



Submission

Irish Cancer Society Response to the Department of Health's call for submissions on
its 2017 Capacity Review

September 2017

The Irish Cancer Society

Established in 1963, the Irish Cancer Society is the national cancer charity. Our vision is that every person in Ireland will have access to the best possible cancer services; will have the lowest risk of getting cancer, the highest chance of survival and the best support and information available when affected by cancer.

Our goals are cancer prevention, early detection and fighting cancer with three programme areas to achieve them: advocacy, cancer services and research.

The Irish Cancer Society welcomes the opportunity to respond to the Department of Health's call for submissions to its Capacity Review.

Introduction

The Department of Health's Capacity Review is particularly welcome in the context of cancer treatment, care and delivery of services to patients and survivors, especially in light of the publication of the new National Cancer Strategy for 2017 - 2026.

The Irish Cancer Society doesn't believe that it's an exaggeration to say that Ireland is facing into a cancer crisis, with an expected increase, based on demographics, of about 50% in cancer cases from 2010 to 2025. In the same time period, the total number of patients having cancer-directed surgery is projected to increase by 50-55%, the number having chemotherapy by 42-48%, and the number having radiotherapy by 32-35ⁱ. Surgery, chemotherapy and radiation oncology services will all need to grow to meet increased demand.

As the population ages, and as Irish people live longer, thanks to advances in screening, diagnosis and treatment, the cancer burden and pressure on existing resources will greatly increase.

More and more people are surviving cancer thanks to these advancements, continued investment in improving cancer care in Ireland, and a strategic focus on improving treatment and services, which has seen survival rates for cancer in Ireland improve dramatically. On publication of the first National Cancer Strategy, Ireland had some of the worst survival rates in Western Europe, with less than half of those diagnosed surviving. Improvements since Ireland first formally arranged its cancer services in 1996 mean that five year survival rates for all cancers is currently at 6 in 10ⁱⁱ. Currently there are 150,000 cancer survivors in Irelandⁱⁱⁱ, and this will only continue to grow, as the population ages.

Older people make up the majority of cancer diagnoses in this country, with people over 65 accounting for 57% of cancers diagnosed in 2014^{iv}. The number of older people, aged over 65, will almost double in every region in the country to 2031^v. This will have a significant impact on capacity, across acute and primary care, in terms of ability to deliver diagnostics, requirements for surgery, delivery of treatment, management of side effects, management of survivors and development of palliative care.

This presents significant challenges for the health system if it expects to maintain and improve existing cancer services, meet the challenges of fully implementing the new National Cancer Strategy, and implement reform of the health and social care sector.

The Irish Cancer Society welcomes the recognition of the particular challenges facing cancer control in the new National Cancer Strategy and its prioritisation in the Capital Plan for 2016 - 2021^{vi}, and efforts to plan accordingly in the medium-term under the ongoing Capacity Review.

The Irish Cancer Society welcomes the expansion of the Capacity Review beyond the number, type and location of hospital beds, as set out in the Programme for Partnership Government, to include acute, primary and older person's services.

The Society hopes that this is a recognition of the need for greater integration of care across primary, acute and social care services, which in a cancer context, is vitally important in caring for people facing cancer across the cancer continuum, and reflects the work at a systemic level by the Department of Health, through its strategic objective, set out in its Statement of Strategy 2016 - 2019, to create a more responsive, integrated and people-centred health and social care service, and by the Health Service Executive, through its Clinical Strategy and Programmes Division work programmes to develop a system of Integrated Care within our health and social care services, along with recommendations outlined in the new National Cancer Strategy.

Current Model and Centralised Care

The current model of care for cancer treatment centres on the eight designated cancer centres at Beaumont Hospital, Cork University Hospital, the Mater Hospital, St. James' Hospital, St. Vincent's University Hospital, University Hospital Waterford, University Hospital Limerick and University Hospital Galway. Chemotherapy has been developed on a hub and spoke basis under the supervision of these cancer centres, while radiation oncology is delivered in the public system in Dublin, Cork and Galway, with public access to private facilities in Waterford and Limerick, as satellites of Cork and Galway. Arrangements are also in place for patients in the North West to be referred to Altnagelvin Hospital in Derry for radiation therapy.

The centralisation of cancer services in Ireland along these lines, under the National Cancer Control Programme (NCCP) has been one of the major success stories of the Irish health service in the past decade. This approach is in line with international best practice and, since the inception of the NCCP, it has optimised treatment and has led to significant improvements in the treatment of patients.

Advances in surgical techniques and centralisation of complex surgery have led to improvements in the quality of cancer treatment. More operations are being carried out by specialist surgeons with particular expertise, resulting in less invasive procedures, shorter recovery times and better outcomes for patients.

