Development of a National Cancer Strategy for 2016-2025

Public Consultation

19 June 2015 – 24 July 2015

Tús Áite do Shábháilteacht Othar
Patient Safety First

Background

The Minister for Health Leo Varadkar has announced that a new National Cancer Strategy is to be developed. This will be the third cancer strategy, covering the period 2016 to 2025.

A Cancer Strategy Steering Group has been established to advise the Department on the development of the Strategy. It is anticipated that the work of the Steering Group will be completed by the end of 2015, when it will make recommendations on a draft Strategy to the Minister. The implementation of a new strategy will commence in 2016.

(Further information is available at: http://health.gov.ie/blog/press-release/steering-group-to-develop-national-cancer-strategy-2016-2025).

Your Opinion Matters

The Department of Health is seeking the views of the public on cancer services and on priorities for a new cancer strategy. The public consultation will help the Department of Health and the Cancer Strategy Steering Group to focus on what is important, in order to deal with cancer in Ireland over the next 10 years.

The information from the public consultation will be analysed and the findings will be communicated to the Cancer Strategy Steering Group.

Everyone is welcome to respond to this consultation and we hope that patients and their families, the general public, carers, voluntary organisations, health and social care providers, health professionals and representative organisations will respond.

What you are being asked to do

You are invited to give your views on cancer services under the questions on pages 4-5.
We have chosen these headings to reflect some of the key priorities and policy questions for the development of the strategy.

You may provide input to some or all of the questions and your input will be limited to the space provided for each question. In addition, you may provide any additional views in the final box.

How to send your submission

The document may be submitted by e-mail or post to the following:

- E-mail: cancerconsultation@health.gov.ie

- Post: Cancer Strategy Public Consultation
  Department of Health
  Hawkins House
  Hawkins Street
  Dublin 2

Closing date: All submissions must be received by 5pm on Friday 24 July 2015.

Data Protection and Freedom of Information Acts 1997 and 2003

The information collected from the submissions made through this consultation process will be subject to the provisions of the Data Protection Act, 1988 and the Data Protection Amendment Act, 2003. Please note that all information and comments submitted to the Department of Health for the purpose of this consultation process are subject to release under the Freedom of Information Acts 1997 and 2003.

The Department intends to publish the names of parties who make submissions as part of this consultation process.

Your Details:

Name	Cian O'Dowd
Group/ Organisation	Irish Medical Organisation
Address	10 Fitzwilliam Place, Dublin 2

Please indicate whether you consent to your name being published:

☒ Yes
☐ No

Please outline in what capacity you are submitting this document:

i. Are you completing this document?

☐ In a personal capacity
☒ As an authorised representative expressing the views of an organisation/body

ii. If you are completing this survey as an authorised representative of an organisation/body, please state if that organisation/body is:

☐ Public Health Service Organisation / Provider
☐ Private Health Service Organisation / Provider
☐ Regulatory Body
☐ Public Interest Group
☒ Union
☐ Representative Body
☐ Patient Interest Group
☐ Other

iii. Have you had direct experience of cancer services (as a patient/family member/care giver, etc.)?

☐ Yes
☒ No

In the following areas, what do you think are the main strengths and weaknesses of current cancer services?

	Strengths	Weaknesses
Prevention	The roll-out of the HPV vaccination program for adolescent girls represents a progressive preventative measure. Smoking rates have fallen significantly over the last decade and *Tobacco Free Ireland's* objective to reduce smoking prevalence to under 5% is laudable. Forthcoming alcohol control legislation should reduce overall consumption.	Lifestyle choices such as alcohol and tobacco consumption, as well as obesity, risk factors for cancer, remain high, particularly among disadvantaged sectors of society. Gardasil (HPV) vaccination is not extended to teenage boys, reducing its potential preventative benefits amongst the whole population. Taxation on high-sugar foods should be introduced and funding for prevention campaigns significantly increased.
Early Diagnosis	The introduction of breast, cervical, and now bowel screening programmes have resulted in increased early diagnoses.	Barriers to early diagnosis in Ireland have been identified as delayed patient presentation, particularly among the lower socio-economic groups, lack of direct GP access to radiological and endoscopic investigations, difficulty with referral of patients to hospital services, lack of clear recommendations for cancer screening, poor communication with hospital services, and inequitable access to services for patients who cannot afford to pay privately (Daly and Collins, 2007).
Cancer Screening	Screening programs for breast, cervical, and now bowel cancer work well and have resulted in increased early diagnoses of cancers, however some research may be required to ensure that no over-diagnosis of breast legions occurs as a result of the breast screening programme.	Colon cancer screening is insufficient and should be extended to the ages of 50 - 74 years of age. Barriers exist that encourage non-attendance or intermittent attendance of screening, including socio-economic factors. The issue of genetic testing is becoming more relevant. Those with specific family histories should have appropriate access to counselling and genetic testing. Nationally-funded and co-ordinated screening programs can reduce socio-economic disparities in cancer screening.

