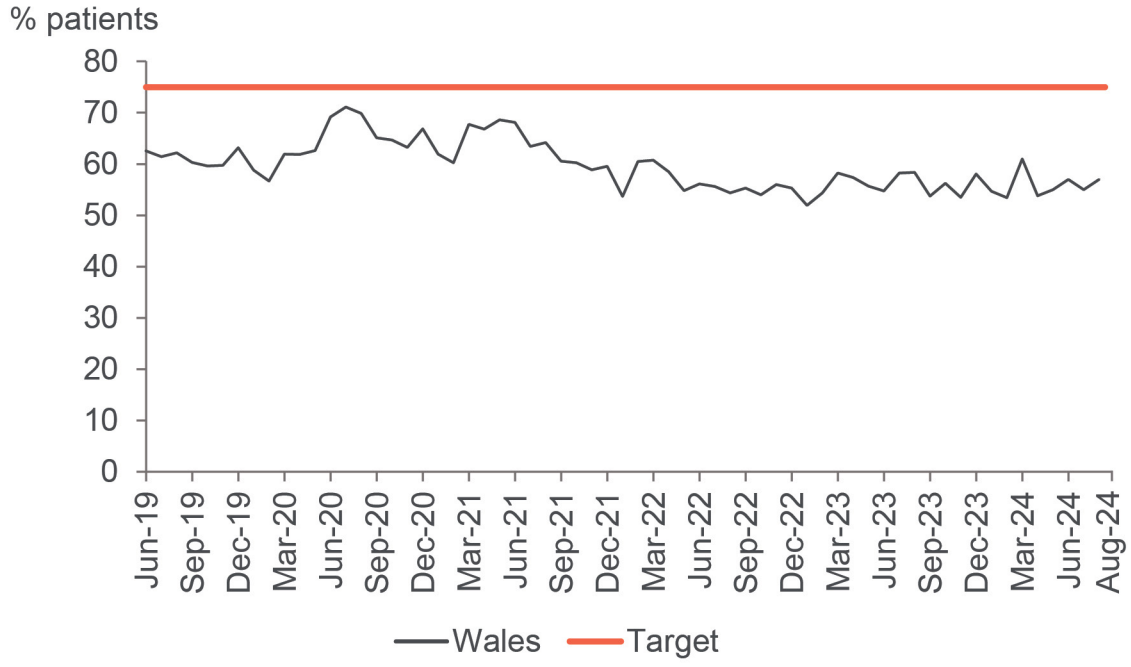
1.8 Much of the capacity the NHS uses to diagnose and treat cancer patients is also used for other non-cancer patient pathways. Achieving the political and policy ambitions to improve access to both cancer and wider planned care within the system's existing capacity will therefore be challenging. Priorities on cancer care will need to be balanced with other planned care priorities. A consideration of how existing capacity can be better used or expanded will also be needed.

The NHS in Wales is continuing to miss the national performance target for cancer treatment

While the majority of patients start their treatment within 62 days, performance is well short of the national target of 75%

1.9 The Welsh Government started implementing its Suspected Cancer Pathway in June 2019, with a target that 75% of cancer patients should start their first definitive treatment within 62 days of the first suspicion of cancer[11]. No health board has met the overall 75% target since August 2020 although performance has been better for some individual tumour sites (**paragraphs 1.10 and 1.11**). During the summer of 2020, referrals were lower and health boards were prioritising urgent and cancer care over other patients due to the pandemic. Since then, despite some month on month variations, performance has stayed between 52 and 61% (**Exhibit 6**).

Exhibit 6: performance against the 62-day Suspected Cancer Pathway Target, June 2019 – August 2024

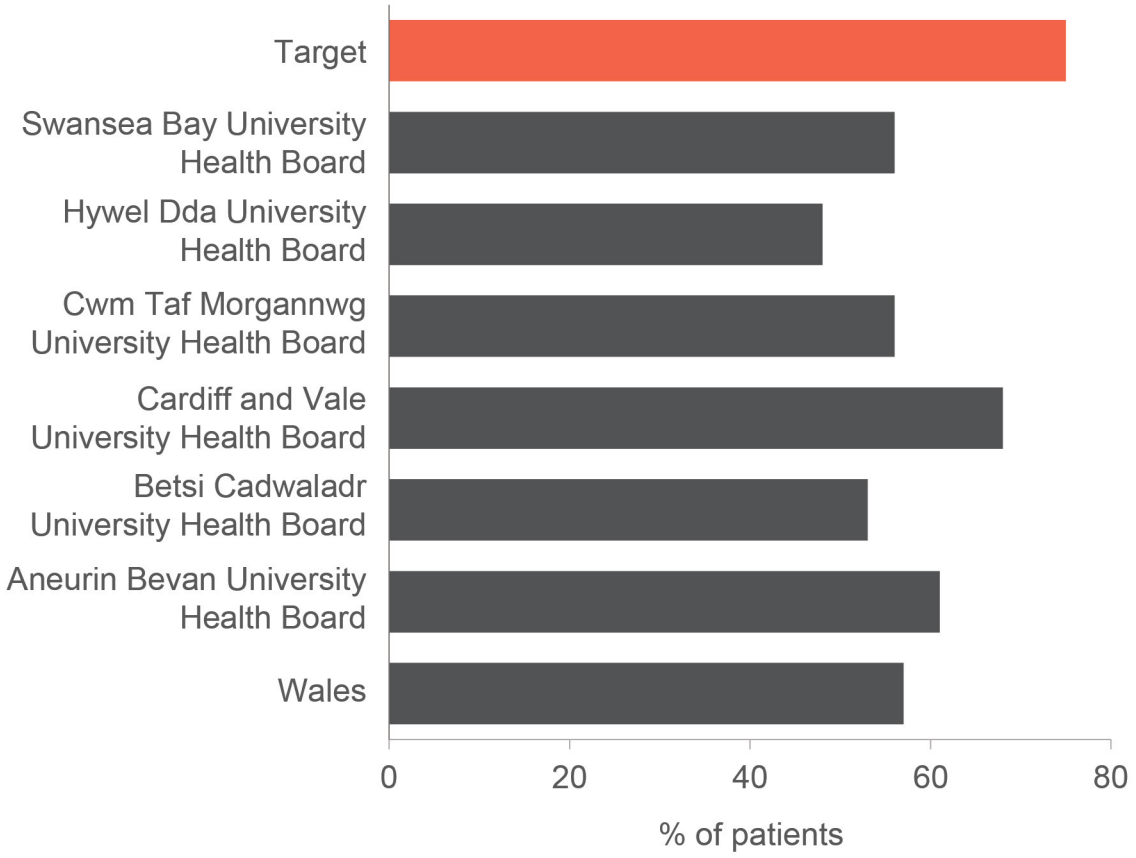


Source: DHCW, Suspected Cancer Pathway – Closed Pathways Dataset, on StatsWales.

11 Some data on performance against the target is available from June 2019 and the Welsh Government officially required health boards to report against the target from February 2021.

1.10 There is considerable variation and fluctuation in performance against the target by health board area. In August 2024, Cardiff and Vale University Health Board was closest to meeting the target at 68%, and Hywel Dda University Health Board was the worst performer at 48% (**Exhibit 7**). Health board performance has fluctuated considerably since 2019 (see **Appendix 2, Exhibits 27a to f**).

Exhibit 7: health board performance against the 62-day Suspected Cancer Pathway Target, August 2024



Source: DHCW, Suspected Cancer Pathway – Closed Pathways dataset, on StatsWales.

Note: StatsWales publishes data for residents of each health board unless they are treated by NHS England. Residents of Powys Teaching Health Board treated by other Welsh health boards are included in that health boards' figures. StatsWales does not distinguish between residents of Powys and residents of the health board they are treated by.

Time to start treatment varies by type of cancer and some patients can face unacceptably long waits

1.11 Waiting times vary depending on the site of the cancer. Waiting times for skin cancer, excluding basal cell carcinoma (BCC) have been consistently above the 75% target, aside from a brief dip in November 2023. However, waiting times for other tumour sites have rarely been at or above the target at an all-Wales level[12]. Waiting times for gynaecological, lower gastrointestinal and urological cancers, and sarcoma are particularly poor with less than half of patients starting their first treatment within 62 days of first suspicion in August 2024 (**Exhibit 8**). Performance may vary within the sub-tumour sites[13] for these cancers but there is no nationally available information to understand performance by sub-tumour site (**recommendation 9**).

12 Performance for breast and lung cancers briefly met the target in June 2021 but has deteriorated since. Brain and central nervous system and haematological cancers, acute leukaemia and sarcoma have all met the target at various points from November 2020 to June 2024 but represent low numbers of patients.

13 For instance, cervical and ovarian cancers are both gynaecological sub tumour sites.

Exhibit 8: performance against the Suspected Cancer Pathway target, median and 75th percentile waits for gynaecological, lower gastrointestinal, skin, and urological cancers, and sarcoma, and August 2024

	Performance against the 75% target	Median waiting times	75th percentile waiting times
Skin (excluding BCC)	80%	35 days	61 days
Sarcoma	20%	No data	No data
Urological	40%	86 days	132 days
Gynaecological	35%	83 days	115 days
Lower gastrointestinal	45%	70 days	106 days

Source: DHCW, Suspected Cancer Pathway – Closed Pathways Dataset on StatsWales (data on performance against the 75% target) and DHCW data on the Suspected Cancer Dashboard (data on median and 75th percentile waits).

Note: Median waiting time is point where half the people have had their treatment and the other half are still waiting. The 75th percentile represents the time when 75% of people have had their treatment but 25% are still waiting.

While diagnostic waits are getting shorter, waits between diagnosis and starting treatment are getting longer

1.12 Health board, NHS Executive and Welsh Government officials told us that delays at diagnostic stage are one of the main reasons for poor performance against the 62-day cancer target. Median waits from first suspicion of cancer to first diagnostic test have fallen from 20 days in February 2021 to 16 in August 2024. Depending on the type of cancer, patients usually face another wait between having a diagnostic test and finding out whether they have cancer (diagnosis). Median waits from first suspicion to actual diagnosis increased from 26 days in February 2021 to 36 in January 2022 but fell to 27 in August 2024[14].

1.13 Our analysis[15] points to problems between diagnosis and starting treatment. Between February 2021 and August 2024, median waits from diagnosis to treatment increased by 38% from 21 days to 29. Waits between diagnosis and treatment vary between tumour sites, with patients with lower gastrointestinal and breast cancers waiting longer than those with other cancer types in August 2024[16] (**Exhibit 9**).

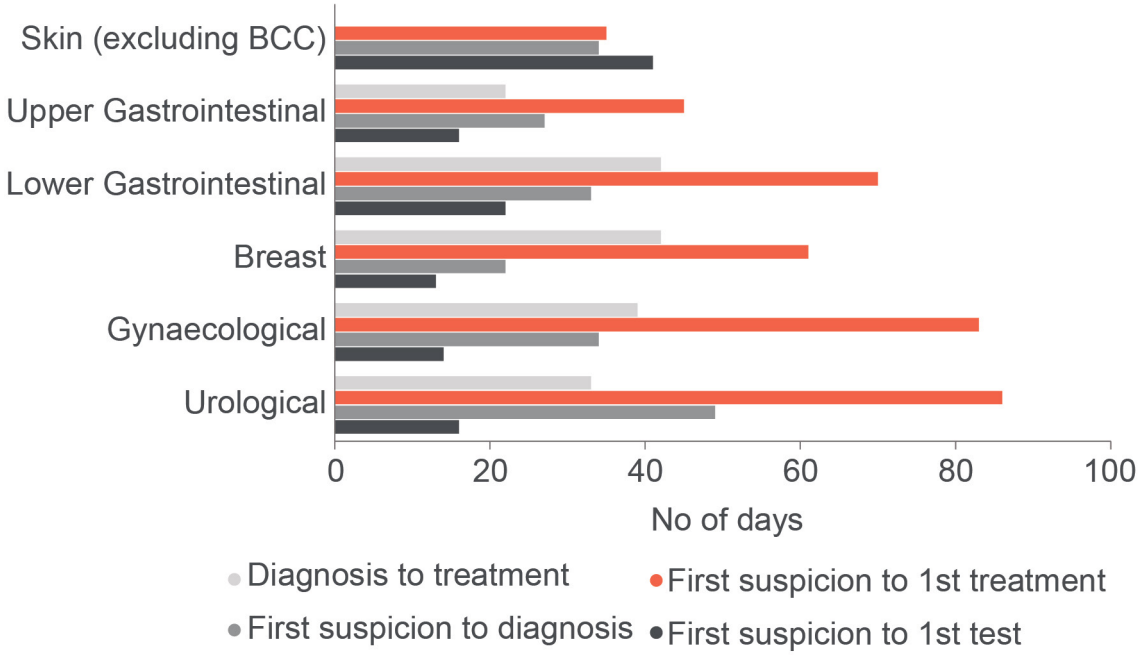
1.14 There are also considerable variations in waits at other stages of the pathway across tumour sites. For instance, in August 2024, the median wait for urological cancers was 16 days from first suspicion to diagnostic test, 49 days from first suspicion to diagnosis, and 86 days from first suspicion to the start of treatment. By comparison, the median wait for skin cancers was 41 days from first suspicion to diagnostic test and 34 days from first suspicion to diagnosis, and 35 days from first suspicion to the start of treatment (**Exhibit 9**).

14 **Appendix 2, Exhibit 28** gives median waits from first suspicion to diagnosis over time.

15 Of DHCW data from the Suspected Cancer Pathway Dashboard. DHCW only publishes median waits for the tumour sites included in **Exhibit 9.**

16 The Welsh Government does not publish median waits for all tumour sites.

Exhibit 9: median wait from first suspicion of cancer to first test, diagnosis and starting first treatment, August 2024



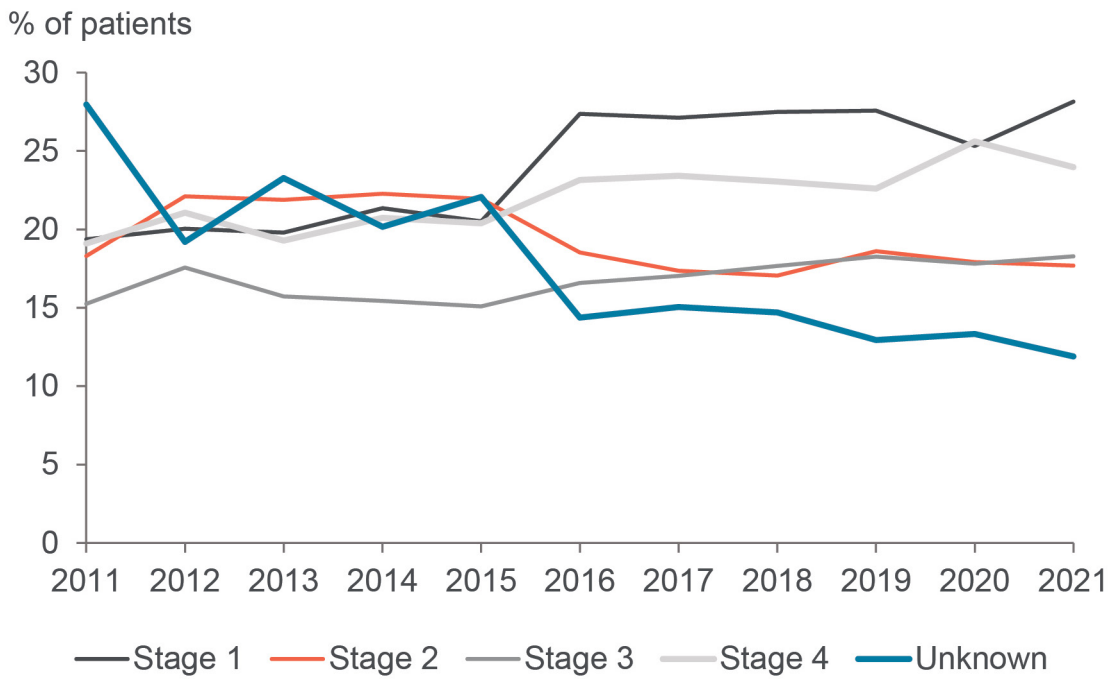
Source: DHCW data from the Suspected Cancer Pathway Dashboard

A significant minority of people are being picked up with late-stage cancer which impacts their likelihood of survival

1.15 Survival decreases as stage at diagnosis advances for all cancer types[17]. In 2021, 24% of cancer patients were diagnosed at stage four and 18% at stage 3 (**Exhibit 10**). The increase in the proportion of cancer patients diagnosed at stage 1 between 2011 and 2021 corresponds with a fall in patients diagnosed at stage 2 and patients whose stage is unknown at diagnosis. With the exception of an increase in 2020, the proportion of cancer patients diagnosed at stage 4 has ranged between 19% and 24% during the same period. Positively, the overall proportion of cancer patients whose stage at diagnosis was 'unknown' has significantly decreased since 2011.

17 WCISU, Cancer Survival in Welsh Residents Diagnosed Between 2002 and 2020, November 2023.

Exhibit 10: proportion of cancer patients by stage at diagnosis, 2011 to 2021



Source: WCISU cancer incidence data

Note: Our analysis is based on WCISU cancer incidence data which does not include 'non-stageable' cancer, non-melanoma skin cancer, and some rare cancer types.

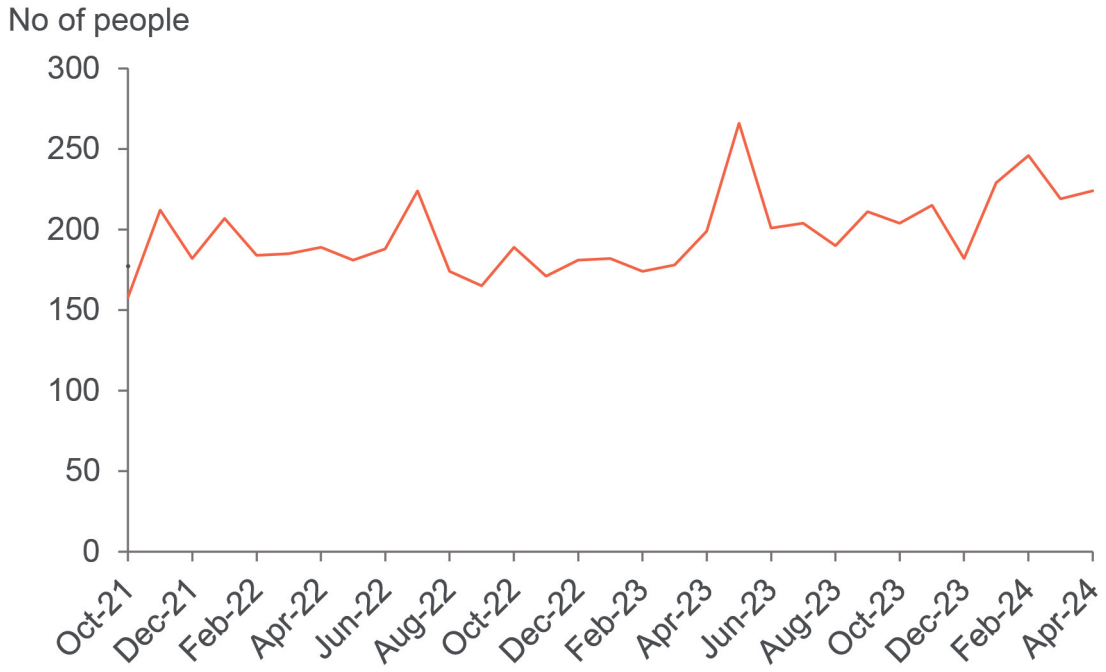
1.16 Some cancers are more likely than others to be diagnosed at a late stage, particularly asymptomatic cancers. In 2021, patients with gall bladder, pancreatic, and lung cancer were more likely than other cancer patients to be diagnosed at stage four[18]. 48% of lung cancer patients were diagnosed at stage four in 2021 (1,175 people). To illustrate the importance of early diagnosis, five-year survival for lung cancer diagnosed during 2016-2020 is 55% at stage one, 30% at stage two, 13% at stage three, and just 3% at stage four[19].

1.17 Although the numbers are relatively small, the number of people whose suspected cancer was identified via emergency departments has increased by over 40% from October 2021 to April 2024 (**Exhibit 11**).

18 74% of patients with gall bladder cancer and 52% of patients with pancreatic cancer were diagnosed at stage 4 in 2021.

19 WCISU, Cancer Survival in Welsh Residents Diagnosed between 2002 and 2020, November 2023.

Exhibit 11: number of urgent suspected cancer referrals via emergency departments from October 2021 to April 2024.



Source: Audit Wales analysis of DHCW Suspected Cancer Pathway Data – closed pathways by source of suspicion.

1.18 Research by the International Cancer Benchmarking Partnership[20] found that countries with higher rates of cancer diagnosis after emergency presentation had poorer survival rates[21]. It explained that Wales and Scotland have some of the highest rates amongst comparable countries. Our own analysis found that suspected cancer patients referred from emergency departments were more likely than those referred via other routes to die before being diagnosed or starting treatment[22]. While some caution is needed due to the small numbers, there is an upwards trend in patients referred from emergency departments dying before treatment or diagnosis.

20 The Partnership brings together international clinicians, policymakers and researchers to identify best practice and support improved cancer outcomes for patients.

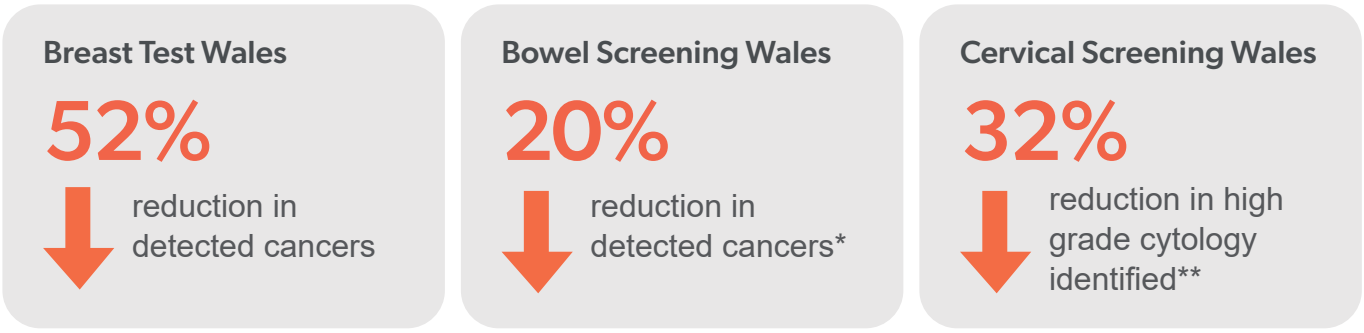
21 Abd Elkader, Alv, R; Barclay, M; Johnson, S; McPhail, S; Swann, R, Risk Factors and Prognostic Implications of Diagnosis of Cancer Within 30 Days After and Emergency Admission (Emergency Presentation): An International Cancer Benchmarking Partnership Population Based Study, 2022.

22 Based on our analysis of on our analysis of DHCW Suspected Cancer Pathway Data. In April 2024, 4% of suspected cancer patients referred from an emergency department died before starting treatment or finding out they did not have cancer compared to 1% of all suspected cancer referrals.

There is scope to increase uptake of screening to detect cancers earlier

1.19 Screening plays a vital role in early detection. Public Health Wales NHS Trust (PHW) runs Wales's three cancer screening programmes: Breast Test Wales, Bowel Screening Wales and Cervical Screening Wales. The Trust estimates that brief pauses to its screening programmes[23] at the start of the pandemic reduced the number of detected cancers in 2021 compared to previous years (**Exhibit 12**).

Exhibit 12: reduction in cancers detected via screening, from April 2020 to March 2021 compared to the previous year



Source: PHW, Update on Population Based Screening Programmes in Wales to the Quality, Safety and Improvement Committee, June 2021

Note: * from April 2020 to February 2021.

**abnormal cells with the potential to develop into cervical cancer.

1.20 Whilst bowel screening is achieving its uptake standards, there are opportunities to increase screening uptake for the breast and cervical screening programmes which were both below the standard in August and April 2024 respectively (**Exhibit 13**). In 2022, the Trust reported differences in screening uptake for all three programmes depending on age, the health board area people live in, and whether the area is deprived or not[24]. It is working to address inequity in screening uptake via its Screening Equity Strategy but has not published a progress report on screening equity since June 2022.

23 Audit Wales, A Review of Arrangements to Recover Screening Services at Public Health Wales NHS Trust, August 2023, provides more information the pause and recovery screening services including performance measures, eligibility and coverage standards for each programme.

24 Public Health Wales NHS Trust, Screening Division Inequities Report 2020-21, June 2022.

Exhibit 13: screening coverage against target, April and August 2024

	Eligibility	Standard	Uptake
Breast Test Wales	Women aged 50 to 70 years invited for screening every three years	70%	68%*
Bowel Screening Wales	People aged 50 to 74 years invited for screening every two years	60%	65%**
Cervical Screening Wales	Women and people with a cervix aged 25-64 years invited for screening every 5 years if Human papillomavirus (HPV) negative or more frequently if HPV positive	80%	69%***

Source: Audit Wales, based on information and wording from PHW, October 2024.

Note:

*Rolling annual rate at August 2024
**Average over the previous year at August 2024
***Age appropriate coverage at April 2024

1.21 Referrals from breast and bowel screening programmes were amongst the most likely to go on to start cancer treatment (92% and 28% respectively in 2023-24 compared to 12% overall)[25]. However, there is no national data on the timeliness of subsequent cancer diagnosis and treatment for people referred from breast or cervical screening. From July 2023 to July 2024, just 21% of eligible people referred from bowel screening were offered a colonoscopy by the relevant health board within four weeks of phoning to book[26]. The target is 90%. Waiting times for colonoscopies varied between health boards from four to 14 weeks.

25 Based on our analysis of DHCW Suspected Cancer Pathway Data. We have excluded cervical screening referrals from our analysis due to low numbers. Less than 5 people are referred with suspected cancer following cervical screening each month.

26 Public Health Wales NHS Trust, October 2024.

Survey data suggests that patients are generally satisfied with their cancer care, though the latest survey pre-dates the recent decline in performance

1.22 Data on patient experience is collected via the annual Wales Cancer Patient Experience Survey commissioned by the Cancer Network and Macmillan Cancer Support. The most recent data is from 2021 and pre-dates the downturn in performance against the 62-day target.

1.23 The vast majority of cancer patients who responded to the survey rate their overall care highly. The average rating for overall care was 9 out of 10 across Wales, based on 5,859 responses. The positive results reflect the hard work and compassionate care of the many staff working across the NHS to care for and support cancer patients. 87% of respondents said that the different professionals treating and caring for them worked well together to give them the best possible care either ‘always’ or ‘most of the time’. The survey does not ask patients how they felt about the overall length of time they waited from first suspicion to starting treatment.

Outcomes for cancer patients are generally improving but lag behind comparable countries and are worse for people living in deprived areas

1.24 Cancer is the leading cause of death[27] in Wales, accounting for 25% of all deaths in 2022. Lung, bowel, and prostate cancer account for the largest proportions of cancer deaths[28]. The number of cancer deaths has increased from 8,295 in 2002 to 9,154 in 2022 and is projected to increase by 27% by 2040 (based on 2021 levels)[29]. The rise in cancer deaths is primarily explained by the changing age structure of the population. The age standardised rate[30] of cancer deaths has generally decreased since 2011 although there was a slight increase in 2022 (**Exhibit 14**).

1.25 The cancer death rate in Wales compares poorly to other UK nations and internationally[31]. Wales has had the second highest age standardised cancer death rate in the UK almost consistently since 2010 (**Exhibit 14**). The OECD compared age standardised cancer death rates in 2023, based on 2021 data. It placed the UK 35th out of 45 countries[32].

27 In 2022, 24% of deaths were caused by diseases of the circulatory system, 12% by diseases of the respiratory system, 10% by dementia and Alzheimer's, and 29% by other causes.

28 WCISU cancer mortality data.

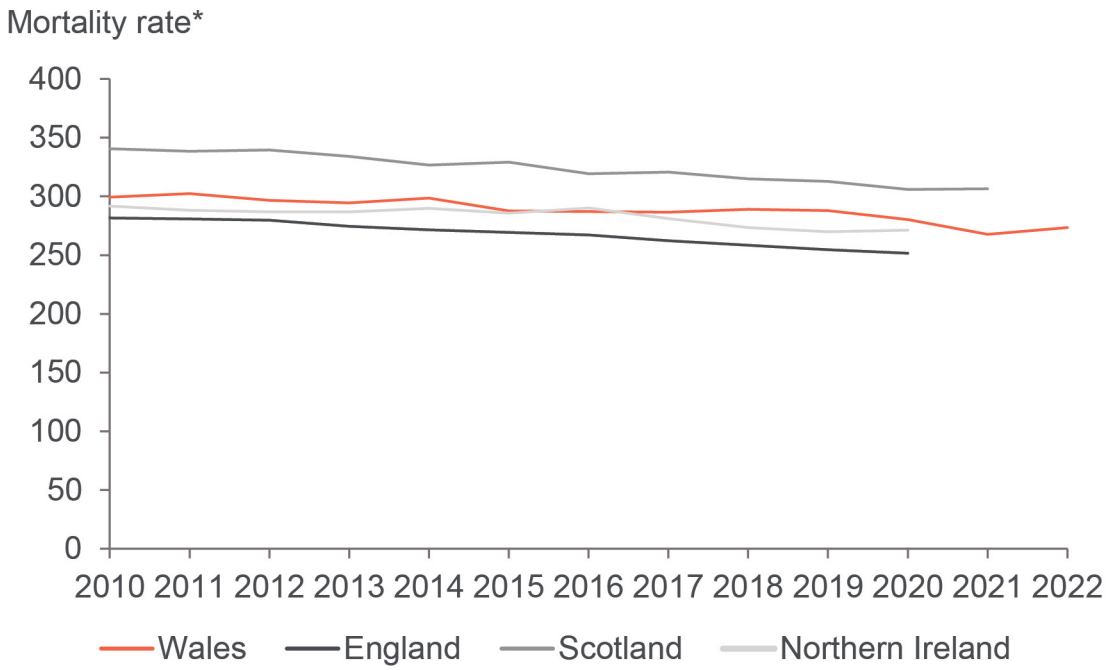
29 National Strategic Clinical Network for Cancer, A Cancer Improvement Plan for NHS Wales 2023-26, 2023.

30 Deaths per 100,000 of the population taking account of differences in the age structure of different parts of Wales.

31 Many factors affect cancer incomes including the relative wealth and spending on healthcare in each country, underlying population health, and deprivation.

32 OECD, Health At A Glance 2023: OECD Indicators, OECD, 2023.

Exhibit 14: age standardised cancer mortality rates in UK countries (excluding non-melanoma skin cancer), 2010 to 2022



Source: WCISU cancer mortality data

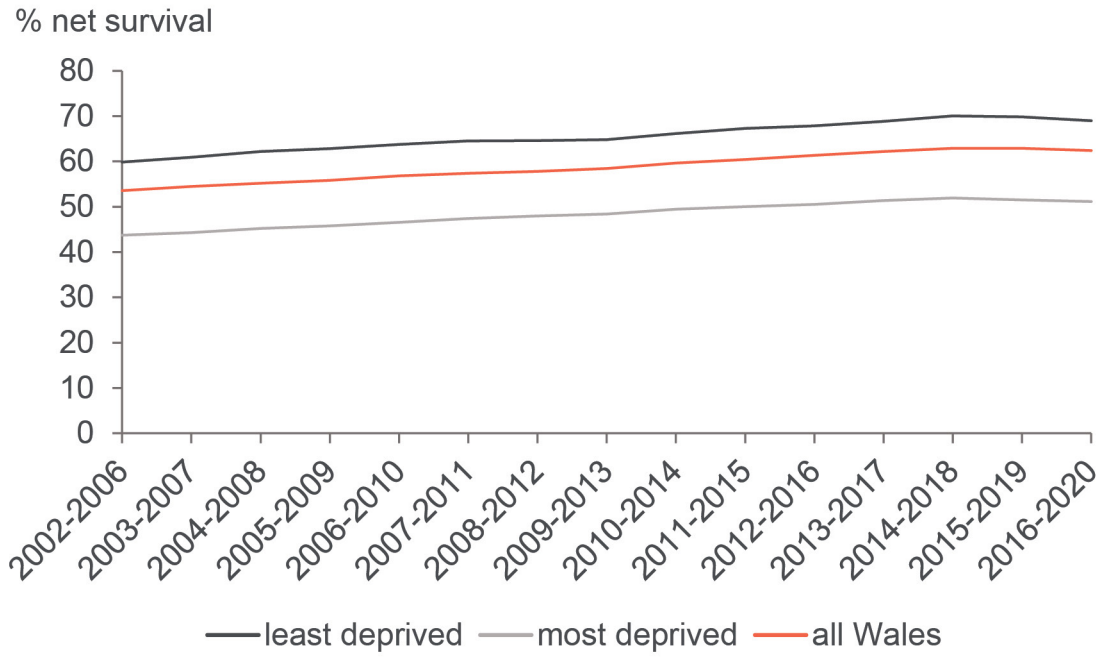
Note: *per 100,000, adjusted to reflect the age of the population

1.26 Cancer survival[33] improved between 2002 and 2020. 54% of patients diagnosed with cancer from 2002-2006 survived their cancer at five years compared to 62% of patients diagnosed between 2016 and 2020. There is not yet data available to track the impact of the pandemic on survival rates. Differences in data collection methods makes it difficult to compare overall survival figures across UK countries.

1.27 There is a significant deprivation gap in survival rates. While 69% of cancer patients living in the most affluent parts of Wales survive cancer at five years, that falls to 51% for those in the most deprived areas (**Exhibit 15**). Worryingly, the deprivation gap has widened from a difference of 16 percentage points for people diagnosed between 2002-06 to 18 percentage points for people diagnosed between 2016-20.

33 Cancer mortality figures show the number of deaths where cancer was the underlying cause whilst survival figures show how many people who have had cancer are still alive after a certain period of time so it takes several years for accurate data to be published.

Exhibit 15: percentage unstandardised rolling net survival at five years comparing most and least deprived areas with the all Wales figure for patients diagnosed in the periods 2002-2006 to 2016-20 (excluding non-melanoma skin cancer).



Source: WCISU cancer survival data

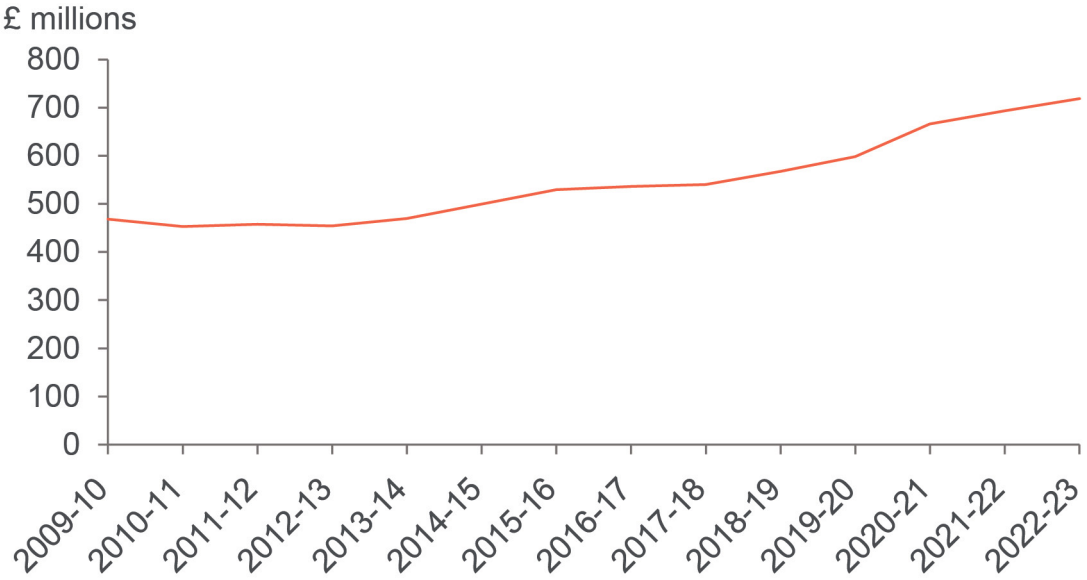
Spending on services to diagnose, treat and support cancer patients has risen faster than overall NHS spending but there are gaps in staffing capacity

Real terms spending on services to diagnose, treat and support cancer patients has grown more than overall growth in NHS Wales spending but there are significant cost pressures on those services

1.28 Real terms spending on services to diagnose, treat and support cancer patients increased by 54% from just over £450 million in 2009-10 to almost £720 million in 2022-23 (**Exhibit 16**). This increase is considerably greater than the overall 33% real terms growth in NHS Wales spending[34]. As a proportion of overall NHS spending, spending on services to diagnose, treat and support cancer patients has increased slightly from 7% in 2009-10 to 8% in 2022-23. Increased spending does not necessarily translate to additional capacity or activity. There are lots of cost pressures on services including rising workforce costs associated with pay growth and the use of agency staff; rising costs of existing drugs; new drugs and new technologies to improve treatment.

34 Based on revenue spending in the Welsh Government's NHS expenditure by programme budget category data on StatsWales for consistency with cancer spending figures. The NHS Finances Data Tool on our website is based on published Welsh Government budgets and gives a slightly different figure.

Exhibit 16: real terms NHS spending on cancer, 2009-10 to 2022-23



Source: Welsh Government, NHS Expenditure by programme budget category and year, 'cancer and tumours', on StatsWales.

Note: Real terms figures are adjusted to take account of inflation. We used HM Treasury GDP deflators at market prices and money for 2022-23, March 2024.

The Welsh Government confirmed that this data is based on NHS Wales patient activity costs including staff, consumables, medicines and overhead costs such as estates, catering, HR and finance costs.

1.29 In 2022-23 NHS Wales spent £230 per head of the population on services to diagnose, treat and support cancer patients[35]. Spend per head ranged from £206 in Cardiff and Vale to £270 in Swansea Bay University Health Board. An examination of the reasons behind differing spending figures across health board areas was outside the scope of this review but it is likely to reflect different local models of care and population factors including demography and deprivation.

1.30 Despite improvements in cancer waiting times being one of the key priorities for NHS Wales, the prospects for spending on services to diagnose, treat and support cancer patients are uncertain. UK public finances are under pressure. NHS bodies in Wales are already under financial strain, with six out of seven health boards overspending in 2023-24 and most projecting deficits for 2024-25. It is unclear whether they will be able to prioritise services for urgent suspected cancer patients to increase activity sufficiently to meet demand and reduce waiting times. Health boards are also under pressure to prioritise other parts of the system where performance is poor, including long waits for unscheduled care and for planned care.

35 There is no comparable data from other UK or comparable countries.

Workforce capacity is a significant challenge and there is an absence of information on the availability and condition of equipment

1.31 Despite spending increases, workforce capacity remains a significant challenge and workforce shortages are reducing service capacity[36]. HEIW's Education and Training Plan 2025-26[37] describes 'significant national shortages and longstanding gaps' in specialist professional roles impacting diagnostics, cancer, emergency care and mental health. It highlights particular shortages in dermatologists, clinical oncologists, consultant urology surgeons, and histopathologists. It cites pressure from increasingly complex cancer reporting and the evolving field of geonomics on histopathology, and demand from cancer patients on urology.

1.32 The Royal College of Radiologists describes shortfalls of 34% and 12% in the radiology and clinical oncology workforces, likely to deteriorate to 38% and 28% respectively by 2028[38]. We also heard that there are shortages of medical physicists, specialist and district nurses, and in the geonomics, Systemic Anti-Cancer Therapy and radiotherapy workforce.

