

# Section G

## Policy indicators

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**The HSE should present a report on policy indicators each year to the National Cancer Forum.**

A set of cancer policy indicators was developed through a process that involved the examination of international approaches and an assessment of the evidence supporting cancer indicators. The indicators were chosen to cover the major areas of cancer control policy at a high level, rather than to match specific recommendations of this Strategy.

The HSE should present a report on policy indicators each year to the National Cancer Forum on a national basis and from each of the four Managed Cancer Control Networks. It is important that the Third National Cancer Forum establishes clear targets that are consistent with the vision set out at Section A.1.3. 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.

The importance of policy indicators should be reflected in the early development of systems that enable their measurement, mainly through the development of cancer surveillance as outlined in Section E. The Third National Cancer Forum should work with HIQA and the HSE to develop data definitions, standards and technical requirements that allow these indicators to be reported. This will allow the Forum to advise the Minister and the Department of Health and Children on the impact that this Strategy is having on cancer.

The specific indicators are set out in Table G.1.

Table G.1: Cancer policy indicators

No.	Indicator
1	Percentage of the population who are smokers by age, sex and social class
2	Percentage of the adult and childhood populations who are overweight or obese by age, sex and social class
3	Percentage of the population who consume more than the recommended alcohol weekly limits by age, sex and social class
4	Incidence of major site-specific cancers, to include at a minimum lung, breast, prostate and colorectal cancer
5	Incidence of invasive and in-situ melanoma
6	Uptake of screening and incidence of interval breast cancers in populations covered by BreastCheck
7	Percentage of women, in the target age-groups, for whom population based cervical cancer screening is available
8	Percentage uptake of screening in areas covered by the Irish Cervical Screening Programme
9	Stage of presentation of common cancers: appropriate stage indicators should be defined for lung, breast, colorectal and cervical cancers
10	Percentage of patients with cancer whose care is consistent with national, multidisciplinary guidelines, as developed by HIQA
11	Trends in quality of life for cancer patients, determined by ongoing quality of life measurement, at different stages in the care pathway for major cancers
12	Waiting times from diagnosis to definitive treatment for major cancers
13	Percentage of patients waiting for longer than one month from the time of diagnosis to the start of treatment
14	Percentage of breast cancer patients undergoing therapeutic surgical procedures who do so in a designated breast cancer treatment centre
15	Survival rates: <ul style="list-style-type: none"> <li>a. 5-year Relative Survival Rate for Breast Cancer</li> <li>b. 1-year Relative Survival Rate for Lung Cancer</li> <li>c. 5-year Relative Survival Rate for Prostate Cancer</li> <li>d. 5-year Relative Survival Rate for Colorectal Cancer</li> </ul>
16	Mortality rates: <ul style="list-style-type: none"> <li>a. Direct Age Standardised Mortality rate (5-year, all ages) for all causes of cancer</li> <li>b. Direct Age Standardised Mortality rates (5-year, all ages) for the top six causes of cancer mortality</li> </ul>
17	Percentage of cancer patients seen by a member of a Specialist Palliative Care Team
18	Percentage of cancer patients dying by place of death (home, hospice, hospital)
19	Percentage of cancer patients participating in clinical trials