	Strengths	Weaknesses
Primary Care (e.g. GP, public health / practice nurses)	GPs and practice nurses regularly conduct lifestyle counselling despite considerable barriers. Lifestyle counselling can reduce patients' risk of cancer through adopting healthier behaviours, however insufficient time, lack of training, and lack of funding regularly impedes this work (Lambe and Collins, 2009).	Primary care in Ireland is under-resourced and under-developed, and referral times from GPs for diagnostic scanning in the public system are slow with public patients often having to wait many weeks to access ultrasound, CT, and MRI scans. Follow-on care for breast cancer patients is appropriate in general practice, but must be resourced adequately.
Hospital Services	Survival rates for melanoma, prostate, and non-Hodgkin's lymphoma are above the European average. The concentration of cancer services in eight specialist centres nationwide has led to and improved standard of care delivery.	Survival rates for stomach, ovarian, kidney, and lung cancer are lower than European averages. There is potential to make more appropriate service utilisation for cancer patients, particularly in terms of reducing bed days and length of stay, and further developing integrated systems of discharge planning (Evans *et al.*, 2012). There is a lack of resources for neuro-oncology services in Ireland, specifically theatre space to operate on brain tumours and lack of intra-operative MRI in hospital services.
Support Services for Cancer Patients	Services such as speech and language therapy; physiotherapy; occupational therapy; counselling; and nutritional guidance are available to patients, however such services must be uniform in their availability, resourced adequately, and accessible in a timely manner to be effective.	Psycho-oncology services should be developed to provide support for mental health issues associated with cancer. Survivorship programmes must be created that look to provide patients with properly managed care that is holistic in focus and supports a full-range of needs, through and beyond cancer.
Provision of Information	Information is available from a number of sources for patients. Advice and information provided by clinicians is of a high standard, but often impeded by time constraints and insufficient resources.	Public understanding of many cancers is relatively low. Research indicates that awareness of the symptoms of head and neck cancers are low, for example, leading to the majority of diagnoses occurring in patients with already advanced disease (O'Connor, Papanikolaou, and Keogh, 2010).

	Strengths	Weaknesses
Palliative and Hospice Care	The issuing of an emergency medical cards to patients who have been diagnosed as terminally ill allows for access to available palliative care.	Several studies have highlighted an unmet need for expanded palliative care for cancer patients in Ireland which could move more palliative care to community and home settings, in line with patients' wishes. Access to palliative care beds via hospices is inequitable. There are no such beds in many counties. OHH palliative care is also limited. Critical end of life issues are left to the GP OHH service, which is not appropriate. Delays in instituting palliative care in appropriate locations increases costs, and therefore reduces the finances available for other aspects of secondary care.
Research / Cancer Data	Ireland still has a relatively homogenous population, which is an ideal group to target for research; this should be prioritised.	Further research is required to offer policy solutions to the current problem of socioeconomic inequalities in cancer presentation, screening, treatment, and patient outcomes. This research should also take account of the particular needs of the ethnic minority/migrant groups in the population in these respects. There is a lack of an overall strategy that determines the direction and nature of cancer research in Ireland. This could lead to a more effective use of existing resources.

What are your top four priorities for a National Cancer Strategy for 2016-2025?

1. Healthy Ireland outlines key policies and strategies for health promotion and disease prevention. However there is a need for a specific focus on cancer prevention to draw attention to the role of lifestyle in the aetiology of many cancers and the importance of behaviour change to reduce risk. Funds should be earmarked and allocated to the National Cancer Control services for this purpose.

2. Rapid access to diagnostic services should be provided at local level e.g. ultrasound. This should be protocol driven. In addition to serving patients in the community, this would reduce the number of patients who do not have cancer who are being referred to regional cancer services

3. Ongoing rationalisation of services is required. Transfer of services to regional centres, e.g. for breast cancer, has demonstrated the improvements in safety and quality delivered for patients, with added value also for the professionals providing services in these centres. Rationalisation of services for other cancers should now be implemented e.g. for head and neck cancers and ovarian cancer.

4. Investment is required in genetic and molecular diagnostics in order to maintain competence with rapid developments in this field. In addition to benefits for patients, there is potential for knowledge exchange and research collaboration between centres of clinical excellence and commercial companies pioneering developments in this field.

Any additional comments:

It is now recognised that patients who have been treated for cancer require more than check-ups to confirm they have not had a recurrence. Care of survivors requires attention in the National Cancer Strategy 2016-2025.