

Transforming cancer outcomes in Northern Ireland

Cancer Research UK recommendations for the cancer strategy in Northern Ireland

Executive Summary

Cancer Research UK (CRUK) is the world's largest independent cancer charity dedicated to saving lives through research. We support research into all aspects of cancer which is achieved through the work of over 4,000 scientists, doctors and nurses. In 2018/19, we committed £546 million to fund and facilitate research in institutes, hospitals and universities across the UK. We are also the largest charity funder of cancer research in Northern Ireland. CRUK wants to accelerate progress so that 3 in 4 people survive their cancer for 10 years or more by 2034.

In 2017, 9,521 people were diagnosed with cancer in Northern Ireland – 26 people every dayⁱ. By 2030, it is expected there will be over 12,000 cancer diagnoses a year, partly as a result of a growing and aging population. Although survival has improved in Northern Ireland over the last fifty years, it is still poorer than in other comparable countries.^{ii, iii} In Northern Ireland issues with the organisation and capacity of diagnostic services meant that between April and June 2019, just 54% of patients received their first treatment within 62 days of an urgent referral for cancer. The 62-day Ministerial Target of 95% has never been met^{iv}.

Given the significant challenges facing cancer services in Northern Ireland, **Cancer Research UK strongly welcomes the current development of a cancer strategy for Northern Ireland being led by the Department of Health.** Over the past 10 years several frameworks, strategies and plans for cancer services have been published in Northern Ireland. However, none of these have been completely comprehensive and all are now out of date. It is imperative the mistakes of the past are learned from, and a new and ambitious cancer strategy is developed that offers a vision for transforming cancer outcomes for cancer patients in Northern Ireland.

In particular, we must see:

- **Clear, measurable targets over the first five-year period with ongoing review of progress against ambitions including an interim review after two years**
- **A commitment to a full review and refresh of the Strategy halfway through the 10 year lifespan of the Strategy, ensuring the Strategy is updated following assessment to guarantee it remains relevant and impactful to 2030**
- **Appropriate leadership and sufficient and sustainable funding to achieve much needed transformational change in cancer services**

Building on the call for evidence-led transformation in *Systems, Not Structures: Changing Health & Social Care*^v, a cancer strategy could act as a vehicle for wider reform of the health and social care system in Northern Ireland. A new cancer strategy could support in delivering transformation to areas such as prevention, diagnostic and treatment services which would benefit a range of conditions.

The return of devolved government to Stormont is an invaluable opportunity to seize the initiative and develop, adopt and implement an ambitious cancer strategy that will deliver improved

outcomes for cancer patients in Northern Ireland. Development of a cancer strategy has support from all parties represented in the Northern Ireland Assembly, reflecting consensus across the political spectrum and demonstrating the clear imperative to drive forward transformation in cancer services. This consensus should guarantee sufficient investment to deliver an ambitious cancer strategy that delivers transformation in cancer services and builds capacity as cancer incidence rises.

While the overall ambitions of the Strategy must be aspirational and seek to deliver ambitious transformation of cancer services, actions that are both impactful and achievable in the light of present financial constraints and the current pressures on the health system are also vitally important. This paper seeks to identify both short term action and longer-term ambitions. Following the current process of developing recommendations for the DoH to consider, an inclusive and transparent process of prioritisation should be undertaken. This process should identify what can be delivered and see improvements in outcomes and experience for cancer patients in the short term, and which ambitions will require longer for implementation.

Cancer Research UK looks forward to working closely with the Northern Ireland Department of Health to explore the priorities for transforming cancer services. There are opportunities right across the cancer pathway to drive improvements in outcomes, and we have identified the areas of most potential in:

- A radical shift to prevention
- Efforts to diagnose cancers earlier and reduce late stage diagnosis
- Ensuring equitable access to the highest quality appropriate treatments
- Creating a cancer workforce prepared for a future of increasing cancer incidence
- Optimising cancer data and informatics to improve services and patient outcomes
- Fostering a strong culture of research in the health service

Underpinning the strategy should be a bold vision to transform cancer outcomes in Northern Ireland, with clear and measurable ambitions to **address modifiable cancer risk factors, reduce late stage diagnosis and diagnose more cancers at an earlier stage, improve access to effective and evidence based treatments and improve survival.**

Below we have set out the 14 clear commitments we believe should be prioritised in a new cancer strategy to unlock the benefits of the greatest opportunities to transform cancer services and accelerate progress in improving cancer outcomes.

