

# Section A

## Setting the scene

### Key messages

- Cancer is a generic term used to describe a group of over a hundred diseases that occur when malignant forms of abnormal cell growth develop in one or more body organs
- A sustained increase in cancer funding in recent years has enabled services to expand substantially
- Recent decades have witnessed sustained year-on-year improvements in overall cancer survival. Cancer can increasingly be viewed as a condition that people can expect to survive
- More than 30% of all cancers are preventable. Prevention must remain a central focus of cancer policy
- Effectively tackling the problem of cancer means achieving specialist services of a consistently high quality with sufficient capacity as well as appropriate support services for patients, their carers and their families
- With this second National Cancer Strategy, the National Cancer Forum has embraced the concept of cancer control that has emerged internationally in cancer policy and has been promoted and supported by the World Health Organisation
- The focus of this Strategy is on the development of a culture of quality, measurement, outcomes, education and research, and increased service capacity
- A third National Cancer Forum should be appointed by the Minister with terms of reference and composition reflecting the changed health system.

## A.1 Introduction

### A.1.1 What is cancer?

Cancer is a generic term used to describe a group of over a hundred diseases that occur when malignant forms of abnormal cell growth develop in one or more body organs. These cancer cells continue to divide and grow to produce tumours.

There are several main types of cancer. Carcinoma is cancer that begins in the skin or in tissues that line or cover internal organs. Sarcoma is cancer that begins in bone, cartilage, fat, muscle, blood vessels, or other connective or supportive tissue. Leukaemia is cancer that starts in blood-forming tissue such as the bone marrow. Lymphoma and multiple myeloma are cancers that begin in the cells of the immune system. Some of the biological mechanisms that change a normal cell into a cancer cell are known; others are not.

Cancer differs from most other diseases in that it can develop at any stage in life and in any body organ. No two cancers behave exactly alike. Some may follow an aggressive course, with the cancer growing rapidly, while others grow slowly or may remain dormant for years.

### A.1.2 Why is cancer important?

Recent decades have witnessed striking changes in the patterns and treatments of cancer. There have been sustained year-on-year improvements in overall cancer survival and mortality. In childhood leukaemia there has been a dramatic improvement in survival. Similar improvements have occurred in Hodgkin's disease, testicular cancer and melanoma. In many other cancers, less dramatic improvements have been taking place. This has greatly changed the experience of cancer.

Cancer is increasingly viewed as a condition from which people can expect to survive. Very high cure rates can be achieved for some types of cancers, but for others the cure rates are disappointingly low and await improved methods of detection and treatment. However, in excess of 30% of all cancers are preventable. It is for this reason, that prevention must remain a central focus of cancer policy.

Effectively tackling the problem of cancer means providing specialist services of a consistently high quality with sufficient capacity, as well as appropriate support services for patients, their carers and their families. Our focus has to be on ensuring that there is access to services that deliver this experience for each and every person who is diagnosed with cancer.

Achieving this will pose significant challenges as a substantial rise is expected in cancer cases in the population over the next fifteen years. The number of cases is expected to increase largely as a result of population changes from under 14,000 in 2000 to over 28,000 in 2020.

There is rapidly expanding knowledge of the pathogenesis of a variety of cancers at the molecular level, allowing a new focus for drug discovery and development – already expressed in the development of targeted therapies in various cancers including breast cancer and soft-tissue cancer. This promises significant potential benefits for patients, in that traditional chemotherapy agents are toxic to healthy cells as well as cancer cells, while targeted treatments can be less toxic to normal cells and can improve tolerability.

Recent advances in oncology diagnosis and therapy, based on targeted therapies, have significant financial implications – the cost of such therapies is very high. While opening up exciting new possibilities, this will create significant challenges for cancer policy and cancer services in the coming years.

### A.1.3 Origin and vision of the second National Cancer Strategy

The Health Strategy *Quality and Fairness: A Health System for You (2001)* provided a highly ambitious and challenging agenda for the delivery of major improvements in health services throughout the country and signified the clear and high priority that the Government attaches to cancer and cancer control as part of the overall health system.

The first national goal of better health for everyone encompasses a number of critical objectives in relation to cancer care. In response, the National Cancer Forum has developed the second National Cancer Strategy.

