

Written evidence submitted by the Women+s Cancers Patient and Public Involvement and Engagement (PPIE) Group, Cancer Research UK Cambridge Centre, University of Cambridge (HB140)

Members of the Public Bill Committee
Health Bill Committee
House of Commons
London SW1A 0AA

Dear Members of the Public Bill Committee,

Re: Written Evidence to the Public Bill Committee on the Health Bill 2026

Please find enclosed the accompanying written evidence submitted on behalf of the Women+s Cancers Patient and Public Involvement and Engagement (PPIE) Group at the Cancer Research UK Cambridge Centre, University of Cambridge.

Our Group comprises women with lived experience of gynaecological cancers together with family members and carers. Working in partnership with researchers, clinicians and healthcare professionals, we contribute to improving cancer prevention, diagnosis, treatment, survivorship and research through meaningful PPIE.

We welcome the ambition behind the Health Bill and the Government's wider programme of NHS reform, including the NHS 10 Year Health Plan, the National Cancer Plan and the Women's Health Strategy. We also recognise that implementation of the Health Bill will influence how Parliament's statutory commitments under the Rare Cancers Act 2026 are delivered in practice. Together, these reforms present an important opportunity to improve prevention, earlier diagnosis, integrated care, research, innovation and equitable patient outcomes.

Our evidence focuses on implementation. It argues that the Health Bill should be judged not simply by the organisational reforms it introduces, but by whether it strengthens the NHS's ability to deliver the Government's wider strategic priorities and Parliament's statutory commitments under the Rare Cancers Act 2026. From the perspective of women affected by gynaecological cancers, successful implementation should protect specialist expertise, maintain continuity of cancer services, strengthen patient involvement and ensure that organisational transition does not delay improvements in patient care.

We also invite the Committee to consider the importance of maintaining implementation capability throughout NHS transition, protecting established models of Patient and Public Involvement and Engagement, preserving nationally coordinated specialist services, genomics and research capability, and strengthening Parliamentary oversight through regular reporting on progress in implementing the Health Act and its impact on the NHS 10 Year Health Plan, the National Cancer Plan, the Women's Health Strategy and Parliament's statutory commitments under the Rare Cancers Act 2026.

We hope this evidence assists the Committee's scrutiny of the Bill and would welcome the opportunity to provide any further information that may be helpful.

Yours faithfully,

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**Written Evidence to the Members of the Public Bill Committee
Health Bill, 2026**

*Delivering Better Outcomes for Women Affected by Cancer
Ensuring the Health Bill 2026 Strengthens Delivery of the NHS 10 Year Health Plan, the National
Cancer Plan and the Women's Health Strategy*

**Submitted by:
Women⁺s Cancers Patient and Public Involvement and Engagement (PPIE) Group,
Cancer Research UK Cambridge Centre, University of Cambridge**

Executive Summary

This submission is presented on behalf of the Women+s Cancers Patient and Public Involvement and Engagement (PPIE) Group at the Cancer Research UK Cambridge Centre. It draws upon the lived experience of women affected by gynaecological cancers together with our experience of partnership working across cancer research, healthcare improvement and patient involvement.

The Health Bill represents one of the most significant reforms of NHS governance in a generation. Its implementation will shape how the NHS 10 Year Health Plan, the National Cancer Plan, the Women's Health Strategy and Parliament's statutory commitments under the Rare Cancers Act 2026 are delivered in practice.

This submission argues that the Health Bill should not be considered in isolation. It provides the governance and accountability framework through which these wider reforms will be implemented. Its success should therefore be judged not by organisational change alone, but by whether it strengthens the NHS's ability to deliver these strategic and statutory commitments and results in measurable improvements in patient outcomes.

From the perspective of women affected by gynaecological cancers, particularly those diagnosed with rare cancers, maintaining implementation capability throughout organisational transition will be critical. This includes preserving nationally coordinated specialist services, multidisciplinary expertise, genomics, research infrastructure, digital capability and meaningful Patient and Public Involvement and Engagement (PPIE).

The submission highlights the importance of prevention, earlier diagnosis, integrated care, reducing health inequalities, responsible adoption of artificial intelligence, secure digital transformation and sustainable workforce planning. These are interdependent components of a modern NHS and are essential to translating legislative and policy ambition into improved outcomes for patients.

The recommendations invite the Committee to consider whether the governance arrangements established by the Health Bill will protect implementation capability, preserve specialist expertise, support innovation and research, strengthen accountability and enable effective implementation of Parliament's statutory commitments under the Rare Cancers Act 2026.

Ultimately, the Health Bill should be judged not by the scale of organisational reform it introduces, but by whether it leaves the NHS better equipped to deliver the Government's strategic ambitions and Parliament's statutory commitments for people affected by cancer, including women diagnosed with rare gynaecological cancers.

1. About the Women's Cancers Patient and Public Involvement and Engagement Group

The Women's Cancers Patient and Public Involvement and Engagement (PPIE) Group at the Cancer Research UK Cambridge Centre, University of Cambridge, comprises women with lived experience of gynaecological cancers together with carers and family members whose experiences provide valuable insight into cancer diagnosis, treatment, survivorship and research participation.

The Group works in partnership with researchers, clinicians and healthcare professionals to improve prevention, diagnosis, treatment and survivorship through meaningful patient involvement in research and service improvement. Members contribute to research prioritisation, study design, recruitment, dissemination and public engagement, helping ensure that research remains focused on outcomes that matter to patients.

This submission reflects both lived experience and engagement with cancer research. It is intended as a constructive contribution to the Committee's scrutiny of the Health Bill and focuses on how implementation of the Bill can strengthen delivery of the Government's wider programme of NHS reform.