Public health and prevention

1. **Clear population-level actions on the prevention of modifiable cancer risk factors such as smoking, obesity, and alcohol, including developing a new strategy to reduce alcohol consumption**
2. **Share in CRUK's vision, and set a target for a smoking prevalence of less than 5% by 2035 – this target should then be delivered through action with a focus on provision of stop smoking services and tobacco control public health campaigns**

Early diagnosis

3. Full implementation and optimisation of the Faecal Immunochemical Test (FIT) for bowel screening no later than 2023, with clear and transparent timelines for set out by the Public Health Agency to achieve this
4. Introduction of the HPV test as the primary test for cervical screening no later than 2023, with clear and transparent timelines for set out by the Public Health Agency to achieve this
5. Commission an audit of diagnostic capacity and how diagnostic services can be optimally organised, to inform a centralised initiative to introduce NICE NG12 referral guidelines or updated guidance

Access to treatments

6. Ensure the swift adoption of innovative treatments that have been shown to be effective
7. Conduct a review of equitability of access to the best evidence-based treatments, and improve the quality of cancer treatment data to allow ongoing monitoring

Workforce

8. Review the cancer workforce with a focus on diagnostic professions to identify the extent and impact of shortages, followed by a fully funded plan to address gaps in the short term and ensure there are enough staff to meet need in the future
9. Develop and support skills mix approaches to ensure that workforce is deployed as efficiently as possible

Cancer Data

10. Develop a comprehensive strategy for cancer data and informatics, including the full implementation of the recommendations of the Review of the Northern Ireland Cancer Registry and engagement with all relevant stakeholders, so that cancer data is used to inform and support delivery and transformation of cancer services
11. Guarantee that when the Encompass electronic patient record system is introduced it supports transformation in cancer services and is a valuable enabler of research and innovation
12. Urgently implement the Health and Social Care (Control of Data Processing) Act (Northern Ireland) 2016 to enable data sharing for medical research, service improvement and direct patient care

Research

13. Develop a plan to embed research throughout the health and social care system in Northern Ireland, which establishes research as a core part of the system and fosters a culture of research at all levels
14. Aim to increase the number of clinician-patient conversations about taking part in cancer research, including exploring the possibility of establishing a system to signpost ongoing clinical trials to patients

ⁱ Northern Ireland Cancer Registry. 2019. Cancer incidence, prevalence and survival statistics for Northern Ireland: 1993-2017. <https://www.qub.ac.uk/research-centres/nicr/FileStore/OfficialStats2017/Incidence/Filetoupload,884041,en.xls>. Accessed December 2019.

ⁱⁱ Baili, P., et al. 2015. Age and case mix-standardised survival for all cancer patients in Europe 1999–2007: Results of EUROCARE-5, a population-based study. *Eu J Cancer* 51:15. Pp.2120-2129

ⁱⁱⁱ Coleman MP, Forman D, Bryant H, et al. 2011. Cancer survival in Australia, Canada, Denmark, Norway, Sweden, and the UK, 1995–2007 (the International Cancer Benchmarking Partnership): an analysis of population-based cancer registry data. *Lancet*; 377(9760):127-138.

^{iv} Department of Health. 2019. Northern Ireland Waiting Time Statistics. <https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-niwts-diagnostic-waiting-times-q1-19-20.pdf>. Accessed December 2019.

^{iv} Health and Social Care Board. 2015. Commissioning Plan 2015/16.

^v Bengoa, R. et al. 2016. Systems, Not Structures: Changing Health & Social Care. <https://www.health-ni.gov.uk/sites/default/files/publications/health/expert-panel-full-report.pdf>. Accessed February 2019.