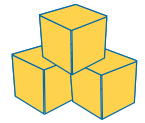


# State of Cancer Services on the Island of Ireland



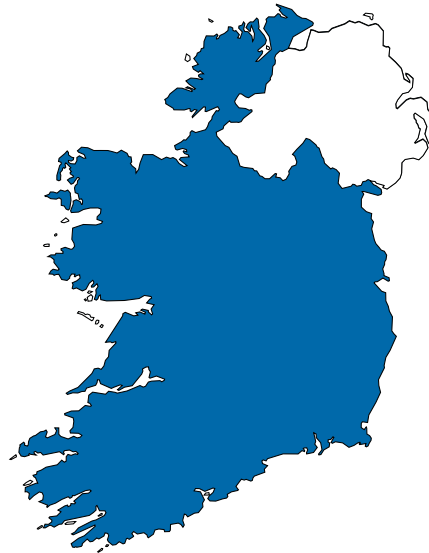
## IRELAND

In accordance with *A Strategy for Cancer Control in Ireland 2006*, the HSE established a National Cancer Control Programme and designated four managed cancer control networks and eight cancer centers in 2007. These centers will be gradually introduced and services will be realigned on a managed and phased basis. The designation of cancer centers will ensure that patients receive the highest quality care and that access to cancer services stays within their communities, when possible. Cancer day care units will continue to play an important role in providing services to cancer patients to this end.

In 2007, the HSE selected Professor Tom Keane to serve as National Cancer Director. Professor Keane will oversee the implementation of the strategic and operational elements of the National Cancer Control Programme. Over the next few years, the HSE will implement a detailed transition plan to facilitate the progressive, carefully managed transfer of cancer services. The HSE plans to complete 50% of the transition of services to cancer centers by the end of 2008 and 80-90% by the end of 2009.

Over the course of 2007, the HSE made great strides in completing the first phase of the transitional plan by streamlining and improving cancer screening services.

Some notable achievements are summarized below.



### ■ THE NATIONAL CANCER SCREENING SERVICE

The National Cancer Screening Service was established on 1 January 2007 to administer both the BreastCheck/the National Breast Screening Programme and the Irish Cervical Screening Programme (ICSP). This consolidation will maximize the expertise provided by both programs, ensure improved efficiency, and provide a single governance model for cancer screening. The Service will also provide guidance regarding the introduction of other cancer screening programs throughout Ireland. Currently, the Service is working to assess the viability of a national colorectal cancer screening program, reviewing and researching a number of colorectal screening

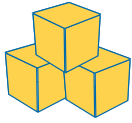
programs that have been planned or already implemented in other countries, including the United Kingdom (U.K.) and Northern Ireland. The group's findings will be available in 2008.

The National Cancer Screening Service will eventually be subsumed by the HSE's National Cancer Control Programme, once this program is established.

### BreastCheck/The National Breast Screening Programme

In June 2007 the Minister approved National Quality Assurance Standards for Symptomatic Breast Disease Services under the Health Act 2007. The standards are intended to ensure that every woman in Ireland who develops breast cancer has an equal opportunity to seek care in a center capable of delivering the best possible outcome. Based on the standards, the HSE designated eight specialist breast cancer centers nationally.

BreastCheck, also known as the National Breast Screening Programme, aims to reduce the number of deaths from breast cancer in Ireland by screening women aged 50-64. There are now four static BreastCheck units in the country and a number of mobile units provide the screening service to various counties. BreastCheck also offers a fully digital mammography service.



In 2007, the full complement of staff for national BreastCheck roll-out was approved and recruitment is now underway. When fully deployed, the program will invite women aged 50-64 for a free mammogram on an area-by-area basis every two years.

### **Irish Cervical Screening Programme**

From 2001 to 2006, approximately 57,000 women sought cervical cancer screening in the Mid-West region of Ireland. In mid-2008, the ICSP will commence, enabling approximately 240,000 women to be screened annually, based on an 80% uptake rate. Women aged 25-44 will be screened every three years and women aged 45-60, every five years.

### **■ NATIONAL CANCER REGISTRY, IRELAND**

The National Cancer Registry, Ireland (NCRI) collects high quality information on cancer and promotes the use of this information in reducing cancer incidence and improving survival. The Registry's activities fall into the two main categories of data collection and reporting.

