

Opening Statement – Irish Cancer Society

Thank you for inviting the Irish Cancer Society here today. My colleague, Rachel Morrogh, and I want to thank Committee Members for continuing to focus on cancer services and listening to how the performance of these services affects patients, their quality of life and chances of survival.

I want to start by sharing our central concern, which is that in Ireland today, people are not being given the best chance of surviving cancer and having a good quality of life.

As you know, the earlier cancer is caught the easier it is to treat and the greater the person's chances are of surviving the disease.

For instance, the 5-year survival rate for colorectal cancer is 95% if diagnosed at stage I. However, at stage IV this falls to just 10%. Similarly, 5-year survival for breast cancer is 94% at stage I and only 19% at stage IV. For ovarian cancer it is 83% at stage I and only 15% at stage IV.

Early diagnosis can literally be the difference between life and death.

Right now, opportunities to pick cancer up early are being missed and patients and their families are paying the price. Furthermore, the impact is being felt the greatest by those on lower incomes who cannot afford to skip the public queue by paying for tests privately.

Radiology tests such colonoscopies, CT scans, MRIs and x-rays play a vital role in the diagnosis of cancer. The Irish Cancer understand that there are currently more than 200,000 on the waiting list for radiology. 150,000 of these have been waiting longer than 3 months for a vital scan, despite the target in Slaintecare being just 10 days.

Although progress has been made over the last year, 1 in 4¹ people who are sent to Rapid Access Clinics are waiting longer than the HSE target, which was put in place to ensure people with symptoms for breast, prostate and lung cancers get tested quickly. In 2021, 2 in 5 people weren't seen within these timeframes.

The current crisis in our health service is also impacting cancer treatment and having a hugely detrimental impact on patients' physical and mental health.

Cancellation and postponement of surgery causes huge anxiety for patients as they worry the chance to remove their tumour is being missed.

Patients, many of whom are elderly, are being left standing for hours in hospital corridors, waiting for a chemotherapy chair to become available so they can get life-saving treatment.

This is the reality of having cancer in Ireland.

This is the chaos your constituents face.

This cannot go on and we need your help.

On the 31st of October last year, it was reported that the Taoiseach, Michael Martin, warned his parliamentary party colleagues of a 'frightening' wave of delayed cancers. But this was not a Halloween scare, this is the reality faced by people we know, people we love, - who will have worse

¹ <https://www.hse.ie/eng/services/publications/performance-reports/performance-profile-september-2022-final.pdf>

outcomes, poorer quality of life, more invasive treatments, less time with their families, all because of the barriers that exist and which deny people of timely access to cancer tests and treatment.

At the Irish Cancer Society we see the impact of this every day. Through our Support Line, our Daffodil Centres, our Night Nurses, our Advocacy Champions, our fundraisers and our volunteers, patients share their experiences with us and the human side of the disruption to cancer care is revealed.

Despite all the challenges they and their patients face, healthcare workers continue to offer compassion, kindness, professional knowledge, understanding and empathy to the thousands of patients who are currently using Ireland's cancer services.

Irish Cancer Society nurses are supporting people who are hugely distressed and anxious, far above the levels normally associated with a cancer diagnosis. The crisis in hospitals, the lack of time healthcare professionals can give cancer patients and the visiting restrictions in hospitals are compounding the fear and worry that comes with cancer, and on top of this is a feeling of helplessness and frustration at being disempowered by a system that cannot cope.

How did we get here? How did cancer care, which used to be considered the disease with the best resources, backed by unwavering political will, get to the point where the Irish Cancer Society has genuine concerns cancer outcomes are going backwards? All the hard fought progress made by clinicians, scientists, researchers, advocates, politicians, that resulted in survival rates going from 3 in 10 to 6 in 10 over just 30 years?

We have said previously that cancer services were running to stand still.

Now they are sprinting and can't keep up.

This is evident from the drop in diagnoses in 2020. Over that first year of the pandemic, 1 in 10 expected cancers were not diagnosed— this translates to over 2,500 people. Real people with loved ones, for whom a delayed cancer diagnosis is not a statistic, it's a whole world collapsing. We do not yet know the extent of the impact of the pandemic on cancer cases in 2021 or 2022, but expect that data to start to come through from the National Cancer Registry of Ireland later this year.

Despite the situation at the moment, we believe that this can be turned around. With renewed focus on the National Cancer Strategy, investment in bricks and mortar, beds and equipment, as well as empowering the National Cancer Control Programme and resourcing and retaining incredible cancer workforce, we think that the future could be more positive.

We also need to encourage people to seek help as early as possible. We need people who are sick, who are symptomatic, who are fearful of using health services for a range of reasons, to get into the health system. Because as all of you know, one of the reasons our health services are struggling is because the people they are treating are sicker than they were before the health crisis.