2. Introduction

The Health Bill represents one of the most significant reforms of NHS governance in a generation. Its implementation will shape how the NHS 10 Year Health Plan, the National Cancer Plan, the Women's Health Strategy and the Rare Cancers Act 2026 are delivered in practice.

These programmes and legislative reforms share common ambitions: preventing avoidable illness, improving earlier diagnosis, reducing health inequalities, strengthening integrated care, accelerating research and innovation, supporting digital transformation and improving patient outcomes. The Health Bill provides the governance framework through which these ambitions will be implemented.

The Bill should therefore be judged not by the scale of organisational change it introduces, but by whether it strengthens delivery of these wider programmes and legislative commitments and improves outcomes for patients.

This is particularly relevant to implementation of the Rare Cancers Act 2026. Through that Act, Parliament has recognised the particular challenges faced by patients with rare cancers in relation to diagnosis, specialist care, clinical trials and research. The Committee should therefore consider whether the governance and accountability arrangements established by the Health Bill are sufficient to support implementation of those statutory commitments as NHS responsibilities are transferred to new organisational structures.

From the perspective of women affected by gynaecological cancers, this is particularly important. Many gynaecological cancers are rare and depend upon nationally coordinated specialist services, multidisciplinary expertise, genomic diagnostics and access to clinical research. Delays in diagnosis, variation in access to specialist care and inequalities in outcomes continue to affect too many women. Organisational reform must accelerate progress in addressing these challenges rather than diverting attention away from them.

The Committee's consideration of the Bill should therefore extend beyond the structures it creates to the practical question of implementation: how the new arrangements will maintain delivery momentum, protect specialist expertise, support innovation and ensure that patients remain at the centre of NHS reform.

3. The Health Bill in the Context of Wider NHS Reform

The Health Bill is one component of a broader programme of NHS reform. Alongside the NHS 10 Year Health Plan, the National Cancer Plan and the Women's Health Strategy, and Parliament's

statutory commitments under the Rare Cancers Act 2026, it has the potential to reshape how healthcare is organised and delivered across England.

These programmes and legislative commitments are mutually reinforcing. The NHS 10 Year Health Plan sets the strategic direction for transforming health services; the National Cancer Plan establishes priorities for improving cancer outcomes; the Rare Cancers Act 2026 recognises the need to strengthen nationally coordinated specialist services, research and innovation for patients affected by rare cancers; and the Women's Health Strategy seeks to address longstanding inequalities in women's health. The Health Bill provides the governance and accountability arrangements through which these ambitions will be implemented.

For that reason, implementation of the Bill should be assessed against a simple but important test: whether it strengthens delivery of these wider programmes and Parliament's statutory commitments and enables measurable improvements in prevention, earlier diagnosis, integrated care, innovation and patient outcomes.

This submission focuses on the implementation of NHS reform from the perspective of women affected by gynaecological cancers. While many of the issues discussed apply across the health service, cancer provides a clear illustration of how effective governance, sustained implementation capability and meaningful patient involvement can improve outcomes, and how organisational disruption can place progress at risk.

Women affected by rare gynaecological cancers provide a particularly important illustration of these wider challenges. Their care frequently depends upon nationally coordinated specialist services, multidisciplinary expertise, genomic medicine, clinical research and equitable access to innovation. These are capabilities that organisational reform should preserve and strengthen if the NHS is to deliver both the Government's strategic ambitions and Parliament's statutory commitments under the Rare Cancers Act 2026.

The Committee therefore has an important opportunity to ensure that implementation of the Health Bill strengthens, rather than disrupts, delivery of the Government's wider health priorities and supports effective implementation of Parliament's statutory commitments under the Rare Cancers Act 2026.

4. Maintaining Delivery Momentum During NHS Transition

The Health Bill will introduce significant changes to NHS structures and responsibilities, including the abolition of NHS England and the transfer of functions to the Department of Health and Social Care and Integrated Care Boards. These changes represent a major organisational transition and will require careful planning to ensure that existing priorities continue to be delivered effectively.

The success of NHS reform will depend not only on the structures established by the Bill, but on the ability of the system to maintain implementation capability throughout transition. Previous experience of large-scale organisational change demonstrates that reform can unintentionally divert leadership attention, operational capacity and resources towards managing transition rather than delivering improvements in care.

For patients affected by cancer, this risk is particularly significant. Cancer outcomes depend upon coordinated action across prevention, diagnosis, treatment, research, workforce planning and service improvement. These activities require sustained leadership, specialist expertise and effective collaboration across national, regional and local systems.

The Committee should therefore seek assurance that implementation of the Health Bill will protect delivery momentum for the NHS 10 Year Health Plan, the National Cancer Plan, the Women's Health Strategy and the statutory commitments established by the Rare Cancers Act 2026. Transition arrangements should ensure that organisational change does not delay improvements in cancer prevention, earlier diagnosis, treatment pathways, survivorship care, research translation or the

implementation of Parliament's statutory commitments to improve outcomes for patients affected by rare cancers.

This is particularly important for women diagnosed with rare gynaecological cancers. Many gynaecological cancers are rare and depend upon nationally coordinated specialist services, multidisciplinary expertise, genomic diagnostics and access to clinical trials that extend beyond local commissioning arrangements. These services rely on nationally coordinated clinical leadership, specialist multidisciplinary teams and research networks that should be protected throughout NHS transition. The transfer of functions from NHS England should therefore preserve the national capability, institutional knowledge and research infrastructure necessary to support implementation of the statutory duties established by the Rare Cancers Act 2026, ensuring that patients with rare cancers continue to benefit from equitable access to specialist care, research and innovation irrespective of organisational change.

