

NATIONAL CANCER STRATEGY 2017-2026

Implementation Report 2022

#	Recommendation	Lead Agency	2022
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	Section 11 of the Public Health (Alcohol) Act 2018 came into operation in January 2022 and relates to Minimum Unit Pricing (MUP). MUP sets a floor price below which alcohol cannot be sold and is a targeted measure, aimed at those who drink in a harmful and hazardous manner, and designed to prevent the sale of alcohol at very cheap prices. The section sets a minimum unit price of 10c per gram of alcohol. In Budget 2023, Government removed VAT from all Nicotine Replacement Therapy. Work has continued on the Public Health (Tobacco & Nicotine Inhaling Products) Bill. Publication of the Bill is envisaged for spring 2023 with an expectation that it will be enacted later in the year. The Bill will prohibit the sale of tobacco and nicotine inhaling products from vending machines, temporary or movable premises and events intended for children. It will also introduce a licensing system for the retail sale of tobacco and nicotine inhaling products, prohibit the sale of nicotine inhaling products to and by those under 18 and prohibit the advertising of nicotine inhaling products in cinemas, on public transport and near schools.
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	The NCCP cancer prevention function continues to actively support and collaborate with Healthy Ireland and HSE Health and Wellbeing priority programmes. Results of the National Survey on Cancer Awareness and Attitudes were published in September 2022. Alcohol, tobacco, and skin protection HSE/lanD e-learning modules were developed for health and social care professional. Other areas of work included a social media cancer risk reduction awareness campaign, development and maintenance of resources on the NCCP cancer prevention webpage; coordination of the Irish Cancer Prevention Network, which has now surpassed 1,000 members, including world cancer day activities and supporting national awareness days. Implementation of the National Skin Cancer Prevention Plan 2019-2022 continued.
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	A National Skin Cancer Prevention Plan was launched in 2019. Meetings of the Prevention Plan's Implementation Group continued in 2022. The SunSmart campaign 2022 ran from April-September with a radio advert run on national and local stations, digital audio adverts, social media campaign and regular press activity. The NCCP, in conjunction with Healthy Ireland organised and promoted a SunSmart art competition for primary school children with over 500 entrants. The NCCP oversaw shortlisting and adjudication of entrants and press surrounding the announcement of the winners. SunSmart lesson plans were sent out to over 200 schools and were available for download on Scoilnet.ie. A baby sunhat was included in the Baby Bundle pilot run by the Department of Children Equality, Disability, Integration and Youth (DCEDIY). A consultation report was published with children and young people (12-18yrs). A literature review on risk profiling outdoor workers is underway with UCD. Wide brimmed hat and sunscreen dispenser pilot is underway in outdoor worker and outdoor leisure locations nationally. Long sleeve tops, wide brimmed hats and SunSmart games rolled out in numerous camps nationally. Wide range of resources developed for at risk groups. Research on the economic cost of skin cancer was prepared for publication in 2022. This will be progressed as appropriate in 2023.
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 continued to review and disseminate current evidence in relation to cancer risk factors and risk reduction via the Irish Cancer Prevention Network, which has now reached a membership of over 1,000. This has included the publication of quarterly newsletters, highlighting practical prevention steps, current initiatives, and providing information on cancer prevention services. Further work remains to implement a comprehensive approach to all aspects of cancer prevention. The National Survey on Cancer Awareness and Attitudes was published in 2022.
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 BowelScreen programme is currently planning to extend the eligibility age range to those between 55–74 years of age, initially to extend age eligibility downwards on a gradual basis. COVID-19 placed ongoing pressures on endoscopy capacity in 2021 and 2022. The programme is working to address capacity. The priority focus for the programme in 2021 and 2022 was on the recovery of BowelScreen participation to pre-Covid levels, maximising the uptake of those currently eligible to take up BowelScreen, through targeted communication and promotion. In 2022, approximately 5,088 patients were referred for further treatment (index, surveillance, planned procedure) from the BowelScreen Programme. This was an increase on the previous year (2021) figure of 4,442.
