



**Nicole Keyes**  
Cancer survivor



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# 3 Key Budgetary Asks

# 1.

## Invest in the National Cancer Strategy

- ▶ At least €20 million in new recurrent funding for the National Cancer Strategy in 2026.
- ▶ An assessment of the funding needs of cancer services, above this extra €20 million per annum minimum funding level, to ensure full implementation of the National Cancer Strategy by 2026.
- ▶ Deliver on the Programme for Government commitment to develop a multi-annual funding approach for our health service – this should include current and future National Cancer Strategies.
- ▶ Begin planning for the next strategic cycle, as the current National Cancer Strategy expires in 2026.

# 2.

## Irish Cancer Society Funding

- ▶ Increase Government support for the Irish Cancer Society so the organisation can keep pace with steadily increasing demand for its services.

# 3.

## Capital Investment

- ▶ Increase the budget for the HSE Capital Plan by 5% in 2026.
- ▶ Fund the physical expansion of treatment facilities such as oncology day wards and surgery theatres, to increase patient capacity (alongside increase in staffing capacity).
- ▶ Invest in hospital infrastructure to protect diagnostic pathways (e.g. procedure rooms, endoscopy units, day ward space, up-to-date radiology and other testing equipment, etc.) and ensure those scheduled for diagnostic tests are seen within the recommended timeframe.
- ▶ In the National Capital Plan review, ringfence funding to build designated Acute Haematology Oncology Service areas in all Type 1 hospitals in the first instance, in order that they are factored into new build asks or reconfiguration of existing structures.
- ▶ As part of developing the National Development Plan consultation, the NCCP, the Department of Health and Department of Public Expenditure, NDP Delivery and Reform must work together to map out the health and cancer care infrastructure needs to 2040 and beyond.
- ▶ Ensure that sufficient budget line is allocated to each of the designated activities in the Digital for Care framework to 2030 to ensure that the necessary planning and implementation is on track.

# Executive Summary

Department of Health		
Priority Area	Budgetary Ask	Page
Prevention	<p>► <b>E-Cigarettes and Novel Nicotine Products</b></p> <ul style="list-style-type: none"> <li>• Fund annual youth awareness prevention campaigns on the addictive nature and harmful effects of nicotine products, such as vapes and nicotine pouches (estimated €200k).</li> <li>• Fund the establishment of a dedicated stop vaping service, including investment in staffing and medicines (€900k).</li> </ul>	33
	<p>► <b>Reducing Smoking Rates</b></p> <ul style="list-style-type: none"> <li>• Ensure adequate funding for the expansion of QUIT support services, including targeted QUIT initiatives for cancer patients.</li> <li>• Establish a dedicated Tobacco Free Campus Bursary to support Tobacco Free Campus implementation across the health service (estimated €300k).</li> </ul>	35
	<p>► <b>HPV Vaccination Programme</b></p> <ul style="list-style-type: none"> <li>• Fund the extension and expansion of the Laura Brennan HPV Catch-Up Vaccination Programme to all those under 25 who missed out on the HPV vaccination at school.</li> <li>• Allocate multi-annual funding toward the HSE's Cervical Cancer Elimination Action Plan.</li> </ul>	36
	<p>► <b>Skin Cancer</b></p> <ul style="list-style-type: none"> <li>• Fund and maintain sunscreen dispensers and their upkeep in public spaces across all communities in Ireland.</li> <li>• Provide funding for shade structures in public recreational areas including playgrounds, creches and schools.</li> <li>• Fund a public awareness campaign on the skin cancer risks associated with sun exposure and sun bed use.</li> </ul>	37
Genetic Services	<p>► <b>Genetic Services</b></p> <ul style="list-style-type: none"> <li>• Fully resource the implementation of the recommendations of the National Strategy for Accelerating Genetic and Genomic Medicine in Ireland and the National Genetics and Genomics Workforce Plan.</li> <li>• Fund dedicated time for surveillance and treatment services, including protected theatre time and ring-fenced diagnostic imaging.</li> <li>• Provide funding for a national laboratory, speeding up wait times for cancer patients whose treatment pathway will be dictated by the results.</li> </ul>	39

Priority Area	Budgetary Ask	Page
Costs of Cancer	<p>► <b>Car Parking Charges</b></p> <ul style="list-style-type: none"> <li>• Provide funding to abolish hospital car parking charges for cancer patients nationwide.</li> </ul>	67
	<p>► <b>Medical Cards</b></p> <ul style="list-style-type: none"> <li>• Provide medical cards to all cancer patients upon diagnosis, until their treatment is finished.</li> </ul>	71
	<p>► <b>Drugs Payment Scheme</b></p> <ul style="list-style-type: none"> <li>• Reduce the Drugs Payment Scheme threshold to €40 per month or less.</li> </ul>	73
	<p>► <b>Prescription Charges</b></p> <ul style="list-style-type: none"> <li>• Abolish prescription charges for all medical card holders.</li> </ul>	74
Screening	<p>► <b>Screening</b></p> <ul style="list-style-type: none"> <li>• Allocate funding to the National Screening Service to allow for expansion of the age range for BowelScreen to 50 – 74,, for BreastCheck to 45-74 and to ensure BowelScreen reaches the 60% uptake target.</li> <li>• Plan for new programmes in lung, prostate and gastric cancer, as recommended by the European Council.</li> <li>• Invest in awareness raising activities to support the equitable uptake of screening across all communities in Ireland.</li> <li>• Invest in enhancing accessibility of screening programmes to groups less likely to attend, including people with disabilities.</li> </ul>	46
Early Detection	<p>► <b>Early Detection</b></p> <ul style="list-style-type: none"> <li>• Train, recruit and retain sufficient staff to meet diagnostic targets, including in endoscopy, colonoscopy, colposcopy and radiology.</li> <li>• Invest and support the development of Advanced Practice Radiographer roles to aid in more timely access to diagnostics.</li> <li>• Capacity should be identified and ring fenced in key imaging modalities to ensure clinical timelines for patients undergoing active oncology treatment to ensure demand and capacity pressures in diagnostic radiography do not adversely impact patient outcomes.</li> <li>• Invest in hospital infrastructure to protect diagnostic pathways (e.g. procedure rooms, day ward space, up-to-date radiology and other testing equipment, etc.) and ensure those scheduled for diagnostic tests are seen within the recommended timeframe.</li> </ul>	41



Priority Area	Budgetary Ask	Page
Timely Access to Treatment	<p>► <b>Workforce Capacity</b></p> <p><b>Invest in workforce capacity to:</b></p> <ul style="list-style-type: none"> <li>• Ensure safe and sufficient staffing levels in cancer care;</li> <li>• Address the challenges to recruitment and retention of staff in cancer services, through adequate training places across all disciplines, improved mechanisms for recruiting from overseas and improvements in working conditions.</li> </ul>	42
	<p>► <b>Clinical Trials</b></p> <ul style="list-style-type: none"> <li>• Fund protected time for clinicians and adequate research and support staff.</li> <li>• Improve data protection and other regulatory processes to improve participation in cancer research and trials.</li> <li>• Ring-fence regular, flexible, and sustained investment in clinical trials research and infrastructure.</li> <li>• Ensure that HSE income from commercially funded studies can be directly invested into clinical trial operations at the discretion of local clinical trials governance structures, including funding clinical trials staff.</li> </ul>	54
	<p>► <b>Access to Medicines</b></p> <ul style="list-style-type: none"> <li>• Increase the budget for new cancer medicines in Budget 2026 by an additional €30 million.</li> <li>• Provide funding for swift introduction of an early access programme.</li> <li>• Initiate a review of the drug reimbursement scheme.</li> <li>• Use of Joint Clinical Assessments to enable EU collective bargaining.</li> </ul>	55
Children, Adolescents and Young Adults	<p>► <b>Treatment Abroad Scheme</b></p> <ul style="list-style-type: none"> <li>• Expand the Treatment Abroad Scheme to cover non-medical expenses of cancer patients travelling abroad for medical care. This should include expenses for a companion to travel with the patient.</li> </ul>	78
	<p>► <b>Psycho-Oncology Services</b></p> <ul style="list-style-type: none"> <li>• Fund the full implementation of the Model of Care for Psycho-Oncology services for patients aged 0-24 years and their families.</li> </ul>	79

Priority Area	Budgetary Ask	Page
Timely Access to Treatment	<p>► <b>'Chemo in the Community' / Community-Based Oncology Care</b></p> <ul style="list-style-type: none"> <li>Invest in the expansion of a community-based oncology service nationwide in order to recruit and train staff; develop infrastructure, patient supports and services; a drugs budget and day-to-day running costs.</li> </ul>	57
Living Well with and beyond cancer	<p>► <b>Lymphoedema</b></p> <ul style="list-style-type: none"> <li>Provide €8 million on an annual basis to fund the Lymphoedema/ Lipoedema Model of Care.</li> </ul>	61
	<p>► <b>Key Survivorship Supports</b></p> <ul style="list-style-type: none"> <li>Provide funding to hire an adequate number of dieticians, physiotherapists, occupational therapists and medical social workers in the public health service to meet the needs of service users.</li> <li>Ensure cancer survivors can access timely assessment and treatment for long-term and late effects such as pain, fatigue, depression, incontinence, and sexual dysfunction.</li> <li>Ensure the funding of cancer survivorship programmes, to allow cancer patients to transition from cancer treatment back to "normal" life, with easy and direct pathways to re-enter cancer services if required.</li> </ul>	64
End of Life	<p>► <b>Night Nursing Service</b></p> <ul style="list-style-type: none"> <li>Increase Government support for the Irish Cancer Society Night Nursing service so that more people can spend their final nights in the comfort of their own homes.</li> </ul>	76
	<p>► <b>Palliative Care Services</b></p> <ul style="list-style-type: none"> <li>Ensure greater accessibility of palliative care services across all counties in Ireland so that no community is excluded from accessing such a vital service.</li> </ul>	76

