Public Consultation Submission

by

The Irish Institute of Pharmacy (IIOP)

to the

Development of a National Cancer Strategy for 2016-2025

24th July 2015

Public Consultation Submission of the Irish Institute of Pharmacy to the Development of a National Cancer Strategy for 2016-2025

The Irish Institute of Pharmacy (IIOP)
The IIOP was established by the Pharmaceutical Society of Ireland, the pharmacy regulator and is co-funded by the Pharmaceutical Society of Ireland Pharmaceutical Society of Ireland and the Department of Health. Its role is to establish and support a continuing professional development system for pharmacy and to support the development of the profession with the aim of enhancing patient care and increasing contribution to the health service.

The new National Cancer Strategy for 2016-2025
In May 2015, the Minister for Health Dr. Leo Varadkar set up a National Cancer Strategy Steering Group to advise the Department of Health on developing a new National Cancer Strategy for 2016-2025. The Group is chaired by Professor John Kennedy, Consultant Medical Oncologist, St James's Hospital and brings together a range of experts in cancer control. It will report later in 2015.

A consultation process on the development of the new Strategy was announced in June 2015. The consultation process will inform the work of the Steering Group.

Development of a Submission to the National Cancer Strategy for 2016-2025
The IIOP sought expressions of interest from pharmacists with relevant expertise and from a range of practice areas who wished to be considered for inclusion in the IIOP working group to develop a submission to the Strategy. Participation in the working group was on a voluntary basis and meetings took place at the Offices of the National Cancer Control Programme in Dublin. The group discussed the future roles of pharmacists in the domains of cancer prevention, screening and treatment, in addition to survivorship, as well as identifying key initiatives within pharmacy which could contribute to the patient care agenda and which could support the health system. The group identified areas which are working well and need to be maintained and highlighted areas for new development. The output of this group served to inform the IIOP's submission to the National Cancer Strategy Steering Group.

Key areas of discussion:
- Utilisation of both community and hospital pharmacists' skills in all stages of the cancer patient's treatment pathway.
- Inclusion of pharmacists in formalised communication pathways/transitions of patient care.
- Accessibility to technology and patient information.
- Importance of the implementation of current recommendations (e.g. NCCP Medical Oncology Safety Review).

The IIOP welcomes this opportunity for our profession to contribute to the development of the next National Cancer Strategy 2016-2025.

IIOP Cancer Strategy Submission Working Group Members

Catriona Bradley PhD, M.P.S.I.	Executive Director	**IIOP** Irish Institute of Pharmacy
Eileen Ann Butler	Chief II Pharmacist (Haematology / Oncology)	Our Lady's Children's Hospital, Crumlin
Michelle Jones Curran BSc MPharm MBA MPSI	Research Assistant working in Health Economics	Conducting secondary research to populate data collection files for Irish HTA model adaptations as well to prepare rapid review documents for submission to the NCPE.
Anne Marie De Frein	Chief II Pharmacist (Aseptics)	Aseptic unit manager in St. Vincent's University Hospital. Lead pharmacist in all oncology trials in St. Vincent's (averaging 30 per year). Actively participates in a number of steering and review groups with the NCCP.
Norah Eyres	Community pharmacist	Lloyds pharmacy
Caroline Gaynor M.Sc., B.Sc.(Pharm.) MPSI	Commercial & Clinical Lead Director and Founder Director	School of BioMedical Engineering, NUI Galway PeerInsights Ltd Situla Consultants Ltd
Tamasine Grimes	Associate Professor Research Pharmacist	Trinity College Dublin (half time) Tallaght Hospital (half time).
Michael Healy		
Patricia Heckmann MPSI, MSc	Chief Pharmacist National Network Lead - Systemic Therapy Programme	National Cancer Control Programme
Eamonn Henry	Senior Oncology Pharmacist	Letterkenny General Hospital
Irene Maher	A/Chief II Oncology/Haematology Pharmacist	Mercy University Hospital, Cork
Ellen Mc Grath	Senior Oncology Pharmacist	Beacon Hospital
Anne O' Brien MPSI	Supervising Pharmacist	Boots Half Moon Street, Cork

Development of a National Cancer Strategy for 2016-2025

Public Consultation

19 June 2015 – 24 July 2015

Background

The Minister for Health Leo Varadkar has announced that a new National Cancer Strategy is to be developed. This will be the third cancer strategy, covering the period 2016 to 2025.

