

NATIONAL CANCER STRATEGY 2017-2026

Implementation Report 2018

#	Recommendation	Lead Agency	Progress to end 2018
1	The Department of Health will ensure that policies under the <i>Healthy Ireland</i> framework are implemented in full and that opportunities to address cancer prevention measures under those policies are maximised. In particular, measures aimed at further reducing smoking levels will be pursued.	DOH	Cancer issues have been well integrated into Healthy Ireland prevention messages, for example, in the areas of tobacco and alcohol consumption. All tobacco products manufactured for sale in Ireland must be in standardised retail packaging from 30th September 2018. The Public Health (Alcohol) Act 2018 was signed into law in October 2018.
2	The National Cancer Control Programme (NCCP) will develop a cancer prevention function, working in conjunction with the broader <i>Healthy Ireland</i> initiative, and will lead in relation to the development and implementation of policies and programmes focused on cancer prevention.	NCCP	An additional Specialist in Public Health Medicine has been appointed to the NCCP to support the cancer prevention function. An Irish Cancer Prevention Network is being established. A Memorandum of Understanding has been signed by the NCCP, Irish Cancer Society, Breakthrough Cancer Research and Marie Keating Foundation. The network will focus on organisations working in cancer prevention, bringing them together to collaborate on cancer prevention initiatives, agree consistent evidence based cancer prevention public awareness messages and support national programmes with a unified voice. The NCCP cancer prevention function participates in, and actively supports, Healthy Ireland and HSE policy programmes.
3	The Department of Health will develop a national skin cancer prevention plan and oversee its implementation as a priority. It will prioritise children, outdoor workers, sunbed users and those who pursue outdoor leisure activities.	DOH	The Department of Health and the NCCP established a Working Group in April 2018, including representatives of voluntary organisations, to progress development of a skin cancer prevention plan. A stakeholder consultation event was held in October 2018 and a draft plan is being finalised with a view to launch in Q2 2019.
4	The NCCP will develop a systematic, evidence-based mechanism to ascertain the potential benefits and the cost-effectiveness of various initiatives (including chemoprevention) which will inform future cancer prevention programmes.	NCCP	The NCCP is looking at international programmes to assess the progress being achieved on prevention initiatives. The NCCP continues to monitor the evidence regarding the efficacy of potential new screening programmes.
5	The HSE will ensure that the appropriate endoscopy capacity is provided in hospitals to allow for the expansion of BowelScreen to all aged 55-74 by end-2021.	HSE	The HSE Endoscopy Working Group has established capacity requirements for additional services for endoscopy. The Strategy Recommendation is reflected in the HSE's 2019 National Service Plan which commits to developing a capacity plan that meets the current endoscopy demand for the screening population, as well as developing a plan, in collaboration with the Department, to ensure the roll-out of sufficient capacity to support the extension of the BowelScreen programme.
6	The NCCP will draw up a plan by end-2017 for the development of an integrated cancer control and surveillance service for defined population subgroups with an inherited familial predisposition to cancer (e.g. breast, ovarian and colorectal).	NCCP	Work is underway on the development of a Hereditary Cancer Model of Care. This will cover the identification and appropriate assessment of those with possible hereditary cancer risk, referral for counselling and testing when indicated, and coordinated surveillance when required. The NCCP, in assessing the current level of genetic testing infrastructure, has designed a stakeholder survey which has issued to each of the cancer centres.
7	The NCCP and the HSE Health & Wellbeing Directorate, in partnership with the voluntary sector, will develop a rolling programme of targeted multi-media based public awareness and education campaigns, aimed at the early detection of specific cancers and with particular focus on at-risk populations.	NCCP	An interdisciplinary Steering Group was established in December 2018 to address Public Awareness for Early Detection of Cancer. An analysis had been carried out by the National Cancer Registry to inform the prioritisation of cancers for an early detection campaign. The Steering Group concluded that lung cancer would be the initial priority.
8	The NCCP, working with the ICGP and the National Clinical Effectiveness Committee, will develop a three year plan to enhance the care pathways between primary and secondary care for specific cancers. The plan will set out criteria for referral to diagnostics and incorporate the requirements for additional Rapid Access Clinics.	NCCP	The Breast Referral Group has been working on the guidelines for referrals to the Symptomatic Breast Disease Clinics since July 2018 and is expected to complete this work in Q3 2019. Meanwhile, the referral guidelines for the Prostate Rapid Access Clinics were revised in 2018. In tandem with this, the NCCP is focusing on referrals of cancers which fall outside existing Rapid Access Clinics and has been liaising with the ICGP and the NCEC in this regard.
