## **NATIONAL CANCER STRATEGY 2017-2026**

Implementation Report 2019

Recommendation	Lead Agency	Progress to end-2019
The Department of Health will ensure that policies under the <i>Healthy Ireland</i> framework are implemented in full and that opportunities to address cancer prevention measures under those policies are maximised. In particular, measures aimed at further reducing smoking levels will be pursued.	DOH	Cancer issues have been well integrated into Healthy Ireland prevention messages, particularly in the areas of tobacco and alcohol consumption. This includes co-operation in relation to the legislation on standardised retail packaging of tobacco products and the Public Health (Alcohol) Act 2018. This Act includes provisions prohibiting alcohol advertising in or on public service vehicles, at public transport stops or stations and within 200 metres of a school, a crèche or a local authority playground.  Work is progressing on planned legislation to introduce a ban on sales of e-cigarette and vaping products to those under 18 years of age. It is proposed that a provision allowing for the banning of e-cigarette advertising near schools and creches, and on public transport, will also be included in the legislation.
The National Cancer Control Programme (NCCP) will develop a cancer prevention function, working in conjunction with the broader <i>Healthy Ireland</i> initiative, and will lead in relation to the development and implementation of policies and programmes focused on cancer prevention.	NCCP	The NCCP cancer prevention function participates in, and actively supports, Healthy Ireland and HSE public health programmes. Specifically, the NCCP has provided input into the HSE's Tobacco Cessation Support Programme and the proposed HSE Smoking Cessation Guidelines.  The Irish Cancer Prevention Network, comprising the NCCP, Irish Cancer Society, Marie Keating Foundation and Breakthrough Cancer Research, was established in February 2019. The network facilitates collaboration on cancer prevention initiatives, the agreement of consistent evidence based cancer prevention public awareness messages and support of national programmes with a unified voice. To date, the Network has provided strong input through their involvement in the Early Diagnosis Working Group and development of the National Skin Cancer Prevention Plan.
oversee its implementation as a priority. It will prioritise children, outdoor workers,	DOH	A Specialist in Public Health Medicine is supporting the NCCP's Cancer Prevention function.  On 27 May 2019, the Minister for Health launched Ireland's first National Skin Cancer Prevention Plan. Meetings of the Prevention Plan's Implementation Group commenced in October 2019, with the early focus being on children and outdoor workers as priority groups. Funding from the Sláintecare Integration Fund has been allocated to facilitate the recruitment of a Cancer Prevention Officer in 2020 to co-ordinate implementation of the Plan.
potential benefits and the cost-effectiveness of various initiatives (including	NCCP	The NCCP, in conjunction with the Irish Cancer Prevention Network, is continuing to assess the progress being achieved on international prevention initiatives and to monitor evidence regarding the efficacy of potential new cancer screening programmes.  The NCCP is represented on the National Screening Advisory Committee, chaired by Professor Niall O'Higgins, the first meeting of which took place in November 2019. The purpose of the Committee is to advise the Minister on existing, and potential new, screening programmes.
The HSE will ensure that the appropriate endoscopy capacity is provided in hospitals to allow for the expansion of BowelScreen to all aged 55-74 by end-2021.	HSE	This Recommendation is reflected in the National Service Plan for 2020 which commits to developing a capacity plan that meets the current endoscopy demand for the screening population, as well as developing a plan, in collaboration with the Department, to ensure the roll-out of sufficient capacity to support the extension of the BowelScreen programme.  In 2019, approximately 4,900 patients were referred for further treatment or surveillance from the BowelScreen Programme. Increased endoscopy capacity will be required before the expansion to all aged 55-74 (currently 60-69) is commenced. This will be addressed by the HSE Endoscopy Programme.