A Cancer Strategy Steering Group has been established to advise the Department on the development of the Strategy. It is anticipated that the work of the Steering Group will be completed by the end of 2015,when it will make recommendations on a draft Strategy to the Minister. implementation of a new strategy will commence in 2016.

(Further information is available at:http://health.gov.ie/blog/press-release/steering-group-to-develop-national-cancer-strategy-2016-2025).

Your Opinion Matters

The Department of Health is seeking the views of the public on cancer services and on priorities for a new cancer strategy. The public consultation will help the Department of Health and the Cancer Strategy Steering Group to focus on what is important, in order to deal with cancer in Ireland over the next 10 years.

The information from the public consultation will be analysed and the findings will be communicated to the Cancer Strategy Steering Group.

Everyone is welcome to respond to this consultation and we hope that patients and their families, the general public, carers, voluntary organisations, health and social care providers, health professionals and representative organisations will respond.

What you are being asked to do

You are invited to give your views on cancer services under the questions on pages 4-5.
We have chosen these headings to reflect some of the key priorities and policy questions for the development of the strategy.

You may provide input to some or all of the questions and your input will be limited to the space provided for each question. In addition, you may provide any additional views in the final box.

How to send your submission

The document may be submitted by e-mail or post to the following:

- E-mail: cancerconsultation@health.gov.ie

- Post: Cancer Strategy Public Consultation
  Department of Health
  Hawkins House
  Hawkins Street
  Dublin 2

Closing date: All submissions must be received by 5pm on Friday 24 July 2015.

Data Protection and Freedom of Information Acts 1997 and 2003

The information collected from the submissions made through this consultation process will be subject to the provisions of the Data Protection Act, 1988 and the Data Protection Amendment Act, 2003. Please note that all information and comments submitted to the Department of Health for the purpose of this consultation process are subject to release under the Freedom of Information Acts 1997 and 2003.

The Department intends to publish the names of parties who make submissions as part of this consultation process.

Your Details:

Name	Catriona Bradley
Group/ Organisation	**Irish Institute of Pharmacy (IIOP)** led Working Group – see under Additional Comments. The IIOP was established by the Pharmaceutical Society of Ireland (PSI, pharmacy regulator) and is co-funded by the PSI and the DoH. Its role is to establish and support a CPD system for pharmacy, and to support the development of the profession with the aim of enhancing patient care and increasing contribution to the health service.
Address	Royal College of Surgeons, Textile House, 5 Johnson Place, Dublin 2.

Please indicate whether you consent to your name being published:

☒ Yes
☐ No

Please outline in what capacity you are submitting this document:

i. Are you completing this document?

☐ In a personal capacity
☒ As an authorised representative expressing the views of an organisation/body

ii. If you are completing this survey as an authorised representative of an organisation/body, please state if that organisation/body is:

☐ Public Health Service Organisation / Provider
☐ Private Health Service Organisation / Provider
☒ Regulatory Body
☐ Public Interest Group
☐ Union
☐ Representative Body
☐ Patient Interest Group
☒ Other

iii. Have you had direct experience of cancer services (as a patient/family member/care giver, etc.)?

☒ Yes
☐ No

In the following areas, what do you think are the main strengths and weaknesses of current cancer services?

