

DEPARTMENT OF HEALTH, SOCIAL SERVICES & PUBLIC SAFETY

Regional Cancer Framework

A Cancer Control Plan for Northern Ireland

CONSULTATION RESPONSE DOCUMENT

November 2006

CONSULTATION RESPONSE QUESTIONNAIRE

HOW TO RESPOND

If you wish to comment on the recommendations please complete and return this response document. The response document may also be downloaded from the consultation section of the DHSSPS website above.

You do not have to use the attached response document when responding you may use any format to respond. However, please ensure your letter, fax or e-mail includes the following:

- Your name, organisation (if relevant), address and telephone number
- Whether your comments represent your own view, the corporate view of your organisation, or the view of a group or team within your organisation
- Your specific comments on the recommendations
- Your comments in relation to the equality impact and human rights implications of the recommendations
- Any general comments you wish to make.

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The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances.

Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

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- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at: <http://www.informationcommissioner.gov.uk/>).

Responses should be sent to:

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Responses must be received no later than **9th February 2007**

I am responding: as an individual on behalf of an organisation

(please tick a box)

Name: _____

Job Title: _____

Organisation: _____

Address: _____

Tel: _____

Fax: _____

e-mail: _____

Prevention, Early Detection and Screening

Q1. Do you agree with **recommendation 1**, that action should be taken to reduce smoking levels in younger people as part of an overall programme of lifestyle skills, increase the provision of smoking cessation services and improve the targeting of those services?

Yes No

Response:

Q2. Do you agree with **recommendation 2**, that public awareness of early symptoms of cancers should be increased through partnership approaches with cancer charities and the community and voluntary sector and self-support groups? It is proposed that various methods, including the use of media, should be considered to more effectively target different population groupings and those which are seldom heard.

Yes No

Response:

Q3. Do you agree with **recommendation 3**, that professional awareness of early signs and symptoms of cancer should also be improved through the development of regional referral guidelines?

Yes No

Response:

Q4. Do you agree with **recommendation 4**, that cancer screening programmes should be enhanced to ensure uptake and effectiveness is maximised? Do you consider any targets set out as appropriate? If not, please state the reasons why.

Yes No

Response:

Q5. Do you agree with **recommendation 5**, that DHSSPS should consider the case for the introduction of a human papilloma virus vaccination programme for young girls, when available, in line with recommendations of the National Vaccination Committee?

Yes No

Response:

Q6. Do you agree with **recommendation 6**, that the workload of the regional cancer genetics service should be monitored to ensure that the recommendations in the Review of Clinical Genetics for increased staffing and facilities are appropriate for the future provision of clinical genetics services, including cancer genetics?

Yes No

Response:

Q7. Do you support **recommendation 7**, that the clinical role of all community and primary care professionals should be developed, particularly in relation to health promotion, smoking cessation, screening, symptom recognition and ongoing supportive care by 2010?

Yes No

Response:

Improving the Experience of People Affected by Cancer

Q8. Do you agree with **recommendation 8**, that advanced communication skills training should be mandatory for health and social care professionals working with people affected by cancer?

Yes No

Response:

Q9. Do you support **recommendation 9**, that the Cancer Network, working particularly through the NICaN Supportive and Palliative Care Network, should develop action plans for implementation of recommendations for best practice contained in NICE Guidance on Improving Supportive and Palliative Care for Adults with Cancer (2004)?

Yes No

Response:

Q10. Do you agree with **recommendation 10**, that the education and training recommendations outlined in Partnerships in Caring should be fully implemented?

Yes No

Response:

Q11. Do you agree with **recommendation 11**, that CAPriCORN should be further developed to better support staff, patients carers and those affected by cancer?

Yes No

Response:

Q12. Do you agree with **recommendation 12**, that commissioners/service planners should draw up local development plans by 2007 to ensure that as soon as possible, but no later than 2010, there should be an enhancement of service provision in the community which extends into the evening and the weekends? In particular, it is proposed that the needs of patients whose illness is at a terminal stage should be identified and addressed.

Yes No

Response:

Q13. Do you agree with **recommendation 13**, that as soon as possible, but no later than 2010, there should be an enhancement of service capacity to provide intensive coordinated home support (including any necessary equipment) to patients (both adults and children) with complex needs who are at home?

Yes No

Response:

Improving Access to Diagnosis and Treatment

Q14. Do you agree with **recommendation 14**, that modern information and communication technology should be exploited to facilitate links across clinical networks within the Cancer Network to improve information exchange and decision making in relation to patient care?

Yes No

Response:

Q15. Do you agree with the proposals in **recommendation 15**, that there should be proactive management and co-ordination of care for patients across the care pathway ensuring access to the highest quality of services through the effective use of MDT trackers and ICT systems?