_ · · · · · · · · · · · · · · · · · · ·	NCCP	The NCCP undertook a stakeholder survey which has been completed by the designated cancer centres as part of their assessment of the level of genetic testing infrastructure. The results of the survey will inform work on a Hereditary Cancer Model of Care (to be drafted end-2020), covering the identification and assessment of those with possible hereditary cancer risk, referral for counselling and testing when indicated, and coordinated surveillance when required.  The updated GP Guidelines for Referral to the Symptomatic Breast Disease Clinics will be finalised in Q2 2020 and inform the development of Family History Guidelines for Breast Cancer.
voluntary sector, will develop a rolling programme of targeted multi-media based public awareness and education campaigns, aimed at the early detection of specific	NCCP	An interdisciplinary Steering Group was established in December 2018 to address Public Awareness for Early Detection of Cancer. The NCRI conducted an analysis to inform the group on prioritisation for early detection campaigns. The Steering Group has identified lung cancer as the initial priority and aims to roll out a programme to increase the early detection of lung cancer in Q3 2020. A National Lung Cancer Awareness Survey has been carried out and the NCCP also completed a situational analysis assessing the effectiveness of early detection campaigns.  Links have been developed with cancer charities, expert researchers and healthcare professionals to design and deliver effective interventions. Education is also provided to various healthcare professionals to encourage the use of the referral pathway for patients to the rapid access clinics for breast, lung, and prostate cancer.
Committee, will develop a three year plan to enhance the care pathways between primary and secondary care for specific cancers. The plan will set out criteria for referral to diagnostics and incorporate the requirements for additional Rapid	NCCP	In August 2019, the Minister launched the National Clinical Guidelines for both Ovarian and Oesophageal Cancers.  The updated GP Guidelines for Referrals to the Symptomatic Breast Disease Clinics will be finalised in Q2 2020 and will be implemented on a phased basis through 2020.  The NCCP is continuing to monitor the referrals of cancers that fall outside existing Rapid Access Clinics and has been liaising with the Irish Council of General Practitioners and the National Clinical Effectiveness Committee in this regard.
The NCCP will ensure that cancer referrals from a GP into a hospital will be made electronically. Each Hospital Group will facilitate the phasing in of e-referral. This will be completed by the end of 2022.	NCCP	In 2019, 46,516 electronic cancer referrals were received (14% increase on 2018). A Pilot of the Pigmented Lesion Electronic Cancer Referral Form commenced in Cork in September 2019.
The Department of Health will liaise with the Health and Education authorities	DOH	In 2018, the number of places on the undergraduate degree programme on radiography provided by UCD was increased from approximately 45 to 100 per year, in line with increasing demand.
end-2018 for the referral of patients with suspected cancer, who fall outside of existing Rapid Access Clinics, for diagnostic tests. The NCCP will ensure, through these criteria, that GPs will have direct access to cancer diagnostics within agreed	NCCP	An Early Cancer Diagnosis Steering Group was established in December 2018. The Steering Group facilitated the publication of a new GP Colorectal Referral Pathway in Q2 2019 and implementation has commenced. The Group also conducted site visits to St James's Hospital and Cork University Hospital in 2019, to view and assess the current acute oncology services provided.  A pilot Rapid Access Haematuria Clinic, as designed in the Urology Model of Care, commenced in Roscommon in December 2018. The Clinic has managed more than 500 patients to date with 72% discharged back to their GP after a single visit. The Clinic has saved approximately 1,500 out-patient visits and maintained a 9% cancer detection rate.
between primary care and hospital settings at all stages of the cancer continuum,	NCCP	The Systemic Anti-Cancer Therapy (SACT) Model of Care Steering Group was established in December 2019 to develop a roadmap for the Model of Care across acute hospitals and primary care settings.  The NCCP has completed work on a cost comparison study (to be published in Q2 2020) of the Community Oncology Nursing Programme in Community Healthcare Organisation 2 (Galway, Roscommon, Mayo). The NCCP has also secured increased GP Support (three days per week) to increase the focus on the development of pre- and post-treatment supports.  In August 2019, the Minister for Health published the National Cancer Survivorship Needs Assessment. The Needs Assessment outlines key
disciplinary team meeting. The NCCP, working with the Hospital Groups, will	NCCP	All common tumours are discussed at MDT meetings and Standard Operating Procedures (SOP) have been signed off for haematology, melanoma and breast cancer. Work commenced in 2019 on creating SOPs for various other tumour types across all hospitals including skull base, lung, colorectal and gynae-oncology cancers.