1.33 HEIW set out its plans to address workforce shortages in its Education and Training Plan and Integrated Medium-Term Plan 2024-27. In line with its commitment in the Cancer Improvement Plan, HEIW has published its workforce plans for pharmacy and for geonomics, and intends to publish its plan for nursing in early 2025. The Ten-Year Workforce Strategy for Health and Social Care 2020 sets out the broader strategic approach.

1.34 As well as sufficient staff, NHS Wales needs sufficient equipment to deliver timely and effective diagnosis and treatment. The NHS Executive is building up a picture of capacity associated with the age and availability diagnostic imaging equipment including the age and availability of equipment. We heard anecdotal evidence that Wales has fewer imaging machines than comparable countries, and that some machines are old and prone to breaking down. Whilst it was beyond the scope of this review examine those claims, we did hear that limitations in access to diagnostic equipment are putting pressure on staff, affecting recruitment and retention, and restricting HEIW's ability to offer training places for diagnostic students[39].

36 Audit Wales, Workforce Data Briefing, 2023, sets out broad workforce issues, with many affecting services for cancer patients where services are not specific to cancer patients (such as diagnostics and surgery).

37 The Plan sets out commissioning and training recommendations for the health professional workforce in Wales.

38 Royal College of Radiologists, Radiology Workforce Census 2023, June 2024.

39 It is exploring using simulated training environment as an alternative.

Strategic direction

02

2.1 This part of the report looks at national strategic direction and leadership to improve cancer care in Wales. **Appendix 1** explains key elements of the strategic approach and broad roles and responsibilities for cancer services.

What we looked for

We looked for evidence of a clear strategic direction for improving cancer outcomes and services, and for reducing demand for cancer services by preventing cancer occurring in the first place. We also looked for evidence of appropriate and clear leadership structures to direct, oversee and support improvement and tackle barriers at a national level.

There is a lack of clarity on the status of the Cancer Improvement Plan and how it aligns with other cancer improvement initiatives

The Cancer Improvement Plan has not been sufficiently integrated into the wider strategic approach for improving cancer services

2.2 The Welsh Government set out its vision of what 'good' cancer services should look like in the Quality Statement for Cancer (2021). The Statement is generally high-level but is underpinned by tumour specific national optimal pathways. The pathways set out what should happen at different stages of the patient journey according to professional guidance. The Welsh Government instructed health boards to start embedding the pathways by September 2022[40]. When it published the Statement, the Welsh Government said that the Cancer Network would develop a rolling, three-year plan to achieve the national vision.

40 Via Welsh Health Circular (2022) (021).

Exhibit 17: vision set out in the Quality Statement for Cancer

The Cancer Quality Statement sets out that its ultimate aim is to improve population survival and reduce cancer mortality rates. It identifies key areas for action:

- that cancer is effectively prevented where possible,
- that cases of cancer are detected at earlier more treatable stages,
- that complex treatment pathways are optimised, while throughout people are properly supported and co-produce their care.

The statement sets out a series of attributes, indicating what good quality care looks like, under six headings:

- Equitable
- Safe
- Effective
- Efficient
- Person centred
- Timely

Source: Welsh Government Quality Statement for Cancer, 2021.

2.3 In 2023, the Network published A Cancer Improvement Plan for Wales 2023-26 (the Plan) at the request of then Minister for Health and Social Services. The Plan encompasses a broad range of cross-sector actions to improve cancer patient outcomes and reduce health inequalities. It's three year horizon was deliberately aligned to local health board planning cycles. However, this means the Plan lacks focus on longer-term actions to build sustainable cancer services. It also lacks detail on prevention, palliative and end-of-life care, and on services for children and young people and does not cover the full range of ambitions in the Quality Statement.

2.4 The then Minister used the Plan to set the new expectation that by March 2026, 80% of patients would start their first treatment within 62 days. The Minister announced publication of the Plan in an oral statement, describing it as a collective NHS Wales approach to delivering the policy intentions in the Quality Statement for Cancer. The Welsh Government told us that it is not a Welsh Government Plan. It considers that it does not require a national plan to implement the Quality Statement because health boards and trusts are responsible for implementing the vision through their own local plans.

2.5 Nonetheless, the Plan exists at the request of the Minister and many of its actions require national direction and leadership to support successful implementation. This would include consideration of the funding needed to support the Plan's actions and using national planning and performance management frameworks to clarify requirements around the Plan's delivery (**recommendation 1**).

2.6 The Cancer Improvement Plan commits the Welsh Government to monitoring delivery of the Plan through its existing performance arrangements. However, during our fieldwork, Welsh Government officials told us that such monitoring was not taking place. Since then, at the then Minister's request, the Cancer Network has collated a retrospective progress 'update' on delivery of the Plan. However, the Welsh Government is not routinely monitoring implementation in line with its commitment in the Cancer Improvement Plan.

New national initiatives to improve cancer services have merit but stakeholders are confused about how they link to the Cancer Improvement Plan

2.7 Since publication of the Plan in 2023, the Welsh Government and NHS Executive have set up new programmes aiming to improve cancer services (**Exhibit 18**). While there are merits in each programme, stakeholders are unclear about how they align with the Cancer Improvement Plan.

Exhibit 18: new programmes to improve cancer services

Programme	Description
Cancer: Improving Outcomes initiative	The Welsh Government commissioned Life Science Hub Wales to develop the initiative, which is aimed at focusing innovation on key problem areas and removing the barriers to delivering innovation at pace.
National Cancer Recovery Programme	The NHS Executive set up the programme, which is aimed at reducing long waits to achieve a target that 80% of suspected cancer patients start treatment within 62 days by 31st March 2026.

Source: Audit Wales.

2.8 The NHS Executive is currently finalising arrangements for its National Cancer Recovery Programme. The Programme focuses on five specific tumour sites[41] with some cross-cutting actions to improve more general services to diagnose and treat cancer patients. Rather than large-scale, whole-system transformation, the Programme aims to improve performance and improve compliance with the National Optimal Pathways within existing budgets.

2.9 The Welsh Government has repurposed Cancer Network funding to provide £2 million per annum for 2024-25 to 2026-27 for the NHS Executive to implement the Programme. Around half of this funding will pay for staff costs in line with the Programme aims around encouraging improvement within existing budgets. NHS Executive officials told us that the Programme may identify improvement opportunities which would then be costed and developed into business cases for additional Welsh Government funding.

41 Breast, gynaecological, lower gastrointestinal, skin, and urological cancers.

Many NHS bodies and third sector partners are confused about the strategic direction

2.10 NHS and third sector organisations told us they are confused about the strategic direction for cancer services in Wales. Some all-Wales NHS bodies have embraced the commitments in the Plan (for example **paragraph 1.33**). Others have rejected actions attributed to their organisation and saw some actions in the Plan as irrelevant (for example **paragraph 2.37**).

2.11 Health boards have developed local initiatives to improve diagnosis, treatment and support for cancer patients but it is not clear how they link to the Cancer Improvement Plan. During our fieldwork it was apparent that NHS bodies were not clear about the status of the Plan and how it should be shaping their activities. NHS and third sector bodies told us that the development of the new initiatives and programmes so soon after the publication of the Cancer Improvement Plan has increased their confusion about the strategic direction.

National leadership, decision-making and oversight arrangements are not effective and there is an over-reliance on narrow performance management

There is a lack of clarity as to who is responsible and accountable for driving system wide improvement to cancer services

2.12 The Welsh Government established the NHS Executive to drive improvements in the quality and safety of care. It brings together existing improvement organisations to better coordinate and drive improvements to the quality and safety of care[42]. However, officials in NHS bodies and third sector representatives we interviewed, were confused about the differing roles of the Welsh Government and NHS Executive. We also heard that there was confusion about the different roles and functions within the NHS Executive. At the time of our review, three NHS Executive functions had responsibility for driving cancer improvement:

- the Strategic Planned Care Programme had responsibility for supporting improvement in the timeliness of cancer diagnosis and treatment;
- the Performance Assurance Directorate provided direct support to NHS bodies to improve cancer performance; and
- the Cancer Network worked with clinicians, health professionals, and third sector and patient representative organisations to improve outcomes and care for cancer patients.

2.13 We found a general consensus, including within the Welsh Government and NHS Executive, that the Executive is not yet providing the intended strong leadership to drive improvement. Many NHS and third sector bodies described arrangements after the establishment of the Executive as a 'step backwards' or 'worse than ever.'

42 The NHS Wales Delivery Unit, the NHS Wales Finance Delivery Unit, the NHS Wales Health Collaborative; and Improvement Cymru.

2.14 Stakeholders raised various concerns about the national leadership and accountability arrangements for cancer services including:

- the Cancer Network lacking the authority to make decisions and commit the level of resources needed to secure change;
- lack of integration of the Cancer Network within the NHS Executive's leadership and with the wider NHS, and gaps in arrangements to share frontline insight from clinicians;
- third sector bodies are struggling to know who to engage with and how to share important intelligence and more generally feeling under-appreciated for the extensive support they provide to the system[43] and individuals and their families (**recommendation 2**);
- overlap and duplication between the cancer recovery work carried out by the Strategic Planned Care Programme and the intervention work led by the Performance Assurance Directorate; and
- lack of communication between the Welsh Government and NHS Executive to assess whether funding for additional capacity is being allocated to areas of greatest need.

2.15 Since our fieldwork the NHS Executive has established a Network Clinical Leadership Group to support closer working between clinicians and wider NHS Executive senior leadership. Whilst this is a positive development, wider action is needed to strengthen national leadership arrangements. The gaps, lack of clarity and duplication described above have led to a situation where many stakeholders from inside and outside of the NHS told us: 'we don't know who is in charge' (**recommendation 2**). The Senedd Health and Social Care Committee's report on gynaecological cancers[44] raised similar concerns and called on the Welsh Government to be 'more accountable' for driving improved cancer services.

43 The third sector has a wealth of knowledge and insight and provides funding for some services in Wales (such as the Teenage Cancer Trust cancer ward in Cardiff). We also found examples of third sector organisations attracting private sector funding to drive innovation, and developing data resources which are now used by NHS Wales.

44 Welsh Health and Social Care Committee, Unheard: Women's Journey through Gynaecological Cancer, December 2023.

National decision-making and leadership arrangements are not sufficiently robust to systematically identify and prioritise opportunities to improve cancer services

2.16 Cancer treatment is an area of significant innovation, with opportunities to improve outcomes and efficiency. We identified examples of Welsh Government investment and decision making to improve cancer and planned care. For instance, it has worked with health boards and the NHS Executive to introduce rapid diagnostic centres; supported improvements to the bowel screening programme and is funding a new cancer centre for Velindre NHS Trust[45].

2.17 However, the Welsh Government recognises that it lacks a robust approach to identifying, assessing and prioritising such opportunities. Current arrangements need strengthening to ensure there is sufficient capacity to assess and prioritise initiatives for funding. Arrangements should address gaps in decision making structures to prioritise investment in areas such as digital, workforce and diagnostics (**recommendation 2**). **Exhibit 19** sets out two areas of opportunity to improve efficiency and outcomes, where decision making has been slow.

45 We are conducting a separate examination of decision-making relating to the development of the new Velindre Cancer Centre. We aim to publish that report in 2025.

Exhibit 19: potential innovations where decision making has been slow

Programme	Description
Digital cellular pathology	During our review, NHS bodies and third sector organisations cited frustration with the speed of national decision making on the use of digital cellular pathology. Betsi Cadwaladr University Health Board was a pioneer of the approach and transformed its pathology service in 2014. Laboratories could scan and upload images onto digital systems to be analysed remotely rather than transporting samples between locations. Alongside a broader transformation programme*, the approach dramatically improved the timeliness of pathology results and helped the health board recruit and retain staff because it facilitated flexible working arrangements. The National Pathology Programme has been working with the Welsh Government and health boards to develop a consistent all-Wales approach to digital cellular pathology since 2019. Despite general consensus on the benefits of the approach, progress has been restricted by uncertainty about who would fund modern scanning equipment and digital storage. Health boards have been reluctant to commit funds without clarity on the Welsh Government's financial contribution. Despite investing in other aspects of digital cellular pathology, at the time of our review, the Welsh Government was not clear about whether it would fund the equipment and storage to establish an all-Wales approach. The National Pathology Programme was still working with health boards to agree a business case share ongoing annual costs of around £3 million for the scanning equipment and storage. Wales now lags behind the rest of the UK for digital cellular pathology capacity, making it a less attractive employment option for newly qualitied pathologists in an already competitive market.

Programme	Description
Lung Screening	In 2019, the Cancer Network started exploring evidence on the effectiveness lung screening. It concluded that screening could increase the percentage of cancers identified at an early stage and had the potential to reduce lung cancer mortality by 20%. The work informed a pilot lung health check programme in Cwm Taf Morgannwg University Health Board, which started in 2022 and was funded by third sector organisations and private industry. The UK National Screening Committee recommended that UK nations develop targeted lung screening for people aged 55-74 years with a history of smoking in June 2022. Despite an endorsement from the Wales Screening Committee in November 2022, the Welsh Government did not task PHW with developing options for a national programme until July 2023. The Welsh Government has asked PHW to provide interim proposals on a national lung screening programme by May 2025. If PHW meets the 2025 deadline, it will have taken three years from the UK National Screening Committee's recommendation just to develop interim proposals. Finalising proposals and implementing a national programme would take more time after this point (**recommendation 5**).

Source: Audit Wales.

Note: *The digital cellular pathology approach was part of a wider transformation programme including combining regional services into a single Betsi Cadwaladr University Health Board Cellular Pathology Service.

2.18 We also heard concerns about the Welsh Government's ability to secure the benefits from its investment in capacity and new ways of working. In particular, stakeholders frequently cited an incoherent approach that has seen the Welsh Government invest in the training and recruitment of radiologists only for many to be unable to find work in NHS Wales (**Exhibit 20**).

Exhibit 20: investment in training and radiologists

A National Imaging Academy opened in 2019, as a result of the Welsh Government providing £3.4 million to HEIW to establish the facility to help meet identified workforce gaps in respect of radiologists and imaging professionals.

However, many of the newly qualified radiologists are leaving Wales because, despite workforce gaps there are no jobs for them. Some health boards told us that financial pressures have led to recruitment freezes which limited their ability to recruit diagnostic staff. We also heard that weaknesses in health board workforce planning including projections of future need and slow recruitment processes were part of the problem*.

The NHS Executive's National Diagnostics Implementation Plan** contains a weak commitment to work with HEIW to 'advocate' for commitment to employment from health boards when requesting training numbers. It is unclear what role the Welsh Government intends to play in ensuring the benefits of its investment in training the future workforce are not lost to Wales (**recommendation 7**).

Source: Audit Wales

Notes:

* Our review of workforce planning made specific recommendations to health boards to improve workforce planning. Individual reports for each NHS body are available on our website www.Audit.Wales.

** NHS Executive, National Diagnostic Implementation Plan 2023-25.

2.19 Regional working across health board areas can help to share capacity and bolster fragile services. Health boards are developing regional approaches in some areas that can increase capacity in the system[46]. The NHS Executive is also developing plans for two regional diagnostic hubs in South Wales to provide additional shared diagnostic capacity for the region. However, the overall pace of regional collaboration is slow. Whilst there is a clear onus on health boards to take forward regional working, there is also a need for national leadership and co-ordination from the Welsh Government and the NHS Executive. In that regard the recent creation of a dedicated senior role within the NHS Executive to support regional working is a welcome development. However, success will also depend on action to tackle barriers to regional working such as a lack of integration between digital systems making it difficult to share waiting lists across health boards[47] (**recommendation 6**).

Welsh Government oversight is narrowly focussed on the 62-day target

2.20 The Welsh Government's NHS Performance Framework (2024-25) sets out the measures (but not the targets) against which NHS bodies are accountable. The 62-day measure is the main cancer specific measure. There is a measure on the timeliness of colonoscopy for bowel screening referrals (**paragraph 1.21**) but no measures for breast or cervical screening referrals. Previous performance frameworks[48] included coverage measures for all three cancer screening programmes. There is also a measure for uptake of the human papillomavirus (HPV) vaccine (**paragraph 2.24**).

2.21 The Performance Framework does not include any measures on cancer incidence, mortality and survival rates. It does not clearly link to the six quality attributes set out in the Quality Statement for Cancer and the Framework makes no reference to compliance with the National Optimal Pathways that underpin the Quality Statement. While the Welsh Government has made the NHS Executive responsible for monitoring compliance with the pathways it is still developing methods for doing so.

46 Including developing regional approaches to diagnostics and treatment in North, Southeast and Southwest Wales using Welsh Government planned care recovery funding.

47 Welsh Health and Social Care Committee, Unheard: Women's Journey through Gynaecological Cancer, December 2023.

48 NHS Wales Performance Framework 2022-23.

2.22 There is a well-established framework for oversight of NHS bodies' planning and performance through activities such as scrutiny of NHS bodies' annual or medium-term plans, monthly Integrated Quality, Planning and Delivery meetings and twice yearly Joint Executive Team meetings between Welsh Government, the NHS Executive and individual NHS bodies. In addition, monthly cancer performance meetings provide a specific focus on the diagnosis and treatment of cancer patients. Collectively this represents a significant volume of performance management activity and includes positive developments around collaboration and information sharing between the Welsh Government and NHS Executive. However, the focus is largely on short-term delivery of the 62-day cancer performance target, rather than broader system change and wider delivery of the vision in the Quality Statement (**recommendation 3**).

The strategic approach lacks a coherent focus on cancer prevention, and is undermined by gaps in data and fragmented digital services

There is no coherent strategic approach to prevention, even though many cancers are preventable and doing so could save lives and reduce demand for NHS services

2.23 The Cancer Improvement Plan states that 38% of cancers each year in Wales are preventable. There are considerable opportunities to tackle lifestyle factors which increase the risks of some cancers. Many of the lifestyle risk factors for cancer are similar across major conditions accounting for the majority of planned and emergency care in the UK. Data from PHW's Public Health Outcomes Framework[49] showed that in 2022-23, 13% of adults in Wales smoked; 17% drank more alcohol than recommended guidelines[50]; and only 36% of working age adults were a healthy weight[51].

2.24 There are also opportunities associated with increasing the uptake of the human papillomavirus (HPV) vaccine. Since its introduction in 2008, the vaccine has reduced cancer rates by almost 90% in women in their 20s and is expected to save hundreds of lives a year in the UK[52]. PHW reported that 74% of children in school year 9 during 2023-24 had the vaccine. There was considerable variation in uptake ranging from 60% in Cardiff and Vale University Health Board to 88% in Swansea Bay. Changes in eligibility for the vaccine make it difficult to compare changes in uptake over time[53].

49 Public Health Wales NHS Trust Observatory, Public Health Outcomes Framework.

50 Based on adults who reported drinking over 14 units of alcohol per week.

51 Smoking and alcohol consumption data uses age standardised rates to account for differences in age structures of different parts of Wales. Data on healthy weight is age specific.

52 Public Health Wales NHS Trust: immunisation and vaccines.

53 Public Health Wales, Vaccine Uptake in Children in Wales, Quarterly Report January to March 2024, May 2024.

2.25 The World Health Organisation states that prevention offers the most cost-effective long-term strategy for managing cancer[54]. The Welsh Government's Science Evidence Advice[55] agrees that there are considerable opportunities to reduce the burden of disease on the NHS by preventing cancer and other major conditions. It identifies scope for long-term financial savings and calls for 'drastic action' to address increases in lifestyle risk factors, making many suggestions to reshape services around prevention.

2.26 The Welsh Government's NHS Planning Framework 2024-27 refers health boards to the Science Evidence Advice, explaining that it expects to see evidence of prevention in health boards plans. However, the Welsh Government does not go further in encouraging and leading health boards to develop local preventative initiatives.

2.27 Preventing cancer would also reduce demand on NHS capacity. **Exhibit 21** sets in crude terms what impact a 10%, 20% and 38% reduction in cancer cases could have, based on 2022-23 activity levels. The potential annual financial savings from the reduction in bed days would be in the order of £8.2 million to £31.4 million[56]. There could also be significant savings from reducing outpatient appointments and drugs costs. However, there would also be costs associated with activity to prevent cancer.

54 World Health Organisation, Health Topics – Cancer Prevention.

55 Welsh Government, Science Evidence Advice – NHS in 10+ Years – An Examination of the Projected Impact of Long-Term Conditions and Risk Factors in Wales', September 2023.

56 Savings calculation based on £500 per day cost of an NHS bed in Wales.

Exhibit 21: potential capacity gains associated with preventing cancer occurring in the first place based on 2022-23 activity

				
2022-23	**90,532** finished consultant episodes	**84,583** admission episodes	**164,971** bed days	**10,864** regular attenders*
-10% 	**81,479** finished consultant episodes (9,053 reduction)	**76,125** admission episodes (8,458 reduction)	**148,474** bed days (16,497 reduction)	**9,778** regular attenders (1,086 reduction)
-20% 	**72,426** finished consultant episodes (18,106 reduction)	**67,666** admission episodes (16,917 reduction)	**131,977** bed days (32,994 reduction)	**8,691** regular attenders (2,173 reduction)
-38% 	**56,130** finished consultant episodes (34,402 reduction)	**52,441** admission episodes (32,142 reduction)	**102,282** bed days (62,689 reduction)	**6,736** regular attenders (4,128 reduction)

Source: Audit Wales analysis of DHCW data from the Patient Episode Database for Wales, Headline Figures and Primary Diagnosis Datasets, Welsh Providers

Note:

*Our analysis is indicative of potential capacity gains based on averages. We calculated potential gains associated with a 38% reduction in activity based on the assertion in the Cancer Improvement Plan that 38% of cancers each year are preventable.

*Regular attenders are patients who are admitted to hospital on a regular basis to receive treatment.

2.28 Despite compelling evidence and it being a long-standing ambition, the Welsh Government has yet to translate broader aims on prevention into more concrete and cohesive policy approaches aimed at shifting the balance of care towards prevention (**recommendation 4**). In particular:

- it has never set out a clear, over-arching strategic approach to achieving this shift across the many public sector bodies whose priorities, choices and behaviours would need to change;
- it has a piecemeal approach with individual strategies on healthy weight and tobacco control[57] but no plan related to the health impacts of alcohol use; and
- the Future Generations Commissioner, amongst others, criticised the Welsh Government for cutting its preventative health improvement budgets in 2024-25[58].

There are gaps in the availability and quality of data to understand how well cancer care is being provided

2.29 Good quality data is essential for the planning, delivery and improvement of cancer care. The NHS Executive has improved the timeliness and accessibility of performance data in an unpublished interactive dashboard used by health boards, the Executive, and the Welsh Government. DHCW publishes a different Suspected Cancer Pathway Dashboard with less detailed information[59].

2.30 However, there are gaps in published data right across the patient pathway (**Exhibit 22**). The Welsh Government publishes data on 'closed' pathways showing how many patients were treated within 62 days but does not publish 'open' pathway waits to show how many patients are currently waiting for treatment.

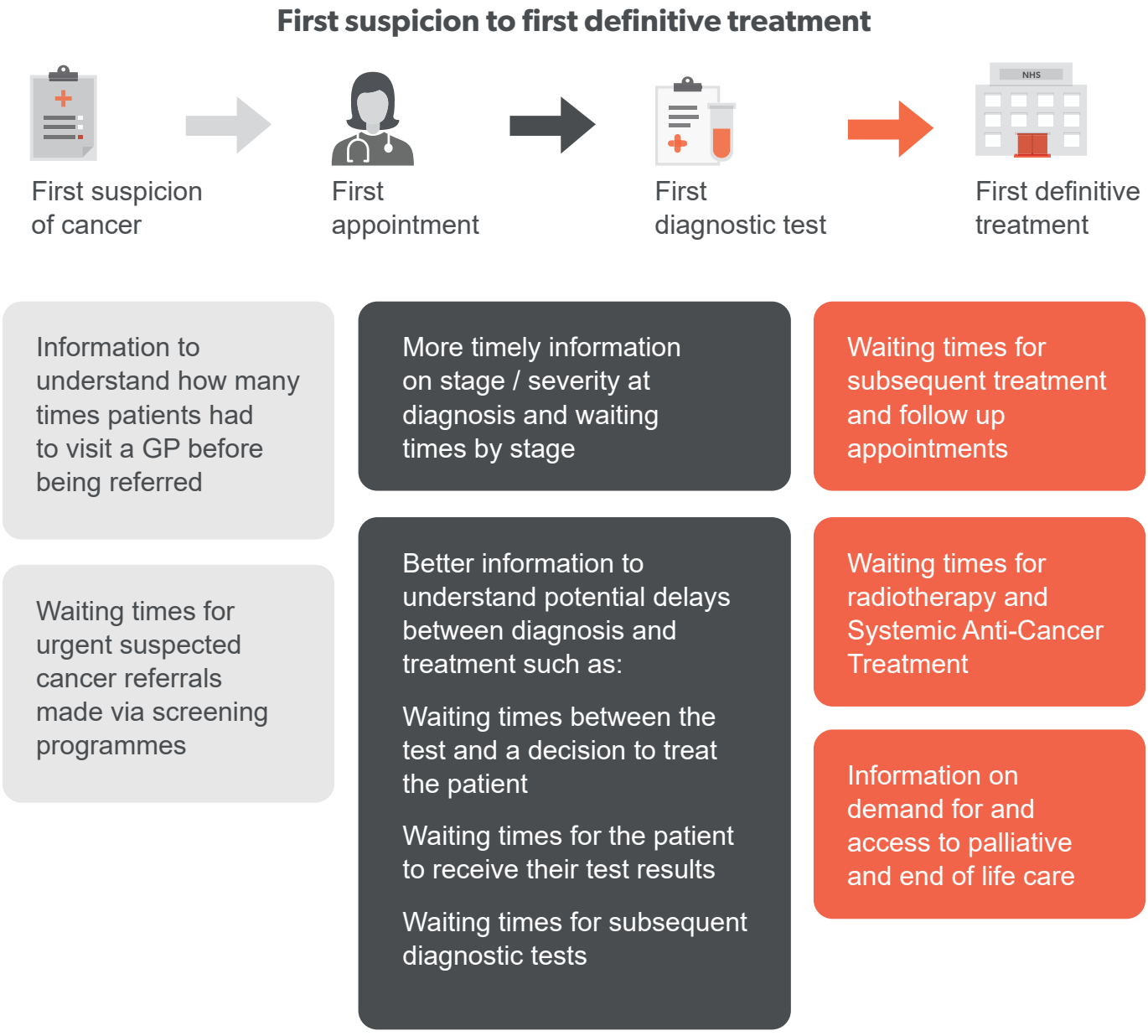
2.31 Much of the available data focusses narrowly on the period between referral and diagnosis or first treatment. There is no national data on the activity and timeliness leading up to a referral. There is also no available data on activity after the first treatment starts (see **paragraph 1.6**), including follow-up tests, ongoing treatment and access to palliative and end-of-life care (**recommendation 9**).

57 Welsh Government, Healthy Weight Healthy Wales, 2019 and Welsh Government, A Smoke Free Wales – Our Long-term Tobacco Control Strategy, 2022.

58 The budget for health improvement and healthy living reduced by £3.8 million bringing the total budget to £10.8 million; the substance misuse action plan fund by £2.5 million bringing the total budget to £47.5 million); and the health promotion budget fell by £710,000 to £12.2 million.

59 DHCW's dashboard uses data which has been validated to identify errors but the internal NHS Executive dashboard is unvalidated performance data.

Exhibit 22: gaps in data at different stages of the cancer pathway



Source: Audit Wales

2.32 There is very limited data to track progress against the ambitions in the Quality Statement. Against the overarching ambition of prevention and early detection, we found limited information on the causes of growing demand that can be used to prevent or detect cancer early amongst those most at risk. For instance, little is known about why some people are presenting at a more advanced stage, or as an emergency. There is also limited information about the demographic profile and location of people with unhealthy lifestyles. A new project led by WCISU has the potential to improve national intelligence on cancer risk factors. It will link Cancer Registry data to Census 2021 information via the SAIL databank to explore the influence of factors like ethnicity, income and educational status on cancer outcomes[60].

2.33 There is also very limited information to understand how equitable cancer support services are. For example:

- the Welsh Government requires heath boards to record the ethnicity of cancer patients[61] but compliance is extremely low. We were unable to analyse waiting list and timeliness trends by ethnicity because over two thirds of the pathways had no information on patient ethnicity.
- DHCW reports performance against the 62-day target by sex but there is little information to understand patient experience and outcomes by sex. The Senedd inquiry into gynaecological cancers found that women can experience many barriers to accessing cancer treatment but there is little information to understand how many women are affected[62].
- there is insufficient public data to understand potential differences in the timeliness of cancer diagnosis and treatment across Wales, particularly for people living in Powys. Timeliness data for Powys residents treated by other Welsh health boards is included in data for those health boards. The data is not disaggregated to show timeliness for Powys residents or the residents of the health board providing treatment[63]. There is also a lack of data on Welsh patients from any health board who are treated by NHS England (**recommendation 10**).
- there is also little information to understand equity of provision for children and young people. DHCW groups all data for under 30-year-olds together in the Suspected Cancer Dashboard data whereas other patients are grouped ten-year age bands. Under 16-year-olds are excluded from the Macmillan cancer patient experience survey.

60 The project aims to report its findings in late 2024.

61 Under Data Standards Change Notices from 2020 onwards (DCSN 2020/21 and DSCN 23/45). The Notices mandate compliance with data standards.

62 Welsh Parliament Health and Social Care Committee, Unheard: Women's Journey Through Gynaecological Cancer, December 2023.

63 Other published NHS Wales data does include distinct health board 'residence' and 'provider' performance data. For instance the Referral for Treatment data on StatsWales.

2.34 There are problems with the quality of some of the available data. WCISU officials told us Wales is a year behind England in publishing Cancer Registry data because a high volume of errors in the source data is creating extra work for its staff. NHS bodies told us that poor compliance with data standards by NHS staff inputting patient information is creating data errors. We found that there is confusion around who is responsible for improving compliance (**recommendation 8**). We have not specifically reviewed data quality as part of this review but have uncovered several inaccuracies in published data and bespoke analysis provided by DHCW.

Digital systems are fragmented and progress implementing the new cancer information system has been slow

2.35 Progress in updating the core digital system for cancer patients has been extremely slow. The previous system (Canisc) was constructed using a programming language in 1997 which Microsoft stopped supporting in 2014. Following our 2018 report on NHS Wales informatics systems[64], the Senedd Public Accounts Committee inquiry raised serious concerns about slow progress replacing Canisc[65]. It took a further five years to implement the first phase of the new cancer information system. DHCW told us that the pandemic has added to delays. The Welsh Government has recently confirmed funding for the second phase of the programme, aimed at improving integration and digital processes and dealing with requests for specific changes from individual NHS bodies.

2.36 More broadly, NHS bodies told us that lack of integrated digital systems is consuming valuable staff time because they are using manual 'workarounds' to transfer patients across the different patient administration systems. The process is frustrating staff and diverting their time from seeing patients. It also carries risks to patient safety because details could be transferred incorrectly or not at all. DHCW is responsible for delivering national digital systems for NHS Wales but not their local configuration. DHCW described considerable barriers to getting those systems to join up. In particular, there are numerous examples of NHS bodies either procuring their own digital systems rather than using the national products, or adapting the national products which limits interoperability.

2.37 The Cancer Improvement Plan committed PHW, the Cancer Network and DHCW to developing a cancer version of the national Digital and Data Strategy for Wales by the end of June 2023. No such plan had been created at the time of our review and we found confusion about the commitment to create one in the first place. DHCW told us there is no need to create a separate digital cancer plan because the overarching Digital and Data Strategy sets out the system wide approach to improve digital provision.

64 Wales Audit Office, Informatics Systems in NHS Wales, 2018.

65 National Assembly for Wales Public Accounts Committee, Informatics Systems in NHS Wales, 2018.

Appendices

1 Strategic context

Exhibit 23: broad roles and responsibilities for cancer services in Wales

Welsh Government

Sets priorities for the NHS Executive and health bodies

NHS Executive **National Strategic Clinical Network for Cancer** (formerly the Wales Cancer Network)

Leading and supporting improvement of cancer services

NHS bodies responsible for delivering cancer services

Health Boards	Velindre NHS Trust	Public Health Wales NHS Trust
Responsible for the health of their resident population including health improvement, providing cancer services* and end-of-life and palliative care	Responsible for providing cancer services** in South East Wales and specialised blood services across Wales	Responsible for improving health and wellbeing, reducing health inequalities, providing cancer screening services, and the cancer registry (WCISU)

NHS bodies supporting NHS Wales***

Digital Health and Care Wales	NHS Wales Shared Services Partnership	Health Education and Improvement Wales
Responsible for providing digital solutions to support cancer services	Provides support functions and services to NHS Wales	Responsible for supporting the development of the health and care workforce

Bodies supporting cancer patients and their families including:
The social care sector; third sector; local authorities; and patient groups

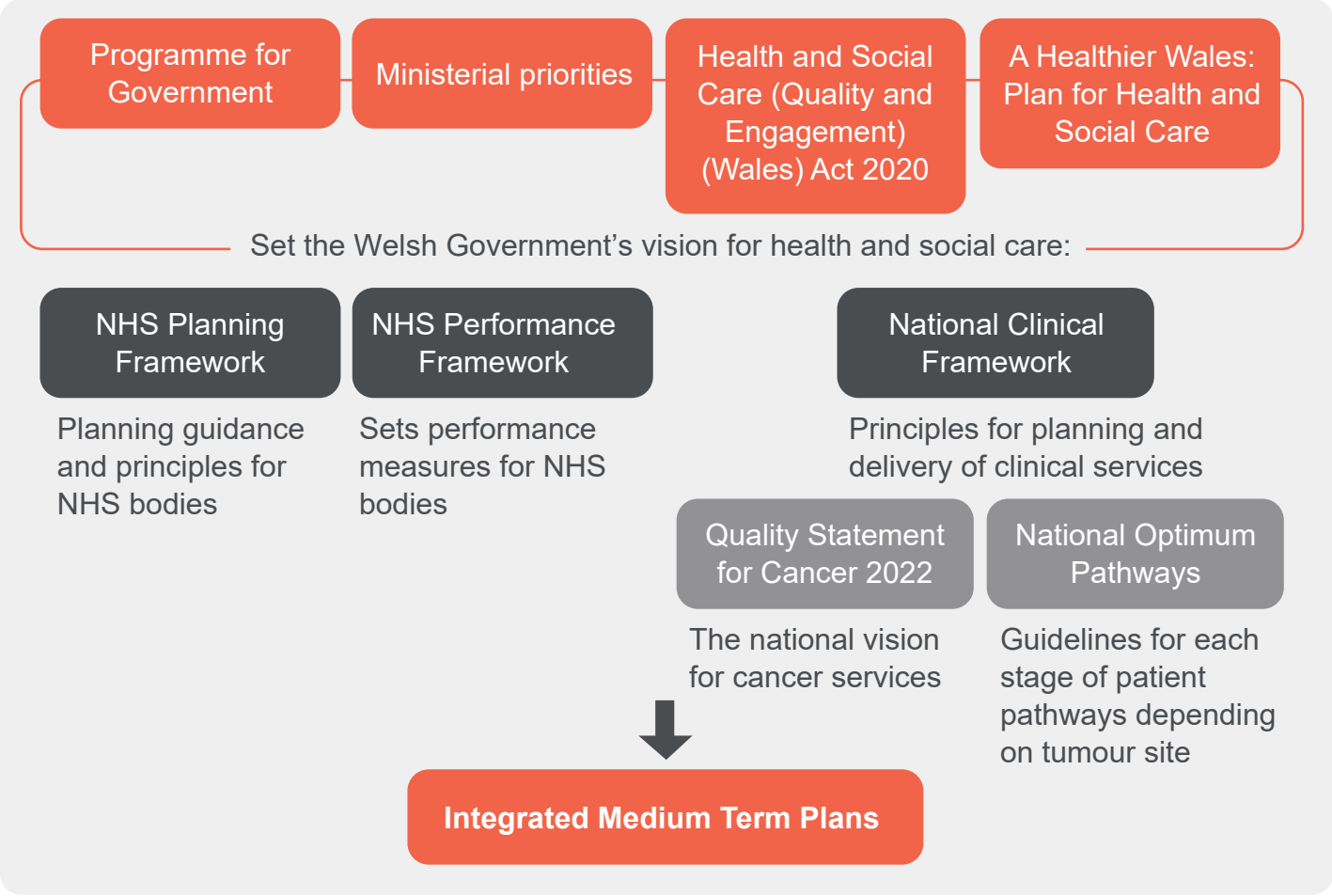
Source: Audit Wales

Note:

*Including diagnostic tests; treatment; and support and advice for patients. The level and type of services provided differs between health boards because some services are provided by other healthcare providers. For instance, Powys Teaching Health Board provides some diagnostic services but commissions other cancer services from other NHS providers in England and Wales.

**Including chemotherapy; radiotherapy; and support and advice for patients.
***There are also organisations and groups responsible for research, development and innovation including: Geonomics Partnership Wales; Health and Care Research Wales; Life Sciences Hub Wales; and the Wales Cancer Research Centre.

Exhibit 24: key elements of the strategic approach to cancer services in Wales



Wales Cancer Network: Cancer Improvement Plan 2023

A collective plan for NHS Wales to improve services for cancer patients

NHS Executive: National Cancer Recovery Programme 2024

National programme to improve cancer services

Life Sciences Hub Wales: Cancer: Improving Outcomes Initiative

A Welsh Government commissioned programme, aimed at delivering innovation at pace.

Broader Welsh Government Strategy including:

Diagnostics, Recovery and Transformation Strategy for Wales 2023-25

Digital and Data Strategy for Health and Social Care in Wales 2023

National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges 2023 and A Healthier Wales: Our Workforce Strategy for the Health and Social Care Workforce, 2020 (commissioned by the Welsh Government from Health Education and Improvement Wales)

Healthy Weight, Healthy Wales, 2019 including a 2022 to 2024 delivery plan

A smoke-free Wales: Long-term tobacco control strategy, 2022 including a 2022 to 2024 delivery plan

Source: Audit Wales

2 Additional data analysis

Data on demand for cancer services

Exhibit 25: Patients who were treated by source of suspicion, monthly average across 2023-24

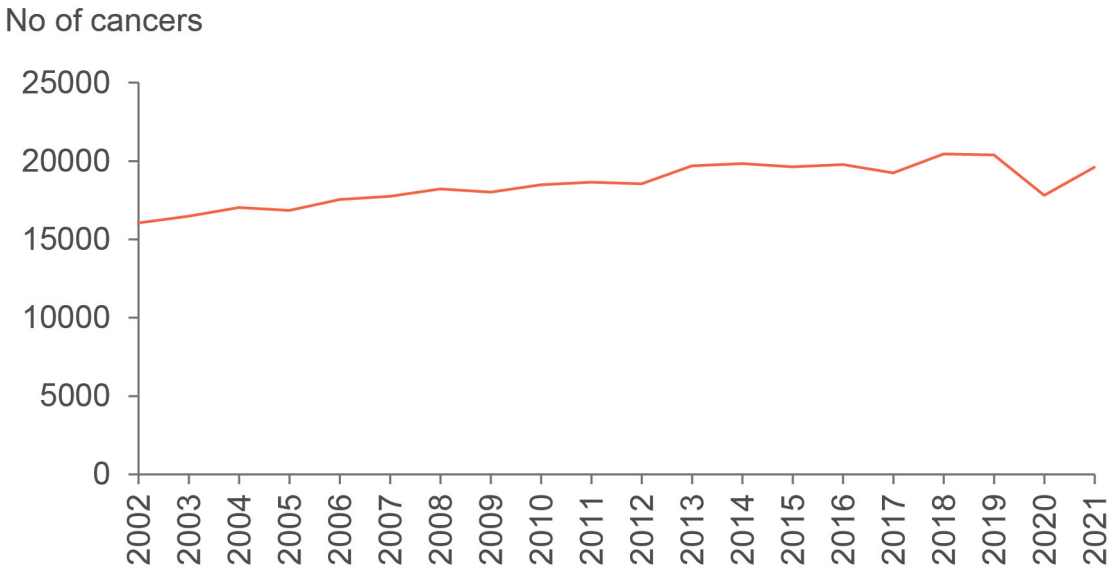
Source of suspicion / referral	% overall suspected cancer referrals	% of patients starting treatment as a proportion of referrals by source of suspicion
GP	**80%** (12,635 people)	**8% of GP referrals** (975 people)
Internal secondary care	**10%** (1,570 people)	**17% of internal secondary care referrals** (266 people)
Following a diagnostic test	**6%** (911 people)	**37% of referrals following a diagnostic test** (341 people)
Bowel screening	**1%** (120 people)	**28% of bowel screening referrals** (33 people)
Breast screening	**1%** (106 people)	**92% of breast screening referrals** (98 people)
Cervical screening	**<1%***	**50% of cervical screening referrals***
Emergency department	**1%** (214 people)	**38% of emergency department referrals** (81 people)
Other primary care professional	**1%** (120 people)	**5% of referrals from other primary care professionals***
Other health professional	**<1%** (66 people)	**15% of referrals from other health professionals***
Consultant from another health board	**<1%** (38 people)	**21% of referrals from external consultants***

Source: Audit Wales analysis of DHCW Suspected Cancer Pathway Data – closed pathways by source of suspicion.