In particular, implementation should protect:

- specialist cancer expertise and clinical leadership;
- Cancer Alliances and clinical networks;
- institutional knowledge and established implementation capability;
- national coordination of cancer improvement programmes;
- national research infrastructure supporting genomics, clinical trials and translational research;
- meaningful engagement with patients and communities.

The transfer of responsibilities from NHS England must be accompanied by clear accountability arrangements. While Integrated Care Boards will have an important role in delivering improved outcomes locally, the implementation of the statutory duties established by the Rare Cancers Act 2026 means that national coordination and specialist expertise remain essential for specialised cancer services, genomics, cancer care, research, workforce planning and innovation.

The Committee should therefore consider whether the proposed arrangements provide sufficient safeguards to ensure that the NHS retains the expertise, leadership and capacity required to deliver the Government's wider health ambitions and to support effective implementation of Parliament's statutory commitments under the Rare Cancers Act 2026 throughout the period of organisational transition.

5. Cancer Services Within a Pressurised NHS

The Health Bill will be implemented within an NHS already experiencing significant operational pressures. Across the health service, rising demand, workforce shortages, financial pressures and constrained capacity are affecting the delivery of care.

These challenges are particularly evident within cancer services. Cancer incidence continues to increase due to demographic change, while improvements in survival mean that growing numbers of people are living with and beyond cancer and require ongoing support, surveillance and management of treatment-related consequences.

At the same time, workforce shortages across key cancer professions including consultant oncologists, radiologists, pathologists, specialist cancer nurses and other members of multidisciplinary teams continue to place pressure on diagnosis and treatment pathways.

Diagnostic capacity remains a critical limiting factor. Timely access to imaging, pathology and specialist assessment is essential for earlier diagnosis and improved survival, yet many services continue to experience significant demand pressures. Delays within diagnostic pathways can have profound consequences for patients, increasing anxiety and potentially affecting treatment options and outcomes.

For women affected by gynaecological cancers, these challenges are particularly important. Many gynaecological cancers can present with non-specific symptoms, and delays in recognition, referral and diagnosis can contribute to poorer outcomes. Improving awareness, early detection and rapid access to specialist assessment must therefore remain central priorities.

For women diagnosed with rare gynaecological cancers, these challenges may be even greater. Diagnosis often depends upon access to specialist pathology, molecular diagnostics, multidisciplinary expertise and nationally coordinated referral pathways. Delays in accessing these services may affect treatment options, eligibility for clinical trials and opportunities to benefit from personalised medicine. Maintaining sufficient specialist workforce capacity throughout NHS transition will therefore be essential to support implementation of the statutory duties established by the Rare Cancers Act 2026.

These challenges demonstrate an important principle: organisational reform alone cannot improve cancer outcomes. Structural changes must be accompanied by investment in workforce, diagnostics, technology, research capability and service capacity if the NHS is to deliver the ambitions of the National Cancer Plan and fulfil Parliament's statutory commitments under the Rare Cancers Act 2026.

The Committee should therefore seek assurance that implementation of the Health Bill is supported by the resources required to deliver its ambitions. Reform must be matched by:

- sustainable workforce planning;
- sufficient diagnostic and treatment capacity;
- investment in infrastructure and technology;
- support for research translation; and
- clear accountability for improving outcomes.

Without these foundations, there is a risk that organisational change could create expectations that the health system does not currently have the capacity to meet.

6. Prevention, Earlier Diagnosis and Integrated Care

The NHS 10 Year Health Plan places greater emphasis on prevention, earlier intervention and more integrated models of care. These ambitions are particularly important for cancer, where earlier diagnosis remains one of the most effective ways to improve survival and reduce treatment burden.

For women affected by gynaecological cancers, earlier diagnosis depends upon multiple parts of the health system working effectively together. This includes public awareness, primary care recognition of symptoms, timely referral, rapid diagnostic pathways, specialist assessment and coordinated treatment.

For women with rare gynaecological cancers, integrated care is particularly important. Diagnosis and treatment frequently involve referral between primary care, local hospitals, specialist gynaecological cancer centres, genomic laboratory networks and multidisciplinary teams with expertise in rare cancers. Effective coordination across organisational boundaries is essential to ensure timely diagnosis, equitable access to specialist care, participation in clinical trials and delivery of personalised treatment. These arrangements will be essential if the NHS is to deliver the ambitions of the National Cancer Plan and give practical effect to Parliament's statutory commitments under the Rare Cancers Act 2026.

Patients frequently describe the importance of a seamless pathway in which information follows the individual rather than requiring patients to navigate complex organisational boundaries themselves. Integrated care should mean that services are designed around patient needs rather than administrative structures.

The Health Bill provides an opportunity to strengthen integration across the NHS. However, this will only be achieved if responsibilities are clearly defined and accountability is maintained.

Integrated Care Boards should have explicit responsibility for improving cancer outcomes, reducing inequalities, strengthening prevention and supporting earlier diagnosis. In fulfilling these responsibilities, Integrated Care Boards should work in partnership with nationally commissioned specialist services, Cancer Alliances, genomic laboratory networks and research infrastructure to ensure that patients with rare cancers receive equitable access to specialist expertise, diagnostics and clinical research irrespective of where they live. They should also be supported with the data, expertise, workforce and resources required to fulfil these responsibilities.

The Committee should seek assurance that future NHS structures will avoid fragmentation and ensure that accountability for cancer improvement remains clear at every level of the system, including the national coordination necessary to support implementation of Parliament's statutory commitments under the Rare Cancers Act 2026.

7. Reducing Health Inequalities

Reducing health inequalities must remain a central objective of NHS reform. Despite significant advances in cancer diagnosis and treatment, outcomes continue to vary according to factors including deprivation, geography, ethnicity, disability and access to healthcare.