### **■ HEALTH RESEARCH BOARD**

The Health Research Board (HRB) administers a range of research programs, including cancer clinical trials and research

fellowship initiatives, under the Ireland-Northern Ireland-NCI Cancer Consortium.

### **■ IRELAND-NORTHERN IRELAND-NATIONAL CANCER INSTITUTE CANCER CONSORTIUM**

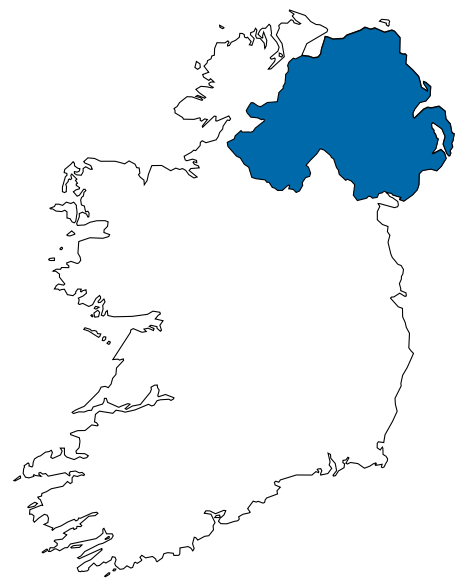
The DoHC and all other stakeholders in Ireland continue to recognize and value the key role played by the Ireland-Northern Ireland-NCI Cancer Consortium in the enhancement of research, education, and training in cancer on the island of Ireland. The Consortium's Irish members wish to express gratitude to public health colleagues in Northern Ireland and at the NCI for the wholehearted cooperation that characterizes and continues to strengthen the Ireland-Northern Ireland-NCI Cancer Consortium.

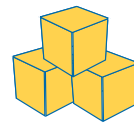
## **NORTHERN IRELAND**

Cancer care is free at the point of delivery for Northern Ireland's entire population of approximately 1.7 million. Screening programs include the following:

- Breast cancer screening is offered to all women aged 50-64 and will be extended to include women up to age 70, beginning March 2009.
- Cervical cancer screening is offered to women between the ages of 20-65.
- Colorectal cancer screening will be offered to men and women between the ages of 60-69, beginning December 2009.

The DHSSPS of Northern Ireland publicly issued a Cancer Control Programme. The fifty-five recommendations in the report will heavily impact the ongoing improvement of prevention, diagnosis, and treatment and were met with widespread support. The status of progress in implementing these recommendations is currently under review. In particular, a range of emerging priorities are being considered, such as delivery of cancer treatment access targets, the development and future publication of the new regional cancer service framework, and implementation of the Northern Ireland Lymphoedema Network, a regional specialist network.





## ■ CANCER ACCESS TARGETS

The Health and Social Care (HSC) of Northern Ireland prioritized cancer treatment access as a primary objective for 2007. Targets selected for action in 2007-08 include the following:

- Beginning April 2007, all breast referrals deemed urgent according to regionally-established guidelines for suspected breast cancer should be seen within fourteen days of receiving the general practitioner's referral.
- By March 2008, at least 98% of patients diagnosed with cancer should commence treatment within thirty-one days of the decision to treat and at least 75% of patients urgently referred with a suspected cancer should begin their first definitive treatment within sixty-two days (increasing to 95% by March 2009).

These targets reflect cancer standards elsewhere in the U.K. and will provide a way to compare patient access to prompt, accurate cancer diagnosis and treatment in Northern Ireland against performance throughout the National Health Service (NHS). All NHS trusts are currently meeting the breast cancer target; however, figures for the main target will not be available until May/June 2008.

## ■ CANCER SERVICES FRAMEWORK

The DHSSPS is currently developing the first phase of health service frameworks,

which will address cardiovascular health and well-being; respiratory health and well-being; cancer prevention, treatment and care; mental health and well-being; and learning disabilities.