Priority Area	Budgetary Ask	Page
Capital Investment	<p>► <b>Digital Health</b></p> <ul style="list-style-type: none"> <li>• Ensure that sufficient budget line is allocated to each of the designated activities in the Digital for Care framework to 2030 to ensure that the necessary planning and implementation is on track.</li> </ul>	27
	<p>► <b>Physical Infrastructure</b></p> <ul style="list-style-type: none"> <li>• Increase the budget for the HSE Capital Plan by 5% in 2026.</li> <li>• Fund the physical expansion of treatment facilities such as oncology day wards and surgery theatres, to increase patient capacity (alongside increase in staffing capacity).</li> <li>• Invest in hospital infrastructure to protect diagnostic pathways (e.g. procedure rooms, endoscopy units, day ward space, up-to-date radiology and other testing equipment, etc.) and ensure those scheduled for diagnostic tests are seen within the recommended timeframe.</li> <li>• Invest in endoscopy units and endoscopy workforce capacity.</li> <li>• In the National Capital Plan review, ringfence funding to build designated Acute Haematology Oncology Service areas in all Type 1 hospitals in the first instance, in order that they are factored into new build asks or reconfiguration of existing structures.</li> <li>• As part of developing the National Development Plan consultation, the NCCP, the Department of Health and Department of Public Expenditure, NDP Delivery and Reform must work together to map out the health and cancer care infrastructure needs to 2040 and beyond.</li> </ul>	28

## Department of **Finance**

Priority Area	Budgetary Ask	Page
<b>Prevention</b>	<p>► <b>E-cigarettes</b></p> <ul style="list-style-type: none"> <li>• Treat nicotine products (including e-cigarettes, nicotine pouches and any novel products) the same as cigarettes by introducing higher taxation in line with other EU countries.</li> </ul>	<b>33</b>
	<p>► <b>Reducing smoking rates</b></p> <ul style="list-style-type: none"> <li>• Increase excise duty on cigarettes and roll-your-own tobacco products in line with the tobacco tax escalator and inflation.</li> </ul>	<b>35</b>

## Department of **Social Protection**

Priority Area	Budgetary Ask	Page
<b>Costs of Cancer</b>	<p>► <b>Energy Hardship</b></p> <ul style="list-style-type: none"> <li>• Automatic entitlement to the Household Benefits Package, Fuel Allowance and Additional Needs Payment, and electricity credits for cancer patients with a terminal diagnosis.</li> </ul>	<b>72</b>
<b>Children, Adolescents and Young Adults</b>	<p>► <b>Domiciliary Care Allowance</b></p> <ul style="list-style-type: none"> <li>• Expand the Domiciliary Care Allowance eligibility criteria from 16 to 18 years of age.</li> </ul>	<b>80</b>
<b>Living Well with and beyond cancer</b>	<p>► <b>Working after a cancer diagnosis</b></p> <ul style="list-style-type: none"> <li>• Broaden the Partial Capacity Benefit criteria to facilitate more employees seeking a phased return to work after a cancer diagnosis.</li> <li>• Introduce a new statutory payment for employees and self-employed people with chronic illness to attend medical appointments rather than being forced to take unpaid leave.</li> <li>• Evaluate current illness supports for the self-employed to ensure adequate financial assistance when out of work due to a serious illness.</li> </ul>	<b>63</b>



If Government has the foresight to invest in **cancer prevention,** **care and survivorship** for next year and beyond, more of us who hear the three words, **'You have cancer'** will go on to hear three other words that the Irish Cancer Society believes we should all hear: **'You will survive'**.

# Foreword

Every year, 44,000 Irish people's lives – and those of their loved ones – are turned upside down when they hear the words: 'You have cancer.' One in two of us are now expected to hear those three words in our lifetimes.

When we do, we deserve the best possible chance of surviving the disease. Sadly, too many Irish people are not getting that at present.

The OECD/European Commission Country Cancer profile for Ireland shows that Irish people are more likely to get – and die – from cancer in Ireland than in many other European countries. We have the second highest rate of new cancer diagnoses in the EU, and the third highest cancer mortality rate in Western Europe. These shocking statistics must serve as a wake-up call to Government.

Without urgent action, the number of people getting cancer in Ireland is expected to double by 2045. The human toll of this would be immense, as would be the burden on our health service. Government must invest now to reduce the number of people getting cancer and ensure the best possible outcomes for those who do.

It must tackle the delays in diagnosis and treatment that are Ireland's biggest obstacle to improved cancer outcomes. When cancer is picked up early, it is far easier and cheaper to treat.

Investing now in expanded screening services and reduced waiting times for cancer tests and treatment would lead to significant savings for the State in the long-term. It would also save lives.

Budget 2026 must provide the National Cancer Control Programme with at least €20 million in new recurrent development funding for the National Cancer Strategy. It must also deliver on the Programme for Government commitment to multi-annual funding for the health service, to enable effective planning for future service growth. Additional funding is also needed in a range of other areas, as set out in this submission.

If Government has the foresight to invest in cancer prevention, care and survivorship for next year and beyond, more of us who hear the three words, 'You have cancer' will go on to hear three other words that the Irish Cancer Society believes we should all hear: 'You will survive'.



*Averil Power*

**Averil Power**  
CEO, Irish Cancer Society

# Message from the Presidents of ISRO, ISMO, IIRRT & IANO

As the Presidents of the representative groups for cancer doctors, nurses, radiation therapists and radiographers in Ireland, we remain deeply concerned about the level of Government investment in the National Cancer Strategy.

The strategy has the potential to significantly improve Ireland's cancer outcomes through prevention, detection, treatment and survivorship supports. Thankfully, it received adequate funding last year. But this has been the exception rather than the rule in recent years.

We have seen first-hand the results of inadequate funding since the Strategy was unveiled in 2017. Investment in infrastructure has been lacking, despite increasing infection control issues and rising cancer incidence. Target waiting times for cancer tests are not being met. Cancer surgeries are frequently delayed due to shortages in staffing, beds and theatre spaces. Radiotherapy services are operating significantly below capacity due to under resourcing. We are falling far short of the modest target of 6% of cancer patients participating in clinical trials. And screening has not been expanded as planned.

Our healthcare staff do everything they can to minimise the impacts and care for patients. However, it is simply not possible to provide optimal care in these conditions.

We are joining with the Irish Cancer Society to urge Government to commit to providing at least €20 million in ringfenced new recurrent development funding in 2026, and each year thereafter, to ensure full delivery of the strategy.

We also strongly recommend that all our cancer centres are resourced to achieve OECl accreditation as cancer centres and that investment is provided to meet the EU target of 90% of cancer patients being treated within comprehensive cancer infrastructures by 2030. This would ensure high-quality, multidisciplinary care and integration of cancer research into patient pathways. This, alongside the other recommendations in this submission, would prevent people from getting cancer and improve outcomes for those who do.



**Prof. John Armstrong**  
President, Irish Society of  
Radiation Oncology (ISRO)



**Dr. Michael McCarthy**  
President, Irish Society of Medical  
Oncology (ISMO)



**Liam Downey**  
President, Irish Institute of  
Radiography and Radiation  
Therapy (IIRRT)



**Ada Kinneally**  
President, Irish Association for  
Nurses in Oncology (IANO)

“The Strategy has the potential to significantly improve Ireland’s cancer outcomes through prevention, detection, treatment and survivorship supports [...] We have seen first-hand the results of inadequate funding since the Strategy was unveiled in 2017.”





## Cancer types | State of Play

The National Cancer Strategy outlines indicators for success, referencing key services and outcomes relating to the following cancers:

- Breast
- Prostate
- Bowel
- Cervical
- Lung

The information overleaf outlines the current state of play in relation to incidence<sup>i</sup> and survival<sup>ii</sup> and in access to services such as prevention<sup>iii</sup>, screening<sup>iv</sup>, tests<sup>v</sup> and treatment<sup>vi</sup> around each of these cancer types.

# Breast cancer

**3,600**

women are diagnosed with  
breast cancer annually

**99%**

of women survive breast cancer  
when diagnosed at Stage 1

**37%**

survive at Stage 4



**3 in 4  
people**

attended urgent symptomatic  
breast disease clinics within 10  
working days in 2024  
(target = 95%)

**70%**

around 70% of invitees participated  
in BreastCheck (target = 70%)

**3 in 10 patients**

3 in 10 breast cancer patients didn't receive their surgery  
within the recommended timeframe in 2023

# Prostate cancer

## 4,000

men are diagnosed with prostate cancer annually

## 100%

of men survive prostate cancer when diagnosed at Stage 1

## 51%

survive at Stage 4



## 3 in 4 people

attended a prostate Rapid Access Clinic in the recommended 20 days in 2025 (target = 90%)

## Pilot

no national screening programme exists, but Ireland is participating in an EU pilot study (PRAISE U)

## More than half

of prostate cancer patients didn't get their surgery within the recommended timeframe in 2022 (latest available data)

# Bowel cancer

**2,500**

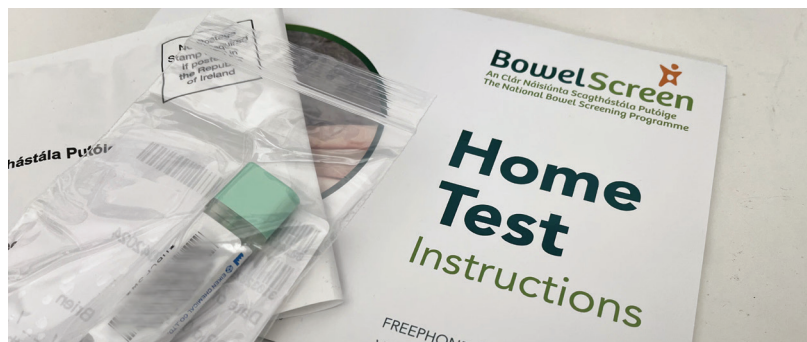
people are diagnosed with  
bowel cancer annually

**98%**

of people survive bowel cancer  
when diagnosed at Stage 1

**15%**

survive at Stage 4



**Up to  
2,800**

people waited more than the  
recommended 4 weeks for an  
urgent colonoscopy (target = 0)  
in 2024