·	NCCP	Capital funding under the National Development Plan 2018-2027 will facilitate the development of cancer facilities in line with the National Cancer Strategy. The plan includes for the expansion and improvement of medical oncology units and day wards, improvements in diagnostic facilities and investment in aseptic compounding infrastructure, as well as the construction of a comprehensive cancer centre.  In 2019, the NCCP provided funding for additional mammography machines in St James's Hospital, the Mater Hospital and Waterford University Hospital.  Brexit resilience funding was allocated in 2019 to improve resilience in chemotherapy compounding capacity in hospitals, reducing reliance on imports.
	framework are implemented in full and that opportunities to address cancer prevention measures under those policies are maximised. In particular, measures aimed at further reducing smoking levels will be pursued.  The National Cancer Control Programme (NCCP) will develop a cancer prevention function, working in conjunction with the broader <i>Healthy reland</i> initiative, and will lead in relation to the development and implementation of policies and programmes focused on cancer prevention.  The Department of Health will develop a national skin cancer prevention plan and oversee its implementation as a priority. It will prioritise children, outdoor workers, surbed users and those who pursue outdoor leisure activities.  The NCCP will develop a systematic, evidence-based mechanism to ascertain the potential benefits and the cost-effectiveness of various initiatives (including chemoprevention) which will inform future cancer prevention programmes.  The HSE will ensure that the appropriate endoscopy capacity is provided in hospitals to allow for the expansion of BowelScreen to all aged 55-74 by end-2021.  The NCCP will draw up a plan by end-2017 for the development of an integrated cancer control and surveillance service for defined population subgroups with an inherited familial predisposition to cancer (e.g. breast, ovarian and colorectal).  The NCCP will draw up a plan by end-2017 for the development of an integrated cancer control and surveillance service for defined population subgroups with an inherited familial predisposition to cancer (e.g. breast, ovarian and colorectal).  The NCCP will draw up a plan by end-2017 for the development of an integrated cancer control and surveillance service for defined population subgroups with an inherited familial predisposition to cancer (e.g. breast, ovarian and colorectal).  The NCCP will develop a rolling programme of targeted multi-media based public awareness and education campaigns, aimed at the early detection of specific cancers and with particular focus on at-risk po	The Department of Health will ensure that policies under the <i>Healthy Ireland</i> framework are implemented in full and that opportunities to address cancer prevention resources under those policies are manifested. In particular, measures aimed at further reducing smoking levels will be pursued.  The National Cancer Control Programme (NCCP) will develop a cancer prevention function, working in conjunction with the broader <i>Healthy Ireland</i> initiative, and will lead in relation to the development and implementation of policies and programmes focused on cancer prevention.  The Department of Health will develop a national skin cancer prevention plan and oversee its implementation as a priority, it will prioritise children, outdoor workers, subbed users and those who pursue outdoor leisure activities.  The NCCP will develop a systematic, evidence-based mechanism to ascertain the potential benefits and the cost-effectiveness of various initiatives (including chemoprevention) which will inform future cancer prevention programmes.  The HSE will ensure that the appropriate endoscopy capacity is provided in hospita's to allow for the expansion of BowelScreen to all aged \$5-7k by end-2021.  The NCCP will draw up a plan by end-2017 for the development of an integrated cancer control and surveillance service for defined population subgroups with an inherited familial predisposition to cancer (e.g. breast, ovarian and colorectal).  The NCCP will draw up a plan by end-2017 for the development of an integrated cancer control and surveillance service for defined population subgroups with an inherited familial predisposition to cancer (e.g. breast, ovarian and colorectal).  The NCCP working with the ICGP and the National Clinical Effectiveness Committee, will develop a trime year plan to enhance the care pathways between primary and secondary care for specific cancers. The plan will be our clinical for consoling plan in the Hospital floropy will folk the test of additional Rapid Access Clinics, to disposit cliests. The VCCP will e

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	The Department of Health will ensure that investment in infrastructure, facilities,		
15	personnel and programmes in the designated cancer centres will have a goal of	DOH	The development of a comprehensive cancer centre is included in the National Development Plan 2018-2027.