Women affected by gynaecological cancers may experience additional barriers, including differences in symptom awareness, access to services, participation in research and ability to benefit from advances in treatment and innovation.

These inequalities may be further compounded for women affected by rare gynaecological cancers, where timely access to nationally designated specialist centres, multidisciplinary expertise, genomic diagnostics and clinical trials is often dependent upon appropriate referral pathways and effective national coordination. Reducing unwarranted variation in access to these services will be essential if the NHS is to give practical effect to Parliament's statutory commitments under the Rare Cancers Act 2026.

The NHS 10 Year Health Plan, National Cancer Plan and Women's Health Strategy all recognise the importance of addressing these inequalities. The Rare Cancers Act 2026 further reinforces the need to improve equitable access to specialist care, research and innovation for patients affected by rare cancers. The Health Bill should strengthen the accountability mechanisms required to ensure that progress is made.

Future NHS structures should support transparent measurement of inequalities in:

- cancer incidence and outcomes;
- access to diagnosis and treatment;
- participation in research;
- uptake of prevention initiatives; and
- patient experience.

For patients affected by rare cancers, consideration should also be given to monitoring equitable access to specialist multidisciplinary teams, genomic testing, nationally commissioned services and clinical trials. These measures would help identify unwarranted variation that may otherwise be obscured when rare cancers are reported only within aggregated cancer datasets.

Reducing inequalities requires more than monitoring differences in outcomes. It requires action informed by communities and patients who understand the barriers that exist within healthcare systems.

Meaningful patient involvement should therefore be central to efforts to reduce inequalities. Patients and communities should be partners in designing solutions, evaluating progress and ensuring that reforms deliver benefits fairly across society.

8. Ensuring Reform is Supported by Implementation Capability

A recurring theme throughout this submission is the importance of implementation capability.

Successful NHS reform requires more than legislation and organisational structures. It depends upon the people, expertise, relationships and systems that enable change to happen effectively. This will be particularly important if the ambitions of the NHS 10 Year Health Plan, the National Cancer Plan, the Women's Health Strategy and Parliament's statutory commitments under the Rare Cancers Act 2026 are to be delivered successfully.

Within cancer services, implementation capability includes:

- specialist clinical expertise;
- experienced improvement teams;
- Cancer Alliances and clinical networks;
- research infrastructure;
- patient involvement expertise;
- data and analytical capability; and
- established partnerships between NHS organisations, researchers and communities.

For women affected by rare gynaecological cancers, implementation capability also depends upon nationally coordinated specialist services, multidisciplinary expertise, genomic laboratory networks and research infrastructure that support equitable access to innovation, personalised medicine and clinical trials. Preserving these capabilities throughout organisational transition will be essential to support implementation of Parliament's statutory commitments under the Rare Cancers Act 2026 and the wider policy ambitions of the National Cancer Plan for patients affected by rare cancers.

These assets have developed over many years and represent significant institutional knowledge. Organisational change should seek to preserve and strengthen this capability rather than unintentionally fragment it.

The Committee should therefore consider implementation capability as a key measure of whether the Health Bill is succeeding. The question should not only be whether new structures are established, but whether those structures enable the NHS to deliver better outcomes for patients and retain the expertise, partnerships and infrastructure necessary to support implementation of Parliament's statutory commitments under the Rare Cancers Act 2026.

9. Genomics and Personalised Cancer Care

Although the Health Bill is not specifically concerned with genomics, its implementation will influence whether patients can benefit from advances in genomic medicine and personalised care.

Genomic testing is becoming increasingly important in cancer care. In gynaecological cancers, genomic information can help identify inherited cancer risks, support treatment decisions, guide access to targeted therapies and enable more personalised approaches to care.

For many rare gynaecological cancers, genomic and molecular diagnostics are no longer simply an innovation but an essential component of diagnosis, treatment planning and access to emerging therapies. Molecular profiling can help identify rare tumour subtypes, inform eligibility for targeted treatments and support recruitment into biomarker-led clinical trials. As genomic medicine continues to evolve, equitable access to these technologies will become increasingly important for improving outcomes and reducing unwarranted variation in care for patients with rare cancers.

For patients, however, the value of genomic medicine depends not only on scientific progress but on the NHS's ability to implement innovation consistently and equitably. This requires appropriate workforce skills, laboratory capacity, digital infrastructure, clinical expertise and clear pathways to ensure that advances reach patients who may benefit from them.

Although the Rare Cancers Act 2026 is primarily concerned with strengthening research into rare cancers, effective implementation of Parliament's statutory commitments under the Act will be supported by the NHS's ability to provide timely access to genomic testing, molecular diagnostics, specialist interpretation and research infrastructure. These capabilities will also support delivery of the wider ambitions of the National Cancer Plan by improving access to precision medicine, clinical trials and translational research for patients affected by rare cancers.

The Committee should therefore consider whether the governance and accountability arrangements established by the Health Bill will support equitable access to genomic medicine across the NHS while preserving the national capability required for research, precision medicine and specialised cancer care. Organisational reform should strengthen, rather than fragment, national coordination, specialist expertise and equitable access to genomic medicine and innovation.

The Committee should also seek assurance that implementation of the Health Bill preserves the national coordination, specialist expertise and research capability provided through the NHS Genomic Medicine Service. The Genomic Medicine Service has become a key component of modern cancer care, supporting genomic diagnosis, personalised treatment, inherited cancer risk assessment and access to research. Preserving this national capability will be particularly important for patients affected by rare gynaecological cancers, whose care frequently depends upon specialist genomic interpretation and access to precision medicine.