	Strengths	**Weaknesses**
Prevention	Healthy Ireland – Initiatives e.g. advertising campaigns, smoking cessation, Food dudes – schools, HPV vaccination, regulation of sun bed use. Free GP care - <6/> 70 Some good initiatives in community pharmacies and some individual examples but not expanded nationally e.g. sun screen use, weight loss. Pharmacy point of care testing e.g. blood pressure, cholesterol, etc early detection.	Community pharmacists, as the most accessible healthcare professionals are underutilised in cancer prevention, early diagnosis and screening. They have no formal connection with the DoH and HSE agenda. This may result in misalignment between local initiatives by pharmacists and the national agenda. Education initiatives which are currently targeted at HSE workers are not available to community pharmacists. Lack of cohesiveness between pharmacy/HSE
Early Diagnosis	Rapid access clinics and KPIs. NCCP standard referral pathways. Pharmacists currently help early detection by identifying warning symptoms when responding to minor ailments – this should be further leveraged – e.g. standardised education initiatives for pharmacists. Also a standardised referral process for early warning symptoms from pharmacists to GPs would help ensure that current inconsistencies in how such referrals are dealt with by GPs are addressed.	There is a need for more public awareness campaigns on importance of early detection. Evidence shows that pharmacists can help improve early detection. A Pharmacy education campaign re: importance of early diagnosis and symptoms (red flags) would support this. Cost of GP attendance may cause delay in detection. Delayed access to diagnostic tests and disparity between public and private patients with regard to diagnostics access.
Cancer Screening	National screening services which are free. Some collaborations, e.g. IPU and ICS, have focussed on importance of screening and more of these would be useful.	Community pharmacists could be better utilised in delivering, promoting and referring to screening services. Better utilisation of social media platforms for public awareness campaigns and information on what supports are available (including those through Community Pharmacists). This applies to prevention, early diagnosis and screening.
Primary Care (e.g. GP, public health / practice nurses)	Rapid referral from GPs to secondary care. Community nursing education framework. NCCP. Some good support from pharmaceutical industry e.g. chemotherapy nurses. The HSE could better leverage pharmaceutical industry support through formal working agreements similar to those in England and other jurisdictions.	Recent Healthy Ireland survey demonstrates that pharmacists are one of most accessed health care professions in primary care. Yet pharmacists are often not recognised as part of the primary care team. Absence of comprehensive patient record. Lack of any access to patient records across transitions of care. Difficult for Community Pharmacists to advise on appropriateness of chemotherapy without access to clinical info.

	Strengths	**Weaknesses**
Hospital Services	Highly motivated workforce. Standardised MDTs. Provision of compounded chemotherapy locally. Clinical trial access. Some good examples of community/hospital interfacing in pharmacy to improve transitions of care – should be formalised. Access to medication. The NCCP funded high cost drugs scheme facilitates and the money follows the patient. Model and should be broaden to include existing high cost drugs.	Need more national drug protocols. Requirement for national tumour-site specific treatment algorithms for chemotherapy and national standards in aseptic compounding (including QA). Requirement to have an infrastructure manpower plan in place for hospital pharmacists and other AHPs. Recommendations of NCCP Medical Oncology Safety review not fully implemented. Lack of electronic clinical records (IT).
Support Services for Cancer Patients	Cancer Liaison nurses and voluntary sector support is good. Pharmacy utilised by some organisations, but could be better used by health service. Good use of allied healthcare professions. Great examples of some initiatives such as cancer passport and adherence programmes – which could be rolled out nationally. Emotional/social/health support provided through regular (monthly/weekly) access to pharmacies should not be underestimated.	Lack of out of hours and weekend support for cancer patients – especially in hospital. Current services are overly reliant on hospital network. On discharge, patients on medicines which are not covered by GMS schemes may have delays in treatment (hardship scheme). Pharmacists underutilised to support adherence/medication issues due to resource issues. No standardisation of the AHP services.
Provision of Information	There is a lot of information available to patients e.g. through voluntary bodies and NCCP. There are an increasing number of apps and web resources for patients. Pharmacists are increasingly used as a central community focal point for dissemination of information. The UK McMillan pharmacist model is an excellent example of how there could be better use of community pharmacy resource.	There is a lack of centralised standardised information (e.g. from NCCP) for patients which can lead to inconsistencies in the information delivered by various healthcare professionals (HCPs). Need better education of HCPs re: patient specific issues – (see the McMillan model). There is a requirement for a centralised list of information resources which are validated/approved.
Palliative and Hospice Care	National Palliative Care Programme including the medicines information line operated by Our Lady's Hospice. There are some models of excellence in pharmacy practice in palliative care e.g. in the North East Health Board, which could be implemented nationally. Hospice at home. Designation of specified pharmacies for supply of palliative care medication ensuring no break in therapy supply.	Some medication used in end of life not covered by drug payment schemes which can create supply issues at a sensitive time. Late referrals to palliative care are a concern. Improved intervention on discontinuing anti cancer treatments for palliative patients. Pressure on hospice beds. Lack of access to palliative care treatment in remote areas for paediatric patients. Greater leveraging of resources such as AIIHPC could be considered.