In this context, the Forum agreed a clear vision and associated aims that would underpin a policy blueprint that would take Ireland to the top of the international league table in terms of cancer control. This vision, which embodies an approach based on maximising health gain for the whole population, is stated as follows:

‘Ireland will have a system of cancer control which will reduce our cancer incidence, morbidity and mortality rates relative to other EU15 countries by 2015. Irish people will know and practice health-promoting and cancer-preventing behaviours and will have increased awareness of and access to early cancer detection and screening. Ireland will have a network of equitably accessible state-of-the-art cancer treatment facilities and we will become an internationally recognised location for education and research into all aspects of cancer.’

The National Cancer Forum also identified high-level aims that are consistent with this vision. The achievement of these aims will reduce the burden of cancer in Ireland through the consistent and effective application of knowledge aimed at:

- reducing the age-standardised and – where appropriate – age-specific, incidence of cancer in Ireland relative to other EU25 countries through health promotion and preventive activities
- enabling detection of cancer at the earliest possible time, through education of the public, patients and professionals and the application of evidence based screening technologies
- ensuring that patients, families and carers understand fully all aspects of their care and of their treatment options
- providing equitable access to care for those who develop cancer by ensuring that the services people receive are appropriate to their needs and clinical circumstances
- providing cancer control services that reduce the severity of the illness and enhance quality of life throughout the disease process
- ensuring that cancer control services are of a high quality and ensure best outcomes in keeping with international standards of best practice and that this can be demonstrated for both those who use and fund cancer services
- ensuring that appropriate services are in place to minimise the psychosocial impact of cancer
- optimising the management and administration of cancer control services at all levels in the system to ensure that a given level of resourcing is having the greatest possible impact on the burden of cancer
- providing undergraduate and postgraduate education and training appropriate to the needs of a modern and evolving cancer control system
- stimulating high-quality research on all aspects of cancer control
- developing and maintaining international alliances in support of cancer control.

### A.1.4 Cancer control – a population health approach to cancer

In developing the approach to the achievement of the vision and aims of this second National Cancer Strategy *A Strategy for Cancer Control in Ireland 2006*, the National Cancer Forum has advanced a series of recommendations that aim to produce maximum health gain for a given level of investment.

This is conceptually and practically different to the approach taken in the first National Cancer Strategy, which was about increasing capacity from a low baseline and about ensuring availability of services, and was particularly focused on hospital services. Cancer services have been transformed over its lifetime, with increases in services and in numbers of clinicians and other health professionals. The rapidly changing technology and demographic context has meant that there is still some way to go, particularly with certain services such as radiation oncology. However, the focus of this National Strategy for Cancer Control, while continuing to increase capacity should be on consolidating this rapid growth with the development of a culture of quality, measurement, outcomes, education and research.

It is now time to benchmark ourselves against the best performing countries in terms of cancer control. Strategic international alliances will open up opportunities to benefit from the best that is available. We must focus now on ensuring that our policy is capable of enabling us to not only follow, but to lead international standards in cancer control.

The National Cancer Forum has embraced the concept of cancer control that has emerged internationally in cancer policy and is promoted and supported by the World Health Organisation (WHO). A cancer control approach to delivering the vision outlined earlier should, in the context of the Irish health system, be interpreted as consisting of:

- a whole population approach to cancer care with a strong emphasis on integration and holistic care including survivorship, support services and palliative care
- a greater emphasis on health promotion and prevention
- an emphasis on addressing inequalities
- a strong focus on quality and the development of a culture of measurement and quality assurance
- a system of planning and evaluating policy and service delivery on the basis of scientific needs assessment, evidence and health technology assessment
- a greater emphasis on partnership with community and voluntary sectors
- a strong focus on rights and entitlements of patients, their families and carers.

## A.2 Strategic context

The Health Strategy was guided by the four principles of equity, people-centredness, quality and accountability. Based on these principles, the Health Strategy sets out four national goals: better health for everyone, fair access, responsive and appropriate care delivery, and high performance. These principles and goals are readily applicable to cancer control and have informed the major recommendations contained within this Strategy. Recommendation 12 of the Health Strategy led to the production and publication of this Strategy.