**46.6%**

of invitees participated in BowelScreen  
in the period 2022-23 (target in  
National Cancer Strategy = 60%)

**1 in 4 colon cancers**

and 1 in 10 rectal cancers are diagnosed following a trip to  
the emergency department



# Cervical cancer

**250**

women are diagnosed with  
cervical cancer annually

**95%**

of people survive cervical cancer  
when diagnosed at Stage 1

**21%**

survive at Stage 4



**78% of  
pupils**

in first year of secondary school  
received the HPV vaccination  
during the 2022/23 academic  
year (target = 90%)

**2024**

the Cervical Cancer Elimination Action  
Plan was launched by the HSE in 2024

**3 in 4 invitees**

roughly 3 in 4 invitees participated in CervicalCheck (target = 80%)

# Lung cancer

## 2,600

almost 2,600 people are diagnosed with lung cancer annually

## 59%

of people survive lung cancer when diagnosed at Stage 1

## 5%

survive at Stage 4



## Targeted screening

Irish Cancer Society has funded a Lung Health Check (targeted screening) trial to catch lung cancer as early as possible, launched in 2025

## 9 in 10

people attended lung RACs in the recommended 10 working days in 2024 (target = 95%)

## Diagnosis

1 in every 4 lung cancer diagnoses are made following a trip to the emergency department

## 2 in 5 surgeries

2 in 5 lung cancer surgeries did not take place within the recommended timeframe in 2023

# Cancer by Numbers



**3 minutes**

Every 3 minutes someone in Ireland hears the words **"You've got cancer"**.



**3<sup>rd</sup>**

Ireland has the **third highest rate of cancer mortality** in Western Europe.



**44,000**

The number of people **diagnosed with cancer** each year.



**3 in 10**

The **proportion of deaths** in Ireland due to cancer in 2023.



**2<sup>nd</sup>**

Ireland's **ranking amongst EU member states** for new cancer diagnoses.



**220,000+**

The number of people **living beyond** their cancer diagnosis.



**10,308**

The **number of people who died** of cancer in 2023.



**100%**

The **anticipated increase** in cancer diagnoses by 2045 compared to 2015.

# Programme for Government Commitments

**225,000** people will learn they have cancer in the lifetime of this Government, assuming a five year term. That's 225,000 people and their families who will face the physical, emotional and financial toll that a cancer diagnosis entails.

**Our advocacy led to the inclusion of commitments in the 2025 Programme for Government to improve care and support for people with cancer and their families.**

**Key commitments include:**

- ▶ Develop a multi-annual funding approach for our health service (Irish Cancer Society believes this must include current and future National Cancer Strategies).
- ▶ Protecting diagnostic pathways and investing in infrastructure and equipment to meet target treatment times outlined in the National Cancer Strategy.
- ▶ Improving access to innovative new treatments for cancer.
- ▶ Expanding the BowelScreen and BreastCheck programmes.
- ▶ Reinstating the Laura Brennan Catch-Up Programme which expired in December 2023.
- ▶ Extending the Acute Haematology Oncology Nursing Service, an effective Emergency Department avoidance measure for cancer patients in active treatment.
- ▶ Implementing the National Genomics Strategy.

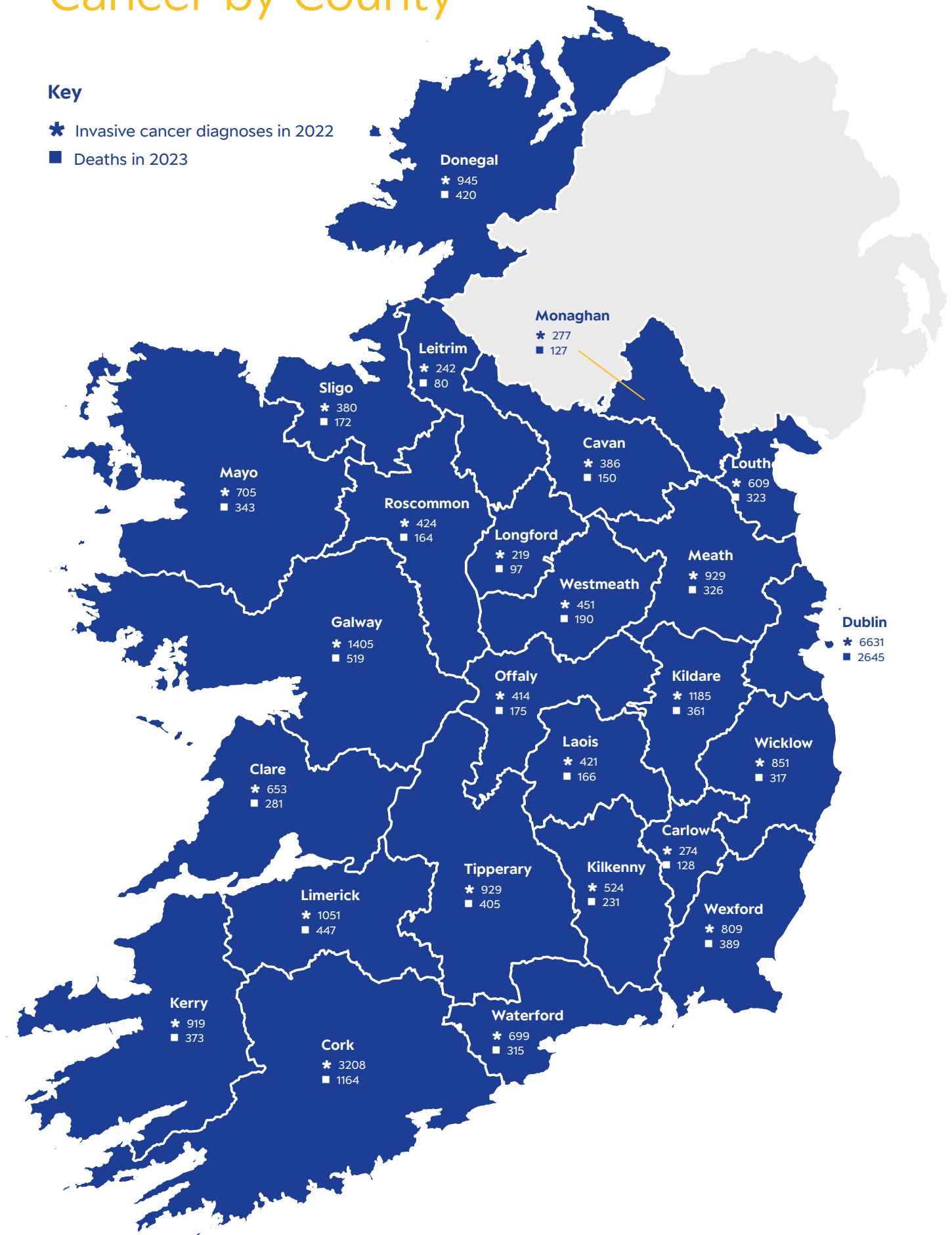
**We hope to see the Government act upon these commitments and ensure that multi-annual healthcare funding applies to current and future national cancer strategies.**

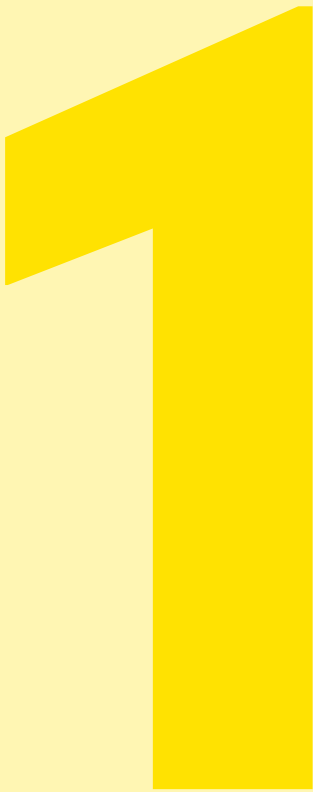
# Cancer by County

## Key

★ Invasive cancer diagnoses in 2022

■ Deaths in 2023





## Capital Investment

The ambition of the National Cancer Strategy must be underpinned by investment in our physical health and cancer care infrastructure, equipment and digital capabilities. We must invest to gain better outcomes.

# 1.1

## Digital Health

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### ► Issue

Ireland is a laggard in the field of digital health, ranking worst amongst OECD countries.<sup>vii</sup>

Amongst EU member states, Ireland is the only country which does not have electronic health data on an online portal.

viii

The Digital for Care Framework recognises the need to implement digital health infrastructure as a means of empowering patients, supporting the workforce and for data-driven decision-making.

We welcome the €190 million investment from the Capital Plan for advancing ICT as outlined in the HSE National Service Plan 2025.

It is now imperative that the Government outline specifically what budget will be assigned to each necessary task on a multi-annual basis.<sup>ix</sup>

### ► Programme for Government commitment:

- Continue to work towards the full digitisation of Irish healthcare records and information systems.

### ► Budget 2026 Asks

- Ensure that sufficient budget line is allocated to each of the designated activities in the Digital for Care framework to 2030 to ensure that the necessary planning and implementation is on track.





# 1.2

## Physical Infrastructure

► **Issue**

Cancer tests and treatment are frequently cancelled or disrupted due to competing pressures for beds and theatre space from emergency departments and other acute services.

Cancer care services compete with other services for health system resources.

This is particularly the case during flu season but is also increasingly occurring throughout the year. Such disruptions can negatively impact a person’s chances of surviving their cancer diagnosis.

Investment in health infrastructure in Ireland is important for patient outcomes. Access to timely tests and treatment depends heavily on the availability of physical equipment and infrastructure.<sup>x</sup> Unfortunately, we lag behind our high-income European counterparts when it comes to our overall healthcare infrastructure.<sup>xi</sup>

Too many people are waiting too long to access tests and treatment. Almost 200,000 people were waiting more than 3 months for a diagnostic scan at the end of March 2025.<sup>xii</sup>

While many of these issues relate to workforce shortages, the OECD/European Commission’s EU Country Cancer Profile for Ireland 2025 stated that the supply of diagnostic equipment – such as MRI and CT scanners – is significantly lower here than the EU average.<sup>xiii</sup>

Diagnostic Imaging Equipment <sup>xiv</sup>
Ireland
17.1 MRI machines per 1 million people
19.6 CT machines per 1 million people
1.7 PET scanners per 1 million people
EU Average
18.4 MRI machines per 1 million people
26.5 CT machines per 1 million people
2.3 PET scanners per 1 million people

The cancer care pathway must be protected. Cancer patients and patients under other specialties (e.g. emergency care) must not compete for use of the same resources, like surgical capacity.