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 continued in 2022 in relation to high-risk groups of those with an inherited familial predisposition to cancer. This included the formation of a Steering Group and three Working Groups to streamline the pathway from Primary Care through to Secondary Care and Surveillance for people with an elevated risk of developing breast cancer due to their family history. A Health needs assessment for persons diagnosed with a cancer predisposing variant of BRCA1 and BRCA2 in Ireland was completed in 2022. This report outlined the needs of those diagnosed with a cancer-predisposing variant of BRCA1 and BRCA2 and identified areas where such needs are not currently met across cancer care (and other) services in Ireland. Recommendations and pathways were agreed on universal tumour testing for possible Lynch syndrome. The NCCP Advisory Group for Hereditary Cancer continued to work on a model of care which will inform the cancer input to the National Strategy on Accelerating Genetic and Genomic Medicine in Ireland. This included improved co-ordination of care for those with a cancer predisposition syndrome for which two ANP posts were put in place in the service plan 2022.
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	The NCCP Early Diagnosis of Symptomatic Cancer Plan 2022-2025 was launched in May 2022 and an Early Diagnosis of Symptomatic Cancer Steering Group established. The NCCP continued to work with stakeholders to design and deliver interventions to address barriers to recognising and acting on signs/symptoms of cancer including education sessions delivered to high risk and underserved groups and development of resources including 'know the signs of cancer' easy-read posters. A National Survey of Cancer Awareness and Attitude was published in 2022 and planning commenced for similar work with specific marginalised groups, to inform targeted initiatives. An Early Diagnosis of Cancer e-learning Programme for primary healthcare professionals was developed and published (HSE/lanD), as part of ongoing work to promote cancer awareness and early diagnosis amongst healthcare professionals.
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 development of a Breast Cancer Family History GP referral guideline and pathway from primary to secondary care commenced in 2022. The guideline draft was completed. A GP referral guideline for High Risk Non-Melanoma Skin Cancer (NMSC) has been developed and signed off following national consultation. The development of a pathway from primary care into secondary care for high risk NMSC services has commenced. An accompanying e-referral form is under development. These GP referral guidelines will provide evidence-based guidance on those patients who have symptoms most suspicious of cancer who require referral to secondary care. The development of new dedicated cancer pathways will help ensure a quality service for patients. The Haematuria Clinic in Roscommon continues to provide a one stop rapid access haematuria service. Rapid Access Clinics and early diagnosis pathways received almost €3.5m new development funding in 2022. This funding ensured reduced waiting times and improved rapid access clinic throughput via a variety of methods such as extended clinic hours and hiring locum support. The longest waiting times for rapid access clinics for the four main cancer types were improved in December 2022 compared to the longest waiting times for the previous 11 months.

#	Recommendation	Lead Agency	2022
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	A total of 55,401 (breast, prostate, and lung cancer e-referrals) electronic cancer referrals were received in 2022 (a 6% increase on 2021). The weekly reporting of GP e-referrals to inform mitigation efforts during the COVID-19 pandemic and cyberattack was implemented. The NCCP Pigmented Lesion GP e-referral will go live in the Mater Hospital in Q1 2023. A High Risk Non-Melanoma Skin Cancer and a Breast Cancer Family History e-referral form is under development. GP Electronic Referrals provide direct access for GPs to the tumour groups using them at the hospital. It streamlines the cancer referral process by reducing communication difficulties. It provides automatic confirmation of receipt of GP referral and reduces delays in patient referral for suspected cancer.
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	In 2018, the number of places on the undergraduate degree programme on radiography provided by UCD was increased from approximately 45 to 100 per year. This, along with the introduction of two-year postgraduate Masters programmes, has increased the number of graduates from radiography courses in Ireland. In 2018, the number of graduates from Radiography courses was 65 graduates. This number rose to 110 graduates in 2021 in line with the 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	New development funding in excess of €3m was provided for the recovery of service resilience and diagnostic capacity in 2022. This funding enabled hospitals to source additional access to diagnostics to address the shortfall of access experienced during the pandemic and provided additional posts to diagnostic and rapid access clinic services. Direct access to MRI, CT, X-Ray, and DEXA scans for GPs through the Enhanced Community Care programme continued throughout 2022. The NCCP Early Diagnosis of Symptomatic Cancer Plan 2022-2025 was launched in May 2022 and an Early Diagnosis of Symptomatic Cancer Steering Group established, which includes representation from endoscopy, radiology, and primary care. The NCCP continued to engage with the National Women and Infants Health Programme in relation to the referral pathway for those with possible gynaecological cancers, as Ambulatory Gynaecology services are established. In 2022, NCCP undertook a pilot audit of pathways to lung cancer diagnosis. The pilot highlighted key barriers to undertaking a national audit, including lack of access to primary care data. As such, this project has been discontinued and NCCP is exploring other options for progressing this work, including via primary research with an academic partner.
