Executive summary

Cancer is a major cause of morbidity and mortality in Ireland. Each year about 20,000 Irish people develop cancer and 7,500 die of the disease. One in four people overall will die from cancer and 60% of cancer patients die within five years of diagnosis. Although cancer incidence appears to be falling, the actual number of people developing cancer is expected to increase because our population is ageing. The number of new cases the system can expect to deal with by 2020 will represent an increase of 107% on the number dealt with in 2000. We now have approximately 120,000 cancer survivors.

Vision and principles

The National Cancer Forum, responding to the continued priority that needs to be given to cancer policy, advances in this second National Cancer Strategy *A Strategy for Cancer Control in Ireland 2006* a vision of an Ireland that will have a system of cancer control to reduce cancer incidence, morbidity and mortality rates relative to other EU15 countries by 2015. Irish people will practice health-promoting and cancer-preventing behaviours and will have access to early cancer detection and screening. There will be a network of equitable, accessible cancer treatment facilities and Ireland will become a recognised location for cancer education and research.

The range and capacity of cancer services have been significantly enhanced since the first Cancer Strategy in 1996. These achievements need to be consolidated by focusing on the development of a culture of quality of care, process and outcome measurement, education and high-quality research. The concept of cancer control is at the heart of this Strategy in that it focuses on all aspects of cancer, including health promotion, prevention, diagnosis, treatment, and palliative and supportive care.

Promoting health and preventing cancer

Public health action by governments and the promotion of healthy lifestyles could prevent as many as one third of cancers worldwide. This Strategy supports the full implementation of the recommendations of the *Review of the National Health Promotion Strategy, the Strategic Task Force on Alcohol* and the *National Task Force on Obesity.* It makes additional recommendations in relation to tobacco, alcohol, nutrition and physical activity, and also in relation to risk reduction from ultraviolet radiation and radon.

Breast screening should be extended to include all women aged between 50 and 69. The national roll-out of the Irish Cervical Screening Programme should be completed as quickly as possible. The Strategy provides a set of criteria to guide decisions on the introduction of population-based screening. A colorectal cancer programme should be established and should encompass population screening, high risk screening and necessary developments in symptomatic services. However, prostate cancer screening should not be introduced as a population-based programme at present.

For many cancers, population-based screening is not an option. Detecting cancer early remains the best strategy for reducing cancer deaths. The Health Service Executive (HSE) should develop specific programmes to increase cancer awareness and to detect cancer early.

Managed Cancer Control Networks

All cancer care should be provided through a national system of four Managed Cancer Control Networks, each serving a population of about one million people and consisting of primary, hospital, palliative, psycho-oncology and supportive care. Patient care should be fully integrated between each of these elements within each network. Each network should have a formal structure of clinical leadership. The emphasis in the network should

be on connection and partnership rather than on isolation and self-sufficiency, on distribution of resources rather than on centralisation, and on maximising the benefits for all patients.

Each network will be headed by a Director of Cancer Control, who should be a senior clinician. The Network Director should be responsible for the organisation of cancer care pathways connecting each element of the service within the network. He should lead a team made up of a lead clinician for each major cancer type and a lead clinician for each Cancer Centre within the network.

Primary care is pivotal in the coordination of the wide variety of services that patients may use. It is a key partner in the delivery of effective secondary care services. Care pathways for cancer should be developed to link primary care, hospital care, and other services. Care pathways should guide the process of cancer care delivery within each network.

Cancer Centres, each serving a minimum population of 500,000, should be designated by the HSE as soon as possible. Ireland will require about eight such centres. The Cancer Centres within each network should be seen as equal partners. In order to ensure adequate case-volume and expertise, some Cancer Centres should provide a higher level of care for those cancers that need larger volumes than would present in a single Cancer Centre.

Hospital-based cancer services need to expand to meet rising demands for cancer services. The HSE should conduct a needs assessment for cancer services with a particular emphasis on hospital based cancer treatment, that addresses the need for continued expansion in capacity and maximises the use of ambulatory care. Diagnosis and patient management should be planned and conducted by site-specific multidisciplinary teams.

Within each Cancer Network, access to comprehensive palliative care, psycho-oncology and supportive care services should be provided for cancer patients, their families and carers. A more structured partnership between the voluntary sector and the HSE will help to enhance supportive care services.

National Framework for Quality in Cancer Control

A 'Framework for Quality in Cancer Control' should be put in place, made up of four elements:

- quality in cancer control groups – the Health Information and Quality Authority (HIQA) should establish site-specific groups at national level to develop guidelines for quality in major site-specific cancers
- a statutory system of licensing and accreditation that should apply to both public and private sector services
- an information model and infrastructure to address the information needs of patients, professionals, managers and policymakers – HIQA should develop a cancer surveillance system
- health technology assessment (HTA) – HIQA should establish a Cancer HTA Panel. This Panel will develop a model of assessment that allows the speedy introduction of proven technologies.

Thinking ahead

Planning must address education, human resource needs, technology trends and developments, evolution of workplace roles and changes in service-delivery models. The HSE should develop a national cancer workforce plan to support the operational planning needs for the cancer control system. This would include the creation of a register of trained cancer control personnel and enhancement of coordination between bodies responsible for training and research on service delivery models and personnel issues.

There is a need to establish a strategic process to identify cancer research themes, to facilitate and oversee cancer research, and to support the evaluation of programmes, treatments and outcomes. There is also a need to improve clinical trial access for patients. Ireland should establish a national tissue bio bank to support research and service delivery. The third National Cancer Forum, in partnership with the Health Research Board, should advise on the development of a specific plan for cancer research.

Policy Indicators

The HSE should present a report on policy indicators each year to the National Cancer Forum. The first report on policy indicators from the HSE will allow targets to be set for each policy indicator. These targets should then be reviewed annually by the National Cancer Forum.