Future NHS structures should ensure that patients do not experience unwarranted variation in access to genomic testing and personalised medicine because of organisational boundaries, differences in local capacity or disruption during transition. This is particularly important for patients affected by rare cancers, whose access to specialist diagnostics, molecular profiling, precision therapies and clinical trials frequently depends upon nationally coordinated genomic services, multidisciplinary specialist teams and established research networks.

11. Digital Transformation, Artificial Intelligence and the Single Patient Record

Digital transformation is central to the Government's vision for a modern NHS. The NHS 10 Year Health Plan, the National Cancer Plan and the Women's Health Strategy all recognise the potential of digital technologies, artificial intelligence (AI) and better use of health data to improve prevention, earlier diagnosis, personalised treatment and continuity of care.

The proposed Single Patient Record has the potential to transform care for people affected by cancer by enabling timely, secure and interoperable sharing of information across primary care, community services, hospitals and specialist cancer centres.

For people living with and beyond cancer, better integration of health records could reduce duplication, improve communication between professionals and support more coordinated care throughout the patient pathway. This is particularly important for patients who move between different parts of the NHS during diagnosis, treatment, surveillance and survivorship.

For patients affected by rare gynaecological cancers, the ability to share accurate and timely information between local services, specialist centres, genomic laboratory networks and multidisciplinary teams is particularly important. Integrated digital records can support more coordinated care, facilitate timely referral to nationally designated specialist services and improve continuity of care across organisational boundaries.

The Single Patient Record also presents an important opportunity to support implementation of Parliament's statutory commitments under the Rare Cancers Act 2026. Subject to appropriate

governance, transparency and patient safeguards, interoperable digital records could improve the identification of patients who may be eligible for genomic testing, biomarker-led clinical trials and other research studies, thereby supporting equitable access to research and innovation.

However, the success of digital transformation will depend on strong governance, public trust and resilient infrastructure. Health information is among the most sensitive data held by public services, and the consequences of digital failure can directly affect patient safety.

The 2024 cyber-attack on Synnovis, a provider of pathology services supporting NHS organisations in London, demonstrated the importance of digital resilience within modern healthcare. The attack caused significant disruption to pathology services, delayed diagnostic testing, affected procedures and appointments, and highlighted how disruption to essential digital infrastructure can have direct consequences for patient care.

For cancer patients, where timely diagnosis, pathology results and treatment decisions are critical, disruption to diagnostic services can have significant implications. The incident reinforced that cybersecurity should be regarded as a patient safety issue, not simply an information technology issue.

The Committee should therefore seek assurance that implementation of the Health Bill is supported by:

- robust cybersecurity arrangements;
- resilient digital infrastructure;
- effective contingency planning;
- clear accountability for digital governance;
- interoperability between systems; and
- sustained investment in digital capability.

The Committee should also seek assurance that governance arrangements for the Single Patient Record support the secure, proportionate and transparent use of health data for approved research, including rare cancer research and clinical trial recruitment, while maintaining public confidence and protecting patient privacy.

12. Responsible Adoption of Artificial Intelligence

Artificial intelligence (AI) is increasingly recognised as having significant potential to improve cancer care, including supporting diagnosis, imaging interpretation, genomic analysis, risk prediction, research and service efficiency. However, the benefits of AI will only be realised if implementation is safe, transparent and supported by appropriate governance.

For women affected by rare gynaecological cancers, AI also has the potential to support earlier diagnosis, improve interpretation of complex imaging and pathology, facilitate genomic analysis and assist in identifying patients who may benefit from specialist treatments or clinical trials. As these technologies continue to evolve, equitable access across the NHS will be essential to ensure that patients with rare cancers are able to benefit from advances in precision medicine and research.

AI should support and not replace clinical judgement. Systems must be independently evaluated, monitored over time and assessed for accuracy, bias and unintended consequences.

The successful adoption of AI also depends on meaningful co-creation with those who will use and be affected by these technologies. Consistent with the principles of Patient and Public Involvement and Engagement (PPIE), healthcare professionals, patients and the public should be involved throughout the design, development, implementation and evaluation of AI systems to ensure they are clinically relevant, acceptable, usable and responsive to patient needs.

The NHS will need clear accountability frameworks to ensure that AI technologies are introduced responsibly and that patients understand how these technologies are being used in their care.

Governance arrangements should also ensure that AI supports equitable healthcare and does not exacerbate existing health inequalities. AI-enabled services should be accessible and deliver benefits for all patients, regardless of geography, ethnicity, socioeconomic status, disability, language or digital exclusion.

As AI becomes increasingly integrated into genomic medicine, diagnostics and clinical research, governance arrangements should also support its responsible use in ways that strengthen delivery of the National Cancer Plan and help give practical effect to Parliament's statutory commitments under the Rare Cancers Act 2026, while maintaining public confidence, transparency, patient safety and appropriate clinical oversight.

The Committee should therefore consider whether the governance arrangements associated with NHS reform are sufficient to support responsible adoption of AI while maintaining patient safety, equity and public confidence.

Digital transformation should ultimately be measured not by the number of technologies introduced, but by whether those technologies improve patient outcomes and experience, support healthcare professionals, reduce health inequalities and deliver demonstrable value to patients and the NHS.

13. Patient and Public Involvement and Engagement: Building on Existing Expertise

Meaningful Patient and Public Involvement and Engagement (PPIE) is essential to successful NHS reform. Patients, carers and families provide expertise that cannot be captured through data alone. Their lived experience helps identify barriers to care, improve service design, inform research priorities and ensure that healthcare remains focused on outcomes that matter to patients.

This is particularly important for women affected by rare gynaecological cancers, whose experiences may not always be reflected within local population-based engagement arrangements. National patient organisations, specialist charities and established PPIE groups provide an important mechanism for ensuring that the experiences of patients affected by rare cancers inform research, service improvement and healthcare policy. Effective patient involvement will also be essential to supporting delivery of the National Cancer Plan and giving practical effect to Parliament's statutory commitments under the Rare Cancers Act 2026.