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 Model of Care for Psycho-Oncology was published in 2020 and formally launched in May 2022 together with the second edition of the Best Practice Guidance for Community Cancer Support Centres and the Peer Review Pilot Evaluation Report. Work on the Paediatric Psycho-Oncology Model of Care is at an advanced stage and the model of care will be published and launched in 2023. A framework for stratified self-managed follow-up was finalised and endorsed by the NCCP Executive. This framework describes the components of care that need to be considered when setting up stratified self-managed follow-up protocols and aims to provide a standardised approach for implementing these protocols in cancer services. The Systemic Anti-Cancer Therapy (SACT) Model of Care was published and launched in June 2022.
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	All tumours are discussed at multi-disciplinary team (MDT) meetings (MDM). The National Cancer Information System (NCIS), a standardised platform for the management of MDMs, is being rolled out to the cancer centres. NCIS is now live in 9 hospitals including 4 of the 9 designated cancer centres. NCIS was rolled out to CHI Crumlin, University Hospital Kerry, Midlands Regional Hospital, Tullamore, and Letterkenny University Hospital in 2022. This expansion of NCIS was facilitated through the allocation of almost €300k in new development funding towards change enablers in 2022. A standard cancer conference template has also been developed and is in the process of implementation. This will ensure a standardised approach to MDT processes, composition, and reporting of outcomes. Cancer conference co-ordinators and data managers were allocated to hospitals in service plan 2021 and 2022 to support the cancer conference process.
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	The Capital Plan for 2022 included continuation of a number of capital projects for cancer services. For radiotherapy, this included NPRO Phase II facilities at University Hospital Galway and Beaumont Hospital, and the equipment (linear accelerators) replacement programme for St Luke's Radiation Oncology Network (SLRON). Projects including expansion of the oncology day unit at Cork University Hospital and the replacement of aseptic compounding units (ACUs) at Cork University Hospital and Tallaght University Hospital were progressed. In addition, the Capital Plan for 2022 included commencement of capital development at Letterkenny University Hospital (Day Ward and ACU), University Hospital Kerry (Day Ward), and Naas General Hospital (Day Ward). A proposal to establish a National Programme for Oncology Infrastructure (NPOI), modelled on the National Plan for Radiation Oncology (NPRO), has been developed and is being progressed with relevant stakeholders. A number of hospitals have or are preparing project proposals, particularly in relation to day wards, for consideration for future Capital Plans.
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 development of at least one comprehensive cancer care centre has always been seen as a matter for the latter part of the Strategy period. It is included in the National Development Plan 2018-2027. In 2022, Ireland continued its involvement in a European Joint Action under the Europe's Beating Cancer Plan on the development of national comprehensive cancer centres and networks across the EU (CraNE), which complements ongoing work regarding the development of a comprehensive cancer centre in Ireland over the coming years.
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 NCCP has continued to allocate radiologist and pathologist posts in consultation with the hospital groups and clinical lead groups as appropriate. In 2022, a number of allocations for consultant radiologists and pathologists have been included in service planning in order to support these functions. The NCCP is represented on the Consultant Applications Advisory Committee (CAAC), which allows for the needs of cancer services to be considered in consultant workforce planning and recruitment.
17	The NCCP will appoint a National Lead for Cancer Molecular Diagnostics for solid and liquid malignancies.	NCCP	The NCCP Cancer Molecular Diagnostics Advisory Group oversees Cancer Molecular Diagnostics for solid and liquid malignancies. This is now an embedded NCCP programme and meets the requirement of this recommendation. In 2022, the scope of this group was extended to oversee cancer molecular diagnostic and prognostic testing in addition to molecular testing predictive for drugs.
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	The NCCP established a Cancer Molecular Diagnostics (drugs) Advisory Group in 2017, comprising representatives from pathology, haematology, medical oncology, genetics and laboratory science, to advise on the relevant cancer molecular diagnostic testing requirements. In 2022, the gastric PD-L1 working group made recommendations on the testing pathway for PD-L1 testing in Gastric Cancer. NTRK gene fusion testing guidance was developed and published. The Cancer Molecular Diagnostics Advisory Group developed a Framework for Precision Cancer Molecular Service in Ireland which informed the cancer input to the National Genetics and Genomics Strategy. Work commenced on the introduction of comprehensive gene profiling for Homologous recombination deficiency (HRD) testing in ovarian cancer.
