

Committee on Health

10 April 2024

Opening Statement from Averil Power, CEO Irish Cancer Society

Introduction – Irish people are not being given the best possible chance of surviving cancer

Every three minutes someone in Ireland hears the words ‘You’ve got cancer’.

I know some of you have heard those words personally and others have been given this news about someone you love.

So you know all too well the impact a cancer diagnosis has.

- The fear and uncertainty it brings.
- The physical, emotional and financial burden it imposes.
- The enormous grief when it takes the life of a loved one too soon; and
- The effect on the lives of those who are fortunate to survive it but struggle to cope with lasting effects such as infertility, incontinence and fatigue.

There isn’t a family in Ireland that has not been affected by cancer.

And with one in two of us now expected to get the disease within our lifetime, half of the people here today will experience a cancer diagnosis personally at some point in the future, if you haven’t already.

When you do, you deserve the best possible chance – both of surviving the disease and of having a good quality of life afterwards.

Sadly, people with cancer are not being given that chance in Ireland today – due to the Government failure to fund the implementation of the 2017 National Cancer Strategy.

Progress under previous National Cancer Strategies

Cancer care used to be the posterchild for progress in our health service as sustained investment and brave decisions like the centralisation of cancer surgeries significantly improved our overall survival rates.

In the period between 1994 and 1998, just 44% of Irish people were alive 5 years after a cancer diagnosis.

By 2018, after our first two National Cancer Strategies, this had increased to 65%.

However, the proportion of people getting and dying from cancer in Ireland was still significantly higher than in other EU states. And we had a long way to go to catch up on the best performing countries.

Expectations for the 2017 National Cancer Strategy

Our third National Cancer Strategy, chaired by Prof John Kennedy, was designed to change this by:

- Improving cancer prevention and screening;
- Ensuring more cancers are diagnosed early when they are easier to treat;
- Providing an integrated model of care with multi-disciplinary support for patients;
- Improving treatment, particularly in cancers with poorer outcomes; and
- Enhancing the quality of life of cancer survivors.

It highlighted the importance of investment in cancer research and trials, as a key driver of innovation and a way of providing early access to new medicines.

It also stressed that sufficient support for the National Cancer Control Programme and workforce planning would be essential.

It is an ambitious but achievable plan which – if backed up with political leadership and investment - would transform the outcomes of people affected by cancer in Ireland.

The Irish Cancer Society was proud to sit on the steering committee that developed the strategy and expected it to lead to further significant improvements in cancer survival rates here.

Those expectations are not being met due to inadequate funding

However, Government's failure to fund the Strategy, and the impact of Covid on cancer diagnosis and treatment, means we are no longer confident that will be the case. In fact, we are concerned that Ireland's cancer outcomes may have stagnated or even disimproved.

Without funding the national cancer strategy is a plan without action. And a plan without action is not a plan. It is just words.

Words are no comfort to someone languishing on a waiting list for a cancer test, getting more worried by the day. Or to the healthcare professional trying to do their best in a chaotic system, knowing their patients aren't getting the standard of care they deserve.

The National Cancer Control Programme has only been given proper funding for the current National Cancer Strategy in two of the seven budgets since it was published – 2021 and 2022.

As a result, progress has been piecemeal and partial and proper multi-annual workforce planning has not been possible.

Some innovations have been developed, such as the Acute Oncology Nursing Service and Stratified Self-Managed Follow Up Pathways. However, these need additional funding to realise their potential.

Unmet Targets

Overall,

- Key cancer prevention targets – such as reducing smoking rates – will not be met.
- Screening has not been expanded as planned;
- Target waiting times for cancer tests are consistently exceeded;
- Last-minute cancellations in tests and treatment continue to be common, particularly throughout the winter; and
- Patients still struggle to access key supports such as dieticians and lymphedema treatment.

We are also falling far short of the already modest target of 6% of cancer patients participating in clinical trials.

Some areas are going backwards

And in some areas, things have significantly disimproved:

- Waiting times for radiation therapy have increased, with expensive equipment lying idle in several hospitals due to an ongoing shortage of radiation therapists; and

- Inequality between public and private patients is growing, particularly in terms of access to new medicines.

The upshot of all of this is that opportunities are being missed every day to prevent people from getting cancer and to save the lives of those who do.

It is truly shocking that this is being allowed to happen, particularly when we have such strong evidence that investment in cancer services works. It saves lives and it saves the State money in the long-term.

Work with us to change this

The Irish Cancer Society is urging you to work with us to change this.

Help us ensure:

- That cancer is a political priority now and in the coming years;
- That the Government publishes a credible implementation plan for the Strategy with a commitment to ring-fenced multi-annual funding from 2024 on;
- That we deliver urgently needed improvements in cancer services; and
- That we ensure that every Irish person, regardless of their background or income has the best possible chance of surviving cancer.

ENDS