Note: A small number of patient pathways did not have data on the source of suspicion / referral.

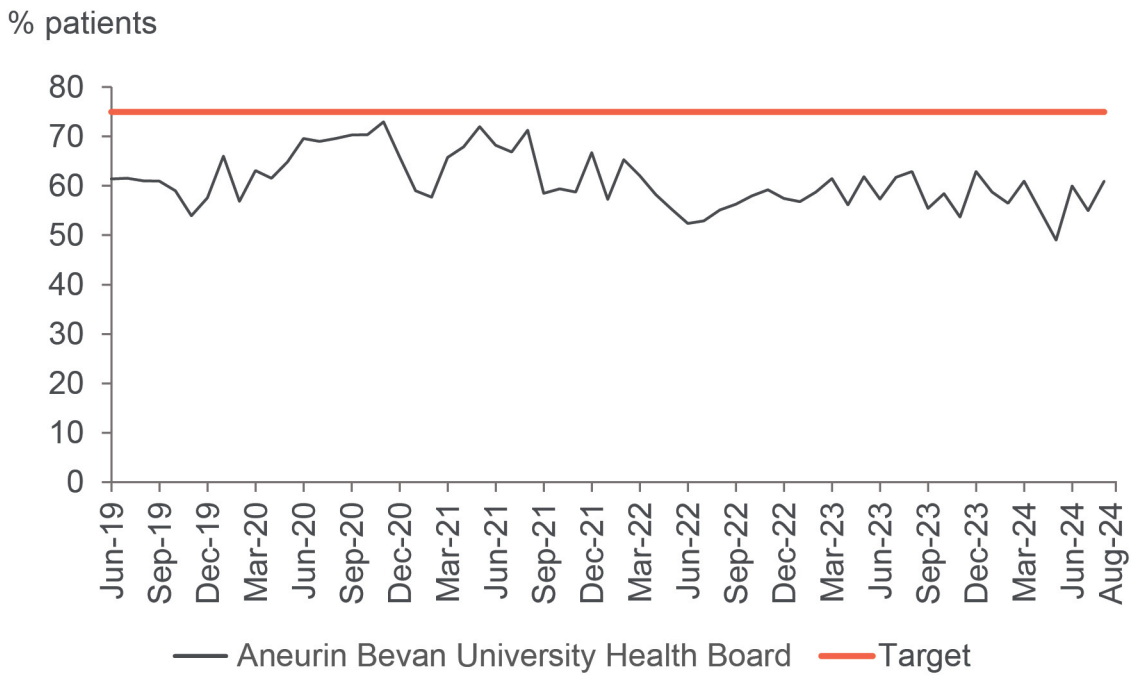
*Where there are 10 people or less.

Exhibit 26: number of newly diagnosed cancers in Wales (excluding non-melanoma skin cancer), 2002-2021



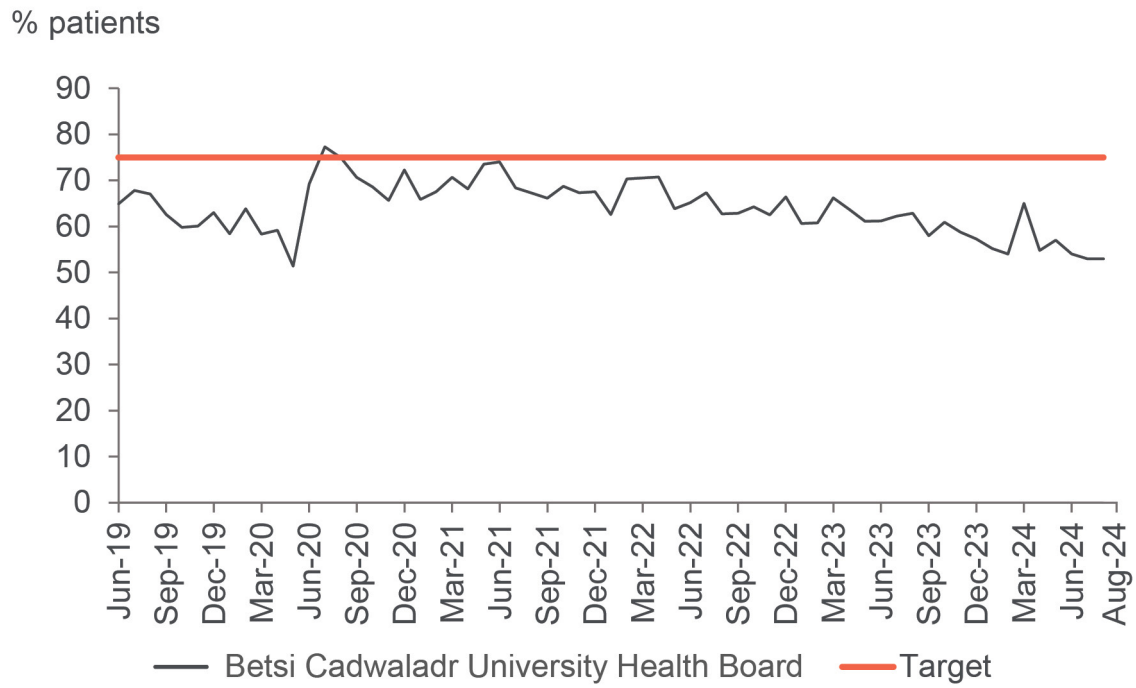
Source: WCISU cancer incidence data

Exhibit 27a: performance against the 62-day target by Aneurin Bevan University Health Board, June 2019 to August 2024



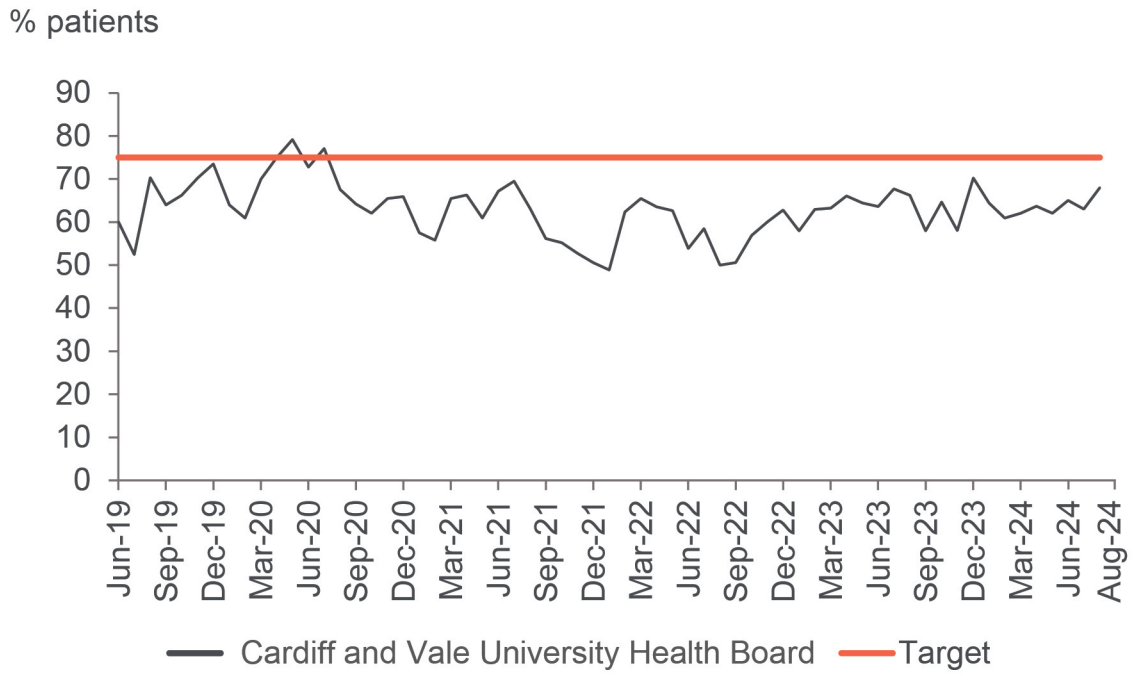
Source: DHCW, Suspected Cancer Pathway – Closed Pathways dataset, on StatsWales.

Exhibit 27b: performance against the 62-day target by Betsi Cadwalladr University Health Board, June 2019 to August 2024



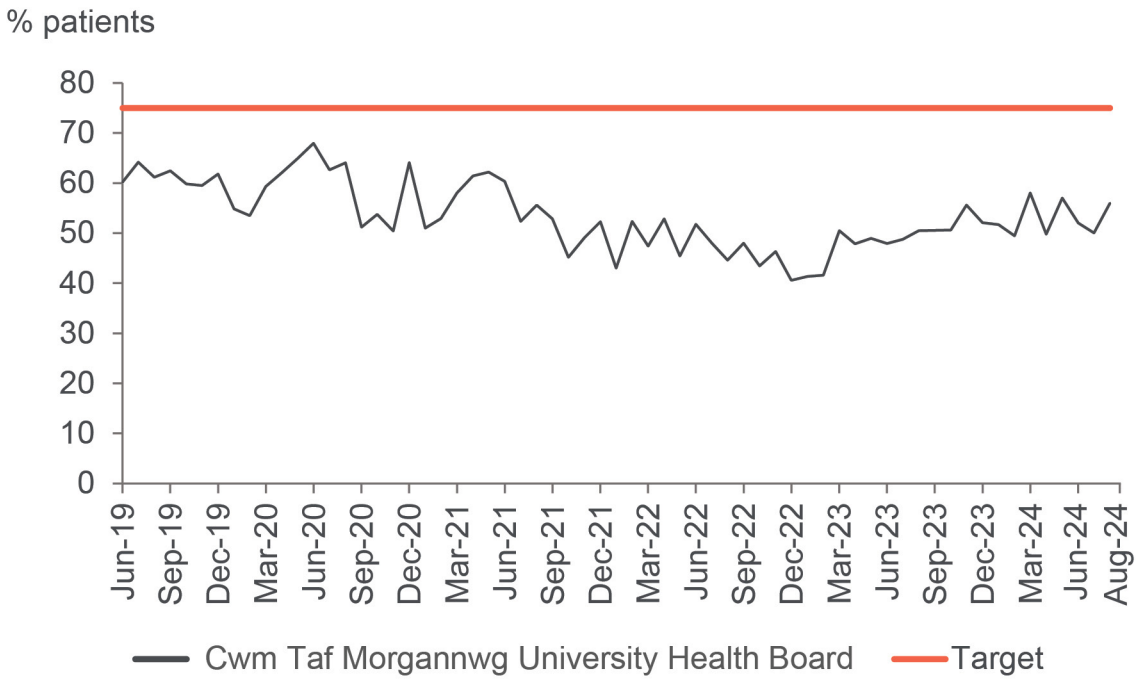
Source: DHCW, Suspected Cancer Pathway – Closed Pathways, on StatsWales.

Exhibit 27c: performance against the 62-day target by Cardiff and Vale University Health Board, June 2019 to August 2024



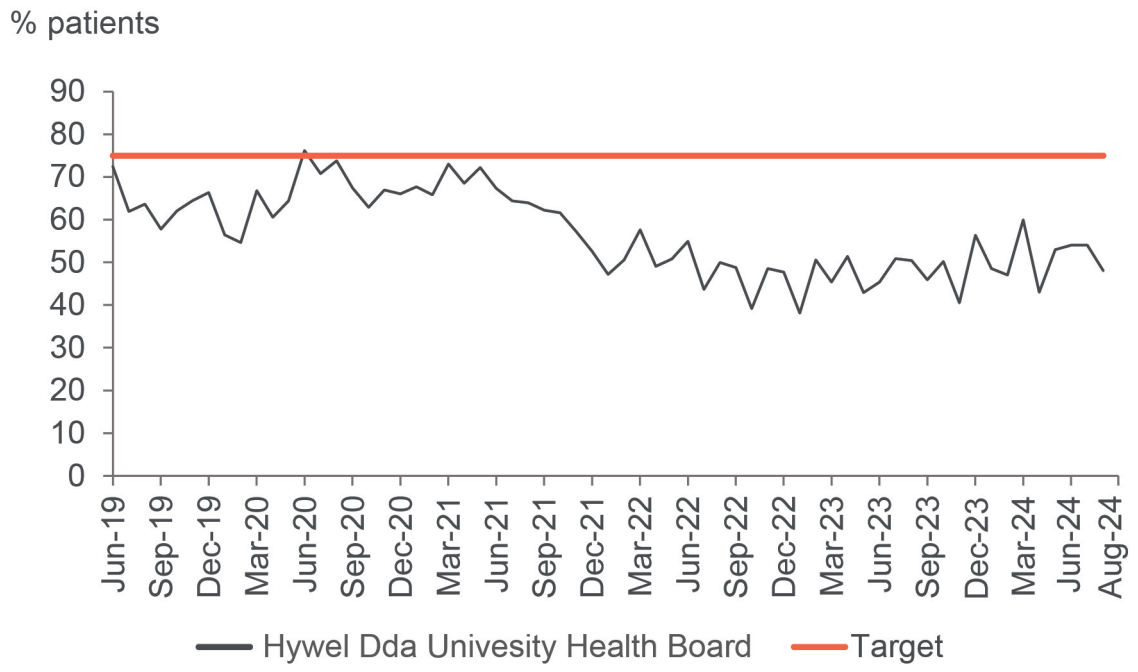
Source: DHCW, Suspected Cancer Pathway – Closed Pathways dataset, On StatsWales.

Exhibit 27d: performance against the 62-day target by Cwm Taf Bro Morgannwg University Health Board, June 2019 to August 2024



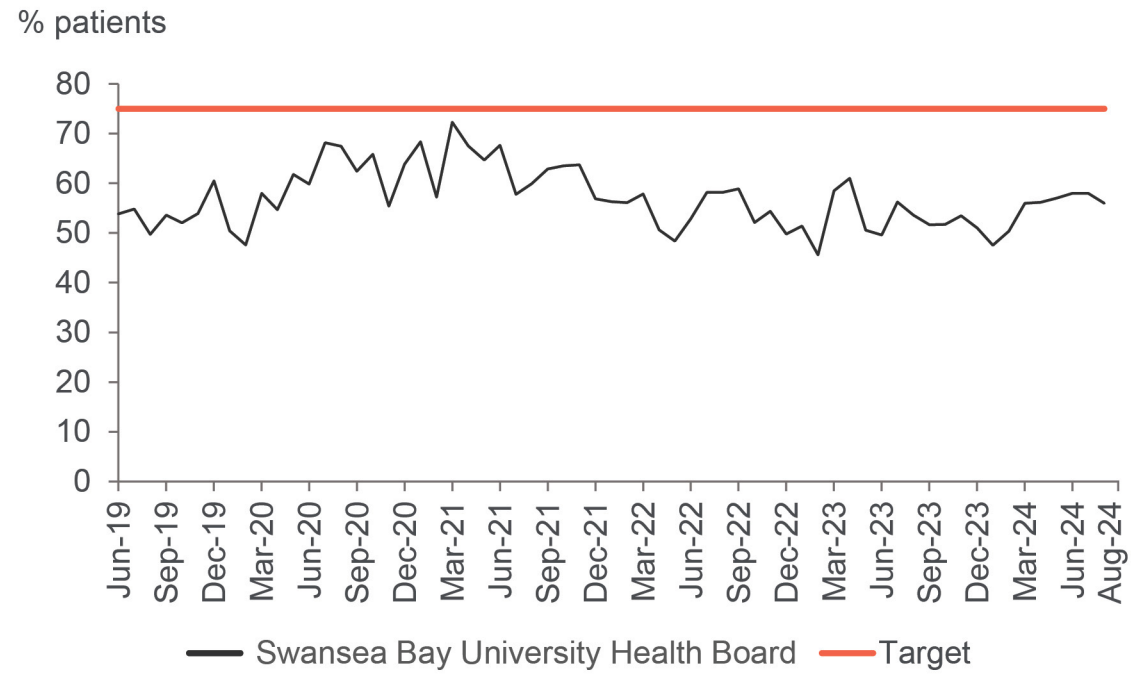
Source: DHCW, Suspected Cancer Pathway – Closed Pathways dataset, on StatsWales.

Exhibit 27e: performance against the 62-day target by Hywel Dda University Health Board, June 2019 to August 2024



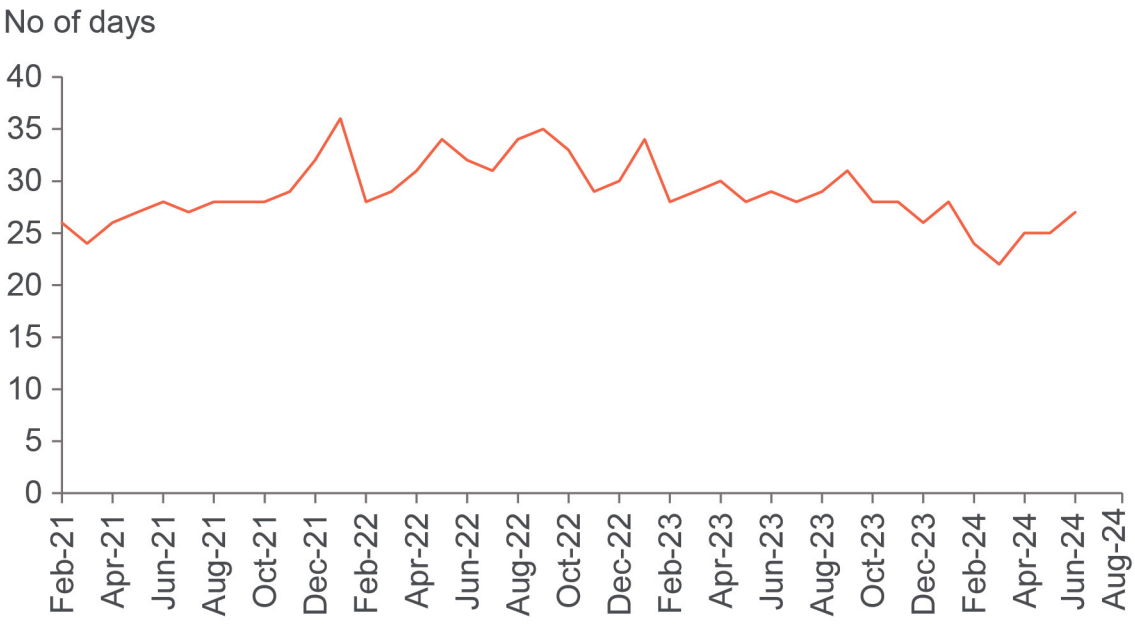
Source: DHCW, Suspected Cancer Pathway – Closed Pathways dataset, on StatsWales.

Exhibit 27f: performance against the 62-day target by Swansea Bay University Health Board, June 2019 to August 2024



Source: DHCW, Suspected Cancer Pathway – Closed Pathways dataset, on StatsWales.

Exhibit 28: median waits from first suspicion to diagnosis, February 2021 to August 2024



Source: DHCW data from the Suspected Cancer Pathway Dashboard

3 About our work

Audit question, scope and criteria

We chose to focus on the national strategic approach to improving the timeliness of cancer diagnosis and treatment because we identified significant systemic challenges facing cancer services during our scoping. This review focuses on the Welsh Government and NHS Executive (and its National Strategic Clinical Network for Cancer) as system leaders, recognising that health boards and trusts have responsibility for the operational delivery of different aspects of cancer services. We will consider the merits of further work focusing on NHS bodies' approach to delivering cancer services in our 2025-26 work programme.

We developed our audit criteria based on learning from our previous audits of planned care[66] and local health audit work, analysis of key strategic documents[67], and research from relevant organisations on the challenges associated with cancer services in Wales.

66 Audit Wales, NHS Wales Waiting Times for Elective Care in Wales, 2015; Audit Wales, 10 Opportunities for Resetting and Restarting the NHS Planned Care System, 2020; and Audit Wales, Tackling the Planned Care Backlog in Wales, 2022.

67 Including Welsh Government, A Healthier Wales – a Long Term Plan for Health and Social Care, 2021; Welsh Government, Our Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales, 2022, Welsh Government, The Quality Statement for Cancer, 2022, Welsh Government, Diagnostics Recovery and Transformation Strategy for Wales 2023 to 2025; and the National Strategic Clinical Network for Cancer, A Cancer Improvement Plan for NHS Wales 2023-26, 2023.

Audit methods

Document review

We reviewed relevant documentation including:

- documents setting out the national strategic approach. Key documents include the Quality Statement for Cancer, Cancer Improvement Plan, the Diagnostic Recovery and Transformation Strategy, National Clinical Framework, National Optimal Pathways and NHS planning and performance frameworks
- documents relating to the NHS Executive's national cancer recovery programme
- individual NHS body plans setting out their approach to delivering cancer services, and relevant board and committee papers on cancer performance
- papers from the Welsh Government's performance management meetings
- Public Health Wales NHS Trust information on the delivery of population screening servicesinformation on cancer data and population health including reports from the Welsh Cancer Surveillance and Intelligence Unit and the Welsh Government's Science Evidence Advice[68]
- the Senedd Health and Social Care Committee's report on its inquiry on gynaecological cancers[69] and supporting evidence

Semi-structured interviews

We interviewed officials from the following organisations:

- the Welsh Government;
- the NHS Executive including its National Strategic Clinical Network for Cancer;
- a sample of health boards including officials from Betsi Cadwaladr, Hywel Dda and Swansea Bay University Health Boards, and Powys Teach Health Board;
- officials from other NHS bodies including Digital Health and Care Wales, Health Education and Improvement Wales, Public Health Wales and Velindre NHS Trusts; and
- we also met with officials from the NHS Executive, Cardiff and Vale, Hywel Dda and Swansea Bay University Health Boards to inform our scoping.

68 Welsh Government, Science Evidence Advice – NHS in 10+ Years – An Examination of the Projected Impact of Long-Term Conditions and Risk Factors in Wales', September 2023.

69 Welsh Parliament Health and Social Care Committee, Unheard: Women's Journey Through Gynaecological Cancer, December 2023.

Workshop with third sector representatives

We held a workshop with representatives from the third sector on 1st May 2024 organised by the Wales Cancer Alliance[70]. We asked participants for their views of the strengths and weaknesses of the national strategic approach and invited further written responses with more detail on the same topic. We conducted follow-up interviews with some organisations for clarification where necessary. Representatives from the organisations below took part in the workshop:

- ALK Positive UK
- Association of the British Pharmaceutical Industry
- Blood Cancer UK
- Bowel Cancer UK
- Breast Cancer Now
- Cancer Research UK
- Fair Treatment for the Women of Wales
- Leukaemia Care
- MacMillan Cancer Support
- Marie Curie
- Prostate Cancer UK
- Royal College of Pathologists
- Royal College of Paediatrics and Child Health
- Royal College of Physicians
- Tenovus Cancer Care
- Young Lives vs Cancer
- We established an expert panel to inform our understanding of the systemic barriers to the timeliness of cancer diagnosis and treatment and provide critical challenge on our findings. The panel included representatives from Marie Curie, the Association of the British Pharmaceutical Industry, the Royal College of Physicians, and the Wales Cancer Alliance.

70 A coalition of charities working to prevent cancer, improve care, fund research and influence policy in Wales.

Data analysis

We reviewed data from different sources including:

- DHCW published data on open and closed cancer pathways, on StatsWales;
- DHCW published data on hospital admissions. We also requested data on discharge destinations of cancer patients admitted to hospital;
- we requested data from the Suspected Cancer Pathway dataset managed by DHCW that is not published elsewhere. We analysed data on performance against the Suspected Cancer Pathway target by ethnicity; source of suspicion ; and closed pathways by whether patients started treatment for cancer, were downgraded for not having cancer, or died before being downgraded or starting treatment; and
- Welsh Cancer Surveillance and Intelligence Unit data on cancer incidence, mortality and survival.

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Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.

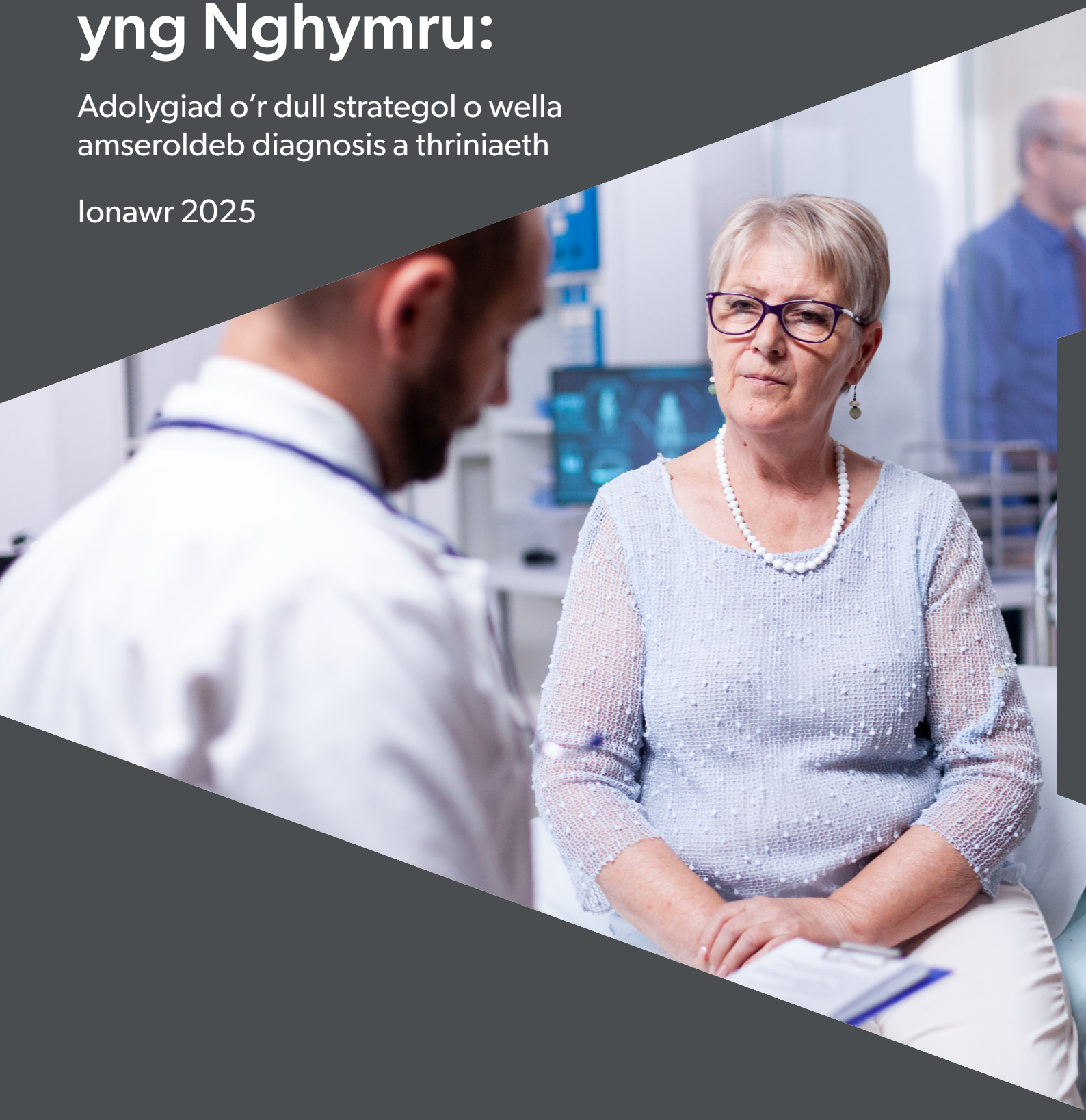
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Archwilio Cymru
Audit Wales

Gwasanaethau Canser yng Nghymru:

Adolygiad o'r dull strategol o wella amseroldeb diagnosis a thriniaeth

Ionawr 2025



Paratowyd yr adroddiad hwn i'w gyflwyno i'r Senedd o dan Ddeddf Llywodraeth Cymru 1998 a Deddf Llywodraeth Cymru 2006.

Mae'r Archwilydd Cyffredinol yn annibynnol o'r Senedd ac o lywodraeth. Mae'n archwilio ac yn ardystio cyfrifon Llywodraeth Cymru a'r cyrff cyhoeddus sy'n gysylltiedig â hi ac a noddir ganddi, gan gynnwys cyrff y GIG. Mae ganddo'r pŵer i gyflwyno adroddiadau i'r Senedd ar ddarbodaeth, effeithlonrwydd ac effeithiolrwydd y defnydd a wna'r sefydliadau hynny o'u hadnoddau wrth gyflawni eu swyddogaethau, a sut y gallent wella'r defnydd hwnnw.

Mae'r Archwilydd Cyffredinol hefyd yn archwilio cyrff llywodraeth leol yng Nghymru ac yn cynnal astudiaethau gwerth am arian llywodraeth leol.

Mae'r Archwilydd Cyffredinol yn ymgymryd â'i waith gan ddefnyddio staff ac adnoddau eraill a ddarperir gan Swyddfa Archwilio Cymru, sydd yn fwrdd statudol wedi'i sefydlu ar gyfer y nod hwnnw ac i fonitro a chynghori'r Archwilydd Cyffredinol.

Archwilio Cymru yw brand ymbarél Archwilydd Cyffredinol Cymru a Swyddfa Archwilio Cymru, sy'n endidau cyfreithiol ar wahân gyda'u swyddogaethau cyfreithiol eu hunain. Nid yw Archwilio Cymru ei hun yn endid cyfreithiol. Er bod gan yr Archwilydd Cyffredinol y swyddogaethau archwilio ac adrodd a ddisgrifir uchod, prif swyddogaethau Swyddfa Archwilio Cymru yw darparu staff ac adnoddau eraill ar gyfer arfer swyddogaethau'r Archwilydd Cyffredinol, ac i fonitro a chynghori'r Archwilydd Cyffredinol.

Am fwy o wybodaeth, neu os ydych angen unrhyw un o'n cyhoeddiadau mewn ffurf ac/neu iaith wahanol, cysylltwch â ni drwy ffonio 029 2032 0500 neu drwy e-bostio post@archwilio.cymru.

Rydym yn croesawu galwadau ffôn yn Gymraeg a Saesneg. Gallwch ysgrifennu atom hefyd, yn Gymraeg neu'n Saesneg, a byddwn yn ymateb yn yr iaith rydych chi wedi ei defnyddio. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

This document is also available in English.

Cynnwys

Ffeithiau allweddol

Arddangosyn 1: ffeithiau allweddol

Canser yw **prif achos marwolaeth** yng Nghymru

Cymru sydd â'r gyfradd marwolaethau canser ail uchaf yn y DU. Mae gan y DU un o'r cyfraddau marwolaeth canser uchaf ymhlith holl wledydd y Sefydliad ar gyfer Cydweithrediad a Datblygiad Economaidd

Mae'r cyfraddau goroesi canser bum mlynedd ar ôl cael diagnosis wedi gwella. Goroesodd **62%** o'r bobl a gafodd ddiagnosis o ganser rhwng 2016–2022 bum mlynedd ar ôl cael diagnosis o'u cymharu â **54%** o'r bobl a gafodd ddiagnosis rhwng 2002–2006

Gellid atal **4 o bob 10** achos o ganser blynyddol yng Nghymru

Ar £719 miliwn yn 2022-23, gwariant ar wasanaethau canser oedd y **trydydd maes gwariant uchaf y GIG** ar ôl iechyd meddwl a thrawma ac orthopedeg

Bu **cynnydd o 54%** mewn gwariant termau real ar wasanaethau canser rhwng 2009–10 a 2022–23

Ers mis Awst 2020, nid oes yr un bwrdd iechyd wedi cyflawni'r targed cyffredinol sef y dylai **75%** o'r cleifion ddechrau eu triniaeth diffiniol cyntaf o fewn **62 o ddiwrnodau** i'r amheuaeth gyntaf o ganser

Rhwng mis Awst 2023 a mis Awst 2024, dechreuodd rhwng **53%** a **61%** o'r cleifion driniaeth o fewn **62 o ddiwrnodau**

Yn 2021, cafodd **24%** o'r cleifion canser ddiagnosis yn ystod cam 4, a **18%** ohonynt yn ystod cam 3

Ar gyfer pob math o ganser, mae gostyngiad yn y nifer sy'n goroesi wrth i gam y canser fynd rhagddo

Rhwng mis Gorffennaf 2023 a mis Gorffennaf 2024, dim ond **21%** o'r cyfranogwyr sgrinio'r coluddyn a gyfeiriwyd at eu bwrdd iechyd i gael colonosgopi a gafodd gynnig y driniaeth o fewn 4 wythnos, o'u cymharu â'r safon o 90%

Mae cymhwysedd ar gyfer sgrinio'r coluddyn wedi ehangu fesul cam ers mis Hydref 2021. Mae bellach yn cynnwys pobl rhwng **50 a 74** oed, ac mae'n defnyddio prawf mwy sensitif.

Roedd y nifer a gafodd sgriniad serfigol yn **is na'r safon**

Canser y croen nad yw'n felanoma, canser y coluddyn, canser y fron, canser yr ysgyfaint a chanser y prostad yw'r **canserau mwyaf cyffredin** yng Nghymru

Ffynhonnell: Archwilio Cymru

Nodiadau: *Data Llywodraeth Cymru: Gwariant y GIG yn ôl categori cyllideb rhaglen a blwyddyn, 'canserau a thiwmorau', ar StatsCymru.

4 Negeseuon allweddol

Cyd-destun

1 Bydd un o bob dau o bobl yn y DU a anwyd ar ôl 1960 yn cael diagnosis o ryw fath o ganser yn ystod eu hoes[1]. Mae llawer o bobl yn mynd ymlaen i oroesi canser ac i fyw bywyd iach. Mae diagnosis cynnar a thriniaeth amserol yn allweddol i oroesi y rhan fwyaf o ganserau.

2 Mae llawer o sefydliadau yn y sector cyhoeddus a'r trydydd sector yn darparu gwasanaethau er mwyn canfod, rhoi diagnosis a thrin canserau a chefnogi cleifion canser. Mae rhai gwasanaethau, yn nodedig Therapi Gwrth-ganser Systemig[2] a radiotherapi, yn gwasanaethu cleifion canser yn bennaf. Fodd bynnag, mae llawer o'r capasiti cleifion allanol, diagnostig a llawfeddygol sydd ei angen ar gyfer cleifion canser yn rhan o'r system gofal a gynllunnir yn ehangach.

3 Mae Llywodraeth Cymru yn gyfrifol am osod y weledigaeth a phennu'r targedau gofal iechyd, ac am ddyrannu cyllid. Mae'n nodi amrywiaeth o ddisgwyliadau ar gyfer Gweithrediaeth y GIG, gan gynnwys cefnogi gwelliant mewn gwasanaethau canser, drwy lythyr cylch gwaith blynyddol. Mae'r Rhwydwaith Clinigol Strategol Cenedlaethol ar gyfer Canser[3] yn rhan o Weithrediaeth y GIG ac mae'n dod â chlinigwyr a gweithwyr iechyd proffesiynol at ei gilydd i gefnogi gwelliant. Mae byrddau iechyd yn gyfrifol am ddarparu gofal o ansawdd uchel i gleifion a chyflawn targedau perfformiad. Mae **Atodiad 1** yn esbonio rolau a chyfrifoldebau ar gyfer gwasanaethau canser ac elfennau allweddol o'r dull strategol.

4 Mae ein gwaith wedi archwilio cydlyniad y trefniadau cenedlaethol i sbarduno gwelliannau mewn gwasanaethau canser yng Nghymru. Mae'r adroddiad yn cynnwys trosolwg o berfformiad GIG Cymru wrth ddarparu diagnosis a thriniaeth canser ac mae'n cynnig safbwyntiau ar y rhagolygon ar gyfer gwella, gan gynnwys drwy atal. Nid yw'r adroddiad yn gwneud sylw ar berfformiad cyrff unigol y GIG oherwydd y bydd hyn yn cael ei archwilio yn rhan o raglen gwaith archwilio lleol 2025 yr Archwilydd Cyffredinol yn y cyrff hynny. Mae **Atodiad 3** yn darparu rhagor o fanylion am ein gwaith.

1 Cancer Research UK.

2 Mae Therapi Gwrth-ganser Systemig yn cynnwys cemotherapi, imiwnotherapi a therapi hormonau.

3 Rhwydwaith Canser Cymru oedd ei enw ar y pryd. Cyfeiriwn at y Rhwydwaith fel y 'Rhwydwaith Canser' drwy gydol yr adroddiad er hwylustod wrth gyfeirio.

Casgliadau cyffredinol

5 Ar y cyfan, canfuom er gwaethaf cynnydd mewn buddsoddiad, fod methiant parhaus i gyflawni'r targedau perfformiad cenedlaethol ar gyfer canser a bod lleiafrif o gleifion yn wynebu arosiadau annerbyniol o hir am ddiagnosis a/neu driniaeth. Mae canlyniadau canser yng Nghymru wedi gwella yn ystod y blynyddoedd diwethaf ond maent yn dal yn wael o'u cymharu â gwledydd eraill. Mae gwendidau mewn arweinyddiaeth strategol cenedlaethol y mae angen mynd i'r afael â hi ar frys er mwyn helpu i sbarduno'r gwelliannau angenrheidiol o ran amseroldeb a chynaliadwyedd diagnosis a thriniaeth canser.

Materion allweddol

Perfformiad ac adnoddau

6 Mae'r galw gan gleifion yr amheuir bod ganddynt ganser yn cynyddu o flaen gallu'r GIG i'w fodloni. O ganlyniad, mae'r rhestr aros ar gyfer diagnosis a thriniaeth yn tyfu. Mae ein modelu dangosol yn dangos, heb gynnydd sylweddol mewn gweithgarwch i wneud diagnosis a thrin cleifion, na fydd y rhestr aros yn dychwelyd i lefelau a oedd yn bodoli cyn y pandemig.