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	An NCCP Advisory Group for Hereditary Cancer has been established and is developing a model of care which also informed the cancer input to the national genetics and genomics strategy (published in December 2022). This includes improved identification of cancer predisposition, mainstreamed pathways to testing, improved access to specialist genetics input and high quality better co-ordinated care for those with an inherited cancer predisposition. The model of care incorporates the implementation of the Needs Assessment for those with BRCA, which was completed in 2022. Funding allocated to cancer genetics and molecular diagnostics in 2022 has advanced recruitment of posts to support the programme for hereditary cancers. Development of HSEland e-learning modules is underway to support implementation of mainstreamed genetic testing pathways. Recommendations and pathways have been agreed on universal tumour testing for possible Lynch syndrome to increase identification.

#	Recommendation	Lead Agency	2022
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	The National Strategy for Accelerating Genetic and Genomic Medicine in Ireland was published in December 2022. This strategy will include the development of centralised national services and networked services where appropriate.
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	New development funding of €3.1m was provided for Surgical Oncology in 2022. This funding facilitated the recruitment of additional surgical posts and enabled continued planning for the designation of cancer centres for surgery for specific tumour types in 2022, following the disruption caused by the pandemic, with specific progress made on the centralisation of liver and sarcoma tumour types. The return of surgical activity from private hospitals continued. Monitoring of surgical activity data continued. Surgery for several tumour types is now carried out only in designated cancer centres. Implementation planning for a number of the remaining tumour types to be addressed is underway, in consultation with stakeholders. Service planning provided targeted allocations to consolidate a number of designated national and regional centres. The numbers of patients who underwent cancer surgery to year end 2022 were at 101% of 2019 levels, with over 16,000 procedures performed.
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	Several projects were advanced in 2022 as part of Phase II of the National Plan for Radiation Oncology. At Beaumont, a strategic assessment and business case for Phase 2 of the expansion project are currently under review. At University Hospital Galway, construction completed on the new radiation oncology building, which is planned to be clinically operational by Q2 2023. At Cork University Hospital, the new radiation oncology building was completed and 4 linacs are clinically operational. In addition to this capital work, over €2m was allocated as new development funding for radiotherapy service enhancement in Ireland, including staffing for the new radiation oncology building at GUH. Funding in 2022 supporting the recruitment of 25 staff across radiation oncology services.
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	In 2022, over €3m in new development funding was allocated for improving systemic anti-cancer therapy services in Ireland, including through strategic investment in pharmacy resources, recruitment of nursing posts, and additional support to the 26 SACT centres. In 2022, the MOATT education tool was incorporated into patient baseline assessment to ensure patient access to standardised education on Oral Anti-Cancer Medication (OAMs), in line with recommendation 13 of the Oral Anti-Cancer Medication Model of Care (OAM MOC). Service planning resources were allocated to hospitals to support and implement the OAM MOC recommendations. A Community Pharmacist Resources webpage was created on the NCCP website to support pharmacists. The PSI and the DoH agreed to support the development of a "NCCP Cancer Champion", which will empower community healthcare professionals to support the public to reduce their cancer risk and support patients undergoing cancer treatment. The numbers of patients who received systemic anti-cancer therapies, including chemotherapy and immunotherapy, to year end 2022 were at 105% of 2019 levels, with over 100,000 treatments administered. This shows strong recovery following disruptions to the service during the pandemic.
24	The NCCP will develop appropriate MDT, centralisation and treatment arrangements to meet the diverse needs of patients with haematological cancers.	NCCP	The standard protocol for haematology multi-disciplinary team meetings in hospitals has been agreed and is in use. The NCCP Haemato-Oncology Clinical Leads Group was established. Data analysis is on-going to support a centralisation proposal. A service specification for Haemato-oncology Services was developed. Service planning resources were allocated to hospitals to support data collection and coordination of tumour conferences (MDM). A centralised CAR T-cell therapy service was established in 2021/2022 in two designated centres: CHI at Crumlin (paediatrics) and St. James's Hospital (AYA and adults).
