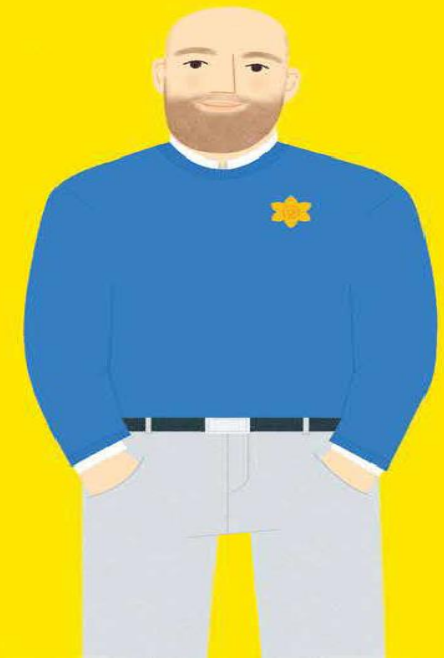


Future of Cancer in
Ireland:

Health Economic
Perspectives



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What I'll Cover

- Impact of cancer on patients and their families
- What's working
- What isn't
- The cancer gap
- Life with cancer
- A hopeful future



Cancer at a population level

- 30 years ago, only **4/10** patients survived at least 5 years after treatment. **Today 6/10 do and most of those will not die from cancer.**
- **One in every 22 people** in Ireland is living with a history of an invasive cancer (over 200,000 people)
- Thanks to enhanced screening, early detection, new treatments, improvements in public cancer services, including centralisation etc.
- But.....more of us are getting cancer is rising, due to:
 - Population growth
 - Aging population
 - Lifestyle factors
- **Cases are expected to increase by at least 50%,** and potentially double by 2045.
- In the next ten years, **500,000** people will be diagnosed with cancer, >250,000 of those with invasive cancer
- Are cancer services prepared for this?

Are cancer services coping?....Rewind...

minor procedures to appropriate low acuity settings, analysis of referral pathways and the application of Health Technology Assessments.

The continued implementation of the *National Cancer Strategy 2017-2026* and the *National Maternity Strategy 2016-2026 – Creating a Better Future Together* will also lead to improvements in the standard of acute clinical care. However, the NCCP allocation for 2019 will not enable the service to match referral demands in areas such as radiotherapy, rapid access cancer clinics and diagnostics.

There is also a renewed focus on activity based funding (ARF) with the advent of *Sláintecare*. In 2019 the

As in other health matters, particular focus will be put on achieving integration across primary, acute and social care services. A key element in ensuring this is the strengthened governance and oversight role envisaged for the National Cancer Control Programme in providing leadership across the continuum of care.

I fully endorse this Strategy and I was delighted to present it to Government for approval. Now it's all about implementation.

Simon Harris, T.D.
Minister for Health

Funding of the Strategy

6. New development funding of €3.5m in 2020 will be focused on the development of survivorship and psycho-oncology services; further centralisation of cancer surgery; medical oncology consultant and nursing staff and early diagnosis initiatives.

“It’s hard to believe but some cancer services are now struggling more than before the Strategy was published in July 2017. The HSE issued a stark warning in the Services Plan last year that not enough money was being provided to meet demand for cancer tests and treatments in 2019. Unfortunately, this is now being felt by patients right across the country at one of the most vulnerable times of their lives.

“It doesn’t need to be this way. Budget 2020 gives the Government an opportunity to meet the needs of cancer patients and survivors who deserve better. This chance cannot be missed.”

					(NCRI)
5	Ensure Rapid Access Clinic and Symptomatic Breast Disease Clinic targets are met	Percentage of new patients attending RAC or SBD clinic within timeframe	95%	2017	<div> <div>Jan-Dec 2017 (Patient Numbers):</div> <div>Breast: 75.3% (19,264)</div> <div>Lung: 82.3% (3,404)</div> </div> <div> <div>Jan-Dec 2019 (Patient Numbers):</div> <div>Breast: 70% (20,904)</div> <div>Lung: 86.7% (3,602)</div> </div>
6	Ensure GPs have direct access to diagnostics for patients meeting referral criteria	Percentage of patients accessing imaging/diagnostics/endoscopy within agreed timelines	90%	2020	(NCCP)
7	Reduce the proportion of cancers detected in Emergency Departments	Percentage of cancers diagnosed in Emergency Departments	50% relative decrease over 2013 figure	2026	<div>Early Stage of Development</div> <div>2013: 13.5%¹</div> <div>2016: 14%¹</div> <div>(NCRI)</div>

Are cancer services coping?....Today...

