NORTHERN AREA HEALTH BOARD

Report No: 47/2002

Cancer Services

INTRODUCTION

Developments in Cancer Services in our Board's area are directed by policy that has evolved since 1994. The Health Strategy *Shaping a Healthier Future 1994* identified three major sources of premature mortality in Ireland that included cancer. The Strategy noted that much of this premature mortality is preventable and set out a medium term targets for cancer to reduce the death rate in the under 65 age group by 15 per cent in the ten-year period from 1994.

It 1996 it was felt that a National Cancer Strategy was needed to build on the steps taken under *Shaping a Healthier Future.* Thus the Minister for Health and Children established a Cancer Strategy Group from which *Cancer Services in Ireland: A National Strategy (1996)* evolved. The principal objectives within this policy are:

- that all measures are taken to reduce rates of illness and death from cancer in line with targets established in *Shaping a Healthier Future* and
- to ensure that all those who develop cancer receive the most effective care and treatment and that their quality of life is enhanced to the greatest possible extent

The new National Health Strategy *Quality and Fairness - A Health System for You* reviews the major causes of mortality nationally. Cancer is the second most frequent cause of death in Ireland. Furthermore one in three individuals will develop cancer in the course of their lifetime but not all will die from the condition. Such a high incidence of cancer places considerable burden on the individuals, their carers and the health system in general including hospital based and primary care services.

STATISTICS

In the Eastern Region, cancer is the second most common cause of death after cardiovascular disease and it is the most common cause of death in the under 65 age group. A reduction in both cancer mortality and morbidity is a principal objective of the health services, as is the provision of effective care and treatment for people who develop cancer. These objectives are all the more important as an increase in the actual number of cancer cases is forecasted due to our ageing population. (ageing population projected to increase in the eastern region by 40% to Year 2011).

ERHA POPULATION – YEAR 2002

NAHB	486,305	**35%**
SWAHB	555,777	**40%**
ECAHB	347,360	**25%**
TOTAL ERHA	**1,389,442**	**100%**

Cancer incidences in the Eastern Region are significantly higher than the national figures Cancer accounts for 26% of all deaths in the ERHA region. 36% of all cancers in Ireland occurred in the Eastern Region whilst 42% of all lung cancers occurred in the Eastern Region; Cancer incidence in the eastern region for the period 1994 - 1997 by Area Health Board is set out hereunder.

CANCER INCIDENCE EASTERN REGION 1994 - 1997

	Northern	***East Coast***	***South Western***	***Total ERHA***
Male	2,843	2,147	3,121	**8,111**
Female	2,905	2,408	3,105	**8,418**
Total ERHA	**5,748**	**4,555**	**6,226**	**16,529**

In the three years (94 - 97) cancers of the lung, prostrate and colo-rectal were the most prominent in the male population whilst cancer of the breast, colo-rectal and lung were the most prominent in the female population.

The hospitals in the Eastern Region play a very significant role in the treatment of patients suffering from cancer nationally: -

- 50% of all national discharges of cancer patients were from hospitals in Eastern Region in 1999 (50,000). Of the national discharges of cancer patients, 31% were from hospitals in the NAHB area.

Cancer is responsible for 26% of all hospital discharges in the eastern region. Treatment of patients suffering from cancer is a major component of acute inpatient care overall and is best illustrated by the discharge of cancer patients as against discharges overall from hospitals. Discharge details in respect of hospitals in the NAHB area is set out hereunder:

CANCER DISCHARGE NORTHERN AREA (1999)

	All Discharges	***Cancer Patients***	***% of Overall Discharges***
Mater	34,585	6,552	**19%**
Beaumont	38,971	7,892	**20%**
JCMH	10,304	1,013	**10%**
Cappagh	1,497	N/A	**-**
Temple St.	9,791	241	**2.5%**
Rotunda	3,336	246	**7.4%**
TOTAL	**98,484**	**15,944**	**16%**

DELIVERY OF SERVICES

Cancer services are provided by our Board in collaboration with the Mater, Beaumont, Rotunda and Temple St. Hospitals and St. Francis Hospice in Raheny.