7 Nid yw'r targed cenedlaethol, sef y dylai 75% o gleifion canser ddechrau eu triniaeth terfynol cyntaf o fewn 62 o ddiwrnodau i'r amheuaeth gyntaf, wedi ei gyflawni gan unrhyw un o fyrddau iechyd Cymru ers mis Awst 2020. Gwaethygodd y perfformiad yn dilyn y pandemig ac mae wedi bod yn sefydlog ers dechrau 2022, gyda rhwng 52% ac 61% o'r cleifion yn dechrau eu triniaeth o fewn yr amser targed. Mae amseroedd aros ar gyfer rhai mathau o ganser yn enwedig o hir, gyda rhai cleifion yn aros dros 100 niwrnod am driniaeth[4]. Mae arosiadau cynyddol hefyd rhwng diagnosis a dechrau'r driniaeth.

8 Mae lleiafrif sylweddol o bobl yn cael eu nodi â chanser cam hwyr, sy'n effeithio ar eu tebygolrwydd o oroesi. Yn 2021, roedd cleifion a gafodd ddiagnosis o ganserau coden y bustl, y pancreas a'r ysgyfaint yn fwy tebygol na chleifion â mathau eraill o ganserau o gael diagnosis yn ystod cam pedwar (74%, 52% a 48% o'r cleifion).

9 Mae sgrinio yn chwarae rôl hanfodol wrth ganfod yn gynnar. Er bod y safon ar gyfer y nifer sy'n manteisio ar sgrinio'r coluddyn yn cael ei chyflawni, nid yw hyn yn wir ar gyfer rhaglenni sgrinio'r fron a serfigol.

4 Gweler **Arddangosyn 8**.

10 Mae canlyniadau cleifion wedi gwella dros amser. Ond Cymru sydd â'r gyfradd marwolaethau canser uchaf ond un yn y DU, ar ôl yr Alban. Mae gan y DU ei hun gyfradd waeth na llawer o wledydd y Sefydliad ar gyfer Cydweithrediad a Datblygiad Economaidd. Mae cyfraddau marwolaethau yng Nghymru yn llawer gwaeth i bobl sy'n byw mewn ardaloedd difreintiedig ac mae'r bwlch rhwng y mwyaf a'r lleiaf difreintiedig yn tyfu.

11 Mae gwariant termau real ar ofal canser dros y 13 mlynedd ddiwethaf wedi cynyddu'n llawer mwy na'r cynnydd cyffredinol yng ngwariant termau real y GIG. Fodd bynnag, nid yw'r cynnydd hwn yn troi'n weithgaredd ychwanegol o reidrwydd oherwydd bod amrywiaeth o bwysau cost chwyddiant, gan gynnwys costau cyffuriau a thriniaethau newydd. Mae heriau o ran capasiti hefyd—gan gynnwys bylchau yn y gweithlu a phryderon am brinder offer sganio modern.

Cyfeiriad strategol

12 Noda Llywodraeth Cymru ei gweledigaeth strategol lefel uchel ar gyfer gwasanaethau canser yn ei Datganiad Ansawdd ar gyfer Canser 2021. Ym mis Chwefror 2023, ar gais y Gweinidog Iechyd a Gofal Cymdeithasol ar y pryd, cyhoeddodd y Rhwydwaith Canser Gynllun Gwella Canser tair blynedd fel ymateb cyfunedig gan y GIG i'r Datganiad Ansawdd. Mae Gweithrediaeth y GIG yn datblygu Rhaglen Adfer Canser Genedlaethol yn rhan o'r dull cenedlaethol ehangach o drawsnewid gofal a gynlluniwyd. Mae Llywodraeth Cymru hefyd wedi lansio menter 'Canser: Gwella Canlyniadau' drwy ei Hwb Gwyddorau Bywyd â'r nod o feithrin arloesedd a chydweithrediad rhwng y GIG a diwydiant.

13 Er bod y datblygiadau amrywiol hyn yn dangos ymrwymiad cenedlaethol clir i wella gwasanaethau canser, fframwaith polisi a chynllunio sy'n ddiffygiol o ran cydlyniad ydynt. Mae'r fframwaith hwnnw'n cael ei danseilio gan ddryswch ynghylch statws y Cynllun Gwella Canser tair blynedd. Mae'r cynllun yn nodi camau i gyrff y GIG gyflawni rhai agweddau ar y Datganiad Ansawdd, ond nid pob un ohonynt. Fodd bynnag, gwnaed yn glir inni nad dogfen gan Lywodraeth Cymru yw'r Cynllun Gwella.

14 Felly, mae cyrff y GIG a'r trydydd sector yn ddryslyd ynghylch statws y Cynllun Gwella a'r hyn y dylent fod yn ei wneud, os o gwbl, i'w weithredu. Roedd llawer hefyd yn ddryslyd ynghylch y cysylltiadau rhwng y Cynllun Gwella, y Rhaglen Adfer Canser Genedlaethol a menter Canser: Gwella Canlyniadau.

15 Mae dryswch tebyg ynghylch rhaniad arweinyddiaeth ac atebolrwydd rhwng Llywodraeth Cymru a Gweithrediaeth y GIG ac ynghylch rolau yng Ngweithrediaeth y GIG. Ar y cyfan, gwnaethom nodi cydsyniad, gan gynnwys yn Llywodraeth Cymru a Gweithrediaeth y GIG, nad oedd y trefniadau'n darparu eto yr arweinyddiaeth gref sydd ei hangen i sbarduno gwelliant ar draws y system mewn gwasanaethau canser.

16 Gwnaethom nodi enghreifftiau o fuddsoddiad pwysig gan Lywodraeth Cymru i wella gwasanaethau canser a gofal a gynlluniwyd ehangach, gan gynnwys canolfannau diagnostig cyflym a chanolfan canser newydd ar gyfer Ymddiriedolaeth GIG Felindre. Fodd bynnag, gall y cyflymder y mae rhai datblygiadau newydd yn cael eu datblygu fod yn araf, mewn meysydd megis patholeg celloedd digidol a sgrinio canser yr ysgyfaint.

17 Mae risg hefyd na fydd Llywodraeth Cymru yn cael elw da ar ei buddsoddiad o £3.4 miliwn mewn Academi Ddelweddu Genedlaethol. Mae'r Academi yn hyfforddi mwy o radiolegwyr er mwyn mynd i'r afael â phrinder gweithlu, ond nid yw rhai cyrff GIG wedi gallu creu swyddi i bobl sydd newydd gymhwyso.

18 Mae Llywodraeth Cymru yn dibynnu'n helaeth ar ei threfniadau rheoli perfformiad i oruchwylio ac i sbarduno gwelliant. Fodd bynnag, mae'r trefniadau hyn yn canolbwyntio'n bennaf ar y targed amseroldeb o 62 o ddiwrnodau, sydd ond yn cynnwys rhan o lwybr y claf. Dywedodd Llywodraeth Cymru wrthym ei bod hefyd yn canolbwyntio ar gyflawni Llwybr Delfrydol Cenedlaethol. Er hynny, yn ystod y cam drafftio, roedd Gweithrediaeth y GIG yn dal i ddatblygu cynlluniau ar gyfer monitro cydymffurfiaeth â'r llwybrau hynny.

19 Nid yw Datganiad Ansawdd Llywodraeth Cymru yn nodi unrhyw ddisgwyliadau penodol o ran atal canser er bod modd atal oddeutu 38% o'r holl ganser. Er bod strategaethau eraill gan Lywodraeth Cymru sydd â'r nod o annog ffyrdd iachach o fyw, nid yw'r rhain yn fframwaith polisi cydlynol ar gyfer iechyd y boblogaeth ac atal clefydau.

20 Mae data a digidol yn ddau faes allweddol arall y mae angen eu gwella. Gwnaethom nodi anghywirdebau mewn data cenedlaethol a'r angen am ddata cenedlaethol mwy cyson sy'n helpu i olrhain yr hyn a gyflawnir ar draws llwybr y claf. Mae gwaith yn mynd rhagddo i ddisodli'r system wybodaeth am ganser sydd wedi dyddio. Fodd bynnag, araf y bu'r cynnydd, ac mae gwasanaethau'n parhau i ddibynnu ar systemau digidol tameidiog sy'n cymryd llawer o amser ac yn cario risgiau i ddiogelwch cleifion.

Mae Datganiad Ansawdd Llywodraeth Cymru, nodi llwybrau sydd wedi'u hoptimeiddio'n genedlaethol a chyhoeddi Cynllun Gwella Canser i gyd yn enghreifftiau o ymrwymiad clir i sicrhau gofal canser o ansawdd uchel i bobl Cymru.

Fodd bynnag, er gwaethaf hyn, a mwy o fuddsoddi yn ystod y blynyddoedd diwethaf, mae gormod o bobl yn wynebu amseroedd aros annerbyniol o hir am ddiagnosis a thriniaeth canser. Mae amrywiadau o ran perfformiad a chanlyniadau yn parhau o fewn cyrff iechyd yng Nghymru a rhwng cyrff iechyd yng Nghymru, ac nid oes digon o sylw yn cael ei roi ar atal y ffactorau ffordd o fyw a all achosi canser a chyflyrau iechyd mawr eraill.

Mae angen egluro a chryfhau'r trefniadau ar gyfer arweinyddiaeth genedlaethol a goruchwylio gwasanaethau canser yng Nghymru fel mater o frys. Mae'n rhaid i hyn gynnwys datganiad clir ar statws Cynllun Gwella Canser GIG Cymru a sut mae Llywodraeth Cymru a Gweithrediaeth y GIG yn disgwyl iddo gael ei ddefnyddio, ochr yn ochr â rhaglenni a mentrau eraill, i lunio'r gwelliannau sydd eu hangen arnom mewn gwasanaethau canser yng Nghymru.

Adrian Crompton
Archwilydd Cyffredinol Cymru

Argymhellion

Arddangosyn 2: argymhellion

Nodi dull strategol, cydlynol a hirdymor ar gyfer canser yng Nghymru, a gefnogir gan arweinyddiaeth system glir a goruchwyliaeth wybodus

A1 Dylai Llywodraeth Cymru egluro'n gyhoeddus statws y Cynllun Gwella Canser a'i gysylltiadau â'r Rhaglen Adfer Canser Genedlaethol a menter Canser: Gwella Canlyniadau. Os nad yw'r camau gweithredu yn y Cynllun Gwella Canser yn berthnasol mwyach, dylai Llywodraeth Cymru nodi sut y mae'n bwriadu sbarduno gweithrediad y weledigaeth a nodir yn ei Datganiad Ansawdd ar gyfer Canser.

A2 Dylai Llywodraeth Cymru nodi model cydlynol ar gyfer arweinyddiaeth system mewn cysylltiad â gwasanaethau canser sy'n egluro ei rôl ei hun a swyddogaeth Gweithrediaeth y GIG ac yn nodi sut y bydd yn ymgysylltu â chlinigwyr a rhanddeiliaid allweddol eraill er mwyn datblygu safbwynt cyffredin ar berfformiad, ansawdd a chyfleoedd i wella gwasanaeth canser.

A3 Dylai Llywodraeth Cymru adolygu ei fframwaith goruchwylio a pherfformiad mewn cysylltiad â gwasanaethau canser er mwyn canolbwyntio ar amrywiaeth ehangach o faterion, gan gynnwys cysondeb mwy eglur â'r uchelgeisiau a'r priodoleddau ansawdd a nodir yn y Datganiad Ansawdd ar gyfer Canser.

Datblygu'r dull strategol o wella iechyd y boblogaeth ac atal clefydau

A4 Dylai Llywodraeth Cymru ddatblygu dull mwy cydlynol o wella iechyd y boblogaeth drwy nodi sut mae'n bwriadu defnyddio ei Cyngor ar Wyddoniaeth a Thystiolaeth: Y GIG mewn 10 Mlynedd a Mwy i reoli'r cyfleoedd sy'n gysylltiedig ag atal i leihau nifer yr achosion o ganser a chyflyrau mawr eraill.

Manteisio ar gyfleoedd penodol i wella

A5 Dylai Llywodraeth Cymru weithio gydag Iechyd Cyhoeddus Cymru i gyflymu'r broses o wneud penderfyniadau ynghylch rhaglen sgrinio'r ysgyfaint cenedlaethol. Dylai gadarnhau cyn gynted â phosibl a fydd yn ariannu rhaglen sgrinio'r ysgyfaint cenedlaethol i Gymru a'r amserlen ar gyfer gweithredu rhaglen o'r fath.

A6 Yn rhan o ddull ehangach o annog gweithio rhanbarthol gwell rhwng byrddau iechyd, dylai Llywodraeth Cymru a Gweithrediaeth y GIG weithio gyda'r gwasanaeth i ddeall a helpu i fynd i'r afael ag unrhyw rwystrau allweddol i ddarparu gwasanaethau rhanbarthol. Dylai hyn gynnwys gweithio gydag Iechyd a Gofal Digidol Cymru i nodi atebion digidol er mwyn cefnogi rhestrau aros a rennir ar gyfer diagnosis a thriniaeth canser, fel y bo'n briodol.

A7 Dylai Llywodraeth Cymru weithio gyda Gweithrediaeth y GIG, Addysg a Gwella Iechyd Cymru a chyrff eraill y GIG i sicrhau bod cyfleoedd cyflogaeth ar gael i radiolegwyr sydd wedi eu hyfforddi yn yr Academi Ddelweddu Genedlaethol.

Gwella Data a Digidol

A8 Dylai Llywodraeth Cymru egluro rolau a chyfrifoldebau cenedlaethol o ran monitro, a sicrhau y cydymffurfir â'i safonau data gan gynnwys sut y bydd yn dwyn cyrff y GIG i gyfrif am gydymffurfiaeth wael.

A9 Dylai Llywodraeth Cymru weithio gyda'r Rhwydwaith Canser, Gweithrediaeth y GIG, Iechyd a Gofal Digidol Cymru ac Ymddiriedolaeth GIG Iechyd Cyhoeddus Cymru i ddatblygu set data mwy cynhwysfawr am wasanaethau canser sydd ar gael i'r cyhoedd, a ddylai gynnwys yr hyn a ganlyn, o leiaf:

- nifer y bobl sy'n aros am ddiagnosis neu driniaeth canser ar hyn o bryd (data llwybr agored).
- y perfformiad o'i gymharu â'r targed 62 o ddiwrnodau i'r bwrdd iechyd ddarparu diagnosis a thriniaeth a'r bwrdd iechyd sy'n gyfrifol am leoliad preswyl y claf, gan gynnwys pobl sy'n byw yn ardal Bwrdd Iechyd Addysgu Powys.
- y perfformiad ar draws llwybrau cleifion gan gynnwys amseroldeb adroddiadau diagnostig ar draws lleoliadau tiwmor; amseroldeb o'r penderfyniad i drin claf hyd at ddechrau'r driniaeth honno (gan gynnwys llawdriniaeth, radiotherapi a Therapi Gwrth-ganser Systemig); a diagnosis a thriniaeth ar gyfer clefyd sy'n dod drachefn a thrachefn. Dylid darparu gwybodaeth am berfformiad ar lefel isdiwmor canser pan fo hynny'n bosibl.
- amseroldeb diagnosis a thriniaeth ar gyfer cleifion a gyfeirir o raglenni sgrinio'r fron a serfigol.
- gwybodaeth gywir am degwch o ran y gallu i gael triniaeth, gan gynnwys ethnigrwydd cleifion canser yn ogystal â phrofiadau gwahanol grwpiau o gleifion (dylai hyn gynnwys plant a phobl ifanc).

A10 Dylai Llywodraeth Cymru weithio gydag Iechyd a Gofal Digidol Cymru a GIG Lloegr i rannu data rheolaidd a chyson am amseroldeb diagnosis a thriniaeth i gleifion canser Cymru sy'n cael eu trin gan GIG Lloegr.

Ffynhonnell: Archwilio Cymru

Perfformiad ac adnoddau

01

1.1 Mae'r rhan hon o'r adroddiad yn edrych ar ba mor dda y mae gwasanaethau rhoi diagnosis a thrin canser yn perfformio, gan gynnwys o'u cymharu â thargedau cenedlaethol. Mae'n ystyried perfformiad yng nghyd-destun ehangach y galw, pwysau ariannol a phwysau o ran capasiti.

Yr hyn yr oeddem yn chwilio amdano

Roeddem yn chwilio am dystiolaeth bod y GIG yn bodloni'r galw i roi diagnosis a thrin canser yn gynaliadwy; a yw'n cyflawni'r targedau perfformiad cenedlaethol o ran amseroldeb diagnosis a thriniaeth canser; ac am dystiolaeth bod canlyniadau cleifion canser yn gwella ac yn cymharu'n dda yn rhyngwladol.

Mae'r galw yn cynyddu o flaen gallu'r GIG i'w fodloni ac mae'r rhestr aros am ddiagnosis a/neu driniaeth yn tyfu

Mae nifer y bobl sy'n cael eu cyfeirio oherwydd amheuaeth o ganser wedi parhau i godi yn dilyn cwymp sydyn yn ystod y pandemig

1.2 Mae atgyfeiriadau oherwydd amheuaeth o ganser yn creu galw am wasanaethau y GIG, er bod y mwyafrif helaeth o'r atgyfeiriadau hynny (dros 84% ohonynt[5]) yn mynd rhagddynt i ddarganfod nad oes ganddynt ganser. Mae oddeutu 80% o'r cleifion yr amheuir bod ganddynt ganser yn cael eu cyfeirio gan feddygon teulu. Fodd bynnag, oherwydd eu bod yn llawer llai tebygol i fod â chanser mewn gwirionedd na'r rhai sy'n dod o lwybrau eraill[6], dim ond oddeutu 54% o'r cleifion sy'n cael eu cyfeirio gan feddygon teulu sy'n mynd rhagddynt i ddechrau triniaeth.

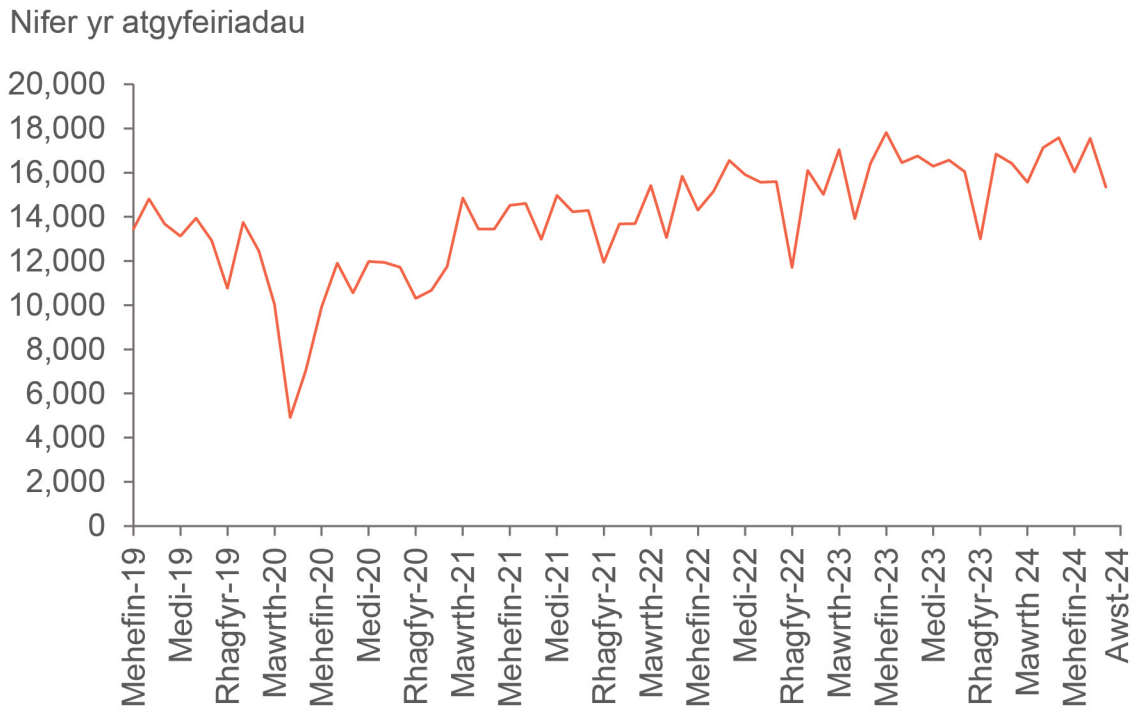
1.3 Bu cynnydd o 14% yn nifer yr atgyfeiriadau oherwydd amheuaeth o ganser rhwng mis Mehefin 2019 a mis Awst 2024 (**Arddangosyn 3**); sy'n cyfateb i dwf o oddeutu 3% pob blwyddyn. Mae atgyfeiriadau wedi cynyddu ar ôl cwymp ar ddechrau y pandemig. Roedd y nifer uchaf o atgyfeiriadau ym mis Awst 2024 ar gyfer canser y croen (ac eithrio carsinoma celloedd gwaelodol[7]) a chanser gastroberfeddol isaf (17% a 15% o atgyfeiriadau yn y drefn honno).

5 Ers mis Tachwedd 2020.

6 Mae llwybrau eraill yn cynnwys gwasanaethau sgrinio, adrannau brys, a gweithwyr proffesiynol gofal eilaidd eraill.

7 Carsinoma celloedd gwaelodol yw'r math mwyaf cyffredin o ganser y croen ac mae'n llai tebygol na chanserau eraill y croen o ledaenu i rannau eraill o'r corff. Nid yw GIG Cymru yn cyfeirio carsinoma celloedd gwaelodol a amheuir trwy'r llwybr amheuaeth o ganser oni bai bod pryder y gallai oedi wrth ymchwilio achosi effaith sylweddol i'r claf yn unol â Canllawiau NICE (NG12), a ddiweddarwyd ddiwethaf ym mis Hydref 2023.

Arddangosyn 3: atgyfeiriadau brys oherwydd amheuaeth o ganser, Mehefin 2019 – Awst 2024



Ffynhonnell: Iechyd a Gofal Digidol Cymru, Llwybr Lle'r Amheuir Canser—Set ddata Llwybrau Agored, ar StatsCymru.

Noder: mae'r data rhwng mis Mehefin 2019 a mis Tachwedd 2021 yn seiliedig ar ddadansoddiad arbrofol ar StatsCymru ac efallai na fydd modd ei gymharu'n uniongyrchol â'r data a ddilyswyd o fis Rhagfyr 2021 ymlaen.

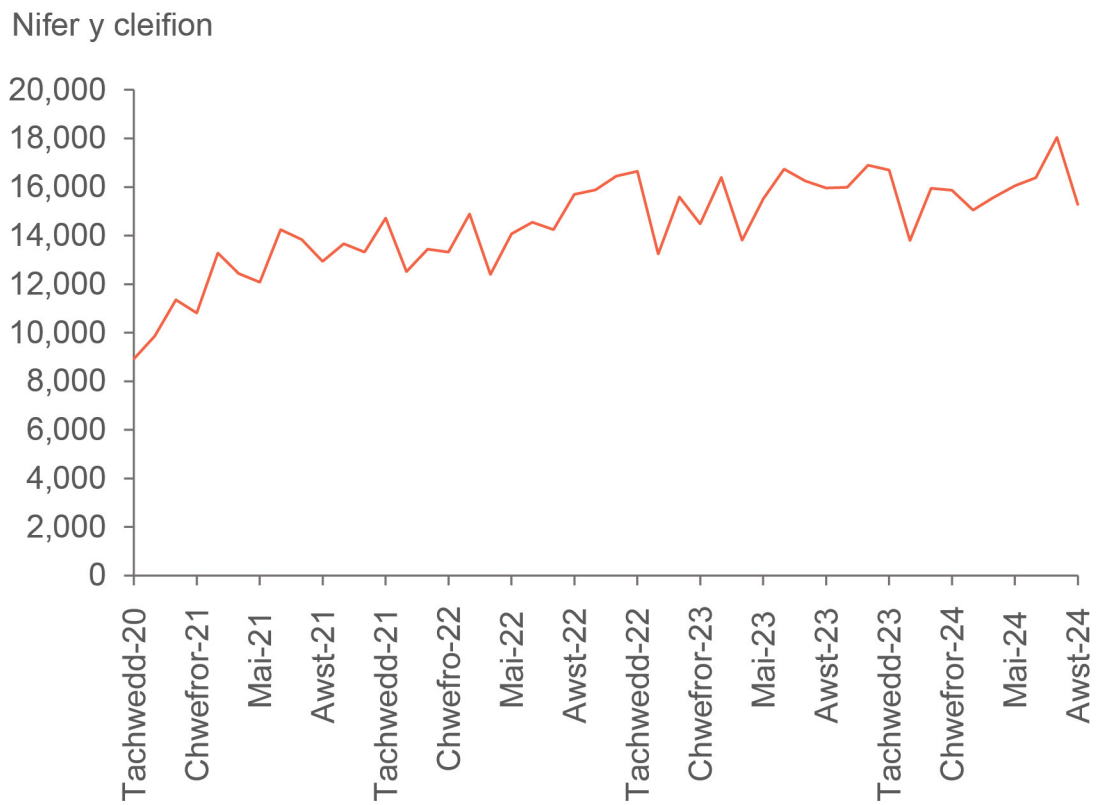
1.4 Mae nifer y cleifion canser sydd newydd gael diagnosis wedi cynyddu dros amser hefyd (cynnydd o 22% rhwng 2002 a 2021) (gweler **Atodiad 2, Arddangosyn 26**). Gostyngodd y niferoedd yn 2020, oherwydd bod llai o bobl wedi cael gofal iechyd yn ystod y pandemig yn ôl pob tebyg. Bu cynnydd niferoedd y diagnosisau newydd o ganser yn 2021, ond nid ydynt wedi dychwelyd at y lefelau a oedd yn bodoli cyn y pandemig eto. Nid yw Uned Gwybodaeth ac Arolygaeth Canser Cymru[8] wedi cyhoeddi data cofrestrfa canser clinigol y tu hwnt i 2021 eto.

8 Mae Uned Gwybodaeth ac Arolygaeth Canser Cymru yn rhan o Ymddiriedolaeth GIG Iechyd Cyhoeddus Cymru.

Mae'n ymddangos bod y cynnydd sydyn mewn gweithgarwch ar ôl y pandemig wedi llonyddu

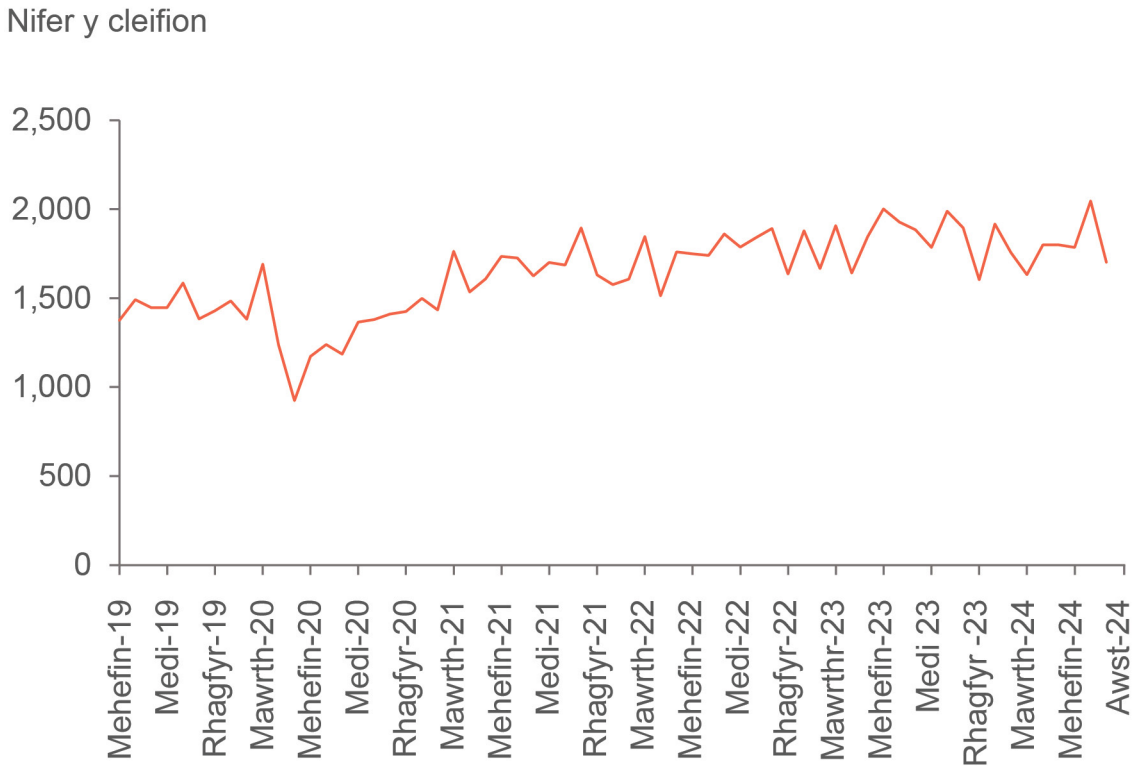
1.5 Bu cynnydd mewn gweithgarwch i roi diagnosis a thrin cleifion yr amheuir bod ganddynt ganser[9] ers y pandemig, ond mae'n ymddangos bod hyn yn llonyddu. Mae nifer cyffredinol y llwybrau a gaewyd—gan gynnwys y rhai y dywedwyd wrthynt nad oes canser arnynt a'r rhai a ddechreuodd driniaeth—wedi cynyddu ers mis Tachwedd 2020 (**Arddangosyn 4a**). Nid oes data hanesyddol cymharol i ddangos sut y mae'r lefelau gweithgarwch cyffredinol yn cymharu â'r lefelau a fodolai cyn y pandemig. Fodd bynnag, bu cynnydd yn nifer y cleifion a ddechreuodd driniaeth canser yn gyflym yn dilyn cwymp ar ddechrau'r pandemig a rhagorodd ar y ffigyrau ar gyfer y cyfnod cyn y pandemig erbyn mis Mawrth 2021 (**Arddangosyn 4b**). Mae'n ymddangos bod nifer y cleifion sy'n dechrau triniaeth wedi llonyddu i raddau helaeth o fis Tachwedd 2022.

Arddangosyn 4a: yr holl lwybrau a gaewyd Tachwedd 2020 – Awst 2024



9 Fel y'i mesurir yn ôl nifer y llwybrau a gaewyd.

Arddangosyn 4b: nifer y llwybrau a gaewyd oherwydd bod cleifion yn dechrau eu triniaeth gyntaf, Mehefin 2019 – Awst 2024



Ffynhonnell: Iechyd a Gofal Digidol Cymru, Llwybr Lle'r Amheuir Canser—Set Ddata Llwybrau Caeëdig, ar StatsCymru.

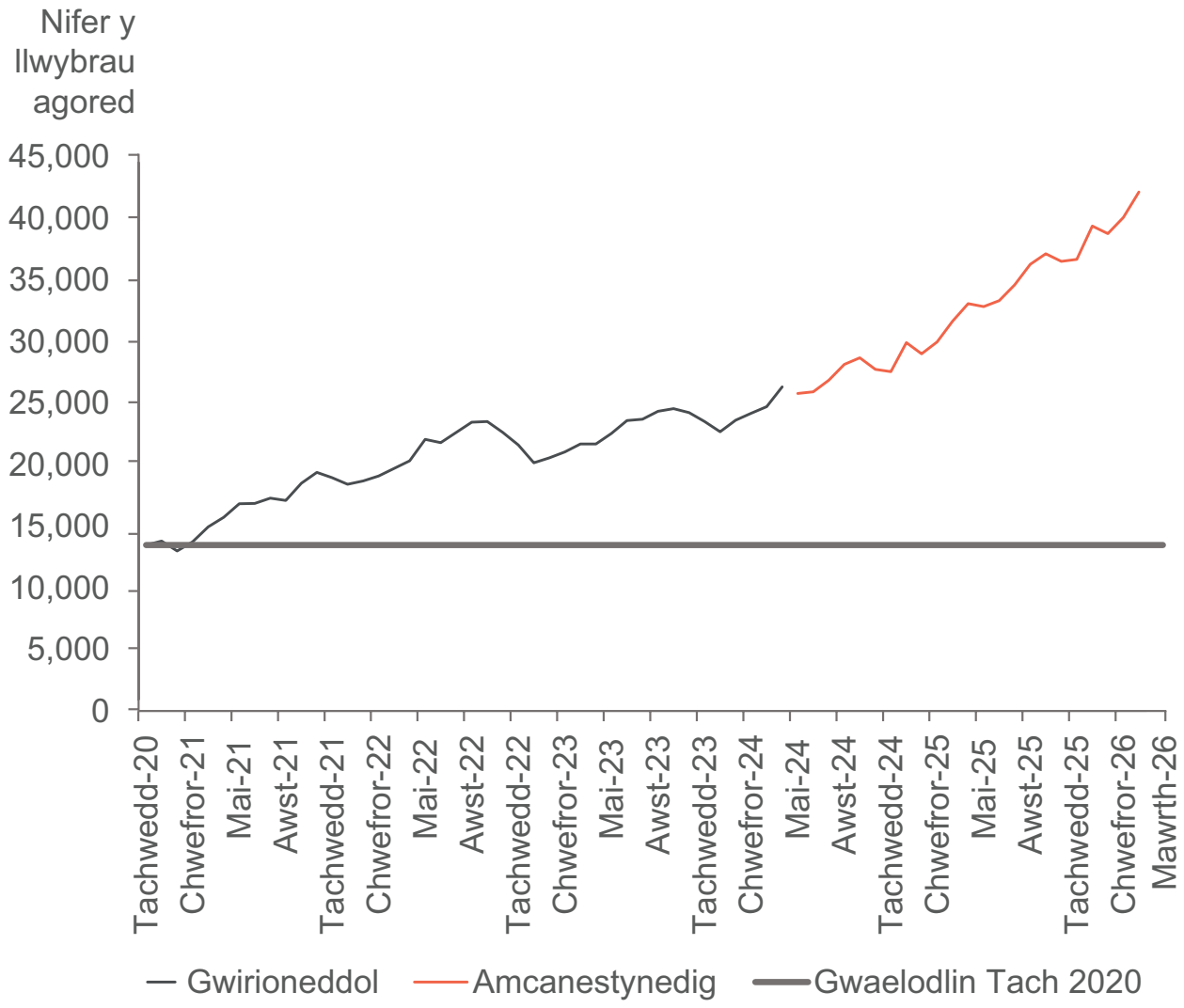
1.6 Mae'r data sydd ar gael yn tanddatgan swm y gweithgarwch oherwydd nad ydynt yn cynnwys gweithgarwch y tu hwnt i bwynt cyntaf y driniaeth. Bydd angen sawl episod o ofal ar lawer o bobl ar ôl iddynt ddechrau eu triniaeth gyntaf. Mae'n debygol bod swm y gweithgarwch ar ôl dechrau triniaeth gyntaf yn cynyddu gyda chymhlethdod cynyddol triniaethau newydd, yn enwedig ym maes imiwnotherapi. Mae'r tri chanolfan canser yng Nghymru[10] yn cadw gwybodaeth am amseroldeb y gallu i gael radiotherapi a Therapi Gwrth-ganser Systemig. Fodd bynnag, mae anghysondeb yn y ffordd y mae rhywfaint o'r data'n cael eu casglu yn golygu na allant ddarparu unrhyw fewnwelediad ar dueddiadau cenedlaethol ar hyn o bryd nac amseroldeb cymharol ar gyfer triniaeth barhaus ledled Cymru.

10 Yng ngogledd Cymru, de-orllewin Cymru, a de Cymru. Rheolir y canolfannau yn unigol gan Fwrdd Iechyd Prifysgol Betsi Cadwaladr, Bwrdd Iechyd Prifysgol Bae Abertawe ac Ymddiriedolaeth GIG Felindre.

Mae nifer y cleifion sy'n aros am ddiagnosis neu driniaeth yn cynyddu ac mae ein dadansoddiad yn awgrymu bod angen i'r GIG gynyddu gweithgarwch ymhellach os yw'n mynd i leihau'r ôl-groniad a bodloni'r galw yn gynaliadwy

1.7 Yn rhan o'i gweledigaeth ar gyfer gofal canser o safon, mae Llywodraeth Cymru yn dymuno gweld maint y rhestr aros yn dychwelyd i'r lefelau a oedd yn bodoli cyn y pandemig. Mae hefyd wedi pennu targed bod 80% o'r cleifion canser yn dechrau triniaeth o fewn 62 o ddiwrnodau erbyn mis Mawrth 2026. Fodd bynnag, mae'r rhestr aros am ddiagnosis a/neu driniaeth wedi parhau i dyfu, ac mae'n anodd gweld sut y bydd y targed hwnnw'n cael ei gyflawni (**Arddangosyn 5**). Dengys ein modelu dangosol y bydd y rhestr yn parhau i dyfu ar sail tueddiadau diweddar o ran galw a gweithgarwch. Mae'n amlwg, heb gynnydd sylweddol mewn gweithgarwch i roi diagnosis a thrin rhagor o gleifion, nad yw'n debygol y bydd y rhestr aros yn dychwelyd i'r lefelau blaenorol.

Arddangosyn 5: rhifau gwirioneddol ac wedi eu modelu ar gyfer llwybrau amheuaeth o ganser agored hyd at fis Mawrth 2026



Ffynhonnell: Dadansoddiad Archwilio Cymru o ddata Iechyd a Gofal Digidol Cymru, llwybrau amheuaeth o ganser agored ar ddiwedd y mis.

Noder: Gallai cleifion fod â mwy nag un llwybr os ydynt yn aros am ddiagnosis neu driniaeth ar gyfer mwy nag un canser.

Fel y'i mesurir gan atgyfeiriadau, roedd ein rhagamcaniad yn tybio bod cynnydd o 3% y flwyddyn yn y galw yn unol â thueddiadau diweddar a bod cynnydd o 1% y flwyddyn mewn gweithgarwch.

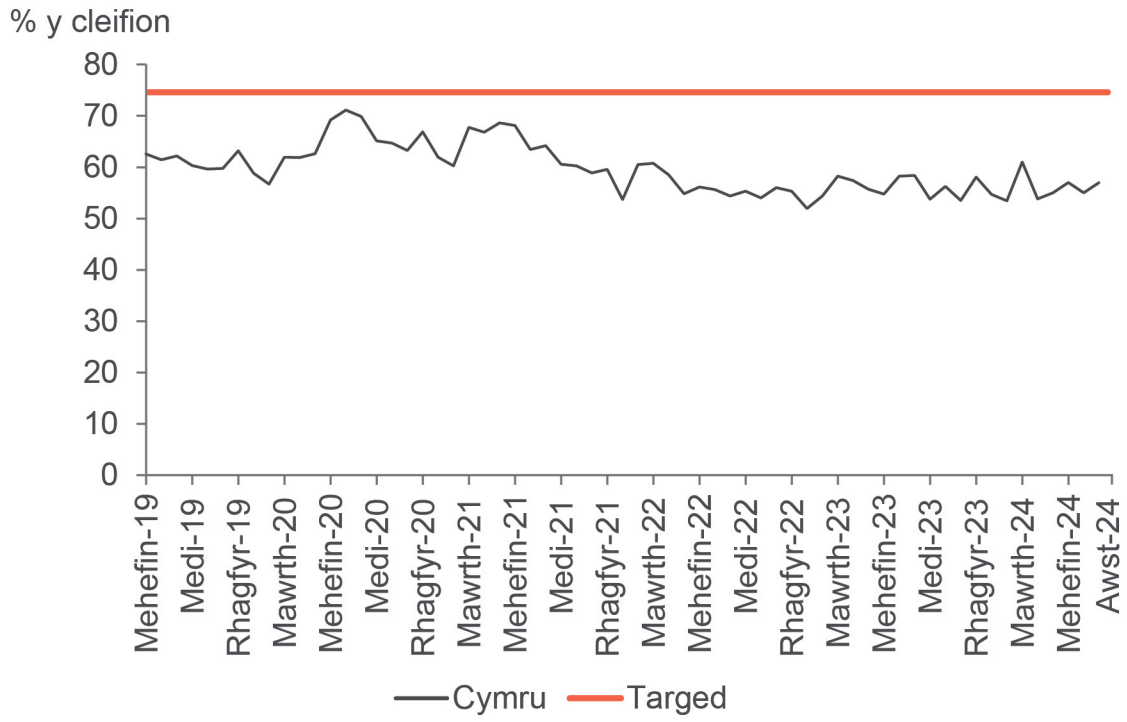
1.8 Mae llawer o'r capasiti y mae'r GIG yn ei ddefnyddio i ddiagnosio a thrin cleifion canser hefyd yn cael ei ddefnyddio ar gyfer llwybrau cleifion eraill nad ydynt yn gleifion canser. Felly, bydd cyflawni'r uchelgeisiau gwleidyddol a pholisi i wella'r gallu i gael gofal canser a gofal ehangach a gynlluniwyd yng nghapasiti presennol y system yn heriol. Bydd angen cydbwyso blaenoriaethau ar ofal canser â blaenoriaethau gofal eraill a gynlluniwyd. Bydd angen ystyried sut y gellir defnyddio neu ehangu'r capasiti presennol yn well.

