



Gynaecological Cancer Consultation Response RCGP Cymru Wales

In response to the Senedd's request for comment regarding gynaecological cancers, RCGP Cymru Wales has consulted with its GP members and patient representatives to ascertain the present position on this topic in general practice. The issues raised related to awareness, screening, women's health, onward referrals, and the impact of COVID-19.

1. Awareness

Both patient representatives and GP members agree that awareness on the topic of gynaecological cancer is not at desired levels. Patients in particular note that they have access to information regarding cervical cancer but are not aware of any symptoms of other cancers such as ovarian cancer. GPs also do not feel patients presenting with symptoms know that they may be symptoms of these cancers.

2. Screening programmes

The prevention strategy with which GPs have greatest involvement with is the cervical smear. GP members note there is confusion within the public regarding who is entitled to a smear test how often. RCGP Cymru Wales is aware that some members of the public believe a smear test is only for people with symptoms, while the differences between the age of patients who qualify for smears and the regularity of the tests between the four nations means that well-meaning publicity often adds to the confusion.

GPs report an anecdotal decline in women booking themselves in for smear tests. They report reasons ranging from embarrassment, busy lifestyles and cultural beliefs.

RCGP Cymru Wales is aware of public campaigns to normalise the discussion and process surrounding a smear test however, the risks are not highly publicised. Since the introduction of HPV vaccine and the waning of the 'Jade Goody effect' there is a concern that cervical cancer is not as prominent as it could be in the public perception¹. A Public Health Wales study in 2014 reported that women who have received the HPV vaccine are less likely to attend a screening², it seems further research into the uptake in Wales is needed.

3. Women's health

Patients also raise concerns that, while much has been done to promote women's health, particular training regarding all aspects is still needed to ensure that health professionals

¹ Sky News, 2019, Cervical Smear Campaign Launched: <https://news.sky.com/story/cervical-smear-campaign-launched-as-jade-goody-effect-wears-off>

² Public Health Wales, Study of the HPV Immunisation 2014, <https://ncphwr.org.uk/portfolio/hpv-immunisation-wales/>

understand that presentation of serious conditions in women. They draw parallels with discoveries regarding late diagnosis of endometriosis, which has been recently publicised.³

4. Referral to secondary care

When asked about referrals for gynaecological cancer symptoms, GPs note that referral times vary hugely between geographic locations and are often thought to be less urgent than other, more widely publicised cancers such as breast and lung.

5. Impact of COVID-19

GPs also raise the impact of COVID-19 on both the screening and referral process, noting the backlog. One GP states that prior to COVID-19 women presenting with post-menopausal would be seen in a matter of weeks, while now that wait is likely to take months. Our members also note that patients are now out the habit of booking routine screenings due to the postponement of them during COVID-19.

³ NIHR, Why do women feel unheard, November 2022: <https://evidence.nihr.ac.uk/collection/womens-health-why-women-feel-unheard/>