At the end of 2023, too many cancer patients waited longer than recommended for their surgeries: 3 in 10 breast cancer patients and 2 in 5 lung cancer patients.<sup>xv</sup> Some of these issues are due to surgical capacity, and some are due to limited access to essential imaging services, like PET scans.

Urgent investment is needed to protect cancer diagnostic and treatment pathways from competing demands. The Irish Fiscal Advisory Council recommends increasing the national healthcare infrastructure budget by 5% each year, to bring Ireland on par with similar countries by 2030.<sup>xvi</sup>

Budget 2026, should ensure adequate funding to see through projects under appraisal or in design in the 2025 HSE Capital Plan, including but not limited to:

## Tests

- Endoscopy facility expansion or upgrade, e.g. Naas General Hospital, Connolly Hospital Blanchardstown, Our Lady of Lourdes Hospital (Drogheda), Cavan General Hospital.
- Radiology (diagnostic imaging) facilities/equipment, e.g. St James's Hospital, Cork University Hospital, University Hospital Limerick, Sligo University Hospital, Mater Misericordiae University Hospital, Connolly Hospital Blanchardstown.

## Treatment

- Radiation oncology facilities and equipment, e.g. at Beaumont Hospital,

St James's Hospital, St. Luke's Hospital (Rathgar), Beaumont Hospital.

- Oncology units/day ward extensions, e.g. at Naas General Hospital, Midland Regional Hospital Tullamore.
- Haematology oncology facilities and beds, e.g. St James's Hospital, Cork University Hospital.

Budget 2026 should also provide funding to advance projects to solve problems across the country such as:

### ► Galway University Hospital

No PET scanner, meaning scans are being outsourced privately at a higher cost. The hospital also needs a new CT scanner and facility – one CT scanner is 17 years old and keeps breaking down. The hospital's day ward treated 26,000 patients in 2024 – that is up from 13,000 in 2016. Visit volumes have increased as patients are being treated for longer regimens over longer durations.

### ► University Hospital Limerick

No PET scanner, affecting lung cancer patients and the ability to plan for the appropriate surgery or treatment. A current plan exists for a PET scan unit to be delivered within the next 5 years. Additionally, there is only one bronchoscopy room and no recovery room for patients post-bronchoscopy, also affecting lung cancer patients. If a recovery room existed, 4 bronchoscopies could be performed in one hour and not one, as is currently the case.

### ► University Hospital Waterford

Currently the Day Unit is located offsite in UPMC Whitfield since COVID. However there are no timelines around when the site will return to UHW, where space within the OPD will be more restricted. There is also no provision for clinical nurse specialists to review cancer patients in clinic.

### ► University Hospital Kerry

There is currently a plan to build a dedicated cancer unit to incorporate OPD, AOS and an oncology day ward. The design was signed off in December 2023 and capital funding was approved, but now it has languished and the costs have increased by at least 25% - essentially meaning capital funding must be applied for again. Restricted space issues at the hospital also mean that all haematology patients from Kerry are currently travelling to CUH for Systemic Anti-Cancer Therapy, despite the presence of a haematologist and 2 haematology clinical nurse specialists in UHK.

► Ongoing effective planning and investment are also needed to deliver sufficient capacity to meet the projected doubling of cancer diagnoses in Ireland between 2015 and 2045. To this end, a national modelling exercise should be carried out to anticipate future demand levels for different aspects of cancer care, and resources allocated to meet them.

## ► Budget 2026 Asks

- Increase the budget for the HSE Capital Plan by 5% in 2026.
- Fund the physical expansion of treatment facilities such as oncology day wards and surgery theatres, to increase patient capacity (alongside increase in staffing capacity).
- Invest in hospital infrastructure to protect diagnostic pathways (e.g. procedure rooms, endoscopy units, day ward space, up-to-date radiology and other testing equipment, etc.) and ensure those scheduled for diagnostic tests are seen within the recommended timeframe.
- Invest in endoscopy units and endoscopy workforce capacity.
- In the National Capital Plan review, ringfence funding to build designated Acute Haematology Oncology Service areas in all Type 1 hospitals in the first instance, in order that they are factored into new build asks or reconfiguration of existing structures.
- As part of developing the National Development Plan consultation, the NCCP, the Department of Health and Department of Public Expenditure, NDP Delivery and Reform must work together to map out the health and cancer care infrastructure needs to 2040 and beyond.

# 2

## Prevention

An estimated four in ten cancers are preventable through lifestyle changes such as not smoking, reducing alcohol intake, physical activity, being SunSmart and reducing exposure to air pollution.<sup>xvii</sup>

# Prevention

## At a glance

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**40%** 

The proportion of cancers **preventable** through modifiable risk factors.

**90%** 


The national and WHO **HPV vaccination target** for girls by age 15.

**78%** 

Vaccination uptake rate for all **First Year pupils** in the academic year 2022/23.

**7 in 10** 


The number of people in Ireland who think **sunscreen is too expensive**.

**23%** 

The **cost of VAT** on sunscreen in Ireland today.

**17%** 


The proportion of **smokers in Ireland** in 2024.

**12%** 

The proportion of **15-16 year olds** who report they are current smokers.

**8%** 

The proportion of the population who used **e-cigarettes** in 2024.

**18%** 

The proportion of e-cigarette users who have **never been tobacco users**.

**16%** 

The proportion of 15-16 year olds reporting they are **current users of e-cigarettes** in 2024, compared to 10% in 2015.

**5%** 

Ireland's **target smoking prevalence rate** by 2025.

## 2.1

# E-cigarettes and Novel Nicotine Products

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### ► Issue

E-cigarettes, and other emerging products, are leading to nicotine dependence and negative health outcomes.

There is increasing evidence pointing to the harms associated with vaping:

- Research from the Royal College of Surgeons in Ireland indicates that future cancers are likely to emerge due to long-term vape use.<sup>xviii</sup>
- The World Health Organisation (WHO) reports on the highly addictive nature of nicotine found in most e-cigarettes and novel nicotine products, highlighting the negative effect on brain development.<sup>xix</sup>
- Nicotine use increases blood pressure and heart rate with long-term exposure causing a heightened risk of cardiovascular disease.<sup>xx</sup>

E-cigarettes and novel nicotine products, such as nicotine pouches, are easily accessible, and often sold and marketed like sweets.

Fruity flavours and bright colourful packaging are clearly designed to attract younger generations. E-cigarette usage is highest among 15–24-year-olds, with 17% of this demographic reporting either daily or occasional use.<sup>xxi</sup>

Evidence from the Health Research Board shows that adolescents who had used e-cigarettes were three to five times more likely to start smoking compared to those who never used e-cigarettes.<sup>xxii</sup>

There are many measures available to tackle the use of e-cigarettes and novel nicotine products amongst younger generations, not least ensuring plain standardised packaging, a ban on non-tobacco flavours, including menthol and restrictions on point-of-sale advertising.

Budget 2026 also presents an opportunity to invest in prevention initiatives to reduce e-cigarette use.

### ► Programme for Government commitment:

Introduce wide ranging restrictions on vaping, including packaging, flavours, point of sale advertising and a ban on disposable vapes.





## ► Budget 2026 Asks

- Fund annual youth awareness prevention campaigns on the addictive nature and harmful effects of nicotine products, such as vapes and nicotine pouches (estimated €200k).
- Fund the establishment of a dedicated stop vaping service, including investment in staffing and medicines (€900k).
- Treat nicotine products (including e-cigarettes, nicotine pouches and any novel products) the same as cigarettes by introducing higher taxation in line with other EU countries.



## 2.2

# Reducing Smoking Rates

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### ► Issue

We are falling behind on Tobacco Free Ireland targets.

Tobacco Free Ireland, the national strategy for a tobacco-free Ireland by 2025, seeks to reduce the smoking rate to less than 5%.<sup>xxiii</sup>

However, the 2024 Healthy Ireland survey reports 17% of the population are smokers.

In Ireland, the impact of smoking-related illness is incredibly significant:

- Every week, over 100 people die and over 1,000 people are hospitalised from smoking-related illness.<sup>xxiv</sup>
- Smoking-related disease puts a considerable burden on the healthcare system, with an estimated annual cost to the health service of €460 million.<sup>xxv</sup>

Evidence shows that taxation and pricing are the most effective measures to reduce tobacco consumption and harms.<sup>xxvi</sup>

To complement these measures, sufficient QUIT supports and public awareness initiatives are crucial.

The demand for the QUIT Programme is the highest it has ever been. Stop smoking services are currently at capacity with over 20,000 people attending a HSE stop smoking service in 2024.<sup>xxvii</sup>

### ► Budget 2026 Asks

- Ensure adequate funding for the expansion of QUIT support services, including targeted QUIT initiatives for cancer patients.
- Establish a dedicated Tobacco Free Campus Bursary to support Tobacco Free Campus implementation across the health service (estimated €300k).
- Increase excise duty on cigarettes and roll-your-own tobacco products in line with the tobacco tax escalator and inflation.

## 2.3

# HPV Vaccination Programme

### ► Issue

Declining HPV Vaccination Programme uptake in schools.

Each year, around 640 people are diagnosed with a HPV-associated cancer, such as cervical, penis, anus and throat cancers.<sup>xxviii</sup> Most of us – both men, women and non-binary people – will get HPV in our lifetime.

The good news is that a safe and effective vaccination exists to prevent HPV-associated cancer, available free of charge to children in first year of secondary school. However, only 80% of girls and 76.6% of boys received the HPV vaccination in first year of secondary school during the 2022/23 academic year.