The Women's Cancers Patient and Public Involvement and Engagement Group is an established example of how patients can contribute effectively to improving research and healthcare. Through partnership with researchers, clinicians and healthcare professionals, PPIE groups provide valuable insight into research priorities, study design, patient experience, communication and implementation.

The experience of the Women's Cancers Patient and Public Involvement and Engagement Group also demonstrates the value of sustained partnerships between patients, researchers and clinicians. Such partnerships help ensure that research remains focused on outcomes that matter to patients while supporting innovation, implementation and continuous service improvement.

The Health Bill presents an opportunity to strengthen patient involvement throughout implementation of the NHS 10 Year Health Plan, the National Cancer Plan and the Women's Health Strategy. However, this will require recognition that effective PPIE is not simply consultation. It requires independence, appropriate governance, sustained support and meaningful influence on decision-making.

The Committee should also consider how future arrangements for patient representation will ensure that the voices of patients affected by rare cancers continue to be heard as NHS structures evolve. Women with rare gynaecological cancers often receive care across multiple organisations, nationally designated specialist centres and research networks, making nationally coordinated patient engagement an important complement to local representation. Preserving these mechanisms will help support delivery of the National Cancer Plan and ensure that the perspectives of patients with rare

cancers continue to inform implementation of Parliament's statutory commitments under the Rare Cancers Act 2026.

The Committee should give careful consideration to future arrangements for patient representation, particularly in the context of changes to Healthwatch England and wider NHS structures.

Before replacing established arrangements, Government should review the many successful PPIE models that already exist across the health and research system. These include approaches developed through:

- the National Institute for Health and Care Research (NIHR);
- Cancer Research UK Centres;
- Biomedical Research Centres;
- Cancer Alliances;
- NHS Trusts;
- Integrated Care Systems;
- universities; and
- voluntary sector organisations.

These models demonstrate that effective patient involvement already exists and has developed significant expertise over many years. There is an opportunity to learn from what works rather than create entirely new approaches without first understanding the strengths of existing models.

Future arrangements should preserve the principles that make PPIE effective:

- independence;
- transparency;
- meaningful influence;
- appropriate governance;
- recognition of lived experience as expertise; and
- long-term sustainability.

Future arrangements should also recognise that specialist PPIE groups complement local patient representation by bringing together people with shared experience of rare conditions, specialist services and clinical research. This is particularly important for women affected by rare gynaecological cancers, where meaningful involvement often depends upon nationally coordinated patient communities, long-established partnerships with specialist research centres and sustained collaboration across organisational boundaries.

Policy should be guided by evidence of what works. NHS reform should therefore build on established models that have demonstrated sustained value, rather than replacing them with new arrangements whose benefits have yet to be proven. NHS reform should build upon successful approaches that already demonstrate value for patients, researchers and healthcare services.

14. Workforce, Funding and Deliverability

The ambitions of the NHS 10 Year Health Plan, the National Cancer Plan and the Women's Health Strategy cannot be achieved without sufficient workforce capacity, sustainable funding and the infrastructure required to deliver change.

The same is true of Parliament's statutory commitments under the Rare Cancers Act 2026. Successful implementation will depend not only upon legislation, but upon sustained investment in the specialist workforce, research capability, genomics, diagnostics and nationally coordinated services required to translate policy ambition into improved patient outcomes.

The importance of workforce planning has been recognised for more than two decades. The NHS Cancer Plan (2000) identified expansion of the specialist cancer workforce as a national priority, including increased consultant recruitment, additional specialist training opportunities, improved workforce planning within NHS trusts and a commitment to increase the number of cancer specialists by approximately 1,000 by 2006¹. More than two decades later, workforce capacity remains a central theme of national cancer policy, demonstrating that maintaining sufficient specialist expertise continues to be one of the NHS's most enduring implementation challenges. This reinforces the importance of ensuring that implementation of the Health Bill strengthens, rather than weakens, the specialist workforce and implementation capability needed to deliver high-quality cancer services.

Cancer services rely on highly skilled multidisciplinary teams, including oncologists, surgeons, radiologists, pathologists, specialist nurses, researchers and many other professionals. Workforce shortages across these areas continue to place pressure on diagnosis, treatment and follow up care. For women affected by rare gynaecological cancers, workforce capacity also depends upon access to specialist multidisciplinary teams, expert pathology, genomic medicine, clinical research staff and nationally coordinated specialist services. Protecting these capabilities throughout organisational transition will be essential to ensure that patients continue to benefit from advances in personalised medicine, clinical trials and innovation, while supporting delivery of the National Cancer Plan and effective implementation of Parliament's statutory commitments under the Rare Cancers Act 2026.

Implementation of the Health Bill must therefore be accompanied by realistic workforce planning and investment. Organisational reform cannot substitute for the people and resources required to deliver high-quality care.

The Committee should seek assurance that:

- workforce capacity is aligned with future demand;
- specialist cancer expertise is protected;
- diagnostic and treatment capacity is expanded where required;
- research infrastructure is maintained;
- digital capability is developed; and
- funding arrangements support delivery of the Government's stated ambitions.

This should include maintaining the national specialist expertise, research infrastructure and implementation capability required to support delivery of the National Cancer Plan and give practical effect to Parliament's statutory commitments under the Rare Cancers Act 2026.

The success of NHS reform will depend upon implementation capability: the combination of expertise, workforce, relationships, systems and resources required to turn policy ambition into improved patient outcomes.