Yes No

Response:

Q16. Do you agree with the proposals in **recommendation 16**, that working through the NI Cancer Network, DHSSPS, commissioners and service providers must ensure that clinical networks are established for all cancer types and that these are appropriately resourced?

Yes No

Response:

Q17. Do you agree with the proposals in **recommendation 17**, that NICaN should develop standards for the effective working of local and regional multidisciplinary teams?

Yes No

Response:

Q18. Do you agree with **recommendation 18**, that specialist posts in primary care settings such GPs with a Special Interest (GPwSIs), nurse specialists and special interests within community pharmacy should be developed in cancer care as well as in palliative and supportive care? It is proposed that some initial pilot schemes should be in place by 2010.

Yes No

Response:

Q19. Do you agree with **recommendation 19**, that by December 2007 each Local Commissioning Group should have established a professional Cancer Lead post to provide local strategic leadership in developing cancer services?

Yes No

Response:

Q.20 Do you agree with **recommendation 20**, that a regional clinical network within the Cancer Network should be developed to address cancers in children and young people and that formal links should be established by the new Children's and Young People's Cancer group with a specific partner cancer network elsewhere in the U.K. or Ireland?

Yes No

Response:

Q.21 Do you agree with **recommendation 21**, that by 2007, NICaN should develop regional evidence based referral guidance, to help GPs identify those patients who require urgent referral to a specialist? It is proposed that referral protocols/care pathways will address the care pathways between GPs and integrated clinical assessment and treatment services (ICATS) and hospital based cancer services and will be subject to ongoing review and monitoring.

Yes No

Response:

Q22. Do you agree with **recommendation 22**, that all cancer patients should have agreed evidence based follow-up and re-referral criteria?

Yes No

Response:

Q23. Do you agree with **recommendation 23**, that by March 2007 standards for access to first definitive treatment should be published for all patients urgently referred from primary care with suspected cancer?

Yes No

Response:

Q24. Do you agree with **recommendation 24**, that by 2010, Northern Ireland should have adopted all departmentally endorsed NICE clinical guidance for all cancers as the minimum standard for clinical practice? It is proposed that implementation strategies for such regional guidance should be in place as soon as possible and no later than 2010.

Yes No

Response:

Q25. Do you agree with **recommendation 25**, that a regional mechanism should be set up for a comprehensive and co-ordinated approach to competency based cancer workforce planning and development?

Yes No

Response:

Q26. Do you agree with **recommendation 26**, that a regional mechanism should be developed to take forward the 'modernisation' of cancer services that will adopt a competency-based approach to include workforce redesign, and skill mix solutions?

Yes No

Response:

Q27. Do you agree with **recommendation 27**, that by 2007 all cancer patients should have their treatment plan agreed at appropriately constituted and resourced multidisciplinary team meetings?

Yes No

Response:

Q28. Do you agree with **recommendation 28**, that by 2010 all complex cancers (gastric, lung, rectal, oesophageal, gynaecological, melanoma, and ENT) should have their surgical treatments delivered within accredited sites?

Yes No

Response:

Q29. Do you agree with **recommendation 29**, that there should be ongoing identification and implementation of recognised accreditation frameworks for diagnostic services (e.g. global rating scale for endoscopy)?

Yes No

Response:

Q30. Do you agree with **recommendation 30**, that NICaN should lead in developing the strategic direction, and future models of practice for chemotherapy services in Northern Ireland?

Yes No

Response:

Q31. Do you agree with **recommendation 31**, that the Regional Oncology and Haematology Drugs and Therapeutic Committee, working with the NICaN chemotherapy group, should develop a multidisciplinary chemotherapy capacity planning model which will be subject to regular review?

Yes No

Response:

Q32. Do you agree with **recommendation 32**, that given the critical role of diagnostics in many of these developments, DHSSPS, commissioners and service providers should give due consideration to the case for additional investment in this area?

Yes No

Response:

Research, Information and Audit

Q33. Do you agree with **recommendation 33**, that DHSSPS, with the R & D Office, should establish a strategic process for overseeing and facilitating cancer research? It is proposed that this process should reflect a 'from research to policy and practice' perspective.

Yes No

Response:

Q34. Do you agree with **recommendation 34**, that the NICR 5-yearly reviews of patterns and outcomes of care for cancer patients should be repeated to build on existing 1996 and 2001 data?

Yes No

Response:

Q35. Do you agree with **recommendation 35**, that NICaN and NICR should put in place a prioritised programme of development of regionally agreed minimum data sets for each cancer type?

Yes No

Response:

Q36. Do you agree with **recommendation 36**, that NICaN and NICR should work with RMAG/NIAAC to ensure that a regionally agreed programme of cancer audit is developed and the methods and results of all audits are shared throughout Northern Ireland?

