Opening statement

by: Dr. Tom Keane

to: The Committee on the Future of Healthcare

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Topic: The National Cancer Control Programme.

Challenges in Implementing Change - Lessons Learned

In 2006 the National Cancer Forum published their report: A Strategy for Cancer Control in Ireland. This excellent report laid out a blueprint for a radically new approach to cancer control in Ireland. The report highlighted the poor outcomes for cancer patients in Ireland compared to other countries. It was also frank in its assessment of the existing state of cancer services, stating "The current fragmented arrangements for the delivery of cancer services are not in accordance with best practice and their continuation cannot be recommended".

The report was strongly supported by the then Minister for Health, Mary Harney, and by senior officials in her Department. The HSE was instructed to implement the changes recommended in the report. Key elements of the major changes envisioned were

- A single National Control Programme (NCCP).
- A separate business unit within the HSE.
- Consolidation of all cancer control services within the NCCP.
- The appointment of a clinician as the National Director of the NCCP.
- All cancer funding in the public sector to flow through the NCCP.
- Consolidate all cancer surgery within 8 designated cancer centres.
- Develop 4 cancer networks (1 network/2 cancer centres)

In 2007 it was apparent that the implementation plan was proceeding very slowly. I was invited by Minister Harney to come to Ireland on secondment from my position in Vancouver, British Columbia for a period of 2 years to oversee implementation of the NCCP. My employers, the British Columbia Cancer Agency and the University of British Columbia agreed to this arrangement. I took up my post as interim Director of the NCCP in November 2007.

In my presentation to the Committee I will identify and discuss a range of critical issues which I believe were essential to the successful implementation of the NCCP and its continued success. In no order of priority the most prominent are,

- -strong and effective leadership at the political and clinical level,
- -unwavering support from the Minister, senior officials, and government
- -timely communication to the media, the public, public sector unions, and both the political and clinical communities.
- -Decision making and planning based on evidence.
- -Implementation requires action over end less talk
- -Support from clinicians and carers.
- -Respect for all irrespective of their viewpoint
- -Adequate resources and the necessary authority.
- -Accountability,transparency and integrity as core values
 I believe that most if not all the critical factors for the successful implementation of the NCCP are relevant, and provide important lessons for attempts at major healthcare reform in other areas in the future.