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 NCCP has developed a Tumour Conference Standard Operating Procedure (SOP) which is undergoing national review prior to sign off. The SOP for complex NMSC is currently in development. The Diagnosis, staging, and treatment of patients with gestational trophoblastic disease guideline was launched in May 2022. Penile cancer patients are currently discussed within the Urological Cancer MDM in Beaumont University Hospital. This will be reviewed based on penile cancer patient activity and if a separate penile MDM is required. A urological CNS has been appointed in Beaumont with a specialist interest in penile cancer.
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	The Minister for Health launched the "Framework for the Care and Support of Adolescent and Young Adults (AYA) with cancer in Ireland 2021 to 2026" and the "NCCP Child, Adolescent and Young Adult (CAYA) Cancer Annual Report 2021" in May 2022. The NCCP nominated three National AYA Cancer Units at St James's Hospital, Cork University Hospital and Galway University Hospital. In addition, NCCP has allocated new AYA positions which include Manager AYA Cancer Programme, Clinical Nurse Specialists, MDM Co-ordinators/Data Managers in SJH, CUH and GUH. Key Performance Indicators (KPIs) have been agreed for the CAYA Programme.
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	Preparation for the first National Adolescent and Young Adult (AYA) MDM was undertaken in 2022, with AYA MDMs due to start in 2023. The National Clinical Information System (NCIS) has been used to underpin the MDM working successfully to connect the regionals hubs. The Model of Care for Psycho-Oncology for Children, Adolescents and Young Adults was developed during 2022 and public consultation will be undertaken in 2023.
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	Recruitment efforts are ongoing to appoint a National Clinical Lead in Geriatric Oncology in the NCCP. The NCCP is linking with relevant stakeholders with a view to progressing this appointment in 2023. In 2022, a geriatric oncology nursing forum was established and is being chaired by an ANP from front-line cancer services.
29	The NCCP will appoint a National Clinical Lead for Psycho-oncology to drive the delivery of networked services.	NCCP	The NCCP National Lead for Psycho-oncology has been in place since December 2018 and significant progress has been made to implement a programme for psycho-oncology that has enhanced resources in this area and the availability of services to patients. The Psycho-Oncology Advisory Group met 3 times in 2022 to further progress the implementation of the Psycho-oncology Model of Care. A referral pathway for patients requiring Psycho-Oncology services was developed so that an integrated patient pathway between cancer centres and community supports can be enhanced. This will be piloted in 2023. The SOP for Psycho-Oncology MDMs was also completed in 2022 and a system of collection of proposed metrics for Psycho-Oncology MDMs was developed based on NCIS. The programme was involved with ensuring that allocated posts for Psycho-Oncology MDTs were progressed to recruitment. A total of 13 posts were filled in 2022. The Model of Care for Psycho-Oncology for Children, Adolescents, and Young Adults was developed during 2022 and public consultation will be invited in 2023.

#	Recommendation	Lead Agency	2022
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	<p>The Model of Care for Psycho-Oncology was published in 2020 and formally launched in May 2022 together with the 2nd edition of the Best Practice Guidance for Community Cancer Support Centres and the Peer Review Pilot Evaluation Report. Work on the CAYA Psycho-Oncology Model of Care is at an advanced stage. A self-assessment and peer review pilot was carried out on the Best Practice Guidance, with 10 cancer support centres, to undertake a baseline assessment of services provided in centres nationally. The findings and recommendations from this pilot were published in the Peer Review Pilot Evaluation Report and the findings were incorporated into the revised Best Practice Guidance and self-assessment tool.</p> <p>Work is underway with a number of centres to set up Psycho-Oncology multi-disciplinary meetings and to develop a standard operating procedure on how the meetings will operate. A set of metrics to be collected by the Psycho-Oncology multi-disciplinary teams are being developed. Grant aid of €545,743 was awarded to 24 Cancer Support Centres and National Organisations in 2021 to further develop operational systems to meet the requirements of the Best Practice Guidance, commence/expand lymphedema services being offered, and to develop survivorship programmes for cancer patients. Grant aid plans for 2022 are being progressed.</p> <p>In addition to this grant aid, more than €1m was allocated towards Psycho-Oncology services via new development funding in 2022. This funding has contributed to many ongoing initiatives and developing programmes, including continuation of remote support services for immunocompromised patients or those otherwise unable to attend in-person.</p> <p>A Cancer Support Alliance was established and applications for membership was opened in July 2022. The Alliance aims to develop a collaborative framework for community-based Cancer Support Centres and Services.</p>
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	<p>In 2022, work commenced on the development of the Palliative Care Policy for adults. Three nursing posts for Palliative Care were approved in the Service Plan 2022, and recruitment is ongoing.</p> <p>The Model of Care for Psycho-Oncology was published in 2020 and formally launched in May 2022. Work on the CAYA Psycho-Oncology Model of Care was progressed, and publication is expected in 2023. The NCCP worked closely with a number of centres to set up Psycho-Oncology multi-disciplinary meetings and to develop a standard operating procedure on how the meetings will operate.</p>
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	In 2022, the Aspire CAYA Palliative Care Fellowship commenced. The NCCP continued to engage in close collaboration with the HSE Palliative Care Programme on the implementation of the Palliative Model of Care.
