

National Cancer Control Plans in Europe: Who does it? What is the added value?

Dr Tit Albreht

National Institute of Public Health of Slovenia

E-mail: tit.albreht@nijz.si

Nationaler Krebsplan

Outline of the presentation

- The concept of the National Cancer Control Plans/Programmes (NCCPs)
- The European Guide on High Quality NCCPs
- The current situation of the NCCPs in Europe
- The advantages of a NCCP
- Possible caveats and problems
- Future?

The concept of the National Cancer Control Plans/Programmes (NCCPs)

- Born in the 1980s as means of support to low- and middle income countries
- In late 1990s and 2000s getting broader support in some EU Member States
- Initially, some level of scepticism on how instrumental can NCCPs be for highly developed and high-income countries
- Triggers and challenges coming from the unmet patient needs and the need for better mapping and overview of services

The concept of the National Cancer Control Plans/Programmes (NCCPs) 2.

- Management of cancer is inherently complex
- Only through adequate planning health systems can begin to respond to population needs by addressing the whole span of the cancer management:
 - health promotion (primary prevention)
 - screening (secondary prevention) and early detection,
 - diagnosis and treatment introduced quickly and effectively,
 - cover all the needs of cancer patients post treatment ranging from survivorship support to life prolonging treatments and all types of palliative care.
- National Cancer Control Programmes are a logical response to this important challenge

The concept of the National Cancer Control Plans/Programmes (NCCPs) 3.

Definition of an NCCP (WHO):

A public health programme designed to:

→ reduce cancer incidence

→ reduce mortality

→ improve quality of life of cancer patients,

through the systematic and equitable implementation of evidence-based strategies for the:

→ prevention,

→ early detection,

→ diagnosis, treatment and palliation,

making the best use of available resources.

The concept of the National Cancer Control Plans/Programmes (NCCPs) 4.

Aim of an NCCP:

This complex task requires action at all levels of the health system and beyond, including aspects related to:

- Leadership and vision
- Policy development and management
- Financing, resource generation and allocation
- Coordination of health and social services
- Social participation, including patient participation
- Better use of scientific evidence
- Monitoring
- Evaluation

The concept of the National Cancer Control Plans/Programmes (NCCPs) 5.

- Better structuring of cancer control management and of all its key elements
- Making cancer care and its management more transparent
- Increasing the involvement of all stakeholders
- Justifying and promoting the integration of new models of care and elements of cancer management

Joint work of the European Union

- The EU has taken action to support national preparation of a structured document to define all the services/actions related to cancer control - national cancer programmes
- By 2013, almost all EU members had already adopted some form of national cancer programme
- In the framework of the EU co-funded project JA EPAAC, one of the activities was dedicated to the production of a document that would serve as a **guide** to member states in shaping their future cancer planning or/and cancer control activities.

European Guide for Quality National Cancer Control Programmes

The Guide is directed towards:

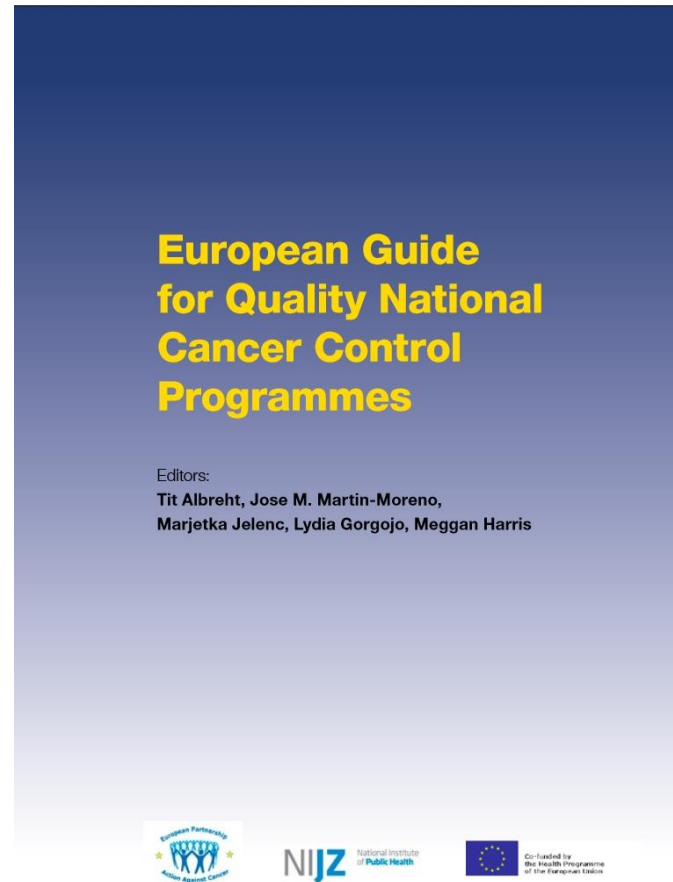
- policymakers
- health system administrators