We know that more cancers are being picked up in Emergency Departments. We know some people are worried about the wait time between diagnosis and treatment. We know our best and brightest are leaving their jobs in healthcare because the working environment is so poor. We know people are waiting much too long for vital scans. We know a lot, even without the official data being

published. And we all, as a community of people who care about the health of our society, need to use that knowledge to act.

The scale of the challenge is immense and, while increased funding is absolutely vital, money alone will not solve all the problems. Covid has had a devastating effect on a system that, for many years, had insufficient capacity to be able to assure people that they would get diagnosed and treated for their cancer as fast as they should.

Before the pandemic, the demand for radiology services was steadily rising at an annual increase of between 8-10%.² In the National Cancer Strategy, the vital role of radiology in diagnosing cancer was called out and it outlined that 'there are substantial deficiencies in access to such services³'. Despite progress being made whereby GPs can directly refer some patients to radiology services, recent reports have found that we have fewer radiologists and radiographers than is recommended by international best practice. This has led to high workloads compared to peers in other countries, and the correspondingly high waiting lists for patients that I mentioned earlier.

And that's just to get a diagnosis.

In terms of getting timely access to cancer treatment, capital investment to expand capacity and infrastructure in many oncology day wards across the country was badly needed pre Covid. Pressure

² <https://www.hse.ie/eng/staff/leadership-education-development/met/plan/specialty-specific-reviews/clinical-radiology-chapter-for-web-2017.pdf>

³ <https://assets.gov.ie/9315/6f1592a09583421baa87de3a7e9cb619.pdf> p.71

has increased and a medical oncologist recently described the current situation on his day-ward as being 'inhumane'.

People are not seen within the recommended timeframe for other treatments either. In the case of surgical treatment, only 7 in 10 patients⁴ were able to get care within the timeframe set out in the National Cancer Strategy up to the end of 2019. For all the cancers measured in the most recent Implementation Report of the National Cancer Strategy (breast, lung, pancreatic and prostate), none met the target of 90% being seen within the NCCP timeframe-target set for cancer surgery. This target was due to be achieved in 2017.

Covid has made accessing operating theatres more difficult; and ensuring there is capacity to meet current demand and complexity of cases, as well as the needs of future patients, is of concern to us.

We have previously called for protected surgical time for oncology cases and we want progress to be made on this. Life-saving, and often time sensitive, cancer surgery should not be competing for theatre time against other life-saving, unscheduled, care.

One of the most critical KPIs in the National Cancer Strategy relates to the centralisation of surgery; this target was missed in 2020 and 2021⁵. Progress must be accelerated in this area.

⁴ <https://www.gov.ie/en/publication/dba7f9-national-cancer-strategy-implementation-report-2019/> KPI 15

⁵ <https://www.gov.ie/en/publication/f012d-national-cancer-strategy-2017-2026-implementation-report-2021/>

Radiotherapy is another important treatment method, which is not meeting its targets. Between January and September 2022, approximately 3 in 10 patients were not seen within the recommended timeframe for radiotherapy.⁶

Lastly, great cancer care is intertwined with cancer research. Research is the driving force behind improvements in cancer outcomes; bringing new discoveries and new therapies. Yet the metrics suggest that vital research activity has declined rather than grown in Ireland.

The Irish Cancer Society believes there has never been a more urgent need to focus on cancer services. We are grateful for the funding injection into cancer services that Minister Donnelly has given in previous years and we hope that the Services Plan will confirm that level of development funding will be sustained this year so that the NCCP is empowered to implement the National Cancer Strategy. But absolutely vital to the delivering progress in cancer care is securing a strong and resilient cancer workforce, who make an active choice to work here and whose working conditions are not deterrents to delivering public healthcare.

I conclude by thanking you all for remaining focused on the performance of cancer services and acknowledging the huge challenges that have built up over a considerable period of time.

COVID has had a devastating impact on all of our lives but its legacy must be a stronger, more resilient health service. We are at an inflection point where we can obsess about the past or move forward to a more positive future. It is the things we do today, the decisions made here in Leinster

⁶ <https://www.hse.ie/eng/services/publications/performance-reports/performance-profile-september-2022-final.pdf>

House and in Government Buildings, that will chart the future course for cancer patients and ultimately their outcomes.

Together, all stakeholders – patients, healthcare professionals, representative groups, members of Government and the Oireachtas – need to redouble our efforts to help cancer patients. We can do this by demanding improvements, listening to and learning from experts, putting in place best practice, and making sure we have efficient, well-funded, well-resourced and well-staffed cancer services.

A cancer diagnosis is devastating and the prospect of treatment and the inevitable side-effects that follow is terrifying. In addition to the physical and emotional suffering, the knock-on effect on family life, finances and work is considerable. And that is before the stress of delays, cancellations, financial barriers, crowded corridors, over-worked healthcare professionals and ultimately the worry that your care is not as good as it should be.

I firmly believe everyone here today can play a role in achieving a better future than the state of cancer services today, and Rachel and I are happy now to take any questions you may have.

ENDS.