Mae'r GIG yng Nghymru yn parhau i fethu'r targed perfformiad cenedlaethol ar gyfer triniaeth canser

Er bod mwyafrif y cleifion yn dechrau eu triniaeth o fewn 62 o ddiwrnodau, mae'r perfformiad ymhell o gyflawni'r targed cenedlaethol o 75%

1.9 Dechreuodd Llywodraeth Cymru weithredu ei Llwybr Amheuaeth o Ganser ym mis Mehefin 2019, gyda tharged y dylai 75% o'r cleifion canser ddechrau eu triniaeth terfynol cyntaf o fewn 62 o ddiwrnodau i'r amheuaeth gyntaf o ganser[11]. Nid oes yr un bwrdd iechyd wedi cyflawni'r targed cyffredinol o 75% ers mis Awst 2020 er bod y perfformiad wedi bod yn well ar gyfer lleoliadau tiwmor unigol (gweler **paragraffau 1.10 a 1.11**). Yn ystod haf 2020, roedd atgyfeiriadau yn is ac roedd byrddau iechyd yn blaenoriaethu gofal brys a chanser dros gleifion eraill oherwydd y pandemig. Ers hynny, er gwaethaf rhywfaint o amrywiadau o'r naill fis i'r llall, mae'r perfformiad wedi aros rhwng 52 a 61% (**Arddangosyn 6**).

Arddangosyn 6: y perfformiad o'i gymharu â'r Targed Llwybr Amheuaeth o Ganser 62 o ddiwrnodau, Mehefin 2019 – Awst 2024

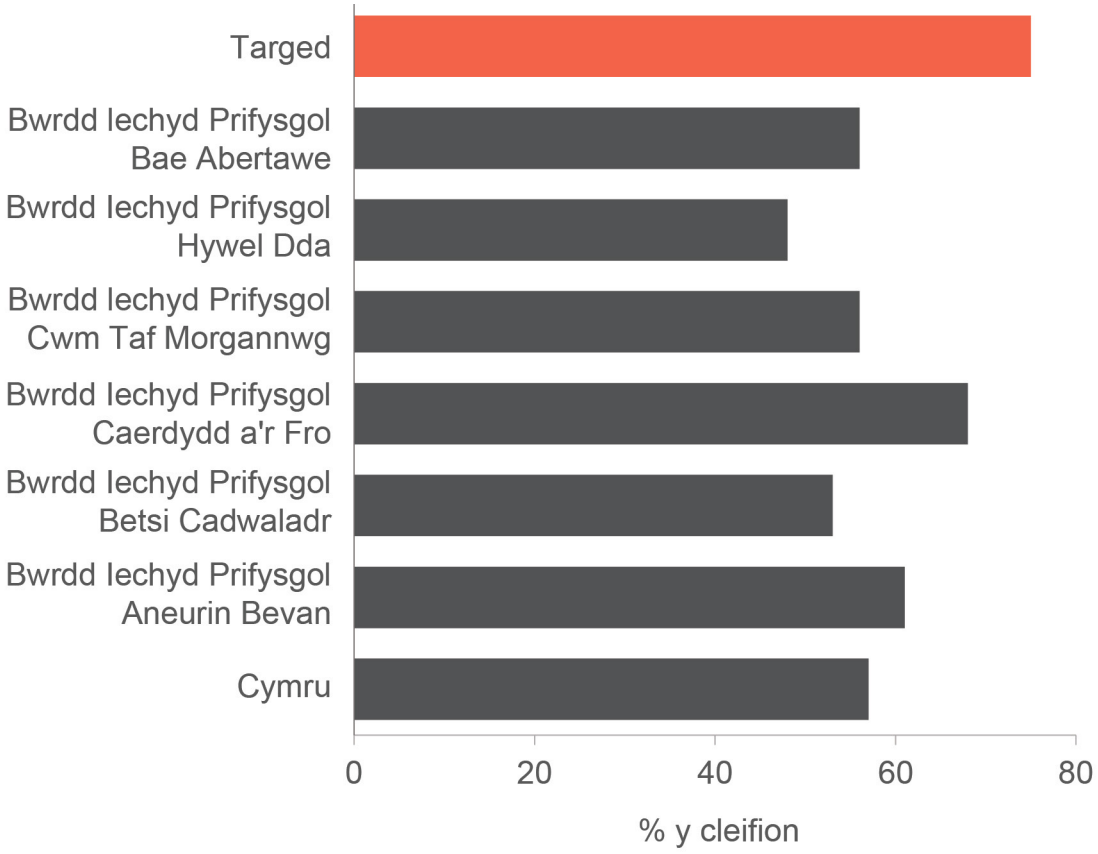


Ffynhonnell: Iechyd a Gofal Digidol Cymru, Llwybr Lle'r Amheuir Canser—Set Ddata Llwybrau Caeëdig, ar StatsCymru.

11 Mae rhywfaint o ddata am berfformiad o'i gymharu â'r targed ar gael o fis Mehefin 2019 ac roedd yn ofynnol yn swyddogol i fyrddau iechyd adrodd o'u cymharu â'r targed o fis Chwefror 2021 ymlaen.

1.10 Mae cryn amrywiaeth ac amrywiad mewn perfformiad o'i gymharu â'r targed fesul ardal bwrdd iechyd. Ym mis Awst 2024, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro oedd agosaf at gyflawni'r targed ar 68%, a Bwrdd Iechyd Prifysgol Hywel Dda oedd y perfformiwr gwaethaf ar 48% (**Arddangosyn 7**). Mae perfformiad y byrddau iechyd wedi amrywio'n sylweddol ers 2019 (gweler **Atodiad 2**, **Arddangosion 27a–f**).

Arddangosyn 7: perfformiad byrddau iechyd o'u cymharu â'r Targed Llwybr Amheuaeth o Ganser 62 o ddiwrnodau, Awst 2024



Ffynhonnell: Iechyd a Gofal Digidol Cymru, Llwybr Lle'r Amheuir Canser—set ddata Llwybrau Caeëdig, ar StatsCymru.

Noder: Mae StatsCymru yn cyhoeddi data ar gyfer trigolion pob bwrdd iechyd oni bai eu bod yn cael eu trin gan GIG Lloegr. Cynhwysir trigolion Bwrdd Iechyd Addysgu Powys sy'n cael eu trin gan fyrddau iechyd eraill yng Nghymru yn ffigyrau y byrddau iechyd hynny. Nid yw StatsCymru yn gwahaniaethu rhwng trigolion Powys a thrigolion y bwrdd iechyd sy'n cael eu trin ganddo.

Mae'r amser i ddechrau triniaeth yn amrywio yn ôl math o ganser a gall rhai cleifion wynebu amseroedd aros annerbyniol o hir

1.11 Mae amseroedd aros yn amrywio gan ddibynnu ar leoliad y canser. Mae'r amseroedd aros ar gyfer canser y croen, ac eithrio carsinoma celloedd gwaelodol wedi bod yn uwch na'r targed o 75% yn gyson, ar wahân i gyfnod byr ym mis Tachwedd 2023. Fodd bynnag, yn anaml y bu'r amseroedd aros ar gyfer lleoliadau tiwmor eraill ar y targed neu'n uwch na'r targed ar lefel Cymru gyfan[12]. Mae amseroedd aros ar gyfer canserau gynaecolegol, gastroberfeddol isaf ac wrolegol, a sarcoma yn enwedig o wael, a dechreuodd llai na hanner y cleifion eu triniaeth gyntaf o fewn 62 o ddiwrnodau i'r amheuaeth gyntaf ym mis Awst 2024 (**Arddangosyn 8**). Gallai'r perfformiad amrywio yn y lleoliadau isdiwmor[13] ar gyfer y canserau hyn, ond nid oes gwybodaeth sydd ar gael yn genedlaethol i ddeall y perfformiad o'i gymharu â lleoliadau isdiwmor (**argymhelliad 9**).

12 Gwnaeth y perfformiad canser y fron a chanser yr ysgyfaint gyflawni'r targed am gyfnod byr ym mis Mehefin 2021, ond mae wedi dirywio ers hynny. Mae canser yr ymennydd a chanser y system nerfol ganolog a chanserau haematolegol, lewcemia acíwt a sarcoma i gyd wedi cyflawni'r targed ar wahanol adegau rhwng mis Tachwedd 2020 a mis Mehefin 2024, ond niferoedd isel o gleifion y mae'r rhain yn eu cynrychioli.

13 Er enghraifft, mae canser serfigol a chanser yr ofarïau yn lleoliadau isdiwmor gynaecolegol.

Arddangosyn 8: y perfformiad o'i gymharu â'r arosiadau targed, canolrif, a phymthegfed canran a thrigain y Llwybr Amheuaeth o Ganser ar gyfer canserau gynaecolegol, gastroberfeddol isaf, y croen, ac wrolegol, a sarcoma, a mis Awst 2024



	Y perfformiad o'i gymharu â'r targed o 75%	Amseroedd aros canolrifol	Amseroedd aros y 75ain ganran
Croen (ac eithrio carsinoma celloedd gwaelodol)	80%	35 o ddiwrnodau	61 o ddiwrnodau
Sarcoma	20%	Dim data	Dim data
Urological	40%	86 o ddiwrnodau	132 o ddiwrnodau
Gynaecolegol	35%	83 o ddiwrnodau	115 o ddiwrnodau
Gastroberfeddol isaf	45%	70 o ddiwrnodau	106 o ddiwrnodau

Ffynhonnell: Iechyd a Gofal Digidol Cymru, Llwybr Lle'r Amheuir Canser—Set Ddata Llwybrau Caeëdig ar StatsCymru (data am berfformiad o'i gymharu â'r targed o 75%) a data Iechyd a Gofal Digidol Cymru am y Dangosfwrdd Amheuaeth o Ganser (data am arosiadau canolrif a'r bymthegfed ganran a thrigain).

Noder: Amser aros canolrifol yw'r pwynt pan fo hanner y bobl wedi cael eu triniaeth a bod yr hanner arall yn dal i aros. Y bymthegfed ganran a thrigain yw'r amser pan fo 75% o'r bobl wedi cael eu triniaeth ond bod 25% ohonynt yn dal i aros.

Er bod arosiadau diagnostig yn mynd yn fyrrach, mae arosiadau rhwng diagnosis a dechrau triniaeth yn mynd yn hirach

1.12 Dywedodd swyddogion y bwrdd iechyd, Gweithrediaeth y GIG a Llywodraeth Cymru wrthym mai oedi yn ystod y cam diagnostig yw un o'r prif resymau dros berfformiad gwael o'i gymharu â'r targed canser o 62 o ddiwrnodau. Mae canolrif yr amseroedd aros o'r amheuaeth gyntaf o ganser i'r prawf diagnostig cyntaf wedi gostwng o 20 diwrnod ym mis Chwefror 2021 i 16 ym mis Awst 2024. Gan ddibynnu ar y math o ganser, mae cleifion yn arfer wynebu arhosiad arall rhwng cael prawf diagnostig a darganfod a oes ganddynt ganser (diagnosis). Cynyddodd yr arosiadau canolrifol rhwng yr amheuaeth gyntaf a'r diagnosis gwirioneddol o 26 o ddiwrnodau ym mis Chwefror 2021 i 36 ym mis Ionawr 2022, ond gwnaethant ostwng i 27 ym mis Awst 2024[14].

1.13 Mae ein dadansoddiad[15] yn tynnu sylw at broblemau rhwng diagnosis a dechrau triniaeth. Rhwng mis Chwefror 2021 a mis Awst 2024, bu cynnydd o 38% yn yr arosiadau canolrifol rhwng diagnosis a thriniaeth, o 21 o ddiwrnodau i 29. Mae arosiadau rhwng diagnosis a thriniaeth yn amrywio rhwng lleoliadau tiwmor, gyda chleifion a chanddynt ganser gastroberfeddol isaf a chanser y fron yn aros yn hirach na'r rhai sydd â mathau eraill o ganser ym mis Awst 2024[16] (**Arddangosyn 9**).

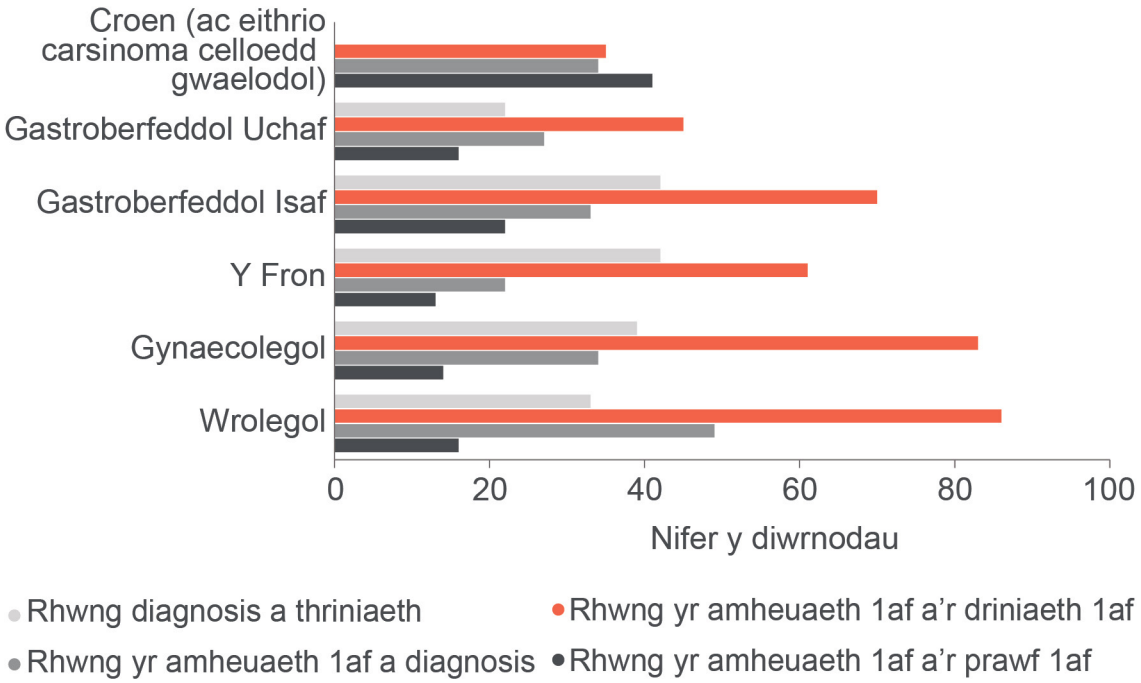
1.14 Mae amrywiadau sylweddol hefyd mewn arosiadau ar gamau eraill o'r llwybr ar draws lleoliadau tiwmor. Er enghraifft, ym mis Awst 2024, yr arhosiad canolrifol ar gyfer canserau wrolegol oedd 16 o ddiwrnodau rhwng yr amheuaeth gyntaf a'r prawf diagnostig, 49 o ddiwrnodau rhwng yr amheuaeth gyntaf a'r diagnosis, ac 86 o ddiwrnodau rhwng yr amheuaeth gyntaf a dechrau y driniaeth. Mewn cymhariaeth, yr arhosiad canolrifol ar gyfer canserau y croen oedd 41 o ddiwrnodau rhwng yr amheuaeth gyntaf a'r prawf diagnostig, 34 o ddiwrnodau rhwng yr amheuaeth gyntaf a'r diagnosis, a 35 o ddiwrnodau rhwng yr amheuaeth gyntaf a dechrau y driniaeth (**Arddangosyn 9**).

14 Mae **Atodiad 2, Arddangosyn 28** yn rhoi arosiadau canolrifol o'r amheuaeth gyntaf hyd at ddiagnosis, dros amser.

15 O ddata Iechyd a Gofal Digidol Cymru o Ddangosfwrdd y Llwybr Amheuaeth o Ganser. Dim ond arosiadau canolrifol ar gyfer y lleoliadau tiwmor a gynhwysir yn **Arddangos 9** y mae Iechyd a Gofal Digidol Cymru yn eu cyhoeddi.

16 Nid yw Llywodraeth Cymru yn cyhoeddi arosiadau canolrifol ar gyfer pob lleoliad tiwmor.

Arddangosyn 9: arhosiad canolrifol rhwng yr amheuaeth gyntaf o ganser a'r prawf gyntaf, diagnosis a dechrau y driniaeth gyntaf, mis Awst 2024



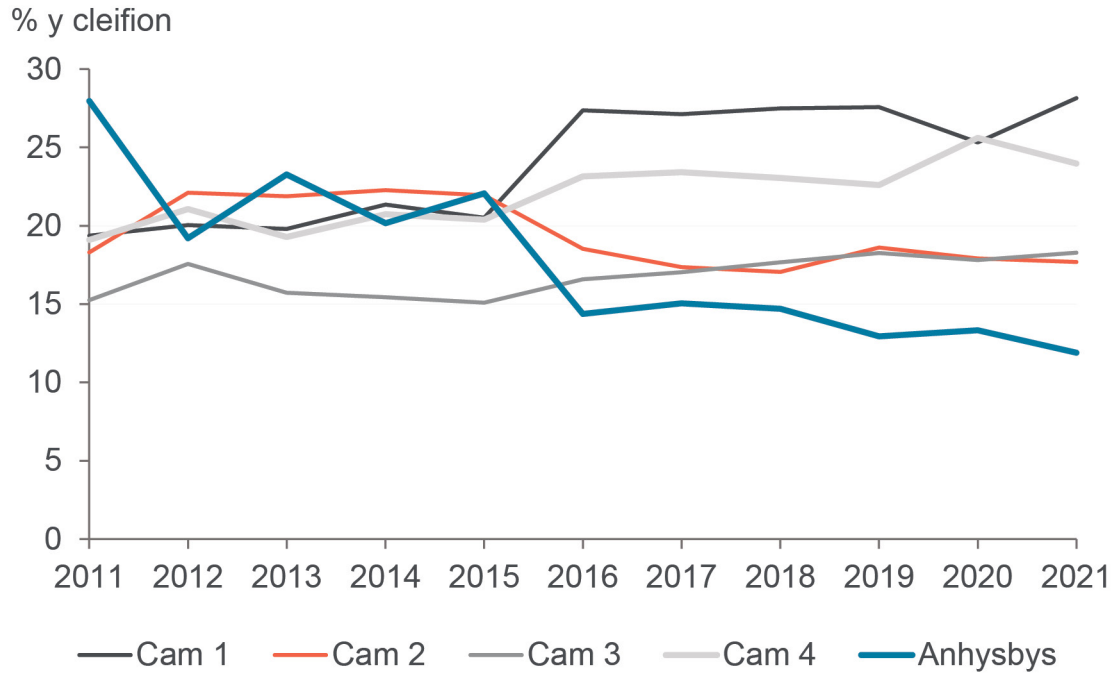
Ffynhonnell: Data Iechyd a Gofal Digidol Cymru o Ddangosfwrdd y Llwybr Ameuaeth o Ganser

Mae lleiafrif sylweddol o bobl yn cael eu nodi â chanser cam hwyr, sy'n effeithio ar eu tebygolrwydd o oroesi

1.15 Ar gyfer pob math o ganser, mae gostyngiad yn y nifer sy'n goroesi wrth i gam y diagnosis fynd rhagddo[17]. Yn 2021, cafodd 24% o'r cleifion canser ddiagnosis yn ystod cam 4, a 18% ohonynt yn ystod cam 3 (**Arddangosyn 10**). Mae'r cynnydd yng nghyfran y cleifion canser a gafodd ddiagnosis yn ystod cam 1 rhwng 2011 a 2021 yn cyfateb i ostyngiad mewn cleifion a gafodd ddiagnosis yn ystod cam 2 a chleifion nad yw eu cam yn hysbys ar adeg y diagnosis. Ac eithrio cynnydd yn 2020, mae cyfran y cleifion canser a gafodd ddiagnosis yn ystod cam 4 wedi amrywio rhwng 19% a 24% yn ystod yr un cyfnod. Yn gadarnhaol, bu gostyngiad sylweddol ers 2011 yng nghyfran gyffredinol y cleifion canser yr oedd eu cam ar adeg y diagnosis yn 'anhysbys'.

17 Uned Gwybodaeth ac Arolygaeth Canser Cymru, Goroesi canser ymhlith preswylwyr Cymru a gafodd ddiagnosis rhwng 2002 a 2020, Tachwedd 2023.

Arddangosyn 10: cyfran y cleifion canser fesul cam ar adeg y diagnosis, 2011–2021



Ffynhonnell: Data achosion canser Uned Gwybodaeth ac Arolygaeth Canser Cymru.

Noder: Mae ein dadansoddiad yn seiliedig ar ddata achosion canser Uned Gwybodaeth ac Arolygaeth Canser Cymru nad yw'n cynnwys canser na ellir darganfod ei gam, canser y croen nad yw'n felanoma, a rhai mathau prin o ganser.

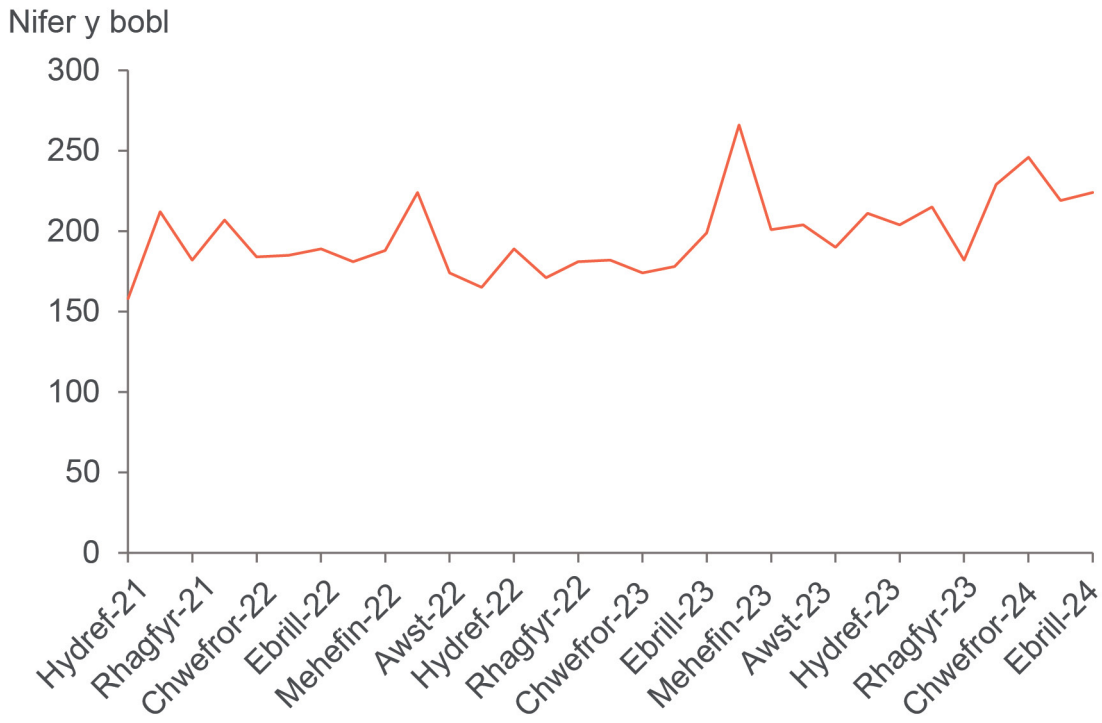
1.16 Mae rhai canserau yn fwy tebygol nag eraill o gael diagnosis ar gam hwyr, yn enwedig canserau asymptomatig. Yn 2021, roedd cleifion â chanser coden y bustl, canser pancreatig a chanser yr ysgyfaint yn fwy tebygol na chleifion canser eraill o gael diagnosis yn ystod cam 4[18]. Cafodd 48% o gleifion canser yr ysgyfaint ddiagnosis yn ystod cam 4 yn 2021 (1,175 o bobl). Er mwyn dangos pwysigrwydd diagnosis cynnar, goroesiad pum mlynedd ar gyfer canser yr ysgyfaint a gafodd ddiagnosis yn ystod 2016–2020 oedd 55% yn ystod cam 1, 30% yn ystod cam 2, 13% yn ystod cam 3, a dim ond 3% yn ystod cam 4[19].

1.17 Er bod y niferoedd yn gymharol fach, bu cynnydd o 40% yn nifer y bobl y canfuwyd eu hamheuaeth o ganser drwy adrannau brys rhwng mis Hydref 2021 a mis Ebrill 2024 (**Arddangosyn 11**).

18 Cafodd 74% o'r cleifion â chanser coden y bustl a 52% o'r cleifion â chanser pancreatig eu diagnosis yn ystod cam 4 yn 2021.

19 Uned Deallusrwydd a Gwyliadwriaeth Canser Cymru (WCISU), Goroesi canser ymhlith preswylwyr Cymru a gafodd ddiagnosis rhwng 2002 a 2020, Tachwedd 2023.

Arddangos 11: nifer yr atgyfeiriadau brys oherwydd amheuaeth o ganser drwy adrannau brys rhwng mis Hydref 2021 a mis Ebrill 2024.



Ffynhonnell: Dadansoddiad Archwilio Cymru o Ddata Llwybr Amheuaeth o Ganser gan Iechyd a Gofal Digidol Cymru—llwybrau caeëdig fesul ffynhonnell yr amheuaeth.

1.18 Canfu ymchwil gan y Bartneriaeth Meincnodi Canser Rhyngwladol[20] fod gan wledydd a chanddynt gyfraddau uwch o ddiagnosisau canser yn sgil cyflwyno argyfwng gyfraddau goroesi gwaeth[21]. Mae'n egluro fod gan Gymru a'r Alban rai o'r cyfraddau uchaf ymhlith gwledydd tebyg. Canfu ein dadansoddiad ein hunain fod cleifion yr amheuwyd bod ganddynt ganser a gyfeiriwyd o adrannau brys yn fwy tebygol na'r rhai a gyfeiriwyd trwy lwybrau eraill o farw cyn cael diagnosis neu ddechrau triniaeth[22]. Er bod angen rhywfaint o rybudd oherwydd y niferoedd bach, mae tuedd at i fyny ymhlith cleifion a gyfeirir o adrannau brys sy'n marw cyn cael triniaeth neu ddiagnosis.

20 Mae'r Bartneriaeth yn dwyn ynghyd glinigwyr, gwneuthurwyr polisïau ac ymchwilwyr rhyngwladol i nodi arferion gorau ac i gefnogi gwell canlyniadau canser i gleifion.

21 Abd Elkader, Alv, R; Barclay, M; Johnson, S; McPhail, S; Swann, R, Risk Factors and Prognostic Implications of Diagnosis of Cancer Within 30 Days After and Emergency Admission (Emergency Presentation): An International Cancer Benchmarking Partnership Population Based Study, 2022.

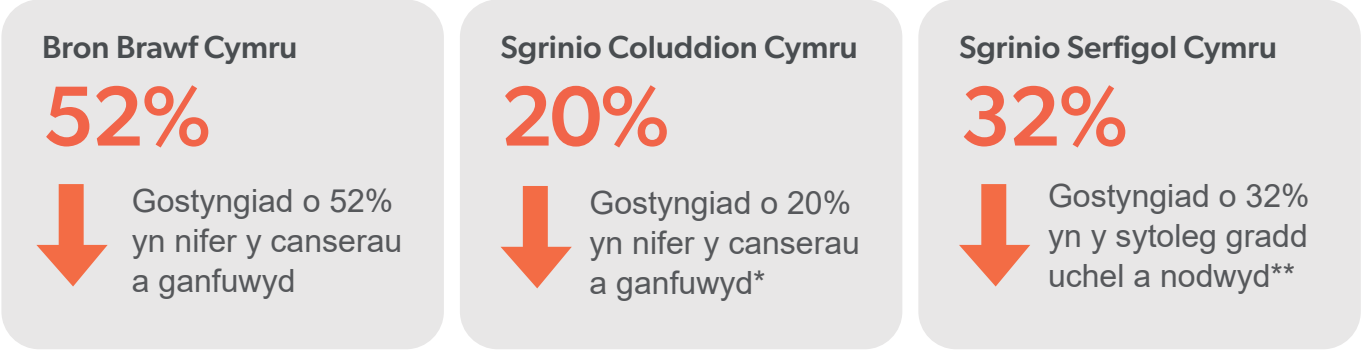
22 Yn seiliedig ar ein dadansoddiad o Ddata Llwybr Amheuaeth o Ganser gan Data Iechyd a Gofal Digidol Cymru. Ym mis Ebrill 2024, bu farw 4% o'r cleifion yr amheuwyd bod ganddynt ganser a atgyfeiriwyd o adran frys cyn dechrau triniaeth neu ddarganfod nad oedd ganddynt ganser o'u cymharu ag 1% o'r holl atgyfeiriadau oherwydd amheuaeth o ganser.

Mae lle i gynyddu'r nifer sy'n manteisio ar sgriniad er mwyn canfod canserau yn gynharach

1.19 Mae sgrinio yn chwarae rôl hanfodol wrth ganfod yn gynnar. Mae Ymddiriedolaeth GIG Iechyd Cyhoeddus Cymru yn rhedeg tair rhaglen sgrinio canser Cymru: Bron Brawf Cymru, Sgrinio Coluddion Cymru a Sgrinio Serfigol Cymru. Mae'r Ymddiriedolaeth yn amcangyfrif bod seibiannau byr i'w rhaglenni sgrinio[23] ar ddechrau'r pandemig wedi lleihau nifer y canserau a ganfuwyd yn 2021 o'i chymharu â blynyddoedd blaenorol (**Arddangosyn 12**).

23 Archwilio Cymru - Adolygiad o'r Trefniadau i Adfer Gwasanaethau Sgrinio, Awst 2023, yn rhoi mwy o wybodaeth am y gwasanaethau saib ac adfer sgrinio gan gynnwys mesurau perfformiad, cymhwysedd a safonau cwmpas ar gyfer pob rhaglen.

Arddangosyn 12: gostyngiad yn y canserau a ddarganfuwyd trwy sgrinio, rhwng mis Ebrill 2020 a mis Mawrth 2021 o'i chymharu â'r flwyddyn flaenorol



Ffynhonnell: Iechyd Cyhoeddus Cymru, Update on Population Based Screening Programmes in Wales to the Quality, Safety and Improvement Committee, Mehefin 2021.

Noder: * rhwng mis Ebrill 2020 a mis Chwefror 2021.

** celloedd annormal sydd â'r potensial i ddatblygu i fod yn ganser serfigol.

1.20 Er bod sgrinio'r coluddyn yn cyflawni ei safonau derbyn, mae cyfleoedd i gynyddu'r nifer sy'n cael eu sgrinio ar gyfer rhaglenni sgrinio'r fron a serfigol yr oedd y ddwy ohonynt islaw'r safon ym mis Awst ac ym mis Ebrill 2024 yn y drefn honno (**Arddangosyn 13**). Yn 2022, adroddodd yr Ymddiriedolaeth wahaniaethau yn y nifer sy'n cael eu sgrinio ar y tair rhaglen gan ddibynnu ar oedran, ardal y bwrdd iechyd y mae pobl yn byw ynddi, ac a yw'r ardal yn ddifreintiedig ai peidio[24]. Mae'n gweithio i fynd i'r afael ag annhegwch yn y niferoedd sy'n derbyn sgriniad drwy ei Strategaeth Ecwiti Sgrinio, ond nid yw wedi cyhoeddi adroddiad cynnydd ar degwch sgrinio ers mis Mehefin 2022.

24 Ymddiriedolaeth GIG Iechyd Cyhoeddus Cymru, Screening Division Inequities Report 2020–21, Mehefin 2022.

Arddangosyn 13: y cwmpas sgrinio o'i gymharu â'r targed, mis Ebrill a mis Awst 2024

	Cymhwystra	Safon	Cyfradd sgrinio
Bron Brawf Cymru	Gwahoddir menywod rhwng 50 a 70 oed i gael sgriniad pob tair blynedd	70%	68%*
Sgrinio Coluddion Cymru	Gwahoddir pobl rhwng 50 a 74 oed i gael sgriniad pob dwy flynedd	60%	65%**
Sgrinio Serfigol Cymru	Gwahoddir menywod a phobl sydd â cheg y groth rhwng 25 a 64 oed i gael sgriniad pob 5 mlynedd os ydynt yn cael canlyniad negatif mewn cysylltiad â'r firws papiloma dynol, neu'n amlach os ydynt yn cael canlyniad positif mewn cysylltiad â'r firws papiloma dynol	80%	69%***

Ffynhonnell: Archwilio Cymru, yn seiliedig ar wybodaeth a geiriad gan Iechyd Cyhoeddus Cymru, Hydref 2024.

Noder:

*Y gyfradd flynyddol dreigl ym mis Awst 2024
**Cyfartaledd dros y flwyddyn flaenorol ym mis Awst 2024
***Cwmpas sy'n briodol i oedran ym mis Ebrill 2024.

1.21 Roedd atgyfeiriadau o raglenni sgrin'r fron a'r coluddyn ymhlith y rhai mwyaf tebygol o fynd ymlaen i ddehrau triniaeth canser (92% a 28% yn y drefn honno yn 2023–24 o'u cymharu â 12% yn gyffredinol)[25]. Fodd bynnag, nid oes data cenedlaethol am amseroldeb diagnosis na thriniaeth canser dilynol ar gyfer pobl a gyfeiriwyd o sgrinio'r fron neu sgrinio serfigol. Rhwng mis Gorffennaf 2023 a mis Gorffennaf 2024, dim ond 21% o'r bobl gymwys a gyfeiriwyd o sgrinio'r coluddyn a gafodd gynnig colonosgopi gan y bwrdd iechyd perthnasol o fewn pedair wythnos i ffonio i'w drefnu[26]. Deg a phedwar ugain y cant yw'r targed. Roedd amseroedd aros ar gyfer colonoscopïau yn amrywio rhwng byrddau iechyd o bedair i 14 wythnos.

Mae data yr arolwg yn awgrymu bod cleifion yn fodlon â'u gofal canser ar y cyfan, er bod yr arolwg diweddaraf yn rhagddyddio'r dirywiad diweddar mewn perfformiad

1.22 Cesglir data am brofiad cleifion drwy Arolwg Profiad Cleifion Canser Cymru blynyddol a gomisiynwyd gan y Rhwydwaith Canser a Chymorth Canser Macmillan. Daw'r data diweddaraf o 2021 ac maent yn rhagddyddio'r dirywiad mewn perfformiad o'u cymharu â'r targed o 62 o ddiwrnodau.

1.23 Mae'r mwyafrif helaeth o gleifion canser a ymatebodd i'r arolwg yn sgorio eu gofal cyffredinol yn uchel. Y sgôr gyfartalog ar gyfer gofal cyffredinol oedd naw allan o 10 ledled Cymru, ar sail 5,859 o ymatebion. Mae'r canlyniadau cadarnhaol yn adlewyrchu gwaith caled a gofal tosturiol y nifer mawr o staff sy'n gweithio ar draws y GIG i gefnogi a gofalu am gleifion canser. Dywedodd 87% o'r ymatebwyr fod y gwahanol weithwyr proffesiynol sy'n eu trin ac yn gofalu amdanynt yn gweithio'n dda gyda'i gilydd i roi'r gofal gorau posibl iddynt naill ai 'bob amser' neu 'y rhan fwyaf o'r amser'. Nid yw'r arolwg yn gofyn i gleifion sut yr oeddent yn teimlo am y cyfnod cyfan o amser y buont yn aros rhwng yr amheuaeth gyntaf a dechrau'r driniaeth.

25 Yn seiliedig ar Ddata Llwybr Amheuaeth o Ganser gan Data Iechyd a Gofal Digidol Cymru. Rydym wedi eithrio atgyfeiriadau sgrinio serfigol o'n dadansoddiad oherwydd niferoedd isel. Mae llai na phump o bobl yn cael eu hatgyfeirio pob mis gydag amheuaeth o ganser yn dilyn sgrinio serfigol.

26 Ymddiriedolaeth GIG Iechyd Cyhoeddus Cymru, Hydref 2024.

Yn gyffredinol, mae canlyniadau i gleifion canser yn gwella, ond maent ar ei hôl hi o'u cymharu â gwledydd cymharol ac yn waeth i bobl sy'n byw mewn ardaloedd difreintiedig

1.24 Canser yw prif achos marwolaeth[27] yng Nghymru, gan gyfrif am 25% o'r holl farwolaethau yn 2022. Mae canser yr ysgyfaint, canser y coluddyn a chanser y prostad yn cyfrif am y cyfrannau mwyaf o farwolaethau canser[28]. Mae nifer y marwolaethau canser wedi cynyddu o 8,295 yn 2002 i 9,154 yn 2022, a rhagwelir y bydd cynnydd o 27% erbyn 2040 (ar sail lefelau 2021)[29]. Esbonnir y cynnydd mewn marwolaethau canser yn bennaf gan strwythur oedran newidiol y boblogaeth. Yn gyffredinol, mae'r gyfradd wedi ei safoni yn ôl oedran[30] ar gyfer marwolaethau canser wedi gostwng ers 2011, er bod cynnydd bach yn 2022 (**Arddangosyn 14**).

1.25 Mae'r gyfradd marwolaethau canser yng Nghymru yn cymharu'n wael â chenhedloedd eraill y DU ac yn rhyngwladol[31]. Cymru sydd â'r gyfradd wedi ei safoni yn ôl oedran uchaf ond un ar gyfer marwolaethau canser yn y DU, bron yn gyson ers 2010 (**Arddangosyn 14**). Cymharodd y Sefydliad ar gyfer Cydweithrediad a Datblygiad Economaidd gyfraddau wedi eu safoni yn ôl oedran ar gyfer marwolaethau canser yn 2023, ar sail data 2021. Rhoddodd y Deyrnas Unedig yn yr 35fed safle allan o 45 o wledydd[32].

27 Yn 2022, achoswyd 24% o'r marwolaethau gan glefydau system cylchrediad y gwaed, 12% gan glefydau y system anadlol, 10% gan ddementia a chlefyd Alzheimer, a 29% gan achosion eraill.

