

# CAYA 2024

## Pre-Budget Asks:



### Financial Support



<b>Car parking charges</b>	<b>Address the cost of car parking through:</b>	
	<ul style="list-style-type: none"> <li>The abolition of car parking charges for families bringing their children to hospital for cancer treatment at the National Children's Hospital.</li> <li>The abolition of car parking charges for every cancer patient in the country.</li> <li>Ensuring current concessions offered to cancer patients are highlighted via the HSE and hospital publications and websites.</li> <li>A waiver provided for cancer patients who must avail of on-street car parking for hospital appointments.</li> <li>The publication of the HSE hospital car parking guidelines that were prepared in 2019.</li> </ul>	
<b>Domiciliary Care Allowance</b>	Extend the Domiciliary Care Allowance to 16 and 17 year olds.	
<b>Create a Childhood, Adolescent and Young Adult Cancer Care Allowance</b>	Invest in a specific Childhood, Adolescent and Young Adult Cancer Care Allowance.	€6.5 million
<b>Travel Abroad Scheme</b>	Introduce a new "Treatment Abroad Fund" alongside the Travel Abroad Scheme to cover the non-medical expenses of travelling abroad for medical care.	€450,000
<b>The Exceptional Needs Payment/Additional Needs Payment</b>	Remove the means test for the additional needs payment for CAYA cancer applicants.	€600,000

### CAYA Cancer Treatment



<b>Genomics</b>	Fund implementation of the Genomic Strategy, and ensure every CAYA patient 16-25yrs has access to genome sequencing.
<b>Adolescents and Young Adults</b>	Provide core funding to accelerate the recruitment of the workforce required to fully implement the NCCP AYA Framework.
<b>Early Detection</b>	Fund implementation of GP referral guidelines for CAYA cancers
<b>Access to Medicines</b>	Fund implementation of the recommendations of the Mazars Report.
<b>CAYA Cancer Research</b>	Fund the protected time of healthcare practitioners for research, and fund investment in increased activity in clinical trials research.
<b>Psycho-Oncology</b>	Fund the implementation of the NCCP National Model of Care for Psycho-Oncology Services for CAYA.

### Living Well After CAYA Cancer



<b>Survivorship</b>	Fund the creation of a survivorship service for CAYA cancer survivors, including lifelong clinical and psychosocial support.
<b>Education supports</b>	Fund access to functional assessments, individual education plans, and guidance counselling for CAYA cancer survivors.
<b>Work</b>	Fund tailored supports for starting/returning to work as a CAYA cancer survivor.

### Palliative Care and End of Life



<b>Palliative Care</b>	Continue to implement and accelerate the 2020 governance recommendations and paediatric palliative care model.
<b>Bereavement Support</b>	Complete a national plan for the provision and funding of equitable bereavement support services for families who have lost a young person to cancer.

## Cancer Prevention



### Tobacco cessation

- Increase the excise duty on a packet of cigarettes and roll-your-own tobacco products by 5% in line with the tobacco tax escalator and with inflation.

### National Skin Cancer Prevention Plan

- Abolish the standard rate of 23% on sunscreen products of SPF 30+.
- Fully fund the National Skin Cancer Prevention Plan 2023-2026.

### HPV vaccination programme

- Provide funding to expand the catch-up programme to everyone up to age 25.

### Radon testing

- Ensure the next phase of the National Radon Control Strategy (2024) includes designated State funding for financial supports towards radon testing and remediation works.

### Genetic services & supports

- Fully fund and implement the National Cancer Strategy 2017-2026 recommendations on genetic services, reducing genetic testing wait times to best optimise health benefit advancements in this area.

## Timely access to diagnostics



### Access to primary, emergency care and diagnostic services (€15m)

- Fund services to ensure that timely and appropriate diagnostics is available to everyone who needs it.
- Fund services to ensure that they are sufficiently staffed, with access to the necessary infrastructure and equipment, in order to take action on waiting list times.

### Screening services

#### BowelScreen

- Fund the roll out of the BowelScreen programme to people aged 55-74, as outlined in the initial BowelScreen plan, and then to people aged 50-74 pending a recommendation by HIQA.

#### BreastCheck

- Expand the screening age to women aged between 45 and 74 years and to consider specific diagnostic measures for women with particularly dense breasts.

#### CervicalCheck

- Ensure sufficient capacity in line with the expansion of the current screening service.

## Treating cancer



### Regional accessibility of cancer care

- Provide necessary investment in regional cancer services across the country to ensure cancer outcomes are equalised.

### Cancer pathway (Cost: €15m)

#### 1. Surgery

- Develop a plan to increase surgical capacity to meet the significant increase in demand on surgical oncology over the next 20 years.

#### 2. Radiation therapy

- Develop and fund a national plan that increases capacity in radiation therapy annually to meet the significant increase in patient demand expected over the coming years.

#### 3. Chemotherapy

- Fund the physical expansion of oncology day wards, to increase patient capacity (alongside increase in staffing capacity).

### Access to medicines

- Establishment and running of the Implementation Working Group.

### Investment in the following would bolster cancer services:

#### National Cancer Strategy (Cost: €20m for new development funding)

- Ring fence multi-year funding dedicated to implementing all outstanding recommendations from the Strategy to 2026.

#### Clinical trials

- Provide sustained, regular investment in clinical trials research and infrastructure.

#### Staffing

- Invest in workforce planning across all the different specialties, in addition to other hospital staff roles along the cancer pathway.

#### eHealth

- Provide sufficient funding to develop and implement the national rollout of the electronic health record (EHR) across the health system.

#### Lymphoedema services (Cost: €8m)

- Fully fund the Lymphoedema and Lipoedema model of care.

#### Sláintecare

- Fully fund the implementation of the Sláintecare report.

## The Cost of Cancer



### Cancer during pregnancy & maternity leave (Cost: €3m+)

- Develop a fund for new mothers/birthing partners as well as employers to cover costs associated with sick pay cover where a new mother has to postpone maternity leave.

### Car Parking

- Abolish car parking charges across public hospitals for cancer patients.

### Medical cards

- Provide medical cards to all cancer patients upon diagnosis, until their treatment is finished.

### Prescription charges

- Abolish prescription charges.

### Drugs Payment Scheme (Cost: €12.5m per annum)

- Reduce the threshold to a maximum of €72 per month.

### Household Benefits Package (Cost: est. €25 million)

- Expand the criteria to include all cancer patients upon diagnosis, until their treatment is finished.

### Partial Capacity Benefit & extra supports to attend medical appointments

- Introduce a new statutory payment for employees and self-employed people with chronic illness to attend medical appointments.

### Bras, wigs & prosthesis allowances

- Development of a standardised, equitable approach to accessing post-mastectomy products & hairpieces for those diagnosed with cancer.

### Fertility

- Include people living with cancer in the national eligibility framework to avail of publicly funded IVF treatment.