Ultimately, the success of the Health Bill should be judged not only by the effectiveness of organisational reform, but by whether the reformed NHS has the workforce, specialist expertise, research capability and infrastructure necessary to deliver the Government's strategic ambitions and Parliament's statutory commitments for patients affected by cancer, including women diagnosed with rare gynaecological cancers.

Protecting this capability throughout organisational transition should therefore be regarded as a central requirement of the Health Bill if it is to deliver the NHS 10 Year Health Plan, the National Cancer Plan, the Women's Health Strategy and Parliament's statutory commitments under the Rare Cancers Act 2026.

¹ Department of Health, The NHS Cancer Plan: A Plan for Investment, A Plan for Reform (2000), Chapter 8, pp. 117–120.

15. Recommendations to the Health Bill Committee

The Health Bill represents a significant opportunity to strengthen NHS governance and support delivery of the Government's wider ambitions for health reform. However, its success will depend on effective implementation, clear accountability and the preservation of the expertise and capability required to deliver the NHS 10 Year Health Plan, the National Cancer Plan, the Women's Health Strategy and Parliament's statutory commitments under the Rare Cancers Act 2026.

From the perspective of women affected by gynaecological cancers, organisational reform must translate into meaningful improvements in prevention, earlier diagnosis, access to treatment, personalised care and outcomes.

We therefore recommend that the Committee considers the following recommendations.

Recommendation 1: Protect delivery of the NHS 10 Year Health Plan, National Cancer Plan and Women's Health Strategy

The Government should ensure that implementation of the Health Bill strengthens delivery of the NHS 10 Year Health Plan, the National Cancer Plan and the Women's Health Strategy, together with Parliament's statutory commitments under the Rare Cancers Act 2026.

The success of the Bill should be judged not by organisational change alone, but by whether it enables these programmes and statutory commitments to deliver measurable improvements in prevention, earlier diagnosis, integrated care, innovation, health inequalities and patient outcomes.

Recommendation 2: Publish an Implementation and Transition Framework

The Government should publish an Implementation and Transition Framework before the Health Act comes into effect.

The Framework should set out:

- responsibilities across the new NHS structures;
- transition arrangements;
- key milestones;
- risks and mitigation measures;
- accountability arrangements;
- measures of success; and
- mechanisms for maintaining delivery momentum.

The Framework should also identify how implementation of Parliament's statutory commitments under the Rare Cancers Act 2026 will be maintained throughout organisational transition, including arrangements for nationally coordinated specialist services, genomics, research infrastructure, specialist clinical leadership and implementation capability.

This would provide transparency and enable Parliament, patients and stakeholders to assess whether reform is delivering its intended benefits.

Recommendation 3: Protect Implementation Capability During NHS Transition

The Government should ensure that abolition of NHS England and transfer of responsibilities to the Department of Health and Social Care and Integrated Care Boards does not weaken implementation capability.

Transition arrangements should protect:

- specialist expertise;
- clinical leadership;
- Cancer Alliances;
- clinical networks;
- research infrastructure;
- institutional knowledge; and
- established partnerships between NHS organisations, researchers and patients.

This should include preserving nationally coordinated specialist services, genomic laboratory networks, multidisciplinary expertise and research capability required to support women affected by rare gynaecological cancers and implementation of Parliament's statutory commitments under the Rare Cancers Act 2026.

The expertise required to deliver improvement programmes has been developed over many years and should be strengthened rather than lost during organisational change.

Recommendation 4: Strengthen Accountability for Cancer Outcomes

Integrated Care Boards should have clear responsibility and accountability for improving cancer outcomes, reducing inequalities, strengthening prevention and supporting earlier diagnosis.

They should be provided with:

- appropriate data;
- specialist expertise;
- workforce capacity;
- funding; and
- national support where required.

Integrated Care Boards should also have timely access to nationally coordinated specialist expertise where local provision alone cannot meet the needs of patients affected by rare cancers.

Clear accountability will be essential to ensure that cancer improvement remains a priority within future NHS structures.

Recommendation 5: Protect Specialist Cancer Expertise and Clinical Leadership

The Government should ensure that future NHS structures retain the specialist expertise required to improve cancer outcomes.

This includes protecting:

- Cancer Alliances;
- clinical networks;
- multidisciplinary leadership;
- specialist cancer teams;
- research partnerships; and
- mechanisms for sharing best practice.

This should include nationally designated specialist services supporting women affected by rare gynaecological cancers and other rare cancers.

Cancer care depends on collaboration across professional and organisational boundaries. Future arrangements should strengthen these relationships rather than fragment them.

Recommendation 6: Match Reform Ambition with Workforce, Funding and Infrastructure

The ambitions of the NHS 10 Year Health Plan, the National Cancer Plan and the Women's Health Strategy must be matched by sufficient workforce capacity, funding and infrastructure.

The Government should ensure that implementation is supported by:

- sustainable workforce planning;
- adequate diagnostic capacity;
- investment in specialist services;
- research capability;
- genomic medicine;
- digital infrastructure;
- national specialist services; and
- resources to support service improvement.

Without these foundations, organisational reform alone will not deliver better outcomes.

Recommendation 7: Support Equitable Adoption of Research, Innovation, Genomics and Precision Medicine

The Government should ensure that future NHS structures support the equitable implementation of evidence-based innovation, including:

- genomics;
- molecular diagnostics;
- artificial intelligence;
- personalised medicine; and
- research translation.

Although the Health Bill does not determine clinical policy, its governance arrangements will influence whether innovation is adopted effectively across the NHS.

Patients should not experience unequal access to advances in care because of organisational change or variation in local implementation capability.

Implementation should also support delivery of the National Cancer Plan and Parliament's statutory commitments under the Rare Cancers Act 2026 by ensuring equitable access to genomic diagnostics, biomarker testing, precision medicine and clinical trials.