The delivery of cancer services is multi-faceted and involves:

- Health promotion
- Screening and early detection
- Primary care
- Medical oncology
- Surgical oncology
- Radiation oncology
- Rehabilitation / Palliative care
- Cancer research
- Quality assurance (audit)

General practitioners play a key role in pre-assessment / referral and ongoing treatment and support following the patients' acute phase of treatment. General Practitioners also play a very important role in the provision of screening programmes; in particular cervical screening, opportunistically and at dedicated clinics in specific areas. Arrangements are also in place with the Family Planning Institute and the Well Woman Clinic for the provision of cervical screening at dedicated centres. Joint screening programmes (Area Medical Officer, Public Health Nurse, General Practitioner) are also in place in areas of high deprivation.

MANAGEMENT INTEGRATION AND IMPLEMENTATION OF SERVICES

Resulting from the *National Cancer Strategy,* three Regional Directors were appointed for the eastern region – one for each Area Health Board. In the NAHB Local Cancer Directors were also appointed to Beaumont and James Connolly Memorial Hospitals. Cancer service developments are now progressed on an Area Health Board basis taking cognisance of the requirements of the individuals requiring services and the capacity of the providers to deliver services.

Implementation of cancer services in accordance with the *National Cancer Strategy* is overseen by the National Cancer Forum. In the Northern Area Health Board significant developments have taken place since the publication of the National Strategy in 1996 with the funding of:

- 1 ½ Medical Oncologists and support teams,
- 1 Radiation Oncologist and support teams,
- 1 Surgical Oncologist and support teams,
- 2 Histopathologists and support teams,
- 1 Palliative Care Consultant and support teams.
- 8 Cancer Nurse Co-ordinators.

SERVICE MATTERS

- **Breast Cancer**

A national screening programme *BreastCheck* was established and commenced screening in 2000 with the aim of reducing the number of deaths from breast cancer in Ireland amongst women aged 50 - 64. The Annual Report 2000 - 2001 is circulated with the Board agenda. In summary Phase One of the project commenced in the Eastern Region in February 2000. The development of Phase One was predicated on having a centralised National Breast Screening Programme i.e. clinical units and

mobile units for all of the interventional procedures required following positive mammographic results. These clinical centres are based in centres of excellence primarily to establish best practices in all aspects of radiology, radiography, breast cancer care, pathology, surgery and therapy - and to attract suitably qualified personnel to the programme.

The BreastCheck clinical units in the East are: the Merrion Unit covering the southern part of Dublin city and county and counties Wicklow, Kildare, Offaly and Laois; the Eccles Unit covering northern Dublin city and county and counties Cavan, Monaghan, Louth, Meath, Westmeath and Longford. Approximately 140,000 women are in the target population for each two year round, or approximately 70,000 per annum.

The two centres, Eccles, Mater Misericordiae Hospital, and Merrion on the campus of St. Vincent's University Hospital, were chosen on the basis of established expertise in breast cancer at both hospitals.

The main outcomes of the programme were:

- The National Breast Screening Programme began screening in February 2000
- The programme exceeded its target uptake rate of 70%, achieving a rate of 73%
- The number of eligible women invited for screening was 60,881
- The number who attended screening was 45,321
- The rate of recall for assessment was 4.4% which is within the target set of 10%
- The overall cancer detection rate achieved by the programme of 9.1 per 1,000 women screened exceeds the target for the prevalent round (the first round of screening) of >7 per 1,000.
- The number of women diagnosed with breast cancer was 410.

Prior to the commencement of BreastCheck in the NAHB our Board's management and BreastCheck put in place a programme targeted at all the major institutions, hospitals, convents, factories, supermarkets and also organised promotion conferences for major employers and women's organisations to promote BreastCheck.

The overall uptake for the area was:	**74%**
Total number of women invited for screening:	31,475
Total number screened:	22,393
First time DNAs:	2,123
True DNAs:	5,349
Number of women who de-consented:	51
Number of incompletes (halted):	50
Number excluded (RIPs, women who had breast cancer / bilateral mastectomy, not known at the given address)	363

Notwithstanding the promotion work as indicated, the uptake was very low in the North Inner City. This area will be targeted by the mobile clinics as soon as they are available. The subsequent round which is the commencement of the second two-year programme started in October in Castleknock and Blanchardstown. The programme

for Ballygall, Ballymun and the North County will commence in November. This phase, as indicated by best practice, will provide repeat screening for women who availed of screening in the first programme, and include a new cohort of women who have now reached 50 years of age.