- ✓ Long waiters being taken off lists
- ✓ Funding for National Cancer Strategy provided
- ✓ Allocation of funding for new medicines
- ✓ National Cancer Information System
- ✓ Skin Cancer Prevention Plan
- ✓ NCCP Plan for Early Diagnosis of Cancer
- ✓ Publication of models of care for Survivorship & Psycho-oncology
- ✓ Establishment of Together4CancerConcern
- ✓ Cancer research taking place



Are cancer services coping?....Today...

- 1 in 2 people don't think they will be able to access healthcare if they need to
- 1 in 5 people have not gone to GP when they needed to: Nov, Dec & Jan 2023 (increase from 13% in March 2022)
- 1 in 5 of these have not gone to GP because of cost
- Some oncology day wards running until late evening – exhausted staff & patients
- Some surgeries being cancelled / being scheduled off-site
- Radiology waiting lists +200,000
- Rapid Access Clinics not meeting targets
- Too few people being offered radiation therapy – 4 machines closed due to staffing shortages
- Staff burnout
- Staff retention deteriorating
- OECD has said cost is barrier to early diagnosis and that delays in diagnosis are Ireland's biggest hurdle to timely access to care



The cancer gap

- There's a gap in outcomes between cancers and between communities
- Survival has advanced little for some cancers. High 5-year survival rates for breast (88%), melanoma (93%) and prostate (94%). Low 5-year survival rates for pancreas (14%), liver (18%), oesophagus (24%) and lung (24%)
- Those in the most deprived areas had a 28% higher mortality risk due to cancer within five years of cancer diagnosis compared to those in the least deprived areas (published 2023, NCRI)
- 1 in 7 invasive cancers diagnosed in EDs – 3 in 4 at advanced stage (published 2018, NCRI)
- Cancer patients from the most disadvantaged communities are 50% more likely to be diagnosed via emergency presentation than those from the most affluent communities (ibid)
- Nearly 3 out of 4 emergency cases involve patients over 65 compared with just over half of elective cases, and older patients are twice as likely to present as emergencies (ibid)
- Certain cancers, including pancreas (34%), liver (34%), brain/central nervous system (34%) leukaemia (27%), lung (26%), ovary (24%), colon (22%) and stomach (20%), had an especially high proportion of emergency presentations (ibid)

Focus has been on survival but quality of life is critical

Cancer disrupts every aspect of a patient's life – physical, emotional, social, financial and more.

Many of these negative effects last for years and have a huge impact on patients and their loved ones

Irish Cancer Society campaigns include: Leave our Leave, Real Cost of Cancer, Right to be Forgotten

NCCP has prioritised survivorship & psycho-oncology and support is now much better

There is no return to 'normal' for many people



We hear this from patients and survivors

"The fact that I couldn't have kids, I thought I wasn't normal."

"You think at times that you're the only one experiencing such symptoms! I couldn't call my breast care nurse as her job is to look after patients before and after surgery. You're kind of left to learn as you go along."

Top queries

1. Questions about cancer – things patients haven't asked medical team
2. Cost of disease – car parking, travel, heating
3. Counselling – emotional burden of cancer

"I felt that I didn't get enough information about possible changes in my emotions. Chemo affects the brain, your whole personality. I lost my confidence."

"(the patients) feel as if they have 'Fallen off a cliff' when active treatment for cancer is over"

"My eight-year-old daughter wants to go to gymnastics and it's €180 that you have to pay for the term and I have to say 'no' to her. You can imagine as a mother how upsetting that is to have to live with the guilt. Sometimes you feel like it's your fault that everything's changed at home because you've got cancer and you can't afford to do those things."