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 NCCP CAYA Programme works very closely with HSE Palliative Care Programme, realising significant investment in children and adolescent services.
34	The NCCP will ensure that each hospital has a clearly defined framework for cancer patient safety and quality.	NCCP	A national framework on cancer patient safety and quality is in place. A number of cancer centres have completed or are undergoing accreditation of their cancer centres. International options for national accreditation of cancer services are under review.
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	<p>The National In-Patient Acute Care Patient Experience Survey is conducted in May each year in a partnership involving HIQA, the HSE and the Department of Health. Cancer treatment and survivorship was selected for inclusion in the National Care Experience Programme for 2022-2024.</p> <p>The NCCP engaged with HIQA in 2022 to commence the development of the tool for the Cancer Patient Experience Survey in 2023, including support for the recruitment of cancer expertise to the National Care Experience Programme team for the development, implementation, and analysis of the survey.</p>
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	<p>The NCCP has a suite of quality indicators in place, in line with the HSE's National Service Plan and, in 2022, continued to review requirements for amendments and expansion of these on an on-going basis. In addition, since the publication of the Strategy, there has been an increasing move internationally towards accreditation models.</p> <p>The NCCP is exploring the development of a national approach to accreditation for cancer services, which will also inform future development of quality indicators.</p>
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	<p>The NCCP continues to 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.</p> <p>In 2022, the NCCP updated the 'Diagnosis, staging and treatment of patients with gestational trophoblastic disease guideline' (May 2022), 'Diagnosis and staging of patients with prostate cancer' (September 2022), and 'Treatment of patients with breast cancer: Radiation Oncology' was prepared for publication.</p> <p>The NCCP also worked on updating the 'Active surveillance of patients with prostate cancer guideline', and the 'Diagnosis, staging and treatment of patients with breast cancer guideline' in 2022.</p> <p>A new national clinical guideline Staging and surveillance of patients with melanoma has commenced.</p> <p>The update of national clinical guidelines for cancer will provide evidence based recommendations for patient care that integrate the best research evidence with clinical expertise and patients values with the aim of reducing variation in practice and improving patient outcomes and experience of their care.</p>
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	<p>The Department of Health strives to ensure that patient representatives are included in the oversight of the development and implementation of all cancer policies and services, particularly through the Cancer Patient Advisory Committee. At a local level, Patient Advisory Liaison Services (not limited to cancer) have been established to offer support, advice, and information on hospital services to patients, family members, the general public and hospital staff.</p> <p>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 on an on-going basis. The NCCP's Patient Engagement Manager matched patients/patient representatives with appropriate groups and projects within the NCCP throughout 2022.</p>
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	<p>The Cancer Patient Advisory Committee met four times in 2022. In 2022, the Committee provided input on issues including the Paediatric Model of Care for Psycho-Oncology, the development of the new National Screening Service Strategy, the development of the "Early Diagnosis of Symptomatic Cancer Plan 2022 – 2025", and the development of the "Cancer care for people with significant mental health difficulty - 30 Year Gap project".</p> <p>Following updates to HSE guidelines regarding Covid-19, the Committee also met in-person for the first time since 2019 for its Q3 2022 meeting.</p>

#	Recommendation	Lead Agency	2022
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	In 2022, the Patient Passport for patients with Colorectal Cancer was finalised and is in use at cancer centres. Work began on developing a Patient Passport for patients with breast cancer in Q4 2022. A consensus statement on the standardised national follow-up and surveillance protocol for colorectal cancer was finalised and published on the NCCP website. Standardised national follow-up recommendations for post-surgery and post-radiotherapy patients with prostate cancer were developed in 2022, and are expected to be finalised in 2023. A treatment summary and care plan for patients with prostate cancer was introduced in 2022 as part of stratified self-managed follow-up pathways.