28 Data marwolaethau canser gan Uned Gwybodaeth ac Arolygaeth Canser Cymru.

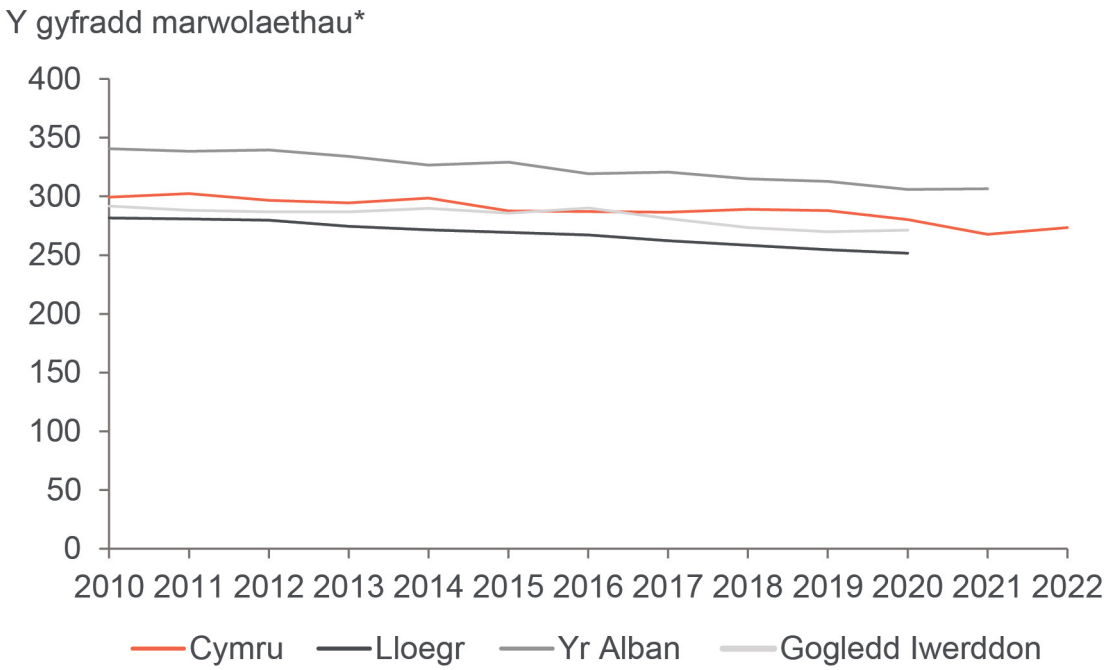
29 Y Rhwydwaith Clinigol Strategol Cenedlaethol ar gyfer Canser, Cynllun Gwella Canser ar gyfer GIG Cymru 2023–26, 2023.

30 Marwolaethau fesul 100,000 o'r boblogaeth gan ystyried gwahaniaethau strwythur oedran mewn gwahanol rannau o Gymru.

31 Mae llawer o ffactorau sy'n effeithio ar incwm canser, gan gynnwys cyfoeth cymharol a'r gwariant ar ofal iechyd ym mhob gwlad, iechyd sylfaenol y boblogaeth, ac amddifadedd.

32 OECD, Health At A Glance 2023: OECD Indicators, OECD, 2023.

Arddangosyn 14: cyfraddau wedi eu safoni yn ôl oedran ar gyfer marwolaethau canser yng ngwledydd y DU (ac eithrio canser y croen nad yw'n felanoma), 2010–2022



Ffynhonnell: Data marwolaethau canser gan Uned Gwybodaeth ac Arolygaeth Canser Cymru.

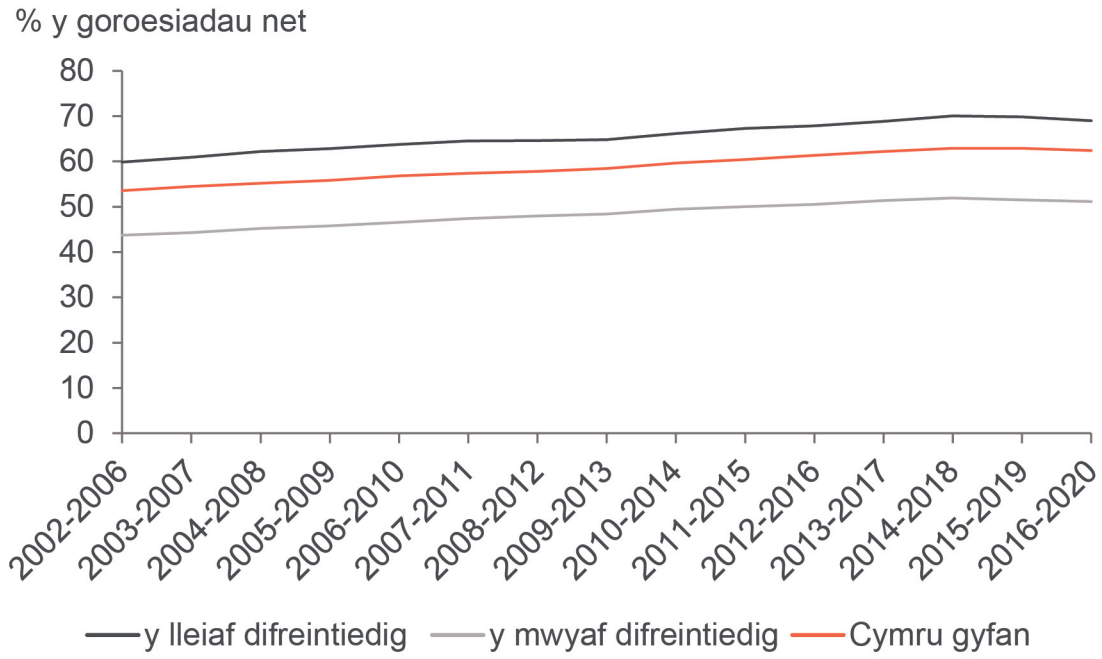
Noder: * fesul 100,000, wedi'i addasu i adlewyrchu oedran y boblogaeth

1.26 Bu cynnydd yn y cyfraddau[33] goroesi canser rhwng 2002 a 2020. Goroesodd 54% o'r cleifion a gafodd ddiagnosis o ganser rhwng 2002–2006 eu canser bum mlynedd bum mlynedd ar ôl eu diagnosis o'u cymharu â 62% o'r cleifion a gafodd ddiagnosis rhwng 2016 a 2020. Nid oes data ar gael eto i olrhain effaith y pandemig ar gyfraddau goroesi. Mae gwahaniaethau mewn dulliau casglu data yn ei gwneud yn anodd cymharu'r ffigurau goroesi cyffredinol ar draws gwledydd y DU.

1.27 Mae bwlch amddifadedd sylweddol yn y cyfraddau goroesi. Er bod 69% o'r cleifion canser sy'n byw yn rhannau mwyaf cyfoethog o Gymru yn goroesi canser bum mlynedd ar ôl eu diagnosis, mae hynny'n gostwng i 51% ar gyfer y rhai yn yr ardaloedd mwyaf difreintiedig (**Arddangosyn 15**). Mae'n peri pryder bod y bwlch amddifadedd wedi ehangu o wahaniaeth o 16 pwynt canran ar gyfer y bobl a gafodd ddiagnosis rhwng 2002–06 i 18 pwynt canran ar gyfer y bobl a gafodd ddiagnosis rhwng 2016–2020.

33 Mae ffigyrau marwolaethau canser yn dangos nifer y marwolaethau pan oedd canser yr achos sylfaenol, ac mae ffigurau goroesi yn dangos faint o bobl sydd wedi cael canser a'u bod yn dal yn fyw ar ôl cyfnod penodol o amser, felly mae'n cymryd sawl blwyddyn i gyhoeddi data cywir.

Arddangosyn 15: canran y goroesiadau net treigl heb eu safoni bum mlynedd ar ôl cael diagnosis o'i chymharu â'r ardaloedd mwyaf a lleiaf difreintiedig â ffigur Cymru gyfan ar gyfer cleifion a gafodd ddiagnosis rhwng cyfnodau 2002–2006 a 2016–2020 (ac eithrio canser y croen nad yw'n felanoma).



Ffynhonnell: Data goroesi canser gan Uned Gwybodaeth ac Arolygaeth Canser Cymru.

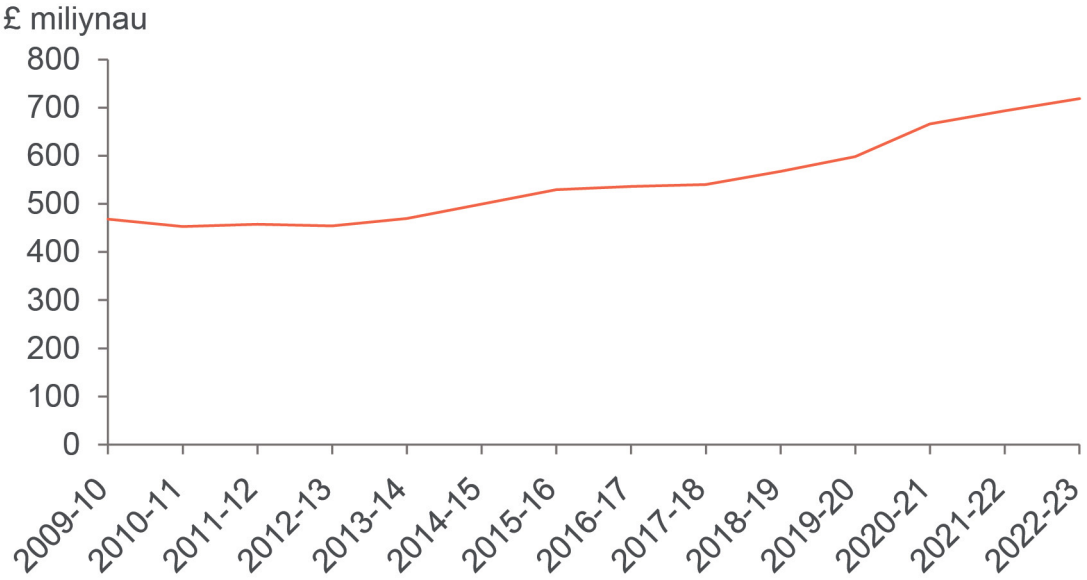
Mae gwariant ar wasanaethau rhoi diagnosis, trin a chefnogi cleifion canser wedi codi'n gyflymach na gwariant cyffredinol y GIG, ond mae bylchau yn y capasiti staffio

Mae gwariant termau real ar wasanaethau rhoi diagnosis, trin a chefnogi cleifion canser wedi tyfu yn fwy na'r twf cyffredinol yng ngwariant GIG Cymru, ond mae pwysau cost sylweddol ar y gwasanaethau hynny

1.28 Bu cynnydd o 54% mewn gwariant termau real ar wasanaethau rhoi diagnosis, trin a chefnogi cleifion canser, o ychydig dros £450 miliwn yn 2009–10 i bron i £720 miliwn yn 2022–23 (**Arddangosyn 16**). Mae'r cynnydd hwn yn llawer uwch na'r twf cyffredinol o 33% mewn termau real yng ngwariant GIG Cymru[34]. Fel cyfran o wariant cyffredinol y GIG, mae'r gwariant ar wasanaethau rhoi diagnosis, trin a chefnogi cleifion canser wedi cynyddu ychydig, o 7% yn 2009–10 i 8% yn 2022–23. Nid yw cynnydd mewn gwariant yn trosi'n gapasiti neu'n weithgarwch ychwanegol o reidrwydd. Mae llawer o bwysau cost ar wasanaethau, gan gynnwys costau gweithlu cynyddol sy'n gysylltiedig â thwf cyflog a'r defnydd o staff asiantaeth; costau cynyddol ar gyfer cyffuriau presennol; cyffuriau newydd a thechnolegau newydd i wella triniaeth.

34 Ar sail gwariant refeniw yng ngwariant Llywodraeth Cymru ar y GIG, fesul data categoreiddio cyllideb rhaglenni ar StatsCymru er cysondeb â ffigyrau gwariant ar ganser. Mae Offeryn Data Cyllid y GIG ar ein gwefan yn seiliedig ar gyllidebau cyhoeddedig Llywodraeth Cymru ac mae'n rhoi ffigur ychydig yn wahanol.

Arddangosyn 16: gwariant y GIG ar ganser mewn termau real, 2009–10 i 2022–23



Ffynhonnell: Llywodraeth Cymru, Gwariant y GIG yn ôl categori cyllideb rhaglen a blwyddyn, 'canserau a thiwmorau', ar StatsCymru.

Noder: Addesir ffigurau termau real i ystyried chwyddiant. Gwnaethom ddefnyddio GDP deflators at market prices and money Trysorlys EF ar gyfer 2022–23, Mawrth 2024.

Cadarnhaodd Llywodraeth Cymru fod y data hyn yn seiliedig ar gostau gweithgarwch cleifion GIG Cymru gan gynnwys staff, nwyddau traul, meddyginiaethau a chostau gorbenion megis ystadau, arlwyo, costau Adnoddau Dynol a chyllid.

1.29 Yn 2022–23, gwariodd GIG Cymru £230 fesul pen o'r boblogaeth ar wasanaethau rhoi diagnosis, trin a chefnogi cleifion canser[35]. Roedd y gwariant fesul pen yn amrywio o £206 yng Nghaerdydd a'r Fro i £270 ym Mwrdd Iechyd Prifysgol Bae Abertawe. Roedd archwiliad o'r rhesymau dros y gwahanol ffigurau gwariant ar draws ardaloedd byrddau iechyd y tu hwnt i gwmpas yr adolygiad hwn, ond mae'n debygol o adlewyrchu gwahanol fodelau gofal lleol a ffactorau poblogaeth, gan gynnwys demograffeg ac amddifadedd.

35 Nid oes unrhyw ddata tebyg o wledydd eraill y DU nac o wledydd tebyg.

1.30 Er bod gwelliannau mewn amseroedd aros canser yn un o'r blaenoriaethau allweddol ar gyfer GIG Cymru, mae'r rhagolygon ar gyfer gwariant ar wasanaethau rhoi diagnosis, trin a chefnogi cleifion canser yn ansicr. Mae cyllid cyhoeddus y Deyrnas Unedig dan bwysau. Mae cyrff y GIG yng Nghymru eisoes dan straen ariannol, gyda chwech o saith bwrdd iechyd yn gorwario yn 2023–24 ac mae'r mwyafrif ohonynt yn rhagweld diffyg ariannol yn 2024–25. Nid yw'n glir a fyddant yn gallu blaenoriaethu gwasanaethau brys ar gyfer cleifion yr amheuir bod ganddynt ganser er mwyn cynyddu'r gweithgarwch yn ddigonol i fodloni'r galw a lleihau amseroedd aros. Mae byrddau iechyd hefyd o dan bwysau i flaenoriaethu rhannau eraill o'r system lle mae perfformiad yn wael, gan gynnwys arosiadau hir am ofal heb ei drefnu a gofal a gynlluniwyd.

Mae capasiti y gweithlu yn her sylweddol ac mae diffyg gwybodaeth am argaeledd a chyflwr offer

1.31 Er gwaethaf cynnydd mewn gwariant, mae capasiti y gweithlu yn parhau i fod yn her sylweddol ac mae prinder gweithlu yn lleihau capasiti y gwasanaethau[36]. Mae Cynllun Addysg a Hyfforddiant 2025–26[37] AaGIC yn disgrifio 'prinder cenedlaethol sylweddol a bylchau hirsefydlog' mewn rolau proffesiynol arbenigol sy'n effeithio ar ddiagnostig, canser, gofal brys ac iechyd meddwl. Mae'n amlygu prinder penodol mewn dermatolegwyr, oncolegwyr clinigol, llawfeddygon wroleg ymgynghorol, a histopatholegwyr. Mae'n cyfeirio at bwysau o adroddiadau canser sy'n fwyfwy cymhleth a maes genomeg sy'n datblygu o ran histopatholeg, a'r galw ar wroleg gan gleifion canser.

1.32 Mae Coleg Brenhinol y Radiolegwyr yn disgrifio diffygion o 34% a 12% yn y gweithlu radioleg ac oncoleg glinigol, sy'n debygol o ddirywio i 38% a 28% yn y drefn honno erbyn 2028[38]. Clywsom hefyd fod prinder ffisegwyr meddygol, nyrsys arbenigol ac ardal, a phrinder yn y gweithlu genomeg, Therapi Gwrth-ganser Systemig a radiotherapi.

36 Archwilio Cymru, Adroddiad briffio ar ddata ynghylch Gweithlu'r GIG, 2023. Mae'n nodi materion gweithlu eang gyda nifer ohonynt yn effeithio ar wasanaethau i gleifion canser ond ble nad yw'r gwasanaethau'n benodol i gleifion canser (megis diagnostig a llawdriniaeth).

37 Mae'r Cynllun yn nodi argymhellion comisiynu a hyfforddi ar gyfer y gweithlu gweithwyr iechyd proffesiynol yng Nghymru.

38 Coleg Brenhinol y Radiolegwyr, Radiology Workforce Census 2023, Mehefin 2024.

1.33 Nododd AaGIC ei gynlluniau i fynd i'r afael â phrinder gweithlu yn ei Gynllun Addysg a Hyfforddiant a'i Gynllun Tymor Canolig Integredig 2024–27. Yn unol â'i hymrwymiad yn y Cynllun Gwella Canser, mae AaGIC wedi cyhoeddi ei chynlluniau gweithlu ar gyfer fferylliaeth a geonomeg, ac mae'n bwriadu cyhoeddi ei chynllun ar gyfer nyrsio yn gynnar yn 2025. Mae Strategaeth Gweithlu 10 Mlynedd ar gyfer Iechyd a Gofal Cymdeithasol 2020 yn nodi'r dull strategol ehangach.

1.34 Yn ogystal â digon o staff, mae angen digon o offer ar GIG Cymru i roi diagnosis a thriniaeth amserol ac effeithiol. Mae Gweithrediaeth y GIG yn datblygu darlun o'r capasiti sy'n gysylltiedig ag oedran ac argaeledd offer delweddu diagnostig. Clywsom dystiolaeth anecdotaidd bod gan Gymru lai o beiriannau delweddu na gwledydd cyffelyb, a bod rhai peiriannau yn hen ac yn dueddol o dorri. Er ei bod y tu hwnt i gwmpas yr adolygiad hwn yn archwilio'r honiadau hynny, clywsom fod cyfyngiadau o ran y gallu i gael gafael ar offer diagnostig yn rhoi pwysau ar staff, yn effeithio ar recriwtio a chadw, ac yn cyfyngu ar allu AaGIC i gynnig lleoedd hyfforddi i fyfyrwyr diagnostig[39].

39 Mae'n archwilio defnyddio efelychiad amgylchedd hyfforddi fel dewis arall.

Cyfeiriad strategol

02

2.1 Mae'r rhan hon o'r adroddiad yn edrych ar gyfeiriad ac arweinyddiaeth strategol cenedlaethol er mwyn gwella gofal canser yng Nghymru. Mae **Atodiad 1** yn esbonio elfennau allweddol o'r dull strategol a rolau a chyfrifoldebau ar gyfer gwasanaethau canser.

Yr hyn yr oeddem yn chwilio amdano

Gwnaethom chwilio am dystiolaeth o gyfeiriad strategol clir er mwyn gwella canlyniadau a gwasanaethau canser, ac am leihau'r galw am wasanaethau canser drwy atal canser rhag digwydd yn y lle cyntaf. Gwnaethom chwilio hefyd am dystiolaeth o strwythurau arweinyddiaeth priodol a chlir er mwyn cyfarwyddo, goruchwylio a chefnogi gwelliant a mynd i'r afael â rhwystrau ar lefel genedlaethol.

Mae diffyg eglurder ynghylch statws y Cynllun Gwella Canser a sut y mae'n gyson â mentrau gwella canser eraill

Nid yw'r Cynllun Gwella Canser wedi ei integreiddio'n ddigonol i'r dull strategol ehangach o wella gwasanaethau canser

2.2 Noda Llywodraeth Cymru ei gweledigaeth o sut y dylai gwasanaethau canser 'da' edrych yn y Datganiad Ansawdd ar gyfer Canser (2021). Mae'r Datganiad ar lefel uchel ar y cyfan, ond mae'n cael ei danategu gan lwybrau delfrydol cenedlaethol sy'n benodol i diwmorau. Mae'r llwybrau'n nodi'r hyn a ddylai ddigwydd ar wahanol gamau o daith y claf yn unol â chanllawiau proffesiynol. Dywedodd Llywodraeth Cymru wrth fyrddau iechyd ddechrau gwreiddio'r llwybrau erbyn mis Medi 2022[40]. Pan gyhoeddodd y Datganiad, dywedodd Llywodraeth Cymru y byddai'r Rhwydwaith Canser yn datblygu cynllun treigl tair blynedd i gyflawni'r weledigaeth genedlaethol.

40 Trwy Gylchlythyr Iechyd Cymru (2022) (021).

Arddangosyn 17: y weledigaeth a nodir yn y Datganiad Ansawdd ar gyfer Canser

Noda'r Datganiad Ansawdd Canser mai ei nod sylfaenol yw gwella cyfraddau goroesi y boblogaeth a lleihau'r cyfraddau marwolaethau canser. Mae'n nodi meysydd allweddol ar gyfer gweithredu:

- bod canser yn cael ei atal yn effeithiol pan fo hynny'n bosibl,
- bod achosion canser yn cael eu canfod yn ystod camau cynharach pan maent yn fwy triniadwy,
- bod llwybrau triniaeth cymhleth yn cael eu hoptimeiddio, tra bod pobl yn cael eu cefnogi'n briodol ac yn cydgynhyrchu eu gofal drwy gydol y broses.

Mae'r datganiad yn nodi cyfres o briodoleddau, sy'n nodi sut mae gofal o ansawdd da yn edrych, o dan chwe phennawd:

- Teg
- Diogel
- Effeithiol
- Effeithlon
- Canolbwyntio ar yr unigolyn
- Amserol.

Ffynhonnell: Llywodraeth Cymru, Datganiad Ansawdd ar gyfer Canser, 2021.

2.3 Yn 2023, cyhoeddodd y Rhwydwaith Gynllun Gwella Canser ar gyfer Cymru 2023–26 (y Cynllun) ar gais y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ar y pryd. Mae'r Cynllun yn cwmpasu amrywiaeth eang o gamau gweithredu traws-sector er mwyn gwella canlyniadau i gleifion canser a lleihau anghydraddoldeb iechyd. Roedd ei orwel tair blynedd wedi ei gysoni â chylchoedd cynllunio byrddau iechyd lleol yn fwriadol. Fodd bynnag, mae hyn yn golygu nad oes gan y Cynllun bwyslais digonol ar gamau tymor hwy i ddatblygu gwasanaethau canser cynaliadwy. Mae hefyd yn brin o fanylion am atal, gofal lliniarol a diwedd oes, ac am wasanaethau i blant a phobl ifanc, ac nid yw'n cwmpasu'r amrywiaeth lawn o uchelgeisiau yn y Datganiad Ansawdd.

2.4 Defnyddiodd y Gweinidog ar y pryd y Cynllun i osod y disgwyliad newydd erbyn mis Mawrth 2026, y byddai 80% o'r cleifion yn dechrau eu triniaeth gyntaf o fewn 62 o ddiwrnodau. Cyhoeddodd y Gweinidog y Cynllun mewn datganiad llafar, gan ei ddisgrifio fel dull gweithredu ar y cyd i GIG Cymru gyflawni'r bwriadau polisi a nodir yn y Datganiad Ansawdd ar gyfer Canser. Dywedodd Llywodraeth Cymru wrthym nad Cynllun Llywodraeth Cymru mohono. Mae'n ystyried nad oes angen cynllun cenedlaethol arni i weithredu'r Datganiad Ansawdd oherwydd bod byrddau iechyd ac ymddiriedolaethau yn gyfrifol am weithredu'r weledigaeth drwy eu cynlluniau lleol eu hunain.

2.5 Er hynny, mae'r Cynllun yn bodoli ar gais y Gweinidog ac mae llawer o'r camau gweithredu yn gofyn am gyfarwyddyd ac arweiniad cenedlaethol i gefnogi gweithrediad llwyddiannus. Byddai hyn yn cynnwys ystyried y cyllid sydd ei angen i gefnogi camau gweithredu y Cynllun a defnyddio fframweithiau cynllunio a rheoli perfformiad cenedlaethol i egluro'r gofynion o ran cyflawni'r Cynllun (**argymhelliad 1**).

2.6 Mae'r Cynllun Gwella Canser yn ymrwymo Llywodraeth Cymru i fonitro cyflawniad y Cynllun drwy ei threfniadau perfformiad presennol. Fodd bynnag, yn ystod ein gwaith maes, dywedodd swyddogion Llywodraeth Cymru wrthym nad oedd monitro o'r fath yn digwydd. Ers hynny, ar gais y Gweinidog ar y pryd, mae'r Rhwydwaith Canser wedi coladu 'diweddariad' cynnydd ôl-weithredol ar y broses o gyflawni'r Cynllun. Fodd bynnag, nid yw Llywodraeth Cymru yn monitro'r gweithrediad yn rheolaidd yn unol â'i hymrwymiad yn y Cynllun Gwella Canser.

Mae rhinwedd i fentrau cenedlaethol newydd i wella gwasanaethau canser, ond mae rhanddeiliaid yn ddryslyd ynghylch sut y maent yn gysylltiedig â'r Cynllun Gwella Canser

2.7 Ers cyhoeddi'r Cynllun yn 2023, mae Llywodraeth Cymru a Gweithrediaeth y GIG wedi sefydlu rhaglenni newydd a'r nod o wella gwasanaethau canser (**Arddangosyn 18**). Er bod rhinweddau ym mhob rhaglen, mae rhanddeiliaid yn ansicr sut y maent yn gyson â'r Cynllun Gwella Canser.

Arddangosyn 18: rhaglenni newydd i wella gwasanaethau canser

Rhaglen	Disgrifiad
Canser: Menter Gwella Canlyniadau	Comisiynodd Llywodraeth Cymru Hwb Gwyddorau Bywyd Cymru i ddatblygu'r fenter, sydd â'r nod o ganolbwyntio arloesedd ar feysydd problemus allweddol a chael gwared ar y rhwystrau i gyflawni arloesedd yn gyflym.
Rhaglen Adfer Canser Genedlaethol	Sefydlwyd y rhaglen gan Weithrediaeth y GIG a'r nod o leihau arosiadau hir er mwyn cyflawni targed bod 80% o'r cleifion yr amheuir bod ganddynt ganser yn dechrau triniaeth o fewn 62 o ddiwrnodau erbyn 31 Mawrth 2026.

Ffynhonnell: Archwilio Cymru.

2.8 Ar hyn o bryd, mae Gweithrediaeth y GIG yn cwblhau trefniadau ar gyfer ei Rhaglen Adfer Canser Genedlaethol. Mae'r Rhaglen yn canolbwyntio ar bum lleoliad tiwmor penodol[41] gyda rhai camau trawsbynciol i wella gwasanaethau mwy cyffredinol i roi diagnosis a thrin cleifion canser. Yn hytrach na thrawsnewid y system gyfan ar raddfa fawr, nod y Rhaglen yw gwella'r perfformiad a gwella cydymffurfiaeth â'r Llwybrau Delfrydol Cenedlaethol o fewn y cyllidebau presennol.

2.9 Mae Llywodraeth Cymru wedi addasu cyllid y Rhwydwaith Canser ar ddibenion gwahanol er mwyn darparu £2 miliwn y flwyddyn ar gyfer 2024–25 i 2026–27 fel y gall Gweithrediaeth y GIG weithredu'r Rhaglen. Bydd oddeutu hanner y cyllid hwn yn talu am gostau staff yn unol â nodau y Rhaglen o ran annog gwelliant o fewn y cyllidebau presennol. Dywedodd swyddogion Gweithredol y GIG wrthym y gallai'r Rhaglen nodi cyfleoedd am welliannau a fyddai wedyn yn cael eu costio a'u datblygu'n achosion busnes ar gyfer cyllid ychwanegol gan Lywodraeth Cymru.

41 Canser y fron, canser gynaecolegol, canser gastroberfeddol isaf, canser y croen a chanser wrolegol.

Mae llawer o gyrff y GIG a phartneriaid trydydd sector yn ddryslyd ynghylch y cyfeiriad strategol

2.10 Dywedodd sefydliadau y GIG a'r trydydd sector wrthym eu bod wedi drysu ynghylch cyfeiriad strategol gwasanaethau canser yng Nghymru. Mae rhai cyrff GIG Cymru gyfan wedi croesawu'r ymrwymiadau yn y Cynllun (er enghraifft **paragraff 1.33**). Mae eraill wedi gwrthod gweithredoedd a briodolir i'w sefydliad a gweld rhai camau gweithredu sydd yn y Cynllun fel rhai amherthnasol (er enghraifft **paragraff 2.37**).

2.11 Mae byrddau iechyd wedi datblygu mentrau lleol i wella diagnosis, triniaeth a chymorth i gleifion canser, ond nid yw'n glir sut y maent yn cysylltu â'r Cynllun Gwella Canser. Yn ystod ein gwaith, maes roedd yn amlwg nad oedd cyrff y GIG yn glir ynghylch statws y Cynllun na sut y dylai fod yn llywio eu gweithgareddau. Dywedodd cyrff y GIG a'r trydydd sector wrthym fod datblygu'r mentrau a'r rhaglenni newydd mor fuan ar ôl cyhoeddi'r Cynllun Gwella Canser wedi cynyddu eu dryswch ynghylch y cyfeiriad strategol.

Nid yw arweinyddiaeth, penderfyniadau na threfniadau goruchwylio cenedlaethol yn effeithiol ac mae gorddibyniaeth ar reoli perfformiad cul

Mae diffyg eglurder ynghylch pwy sy'n gyfrifol ac yn atebol am sbarduno gwelliant system gyfan yn y gwasanaethau canser

2.12 Sefydlodd Llywodraeth Cymru Weithrediaeth y GIG er mwyn sbarduno gwelliannau yn ansawdd a diogelwch y gofal. Mae'n dwyn ynghyd sefydliadau gwella presennol er mwyn cydgysylltu a sbarduno gwelliannau ansawdd a diogelwch y gofal yn well[42]. Fodd bynnag, roedd y swyddogion yng nghyrff y GIG a'r cynrychiolwyr trydydd sector y gwnaethom eu cyfweld yn ddryslyd ynghylch rolau gwahanol Llywodraeth Cymru a Gweithrediaeth y GIG. Clywsom hefyd fod dryswch ynghylch y gwahanol rolau a swyddogaethau yng Ngweithrediaeth y GIG. Ar adeg ein hadolygiad, roedd gan dair o swyddogaethau Gweithrediaeth y GIG gyfrifoldeb am sbarduno gwelliant canser;

- roedd gan y Rhaglen Strategol ar gyfer Gofal a Gynlluniwyd gyfrifoldeb am gefnogi gwelliant o ran amseroldeb diagnosis a thriniaeth canser;
- darparodd y Gyfarwyddiaeth Sicrhau Perfformiad gymorth uniongyrchol i gyrff y GIG er mwyn gwella'r perfformiad canser; a
- gweithiodd y Rhwydwaith Canser gyda chlinigwyr, gweithwyr iechyd proffesiynol, a sefydliadau trydydd sector a chynrychioli cleifion er mwyn gwella canlyniadau a gofal i gleifion canser.

2.13 Canfuom gonsensws cyffredinol, gan gynnwys yn Llywodraeth Cymru a Gweithrediaeth y GIG, nad yw'r Weithrediaeth yn darparu'r arweinyddiaeth gref a fwriadwyd hyd yn hyn i sbarduno gwelliant. Disgrifiodd llawer o gyrff y GIG a'r trydydd sector y trefniadau ar ôl sefydlu'r Weithrediaeth fel 'cam yn ôl' neu 'waeth nag erioed'.

42 Uned Cyflawni GIG Cymru, Uned Cyflawni Ariannol GIG Cymru, Cydweithrediaeth Iechyd GIG Cymru; a Gwelliant Cymru.

2.14 Cododd rhanddeiliaid bryderon amrywiol am y trefniadau arweinyddiaeth ac atebolrwydd cenedlaethol ar gyfer gwasanaethau canser, gan gynnwys:

- nid oes gan y Rhwydwaith Canser awdurdod i wneud penderfyniadau ac i ymrwymo lefel yr adnoddau sydd eu hangen i sicrhau newid;
- diffyg wrth integreiddio'r Rhwydwaith Canser yn arweinyddiaeth Gweithrediaeth y GIG a chyda'r GIG ehangach, a bylchau mewn trefniadau i rannu mewnwelediad rheng flaen gan glinigwyr;
- mae cyrff trydydd sector yn ei chael hi'n anodd gwybod â phwy i ymgysylltu a sut i rannu gwybodaeth bwysig ac, yn fwy cyffredinol, maent yn teimlo nad ydynt yn cael eu gwerthfawrogi yn ddigonol am y cymorth helaeth y maent yn ei ddarparu i'r system[43] ac i unigolion a'u teuluoedd (**argymhelliad 2**);
- gorgyffyrddiad a dyblygiad rhwng y gwaith adfer canser a wneir gan y Rhaglen Strategol ar gyfer Gofal a Gynlluniwyd a'r gwaith ymyrryd dan arweiniad y Gyfarwyddiaeth Sicrhau Perfformiad; a
- diffyg cyfathrebu rhwng Llywodraeth Cymru a Gweithrediaeth y GIG i asesu a yw cyllid ar gyfer capasiti ychwanegol yn cael ei ddyrannu i'r meysydd sydd â'r angen mwyaf.

2.15 Ers ein gwaith maes, mae Gweithrediaeth y GIG wedi sefydlu Grŵp Arwain Rhwydwaith Clinigol i gefnogi gweithio agosach rhwng clinigwyr ac uwch-arweinwyr ehangach Gweithrediaeth y GIG. Er bod hyn yn ddatblygiad cadarnhaol, mae angen gweithredu ehangach i gryfhau'r trefniadau arweinyddiaeth cenedlaethol. Mae'r bylchau, y diffyg eglurder a'r dyblygu a ddisgrifir uchod wedi arwain at sefyllfa lle dywedodd llawer o randdeiliaid o'r tu mewn a'r tu allan i'r GIG wrthym: 'nid ydym yn gwybod pwy sy'n gyfrifol' (**argymhelliad 2**). Coda adroddiad Pwyllgor Iechyd a Gofal Cymdeithasol y Senedd ar ganserau gynaecolegol[44] bryderon tebyg ac mae'n galw ar Lywodraeth Cymru i fod yn 'fwy atebol' am sbarduno gwell gwasanaethau canser.

43 Mae'r trydydd sector yn llawn gwybodaeth a mewnwelediad, ac mae'n darparu cyllid ar gyfer rhai gwasanaethau yng Nghymru (megis ward canser Ymddiriedolaeth Canser yr Arddegau yng Nghaerdydd). Canfuom enghreifftiau hefyd o sefydliadau y trydydd sector yn denu cyllid y sector preifat i sbarduno arloesedd ac yn datblygu adnoddau data sydd bellach yn cael eu defnyddio gan GIG Cymru.

44 Pwyllgor Iechyd a Gofal Cymdeithasol Cymru, Heb lais: Taith menywod drwy ganser gynaecolegol, Rhagfyr 2023.

Nid yw trefniadau gwneud penderfyniadau ac arweinyddiaeth cenedlaethol yn ddigon cadarn i nodi a blaenoriaethu cyfleoedd yn systematig i wella gwasanaethau canser

2.16 Mae triniaeth canser yn faes o arloesedd sylweddol, gyda chyfleoedd i wella canlyniadau ac effeithlonrwydd. Gwnaethom nodi enghreifftiau o fuddsoddiad a phroses o wneud penderfyniadau Llywodraeth Cymru i wella canser a gofal a gynlluniwyd. Er enghraifft, mae wedi gweithio gyda byrddau iechyd a Gweithrediaeth y GIG i gyflwyno canolfannau diagnostig cyflym; cefnogi gwelliannau i'r rhaglen sgrinio'r coluddyn ac mae'n ariannu canolfan canser newydd ar gyfer Ymddiriedolaeth GIG Felindre[45].

2.17 Fodd bynnag, mae Llywodraeth Cymru yn cydnabod nad oes ganddi ddull cadarn o nodi, asesu a blaenoriaethu cyfleoedd o'r fath. Mae angen cryfhau'r trefniadau presennol i sicrhau bod capasiti digonol i asesu a blaenoriaethu mentrau cyllid. Dylai trefniadau fynd i'r afael â bylchau mewn strwythurau gwneud penderfyniadau er mwyn blaenoriaethu buddsoddiad mewn meysydd megis digidol, gweithlu a diagnostig (**argymhelliad 2**). Mae **Arddangosyn 19** yn nodi dau faes cyfle i wella effeithlonrwydd a chanlyniadau, lle mae'r broses o wneud penderfyniadau wedi bod yn araf.

45 Rydym yn cynnal archwiliad ar wahân o'r broses o wneud penderfyniadau mewn cysylltiad â datblygu Canolfan Canser newydd Felindre. Rydym yn bwriadu cyhoeddi'r adroddiad hwn yn 2025.

Arddangosyn 19: datblygiadau arloesol posibl lle mae'r broses o wneud penderfyniadau wedi bod yn araf

Rhaglen	Disgrifiad
Patholeg celloedd digidol	Yn ystod ein hadolygiad, cyfeiriodd cyrff y GIG a sefydliadau y trydydd sector at rwystredigaeth gyda chyflymder y broses o wneud penderfyniadau cenedlaethol ynghylch defnyddio patholeg celloedd digidol. Roedd Bwrdd Iechyd Prifysgol Betsi Cadwaladr yn arloeswr yn y dull gweithredu a thrawsnewidiodd ei wasanaeth patholeg yn 2014. Gallai labordai sganio a lanlwytho delweddau ar systemau digidol i'w dadansoddi o bell yn hytrach na chludo samplau rhwng lleoliadau. Ochr yn ochr â rhaglen trawsnewid ehangach*, gwnaeth y dull gweithredu wella amseroldeb canlyniadau patholeg yn ddramatig a helpu'r bwrdd iechyd i recriwtio a chadw staff oherwydd ei fod yn hwyluso trefniadau gweithio hyblyg. Mae'r Rhaglen Genedlaethol Patholeg wedi bod yn gweithio gyda Llywodraeth Cymru a byrddau iechyd i ddatblygu dull cyson ar gyfer Cymru gyfan o ymdrin â phatholeg celloedd digidol ers 2019. Er gwaethaf consensws cyffredinol ar fanteision y dull gweithredu, cyfyngwyd ar y cynnydd gan ansicrwydd ynghylch pwy fyddai'n ariannu offer sganio modern a'r storfa ddigidol. Mae byrddau iechyd wedi bod yn amharod i ymrwymo arian heb eglurder am gyfraniad ariannol Llywodraeth Cymru. Er iddi fuddsoddi mewn agweddau eraill ar batholeg celloedd digidol, ni fu Llywodraeth Cymru erioed yn glir ynghylch a fyddai'n ariannu'r offer a'r storfa er mwyn sefydlu dull Cymru gyfan. Ar adeg ein hadolygiad, roedd y Rhaglen Genedlaethol Patholeg yn dal i weithio gyda byrddau iechyd i gytuno ar gyfran achos busnes sy'n rhannu costau blynyddol parhaus o oddeutu £3 miliwn ar gyfer yr offer sganio a'r storfa. Mae Cymru bellach ar ôl gweddill y DU o ran capasiti patholeg celloedd digidol, sy'n ei wneud yn ddewis cyflogaeth llai deniadol i batholegwyr newydd gymhwyso mewn marchnad sydd eisoes yn gystadleuol.