<sup>xxix</sup>

Unfortunately, this represents a drop in uptake since the 2019/20 academic year, when 84.1% of girls and 81.5% of boys took up the HPV vaccine.<sup>xxx</sup>

While uptake of vaccination via the school programme must increase, young people who missed out on their first opportunity in first year of secondary school must also get a second chance at a free vaccination.

### ► Programme for Government commitments:

- Implement Ireland's Roadmap to Cervical Cancer Elimination.
- Extend the Laura Brennan HPV Catch-up Vaccination programme to anyone under 25 who missed it.
- Promote the uptake of the HPV vaccine for young men and boys.

### ► Budget 2026 Asks

The Irish Cancer Society welcomes the HSE Cervical Cancer Elimination Action Plan, which aims to make cervical cancer rare by 2040. To support the overall reduction of HPV-associated cancers, the Government should:

- Fund the extension and expansion of the Laura Brennan HPV Catch-Up Vaccination Programme to all those under 25 who missed out on the HPV vaccination at school.
- Allocate multi-annual funding toward the HSE's Cervical Cancer Elimination Action Plan.

## 2.4

# Skin Cancer Prevention

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### ► Issue

Sunscreen products are too expensive.

Skin cancer is the most common cancer in Ireland with an average of over 11,000 cases diagnosed each year, 34% of all invasive cancers.<sup>xxxi</sup> By 2045, the number of people diagnosed with melanoma is expected to grow by more than 172% compared to 2015 figures.<sup>xxxii</sup>

We know that the risk of skin cancer can be reduced by following the SunSmart code (seeking shade, covering up, wearing a hat and sunglasses, using sunscreen from April to September) and by checking the UV index. However, research commissioned by the Irish Cancer Society reports that seven in 10 people say suncream is too expensive, and one in 10 say they do not wear it because they can't afford it.<sup>xxxiii</sup>

Although more public sunscreen dispensers have been made available since the initial sun awareness pilot campaign, widespread coverage and awareness is required, along with the resources needed to ensure sufficient upkeep.

Considering the increasing burden of skin cancer in Ireland and that most skin cancers are potentially preventable, investing in such a public health measure now will lead to long-term savings resulting from reductions in skin cancer rates.

### ► Programme for Government commitment:

- Develop a skin cancer awareness campaign.

### ► Budget 2026 Asks

- Fund and maintain sunscreen dispensers and their upkeep in public spaces across all communities in Ireland.
- Provide funding for shade structures in public recreational areas including playgrounds, creches and schools.
- Fund a public awareness campaign on the skin cancer risks associated with sun exposure and sun bed use.

# 3

## Genetic Services

Ireland's cancer genetic services are significantly underdeveloped. Around 5-10% of cancers are linked to an inherited genetic change.

# 3.1

## Genetic Services

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### ► Issue

Ireland's cancer genetic services are significantly underdeveloped.

Around 5-10% of cancers are linked to an inherited genetic change.<sup>xxxiv</sup>

24,207 invasive cancer diagnoses, excluding non-melanoma skin cancer, were diagnosed annually in the period 2018-2022.<sup>xxxv</sup> On this basis, we estimate that 1,210 and 2,420 invasive cancers were caused by genetic variants.

Timely access to testing, surveillance, and preventative surgeries costs a fraction of what it takes to treat advanced cancer. Tackling current delays isn't just lifesaving. It's cost saving.

However, patients with potential inherited risk are waiting too long to access public genetic clinics. As of the 14th May 2025, 782 people are waiting 18+ months to attend cancer genetic services in St. James's Hospital.<sup>xxxvi</sup>

Delays are caused by insufficient staffing for genetic testing services and a lack of ringfenced downstream capacity, including protected surgery time for preventative surgeries.

### ► Programme for Government commitment:

- Resource the National Strategy for Accelerating Genetic and Genomic Medicine.

### ► Budget 2026 Asks

- Fully resource the implementation of the recommendations of the National Strategy for Accelerating Genetic and Genomic Medicine in Ireland and the National Genetics and Genomics Workforce Plan.
- Fund dedicated time for surveillance and treatment services, including protected theatre time and ring-fenced diagnostic imaging.
- Provide funding for a national laboratory, speeding up wait times for cancer patients whose treatment pathway will be dictated by the results.



## Early Detection

The earlier cancer is caught, the better the outcomes. Patients are not guaranteed timely access to the tests they need to detect cancer, delaying vital treatments. Treatment delayed is treatment denied.

# Access to Tests

## At a glance

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**1 in 5**

The proportion of Irish people **waiting for a health test.**



**10**

The number of days a patient **should wait for a diagnostic test,** according to Sláintecare.



**190,586**

The number of people **waiting over 3 months for a diagnostic scan,** such as CT, MRI, ultrasound at the end of 2024.



**Up to 2,800**

The number of people **waiting more than four weeks** for an urgent colonoscopy (target = 0).



**1 in 4**

The the number of people **waiting longer than recommended** for an appointment at an urgent symptomatic breast disease clinic.



## 4.1

# Diagnostic Tests

### ► Issue

Too many patients are not accessing diagnostic tests in the recommended timeframe.

According to Sláintecare, a person should not wait longer than 10 days for a diagnostic test.<sup>xxxvii</sup> The cancer care pathway in Ireland is beset by delays in both protected pathways for diagnosing cancer, e.g. Rapid Access Clinics, and in non-protected pathways, e.g. diagnostic imaging/radiology.

Long waiting times result in inequality in the healthcare service. Patients without private health insurance often cannot afford to access diagnostic tests privately and, therefore, wait for longer.

Early diagnosis translates to greater cost savings to the State. Without investing in infrastructure, staff capacity and tools for early detection, patients will pay the price for delayed diagnosis with poorer survival outcomes and quality of life.

### ► Programme for Government commitments:

- Protect diagnostic pathways and invest infrastructure and equipment to meet

target treatment times outlined in the National Cancer Strategy.

- Research, implement and evaluate cancer prevention and early detection initiatives for men including prostate cancer.

### ► Budget 2026 Asks

- Train, recruit and retain sufficient staff to meet diagnostic targets, including in endoscopy, colonoscopy, colposcopy and radiology.
- Invest in and support the development of Advanced Practice Radiographer roles to aid in more timely access to diagnostics.
- Capacity should be identified and ring fenced in key imaging modalities to ensure clinical timelines for patients undergoing active oncology treatment to ensure demand and capacity pressures in diagnostic radiography do not adversely impact patient outcomes.

Continued →



- Invest in hospital infrastructure to protect diagnostic pathways (e.g. procedure rooms, day ward space, up-to-date radiology and other testing equipment, etc.) and ensure those scheduled for diagnostic tests are seen within the recommended timeframe.





# 5

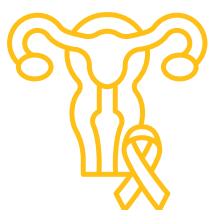
## Screening

Cancer screening works in an asymptomatic population by identifying cancer, and in some cases pre-cancerous changes. More cancers are caught at Stage 1 or 2 via screening compared to non-screening routes.

# Screening

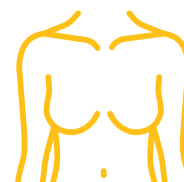
## At a glance

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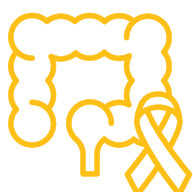
**9 in 10**

People are diagnosed at Stage 1/2 via **CervicalCheck** (compared to 5 in 10 outside of screening).



**9 in 10**

People are diagnosed at Stage 1/2 via **BreastCheck** (compared to over 7 in 10 outside of screening).



**6 in 10**

People are diagnosed at Stage 1/2 via **BowelScreen** (compared to roughly 4 in 10 outside of screening).



**€4.9 million**

The investment from the Irish Cancer Society in the Beaumont-RCSI Irish Cancer Society Lung Outreach Programme, including a **Lung Health Check** Pilot.

# 5.1

## Screening

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### ► Issue

Without investment, cancer screening cannot expand to include more people and more cancer types.

The European Council recommendation on strengthening prevention through early detection includes bowel screening for those aged 50-74 years and breast screening for those aged 45-74 years.<sup>xxxviii</sup> In Ireland these programmes are only available to those aged 59-70 and 50-69 respectively.<sup>xxxix</sup>

Specifically, the National Cancer Strategy aimed for BowelScreen to be available to all people aged 55-74 by the end of 2021 but is currently only available to people aged 59-70.<sup>xl</sup> In Budget 2025, funds were allocated to expand BowelScreen to 70-year-olds and 58-year-olds.

While the Irish Cancer Society would like to see BowelScreen expanded in line with European Council recommendations, we acknowledge that consistent underfunding of the National Cancer Strategy means that this must currently be done on a phased basis.

In Budget 2026, we would like to see BowelScreen further expanded by 2 years to 57- and 71-year-olds.

The Irish Cancer Society has invested in a Lung Health Check (targeted screening) trial to catch lung cancer as early as possible. The Government must work with us to evaluate the trial and develop a national lung screening programme.

Accessibility and inclusion are important for participation. Uptake across screening programmes is not uniform, with variations based on gender, socio-economic and educational attainment factors.<sup>xli</sup>

People with disabilities have also highlighted challenges in accessing screening programmes, including lack of communications/information and accessibility challenges at screening sites.<sup>xlii</sup>

### ► Programme for Government commitments:

- Actively promote the increased uptake of all screening programmes
- Extend the BowelScreen cancer screening programme.

- Extend the ages for BreastCheck screening programme in line with updated standards from HIQA.
- Evaluate the current lung cancer screening pilot in line with WHO criteria and develop recommendations for a way forward.
- Undertake a review of European screening and early detection programmes including for prostate and gastric cancers, to guide any further expansion of screening programmes.



## ► Budget 2026 Asks

### • Allocate funding to the National Screening Service to:

- Expand the age range for BowelScreen to 57- and 71-year-olds (€2 million).
- Ensure BowelScreen reaches the 60% uptake target.
- Expand the age range for BreastCheck to 45 - 74 years of age.
- Plan for new programmes in lung, prostate and gastric cancer, as recommended by the European Council.

