I would like to thank the Committee for the opportunity to attend this morning for your examination of the National Cancer Strategy 2017-2026. I am joined by Dr Teresa Maguire, Head of Research Services Unit, Department of Health, and by Judith Corcoran, Cancer Policy Unit.

The National Cancer Strategy is a comprehensive policy document that aims to meet the needs of cancer patients in Ireland for a ten-year period. This is the third National Strategy and it builds on the history of strong policy in cancer over the past 20 years.

The main achievements of the 2006 Strategy include:

- provision of equal access to quality treatment;
- the establishment of designated cancer centres;
- multi-disciplinary management as the standard of care for cancer patients;
- the centralisation of some cancer surgery services;
- Rapid Access Clinics for breast, lung and prostate cancer;
- significant increases in access to medical oncology and cancer drug treatment;
- a national programme for radiation oncology; and
- cancer screening on a nationwide basis through BreastCheck, CervicalCheck & BowelScreen.

The establishment of the National Cancer Control Programme (NCCP) to implement the Strategy recommendations followed in 2007.

The National Cancer Strategy 2017-2026 is aligned with Sláintecare, and its implementation is a key part of the Sláintecare Action Plan. The vision of the Strategy is:

“Together we will strive to prevent cancer and work to improve the treatment, health & wellbeing, experiences and outcomes of those living with and beyond cancer”.
We developed the Strategy in collaboration with clinicians, nurses, health and social care personnel, patients, carers and organisations such as the Health Research Board and the Irish Cancer Society.

The Strategy sets out four goals that are crucial to the achievement of this vision:

(i) Reduce the Cancer Burden;
(ii) Provide Optimal Care;
(iii) Maximise Patient Involvement and Quality of Life; and
(iv) Enable and Assure Change.

In relation to reducing the burden, cancer prevention is a cornerstone of the Strategy. The proportion of cancer incidence attributable to modifiable lifestyle and environmental factors is estimated to be in the 30% to 40% range. Of these risk factors, smoking has by far the biggest impact and, in implementing this Strategy, we are working towards the goal of making Ireland tobacco-free by 2025, including through the enactment of legislation on standardised retail packaging for tobacco. We also need to maintain our efforts to reduce the number of avoidable cancers through the promotion of healthy lifestyles, in areas such as improved diet, more exercise and reduced alcohol intake.

We are focused on diagnosing cancer at its earliest possible stage as a critical step to reducing mortality and improving survival and quality of life. Public and health professional awareness of warning signs for cancer is vital. Early presentation is key, as is ensuring that people take up the offer of cancer screening.

Moving to optimal care, the primary aim for all cancer services is to provide evidence-based care that is effective, safe, of high quality and patient-centred. The concept of a continuum of care will underpin the approach to patient services, from prevention, early diagnosis, and evidence-based quality patient-centred treatment, to appropriate follow-up and support.

Multidisciplinary team working has led to better decision-making, more co-ordinated patient care and improvements in the overall quality of care. It is proposed that all patients diagnosed with cancer will have their case formally discussed at a multidisciplinary team meeting.
This Strategy is building on the progress made to date through supporting the key role of designated cancer centres in cancer treatment. The centralisation of surgical services for more cancers is being progressed, and radiation oncology and medical oncology will continue to be improved and expanded. A report in January this year from the National Cancer Registry confirmed that the programme of centralisation of cancer services is contributing to on-going improvements in cancer survival. Also, the CONCORD programme established global surveillance of cancer survival as a metric of the effectiveness of health systems. The most recent programme data (2014) indicates that in Ireland, survival has increased for all tumour types studied. Our aim now is that survival rates in Ireland will reach the top quartile of European countries by the end of the Strategy period.

Patient involvement is a key aspect of the Strategy. We now have an increasing number of cancer survivors with their perspectives to offer on the development of services for cancer patients. Building on the significant impact of the Cancer Patient Forum in developing this Strategy, a Cancer Patient Advisory Committee is now in place, and patient involvement in policy making and in the delivery of services is being promoted in the implementation of the Strategy.

With many people living significantly beyond cancer diagnosis and treatment, there is a need to develop and implement survivorship programmes. This has consistently been a key concern of patient representatives, whose focus is on quality of life. These programmes will emphasise physical, psychological and social factors that affect health and wellbeing, while being adaptable to people with more specific survivorship needs following their treatment.

The NCCP provides leadership across the continuum of cancer care. It promotes the provision of high-quality evidence-based care to optimise outcomes and patient experience. The NCCP has been instrumental in reforming and improving how services have been delivered. Under this Strategy, the NCCP is working closely with Hospital Groups and Community Healthcare Organisations to lead service reorganisation and to ensure that integrated care pathways are provided for those affected by cancer. The focus is on ensuring that the objectives of the Strategy will continue to underpin decisions on cancer care across the health services.

The Strategy emphasises the positive impact of research activity on patient care. The development of a culture in the cancer care system that values research to the benefit of patients is an aim of the Strategy. The data collected and managed by the National Cancer
Registry is a foundation for research activity to drive improvements in cancer care for patients. Cancer research also supports the recruitment, retention and motivation of excellent clinical staff that drive the development of high quality, efficient services.

The first National Cancer Strategy 2017-2026 Implementation Report for 2018 was published by the Minister on 4 February. This report focuses on the implementation of the 52 recommendations.

Highlights include:

- legislation on standardised retail packaging for tobacco;
- the passage of the Public Health Alcohol Act 2018;
- progress towards a national skin cancer prevention plan;
- new posts in medical and surgical oncology;
- capital developments relating to radiation oncology;
- publication of a Model of Care for Oral Anti-Cancer Medications;
- the commencement of the roll-out of a National Cancer Information System;
- the progress being made by Working Groups on Survivorship and Psycho-Oncology; and
- the establishment of a Cancer Patient Advisory Committee.

The Department and the NCCP are working together to ensure that progress is maintained on the implementation of the Strategy. We hold monthly performance oversight meetings, as well as quarterly review meetings specifically focused on reviewing progress on the implementation of the Strategy recommendations.

The Strategy was formulated with the input of all stakeholders and it enjoys broad support. The Department and the NCCP are committed to working with these stakeholders to progress its implementation so that many people will avoid cancer in the coming years, and those with cancer will receive comprehensive quality treatment and will maximise their quality of life following their treatment.