Rhaglen	Disgrifiad
Sgrinio'r Ysgyfaint	Yn 2019, dechreuodd y Rhwydwaith Canser archwilio tystiolaeth am effeithiolrwydd y broses o sgrinio'r ysgyfaint. Daeth i'r casgliad y gallai sgrinio gynyddu canran y canserau a nodir yn ystod cam cynnar a bod ganddo'r potensial i gyflawni lleihad o 20% yn nifer marwolaethau canser yr ysgyfaint. Llywiodd y gwaith raglen beilot i wirio iechyd yr ysgyfaint ym Mwrdd Iechyd Prifysgol Cwm Taf Morgannwg a ddechreuodd yn 2022 ac a ariannwyd gan sefydliadau trydydd sector a diwydiant preifat. Argymhellodd Pwyllgor Sgrinio Cenedlaethol y DU y dylai cenhedloedd y DU ddatblygu dull sgrinio'r ysgyfaint wedi ei dargedu ar gyfer pobl 55–74 oed a chanddynt hanes o ysmygu ym mis Mehefin 2022. Er gwaethaf cymeradwyaeth Pwyllgor Sgrinio Cymru ym mis Tachwedd 2022, ni roddodd Llywodraeth Cymru y dasg i Iechyd Cyhoeddus Cymru o ddatblygu dewisiadau ar gyfer rhaglen genedlaethol tan fis Gorffennaf 2023. Mae Llywodraeth Cymru wedi gofyn i Iechyd Cyhoeddus Cymru ddarparu cynigion interim ar gyfer rhaglen sgrinio'r ysgyfaint cenedlaethol erbyn mis Mai 2025. Os yw Iechyd Cyhoeddus Cymru yn cyflawni targed 2025, bydd wedi cymryd tair blynedd ar ôl argymhelliad Pwyllgor Sgrinio Cenedlaethol y DU dim ond i ddatblygu cynigion interim. Byddai cwblhau cynigion a gweithredu rhaglen genedlaethol yn cymryd mwy o amser ar ôl y pwynt hwn (**argymhelliad 5**).

Ffynhonnell: Archwilio Cymru.

Nodyn: *Roedd y dull patholeg celloedd digidol yn rhan o raglen trawsnewid ehangach, gan gynnwys cyfuno gwasanaethau rhanbarthol yn un Gwasanaeth Patholeg Cellog sengl ym Mwrdd Iechyd Prifysgol Betsi Cadwaladr.

2.18 Clywsom bryderon hefyd am allu Llywodraeth Cymru i sicrhau'r manteision o'i buddsoddiad mewn capasiti a ffyrdd newydd o weithio. Yn benodol, cyfeiriodd rhanddeiliaid yn aml at ddull anghyson sydd wedi gweld Llywodraeth Cymru yn buddsoddi mewn hyfforddi a recriwtio radiolegwyr, dim ond i lawer ohonynt fethu dod o hyd i waith yn GIG Cymru (**Arddangosyn 20**).

Arddangosyn 20: buddsoddi mewn hyfforddiant a radiolegwyr

Agorodd yr Academi Ddelweddu Genedlaethol yn 2019, ar ôl i Lywodraeth Cymru ddarparu £3.4 miliwn i AaGIC i sefydlu'r cyfleuster er mwyn helpu i lenwi bylchau a nodwyd yn y gweithlu radiolegwyr a gweithwyr delweddu proffesiynol.

Fodd bynnag, mae llawer o'r radiolegwyr newydd gymhwyso yn gadael Cymru, er gwaethaf bylchau yn y gweithlu, oherwydd nad oes swyddi ar eu cyfer. Dywedodd rhai byrddau iechyd wrthym fod pwysau ariannol wedi arwain at roi'r gorau i recriwtio, a gyfyngodd ar eu gallu i recriwtio staff diagnostig. Clywsom hefyd fod gwendidau wrth gynllunio gweithlu byrddau iechyd, gan gynnwys rhagamcaniadau o'r angen yn y dyfodol a phrosesau recriwtio araf yn rhan o'r broblem*.

Mae Cynllun Gweithredu Diagnostig Cenedlaethol Gweithrediaeth y GIG** yn cynnwys ymrwymiad gwan i weithio gydag AaGIC i 'eirioli' dros ymrwymiad i gyflogaeth gan fyrddau iechyd wrth ofyn am rifau hyfforddiant. Nid yw'n glir pa rôl y mae Llywodraeth Cymru yn bwriadu ei chwarae i sicrhau na chollir manteision ei buddsoddiad mewn hyfforddi gweithlu y dyfodol i Gymru (**argymhelliad 7**).

Ffynhonnell: Archwilio Cymru

Nodiadau:

* Gwnaeth ein hadolygiad o'r broses o gynllunio'r gweithlu argymhellion penodol i fyrddau iechyd er mwyn gwella'r broses o gynllunio'r gweithlu. Mae adroddiadau unigol ar gyfer pob corff GIG ar gael ar ein gwefan www.Archwilio.Cymru.

** Gweithrediaeth y GIG, Cynllun Gweithredu Diagnostig Cenedlaethol 2023–25.

2.19 Gall gweithio rhanbarthol ar draws ardaloedd byrddau iechyd helpu i rannu capasiti a chryfhau gwasanaethau bregus. Mae byrddau iechyd yn datblygu dulliau rhanbarthol mewn rhai meysydd a all gynyddu capasiti yn y system[46]. Mae Gweithrediaeth y GIG hefyd yn datblygu cynlluniau am ddau ganolfan diagnostig rhanbarthol yn y de, er mwyn darparu capasiti diagnostig ar y cyd ychwanegol ar gyfer y rhanbarth. Fodd bynnag, mae cyflymder cyffredinol y cydweithrediad rhanbarthol yn araf. Er bod cyfrifoldeb clir ar fyrddau iechyd i fynd rhagddynt â gwaith rhanbarthol, mae angen arweinyddiaeth a chydgysylltiad cenedlaethol gan Lywodraeth Cymru a Gweithrediaeth y GIG hefyd. Yn hynny o beth, mae creadigaeth ddiweddar uwch-rôl ymroddedig ym Mhwyllgor Gweithredol y GIG i gefnogi gweithio rhanbarthol yn ddatblygiad y dylid ei groesawu. Fodd bynnag, bydd llwyddiant hefyd yn dibynnu ar gamau i fynd i'r afael â rhwystrau i weithio rhanbarthol megis diffyg integreiddiad rhwng systemau digidol, sy'n ei gwneud yn anodd rhannu rhestrau aros ar draws byrddau iechyd[47] (**argymhelliad 6**).

Mae goruchwyliaeth Llywodraeth Cymru yn canolbwyntio yn rhy gyfyng ar y targed 62 o ddiwrnodau

2.20 Mae Fframwaith Perfformiad y GIG (2024–25) Llywodraeth Cymru yn nodi'r mesurau (ond nid y targedau) y mae cyrff y GIG yn atebol yn i'w cyflawni. Y mesur 62 o ddiwrnodau yw'r prif fesur sy'n benodol i ganser. Mae mesur amseroldeb colonosgopi ar gyfer atgyfeiriadau sgrinio'r coluddyn (**paragraff 1.21**), ond nid oes mesurau ar gyfer atgyfeiriadau sgrinio'r fron neu serfigol. Fframweithiau perfformiad blaenorol,[48] gan gynnwys mesurau cwmpas ar gyfer y tair rhaglen sgrinio canser. Mae mesur hefyd ar gyfer y nifer sy'n derbyn brechlyn firws papiloma dynol (**paragraff 2.24**).

2.21 Nid yw'r Fframwaith Perfformiad yn cynnwys unrhyw fesurau ar achosion o ganser, marwolaethau na chyfraddau goroesi canser. Nid yw'n cysylltu'n glir â'r chwe phriodoledd ansawdd a nodir yn y Datganiad Ansawdd ar gyfer Canser ac nid yw'r Fframwaith yn cyfeirio at gydymffurfio â'r Llwybrau Delfrydol Cenedlaethol sy'n tanategu'r Datganiad Ansawdd. Er bod Llywodraeth Cymru wedi gwneud Gweithrediaeth y GIG yn gyfrifol am fonitro cydymffurfiaeth â'r llwybrau, mae'n dal i ddatblygu dulliau ar gyfer gwneud hynny.

46 Gan gynnwys datblygu dulliau rhanbarthol o ymdrin â diagnostig a thriniaeth yn y gogledd, y de-ddwyrain a'r de-orllewin, gan ddefnyddio cyllid adfer gofal a gynlluniwyd gan Lywodraeth Cymru.

47 Pwyllgor Iechyd a Gofal Cymdeithasol Cymru, Heb lais: Taith menywod drwy ganser gynaecolegol, Rhagfyr 2023.

48 Fframwaith Perfformiad GIG Cymru 2022–2023.

2.22 Mae fframwaith sefydledig ar gyfer goruchwylio gwaith cynllunio a pherfformiad cyrff y GIG drwy weithgareddau megis craffu ar gynlluniau blynyddol neu dymor canolig cyrff y GIG, cyfarfodydd Ansawdd Integredig, Cynllunio a Chyflawni misol a chyfarfodydd chwemisol y Cyd-dîm Gweithredol rhwng Llywodraeth Cymru, Gweithrediaeth y GIG a chyrff unigol y GIG. Hefyd, mae cyfarfodydd perfformiad canser misol yn rhoi pwyslais penodol ar roi diagnosis a thrin cleifion canser. Gyda'i gilydd, mae hyn yn cynrychioli llawer iawn o weithgarwch rheoli perfformiad ac mae'n cynnwys datblygiadau cadarnhaol o ran cydweithredu a rhannu gwybodaeth rhwng Llywodraeth Cymru a Gweithrediaeth y GIG. Fodd bynnag, mae'r pwyslais i raddau helaeth ar gyflawni'r targed perfformiad canser 62 o ddiwrnodau yn y tymor byr, yn hytrach na newid system ehangach a chyflawni'r weledigaeth yn y Datganiad Ansawdd yn ehangach (**argymhelliad 3**).

Nid oes gan y dull strategol bwyslais cydlynol ar atal canser, ac mae'n cael ei danseilio gan fylchau mewn data a gwasanaethau digidol tameidiog

Nid oes unrhyw ddull strategol cydlynol o atal, er bod modd atal llawer o ganserau a gallai gwneud hynny achub bywydau a lleihau'r galw am wasanaethau y GIG

2.23 Mae'r Cynllun Gwella Canser yn dweud bod modd atal 38% o'r canserau yng Nghymru bob blwyddyn. Mae cyfleoedd sylweddol i fynd i'r afael â ffactorau ffordd o fyw sy'n cynyddu'r risg o rai canserau. Mae llawer o ffactorau risg ffordd o fyw ar gyfer canser yn debyg ar draws cyflyrau mawr, ac maent yn cyfrif am y rhan fwyaf o'r gofal a gynlluniwyd a'r gofal brys yn y DU. Dangosodd data o Fframwaith Canlyniadau Iechyd Cyhoeddus Iechyd Cyhoeddus Cymru[49], yn 2022–2023, fod 13% o'r oedolion yng Nghymru yn ysmygu; fod 17% ohonynt yn yfed mwy o alcohol na'r hyn a argymhellir[50]; ac mai dim ond 36% o'r oedolion o oedran gweithio oedd yn bwysau iach[51].

2.24 Mae cyfleoedd hefyd yn gysylltiedig â chynyddu'r nifer sy'n derbyn brechlyn firws papiloma dynol. Ers ei gyflwyno yn 2008, mae'r brechlyn wedi cyflawni gostyngiad o bron i 90% yn y cyfraddau canser ar gyfer menywod yn eu hugeiniau, a disgwylir iddo achub cannoedd o fywydau fesul blwyddyn yn y DU[52]. Adroddodd Iechyd Cyhoeddus Cymru fod 74% o'r plant ym mlwyddyn 9 yn yr ysgol yn ystod 2023–2024 wedi cael y brechlyn. Roedd cryn amrywiaeth yn y nifer a gafodd y frechlyn, gan amrywio o 60% ym Mwrdd Iechyd Prifysgol Caerdydd a'r Fro i 88% ym Mae Abertawe. Mae newidiadau mewn cymhwysedd ar gyfer y brechlyn yn ei gwneud yn anodd cymharu newidiadau yn y nifer sy'n ei dderbyn dros amser[53].

49 Arsyllfa Ymddiriedolaeth GIG Iechyd Cyhoeddus Cymru, Fframwaith Canlyniadau Iechyd y Cyhoedd.

50 Ar sail oedolion a nododd eu bod yn yfed dros 14 uned o alcohol yr wythnos.

51 Mae data ysmygu ac yfed alcohol yn defnyddio cyfraddau wedi eu safoni yn ôl oedran i gyfrif am wahaniaethau mewn strwythurau oedran gwahanol rannau o Gymru. Mae data am bwysau iach yn benodol i oedran.

52 Ymddiriedolaeth GIG Iechyd Cyhoeddus Cymru: imiwneiddio a brechlynnau.

53 Iechyd Cyhoeddus Cymru, Niferoedd y plant yng Nghymru a gafodd eu himiwneiddio, Adroddiad Chwarterol, Mis Ionawr i fis Mawrth 2024, Mai 2024.

2.25 Dywed Sefydliad Iechyd y Byd fod atal yn cynnig y strategaeth hirdymor mwyaf cost-effeithiol ar gyfer rheoli canser[54]. Mae Cyngor ar Wyddoniaeth a Thystiolaeth Llywodraeth Cymru[55] yn cytuno bod cyfleoedd sylweddol i leihau baich clefydau ar y GIG drwy atal canser a chyflyrau mawr eraill. Mae'n nodi cwmpas am arbedion ariannol hirdymor ac yn galw am 'weithredu llym' i fynd i'r afael â chynnydd mewn ffactorau risg ffordd o fyw, gan wneud llawer o awgrymiadau er mwyn ail-lunio gwasanaethau o amgylch atal.

2.26 Mae Fframwaith Cynllunio'r GIG 2024–2027 Llywodraeth Cymru yn cyfeirio byrddau iechyd at y Cyngor ar Wyddoniaeth a Thystiolaeth, gan egluro ei fod yn disgwyl gweld tystiolaeth o atal yng nghynlluniau y byrddau iechyd. Fodd bynnag, nid yw Llywodraeth Cymru yn mynd ymhellach i annog ac arwain byrddau iechyd i ddatblygu mentrau atal lleol.

2.27 Byddai atal canser hefyd yn lleihau'r galw ar gapasiti y GIG. Mae **Arddangosyn 21** yn nodi mewn termau crai pa effaith y gallai gostyngiad o 10%, 20% a 38% mewn achosion o ganser ei chael, yn seiliedig ar lefelau gweithgarwch 2022–2023. Byddai'r arbedion ariannol blynyddol posibl o oddeutu £8.2 miliwn i £31.4 miliwn o ganlyniad i'r gostyngiad yn nifer y diwrnodau gwelyau[56]. Mae'n bosibl hefyd y byddai arbedion sylweddol yn sgil lleihau apwyntiadau cleifion allanol a chostau cyffuriau. Fodd bynnag, byddai costau yn gysylltiedig â gweithgarwch i atal canser hefyd.

54 Sefydliad Iechyd y Byd, Health Topics – Cancer Prevention.

55 Llywodraeth Cymru, Cyngor ar Wyddoniaeth a Thystiolaeth – Y GIG mewn 10 Mlynedd a Mwy – Archwiliad o Effaith Amcanestynedig Cyflyrau Hirdymor a Ffactorau Risg yng Nghymru, Medi 2023.

56 Cyfrifo arbedion yn seiliedig ar gost gwely o £500 fesul diwrnod yn y GIG yng Nghymru.

Arddangosyn 21: enillion capasiti posibl sy'n gysylltiedig ag atal canser rhag digwydd yn y lle cyntaf ar sail gweithgarwch 2022–2023

				
2022-23	Gorffennwyd **90,532** o episodau ymgynghori	**84,583** o episodau derbyn	**164,971** o ddiwrnodau gwelyau	**10,864** o fynychwyr rheolaidd*
-10% 	Gorffennwyd **81,479** o episodau ymgynghori (gostyngiad o 9,053)	**76,125** o episodau derbyn (gostyngiad o 8,458)	**148,474** o ddiwrnodau gwelyau (gostyngiad o 16,497)	**9,778** o fynychwyr rheolaidd (gostyngiad o 1,086)
-20% 	Gorffennwyd **72,426** o episodau ymgynghori (gostyngiad o 18,106)	**67,666** o episodau derbyn (gostyngiad o 16,917)	**131,977** o ddiwrnodau gwelyau (gostyngiad o 32,994)	**8,691** o fynychwyr rheolaidd (gostyngiad o 2,173)
-38% 	Gorffennwyd **56,130** o episodau ymgynghori (gostyngiad o 34,402)	**52,441** o episodau derbyn (gostyngiad o 32,142)	**102,282** o ddiwrnodau gwelyau (gostyngiad o 62,689)	**6,736** o fynychwyr rheolaidd (gostyngiad o 4,128)

Ffynhonnell: Dadansoddiad Archwilio Cymru o ddata Iechyd a Gofal Digidol Cymru o Gronfa Ddata Cyfnodau Gofal Cleifion Cymru, Ffigurau Pennawd a Setiau Data Diagnosis Sylfaenol, Darparwyr Cymru.

Noder:

*Mae ein dadansoddiad yn arwydd o'r enillion capasiti posibl ar sail cyfartaledd. Gwnaethom gyfrifo enillion posibl mewn cysylltiad â lleihad o 38% mewn gweithgarwch ar sail yr honiad yn y Cynllun Gwella Canser bod modd atal 38% o'r canserau bob blwyddyn.

*Cleifion sy'n cael eu derbyn i'r ysbyty yn rheolaidd i gael triniaeth yw mynychwyr rheolaidd.

2.28 Er gwaethaf tystiolaeth gref a'i bod yn uchelgais hirsefydlog, nid yw Llywodraeth Cymru wedi trosi'r nodau ehangach o atal yn ddulliau polisi mwy pendant a chydlynol eto gyda'r nod o symud cydbwysedd y gofal tuag at atal (**argymhelliad 4**). Yn benodol:

- nid yw erioed wedi nodi dull strategol clir a throsfwaol o gyflawni'r newid hwn ar draws y nifer o gyrff sector cyhoeddus y byddai angen newid eu blaenoriaethau, eu dewisiadau a'u hymddygiad;
- mae ganddi ddull tameidiog gyda strategaethau unigol ar bwysau iach a rheoli tybaco,[57] ond nid oes cynllun yn ymwneud ag effeithiau defnyddio alcohol ar iechyd; ac
- ymhlith eraill, beirniadodd Comisiynydd Cenedlaethau'r Dyfodol Lywodraeth Cymru am dorri ei chyllidebau gwella iechyd ataliol yn 2024–2025[58].

Mae bylchau yn ansawdd y data a'r graddau y maent ar gael, er mwyn deall pa mor dda y darperir gofal canser.

2.29 Mae'n hanfodol cael data o ansawdd da er mwyn cynllunio, darparu a gwella gofal canser. Mae Gweithrediaeth y GIG wedi gwella amseroldeb a hygyrchedd data perfformiad mewn dangosfwrdd rhyngweithiol heb ei gyhoeddi a ddefnyddir gan fyrddau iechyd, y Weithrediaeth a Llywodraeth Cymru. Mae Iechyd a Gofal Digidol Cymru yn cyhoeddi Dangosfwrdd Llwybr Amheuaeth o Ganser gwahanol gyda gwybodaeth lai manwl[59].

2.30 Fodd bynnag, mae bylchau yn y data cyhoeddedig ar draws llwybr y claf (**Arddangosyn 22**). Mae Llywodraeth Cymru yn cyhoeddi data am lwybrau 'caeëdig' sy'n dangos faint o gleifion a gafodd eu trin o fewn 62 o ddiwrnodau, ond nid yw'n cyhoeddi llwybrau aros 'agored' sy'n dangos faint o gleifion cyfredol sy'n aros am driniaeth.

2.31 Mae llawer o'r data sydd ar gael yn canolbwyntio'n rhy gyfyng ar y cyfnod rhwng atgyfeirio a diagnosis neu'r driniaeth gyntaf. Nid oes data cenedlaethol am y gweithgaredd a'r amseroldeb sy'n arwain at atgyfeiriad. Hefyd, nid oes data ar gael am weithgaredd ar ôl i'r driniaeth gyntaf ddechrau (gweler **paragraff 1.6)**, gan gynnwys profion dilynol, triniaeth barhaus a'r gallu i gael gafael ar ofal lliniarol a gofal diwedd oes (**argymhelliad 9**).

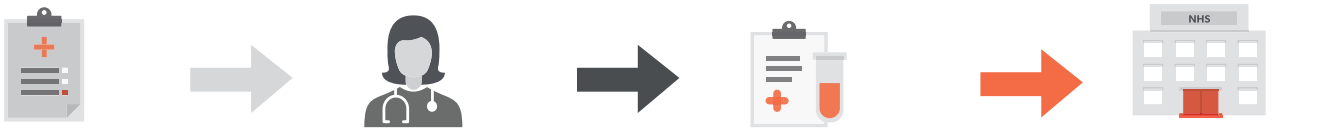
57 Llywodraeth Cymru, Pwysau Iach Cymru Iach, 2019 a Llywodraeth Cymru, Cymru Ddi-fwg: Strategaeth hirdymor Cymru ar gyfer rheoli tybaco, 2022.

58 Bu lleihad o £3.8 miliwn yn y gyllideb ar gyfer gwella iechyd a byw'n iach, gan ddod â chyfanswm y gyllideb i £10.8 miliwn; bu lleihad o £2.5 miliwn yng nghronfa y cynllun gweithredu ar gamddefnyddio sylweddau, gan ddod â chyfanswm y gyllideb i £47.5 miliwn); a bu lleihad o £710,000 yn y gyllideb hybu iechyd, i £12.2 miliwn.

59 Mae dangosfwrdd Iechyd a Gofal Digidol Cymru yn defnyddio data sydd wedi eu dilysu er mwyn nodi camgymeriadau, ond data perfformiad heb eu dilysu yw dangosfwrdd mewnol Gweithrediaeth y GIG.

Arddangosyn 22: bylchau mewn data ar wahanol gamau o'r llwybr canser

Rhwng yr amheuaeth gyntaf a'r driniaeth ddiffiniol



Yr amheuaeth gyntaf o ganser

Yr apwyntiad cyntaf

Y prawf diagnostig cyntaf

Y driniaeth ddiffiniol gyntaf

Gwybodaeth i ddeall sawl gwaith y bu rhaid i gleifion ymweld â meddyg teulu cyn cael eu cyfeirio

Amseroedd aros am atgyfeiriadau brys oherwydd amheuaeth o ganser a wneir trwy raglenni sgrinio

Gwybodaeth fwy amserol am gam/difrifoldeb yn ystod y diagnosis a'r amseroedd aros fesul cam

Gwell gwybodaeth i ddeall yr oediadau posibl rhwng diagnosis a thriniaeth, er enghraifft:

Amseroedd aros rhwng y prawf a'r penderfyniad i drin y claf

Amseroedd aros i'r claf gael canlyniadau ei brofion

Amseroedd aros am brofion diagnostig dilynol

Amseroedd aros am driniaeth ac apwyntiadau dilynol

Amseroedd aros am radiotherapi a Thriniaeth Gwrth-ganser Systematig

Gwybodaeth am y galw i gael gofal lliniarol a diwedd oes

Ffynhonnell: Archwilio Cymru

2.32 Mae data cyfyngedig iawn i olrhain y cynnydd o'i gymharu â'r uchelgeisiau yn y Datganiad Ansawdd. O'i chymharu â'r uchelgais cyffredinol o atal a chanfod yn gynnar, daethom o hyd i wybodaeth gyfyngedig am achosion galw cynyddol y gellir ei defnyddio i atal neu ganfod canser yn gynnar ymhlith y rhai sydd â'r risg fwyaf. Er enghraifft, ychydig a wyddom ynghylch pam mae rhai pobl yn ymgyflwyno ar gam mwy datblygedig, neu fel argyfwng. Cyfyngedig yw'r wybodaeth hefyd am broffil demograffig a lleoliad pobl sydd â ffyrdd o fyw nad ydynt yn iach. Mae gan brosiect newydd dan arweiniad Uned Gwybodaeth ac Arolygaeth Canser Cymru y potensial i wella gwybodaeth genedlaethol am ffactorau risg canser. Bydd yn cysylltu data y Gofrestrfa Ganser â gwybodaeth Cyfrifiad 2021 drwy Banc Data SAIL, er mwyn archwilio dylanwad ffactorau megis ethnigrwydd, incwm a statws addysgol ar ganlyniadau canser[60].

2.33 Cyfyngedig iawn hefyd yw'r wybodaeth er mwyn deall pa mor deg yw gwasanaethau cymorth canser. Er enghraifft:

- mae Llywodraeth Cymru yn ei gwneud yn ofynnol i fyrddau iechyd gofnodi ethnigrwydd cleifion canser,[61] ond isel iawn yw'r gydymffurfiaeth. Nid oeddem yn gallu dadansoddi tueddiadau rhestrau aros ac amseroldeb yn ôl ethnigrwydd oherwydd nad oedd gan dros ddwy ran o dair o'r llwybrau unrhyw wybodaeth am ethnigrwydd cleifion.
- mae Iechyd a Gofal Digidol Cymru yn adrodd y perfformiad o'i gymharu â'r targed 62 o ddiwrnodau yn ôl rhyw, ond nid oes llawer o wybodaeth i ddeall profiadau a chanlyniadau cleifion yn ôl rhyw. Canfu ymchwiliad y Senedd i ganser gynaecolegol fod menywod yn gallu profi llawer o rwystrau rhag cael triniaeth ganser, ond nid oes llawer o wybodaeth ar gyfer deall faint o fenywod yr effeithir arnynt[62].
- mae data cyhoeddus annigonol i ddeall gwahaniaethau posibl mewn amseroldeb diagnosis a thriniaeth canser ledled Cymru, yn enwedig i bobl sy'n byw ym Mhowys. Cynhwysir data amseroldeb ar gyfer trigolion Powys sy'n cael eu trin gan fyrddau iechyd eraill yng Nghymru yn y data ar gyfer y byrddau iechyd hynny. Nid yw'r data'n cael eu gwahanu i ddangos amseroldeb o ran trigolion Powys neu drigolion y bwrdd iechyd sy'n darparu triniaeth[63]. Mae diffyg data hefyd am gleifion o Gymru o unrhyw fwrdd iechyd sy'n cael eu trin gan GIG Lloegr (**argymhelliad 10**).

60 Mae'r prosiect yn bwriadu adrodd ei ganfyddiadau ddiwedd 2024.

61 O dan Hysbysiadau Newid Safonau Data o 2020 ymlaen (DCSN 2020/21 a DSCN 23/45). Mae'r Hysbysiadau yn mandadu cydymffurfiaeth â safonau data.

62 Pwyllgor Iechyd a Gofal Cymdeithasol Senedd Cymru, Heb lais: Taith menywod drwy ganser gynaecolegol, Rhagfyr 2023.

63 Mae data eraill a gyhoeddwyd gan GIG Cymru yn cynnwys data perfformiad 'preswyl' a 'darparwr' sy'n benodol i fyrddau iechyd. Er enghraifft, y data Atgyfeirio ar gyfer Triniaeth ar StatsCymru.

- prin yw'r wybodaeth hefyd ar gyfer deall tegwch y ddarpariaeth i blant a phobl ifanc. Mae Iechyd a Gofal Digidol Cymru yn grwpio'r holl ddata ar gyfer pobl o dan 30 oed gyda'i gilydd yn nata y Dangosfwrdd Amheuaeth o Ganser ac mae cleifion eraill yn cael eu grwpio mewn bandiau oedran 10 mlynedd. Eithrir pobl ifanc dan 16 oed o arolwg profiad cleifion canser Macmillan.

2.34 Mae problemau gydag ansawdd rhai o'r data sydd ar gael. Dywedodd swyddogion Uned Gwybodaeth ac Arolygaeth Canser Cymru wrthym fod Cymru flwyddyn y tu ôl i Loegr o ran cyhoeddi data y Gofrestrfa Ganser oherwydd bod nifer uchel y gwallau yn y data ffynhonnell yn creu gwaith ychwanegol i'w staff. Dywedodd cyrff y GIG wrthym fod cydymffurfiaeth wael â safonau data ymhlith staff y GIG sy'n mewnbynnu gwybodaeth am gleifion yn creu gwallau data. Canfuom fod dryswch ynghylch pwy sy'n gyfrifol am wella cydymffurfiaeth (**argymhelliad 8**). Nid ydym wedi adolygu ansawdd data yn benodol yn rhan o'r adolygiad hwn ond rydym wedi datgelu sawl anghywirdeb yn y data a gyhoeddwyd a dadansoddiad pwrpasol a ddarparwyd gan Iechyd a Gofal Digidol Cymru.

Tameidiog yw'r systemau digidol ac mae cynnydd o ran gweithredu'r system newydd gwybodaeth am ganser wedi bod yn araf

2.35 Araf iawn y bu'r cynnydd wrth ddiweddaru'r system digidol craidd ar gyfer cleifion canser. Adeiladwyd y system flaenorol (Canisc) gan ddefnyddio iaith raglennu ym 1997 y rhoddodd Microsoft y gorau i'w chefnogi yn 2014. Yn dilyn ein hadroddiad yn 2018 ar systemau gwybodeg GIG Cymru[64], cododd ymchwiliad Pwyllgor Cyfrifon Cyhoeddus y Senedd bryderon difrifol am gynnydd araf wrth ddisodli Canisc[65]. Cymerodd bum mlynedd arall i weithredu cam cyntaf y system newydd gwybodaeth am ganser. Dywedodd Iechyd a Gofal Digidol Cymru wrthym fod y pandemig wedi ychwanegu at oediadau. Yn ddiweddar, mae Llywodraeth Cymru wedi cadarnhau cyllid ar gyfer ail gam y rhaglen, gyda'r nod o wella integreiddiad a phrosesau digidol ac o ymdrin â cheisiadau am newidiadau penodol gan gyrff unigol y GIG.

64 Swyddfa Archwilio Cymru, Systemau Gwybodeg yn GIG Cymru, 2018.

65 Pwyllgor Cyfrifon Cyhoeddus Cynulliad Cenedlaethol Cymru, Systemau Gwybodeg yn GIG Cymru, 2018.

2.36 Yn ehangach, dywedodd cyrff y GIG wrthym fod diffyg systemau digidol integredig yn cymryd amser staff gwerthfawr oherwydd eu bod yn defnyddio gweithredoedd â llaw i drosglwyddo cleifion ar draws y gwahanol systemau gweinyddu cleifion. Mae'r broses yn rhwystredig i'r staff ac yn cymryd o'u hamser ar gyfer gweld cleifion. Mae hefyd yn peri risgiau i ddiogelwch cleifion oherwydd y gellid trosglwyddo'r manylion yn anghywir neu ddim o gwbl. Mae Iechyd a Gofal Digidol Cymru yn gyfrifol am gyflawni systemau digidol cenedlaethol ar gyfer GIG Cymru, ond nid eu cyfluniad lleol. Disgrifiodd Iechyd a Gofal Digidol Cymru rwystrau sylweddol i integreiddio'r systemau hynny. Yn benodol, mae nifer o enghreifftiau o gyrff y GIG naill ai'n caffael eu systemau digidol eu hunain yn hytrach na defnyddio'r cynhyrchion cenedlaethol, neu addasu'r cynhyrchion cenedlaethol sy'n cyfyngu ar y gallu i ryngweithredu.

2.37 Mae'r Cynllun Gwella Canser yn ymrwymo Iechyd Cyhoeddus Cymru, y Rhwydwaith Canser ac Iechyd a Gofal Digidol Cymru i ddatblygu fersiwn canser o'r Strategaeth Digidol a Data cenedlaethol i Gymru erbyn diwedd Mehefin 2023. Nid oedd cynllun o'r fath wedi ei greu ar adeg ein hadolygiad a chanfuom ddryswch ynghylch yr ymrwymiad i greu un yn y lle cyntaf. Dywedodd Iechyd a Gofal Digidol Cymru wrthym nad oes angen creu cynllun canser digidol ar wahân oherwydd bod y Strategaeth Digidol a Data cyffredinol yn nodi'r dull system gyfan o wella'r ddarpariaeth ddigidol.

Atodiad

1 Cyd-destun strategol

Arddangosyn 23: rolau a chyfrifoldebau eang ar gyfer gwasanaethau canser yng Nghymrua

Llywodraeth Cymru

Gosod blaenoriaethau ar gyfer cyrff iechyd a Gweithrediaeth y GIG

Gweithrediaeth y GIG

Rhwydwaith Clinigol Strategol Cenedlaethol ar gyfer Canser. (Rhwydwaith Canser Cymru gynt)

Arwain at wella gwasanaethau canser

Cyrff y GIG sy'n gyfrifol am ddarparu gwasanaethau canser

Byrddau Iechyd	Ymddiriedolaeth GIG Felindre	Ymddiriedolaeth GIG Iechyd Cyhoeddus Cymru
Yn gyfrifol am iechyd eu poblogaeth breswyl, gan gynnwys gwella iechyd, darparu gwasanaethau canser* a gofal diwedd oes a lliniarol	Yn gyfrifol am ddarparu gwasanaethau canser** yn Ne-ddwyrain Cymru a gwasanaethau gwaed arbenigol ledled Cymru	Yn gyfrifol am wella iechyd a llesiant, lleihau anghydraddoldeb iechyd, darparu gwasanaethau sgrinio canser, a'r gofrestrfa ganser (Uned Gwybodaeth ac Arolygaeth Canser Cymru)

Cyrff y GIG yn cefnogi GIG Cymru ***

Iechyd a Gofal Digidol Cymru	Partneriaeth Cydwasanaethau GIG Cymru	Addysg a Gwella Iechyd Cymru
Yn gyfrifol am gefnogi datblygiad y gweithlu iechyd a gofal	Darparu swyddogaethau a gwasanaethau cymorth i GIG Cymru	Yn gyfrifol am gefnogi datblygiad y gweithlu iechyd a gofal

Cyrff sy'n cefnogi cleifion canser a'u teuluoedd, gan gynnwys:
Y sector gofal cymdeithasol, y trydydd sector, awdurdodau lleol, a grwpiau cleifion

Ffynhonnell: Archwilio Cymru

Noder:

*Gan gynnwys profion diagnostig; triniaeth; a chymorth a chyngor i gleifion. Oherwydd bod darparwyr gofal iechyd eraill yn darparu rhai gwasanaethau, mae lefel a math y gwasanaethau a ddarperir yn wahanol rhwng byrddau iechyd. Er enghraifft, mae Bwrdd Iechyd Addysgu Powys yn darparu rhai gwasanaethau diagnostig, ond mae'n comisiynu gwasanaethau canser eraill gan ddarparwyr GIG eraill yng Nghymru a Lloegr.

**Gan gynnwys cemotherapi; Radiotherapi; a chymorth a chyngor i gleifion.

***Mae sefydliadau a grwpiau hefyd sy'n gyfrifol am ymchwilio, datblygu ac arloesi, gan gynnwys: Partneriaeth Genomeg Cymru; Ymchwil Iechyd a Gofal Cymru; Hwb Gwyddorau Bywyd Cymru; a Chanolfan Ymchwil Canser Cymru.

Arddangosyn 24: elfennau allweddol o'r dull strategol o ymdrin â gwasanaethau canser yng Nghymru

Rhaglen Lywodraethu

Blaenoriaethau gweinidogol

Deddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) 2020

Cymru Iachach: Ein Cynllun Iechyd a Gofal Cymdeithasol

Gosod gweledigaeth Llywodraeth Cymru ar gyfer iechyd a gofal cymdeithasol

Fframwaith Cynllunio y GIG

Canllawiau ac egwyddorion cynllunio ar gyfer cyrff y GIG

Fframwaith Perfformiad y GIG

Gosod mesurau perfformiad i gyrff y GIG

Fframwaith Clinigol Cenedlaethol

Egwyddorion ar gyfer cynllunio i ddarparu gwasanaethau clinigol

Datganiad Ansawdd ar gyfer Canser 2022

Y weledigaeth genedlaethol ar gyfer gwasanaethau canser

Llwybrau Delfrydol Cenedlaethol

Canllawiau ar gyfer pob cam o lwybrau y claf, gan ddibynnu ar safle y tiwmor

Cynlluniau Tymor Canolig Integredig

Rhwydwaith Canser Cymru: Cynllun Gwella Canser 2023

Cynllun casglu ar gyfer GIG Cymru er mwyn gwella gwasanaethau i gleifion canser

Gweithrediaeth y GIG: Rhaglen Adfer Canser Genedlaethol 2024

Rhaglen genedlaethol i wella gwasanaethau canser

Hwb Gwyddorau Bywyd Cymru: Canser: Menter Gwella Canlyniadau

Rhaglen a gomisiynwyd gan Lywodraeth Cymru, gyda'r nod o gyflawni arloesedd yn sydyn

Strategaeth ehangach Llywodraeth Cymru, gan gynnwys:

Strategaeth Adfer a Thrawsnewid Diagnosteg yng Nghymru 2023–2025

Strategaeth Digidol a Data ar gyfer Iechyd a Gofal Cymdeithasol yng Nghymru 2023

Cynllun Gweithredu Cenedlaethol ar gyfer y Gweithlu: Mynd i'r Afael â Heriau Gweithlu GIG Cymru 2023 a Cymru Iachach: Ein Strategaeth Gweithlu ar gyfer Iechyd a Gofal Cymdeithasol, 2020 (comisiynwyd gan Lywodraeth Cymru gan Addysg a Gwella Iechyd Cymru)

Pwysau Iach, Cymru Iach, 2019 gan gynnwys cynllun cyflawni 2022 i 2024

Cymru Ddi-fwg: Strategaeth hirdymor Cymru ar gyfer rheoli tybaco, 2022, gan gynnwys cynllun cyflawni 2022 i 2024

Ffynhonnell: Archwilio Cymru

2 Dadansoddi data ychwanegol

Data am y galw am wasanaethau canser

Arddangosyn 25: cleifion a gafodd eu trin fesul ffynhonnell yr amheuaeth, cyfartaledd misol drwy gydol 2023–24

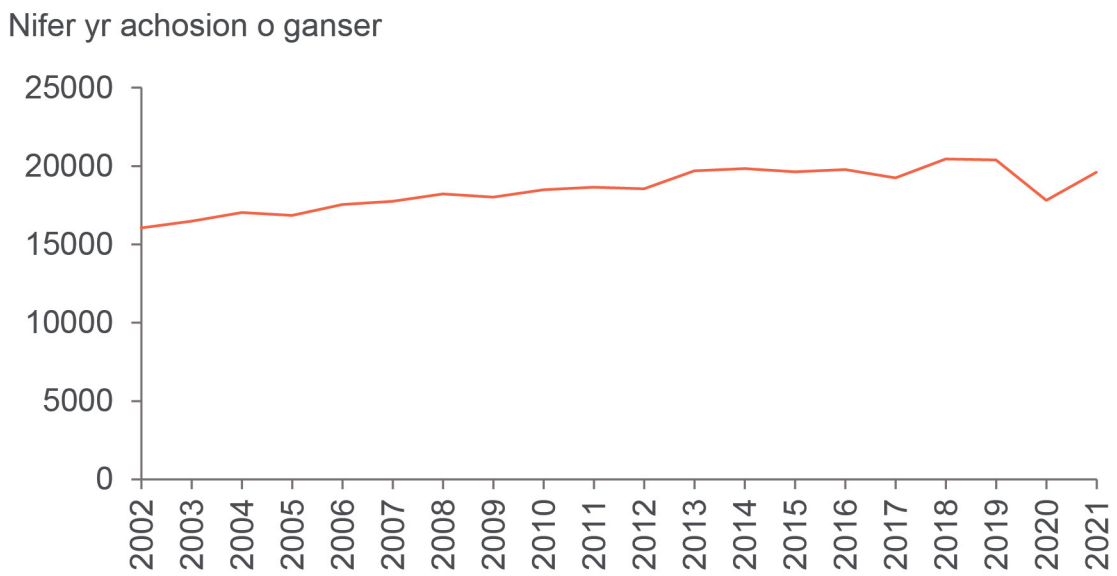
Ffynhonnell amheuaeth / atgyfeiriad	% gyffredinol yr atgyfeiriadau canser a amheuid	% y cleifion yn dechrau triniaeth fel cyfran o'r atgyfeiriadau, fesul ffynhonnell amheuaeth
Meddyg teulu	**80%** (12,635 o bobl)	**8% o'r atgyfeiriadau gan feddygon teulu** (975 o bobl)
Gofal eilaidd mewnol	**10%** (1,570 o bobl)	**17% o'r atgyfeiriadau gofal eilaidd mewnol** (266 o bobl)
Yn dilyn prawf diagnostig	**6%** (911 o bobl)	**37% o'r atgyfeiriadau yn dilyn prawf diagnostig** (341 o bobl)
Sgrinio'r coluddyn	**1%** (120 o bobl)	**28% o'r atgyfeiriadau i sgrinio'r coluddyn** (33 o bobl)
Sgrinio'r fron	**1%** (106 o bobl)	**92% o'r atgyfeiriadau sgrinio'r fron (98 o bobl)**
Sgrinio serfigol	**<1%***	**50% o'r atgyfeiriadau sgrinio serfigol***
Adran frys	**1%** (214 o bobl)	**38% o'r atgyfeiriadau at adrannau brys** (81 o bobl)
Gweithiwr gofal sylfaenol proffesiynol arall	**1%** (120 o bobl)	**5% o'r atgyfeiriadau gan weithwyr gofal sylfaenol proffesiynol eraill***
Gweithwyr iechyd proffesiynol eraill	**<1%** (66 o bobl)	**15% o'r atgyfeiriadau gan weithwyr iechyd proffesiynol eraill***
Ymgynghorydd o fwrdd iechyd arall	**<1%** (38 o bobl)	**21% o'r atgyfeiriadau gan ymgynghorwyr allanol***

Ffynhonnell: Dadansoddiad Archwilio Cymru o Ddata Llwybr Amheuaeth o Ganser gan Iechyd a Gofal Digidol Cymru—llwybrau caeëdig fesul ffynhonnell yr amheuaeth.