### • Invest in:

- Communications and awareness raising activities to support the equitable uptake of screening across all communities in Ireland.
- Enhanced accessibility of screening programmes to groups less likely to attend, including people with disabilities.
- Allocate funding for the evaluation of the BRCSI Irish Cancer Society lung health check pilot as committed to in the Programme for Government, with a view to developing a model for a national lung screening programme.





## Treatment

Cancer patients in Ireland should have access to the right care, in the right place, at the right time.

# Treatment

## At a glance

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1 in 4



The number of people in the general population who are **not confident they can access cancer treatment**, e.g. radiation therapy, surgery, or cancer medicines.

14 - 22%



The **estimated shortfall in the number of radiation therapists** needed in the public health service.

€22.6 million



The **sum paid to private radiation therapy services** in 2024 by the HSE due to insufficient public capacity.

2 in 5



Lung cancer patients **did not get their surgery** within the recommended timeframe in 2023.

3 in 10



Breast cancer patients did not access their **breast cancer surgery** within the **recommended timeframe** in 2023.

45%



**Less than half of drugs** undergoing the reimbursement and pricing decision-making process in Ireland are **assessed within a year**; only 3 in 5 (62%) are assessed within 2 years.

15%



Of cancer patients did not access **systemic treatment, like chemotherapy**, within the recommended timeframe in the year to February 2025.

9 in 10



INMO nurses are **concerned about patient safety**.

1 in 3



Cancer patients did not access **radiation therapy** within the recommended timeframe in 2024.

1 in 2



INMO nurses **feel pressure to work more hours/shifts** to compensate for staffing deficits.

## 6.1

# Timely Access to Treatment

### ► Issue

When it comes to treating cancer, time matters.

A delay of four weeks in getting surgery, chemotherapy or radiotherapy can affect a person's chances of surviving cancer. Delays in accessing treatment leads to great anxiety for patients. Insufficient staffing and infrastructure mean that clinical targets, many set out in the National Cancer Strategy, are not being met.

Too many cancer patients have faced delays to accessing surgery, chemotherapy, and radiation therapy. Some services, e.g. radiation therapy, have significant staffing issues and rely on private outsourcing at great expense to the taxpayer. In 2024 alone, almost €23 million was paid to private radiation therapy services. It is time to invest in public capacity.<sup>xliii</sup>

### ► Budget 2026 Asks

- Ringfence funding year on year to maintain a radiation therapy clinical practice tutor in each of the five

public sites to build future capacity by training new radiation therapists. Investment should commence in 2025 with dedicated funding for 3.5 whole-time-equivalent posts.

- Invest in workforce capacity to:
  - Ensure safe and sufficient staffing levels in cancer care;
  - Address the challenges to recruitment and retention of staff in cancer services, through adequate training places across all disciplines, improved mechanisms for recruiting from overseas and improvements in working conditions.
- Invest in and support the development of Advanced Practice Radiation Therapist roles to aid in more timely access to treatment
- Invest in infrastructure (i.e. dedicated physical space and equipment to enable protected pathways for treatment, including day ward space, inpatient beds and theatres) to meet the target treatment times set out in the National Cancer Strategy and annual increases in the number of people getting cancer.



## **Investing in Cancer Care: The success of the Acute Haematology Oncology Nursing Service**

*“Excellent service, extremely reassuring and clear on what to do and who to ring. Extremely efficient and has most definitely saved my life”*

– Service user

# AHOS at a glance

**21,873**

the total numbers of calls received  
by the AHOS nursing service in 2024

**13,091**

calls from patients who were  
managed at home in 2024

**5 years**

the number of years the AHOS nursing  
service has been operating



Of the patients who require  
further review at hospital

**60%**

were managed and discharged  
home on the same day

**€2.3m**

the amount of funding required to  
expand it to a national 24/7 service

**Monday – Friday**

Monday to Friday, 8am–4pm: current service operating hours



**People on cancer treatment can experience complications between hospital appointments and the need for urgent advice or care. They should not have to attend emergency departments to access this.**

The Acute Haematology Oncology Nursing Service (AHOS) began in 2020 and helps cancer patients manage symptoms at home by providing them with a direct access to a Clinical Nurse Specialist via a dedicated SOS Hotline across 26 centres.

Led by the National Cancer Control Programme, the service delivers better patient outcomes by reducing emergency department admissions. Targeting cancer patients undergoing systemic anti-cancer therapy (SACT), the service focuses on symptom management and early intervention.

Despite the success of the programme to date, challenges remain, including access outside 8am to 4pm, Monday to Friday.

While the service received €700,000 in funding in Budget 2025 to recruit additional staff – and a planned expansion featured in the Programme for Government – further investment is urgently required to run on a 24/7 basis nationally. The service, the AHOS, needs additional funding to run on a 24/7 basis and deliver quality care when patients need it most.

Cancer isn't nine to five. Cancer services need to be 24/7.



#### **Programme for Government commitment:**

- Expand the Acute Haematology Oncology Nursing Service.

#### **► Budget 2026 Asks**

- Allocate €2.3 million to grow the Acute Haematology Oncology Nursing Service into a 24/7 service nationally.
- In the National Capital Plan review, ringfence funding to build designated AHOS areas in all Type 1 hospitals in the first instance, ensuring they are factored into new build asks or possible reconfiguration of existing structures.

## 6.2

# Clinical Trials

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### ► Issue

Too few cancer patients get the opportunity to participate in clinical trials, missing out on new and innovative treatments.

Ireland is a laggard when it comes to cancer clinical trials, with roughly 3% of cancer patients<sup>xliv</sup> participating in trials compared to the already modest target of 6% in the National Cancer Strategy.

Cancer patients have better outcomes in research active hospitals. Investment in cancer research is essential to find new and better ways of preventing, detecting and treating cancer. In addition to increased funding, there is an urgent need for reform of the regulatory process for clinical trials in Ireland.

### ► Programme for Government commitments:

- Increase the number of clinical trials and examine how better to support clinicians, researchers, and support staff to focus on clinical trial activities.

### ► Budget 2026 Asks

- Fund protected time for clinicians and adequate research and support staff.
- Improve data protection and other regulatory processes to improve participation in cancer research and trials.
- Ring-fence regular, flexible, and sustained investment in clinical trials research and infrastructure.
- Ensure that HSE income from commercially funded studies can be directly invested into clinical trial operations at the discretion of local clinical trials governance structures, including funding clinical trials staff.



## 6.3

# Access to Medicines

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### ► Issue

Cancer patients are missing out on timely access to new effective medicines.

Access to new medicines is significantly slower, and more limited, in Ireland than in other countries. As a result, patients are being denied medicines that can significantly improve and save lives.

Inequality between public and private patients is also increasing, as many cancer drugs are now only available to those with private health insurance.<sup>xlv</sup>

As a priority an early access scheme should be funded to ensure patients' needs are met while health technology assessments are underway.

Additional funding should be made available to ensure drugs currently awaiting approval are funded. This funding should be ring fenced for new medications. The new European joint clinical assessment should be used as an enabler for collective bargaining to drive savings.

Use of generics and biosimilars offers significant opportunities for savings in the next number of years.<sup>xlvi</sup>

The drug reimbursement process requires end to end review by relevant stakeholders to ensure that it meets patients' needs for faster and fairer access.

### ► Programme for Government commitments:

- Commit to a review of the drugs reimbursement process.
- Implement the Mazars Review recommendations to ensure that the end-to-end approval process is effectively resourced to provide more timely access to drugs.
- Investigate new methods for earlier reimbursement of certain treatments, including early access schemes for rare diseases.
- Work towards a more coordinated approach at European level, akin to the Benelux agreement, to leverage benefits similar to those achieved during the Covid-19 vaccination programme.
- Invest and advocate for the development and accessibility of innovative and breakthrough treatments for cancer, and other major diseases to improve patient outcomes.



## ► Budget 2026 Asks

- Increase the budget for new cancer medicines in Budget 2026 by an additional €30 million.
- Provide funding for swift introduction of an early access programme.
- Initiate a review of the drug reimbursement scheme.
- Use of Joint Clinical Assessments to enable EU collective bargaining.

# Spotlight:

## Community-based Oncology Care

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The increased demand for cancer care in Ireland and the evolving landscape of systemic anti-cancer therapy (SACT) necessitate a shift towards more community-based care – a key Sláintecare goal.

Ireland's first HSE-led Community Oncology Clinic is situated in Glasnevin, where it provides patients in the locality with nurse-led cancer treatment close to their homes. The service is a best-in-class example of a community-based oncology service which enhances the patient experience, reduces waiting times and alleviates pressure on acute day wards.

Originally set up by Community Intervention Teams in Dublin North County, Dublin North City and West, the service began with disconnection of chemotherapy pumps and central venous access device flushes for patients. It has now expanded to deliver a specific cohort of safe SACT and supportive medicines to cancer patients aligned with the Mater Hospital. Other patients from hospitals such as Beaumont can also avail of chemo pump and portflush disconnections.

Other smaller oncology-led community initiatives have been piloted and/or exist around the country albeit offering various different treatment regimens, such as Galway, Kerry, Letterkenny and St James's.

### The advantages of a community-based oncology clinic for patients are various:

- Patients are cared for safely in their community.
- On-site parking which is free-of-charge.
- Irish Cancer Society provides transport to the service.
- Close links with hospital-based teams, rapid referrals.
- Flexible appointment times which accommodate work/family life.
- Easily contactable.
- Weekend and bank holiday service is available for selected treatments.
- Continuity of care from highly skilled and experienced nurses.

**4,079 patient appointments took place at the clinic in 2024.**

This figure includes 3,182 patients from the Mater and 899 patients aligned to other hospitals such as Beaumont.

The net benefit of this is that it frees up critical space in the hospitals' oncology day wards, and enables them to concentrate on more complex chemotherapy regimens as a result.

