

PROBLEM & OBJECTIVE

PROBLEM The publication of the third Irish National Cancer Strategy (NCS) 2017–2026 acknowledged the key role that surgery plays in the management of solid tumours and sets a target of 95% of cancer surgery being performed in approved centres by 2020.

OBJECTIVE Surgery for many tumour types will be centralised into a maximum of four cancer centres to ensure that optimal treatment is provided and that patient survival, patient outcomes and quality of care for patients continue to improve.

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KEY COMPONENTS / STEPS

- Details on the transfer of surgical activity, including sites of designated centres and tumour types are currently under discussion.
- The COVID-19 Pandemic during 2020/21 has impacted on the implementation and rollout of the Surgical Oncology Centralisation.
- The short term plans are currently underway and are on track to date, however, the medium-long term plans cannot be progressed until funding is secured.

KEY CONTEXTUAL FACTORS

- Ireland's National Cancer Strategy 2017–2026 set out a target of 95% of cancer surgery being performed in approved centres by 2020.
- Considerable progress has been made towards the centralisation of cancer surgery since 2007, implementing a recommendation of the second (2006) National Cancer Strategy for Ireland: in 2017, 84% of primary cancer surgery took place in a designated centre compared to 57% in 2007.

MAIN IMPACTS / ADDED VALUE

- The most recent report on surgical centralisation by the National Cancer Registry of Ireland (NCRI) has confirmed that the programme of centralisation of cancer services begun by the Health Service Executive (HSE) in 2007 has resulted in a substantial shift of cancer treatment (especially surgery) to eight designated cancer centres, contributing to ongoing improvements in cancer survival (NCRI, 2019).
- According to the report, patients in designated centres are generally more likely to receive surgical treatment, radiotherapy, chemotherapy and multi-modality treatment than patients in non-designated public hospitals.
- The report also found that treatment/diagnosis in designated centres is, overall, associated with higher survival outcomes than for patients in non-designated public hospitals, even after accounting for differences in age, cancer stage and deprivation status of patients.

LESSONS LEARNED

- Important to promote better surgical governance and efficiency.
- Important to align efficient patient flow planning with day of surgery admission (DOSA).
- Robust performance management is needed including improvement strategies, key performance indicators and other metrics (including the Operating Theatre Programme – TPOT).
- Important to encourage robust clinician engagement with target setting, quality metrics and routine data collection such as the Hospital In-Patient Enquiry (HIPE) Scheme (a health information system designed to collect demographic, clinical and administrative information on discharges and deaths from acute hospitals nationally).
- Important to recognise the need for securing designated beds for surgery (Intensive Care Unit/High Dependency Unit capacity) – both elective and acute.

REFERENCES & DOCUMENTATION

- [Third National Cancer Strategy of Ireland \(NCS\) 2017 – 2026](#)
- [Second National Cancer Strategy for Ireland \(2006\)](#)
- [National Cancer Registry of Ireland \(NCRI\)](#)
- [Cancer survival rates in Ireland \(Lancet\)](#)