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	The National Cancer Survivorship Needs Assessment (August 2019) was used in 2022, to inform the development and implementation of policy and services to meet patient needs. The needs assessment includes a model of care for Cancer Survivorship and details actions to develop cancer survivorship care in the lifetime of the National Cancer Strategy and beyond.
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 Framework for stratified self-managed follow-up was finalised and endorsed by the NCCP Executive. This framework describes the components of care that need to be considered when setting up stratified self-managed follow-up protocols and aims to provide a standardised approach for implementing these protocols in cancer services. Standardised national follow-up recommendations for post-surgery and post-radiotherapy patients with prostate cancer have been developed and agreed in 2022. Once finalised they will be published on the NCCP website. New stratified self-managed follow-up pathways were introduced in 2022 at the first of the phase 1 hospital sites for post-surgery and post-radiotherapy prostate cancer patients. This will progress to additional phase 1 hospital sites in 2023.
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 Cancer Thriving & Surviving (CTS) Programme was adapted to run online during the Covid-19 pandemic. In person delivery has resumed and online programmes are continuing to run for participants who prefer to attend virtually. Life And Cancer – Enhancing Survivorship (LACES) workshops were developed in collaboration with the Irish Cancer Society. LACES explores services and information to help improve the quality of lives for cancer patients after active treatment has ended. Workshops were delivered online during the Covid-19 pandemic and in person delivery has commenced. The NCCP took governance of the CLIMB (Childrens Lives Include Moments of Bravery) programme nationally and has been working with the Cancer Support Centres and Hospitals to facilitate the resumption of the programme and expand its delivery. A scoping review of the physical activity & exercise programmes available for cancer patients in Ireland is underway. The outcome of this scoping review will help the NCCP to strategically develop actions for implementation of the National Survivorship Needs Assessment actions and National Cancer Strategy recommendations. Grant aid of €545,743 was awarded to 24 Cancer Support Centres and National Organisations in 2021 to further develop operational systems to meet the requirements of the Best Practice Guidance, commence/expand lymphedema services being offered and to develop survivorship programmes for cancer patients. Cancer Support Centres receiving grant aid to commence or expand their lymphedema service delivery are taking part in a Quality of Life (QoL) impact monitoring research study.
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 National Director of the NCCP has worked closely with the Chief Clinical Officer (CCO) in the HSE and relevant sections of the HSE, including Acutes, Community Services, Strategy, Estates, and Finance, to improve the integration of developments related to cancer care. The Integrated Cancer Care Committee was established to integrate the efforts of these stakeholders. In 2022, the NCCP, reporting directly to the CCO in the HSE, continued to work on enhancing NCCP governance over its separate budget and all funding allocations, continuing its central role in the HSE in ensuring the implementation of the National Cancer Strategy, with funding being 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. In the meantime, private providers could be encouraged to follow national clinical guidelines and to publish details of their performance that would align with the NCCP KPIs and include similar data collection in their internal quality reviews. In 2022, the NCCP took initial steps to explore this with the private hospitals.
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 implementation of this recommendation is providing a forum for coordination of cancer research activities, which will ultimately improve access to, and benefits from, research for people living with and after cancer. The membership of the National Cancer Research Group was refreshed in 2022 to ensure the inclusion of relevant stakeholders, with a focus on the current funding and prioritisation of cancer research activities. Representation is included from the HSE, Department of Health, Department of Further and Higher Education, Research, Innovation and Science, SFI, HRB, National Cancer Registry, Irish Research Council, Irish Cancer Society, and Breakthrough Cancer Research. The group met twice in 2022 to progress the implementation of this recommendation of the Strategy.
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	The NCCP continues to work with the central research function in the HSE and HSE HR to promote an increased focus on research and is endeavouring to ensure the inclusion of time for the pursuit of research interests in contracts for relevant health service staff. The NCCP survivorship programme collaborates with the research funders and academic institutions to both participate and support research grant calls, with a view to supporting on-going work on cancer survivorship.
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	The NCCP worked in 2022 to ensure that protected time is available for those with the expertise and interest in cancer research to pursue such research in line with policy. Time for the pursuit of research interests has been included in the job specifications of relevant consultant and ANP posts. As part of the 26 hospital site visits, the NCCP Nursing team promoted the importance of ANP protected time for research with senior nurse manager colleagues. The NCCP Nursing Team continued to support the development of a number of Nursing research groups and also individuals undertaking research. An NCCP/Irish Cancer Society Cancer Nursing Research Award will again be awarded in 2023.