16	The NCCP will ensure that consultant appointments for radiology, endoscopy and histopathology, where necessary, are made in conjunction with appointments in other disciplines such as surgery and medical oncology.	NCCP	A review of the Rapid Access Clinics highlighted the need for additional radiology and pathology support. Additional radiologists have commenced work in the Mater Hospital and St James's Hospital. Approval has also been given for a further 0.5 WTE Radiology and 0.5 WTE Pathology post in each Hospital Group and these posts are at various stages of the recruitment process with the Consultants Applications Advisory Committee (CAAC).  The NCCP is also engaging with the Radiology and Pathology Clinical Programmes to optimise co-ordination across services.
17	The NCCP will appoint a National Lead for Cancer Molecular Diagnostics for solid and liquid malignancies.	NCCP	The National Lead in Genomics post has been approved at the Consultant Applications Advisory Committee (CAAC) and recruitment will be progressed in 2020. When the National Lead in Genomics is in place, the NCCP will be in a position to better define the role of a National Lead for Molecular Diagnostics for solid and liquid malignancies and then to pursue the appointment.
18	The NCCP will establish a Steering Group for Cancer Molecular Diagnostics, chaired by the National Lead. This Steering Group will set out the framework for the organisation, location and delivery of cancer molecular diagnostic services.	NCCP	The Steering Group will be established following the appointment of a National Lead for Cancer Molecular Diagnostics (Recommendation 17)
19	The NCCP will further develop the Programme for Hereditary Cancers to ensure that evaluation, counselling, testing and risk reduction interventions are available as appropriate, and that services are available to patients on the basis of need.	NCCP	A Model of Care for Hereditary Cancer is being developed (Recommendation 6). In 2018, the NCCP recruited a consultant, two counsellors and clerical staff to support the Hereditary Cancers programme in St. James's Hospital. The NCCP is also supporting the recruitment of a Consultant Clinical Geneticist. An individual has accepted the position and will take up the post in mid-2020 to support the existing clinical genetics role.
20	The HSE will ensure that the existing cancer genetics services are amalgamated into one National Cancer Genetics Service and will identify the most appropriate site for its location.	HSE	The NCCP has completed scoping of cancer genetics services in all designated cancer centres (Recommendation 6). The NCCP will undertake a number of site visits in advance of a decision on a site for a National Cancer Genetics Service.
21	The NCCP will draw up a plan setting out the number/location of designated cancer centres in which surgery will take place for the various tumour types.  Timescales for the implementation of the plan will be included for each tumour type.	NCCP	In July 2019, the Minister for Health approved proposals for the further centralisation of surgical oncology. The proposals set out the designated cancer centres where surgery will be carried out for the various tumour types. The NCCP commenced roll-out of the proposals in mid-2019 and will continue to progress implementation over a three-year period.
22	In line with the National Plan for Radiation Oncology, public sector radiation oncology facilities in Dublin, Cork and Galway will be expanded to meet patient demand and a planned National Programme of Equipment Refreshment and Replacement will be implemented across the Strategy period.	NCCP	The new radiation oncology facility in Cork University Hospital was completed in 2019 and is fully operational. Enabling works have been completed in Galway University Hospital and the contract for the main construction will be awarded in Q2 2020. In Dublin, two new linear accelerators (linacs) were installed and commissioned in St Luke's Hospital Rathgar in 2017. In relation to the development of a new radiation oncology facility at Beaumont Hospital, design work has been completed and a planning application was lodged in Q1 2020.