The National Cancer Forum also proposed the development of two dedicated symptomatic breast treatment units in the NAHB area. Following this in March 2000 the first unit was developed in the Mater Hospital. Discussions have been finalised between our Board and Beaumont Hospital on the establishment of a single site unit involving James Connolly Memorial Hospital and Beaumont Hospital.

- **Cervical Screening National Programme**

The first phase (pilot programme) of the National Cervical Screening Programme was established in the Mid West in 1997; the outcomes from the programme are currently being evaluated. It is proposed to extend the programme to two further health boards in 2003 and thereafter to roll out the programme nationally.

- **Cancer Nurse Co-Ordinators**

Eight posts of Cancer Nurse Co-ordinator were established in 2000. The main objective of this service is to provide counselling and support. The Cancer Nurse Co-ordinator also liaises closely with specialist surgery units, medical oncology units, radiation oncology units and palliative care units. As already stated, cancer is a multifaceted service and the care path of any individual patient involves clinical interface with various Consultants and other professionals in the hospital(s) setting as well as clinical interface with the GPs, nurses, and other professionals in the community. The Cancer Nurse Co-ordinator works with the patient to ensure smooth access between the professional staff and the hospital and the community as well as providing counselling and support to the individual. As this was a new development, the three Area Health Boards jointly conducted an independent evaluation of the service. The outcome of the evaluation was that this was a very important and effective initiative.

- **Health Promotion / Better Lifestyle**

The strategic approach for health promotion in our Board's area is based on a comprehensive approach, which includes addressing the determinants of health as well as the lifestyle factors that contribute to ill health.

In some cases, death from cancer can be related to lifestyles - e.g. smoking and diet. Our Health Promotion Unit works actively with other staff in various services who have a role to play in influencing health / healthier choices. The Unit also works with the wider community to promote health. Health Promotion Officers dedicated to promoting awareness of the dangers of tobacco and related products are in place. Areas which are targeted include schools, workplaces, community facilities and prisons.

- **Palliative Care**

As already stated palliative care for our Board's area is provided by St. Francis Hospice, Raheny. The Hospice has 19 beds and has recently opened a state of the art day facility. Services are co-ordinated through an Area Co-ordination Committee; this Committee is linked to an ERHA Regional Committee. In addition to residential and day care, the Hospice also provides a home support programme. The extent of the home support service has been expanded gradually over the past number of years and the service is now available throughout all of our Board's area. It is available between the hours of 7.00 am to 11.00 pm. An on call/phone service is available outside of those hours.

Discussions are ongoing in relation to the identification and dedication of support/step down beds in our Board's long stay facilities. It is envisaged that palliative care programmes will be supported by St. Francis Hospice increasing the access of this programme to a wider cadre of patients.

The appointment of a second Consultant in Palliative Care Medicine, and team, in 2002 effected the integration of palliative care services between the three acute hospitals and St. Francis Hospice, with the two Consultants having joint appointments with these hospitals/agencies.

- **Issues to be addressed**

Whilst resources - financial, manpower and infrastructure - are critical to the successful delivery of cancer services, as indeed in the delivery of all health services, there are two areas of particular concern in the overall delivery of cancer services:

- access to radiotherapy services for a small number of patients pre-operative (uptake of radiation in the region 23% as against recommended rate 50%);
- funding oncology drug treatments.

Discussions are taking place with ERHA on sourcing additional funding from the Treatment Purchase Fund to purchase radiotherapy services from the private sector for individual patients on a needs basis and also to effect ring fencing of funding for oncology drugs (both proposals underpinned by agreed protocols).

The issues which we need to focus on in the coming years in order to meet the challenges presented include:

- Expansion of day-ward facilities
- Protected/Designated inpatient beds
- Impact new consultant appointments
- Support services: Social, Psychological and Physical
- Delays commencement curative radiation
- Genetic counsellor
- Appointment of consultants with sub-specialisation
- Primary (GP) care: Early detection education
- "Rapid Assessment Clinics"
- Impact of breast-check and breast units on medical oncology and other services

CONCLUSION:
Having regard to the national and regional strategies for the development of cancer services together with the appointment of a Cancer Director specifically for our Board area our Board will be working towards the establishment a Working Group representative of providers of cancer services in our Board area to plan and develop the future direction of cancer services in our area.

I will keep members advised of progress.

Maureen Windle ***21st November 2002***
Chief Executive