Yes No

Response:

Q37. Do you agree with **recommendation 37**, that DHSSPS and commissioners should examine the capability of NICR to support outcome measurement and other information needs and the resources necessary to support this work?

Yes No

Response:

Q38. Do you agree with **recommendation 38**, that DHSSPS, commissioners and service providers should ensure, through NICaN, that action plans, containing costings and milestones, are developed for the implementation of NICE clinical guidance relating to cancer with consideration given as to the likely impact upon other aspects of the HPSS?

Yes No

Response:

Q39. Do you agree with **recommendation 39**, that DHSSPS, commissioners and service providers should ensure, through NICaN, the establishment and development of a rigorous programme of service improvement for cancer services?

Yes No

Response:

Q40. Do you agree with **recommendation 40**, that by 2010, a clear and transparent performance management and assessment process should be developed to enable cancer services to be measured against national and international service standards? It is proposed that this may include a peer review process to support quality assurance and enable quality improvement for cancer services.

Yes No

Response:

Q41. Do you agree with **recommendation 41**, that mechanisms to measure the quality of care and patient experience should be developed and the performance of the service in this regard reviewed regularly?

Yes No

Response:

Q42. Do you agree with **recommendation 42**, that the RQIA should provide independent assessment of cancer services against UK-wide standards?

Yes No

Response:

Q43. Do you agree with **recommendation 43**, that there should be robust quality assurance systems in place for each screening programme?

Yes No

Response:

Q44. Do you agree with **recommendation 44**, that steps should be taken to ensure equity of access to all patients into appropriate clinical trials?

Yes No

Response:

Making it Happen

Q45. Do you agree with **recommendation 45**, that the Cancer Control Programme should be subject to review on an ongoing basis? It is proposed that progress against the recommendations will be published within 3 years of publication with a formal review of the recommendations in 2011.

Yes No

Response:

Q46. Do you agree with **recommendation 46**, that following public consultation, a detailed action plan for implementation should be developed?

Yes No

Response:

Q47. Do you agree with **recommendation 47**, that the Department should ensure that robust arrangements are put in place to monitor how the regional action plan is being delivered and that progress towards implementation should be reported in HPSS annual reports?

Yes No

Response:

Q48. Do you agree with **recommendation 48**, that systems should be established to provide better cost and performance information?

Yes No

Response:

Equality Impact Assessment – Recommendations

Q49. Do you agree with **recommendation 49**? Having considered the data in the 2004 DHSSPS publication Equalities and Inequalities in Health and Social Care in Northern Ireland - A Statistical Overview, it is recommended that commissioners, service planners and relevant agencies should take full account of these findings regarding cancer inequalities in planning and developing regional and local cancer prevention strategies.

Yes No

Response:

Q50. Do you agree with **recommendation 50**, that commissioners and service planners should note the EQIA analysis, prepared by the Northern Ireland Cancer Registry and the DHSSPS, in relation to cancer incidence and take effective action to target cancer prevention campaigns and screening programmes to mitigate against any potential adverse impact, particularly in relation to the protestant community, people separated/widowed/divorced, those without dependent children and disabled people?

Yes No

Response:

Q51. Do you agree with **recommendation 51**, that the conclusions and recommendations arising from the more detailed screening exercise of all screening activities, being undertaken by the DHSSPS, should be disseminated to the HPSS and that appropriate action should be taken to mitigate against any potential adverse impact on any of the nine equality groups?

Yes No

Response:

Q52. Do you agree with **recommendation 52**, that commissioners and service planners should expand provision of out of hours services, including palliative care services, to promote equality of access to these services for the whole population?

Yes No

Response:

Q53. Do you agree with **recommendation 53**, that the future needs for radiotherapy services should continue to be kept under review and that, following detailed analysis, future services development should be located at the optimal location to meet the requirements of all Section 75 equality groups?

Yes No

Response:

Q54. Do you agree with **recommendation 54**? The findings of the HPA EQIA are considered to be extremely relevant to cancer prevention campaigns. It is therefore recommended that the DHSSPS, commissioners and service planners should ensure that the conclusions and recommendations arising from the HPA's EQIA are fully taken on board in planning and implementing cancer prevention campaigns.

Yes No

Response:

Q55. Do you agree with **recommendation 55**, that commissioners, working with the cancer units and the cancer centre, should consider developing and implementing oncology outreach posts to mitigate against any potential adverse impact to the catholic and nationalist community in relation to accessibility to cancer unit services? It is also recommended that commissioners should monitor the impact of cancer unit developments to ensure that Section 75 requirements are met for all equality groups.

Yes No

Response:

Thank you for your comments