Recommendation 8: Deliver Secure, Resilient and Trustworthy Digital Transformation

The Government should ensure that implementation of digital transformation, including the Single Patient Record, is supported by:

- robust cybersecurity;
- clear governance;
- interoperability;
- independent assurance;
- appropriate use of artificial intelligence; and
- public confidence in the use of health data.

The Synnovis cyber-attack demonstrated that digital resilience is a patient safety issue. Digital transformation should therefore be implemented with the same focus on safety, accountability and quality as other areas of healthcare delivery.

The Single Patient Record should also support the secure, transparent and proportionate identification of eligible patients for approved research studies and clinical trials, consistent with the National Cancer Plan and Parliament's statutory commitments under the Rare Cancers Act 2026.

Recommendation 9: Strengthen Patient and Public Involvement and Engagement

Before establishing new arrangements for patient representation following changes to Healthwatch England, the Government should undertake a structured review of existing Patient and Public Involvement and Engagement (PPIE) models across the NHS and research system.

The review should also consider how future arrangements will ensure that nationally coordinated patient organisations and specialist PPIE groups continue to inform research, service improvement and implementation of the National Cancer Plan and Parliament's statutory commitments under the Rare Cancers Act 2026, particularly for patients affected by rare cancers whose experiences may not be fully represented through local engagement mechanisms alone.

This review should consider successful approaches developed through:

- Cancer Research UK Centres;
- the National Institute for Health and Care Research;
- Biomedical Research Centres;
- Cancer Alliances;
- NHS Trusts;
- Integrated Care Systems;
- universities; and
- voluntary sector organisations.

Future arrangements should build upon existing expertise and preserve the principles that make PPIE effective:

- independence;
- transparency;
- meaningful influence;
- appropriate governance;
- recognition of lived experience as expertise; and
- sustainability.

Future arrangements should recognise that specialist PPIE groups complement local patient representation by bringing together people with shared experience of rare conditions, specialist services and clinical research, ensuring that these perspectives continue to inform NHS policy, research and service improvement.

Government should learn from successful models rather than replacing effective approaches without first understanding why they work.

Recommendation 10: Establish Strong Parliamentary Oversight

Given the scale of NHS reform, the Secretary of State for Health and Social Care should be required to report annually to Parliament on implementation of the Health Act and its impact on delivery of:

- the NHS 10 Year Health Plan;
- the National Cancer Plan;
- the Women's Health Strategy;

- Parliament's statutory commitments under the Rare Cancers Act 2026;
- cancer outcomes;
- health inequalities;
- workforce capacity;
- research and innovation;
- digital transformation;
- patient experience; and
- implementation capability.

The report should identify any unintended consequences arising from NHS reorganisation and set out actions being taken to address them.

The report should also describe progress in improving access to specialist services, genomics, clinical research and innovation for patients affected by rare cancers.

Recommendation 11: Conduct a Post-Implementation Review

The Government should undertake an independent post-implementation review within three years of commencement of the Health Act.

The review should assess whether the reforms have:

- strengthened NHS accountability;
- improved delivery of national priorities;
- protected specialist expertise;
- maintained patient involvement;
- supported innovation;
- reduced inequalities;
- supported implementation of Parliament's statutory commitments under the Rare Cancers Act 2026; and
- improved outcomes for patients.

Recommendation 12: Protect National Capability Required to Deliver the Rare Cancers Act 2026

The Committee should seek assurance that implementation of the Health Bill does not weaken the national capability required to deliver Parliament's statutory commitments under the Rare Cancers Act 2026. This should include preserving nationally coordinated specialist services, Cancer Alliances, genomic laboratory networks, specialist multidisciplinary expertise, research infrastructure and implementation capability that support equitable access to innovation, personalised medicine and clinical trials for women affected by rare gynaecological cancers and other rare cancers.

16. Conclusion

The Health Bill represents a significant opportunity to strengthen NHS governance and create the conditions necessary to improve health outcomes across England.

However, organisational reform should be regarded as a means to an end rather than an end in itself. The success of the Health Bill will ultimately depend upon whether it enables the NHS to deliver the ambitions of the NHS 10 Year Health Plan, the National Cancer Plan, the Women's Health Strategy and Parliament's statutory commitments under the Rare Cancers Act 2026.

For women affected by gynaecological cancers, this means ensuring that NHS reform supports earlier diagnosis, equitable access to specialist care, innovation, research, personalised medicine and improved outcomes. Women diagnosed with rare gynaecological cancers, it also means preserving the nationally coordinated specialist services, multidisciplinary expertise, genomic medicine, research infrastructure and meaningful patient involvement needed throughout organisational transition.

Throughout this submission, we have highlighted the importance of implementation capability, specialist expertise, integrated care, digital transformation, genomics, responsible adoption of artificial intelligence and meaningful Patient and Public Involvement and Engagement. These are not separate issues but interdependent components of a modern health system capable of delivering sustained improvements in cancer care.

The Committee should therefore consider not only whether the Health Bill establishes effective new organisational structures, but whether those structures preserve the capability, leadership, accountability and national coordination required to translate legislative and policy ambition into improved outcomes for patients.

The Women+s Cancers Patient and Public Involvement and Engagement Group welcomes the opportunity to contribute to the Committee's scrutiny of the Bill and hopes that these recommendations will assist in ensuring that NHS reform strengthens the delivery of high-quality, equitable and patient-centred cancer services for all, including women affected by rare gynaecological cancers.

Ultimately, the Health Bill should be judged not by the scale of organisational change it introduces, but by whether it leaves the NHS better equipped to deliver the Government's strategic ambitions and Parliament's statutory commitments for people affected by cancer.

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15 July 2026