9	The NCCP will ensure that cancer referrals from a GP into a hospital will be made electronically. Each Hospital Group will facilitate the phasing in of e-referral. This will be completed by the end of 2022.	NCCP	At present approximately 66% of cancer referrals from GPs are made electronically. The goal is for 75% of referrals to be processed through this method at end-2019 and 90% at end-2022.
10	The Department of Health will liaise with the Health and Education authorities with a view to increasing places in Third Level Institutions for the training of radiographers and sonographers.	DOH	The number of places on the undergraduate degree programme on radiography provided by UCD increased from approximately 45 to 100 per year, in line with increasing demand.
11	The NCCP, working with the other Directorates in the HSE, will develop criteria by end-2018 for the referral of patients with suspected cancer, who fall outside of existing Rapid Access Clinics, for diagnostic tests. The NCCP will ensure, through these criteria, that GPs will have direct access to cancer diagnostics within agreed timelines.	NCCP	An Early Cancer Diagnosis Steering Group has been established and held its first scoping meeting in December 2018.
12	The NCCP will further develop the model of care for cancer to achieve integration between primary care and hospital settings at all stages of the cancer continuum, from diagnosis to post treatment care.	NCCP	The NCCP now has GP support (2 days per week) to focus on pre- and post-treatment supports. A cost comparison study on the Community Oncology Nursing Programme has commenced in Community Healthcare Organisation Area 2. The potential of primary care centres to provide supportive care for cancer patients will be explored.
13	Patients diagnosed with cancer will have their case formally discussed at a multi-disciplinary team meeting. The NCCP, working with the Hospital Groups, will oversee and support MDT composition, processes and reporting of outcomes.	NCCP	Most common tumours are discussed at MDTs. The roll-out of the National Cancer Information System (NCIS) over a period of years will facilitate the capture of information on MDTs on a national basis.
14	The NCCP, working with the other Directorates in the HSE and with the Department of Health, will develop a rolling capital investment plan, to be reviewed annually, with the aim of ensuring that cancer facilities meet requirements.	NCCP	Capital funding under the National Development Plan 2018-2027 will facilitate the development of cancer facilities in line with the National Cancer Strategy. The plan includes for the expansion and improvement of medical oncology units and day wards, improvements in diagnostic facilities and investment in aseptic compounding infrastructure as well as the construction of a comprehensive cancer centre. In 2018 the NCCP replaced 3 mammography machines in Cork University Hospital and 2 in St. James's Hospital. A new mammography machine was provided in University Hospital Waterford.
15	The Department of Health will ensure that investment in infrastructure, facilities, personnel and programmes in the designated cancer centres will have a goal of ultimately developing at least one comprehensive cancer care centre that will optimise cancer prevention, treatment, education and research during the Strategy period.	DOH	The construction of a comprehensive cancer centre is included in the National Development Plan 2018 -2027.

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16	The NCCP will ensure that consultant appointments for radiology, endoscopy and histopathology, where necessary, are made in conjunction with appointments in other disciplines such as surgery and medical oncology.	NCCP	The 2017 review of the Rapid Access Clinics emphasised the need for additional radiology and pathology positions to support these services was recognised. An additional radiologist was allocated to both the Mater Hospital and St James's Hospital. Approval has since been given for a further Radiologist and Pathologist post in each Hospital Group. Appointments will follow in 2019.
17	The NCCP will appoint a National Lead for Cancer Molecular Diagnostics for solid and liquid malignancies.	NCCP	The appointment of a National Lead in Genomics is signalled in the HSE National Service Plan 2019. Once the Genomics Lead is in place the NCCP will pursue the appointment of a National Lead for Molecular Diagnostics for solid and liquid malignancies.
18	The NCCP will establish a Steering Group for Cancer Molecular Diagnostics, chaired by the National Lead. This Steering Group will set out the framework for the organisation, location and delivery of cancer molecular diagnostic services.	NCCP	A Steering Group will be established following the appointment of a National Lead for Cancer Molecular Diagnostics.
19	The NCCP will further develop the Programme for Hereditary Cancers to ensure that evaluation, counselling, testing and risk reduction interventions are available as appropriate, and that services are available to patients on the basis of need.	NCCP	In 2018, the NCCP recruited a consultant, two counsellors and clerical staff to support the Hereditary Cancers programme in St. James's Hospital. A further consultant post was approved for the programme in December 2018.