who wish to develop, implement or improve their NCCP

http://www.cancercontrol.eu/uploads/images/European_Guide_for_Quality_National_Cancer_Control_Programmes_web.pdf or also at:

<http://www.epaac.eu>

The Guide in the book format – front page



Aims of the Guide

- To provide a synthesized description of the broad range of cancer control services that may be offered through national health systems
- To propose a list of indicators that countries may consider in order to improve the monitoring and evaluation of their plans
- To promote some convergence in national approaches to NCCP planning, with the ultimate aims of:
 - Fostering the ability of policy analysts to compare plans within and across EU borders and
 - Supporting a common understanding of cancer planning among EU policymakers, which will in turn facilitate collaboration across borders

The most important issue of an NCCP

- Primary prevention
- Health promotion
- Cancer screening
- Diagnosis and treatment
- Psychosocial oncology care
- Survivorship and rehabilitation
- Palliative and end-of-life care
- Governance (management and planning of cancer services)

The most important issues of an NCCP 2.

- Financing
- Cancer resources (human resources, infrastructure, health technology, cancer specific expenditure)
- Cancer data and information
- Research
- Access to innovative cancer treatments
- Patient orientation/patient empowerment

Benefits to health systems and governments

An effective NCCP provides for:

- clear management
- transparent need and use of resources needed
- oversight and
- integration

of a wide range of health system activities, making it easier for health systems to respond to patients' and citizens' needs

Benefits to citizens and patients

- Primary prevention
- Health promotion
- Cancer screening
- Diagnosis and treatment
- Psychosocial oncology care
- Survivorship and rehabilitation
- Palliative and end-of-life care

Benefits to health care providers

- Successfully treated patients
- Satisfaction of patients and their families
- Disease detected at an early stage (screening)
- Better management and planning of cancer services
- Sustainable financing of comprehensive cancer services
- Better infrastructure
- Adequate human resources
- Developed national cancer research agenda
- Access to innovative cancer treatments

Survey on NCCPs 2015/2016

- Survey was sent in November 2015 to **35 countries**:
- Respondents: **30 countries**: Austria, Belgium, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Slovenia, Spain, Sweden, Turkey and England and Wales from United Kingdom
- Non-respondents: **5 countries**: Bulgaria, Greece, Slovakia, UK - Scotland and Northern Ireland

Typology of cancer documents

Type of document	Number of countries
Programme	9
Plan	8
Strategy	6
Mixed terminology	5

Stakeholder involvement

Stakeholder	Idea	Consulta- tion	Drafting	Implemen- tation
MoH	25	23	25	27
Professional community	21	27	23	23
Patient org.	14	22	14	16
Payers	9	14	13	12

Stakeholder involvement in evaluation

- Largely kept with the MoH (23 countries)
- Professional community – 16 countries
- Patient organizations in 9 countries only
- Payers/reimbursement agencies in 8 countries

Duration of the development of an NCCP

- Less than one year: England, Wales, Turkey
- Approx. one year: Cyprus, Finland, France, Hungary, Latvia, Luxembourg and Norway
- Two to three years: Denmark, Estonia, Ireland, Italy, Lithuania, Malta, Montenegro, Slovenia.
- Four years: Austria and Portugal.
- Five and more years: Iceland, Romania
- Ongoing process: Germany, Spain, Sweden.