The Irish Cancer Society recommends as per the National Cancer Strategy, the further centralisation of cancer care and surgical services, given progress in this regard has not been universal. Expansion of centralisation is required to meet the projected increases in cancer incidence and treatment requirements outlined earlier in this submission.

Already, many cancer services are either operating at capacity, or have deficits in capacity and infrastructure. To ameliorate this, further improvements are required in:

- Expansion of capacity
- Investment in personnel and services to meet growing demand and to implement targets in the Cancer Strategy

- An investment plan that will achieve these targets, further centralisation of cancer surgery and provide for **the development of at least one comprehensive cancer care centre**

Cancer treatment - capacity, infrastructure and staffing requirements

Radiotherapy

Radiotherapy, or radiation oncology, can be used as a curative modality in a number of cancers and increases cancer survival as an adjuvant therapy in the likes of breast cancer. It is also used in palliative therapy and is effective in relieving symptoms.

As noted, radiotherapy is delivered in Dublin, Cork and Galway within the public system, with public access to private facilities in Waterford and Limerick, as satellites of Cork and Galway, and access to Altnagelvin Hospital in Derry for patients in the North West.

To deal with existing and future demand and needs, investment in capacity and infrastructure is needed not just in the medium term to 2030, and to the end of the National Cancer Strategy in 2026, but almost immediately.

Demand for radiation oncology will increase in line with expected rises in cancer incidence and the National Cancer Control Programme expects 60% of patients will need radiation oncology for primary treatment and palliative care. However, between 2012 and 2014, only 31% of Irish patients treated within one year of diagnosis underwent radiotherapy^{vii}.

The rate of patients receiving radiotherapy was flagged by the Department of Health's Comprehensive Review of Expenditure as an issue, as far back as 2011^{viii}.

The help achieve this new radiation oncology facilities are required in Dublin, Cork and Galway to meeting growing service needs, while existing equipment also requires replacement. To highlight the immediacy of this issue, a lead-in time of up to four years is required to plan, build and commission new radiation oncology facilities.

For the greater Dublin region, new linear accelerators (linacs) are being installed in St. Luke's Hospital, pending the provision of additional capacity for the region in Beaumont Hospital. Additional facilities at St. James's Hospital are also required. New facilities with increased capacity in Cork and Galway are planned and will be required during the first half of the Strategy period. **The Irish Cancer Society believes that to meet existing and future demand:**

- **Investment in this hugely important infrastructure must be forthcoming and prioritised**
- **The NCCP must be supported financially to recruit sufficient levels of specialised staff to effectively administer radiotherapy to all those who require this treatment modality.**
- **Funding is made available for the appropriate level of multi-disciplinary care before and after their treatment.**

Chemotherapy

Delivery of chemotherapy has changed in recent years, with increased complexity, while care delivery shifted significantly from the inpatient to the outpatient setting, presenting new challenges related to higher volumes and time constraints^{ix}.

Growth in the number of patients and range of therapies creates staffing, supply and safety demands and challenges, and this growth needs to be responded to in a structured manner, all the while ensuring the safe delivery of treatment.

The increased volume of chemotherapy delivered has presented challenges in the past year, as noted in a number of media reports in May 2017, relating to the delivery of compounded chemotherapy drugs for intravenous use, which reportedly resulted in the delivery of lower doses of treatment, changes in delivery from intravenous to oral^x, and delays in treatment^{xi}.

The Irish Cancer Society believes that with a reduction in the commercial supply of chemotherapy products^{xixiii}, stringent policies and contingency plans must be put in place to ensure continuity of supply to avoid disruption, delays and ensure the safe administration of treatment. Shortage of supply of chemotherapy drugs has become an issue, particularly in the United States in recent years, and efforts need to be made to avoid a situation where drug shortages and subsequent unplanned treatment changes affect efficacy and toxicity^{xiv}, and cause concern for patients.

Challenges exist in terms of personnel also, with a low number of medical oncologists in Ireland compared to international standards. Based on international staffing levels, it is suggested that 60-80 consultant medical oncologists would be required to meet international norms, compared with 34 medical oncology posts in publicly funded hospitals at the end of 2014^{xv}.

The Irish Cancer Society welcomes the commitment in the new National Cancer Strategy to address this shortfall, with the aim of meeting international standards over the next five years, alongside an increase in the number of health and social care professionals supporting patients undergoing chemotherapy. **We believe the increase in staff to meet international standards and best practice should be prioritised, while workforce planning must take place to anticipate future need.**

To ensure patient safety and avoid treatment-related toxicities and potential for serious medication errors, we support the new National Cancer Strategy's view that patients receiving Oral Anti-Cancer Medicines (OAMs), including oral chemotherapy and newer targeted therapies, should have access to:

- Trained specialist oncology doctors, nurses and support staff, appropriate to their needs in an oncology unit, regardless of where the oral therapies are dispensed
- Trained, specialist pharmacists, in a hospital setting, who can advise them on how to take their medication correctly, the implications for misuse of the medication and an awareness of possible side effects.
- Community pharmacists that are adequately trained to dispense OAMs and to counsel their patients.