20	The HSE will ensure that the existing cancer genetics services are amalgamated into one National Cancer Genetics Service and will identify the most appropriate site for its location.	HSE	A Model of Care for Hereditary Cancer is being developed which will include a hub and spoke configuration (see recommendation 6) and a Project Manager is in place in the NCCP.
21	The NCCP will draw up a plan setting out the number/location of designated cancer centres in which surgery will take place for the various tumour types. Timescales for the implementation of the plan will be included for each tumour type.	NCCP	A Plan will be finalised in Q1 2019. The plan will set out the designated cancer centres where surgery will be carried out for the various tumour types.
22	In line with the National Plan for Radiation Oncology, public sector radiation oncology facilities in Dublin, Cork and Galway will be expanded to meet patient demand and a planned National Programme of Equipment Refreshment and Replacement will be implemented across the Strategy period.	NCCP	Two new linear accelerators became operational in St Luke's Hospital in 2017. The construction of a new radiation oncology facility in Cork University Hospital will be completed in 2019 and commissioned in 2020. Enabling works on the Galway University Hospital facility have commenced with construction to follow later in 2019. The design work at Beaumont Hospital (Dublin) is ongoing and is expected to be completed in Q3 2019 with the planning application to follow.
23	The NCCP will examine the model of care for patients receiving oral anti-cancer medicines and recommend steps to ensure that all patients receive such medicines in a safe and effective manner, with appropriate and proportionate supports, both in the hospital and community setting.	NCCP	The Model of Care for Oral Anti-Cancer Medications was published in May 2018. An Implementation Group will be established in Q2 2019 to monitor progress on the implementation of the recommendations.
24	The NCCP will develop appropriate MDT, centralisation and treatment arrangements to meet the diverse needs of patients with haematological cancers.	NCCP	A standard protocol for haematology multi-disciplinary teams in hospitals has been agreed. The NCCP has met with haematologists and the National Cancer Registry to look at how data on this recommendation can be best collected. Preliminary work on this recommendation has also been undertaken utilising the National Cancer Information System (NCIS).
25	The NCCP will develop a systematic, evidence-based mechanism to prioritise the establishment of MDTs for further rare cancers. The centralisation of diagnosis, treatment planning and surgical services for these cancers will be organised in line with best international practice.	NCCP	The main work on this recommendation will begin in 2019. However, chemotherapy regimens for rare cancers are being developed as a component of the national chemotherapy regimens.
26	The HSE will ensure that an age appropriate facility is designated for adolescents and young adults with cancer within the new children's hospital.	HSE	At present, Our Lady's Children's Hospital, Crumlin is the centralised tertiary unit providing a national childhood and young adolescent cancer programme for the country. This service will move to the new children's hospital which has been designed to enable the delivery of optimal clinical care for children and young people. Patient rooms will be single en-suite with age appropriate facilities to meet the differing needs of children and young people.
27	The HSE will develop closer links, on a hub and spoke model, between the National Centre for Child and Adolescent Cancer and the other designated cancer centres to provide appropriate and flexible transition arrangements for adolescents/young adults. This will include the joint appointment of adolescent/young adult oncologists and haemato-oncologists and the provision of age-appropriate psycho-social support for these patients.	HSE	A Clinical Lead for the Children, Adolescents and Young Adults Cancer Programme to progress this recommendation is taking up post in January 2019.
28	Links between cancer services and geriatric services will be strengthened, facilitated by the appointment of a National Clinical Lead in Geriatric Oncology in the NCCP.	NCCP	The job description for the role of National Clinical Lead in Geriatric Oncology in the NCCP has been finalised and will be advertised in Q1 2019. In tandem with this, NCCP has recently approved a Geriatric ANP post for Waterford to support the specialised geriatric oncology service provided there.
29	The NCCP will appoint a National Clinical Lead for Psycho-oncology to drive the delivery of networked services.	NCCP	A National Clinical Lead for Psycho-Oncology is in post since December 2018. A National Working Group on Psycho-Oncology has been established and representatives from each cancer centre, as well as patient representatives, sit on this Group.