Noder: Roedd nifer bach o lwybrau cleifion nad oedd ganddynt ddata am ffynhonnell yr amheuaeth/atgyfeiriad.

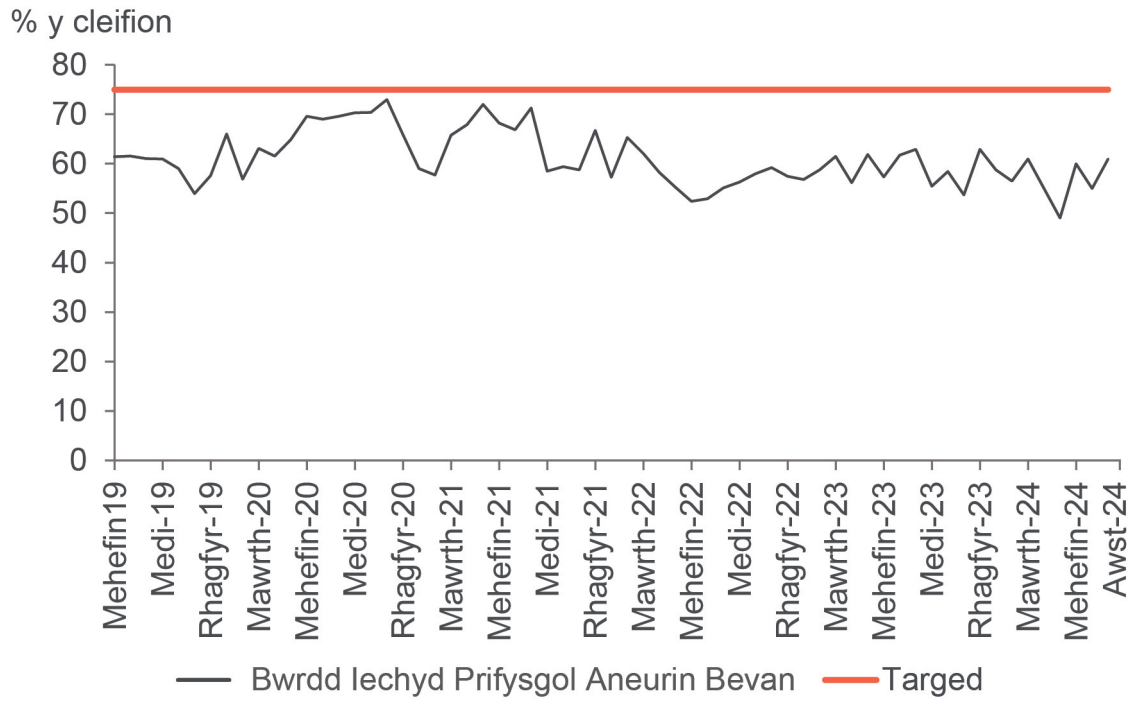
*Pan fo 10 neu lai o bobl.

Arddangosyn 26: nifer y diagnosisau newydd o ganser yng Nghymru (ac eithrio canser croen nad yw'n felanoma), 2002–2021



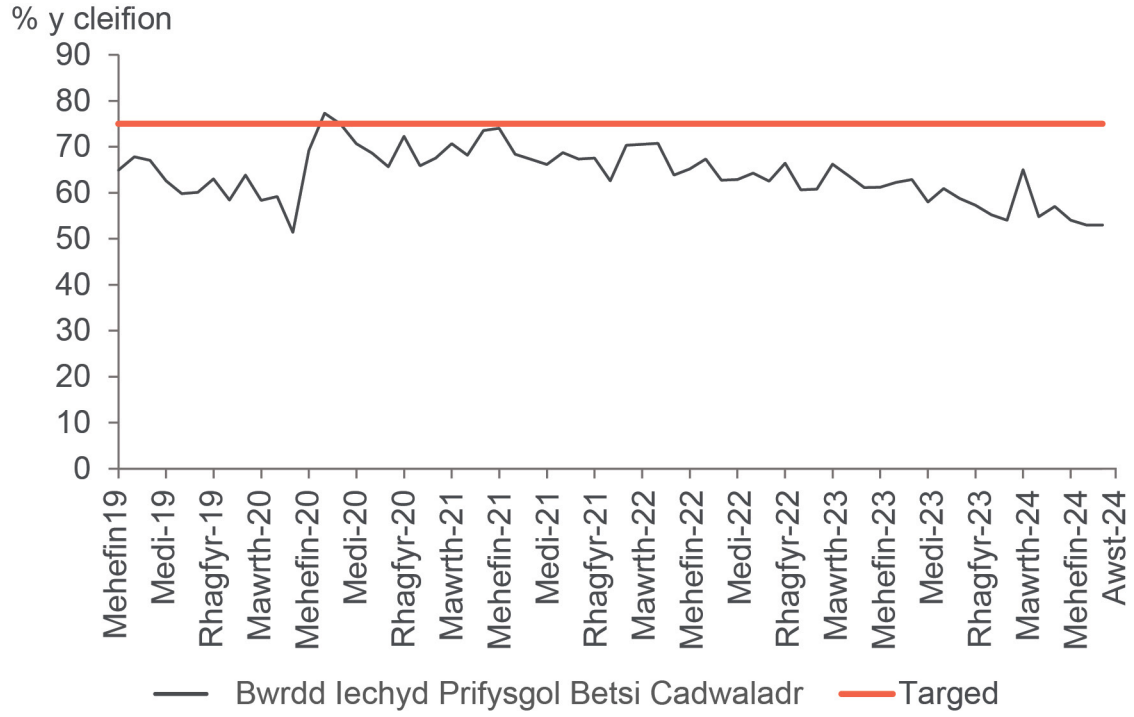
Ffynhonnell: Data achosion canser Uned Gwybodaeth ac Arolygaeth Canser Cymru

Arddangosyn 27a: perfformiad Bwrdd Iechyd Prifysgol Aneurin Bevan o'i gymharu â'r targed 62 o ddiwrnodau, mis Mehefin 2019 i fis Awst 2024



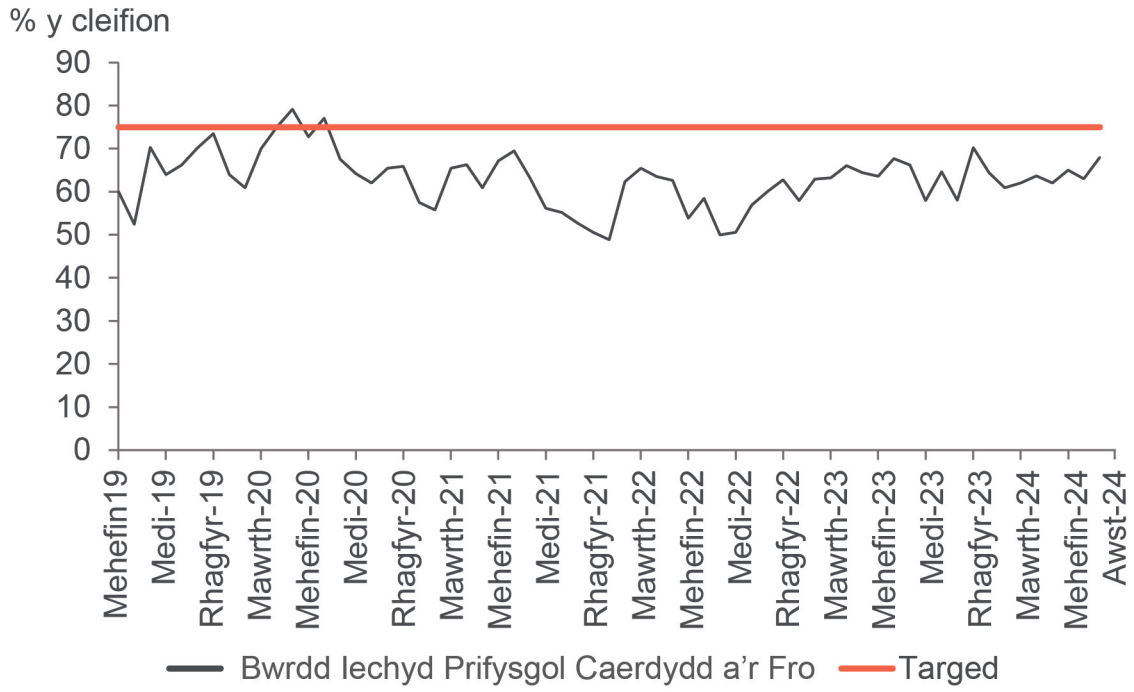
Ffynhonnell: Iechyd a Gofal Digidol Cymru, Llwybr Lle'r Amheuir Canser—set ddata Llwybrau Caeëdig, ar StatsCymru.

Arddangosyn 27b: perfformiad Bwrdd Iechyd Prifysgol Betsi Cadwaladr o'i gymharu â'r targed 62 o ddiwrnodau, mis Mehefin 2019 i fis Awst 2024



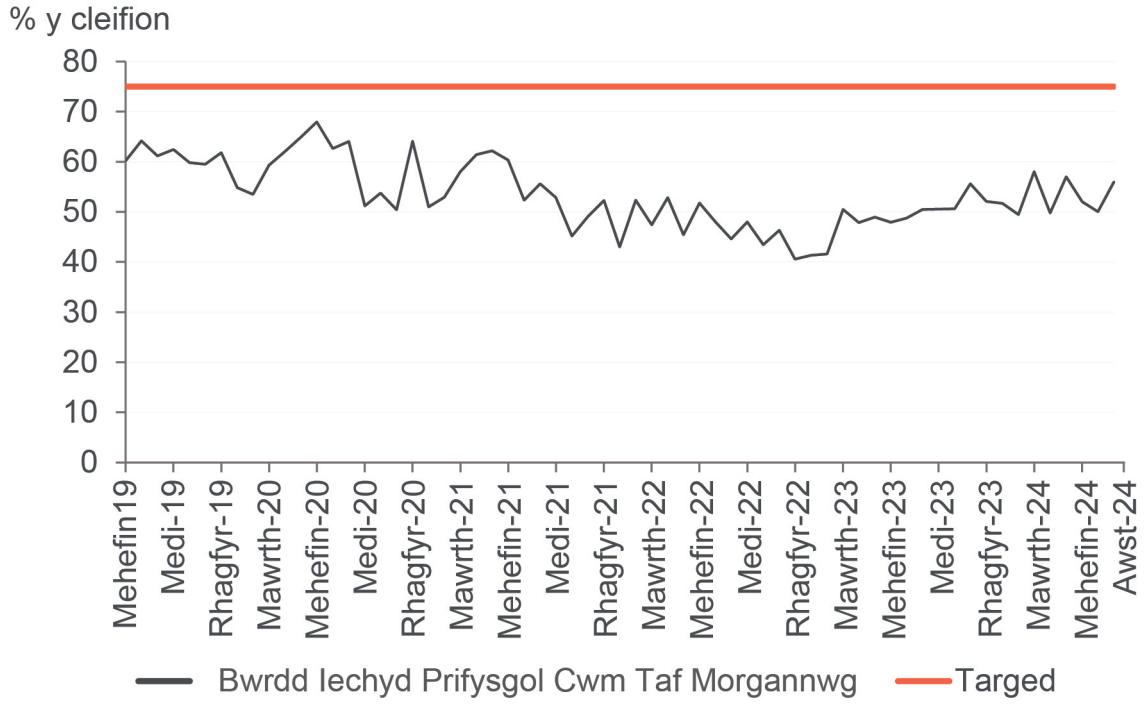
Ffynhonnell: Iechyd a Gofal Digidol Cymru, Llwybr Lle'r Amheuir Canser—Llwybrau Caeëdig, ar StatsCymru.

Arddangosyn 27c: perfformiad Bwrdd Iechyd Prifysgol Caerdydd a'r Fro o'i gymharu â'r targed 62 o ddiwrnodau, mis Mehefin 2019 i fis Awst 2024



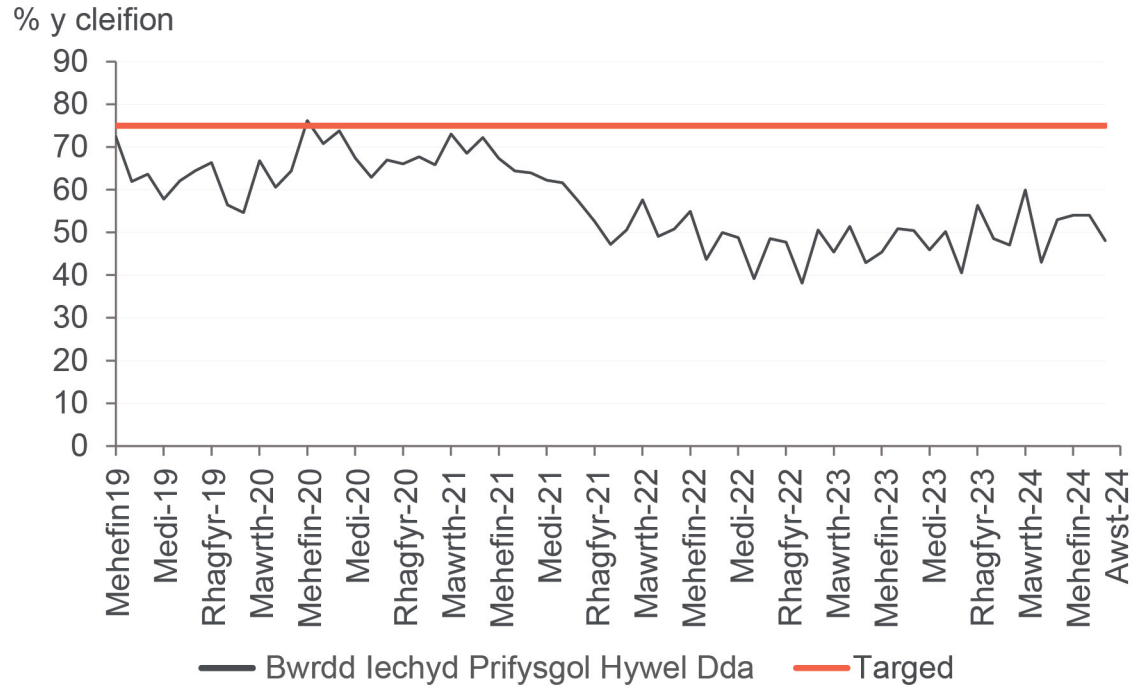
Ffynhonnell: Iechyd a Gofal Digidol Cymru, Llwybr Lle'r Amheuir Canser—set ddata Llwybrau Caeëdig, ar StatsCymru.

Arddangosyn 27d: perfformiad Bwrdd Iechyd Prifysgol Cwm Taf Bro Morgannwg o'i gymharu â'r targed 62 o ddiwrnodau, mis Mehefin 2019 i fis Awst 2024



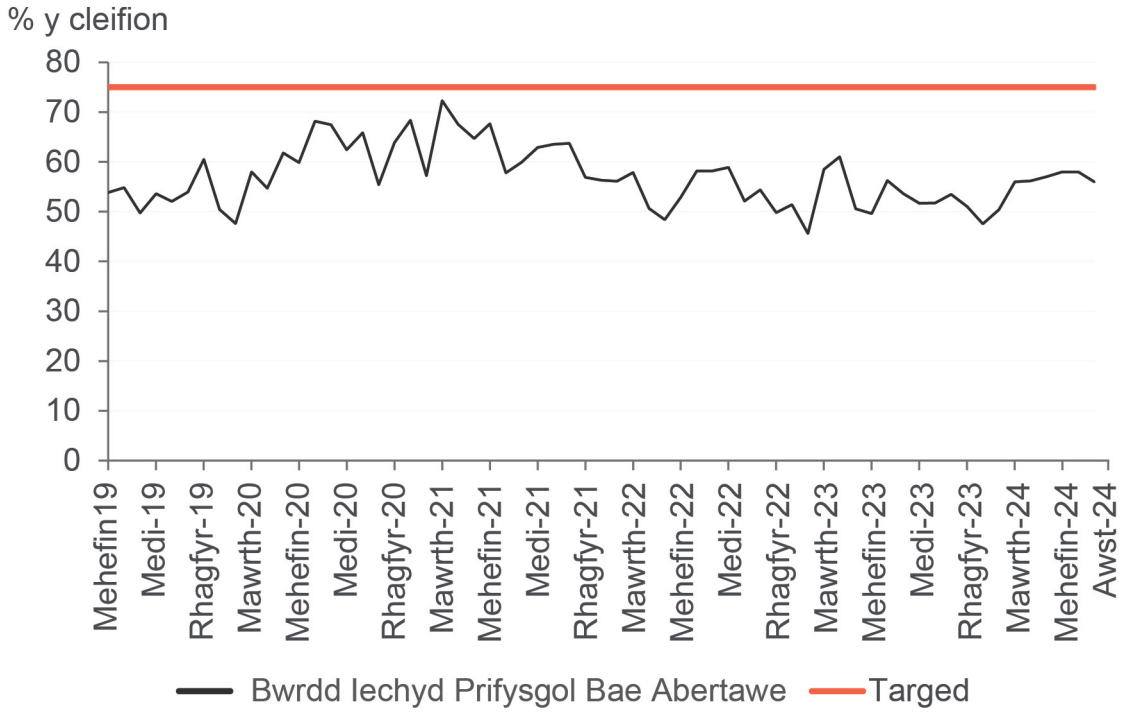
Ffynhonnell: Iechyd a Gofal Digidol Cymru, Llwybr Lle'r Amheuir Canser—set ddata Llwybrau Caeëdig, ar StatsCymru.

Arddangosyn 27e: perfformiad Bwrdd Iechyd Prifysgol Hywel Dda o'i gymharu â'r targed 62 o ddiwrnodau, mis Mehefin 2019 i fis Awst 2024



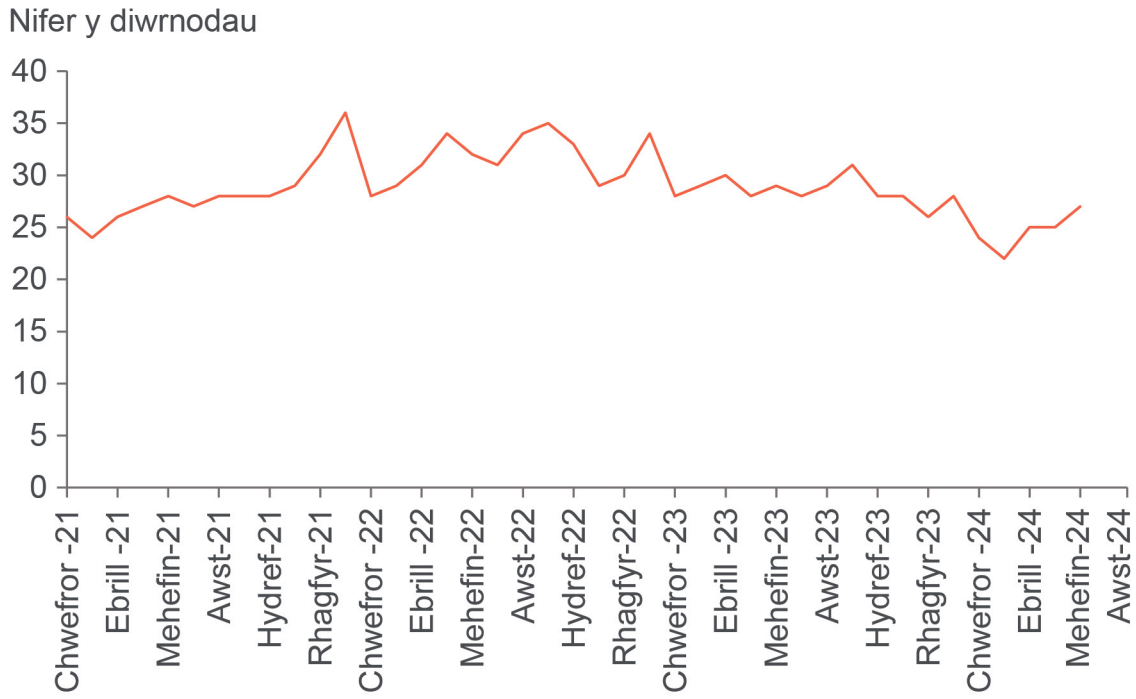
Ffynhonnell: Iechyd a Gofal Digidol Cymru, Llwybr Lle'r Amheuir Canser—set ddata Llwybrau Caeëdig, ar StatsCymru.

Arddangosyn 27f: perfformiad Bwrdd Iechyd Prifysgol Bae Abertawe o'i gymharu â'r targed 62 o ddiwrnodau, mis Mehefin 2019 i fis Awst 2024



Ffynhonnell: Iechyd a Gofal Digidol Cymru, Llwybr Lle'r Amheuir Canser—set ddata Llwybrau Caeëdig, ar StatsCymru.

Arddangosyn 28: arosiadau canolrifol o'r amheuaeth gyntaf hyd at ddiagnosis, rhwng mis Chwefror 2021 a mis Awst 2024



Ffynhonnell: Data Iechyd a Gofal Digidol Cymru o Ddangosfwrdd y Llwybr Amheuaeth o Ganser

3 Ynglŷn â'n gwaith

Cwestiwn, cwmpas a meini prawf archwilio

Gwnaethom ddewis canolbwyntio ar y dull strategol cenedlaethol o wella amseroldeb diagnosis a thriniaeth canser oherwydd ein bod wedi nodi heriau systemig sylweddol sy'n wynebu gwasanaethau canser yn ystod ein gwaith cwmpasu. Mae'r adolygiad hwn yn canolbwyntio ar Lywodraeth Cymru a Gweithrediaeth y GIG (a'i Rhwydwaith Clinigol Strategol Cenedlaethol ar gyfer Canser) fel arweinwyr y system, gan gydnabod bod gan fyrddau iechyd ac ymddiriedolaethau y GIG gyfrifoldeb dros y ddarpariaeth weithredol ar gyfer gwahanol agweddau ar wasanaethau canser. Byddwn yn ystyried rhinweddau gwaith pellach sy'n canolbwyntio ar ddull cyrff y GIG o ddarparu gwasanaethau canser yn ein rhaglen waith 2025–2026.

Gwnaethom ddatblygu ein meini prawf archwilio ar sail dysg o'n harchwiliadau gofal a gynlluniwyd blaenorol[66] a gwaith archwilio iechyd lleol, dadansoddiad dogfennau strategol allweddol[67], ac ymchwil gan sefydliadau perthnasol ar yr heriau sy'n gysylltiedig â gwasanaethau canser yng Nghymru.

66 Archwilio Cymru, Amseroedd Aros y GIG ar Gyfer Gofal Dewisol yng Nghymru, 2015; Archwilio Cymru, 10 Cyfle i Ailosod ac Ailgychwyn System Gofal wedi'i Gynllunio y GIG, 2020; ac Archwilio Cymru, Mynd i'r Afael â'r Ôl-groniad mewn Gofal wedi'i Gynllunio yng Nghymru, 2022.

67 Gan gynnwys Llywodraeth Cymru, Cymru iachach: cynllun hirdymor ar gyfer iechyd a gofal cymdeithasol, 2021; Llywodraeth Cymru, Ein rhaglen i drawsnewid a moderneiddio gofal a gynlluniwyd a lleihau rhestrau aros yng Nghymru, 2022, Llywodraeth Cymru, Y Datganiad Ansawdd ar gyfer Canser, 2022, Llywodraeth Cymru, Strategaeth adfer a thrawsnewid diagnosteg yng Nghymru 2023 i 2025; a'r Rhwydwaith Clinigol Strategol Cenedlaethol ar gyfer Canser, Cynllun Gwella Canser ar gyfer GIG Cymru 2023–26, 2023.

Dulliau archwilio

Adolygu dogfennau

Gwnaethom adolygu dogfennau perthnasol gan gynnwys:

- dogfennau sy'n nodi'r dull strategol cenedlaethol. Mae dogfennau allweddol yn cynnwys y Datganiad Ansawdd ar gyfer Canser, Cynllun Gwella Canser, y Strategaeth Adfer a Thrawsnewid Diagnosteg, Fframwaith Clinigol Cenedlaethol, Llwybrau Delfrydol Cenedlaethol a fframweithiau cynllunio a pherfformiad y GIG;
- dogfennau sy'n ymwneud â rhaglen adfer canser genedlaethol Gweithrediaeth y GIG;
- cynlluniau cyrff unigol y GIG sy'n nodi eu dull o ddarparu gwasanaethau canser, a phapurau bwrdd a phwyllgorau perthnasol ar berfformiad canser;
- papurau o gyfarfodydd rheoli perfformiad Llywodraeth Cymru;
- Gwybodaeth gan Ymddiriedolaeth GIG Iechyd Cyhoeddus Cymru am ddarparu gwasanaethau sgrinio'r boblogaeth;
- gwybodaeth am ddata canser ac iechyd y boblogaeth, gan gynnwys adroddiadau gan Uned Gwybodaeth ac Arolygaeth Canser Cymru a Cyngor ar Wyddoniaeth a Thystiolaeth Llywodraeth Cymru[68]; ac
- adroddiad Pwyllgor Iechyd a Gofal Cymdeithasol y Senedd ar ei ymchwiliad i ganserau gynaecolegol[69] a thystiolaeth ategol

68 Llywodraeth Cymru, Cyngor ar Wyddoniaeth a Thystiolaeth—Y GIG mewn 10 Mlynedd a Mwy—Archwiliad o Effaith Amcanestynedig Cyflyrau Hirdymor a Ffactorau Risg yng Nghymru, Medi 2023.

69 Pwyllgor Iechyd a Gofal Cymdeithasol Senedd Cymru, Heb lais: Taith menywod drwy ganser gynaecolegol, Rhagfyr 2023.

Cyfweliadau lledstrwythuredig

Gwnaethom gyfweld swyddogion o'r sefydliadau a ganlyn:

- Llywodraeth Cymru;
- Gweithrediaeth y GIG, gan gynnwys ei Rhwydwaith Clinigol Strategol Cenedlaethol ar gyfer Canser;
- sampl o fyrddau iechyd, gan gynnwys swyddogion o Fyrddau Iechyd Prifysgol Betsi Cadwaladr, Hywel Dda a Bae Abertawe, a Bwrdd Iechyd Addysgu Powys;
- swyddogion o gyrff eraill y GIG, gan gynnwys Iechyd a Gofal Digidol Cymru, Addysg a Gwella Iechyd Cymru, Ymddiriedolaethau GIG Iechyd Cyhoeddus Cymru a Felindre; a
- Gwnaethom gwrdd hefyd â swyddogion o Weithrediaeth y GIG, Byrddau Iechyd Prifysgol Caerdydd a'r Fro, Hywel Dda a Bae Abertawe er mwyn llywio ein gwaith cwmpasu.

Gweithdy gyda chynrychilwyr y trydydd sector

Gwnaethom gynnal gweithdy gyda chynrychiolwyr o'r trydydd sector ar 1 Mai 2024 a drefnwyd gan Gynghrair Canser Cymru[70]. Gwnaethom ofyn i'r cyfranogwyr am eu safbwyntiau am gryfderau a gwendidau y dull strategol cenedlaethol a gwahoddwyd ymatebion ysgrifenedig ychwanegol gyda rhagor o fanylion am yr un pwnc. Gwnaethom gynnal cyfweliadau dilynol gyda rhai sefydliadau er mwyn cael eglurhad yn ôl yr angen. Cymerodd cynrychiolwyr o'r sefydliadau isod ran yn y gweithdy:

- ALK Positive UK
- Cymdeithas Diwydiant Fferyllol Prydain
- Blood Cancer UK
- Bowel Cancer UK
- Breast Cancer Now
- Cancer Research UK
- Triniaeth Deg i Fenywod Cymru
- Leukaemia Care
- Macmillan Cancer Support
- Marie Curie
- Prostate Cancer UK
- Coleg Brenhinol y Patholegwyr
- Coleg Brenhinol Pediatreg ac Iechyd Plant
- Coleg Brenhinol y Meddygon
- Gofal Canser Tenovus
- Young Lives vs Cancer

Gwnaethom sefydlu panel arbenigol i lywio ein dealltwriaeth o'r rhwystrau systemig i amseroldeb diagnosis a thriniaeth canser ac i ddarparu her hanfodol ar ein canfyddiadau. Roedd y panel yn cynnwys cynrychiolwyr o Marie Curie, Cymdeithas Diwydiant Fferyllol Prydain, Coleg Brenhinol y Meddygon, a Chynghrair Canser Cymru.

70 Cynghrair o elusennau sy'n gweithio i atal canser, gwella gofal, ariannu ymchwil a dylanwadu ar bolisïau yng Nghymru.

Dadansoddi data

Rydym wedi adolygu data o wahanol ffynonellau, gan gynnwys:

- Cyhoeddodd Iechyd a Gofal Digidol Cymru ddata am lwybrau canser agored a chaeëdig, ar StatsCymru;
- Cyhoeddodd Iechyd a Gofal Digidol Cymru ddata am nifer y derbyniadau i'r ysbyty. Gwnaethom ofyn hefyd am ddata am gyrchfannau rhyddhau cleifion canser sy'n cael eu derbyn i'r ysbyty;
- gwnaethom ofyn am ddata o set ddata Llwybr Ameuaeth o Ganser a reolir gan Iechyd a Gofal Digidol Cymru na chyhoeddir mewn mannau eraill. Gwnaethom ddadansoddi data am y perfformiad o'i gymharu â tharged y Llwybr Ameuaeth o Ganser yn ôl ethnigrwydd; ffynhonnell amheuaeth; a llwybrau caeëdig yr oedd cleifion yn dechrau triniaeth ar gyfer canser â nhw, yn cael eu hisraddio am beidio â chanser, neu a fu farw cyn cael eu hisraddio neu ddechrau triniaeth; a
- data Uned Gwybodaeth ac Arolygaeth Canser Cymru am achosion, marwolaethau a'r nifer a oroesodd canser.

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Audit Wales

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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

We welcome correspondence and telephone calls in Welsh and English.

Management response form

Report title: Cancer Services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment

Completion date: 14/01/25

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	The Welsh Government should publicly clarify the status of the Cancer Improvement Plan and its links to the National Cancer Recovery Programme and the Cancer: Improving Outcomes initiative. As part of this the Welsh Government should clarify how it intends to hold NHS bodies to account for delivery of the Cancer Improvement Plan.	Accept. The Welsh Government will update the Quality Statement for Cancer to clarify the respective roles of the Cancer Recovery Programme, Cancer improvement Plan, and other important national work streams such as the Making it Happen initiative. This will include a description of accountability arrangements.	End quarter 1 2025-26	Sue Tranka Chief Nursing Officer
R2	The Welsh Government should set out a coherent model for system leadership in respect of cancer services that clarifies its own role and that of the NHS Executive and sets out how it will bring on board clinicians and other key stakeholders to build a common view of	Accept. The Welsh Government is in the process of finalising a revised governance and leadership model for cancer service development. This will include the introduction of a National Cancer Leadership Board	End quarter 4 2024-25	Nick Wood Deputy Chief Executive, NHS Wales

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	cancer service performance, quality and opportunities for improvement.	that will coordinate or lead on national actions. The NHS Executive will provide the clinical, third sector, and private sector input to its work. This model will continue to develop in response to the feedback of those directly involved and those involved through related leadership groups. These arrangements will be described in the updated Quality Statement for Cancer.		
R3	The Welsh Government should review its oversight and performance framework in respect of cancer services to focus on a broader range of issues, including a more explicit alignment to the ambitions and quality attributes set out in the Quality Statement for Cancer.	Accept. The NHS Performance Framework only includes the top-level strategic metrics for the NHS; it does not include all the metrics that are routinely applied in accountability processes. There are a broader set of metrics which sit outside the Framework. This includes component waits in the cancer pathway, access to treatment measures, data on care quality and outcome, screening and immunisation uptake, and patient outcomes. The broader set of metrics	End quarter 1 2025-26	Jeremy Griffith Director of Operations

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		are used as part of routine accountability process as required. The updated Quality Statement for Cancer will include additional detail to explain how cancer service delivery will be measured.		
R4	The Welsh Government should develop a more coherent approach to population health improvement by setting out how it intends to use its Science Evidence Advice: NHS in 10+ Years to harness the opportunities associated with prevention to reduce the incidence of cancer and other major conditions.	The Welsh Government pursues an evidence-led approach to prevention and to reducing population-level risk for cancer and major conditions. There are established programmes for smoking prevention through the Smoke Free Wales Strategy and Tobacco Control Delivery Plan (with additional supportive legislation imminent) and on tackling overweight and obesity, through the Healthy Weight Healthy Wales strategy and delivery plan, including through the facilitation of physical activity. These programmes are under constant review and development as new evidence and technologies emerge. The NHS Planning Framework for 2025-28 has population health and prevention as one of the five	Establishment of preventing ill-health advisory group by end quarter 1 2025-26	Sioned Rees Director for Public Health Protection

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		priority areas and this will support a further drive and focus on primary, secondary and tertiary prevention interventions in the plans of NHS organisations. We are also in the process of establishing a preventing ill-health advisory group under the Chief Medical Officer to support and harness opportunities to implement sustainable, evidence informed policies that focus on preventing ill-health and related inequalities. The initial focus will be on securing and measuring funding of ill-health prevention, strengthening the current architecture, progressing work on data, and supporting the cross-government role in prevention of ill-health. The establishment of this group will assist in providing sustained engagement and a coherent, coordinated approach to the development of appropriate policy and system responses.		

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R5	The Welsh Government should work with Public Health Wales to accelerate decision making for a national lung screening programme. It should clarify as soon as possible whether it will fund national lung screening for Wales and the timescale for implementing such a programme.	Accept. The Welsh Government has asked Public Health Wales to accelerate its work on scoping lung screening to permit a decision by Welsh Ministers on its introduction and funding. Public Health Wales is due to provide an interim report by end of March and a final report by end of September to permit Welsh Ministers to make a decision on introducing a national lung screening programme.	End quarter 2 2025-26	Sioned Rees Director for Public Health Protection
R6	As part of a wider approach to encourage greater regional working between health boards, the Welsh Government and the NHS Executive should work with the service to understand and help address any key barriers to delivering regional services. This should include working with DHCW to identify digital solutions to support shared waiting lists for	Accept. The Welsh Government will work with NHS organisations to support regional working for services, where appropriate, to address service fragility. This will include working with Digital Health and Care Wales on the development of digital solutions to permit shared waiting lists.	Ongoing	Mike Emery Chief Digital Officer

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	cancer diagnosis and treatment, where it is appropriate to do so.			
R7	The Welsh Government should work with the NHS Executive, HEIW and other NHS bodies to ensure there are employment opportunities for radiologists who have been trained in the National Imaging Academy.	Accept. The Welsh Government will work with health boards in Wales, which are responsible for planning their workforce, to enable employment of Imaging Academy graduates in line with local or regional workforce needs.	Quarter 2 2025-26	Helen Arthur Director of Workforce and Government Business
R8	The Welsh Government should clarify national roles and responsibilities for monitoring and ensuring compliance with its data standards including how it will hold NHS bodies to account for poor compliance.	Accept. Digital Health and Care Wales develop and design data standards, including minimum data sets for NHS Wales. DHCW advises the Welsh Government on what should be included and how they should be collected. Only the Welsh Government can mandate	Quarter 3 2025-26	Mike Emery Chief Digital Officer

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		requirements through national policy, planning guidance or Welsh Health Circulars. To ensure compliance, the Welsh Government expects organisations to audit themselves against the standards and DHCW to deliver a quality assurance and review process. Regulatory bodies such as Audit Wales and Healthcare Inspectorate Wales also have a role in auditing organisations against national standards. DHCW and regulatory bodies should report to the Welsh Government any significant failure to comply with national data requirements, so that these can be addressed with NHS organisations through accountability processes and meetings.		
R9	The Welsh Government should work with the NHS Executive (particularly the Cancer Network), DHCW and Public Health Wales NHS Trust to develop a more comprehensive set of publicly available data on cancer services, which as a minimum should include:	Accept in principle. The Welsh Government will develop a cancer data road map to improve the available data on cancer service delivery for use by the NHS, the Welsh Government, and the public. However, it may not be	Quarter 3 2025-26	Mike Emery Chief Digital Officer

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	• the number of people currently waiting for cancer diagnosis or treatment (open pathway data); • Performance against the 62-day target for the health board providing diagnosis and treatment and health board of residence, including people living Powys Teaching Health Board area; • Performance across the patient pathways including timeliness of diagnostic reporting across different tumour sites; timeliness from the decision to treat a patient to the start of that treatment (including surgery, radiotherapy and Systemic Anti-Cancer Therapy); and diagnosis and treatment of recurrent disease. Performance information should be provided at cancer sub-tumour level where possible; • Timeliness of diagnosis and treatment for patients referred from the breast and cervical screening programmes; and	possible to provide all of this data to the public for reasons of data accuracy, reporting burden on NHS services, and patient confidentiality. In addition, the barriers to providing data on treatment in England must first be understood before commitments can be made to publishing this data, but we support the principle of doing so, subject to their further analysis.		

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	• accurate information on equity of access, including ethnicity of cancer patients as well as the experiences of different patient groups (this should include children and young people).			
R10	The Welsh Government should work with DHCW and NHS England to share regular and consistent data on the timeliness of diagnosis and treatment for Welsh cancer patients treated by NHS England.	Accept. The Welsh Government will work with health boards, NHS England, and Digital Health and Care Wales to ensure relevant data on the diagnosis and treatment of Welsh residents seen in England is appropriately shared.	Quarter 4 2025-26	Mike Emery Chief Digital Officer