23	The NCCP will examine the model of care for patients receiving oral anti-cancer medicines and recommend steps to ensure that all patients receive such medicines in a safe and effective manner, with appropriate and proportionate supports, both in the hospital and community setting.	NCCP	The Model of Care for Oral Anti-Cancer Medications was published in May 2018. A Project Initiation Document was finalised during 2019 and an implementation group will be established to progress the recommendations of the Model of Care. A training programme is being developed by the Irish Institute of Pharmacy (IIOP) to progress the recommendation on the provision of education and training. The programme will be accredited and made available through the IIOP in 2020.
24	The NCCP will develop appropriate MDT, centralisation and treatment arrangements to meet the diverse needs of patients with haematological cancers.	NCCP	A standard protocol for haematology multi-disciplinary teams in hospitals has been agreed. An Haemato-Oncology Expert Advisory Group is in place and a Project Lead was assigned in mid-2019. A Project Initiation Document has been finalised and initial data gathering has taken place to support the project objectives and discussion with the Advisory Group. An initial paper on the centralisation of haematological cancers is currently under consideration.
25	The NCCP will develop a systematic, evidence-based mechanism to prioritise the establishment of MDTs for further rare cancers. The centralisation of diagnosis, treatment planning and surgical services for these cancers will be organised in line with best international practice.	NCCP	National chemotherapy regimens have been developed for drugs for a number of rare cancers including Multicentric Castleman's Disease, neuroblastoma, sarcoma and multiple myeloma. The development of the national regimens is an iterative process and additional regimens will be developed as needed.  The NCCP is working on the development of Standardised Operating Procedures (SOP) for rare cancers and a quality indicator has been developed to assess MDT functioning.
26	The HSE will ensure that an age appropriate facility is designated for adolescents and young adults with cancer within the new children's hospital.	HSE	Children's Health Ireland, Crumlin is the centralised tertiary unit providing a national childhood and young adolescent cancer programme. This service will move to the new children's hospital which has been designed to enable the delivery of optimal clinical care for children and young people. Patient rooms will be single en-suite with age appropriate facilities to meet the differing needs of children and young people.
27	The HSE will develop closer links, on a hub and spoke model, between the National Centre for Child and Adolescent Cancer and the other designated cancer centres to provide appropriate and flexible transition arrangements for adolescents/young adults. This will include the joint appointment of adolescent/young adult oncologists and haemato-oncologists and the provision of age-appropriate psychosocial support for these patients.	HSE	A Clinical Lead for Children, Adolescents and Young Adults was appointed in January 2019. A Steering Group was established in April 2019 and has created sub-groups to progress the development of shared care and transitional services, as well as palliative and survivorship services for children, adolescents and young adults diagnosed with cancer.
28	Links between cancer services and geriatric services will be strengthened, facilitated by the appointment of a National Clinical Lead in Geriatric Oncology in the NCCP.	NCCP	The job description for the National Clinical Lead in Geriatric Oncology was finalised in 2019. The NCCP has nominated a Geriatric Advanced Nurse Practitioner (ANP) to support the specialised geriatric oncology service at Waterford University Hospital and this post will be filled in Q2 2020.
29	The NCCP will appoint a National Clinical Lead for Psycho-oncology to drive the delivery of networked services.	NCCP	A National Clinical Lead for Psycho-Oncology was appointed in December 2018. A Psycho-Oncology Advisory Group was established in early-2019 and is progressing work on the development of a Model of Care with the relevant stakeholders.
30	Each designated cancer centre will establish a dedicated service to address the psycho-social needs of patients with cancer and their families. This will operate through a hub and spoke model, utilising the MDT approach, to provide equitable patient access.	NCCP	The NCCP has conducted scoping visits to the designated cancer centres to determine the level of existing services. The Psycho-Oncology Advisory Group will inform the development of services and will be aided by the National Cancer Information System (NCIS) through the better collection of data.  Two Working Groups, one to develop a Model of Care, and another to develop operational standards for Community Cancer Support Centres, have been established under the Advisory Group. Members of the Cancer Patient Advisory Committee participate on each group to ensure strong patient involvement. Both groups held initial meetings in November 2019.