This will required additional investment in training, staffing and education, and **the Irish Cancer Society recommends that the examination of the model of care for patients receiving oral anti-cancer medicines by the NCCP, as set out in the National Cancer Strategy, should be undertaken as a matter of priority and its findings should be fully funded.**

On the joint issue of access to systemic anti-cancer therapies and workforce planning, the Irish Cancer Society believes consideration must also be given to the growing number of systemic anti-cancer therapies coming to market, and the limited capacity of the National

Centre for Pharmacoeconomics in approving and assessing new therapies in a timely fashion, and suggests a review of existing staffing levels based on existing and future pressures.

Models of care

Comprehensive Cancer Centre

The integration of cancer services within a functioning comprehensive cancer centre is the most successful model of delivery. While the existing eight designated cancer centres have brought significant improvements, they provide a range of services, not dedicated solely to cancer, and are not comprehensive cancer centres, in comparison to some of the more advanced specialist centres. The development of at least one such centre would not only ease capacity issues at existing designated cancer centres, but also provide a space in which research, scientific collaboration and a wider range of facilities, which would ultimately ensure improved outcomes for patients.

The Irish Cancer Society urges prioritisation of capital investment in further developing designated cancer centres and more than one comprehensive cancer centre over the course of the Capacity Review period to 2030. This will require investment in workforce planning, infrastructure and clinical and research facilities.

Multi-Disciplinary Teams

Additionally, the **appropriate structures need to be put in place to ensure multi-disciplinary teams are fully equipped to offer support and structured cross-disciplinary communication and feedback on patients cases**, so all patients have their case discussed at MDT meetings and so cases are discussed at the correct time and at important junctures in the care pathway.

This will require a review by the NCCP of current MDT processes, and the Irish Cancer Society supports the prioritisation of this to ensure improved outcomes and a fostering of patient-centred care over the course of the National Cancer Strategy and beyond.

Psycho-oncology

The growing recognition and awareness of the psycho-social needs of patients going through treatment and the increased focus on survivorship initiatives will only lead to a bigger demand for already limited psycho-oncology and psycho-social services.

To meet these needs, the National Cancer Strategy sets out a plan to establish multi-disciplinary psycho-oncology teams in each cancer centre. They will deliver a clinical, hospital-based service that will also support community cancer support groups, which will also facilitate psycho-oncological support to centres where patients are being treated in the 'hub and spoke' model.

This will require the prioritisation of investment in a range of mental health professionals, including:

- Psychologists
- Psychiatrists
- Clinical nurse specialists
- Social workers

Meanwhile, the development of networked services across the hub and spoke model by the new Clinical Lead in Psycho-Oncology will require investment in developing administrative capacity and support.

Integrated Care

While a centralised system of care, treatment and surgery follows best international practice and has and continues to produce better outcomes for people facing cancer - and the Irish Cancer Society believes treatment should continue to be planned in designated centres by multidisciplinary teams appropriate to the person's type of cancer - integration of care across primary, secondary and tertiary cancer care, and the linking of designated cancer centres to other elements of the health and social care system, can help ensure:

- Patients receive the necessary services in the appropriate location at the right time
- A seamless transition between different care settings
- Improved patient outcomes and earlier access to diagnosis, in certain cases

Further integration of care may also facilitate better use of existing capacity, and evidence in other jurisdictions suggests it presents opportunities to reduce costs and deliver improved health outcomes^{xvi}. Integrated cancer systems can also ensure progression to a model of care which is designed around the needs of the patient.

In the short- to medium-term, investment in improving care pathways between primary and secondary care and access to diagnostics for specific cancers needs to be prioritised.

Currently, wait times for a number of diagnostic tests for cancer show stark divides between access in the public and private healthcare systems, while a recent Irish Cancer Society-ICGP study 'Access to Diagnostics Used to Detect Cancer', almost 90% of GPs reported a patient's ability to pay either 'always' or 'usually' affects access to referral services. Meanwhile, 20% of GPs considered that other GPs had direct access to tests for investigation for suspected cancer that they did not have^{xvii}.

While the Irish Cancer Society welcomes better use of resources through 'insourcing' where capacity to perform diagnostic tests at hospitals within the same group has better utilisation of lists across hospitals, and the purchase of capacity in the private system through the National Treatment Purchase Fund, to remove 'long-waiters' from lists have proven effective in the very short-term, where funding has been made available, ultimately this approach is costly and unsustainable, as demonstrated in the continued rise in wait times for a range of diagnostic tests across various disease groups.