Elements of NCCP/Cancer document/s	Number of countries which included the specific area in their NCCP/Cancer document/s
Early detection	28
Cancer screening	27
Cancer data and information	27
Diagnosis;	26
Epidemiological trends	26
Health promotion	26
Treatment	26
Primary prevention	25
Paliative and end of life care	25
Patient orientation/patient empowerment	24
Psychosocial oncology care	23
Survivorship	23
Governance	23
Research	23
Access to innovative cancer treatment	19
Cancer resources	18
Financing	15

Impact of austerity and budgetary restrictions

- More than a half of responders (Austria, Czech Republic, Estonia, Finland, France, Germany, Ireland, Luxembourg, Norway, Portugal, Slovenia, Spain, Turkey and England) reported that budgetary restrictions had no influence on decisions/priorities for NCCP/Cancer document/s.
- However, Iceland, Lithuania, Malta and Poland said that due to budgetary restrictions it would not be possible to respect the key priorities, while Latvia and Poland said that it would influence the structure.
- Iceland, Italy, Portugal and Wales agreed that due to budgetary restriction it is not possible to finance additional programmes.

Strengths of the implementation of an NCCP

- Involvement of professionals was identified as a main strength by all countries that completed the survey.
- Involvement of patients (22 countries) and regional/local authorities (21 countries).
- Involvement of media (13 countries). Other identified strengths were: involvement of NGOs (Belgium), involvement of all relevant stakeholders (Germany), clearly identified areas for action and specific measures (Lithuania), involvement of social insurance (Luxembourg), involvement of sectors outside the health sector such as social policy (Malta), primary, secondary and tertiary health care levels, Chamber of Medicine, Faculty of medicine, Agency for medicines and medical devices, NGOs (Montenegro), Ministry of Health (Slovenia) and charitable sector (Wales).

Weaknesses in the implementation of NCCPs

- Lack of adequate resources (financial resources or/and human resources or/and equipment) was identified as main weakness in nine countries.
- Lack of strategic competence other than Ministry of Health (Austria)
- No clear implementation plan (Finland)
- Federal and self-governing structure of the health care system (Germany),
- Some obstacles and halts (Hungary)
- Lack of efficiency of regional governments (Italy)
- Different laws (Luxembourg) and administrative procedures (Poland)
- Lack of political continuity in terms of political willigness and sustenability (Romania)
- no involvement of primary care, slow implementation of palliative care, psychosocial rehabilitation, survivorship and education, issues of governance and financing of management (Slovenia)
- Stakeholder coordination (Turkey)
- Complicated healthcare delivery system and geographical dispersion of care (Wales).

Evaluation phases considered

Type of evaluation	Number of countries that use the evaluation
By outcome	21
By process	17
By structure	14

Impact of the NCCP at the national level

- Nine countries reported positive results in terms of decreased cancer incidence, stage-shifting, mortality or survival due to the past or current NCCP/Cancer document/s: Belgium, Czech Republic, France, Ireland, Portugal, Slovenia, Turkey, England and Wales.
- Sixteen countries did not report any results: Austria, Denmark, Estonia, Finland, Germany, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, Montenegro, Norway, Romania, Spain and Sweden.
- However, for most of them it is too early to talk about results and in some countries data represent the problem as well. Countries with positive results report about increased survival rates, stabilisation of incidence for different cancers, decreased mortality rate, stage-shifting and even about incidence reduction.

Thanks!

Danke!

Dr Tit Albreht

National Institute of Public Health of Slovenia

E-mail: tit.albreht@nijz.si