31	Designated cancer centres will have a sufficient complement of specialist palliative care professionals, including psycho-oncologists, to meet the needs of patients and families (such services will be developed on a phased basis to be available over seven days a week).	NCCP	A new Palliative Model of Care was published by the HSE in April 2019. The Palliative Care Clinical Lead is working with the Palliative Care Clinical Programme to progress the development of the relevant MDTs, job descriptions, referral criteria and patient pathways. The NCCP is linking with this process with a view to developing palliative care services in designated cancer centres.
32	Oncology staff will have the training and education to ensure competence in the identification, assessment and management of patients with palliative care needs and all patients with cancer will have regular, standardised assessment of their needs.	HSE	The NCCP will engage with the Palliative Care Clinical Programme in 2020 to progress this recommendation.
33	The HSE will oversee the further development of children's palliative care to ensure that services are available to all children with a life limiting cancer.	HSE	The Steering Group for Children, Adolescents and Young Adults has initiated progress on this, in conjunction with the Palliative Care Clinical Programme. A sub-group of the Steering Group has commenced work on assessing palliative care services.
34	The NCCP will ensure that each hospital has a clearly defined framework for cancer patient safety and quality.	NCCP	A National Cancer Quality Steering Committee has carried out an analysis of patient safety frameworks, internationally. A national framework was agreed in May 2019 and the Steering Committee has overseen the implementation of a pilot project at St James's Hospital Lung Cancer Service. The NCCP will initiate an evaluation of the pilot project in 2020.
35	The NCCP will define focused cancer patient experience surveys to incorporate treatment and survivorship in line with HIQA's standard approach for the National In-Patient Acute Care Patient Experience Survey.	NCCP	The National In-Patient Acute Care Patient Experience Survey is conducted in May each year in a partnership involving HIQA, the HSE and the Department of Health. The Annual Survey places a particular focus on a specific area of acute care. Cancer treatment and survivorship have been selected as priority areas for inclusion in the National Care Experience Programme for 2021.
36	The NCCP will develop, publish and monitor a programme of national quality healthcare indicators for cancer care, involving both process and outcome measures, in line with international standards.	NCCP	The Quality Indicators Working Group, involving representatives from the Department of Health, NCCP and NCRI, has reviewed the data that is currently available and is considering the optimum national quality health indicators for cancer care in Ireland. The group facilitated the completion of a national review but await the outcomes of systematic reviews being undertaken as part an EU joint-initiative called iPAAC (Innovative Partnership for Action Against Cancer). The outcome of this process will inform the development of national quality health indicators in Ireland.
37	The NCCP will develop further guidelines for cancer care in line with National Clinical Effectiveness Committee (NCEC) Standards. Audits will also be developed in accordance with the NCEC Framework for National Clinical Audit.	NCCP	The National Clinical Guidelines for Ovarian and Oesophageal Cancers were published in August 2019 (National Clinical Guidelines for Lung Cancer were published in November 2017). The Colon and Rectal Clinical Guidelines are being developed and will be submitted to the NCEC in 2020 for consideration.

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38	The Department of Health will ensure that patient representatives are involved in policy making, planning, practice and oversight of cancer services at local, regional and national levels.	DOH	The Department of Health strive to ensure that patient representatives are included in the oversight of the development and implementation of all cancer policies and services, particularly through the Cancer Patient Advisory Committee. At a local level, Patient Advisory Liaison Services (not limited to cancer) have been established to offer support, advice and information on hospital services to patients, family members, the general public and hospital staff.  Patients participate on the NCCP's Community Oncology, Survivorship and Psycho-Oncology Working Groups, with wider consultation and collaboration with patient groups and advocacy organisations taking place on an on-going basis. In late-2019, the NCCP established a Forum which aims to match patients/patient representatives with appropriate groups and projects within the NCCP.