30	Each designated cancer centre will establish a dedicated service to address the psycho-social needs of patients with cancer and their families. This will operate through a hub and spoke model, utilising the MDT approach, to provide equitable patient access.	NCCP	NCCP has conducted scoping visits to all cancer centres and to St. Luke's Hospital to determine the level of existing services. The work of the Psycho-Oncology Working Group will inform the development of the service while the National Cancer Information System (NCIS) will help with the collection of data.
31	Designated cancer centres will have a sufficient complement of specialist palliative care professionals, including psycho-oncologists, to meet the needs of patients and families (such services will be developed on a phased basis to be available over seven days a week).	NCCP	A Palliative Care Clinical Programme has been established within the HSE and a new Clinical Lead was appointed in Summer 2018. The NCCP will link in with this Programme in 2019.
32	Oncology staff will have the training and education to ensure competence in the identification, assessment and management of patients with palliative care needs and all patients with cancer will have regular, standardised assessment of their needs.	HSE	The NCCP will engage with the Palliative Care Clinical Programme to progress this recommendation.
33	The HSE will oversee the further development of children's palliative care to ensure that services are available to all children with a life limiting cancer.	HSE	The HSE Palliative Care Clinical Programme will lead on this. An NCCP National Clinical Lead for Cancer Nursing will take up the position in Q1 2019. When appointed, this person will co-ordinate the NCCP input.

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34	The NCCP will ensure that each hospital has a clearly defined framework for cancer patient safety and quality.	NCCP	A National Cancer Quality Steering Committee, including representatives from HIQA and the broader HSE, has been established and held its first meeting in October 2018. Some analysis of international frameworks has been carried out.
35	The NCCP will define focused cancer patient experience surveys to incorporate treatment and survivorship in line with HIQA's standard approach for the National In-Patient Acute Care Patient Experience Survey.	NCCP	The National In-Patient Acute Care Patient Experience Survey is conducted each May in partnership between HIQA, the HSE and the Department of Health. Each Annual Survey puts a particular focus on a specific area of acute care and the NCCP is working to ensure that cancer treatment and survivorship is highlighted in a future survey.
36	The NCCP will develop, publish and monitor a programme of national quality healthcare indicators for cancer care, involving both process and outcome measures, in line with international standards.	NCCP	The NCCP is working with the National Cancer Registry and the Department of Health to analyse the data that is currently collected and to set out what steps need to be taken to progress this recommendation.
37	The NCCP will develop further guidelines for cancer care in line with National Clinical Effectiveness Committee (NCEC) Standards. Audits will also be developed in accordance with the NCEC Framework for National Clinical Audit.	NCCP	A National Clinical Guideline on lung cancer was launched in November 2017. Guidelines on ovarian and oesophageal cancer have been submitted to the National Clinical Effectiveness Committee (NCEC) and will be finalised in Q2 2019.
38	The Department of Health will ensure that patient representatives are involved in policy making, planning, practice and oversight of cancer services at local, regional and national levels.	DOH	Patients participate on the NCCP's Community Oncology, Survivorship and Psycho-Oncology Working Groups, with wider consultation and collaboration with patient groups and advocacy organisations taking place as appropriate. At a local level, Patient Advisory Liaison Services have been established in a number of hospitals (this is not limited to cancer patients). The Clinical Lead for cancer nursing will lead on this within the NCCP, once appointed.
39	The Department of Health will establish a Cancer Patient Advisory Committee to provide input into the development of programmes for patients with cancer. Membership of this committee will reflect the diverse nature of patients living with the effects of cancer, and will ensure that the needs of patients living in more remote areas are represented.	DOH	The membership of the Cancer Patient Advisory Committee has been finalised and the committee will hold its first meeting in January 2019.
40	All hospitals will offer patients a Patient Treatment Summary and Care Plan as part of their support. These plans will allow patients to store information about their cancer, their cancer treatment and their follow-up care. The plans will also inform future healthcare providers.	NCCP	Model Patient Treatment Summary and Care Plans have been developed for patients with colorectal cancer. Potential demonstration sites to pilot these plans in Q2 2019 have been identified.
41	The NCCP, in conjunction with the ICGP, cancer centres, the Irish Cancer Society and cancer support centres, will conduct a Cancer Survivorship Needs Assessment to ascertain the most suitable model of survivorship healthcare. The Needs Assessment should be completed by the end of 2018.	NCCP	Scoping and mapping of survivorship services in acute hospitals has been carried out along with a needs assessment on childhood cancer. The Irish Cancer Society and the National Cancer Registry are carrying out a needs assessment of adult patients on behalf of the Survivorship Steering Committee.