“

*The staff are so good, I feel well minded there... they ring me back promptly when I have a query.*

“

*Less stressful coming to a small clinic.*

“

*I get an appointment time before I start work.*

“

*I hope someday more cancer patients get some of their treatments in the community.*

## ► Budget 2026 Ask

- Invest in the development of the service nationwide by funding staffing and training; infrastructure, service development, drugs budget and day-to-day running costs.

This is in line with the SACT Model of Care, which stipulates that Type 1-3 SACT hospitals may establish SACT outreach clinics.

These are provided by community infusion clinics or by third party/private providers under contract with the hospitals/HSE.

# "Chemo in the Community"

At a glance

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**10 years**

Since the clinic first opened for chemotherapy pump disconnections and central venous access device flushes.



**6**

The number of years the **Irish Cancer Society** has been driving patients to the clinic under the Transport Service.



**4,079**

The total number of appointments in 2024, **alleviating the burden** on acute hospitals.



**2019**

The year the clinic **began administering SACT** and other supportive medicines.



**3,182**

The number of patients from the **Mater Hospital** alone.



## Living well with and beyond cancer

Approximately 220,000 people in Ireland are living beyond a cancer diagnosis. Many are living with unmet needs.<sup>xlvi</sup>



# Investing in Cancer Care

## Lymphoedema / Lipoedema Model of Care

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An estimated 20,000 people in Ireland live with lymphoedema<sup>xlviii</sup>, a build-up of lymph fluid as a result of cancer surgery or treatment. This build up of lymph fluid causes swelling in all or part of a limb (usually in the arm(s) or leg(s)), often resulting in severe pain, reduced function, among other symptoms.

We have heard from patients with no local access to lymphoedema services who are dealing with the medical, and often financial, impact as a result.

Each year, it costs €13.6 million to treat patients with cellulitis related to lymphoedema. Comprehensive lymphoedema services would reduce the expense of treating lymphoedema by over 87%.<sup>xlix</sup>

The proof-of-concept Specialist Lymphoedema Clinics in the Lymphoedema/Lipoedema Model of Care (MOC)<sup>i</sup> yielded remarkable results in giving the right care at the right time.

The result? Early detection services led to a reduction in lymphoedema incidence in breast cancer patients, from 25% to 2%.

Furthermore, they showed less demand on hospital and community services, with GP visits reduced by 86% and Public Health Nurse visits by 70%.<sup>ii</sup>

Investment in lymphoedema services would save the State money and spare cancer patients considerable pain and discomfort.

### ► Budget 2026 Ask

- Provide €8 million on an annual basis to fund the Lymphoedema/ Lipoedema Model of Care.







## Patient Quote

*"A year and a half after my breast cancer surgery, I developed lymphoedema. Despite trying hard to manage my risk and doing all the things I was advised to do, I still got it. As well as the challenging physical impacts, lymphedema can also affect how you feel and how you look, ultimately having an affect on your confidence and mental health.*

*To keep on top of the condition, I found that regular Lymphatic drainage massage can help to keep it under control, and stop the extra swelling and the pain. These are not available in the public health system, and are only available privately. These sessions are very costly, and therefore not available to most people.*

*With the number of cancer survivors rising in Ireland, the number of people who will develop lymphoedema will also rise. If people cannot afford regular Lymphatic drainage massage, their condition will get worse, and ultimately they will end up having to be cared for in the public system. We need this treatment publicly provided to cancer survivors."*

**Olivia Nolan**

Breast cancer survivor



## 7.1

# Spotlight: Working after a cancer diagnosis

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### ► Issue

Those returning/remaining at work after a cancer diagnosis are not adequately supported.

Returning to work after cancer can bring challenges. 40% surveyed noted that they returned to work due to financial need, with nearly 40% also feeling that their leave was too short.<sup>lii</sup> Women, younger workers, the self-employed and those working in the public sector were more likely to report a negative impact.

People who are self-employed face often face additional challenges in accessing financial supports when they receive a cancer diagnosis. While those who do not qualify for the Invalidity Pension can apply for Disability Allowance, the criteria for the latter are restrictive. The means test can be difficult to satisfy, and the applicant must be out of work for at least a year.<sup>liii</sup>

The current criteria for state supports are not sufficiently accommodating for those out of work due to a cancer diagnosis. Medical professionals cannot always predict how long the patient will be absent from work.

Such consideration and nuance should inform the application process and in turn, the additional financial supports provided.

Social protection supports should enable people to return to work at a time, and to the extent, that is appropriate for them. They should also enable people to attend medical appointments without having to take unpaid leave.

### ► Budget 2026 Asks

- Broaden the Partial Capacity Benefit criteria to facilitate more employees seeking a phased return to work after a cancer diagnosis.
- Introduce a new statutory payment for employees and self-employed people with chronic illness to attend medical appointments rather than being forced to take unpaid leave.
- Evaluate current illness supports for the self-employed to ensure adequate financial assistance when out of work due to a serious illness.

## 7.2

# Key Survivorship Supports

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### ► Issue

Survivorship needs are not being adequately met.

Many may need support with the emotional and social impact of cancer and would benefit from access to psycho-oncology services.

Others, need access to a range of other survivorship services that can be difficult to access through the public health service, such as dieticians and speech and language therapists.

Treatment side effects and late effects can also mean many people are unable to return to full-time work and require flexibility and ongoing financial support.

Cancer survivors, including those living with cancer as a chronic illness, should be sufficiently supported physically, financially and psychologically.

### ► Budget 2026 Asks

- Provide funding to hire an adequate number of dieticians, physiotherapists, occupational therapists and medical social workers in the public health service to meet the needs of service users.
- Ensure cancer survivors can access timely assessment and treatment for long-term and late effects such as pain, fatigue, depression, incontinence, and sexual dysfunction.
- Ensure the funding of cancer survivorship programmes, to allow cancer patients to transition from cancer treatment back to “normal” life, with easy and direct pathways to re-enter cancer services if required.

# Costs of Cancer

## At a glance

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**€1,500**

The **average monthly drop in household income** following a cancer diagnosis.



**Up to €300**

The cost cancer patients can face for **car parking charges** per month.



**2 in 3**

The proportion of palliative care nurses who reported **patients were struggling to pay energy bills**.



**1 in 4**

The proportion of people who feel they must **prioritise other costs over their healthcare**, including heating and eating.



**€4,776**

The estimated cost to families associated with **attending their child's cancer appointments** in a year.

## 7.3

# Costs of Cancer

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Every day, the Irish Cancer Society hears from families who are struggling to make ends meet while going through cancer.

People are being crushed by rising costs, while also trying to cope emotionally and keep their households running.

For many cancer patients their income disappears, but the bills keep coming. Mortgage payments, heating costs, groceries, childcare – all while facing the most physically and emotionally exhausting time of their lives.

For many, a cancer diagnosis means financial freefall.

### Patient Quote

*"Managing financially has been one of the hardest things about my cancer.*

*We have a mortgage and we were both working hard to make those repayments.*

*Then all of a sudden I can't work."*



**Kerrie Kennedy**

Living with bowel cancer

## 7.4

# Hospital Car Parking Charges

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### ► Issue

The added burden of expensive hospital parking charges heightens stress for cancer patients at an incredibly vulnerable time.

Hospital car parking challenges faced by patients include:

- Inconsistent parking policies across hospital sites.
- Where concessions exist, they are poorly advertised or unclear.
- No refunds available for overpayment.

Some hospitals offer free or reduced parking; others charge up to €3.20 per hour.

This postcode lottery is unjust and places a financial strain on cancer patients and their families.

University Hospital Galway has a daily concession rate of €5, Midland Regional Hospital Tullamore's daily concession rate for oncology patients is €1 per day.

In Dublin, St James's Hospital offers a €5/day concession but Tallaght Hospital charges €2.50 per hour and the Mater Hospital charges €3.20 per hour.<sup>liv</sup>

### ► Programme for Government commitment:

- Explore further ways to reduce hospital car parking charges.

### ► Budget 2026 Ask

- Provide funding to abolish car parking charges for cancer patients nationwide.





# County Car Parking Costs and Concessions<sup>lv</sup>

## 2025

County	Cost / Concession
Carlow	N/A
Cavan	<b>Concessions:</b> Free parking for long-term or palliative patients at Cavan General Hospital.
Clare	N/A
Cork	<ul style="list-style-type: none"> <li>• No patient car park at Mercy University Hospital.</li> </ul> <p><b>Concessions:</b></p> <ul style="list-style-type: none"> <li>• €5 weekly for patients getting radiation treatment &amp; €5 daily for patients getting chemotherapy at Cork University Hospital.</li> <li>• On a discretionary basis at South Infirmary Victoria University Hospital.</li> </ul>
Donegal	<b>Free for cancer patients:</b> Letterkenny University Hospital.
Dublin	<p><b>Free for cancer patients:</b></p> <ul style="list-style-type: none"> <li>• St. Luke's Hospital, Rathgar</li> <li>• Connolly Hospital</li> </ul> <p><b>Concessions:</b></p> <ul style="list-style-type: none"> <li>• 50% concession at St Vincent's University Hospital</li> <li>• €5 a day at St James's Hospital</li> <li>• €36 rate for the first week and €10 per week thereafter for patients/guardians of inpatients staying more than 10 days at a time in CHI at Crumlin Hospital.</li> </ul> <p><b>No free parking or concessions:</b></p> <p>Beaumont Hospital (upon review); Mater Hospital; Tallaght University Hospital (flexible passes available).</p>
Galway	<p><b>Free for cancer patients:</b> Designated spots at Portiuncula University Hospital.</p> <p><b>No free parking or concessions:</b> Galway University Hospital (concessions expected soon at €5 per week).</p>