39	The Department of Health will establish a Cancer Patient Advisory Committee to provide input into the development of programmes for patients with cancer. Membership of this committee will reflect the diverse nature of patients living with the effects of cancer, and will ensure that the needs of patients living in more remote areas are represented.	DOH	The Cancer Patient Advisory Committee held its first meeting in January 2019. The Committee has provided input to a range of issues including the launch of the National Cancer Survivorship Needs Assessment, the built environment for haematology and oncology day wards and the development of the skin cancer prevention plan. Committee members are also given the opportunity to participate in various working groups and to attend cancer-related events.
40	All hospitals will offer patients a Patient Treatment Summary and Care Plan as part of their support. These plans will allow patients to store information about their cancer, their cancer treatment and their follow-up care. The plans will also inform future healthcare providers.	NCCP	The NCCP's Survivorship Working Group is progressing the development of a Model Patient Treatment Summary and Care Plan. Planning has commenced for the roll-out of the project to Limerick University Hospital, Cork University Hospital, and the Mercy Hospital, Cork. The Group is also monitoring the roll-out of the 'patient passport' model which is being trialled in Beaumont Hospital for colorectal cancer patients.
41	The NCCP, in conjunction with the ICGP, cancer centres, the Irish Cancer Society and cancer support centres, will conduct a Cancer Survivorship Needs Assessment to ascertain the most suitable model of survivorship healthcare. The Needs Assessment should be completed by the end of 2018.	NCCP	In August 2019, the Minister launched the Cancer Survivorship Needs Assessment, 'Living With and Beyond Cancer in Ireland'. The Needs Assessment is being used to inform the development and implementation of policy to meet patient needs.
42	The NCCP, in conjunction with the cancer centres, will develop shared care protocols for patients with cancer following treatment. These protocols will span the hospital and primary care settings.	NCCP	The issues pertaining to patients following treatment are being considered by the Survivorship Working Group. The Group is progressing the standardisation of follow-up/surveillance protocols to inform work on Patient Treatment Summary and Care Plans. The Colorectal Leads Group is working to finalise plans in Q2 2020 to facilitate the roll-out of pilot projects for colorectal cancer patients in Q3 2020. The NCCP will also scope the possibility of using the same approach for breast, prostate, lung and gynaecology. The sequence and timing will be determined during the informal scoping and as such, a timeline is to be determined.
43	Designated cancer centres working with the NCCP, the ICGP, primary care services, patients and voluntary organisations will develop and implement survivorship programmes. These programmes will emphasise physical, psychological and social factors that affect health and wellbeing, while being adaptable to patients with specific survivorship needs following their treatment.	NCCP	The Cancer Thriving & Surviving Programme is being implemented across acute and community settings. Leader training sessions continue in various locations to facilitate expansion of the programme nationally. To date (end-2019), over 300 people have participated on the programme. Work is underway with the Irish Cancer Society to establish a peer-supported End of Treatment Survivorship Workshop in designated cancer centres. Two stakeholder consultation events are scheduled to determine the content and delivery of the workshops with a view to commencing roll-out in Q2 2020.
44	The central role of the NCCP in ensuring that the National Cancer Strategy 2017-2026 is implemented across the health service will be strengthened, including through the use of Service Level Agreements, and through a direct role in financial allocations to Hospital Groups under Activity Based Funding.	NCCP	The NCCP is continuing their central role in the HSE in ensuring the implementation of the National Cancer Strategy. Funding is utilised in a targeted way to maximise improvements in the quality and accessibility of cancer services.
45	The NCCP will work with the private sector providers to achieve voluntary participation in cancer data collection, audit, compliance with guidelines and reporting of outcomes.	NCCP	It is envisaged that cancer data from private sector providers will be more accessible when legislation covering the licensing of hospitals is enacted. The Government approved the draft General Scheme of the Patient Safety (Licensing) Bill in December 2017. It subsequently underwent pre-legislative scrutiny at the Oireachtas Health Committee in 2018, and the report of the Committee was published in September 2018. The Office of the Parliamentary Counsel are currently engaged in drafting of the Bill.