"It's not as if she's in five or six other activities, she's in none. It was just one activity and we couldn't afford to pay for that. It's not just about me as a cancer patient, it's about everybody that is around you."

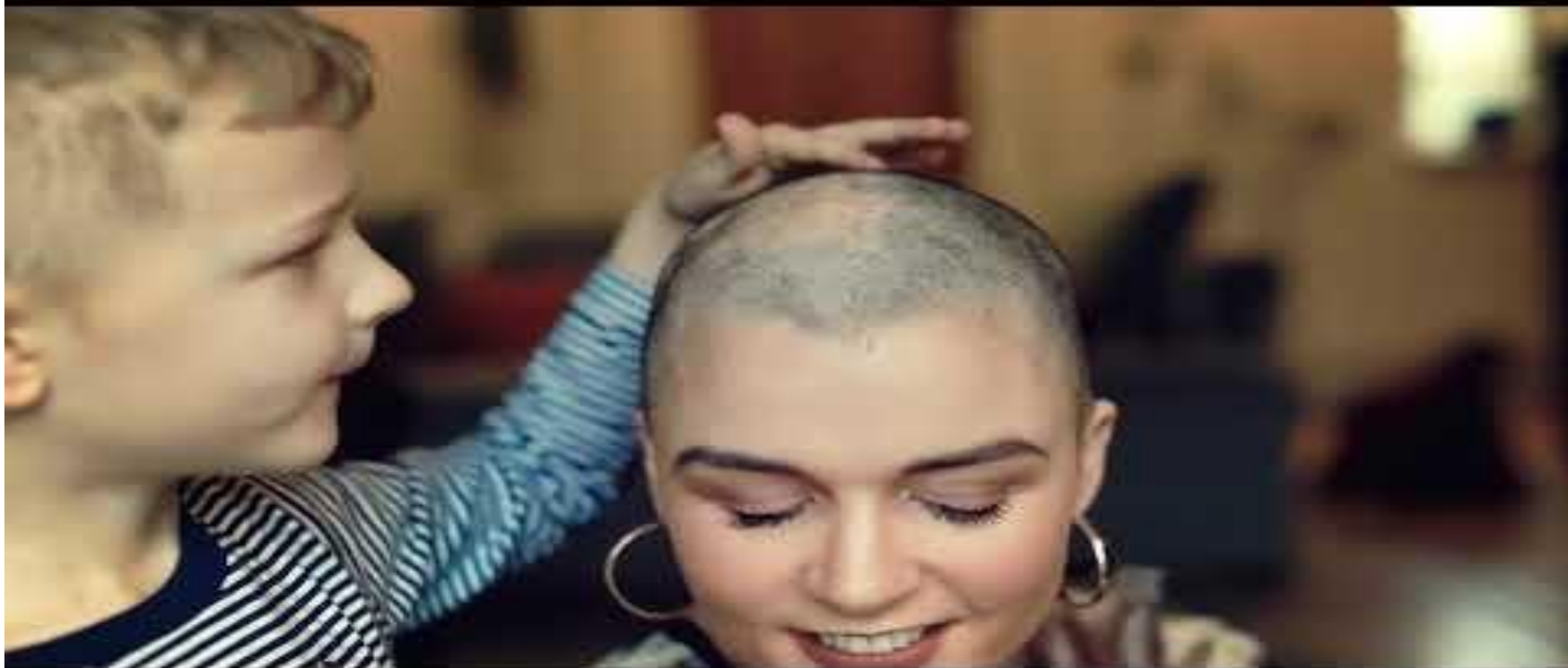
We can revolutionise cancer care in Ireland

One of our main roles is to be an engine or driver of change.

We can't fix all the problems but we can highlight them, propose solutions and work together

- ♥ **Fund** infrastructure
- ♥ **Expand** cancer services along the cancer continuum
- ♥ **Retain** our healthcare professionals and researchers
- ♥ **Hire more** clinicians and health and social care professionals
- ♥ **Invest** in research and trials





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