### A.2.1 Health system reform and reorganisation

The Health Act, 2004 set out revised roles for the Minister and the Department of Health and Children and provided for the establishment of the Health Service Executive on 1 January 2005. It also provided for stronger accountability requirements, governance structures and quality measurement. An additional element of planned reforms is the establishment of the Health Information and Quality Authority (HIQA). The respective roles are set out as follows:

### ***The Minister and the Department of Health and Children***

The role of the Minister and the Department of Health and Children in relation to cancer in the reorganised health system is more focused on strategic policy formulation and evaluation. The role also encompasses responsibility for legislation, negotiation of the annual estimates, performance measurement, and setting and ensuring adherence to governance and accountability standards.

### ***Health Service Executive***

The Health Service Executive (HSE) is responsible for the management and delivery of health and personal social services. It directly manages the funding of the health system and is required under the Health Act, 2004 to integrate the delivery of health and personal social services, to have regard to the policies and objectives of the Government and relevant Ministers and to secure the most beneficial, effective and efficient use of resources.

The HSE is required to prepare and submit to the Minister for approval a corporate plan that sets service objectives and performance measures and a code of governance that includes integration and quality of services to be provided. The Executive is further required to submit an Annual National Service Plan to the Minister for approval, encompassing the type and volume of services to be provided.

### ***Health Information and Quality Authority***

HIQA was first proposed in the Health Strategy and forms an integral component of the health reform programme. HIQA will take the lead in the development of health information, quality and health technology assessment in Ireland. Once established, HIQA will provide an independent review of quality and performance in the health service and its analysis will inform policy development by the Department of Health and Children. The interim Authority was established and its Board appointed in January 2005.

## **A.2.2 National Cancer Forum**

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**A third National Cancer Forum should be appointed by the Minister with terms of reference and composition reflecting the changed health system.**

The National Cancer Forum was established by the Minister on foot of a recommendation in the 1996 National Cancer Strategy. Its primary role is to provide ongoing and independent policy advice on cancer to the Minister and the Department of Health and Children. The evaluation of the first National Cancer Strategy concluded that the Forum played a pivotal role in the development and improvement of cancer services. It has also played an important role in the creation of national consensus around many aspects of cancer policy.

This Strategy has identified the ongoing need for policy guidance to be provided on many aspects of cancer control, particularly on screening, management of cancer patients, genetics, quality assurance, and research. The Minister and the Department will continue to require expert guidance from the National Cancer Forum to support their policy roles in respect of cancer. There is a need to examine the Forum's terms of reference and its membership in the context of the reformed health system. In particular, it should now focus more on policy and its impact. Cancer care is changing more rapidly now than at any time in the past and this generates a particular need to have a consistent high-quality source of credible leadership capable of creating a policy consensus in respect of priorities, necessary developments and deficiencies in service performance.

The National Cancer Forum will be an essential source of this leadership and direction in supporting the ongoing formulation of cancer policy in a developing environment that holds the prospect of exciting new means of detecting and managing cancer. This leadership role should be multi-professional and involve service providers, professional groups, and the community and voluntary sectors which can effectively champion evidence-based cancer policy.

### **A.2.3 International cooperation and partnership**

International cooperation through the European Union (EU) and WHO has recently provided very substantial assistance and leadership to Ireland as a small country in the planning and development of its cancer services. At EU level there has been substantial activity in the development of information systems, some directly related to cancer, others more global in their focus. These systems provide a vital source of information and offer an ongoing ability to measure a wide variety of cancer data in a manner that can easily be compared between countries and over time. They are therefore an invaluable asset at all levels of our cancer control system. In particular, information from this channel supported much of the background work undertaken in the preparation of this Strategy. WHO leadership in the development of cancer control systems is also reflected substantially in this Strategy.

We are fortunate that we have on the island a unique collaboration involving the health systems, North and South, and the internationally prestigious National Cancer Institute (NCI) in Washington. This trilateral partnership involves political and health system collaboration in cancer control and progresses key cancer themes such as prevention, education and training, cancer clinical trials, information and information technology. The substantial support offered by the NCI is widely recognised and appreciated. The Forum sees significant opportunities to develop this partnership and to further support the development of cancer control on the island.