46	The NCCP will establish a National Cancer Research Group by end-2017 to improve the coordination of cancer research, to foster a supportive environment for research within the health service and the universities, to set research priorities in line with the overall cancer strategy, to seek to ensure that funding allocation is linked to these priorities and to work to achieve continuity of funding.	NCCP	The National Cancer Research Group was established in June 2019 and includes representatives of the Department, NCCP, Health Research Board and Irish Cancer Society. Clinical cancer trials was among the early areas of focus of the Group.
47	The HSE will ensure that clinical cancer research, and the staff who deliver it, become a fully integrated component of cancer care delivery.	HSE	The HSE published an Action Plan for Health Research in December 2019 which includes a recommendation to ensure that new appointments are provided with protected time to allow them to pursue research interests. The Action Plan also recommends the completion of a comprehensive examination of the role of research within the HSE. Also, the NCCP is endeavouring to ensure that newly appointed Advanced Nurse Practitioners (ANPs) in the cancer area are provided with protected time to allow them to pursue research initiatives.
48	The NCCP and the National Cancer Research Group will examine mechanisms to ensure that newly appointed cancer consultants and Advanced Nurse Practitioners have protected time to pursue research interests in their new posts.	NCCP	The NCCP is endeavouring to ensure the inclusion of time for the pursuit of research interests in contracts for Consultants and Advanced Nurse Practitioners (ANPs). Also, the NCCP supported the development of nursing research through their involvement with the Cancer Nursing Research Award 2019.
49	The NCCP will appoint a National Clinical Lead for Cancer Nursing. This person will work with other Directorates in the HSE and with the Department of Health to determine an integrated nursing leadership infrastructure for cancer nursing services at national, regional and local levels to support practice and research.	NCCP	A National Clinical Lead for Cancer Nursing was appointed in February 2019. The Clinical Lead has worked with stakeholders to ensure the delivery of a Nursing Research Workshop, award of the Collaborative Nursing Research Grant and establishment of a Cancer Clinical Trials Working Group. The Clinical Lead has also progressed work on a workforce development plan, unscheduled care initiatives and a Community Oncology Nursing Programme Cost Comparison Study.
50	The NCCP, aided by a cross-sector group, will draw up a comprehensive workforce plan for cancer services. This will include an interim assessment of staffing needs at medical, nursing and health & social care professional levels by mid-2018.	NCCP	A workforce plan for radiation oncology is in place since 2017 and the plan for medical oncology is currently being formulated. The NCCP is also engaged in scoping work in relation to workforce planning for cancer nursing, led by the National Clinical Lead.
51	The HSE will ensure that all hospitals provide the National Cancer Registry with data related to cancer in an appropriate timeframe to allow for sufficient surveillance of cancer rates and outcomes in Ireland.	HSE	A Data-Sharing Agreement between the HSE and the National Cancer Registry is in place since Q4 2018. Individual data-sharing agreements with voluntary hospitals and private hospitals are being pursued by the NCRI. Meanwhile, NCRI Cancer Data Registrars (CDRs) work with individual hospitals where an emphasis is placed on the collection of data by electronic means. Greater levels of remote access to cancer data will be pursued in 2020.
52	The Department of Health will review the scope of the National Cancer Registry with a view to increasing and optimising the use of available data to drive improvements in cancer care for patients.	DOH	The resources of the National Cancer Registry have been increased significantly leading to the appointments of further Cancer Data Registrars, as well as IT and Data Protection staff. These investments are made with a view to optimising the use of available data and progressing the implementation of the recommendations of the Scoping Inquiry into the CervicalCheck Screening Programme (Scally Report). The revised Strategic Plan of the NCRI places an emphasis on driving improvements in cancer care for patients.