#	Recommendation	Lead Agency	2022
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	<p>The NCCP National Nursing Lead has been in post since January 2019. Since then, and with the appointment of a small team in the NCCP, significant progress has been made to progress developments in oncology nursing, strengthen engagement with cancer nurses and enhance patient care.</p> <p>Cancer Services Workforce planning has commenced. In 2022, a scoping review of the nursing configuration in ambulatory haematology/oncology day unit settings was completed with TCD. Engagement to ensure implementation of the recommendations is underway with the DOH, HRB, CDONM, and Safe Staffing unit.</p> <p>Agreement has been given from the 13 Type 1 & 2 Systemic Anti-Cancer Therapy (SACT) hospitals and nurse education facilities to facilitate the National Nursing SACT Competency Programme, annually, through their CNME/CLD with ongoing specialist input from the cancer team to deliver the lectures. The National Clinical Lead for Cancer Nursing is collaborating with TCD and DMHG regarding progression of a cancer Nursing Associate Professor post.</p> <p>Nursing forums have been established to support specialist and advanced nurses working in site specific cancer care areas.</p> <p>The NCCP Nursing team has managed the introduction and development of 26 Acute Oncology Service (AOS) nursing posts which were approved for appointment to the hospitals delivering SACT as part of Irelands National Action Plan in response to COVID-19. The NCCP is providing support, a framework to work within, and has agreed key quality metrics.</p> <p>Scoping is underway to develop integrated cancer care options in Saolta.</p> <p>The NCCP Nursing lead has worked with the ICS and Mater Hospital Dublin on a preceptorship award, which will support 2 nurses to travel to Princess Margaret Hospital in Toronto for 10 days to gain an insight into their clinical trials facility. The learnings from this experience will be shared with nursing colleagues working in clinical trial facilities in Ireland. The NCCP Nursing lead was part of an EU consortium team who were awarded a €2m grant to develop a digital programme, DigiCanTrain, for MDT and non-clinical personnel working in cancer care in Europe over the next 3 years.</p>
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	<p>The SACT Model of Care has been published. A scoping review of staffing configuration on ambulatory care settings has been completed. Work is underway on progressing the 5 recommendations. A National "As Is" Census of Cancer Nursing posts is underway and will be completed by Q3.</p> <p>The Psycho-oncology Model of Care has been published. The composition of psycho-oncology multi-disciplinary teams have been detailed.</p> <p>Radiation Oncology Workforce Planning has updated the 2017 workforce profile of positions and requirements going forward.</p> <p>The National Framework for CAYA has been published, the requirements for implementing the service are being considered.</p> <p>The workforce requirements for Cancer Genetics and Molecular Diagnostics are being considered as part of the development of the National Strategy on Accelerating Genetic and Genomic Medicine in Ireland.</p> <p>The NCCP has engaged with hospitals to profile specific services, especially with regard to establishing and consolidating regional and national services.</p> <p>Allocations of positions under Service Planning have been guided by the identified requirements from these planning initiatives.</p>
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	<p>A Data-Sharing Agreement between the HSE and the National Cancer Registry is in place covering all public hospitals. Individual data-sharing agreements are also in place with the majority of voluntary and private hospitals (98%), and work was progressing at end-2021 to finalise the outstanding cases.</p> <p>In the years 2020, 2021, and 2022 there were significant advances in electronic data transfer. From mid-2020 the NCRI has been collecting data remotely from all public hospitals. This has facilitated the continued collection of data during the Covid-19 pandemic and has increased the completeness and timeliness of NCRI data.</p>
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	<p>The National Cancer Registry Strategic Plan 2020-2022, launched in September 2020, sets out the high-level goals of the NCRI over 3 years. The Plan facilitates an enhanced contribution to the development of cancer policy by the NCRI and will enable the NCRI to more effectively address its core functions, while expanding the cancer patient data it collects.</p> <p>The Strategic Plan focuses on increasing and optimising the uses of available data to drive improvements in cancer care for patients. The Plan supports the delivery of the recommendations of the Report of the Scoping Inquiry into the CervicalCheck Screening Programme, as they pertain to the NCRI.</p>