42	The NCCP, in conjunction with the cancer centres, will develop shared care protocols for patients with cancer following treatment. These protocols will span the hospital and primary care settings.	NCCP	The various issues pertaining to cancer patients following treatment are being considered by the Survivorship Working Group. The development of shared care protocols will be challenging and may require significant time to progress.
43	Designated cancer centres working with the NCCP, the ICGP, primary care services, patients and voluntary organisations will develop and implement survivorship programmes. These programmes will emphasise physical, psychological and social factors that affect health and wellbeing, while being adaptable to patients with specific survivorship needs following their treatment.	NCCP	The Survivorship Working Group is leading on this recommendation. Cancer 'Thriving & Surviving' programmes have been undertaken in a number of locations nationwide with over 200 participants in 2018. Further master training sessions have been held to facilitate the expansion of the programme.
44	The central role of the NCCP in ensuring that the National Cancer Strategy 2017-2026 is implemented across the health service will be strengthened, including through the use of Service Level Agreements, and through a direct role in financial allocations to Hospital Groups under Activity Based Funding.	NCCP	The NCCP is continuing their central role in the HSE in ensuring the implementation of the National Cancer Strategy. They control some direct funding which is utilised in a targeted way to maximise improvements in the quality and accessibility of cancer services.
45	The NCCP will work with the private sector providers to achieve voluntary participation in cancer data collection, audit, compliance with guidelines and reporting of outcomes.	NCCP	It is envisaged that cancer data from private sector providers will be more accessible when legislation covering the licensing of hospitals is enacted. The Government approved the draft General Scheme of the Patient Safety (Licensing) Bill in December 2017. It subsequently underwent pre-legislative scrutiny at the Oireachtas Health Committee during 2018, and the report of the Committee was published in September 2018. The Office of the Parliamentary Counsel are currently engaged in drafting of the Bill.
46	The NCCP will establish a National Cancer Research Group by end-2017 to improve the coordination of cancer research, to foster a supportive environment for research within the health service and the universities, to set research priorities in line with the overall cancer strategy, to seek to ensure that funding allocation is linked to these priorities and to work to achieve continuity of funding.	NCCP	The National Cancer Research Group will be established in the first half of 2019 following initial meetings held with research funders during 2018.
47	The HSE will ensure that clinical cancer research, and the staff who deliver it, become a fully integrated component of cancer care delivery.	HSE	This recommendation will be progressed following the establishment of a National Cancer Research Group (Recommendation 46).
48	The NCCP and the National Cancer Research Group will examine mechanisms to ensure that newly appointed cancer consultants and Advanced Nurse Practitioners have protected time to pursue research interests in their new posts.	NCCP	Time for the pursuit of research has been included in the job specifications of many consultants and Advanced Nurse Practitioners (ANPs). The 2nd ANP forum meeting, which took place in December 2018, had a specific focus on harnessing a culture of research within the ANP group.
49	The NCCP will appoint a National Clinical Lead for Cancer Nursing. This person will work with other Directorates in the HSE and with the Department of Health to determine an integrated nursing leadership infrastructure for cancer nursing services at national, regional and local levels to support practice and research.	NCCP	The National Clinical Lead for Cancer Nursing will be appointed in Q1 2019.
50	The NCCP, aided by a cross-sector group, will draw up a comprehensive workforce plan for cancer services. This will include an interim assessment of staffing needs at medical, nursing and health & social care professional levels by mid-2018.	NCCP	The workforce plan for radiation oncology is completed and that for medical oncology is being progressed. Further work in this area will continue in 2019.
51	The HSE will ensure that all hospitals provide the National Cancer Registry with data related to cancer in an appropriate timeframe to allow for sufficient surveillance of cancer rates and outcomes in Ireland.	HSE	A Data-Sharing Agreement between the HSE and the National Cancer Registry was signed in October 2018. Memoranda of Understanding with individual sites will follow during 2019.
52	The Department of Health will review the scope of the National Cancer Registry with a view to increasing and optimising the use of available data to drive improvements in cancer care for patients.	DOH	The resources of the National Cancer Registry have been increased significantly including funding to appoint staff in human resources and IT. The Department is working with the Registry, focusing on data collection and optimising the use of that data to the benefit of patients. Implementation of the recommendations of the Scoping Inquiry into the CervicalCheck Screening Programme, 2018 (Sccally Report) will facilitate progress on the implementation of this recommendation.