The cancer services framework sets standards in relation to the prevention, assessment, diagnosis, treatment, care, rehabilitation, and palliative care of individuals and communities who currently have been diagnosed with cancer or are at greater risk of developing cancer. In addition to establishing standards for communication, health promotion, and palliative/end-of-life care, the framework will set cancer-specific standards for:

- Breast
- Colorectal
- Lung
- Gynaecological
- Upper gastrointestinal and hepato-pancreaticobiliary
- Haematological
- Children's cancer
- Head and neck
- Sarcoma
- Central nervous system
- Endocrine cancers
- Dermatological
- Urological systems

The Chief Medical Officer of Northern Ireland is leading the Cancer Services Framework Group, which will consider the ongoing development of cancer services over the next twenty years. The

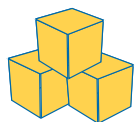
group will consider issues such as emerging research, new technologies, prevention, screening, palliative care, workforce, and cancer services organization. The DHSSPS anticipates that the cancer prevention, treatment, and care service framework document will be launched for consultation in autumn 2008.

## ■ NORTHERN IRELAND LYMPHOEDEMA NETWORK

Lymphoedema is characterized by tissue swelling due to failure of lymph drainage. It is a frequent complication of cancer and its therapies and can have long-term physical and psychosocial consequences for patients. While it is estimated that as many as 3,000 people suffer from lymphoedema across Northern Ireland, this figure is likely to be an underestimation, as the condition can be difficult to recognize and diagnose.

The Chief Medical Officer commissioned a review of lymphoedema services in February 2003, in order to make recommendations to help the primary care sector meet the needs of lymphoedema patients. The review set out recommendations for the development of a regional specialist lymphoedema network to facilitate the implementation of high quality lymphoedema care.

The review group estimated that full implementation of the report



recommendations would result in an expenditure of £1.2 million (approximately 2 million USD) recurrently. During 2007, the implementation team agreed to establish a Northern Ireland Lymphoedema Network in accordance with the departmental framework for managed clinical networks. A network board consisting of professional, patient, and commissioner representation will guide the Northern Ireland Lymphoedema Network. This group will be responsible for addressing the keystone principles that have served as a foundation for development of the network.

A clinical lead, network project manager, and administrative support will spearhead the regional network activities. Dedicated lymphoedema teams will drive service delivery at the trust-level and each trust team will be managed by a program leader, who will be responsible for overseeing service coordination and specialist clinical practice. Additionally, each trust team will have access to medical input; the implementation team is advocating the creation of a regional complex cases clinic that would be supported by vascular, dermatological, and palliative care professionals. This multidisciplinary clinic would operate with three consultant sessions per month, within the participants' existing work programs, at a cost of £7.5 thousand (approximately 1.5 million USD) annually. It is expected that the clinic may rotate locations to provide regional

service. The Northern Ireland Lymphoedema Network will link each of the trust teams, formally standardizing care across the region and providing a foundation for future lymphoedema care provided on a regional basis.

### ■ NORTHERN IRELAND CANCER NETWORK

The Northern Ireland Cancer Network (NICaN), a managed clinical network for cancer services in Northern Ireland, is leading a wide-ranging program intended to improve the standards of care and treatment for all cancer patients in Northern Ireland. This program includes a commitment to ensuring that every cancer patient can discuss their case and plan their treatment with a multidisciplinary team of healthcare professionals. Under the chairmanship of Ms. Norma Evans, a group was established in 2007 to implement the recommendations of the National Cancer Control Programme.

NICaN has also established multidisciplinary regional tumor groups for breast, colorectal, gynaecological, haematology, lung, and upper gastrointestinal cancer. These groups are responsible for developing and establishing regional standards, audit procedures, patient pathway programs, service redesigns, quality assurance standards, and funding priorities. Working with local teams, the regional tumor groups serve as mechanisms that

ensure high quality, equitable cancer service across the region for patients, caregivers, and their families.

The NICaN Regional Oncology/ Haematology Drugs and Therapeutics Committee was established in 2004 to ensure that patients have equitable access to regionally-established and evidence-based funded treatments. This committee plays an important role in guaranteeing improved outcomes for patients across the cancer network.

### ■ NORTHERN IRELAND CLINICAL CANCER CENTRE

The Northern Ireland Clinical Cancer Centre (NICC) is a center of excellence for cancer services, bringing together existing radiation, medical, surgical oncology, and palliative care services to one on-site location. On 22 March 2007, the Duke and Duchess of Abercorn officially opened the NICC at Belfast City Hospital, which initially commenced clinical service in March 2006.