	Strengths	Weaknesses
Research / Cancer Data	NCRI. Appointment of HSE CIO& proposals for eHealth and ePharmacy agenda. Lots of data is collected but not connected e.g. PCRS and NCCP. Clinical trials are accessible to all cancer patients in public hospitals. Good Irish investment in cancer research Good examples of pharmacists doing their own research and, more generally, there is a lot of data on cancer, but it's not connected or reported on effectively.	IT strategy/eHealth strategy not yet implemented. No integrated database available for all cancer data similar to the NCIN, leading to missed opportunity re: research/data mining, Real World Outcome research and cost effectiveness analysis. National biobank hasn't been established. More research on care pathways and the role of the pharmacist within the Irish Health system similar to that undertaken in the US and UK.

What are your top four priorities for a National Cancer Strategy for 2016-2025?

1. Better leveraging of pharmacists' skills (in both community and hospital) in all stages of the cancer patient's treatment pathway could lead to productive synergies for the Health Service

2. Interdisciplinary communication across transitions of care needs to be improved, formalised and supported by technology. Pharmacists are frequently omitted from communication pathways – and this results in their expertise not being accessed or leveraged and the compromising of patient safety.

3. Technology and access to information. Development and implementation of proposed eHealth and ePharmacy strategies will facilitate safety, transitions of care, adherence etc. Pharmacy needs to be central to these. A national cancer database should also be a priority.

4. Current recommendations (e.g. NCCP Medical Oncology Safety Review) should be implemented, with appropriate resourcing, to provide a solid platform for any future strategy.

Any additional comments:

This submission was compiled by a working group convened by the IIOP consisting of 10 pharmacists working across primary and secondary care (names can be provided on request). The information provided here represents a small proportion of the issues which were discussed and debated when the group met. We have tried to present our issues succinctly and have included observations outside of pharmacy to demonstrate our understanding of the wider agenda. However, we would welcome the opportunity to formally present to the steering group, and are eager that the skills of pharmacists be recognised and leveraged in the 2016-2026 Strategy to enhance patient care. We have the potential to contribute a lot more to this agenda which is not leveraged in the current system. The IIOP is available to support better leveraging of pharmacist expertise across the healthcare system.

There are many pharmacists working within the cancer agenda. Pharmacists are the experts in medication use and associated adverse effects and as a result have a key role to play in the education of patients in addition to other health care professionals. However, they often work in isolation or are working on localised initiatives, which need to be broadened nationally. Pharmacists can and do play an essential role in the multidisciplinary care of these patients and ensure continuity of care and safety at transitions of care. This would be further supported by standardisation of care pathways and communications, in addition to ensuring adequate resources and leadership.

Leadership in implementing the Strategy will be essential e.g. continuing role of the NCCP. Similarly, there is a requirement to fill the DoH Chief Pharmacist vacancy.

The DoH has an opportunity to bring an untapped resource into the domain of cancer screening, early diagnosis and prevention and should not be deterred by the private model of ownership which is similar to that of GPs. Similarly, pharmacists have a role in hospitals as defined in the NCCP Medical Oncology Safety Review which needs to be fully implemented. This would allow for the establishment of new models of care leveraging pharmacy potential in the domains as mentioned above and in prescribing.