Over the period of the National Cancer Strategy, and the Capacity Review period, the Irish Cancer Society suggests the prioritisation of capital investment in developing the relevant structures to improve access to diagnostics. This will have the impact of:

- ensuring that cancers are detected earlier, which will reduce the need for more invasive and expensive surgery in the acute system
- reducing the proportion of cancers diagnosed in emergency departments and;
- will result in better outcomes for patients.

To achieve better access to diagnostics, and a more integrated transition between primary and acute care, the Irish Cancer Society believes investment should focus on specific areas:

- The building up of capacity at community level to provide, where practical, and clinically appropriate, diagnostic tests and scans within centres and clinics in the community (This will reduce the flow of patients to acute settings and will ensure patients' undertake tests closer to home).
- Expansion of e-referrals for all GP cancer referrals
- The development of additional criteria for referral to diagnostics, which provide greater clarity for GPs in referring patients, and in turn, potentially reduce pressure on urgent and routine waiting lists
- Continued investment in rapid access clinics in the short-term, to deal with any staffing shortages or backlogs, and medium-term investigation of the requirements for additional Rapid Access Clinics

Additionally, increasing demographic pressures will present challenges for Ireland's national screening programmes, and while expansion of the programmes has, as of yet, not had a significant impact on wait times, without continued and additional investment to improve uptake and expand BowelScreen, it may well do in the coming years.

To meet commitments under the National Screening programmes, to expand BowelScreen, and, most importantly, if we are to ensure people are diagnosed as early as possible, significant investment will be required in the recruitment and training of radiographers.

Integration of Survivorship Programmes

To ensure the seamless transition for patients across different settings, and throughout the cancer continuum - beyond detection, diagnosis and treatment - post-treatment care needs to be planned in a way that places the person at the centre of their care. The new National Cancer Strategy makes welcome advances in prioritising the progression of the person facing cancer throughout the cancer continuum, rather than focusing broadly on the treatment of the 'patient' or 'disease'.

Currently, many people report to the Irish Cancer Society that there is a dearth of supports after treatment, and after the routinised period of treatment, they can feel adrift and lack the relevant supports to return to 'normality'. The Irish Cancer Society fills this void in part through its support services, and its advocacy functions and campaigns promote financial and social supports, but there is a responsibility on the State to provide more support to the 150,000, and growing, survivors in Ireland.

To this end, additional supports will be required for primary care professionals to support the transition from treatment to post-treatment.

Firstly, the NCCP, Irish Cancer Society, ICGP, various cancer centres and cancer support centres will work to conduct a Cancer Survivorship Needs Assessment to devise the most suitable model of survivorship healthcare. The Society does not want to pre-judge the potential outcomes of the needs assessment, which is already underway, but believes that if we are improve quality of life and prevent recurrence of cancer, and, in turn, the significant costs and capacity more invasive treatment entails, **sufficient resources need to be prioritised to fully support the outcomes of the Needs Assessment.**

Secondly, primary care services are an appropriate setting for a significant proportion of survivorship and follow-up care. Investment in the educational supports and personnel at primary care level, and in specialist oncology nurse-led clinics to support primary care services will be required, and may grow as the number of survivors increases.

Concluding Remarks

The Irish Cancer Society welcomes the opportunity to respond to the call for submissions to the Department of Health's Capacity Review, and welcomes the expansion of its scope beyond the terms outlined in the Programme for Partnership Government.

In working within the parameters outlined for the submission, the Irish Cancer Society has identified a small number of priorities for capital investment as it relates to cancer in the coming years, noted changes in models of care and their implications on capacity and identified some areas where current capacity could be more effectively used.

However, there is a number of areas, including cancer prevention, where significant investment is required to bring about better outcomes and savings for the health service; or in terms of access to drugs, where challenges in terms of prioritisation and investment face the health service in the short-, medium-, and long-terms.

These do not directly impact on capacity now, but are important considerations in terms of outcomes for cancer patients, and other disease groups, right across the health sector. Prioritisation of health expenditure in prevention, in particular, will have the ultimate impact of reducing the burgeoning burden on capacity across primary, acute and social care, in the long-term.

The Irish Cancer Society, recommends that in addressing capacity issues, the Capacity Review Group, in its final report, takes a broader perspective, which assesses where targeted and sustained investment in preventative and early detection measures, reduce capacity and expenditure, as our population ages, as more people present with co-morbidities, as health behaviours change and as we live longer.

For more information on the content of this submission, please contact:

Paul Gordon
Policy and Public Affairs Manager
Irish Cancer Society
43-45 Northumberland Road
Ballsbridge
Dublin 4
01 231 0540 / pgordon@irishcancer.ie

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