County	Cost / Concession
Kerry	<b>Free for cancer patients:</b> University Hospital Kerry.
Kildare	<b>Free for cancer patients:</b> Designated spots at Naas General Hospital.
Kilkenny	<b>Free for cancer patients:</b> Subject to availability of spaces at St Luke's Hospital.
Laois	<b>Concessions:</b> On compassionate grounds at Midland Regional Hospital, Portlaoise.
Leitrim	N/A
Limerick	<b>Concessions:</b> University Hospital Limerick.
Longford	N/A
Louth	<b>Concessions:</b> Reduced rate for Oncology patients attending Our Lady of Lourdes Hospital Drogheda.
Mayo	<b>Free for cancer patients:</b> Mayo University Hospital.
Meath	N/A
Monaghan	N/A
Offaly	<b>Concessions:</b> €1 per day for cancer patients, Midland Regional Hospital Tullamore.
Roscommon	N/A
Sligo	<b>Concessions:</b> In exceptional circumstances by management discretion.
Tipperary	<b>Free for cancer patients:</b> Tipperary University Hospital.
Waterford	<b>Concessions:</b> 2/5/15 day passes available at University Hospital Waterford.
Westmeath	<b>Free for cancer patients:</b> Provided to the families of paediatric patients with cancer, life limiting conditions and disability at Regional Hospital Mullingar.
Wexford	<b>Concessions:</b> 2/5/15 day passes available at Wexford General Hospital.
Wicklow	N/A



## Patient Quote

*"I travel by car from my home in Co. Laois to hospital in Cork. I also attend pain management in a separate Cork hospital.*

*I travel at least once every four weeks to receive targeted treatment, for blood tests, scans or other appointments. Between these appointments, I then also have to go to the other appointments for pain management.*

*Going back and forth to the hospitals in Cork, is about €40-50 for Diesel each time. On top of this, I pay the toll going there and back also. Once I get to the hospitals, car parking can range from €8, up to €24. This depends on how long my appointments take.*

*It can be extremely hard financially, especially when you can't work due to illness. I still haven't been signed off to go back to work, so I am not receiving a salary. It's stressful.*

*Between travelling and the cost of everything, it's just not something patients should have to worry about on top of everything else."*



**Samantha Vaughan**

Living with lung cancer

## 7.5

# Medical Cards

### ► Issue

Cancer patients face a heavy burden of medical expenses, and an equally burdensome application process.

An Irish Cancer Society/Core Research survey from August/September 2024 showed 1 in 5 people put off going to a healthcare appointment when needed due to cost.<sup>lvi</sup> Some reported having to prioritise heating and eating instead.

We often hear from cancer patients struggling with the burdensome application processes for state supports.

Many give up as they cannot find the physical or mental capacity to complete the long, time-consuming application at a time when they are already feeling weak and vulnerable.

Currently, the medical card application pack is 20 pages long.<sup>lvii</sup>

Such administrative burdens are the last thing a cancer patient needs. Precedents for shorter application forms have been set, which should be considered across the board.

### ► Programme for Government commitment:

- Seek to further increase medical card income limits.

### ► Budget 2026 Ask

- Provide medical cards to all cancer patients upon diagnosis, until their treatment is finished.

### Patient Quote

*"I initially wasn't entitled to a medical card. They rejected my application on the basis that my income before I was diagnosed was too high, but that was from when I was working full-time, and I was fit and healthy. I worked full-time for 11 years before I was diagnosed.*

*I never asked for any of this to happen and it's been a shock to everyone."*



**Nathan Nash**

Lymphoma survivor

## 7.6

# Energy Hardship

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### ► Issue

People receiving palliative care and their carers are more vulnerable to the cold.

Many are struggling to heat their homes due to high energy costs.

A survey of palliative home care nurses, commissioned by the Irish Cancer Society, showed that:

- Almost 1 in 3 nurses reported that a person they cared for, or their family, initiated a conversation about energy hardship.
- 3 in 5 nurses reported households' difficulty in paying bills (e.g. utilities, mortgage, rent).
- 2 in 3 nurses reported households' difficulty affording home heating.

Palliative home care nurses identified housing issues such as damp, mould, condensation, and draughts.<sup>lviii</sup>

### ► Budget 2026 Asks

- Remove barriers to help people at end-of-life receive broader State supports to help them feel more comfortable and supported at home.
- Automatic entitlement to the Household Benefits Package, Fuel Allowance and Additional Needs Payment, and electricity credits for cancer patients in palliative care for the remainder of their life.



## 7.7

# Drugs Payment Scheme

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### ► Issue

Cancer patients face the disproportionate financial burden of prescribed medicines or medical and surgical appliances.

As it stands, the Drugs Payment Scheme (DPS) limits the costs of approved medicine and equipment to €80 per month.<sup>lix</sup>

### ► Programme for Government commitment:

- Consider further reductions in the Drugs Payment Scheme.

### ► Budget 2026 Ask

- Reduce the Drugs Payment Scheme threshold to €40 per month or less.

### Patient Quote

*"My cancer isn't covered by the medical card, even though I'll have it for life.*

*I can't understand it. I don't have a cancer that can be cured, I'll be on treatment forever.*

*I have to get the same meds every month on the Drugs Payment Scheme, so that's €80 a month.*

*I have a low immune system so when I get sick or have an infection, I have to see my doctor but it's €75 every time just for the appointment."*



**Emma Butler**

Living with chronic myelogenous leukemia



## 7.8

# Prescription Charges

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### ► Issue

Those most at risk of being economically vulnerable are under undue financial strain.

As it stands, medical card holders under 70 are charged €1.50 for each item on prescription from a pharmacy up to a maximum of €15 per month per person/family.

Those over 70 pay a prescription charge of €1 per item, up to a maximum of €10 per person/family.<sup>ix</sup>

### ► Budget 2026 Ask

- Abolish prescription charges for all medical card holders.





## End-of-life

Each year, 10,000 people in Ireland die from cancer. Three-quarters of the population would prefer to die at home; yet only 1 in 4 people with cancer die at home.

## 8.1

# End-of-life Palliative Care Services

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### ► Issue

Three-quarters of the population would prefer to die at home; yet only 1 in 4 people get that chance.



Each year, 10,000 people in Ireland die from cancer. Three-quarters of the population would prefer to die at home; yet only 1 in 4 people get that chance.<sup>lxi</sup>

The Irish Cancer Society is supporting people to die at home. In 2024, we provided quality at-home care to more than 1,700 people with cancer in their final days through our Night Nursing service.

However, dying at home is not always possible for a range of reasons. There must be greater access to hospice and other end-of-life services, such as quality psycho-oncological and practical support for people at the end of their life and their loved ones.

The Irish Cancer Society believes that the equitable, local (or at-home) provision of quality palliative care, free at the point of access, should be available for all who need it.

### ► Budget 2026 Asks

- Increase Government support for the Irish Cancer Society Night Nursing service so that more people can spend their final nights in the comfort of their own homes.
- Ensure greater accessibility of palliative care services across all counties in Ireland so that no community is excluded from accessing such a vital service.



## **Children, Adolescents and Young Adults (CAYA)**

Following a child's cancer diagnosis a family will lose over €1,200 in income each month with new costs for medication, mental health supports, educational supports etc.<sup>lxii</sup>

## 9.1

# Treatment Abroad Scheme

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### ► Issue

Cancer patients and their families must fork out considerable expenses to cover the costs associated with undergoing approved treatments outside of Ireland.

The Treatment Abroad Scheme (TAS) covers the cost of planned treatment in another EU country or EEA country, the United Kingdom or Switzerland.<sup>lxiii</sup>

48 cancer patients aged 24 and younger, and 78 cancer patients over the age of 25 were approved under the Scheme in 2024.<sup>lxiv</sup>

In the case of CAYA patients, the initial air or sea fare of one or both of their parents/guardians are reimbursed, along with the patient themselves.

Non-medical expenses, such as transportation, accommodation and other expenses associated with treatment overseas are not covered under the Scheme.<sup>lxv</sup>

We hear from families of children with cancer who depend heavily on organisations such as the Gavin Glynn Foundation, in assisting them with the

logistics and financial aspects of travelling overseas for cancer treatment not available in Ireland.

Families report back to us that they would not be able to take their child abroad for treatment if they did not receive such assistance as the expenses are just too great for them to face.

It is often the case when a child gets a cancer diagnosis that one of the parents must reduce their hours at work or stop employment altogether to care for their child.

### ► Budget 2026 Asks

- Expand the Treatment Abroad Scheme to cover non-medical expenses of cancer patients travelling abroad for medical care. This should include expenses for a companion to travel with an adult patient.

## 9.2

# Psycho-oncology Model of Care

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### ► Issue

Adolescents and young adults do not receive sufficient psycho-oncology supports to address their specific needs.

### ► Budget 2026 Ask

- Fund the full implementation of the Model of Care for Psycho-Oncology services for patients aged 0-24 years and their families.

In addition to the financial burden of a cancer diagnosis, cancer and its treatments can have a significant impact on patients when it comes to their mental health.

Adolescent and young adult (AYA) cancer patients have unique support requirements. This complex developmental phase is accompanied by certain needs relating to identity, body image, and relationships, among others.

The “National Model of Care for Psycho-Oncology Services” contains actionable steps to help develop services to meet these needs at a national and across all cancer centres.<sup>lxvi</sup>

### ► Programme for Government commitment:

- Implement the Model of Psycho-Oncology for patients up to 24 years of age.



## 9.3

# Domiciliary Care Allowance

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### ► Issue

Families of a child with cancer face undue financial hardship.

### ► Budget 2026 Ask

- Expand the Domiciliary Care Allowance eligibility criteria from 16 to 18 years of age.

The Domiciliary Care Allowance (DCA) is a monthly payment for families caring for a child under 16 with “a severe disability requiring continual or continuous care and attention, substantially in excess of the care and attention normally required by a child of the same age”. The full rate of payment stands at €360 per month.<sup>lxvii</sup>

This payment helps to meet the increased expenses associated with caring for a child with cancer. Families use this payment as a source of supplementary income while they cannot work and care for their child on a full-time basis.

The current policy means that when the young person turns 16, they are no longer entitled to the DCA. They can instead apply for Disability Allowance on their own behalf, which amounts to €62 per week at the full rate and €31 at the half rate.<sup>lxviii</sup>

This leaves families less financially secure, missing out on €112 per month, at a time when they are already under additional pressure.





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**WE. WON'T. STOP.**

