



Irish Cancer Society

Pre-Budget Submission 2021

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Build Back Better

Thousands of people have been affected by the impact of COVID-19 on cancer screening, diagnostics, treatment and follow-up appointments. As well as the backlogs that have grown since March, waiting lists are still building as new patients enter the system. Significant investment in Budget 2021 is needed to ensure cancer services recover quickly and patients' chances of survival aren't reduced.

This Budget presents an opportunity to make strategic investments that will build a sustainable cancer system. The underinvestment in cancer services has led to warnings in recent years that the system is unable to even meet 'normal' demand.

The Irish Cancer Society urges all politicians to back our Pre Budget Submission to Build Back Better.





Our Three Priorities

There are three key priority areas that will support our call:

1. Reverse underinvestment in cancer care

- Provide €20 million in ring-fenced funding in 2021 to reverse stagnation in cancer services performance and kick start the National Cancer Strategy's ambition that more people survive cancer. Also increase the NCCP's current expenditure to meet patient demand for cancer services.
- Provide additional funding of €10 million to the Department of Health to address current backlogs in cancer services by:
 - a) Ensuring appropriate diagnostic and treatment pathways are available to screening services upon resumption.
 - b) Resourcing diagnostic, radiology and laboratory departments to allow timely access to investigations for both hospital doctors and GPs in the community.
 - c) Using private hospital capacity and meet workforce needs to ensure cancer diagnostic backlogs are cleared and treatment commences on time.
- Address reductions in capacity (due to social distancing) by making immediate investment in temporary builds while committing to overdue capital investment in oncology day wards, operating theatres, elective-only hospitals and a comprehensive cancer centre.
- Future-proof cancer services by funding expedited delivery of Sláintecare.
- Fund the Endoscopy Action Plan to build a sustainable endoscopy system and invest in short term measures that will cut backlogs.



2. Supporting cancer patients: Protecting society's most vulnerable

- Reduce the Drugs Payment Scheme threshold to €100 per month (Estimated cost €25m).
- Remove prescription charges (Estimated cost €133.6m).
- Abolish inpatient charges (Estimated cost €25m).
- Reduce car parking charges for cancer patients at public hospitals.
- Give life-long medical cards to those with a terminal cancer diagnosis and survivors of childhood or adolescent cancer.
- Give medical cards to all cancer patients upon diagnosis until treatment has finished.
- Extend publicly funded fertility preservation services to children and adolescent cancer patients as well as access to fertility preservation post-treatment for those who require it.
- Increase state funding for vital Night Nursing services.
- Provide ring-fenced funding for cancer research.

3. Prioritising prevention

- Fund skin cancer prevention plan.
- Commit 20% of the transport budget to walking and cycling (approx. €360 million per annum).
- Increase excise on cigarettes by 80c and bring excise on roll-your-own tobacco in line with cigarettes.
- Provide funding for proven smoking quit supports.

Reverse underinvestment in cancer care

Ireland is three years into a ten-year National Cancer Strategy (2017-2026). This is the country's third national strategy on cancer.

When the first national cancer strategy was published in 1996, only 4 in 10 people survived the disease. Thanks to the determination of politicians, the medical and research community, and public health officials, the outlook for people with cancer has changed dramatically since then. Following on from the first national cancer strategy and subsequent strategy published in 2006, more than six in ten are surviving cancer today.

Today, the current National Cancer Strategy (2017-2026) provides a blueprint for cancer services that prioritise the patient. It resolves to reduce cancer incidence and improve outcomes and survivorships through a combined focus on prevention, early diagnosis, providing an integrated model of care where patients get the package of supports from multi-disciplinary teams and improving treatment, particularly in rare cancers and those where our outcomes are still poor. The Strategy acknowledges the important role of the National Cancer Control Programme and effective workforce planning in improving cancer services.

Unfortunately, the Strategy's latest implementation report for 2019 shows that cancer services are underperforming in Ireland.

Of the ten targets in the Strategy that have expired as of 2019, just two have been met, both of which are interim targets. The first is an interim target to reduce the percentage of adults who smoke daily; and an interim to increase GP e-referrals.

Meanwhile, a comparison of data from the 2018 vs 2019 Strategy implementation report shows little progress during the twelve-month period.

Crucial targets that are being missed include patients receiving cancer tests within target timeframes; screening uptake targets; and patients commencing surgery and other treatment on time. When patients are diagnosed later, and treatment begins at a later stage, this often leads to worse outcomes for the patient.

Also of concern to the Irish Cancer Society is that none of the Strategy's upcoming targets for 2020 are on track to meet their target.

Upcoming targets which are not on track to be met include the doubling of the number of patients on life-saving clinical trials; increasing the percentage of cancers diagnosed at Stage I and II when they are more treatable; and increasing the percentage uptake of the BowelScreen programme, which has crucially led to the detection of over 9,000 cancers or precancerous adenomas since 2012.¹

Without adequate resourcing, some of the Strategy's more ambitious targets appear to be moving further out of reach. The Strategy targets that Ireland will be in the top quartile for five-year survival among EU member states. It also highlights the goal of developing at least one comprehensive cancer care centre that will optimise cancer prevention, treatment, education and research during the Strategy period. However, Ireland is currently mid-table in terms of European cancer outcomes, and there has been little progress on the development of a comprehensive cancer centre.

The COVID-19 pandemic has significantly worsened the sub-optimal performance of cancer services in Ireland. In 2021, we will face considerable backlogs for testing and treatment as a result of the postponement of cancer testing during COVID-19, and reduced capacity in hospitals with increased social distancing and hygiene



protocols. But COVID-19 must not be seen as an excuse for slippages in the early diagnosis and treatment of cancer patients. These capacity issues were apparent before COVID-19. Now, additional financial resources will be needed just to tread water. This is an enormous challenge that requires an ambitious response from Government.

It is the patients who will bear the brunt of stagnating cancer services in Ireland. Three years into the Strategy, the performance of cancer services cannot continue to stagnate.

It is crystal clear that under resourcing has meant a lack of capacity in cancer services, which has led to missed targets and worse outcomes for patients.

The good news is that the Strategy provides the roadmap needed to get cancer services back on track. Now, it just needs the financial resourcing.

Additional funding will help to:

- Improve Ireland's cancer ranking among EU member states
- Ensure patients are diagnosed with cancer sooner
- Ensure patients get access to treatment on time
- Improve cancer survivors' quality of life



2020 has again shown us that health services are the bedrock of a functioning society. In the aftermath of COVID-19, an even greater priority must be given to cancer services. Some patients have faced disruption to treatment, while screening appointments and many cancer tests have been paused, leading to potentially delayed diagnoses of cancer for others.

As the impact of COVID-19 on our health services lessens, it is strikingly clear that not only do the public desire the necessary structural reforms to strengthen our health service and define Ireland's future relationship with cancer, but that those reforms and their implementation is urgent.

Now more than ever, we need significant capital investment in cancer services. Capacity issues in cancer services were apparent before COVID-19. Now we face a more constrained system than before due to restrictions and protocols around COVID-19. Budget 2021 represents an opportunity for Government to commit funding to make necessary capacity improvements to mitigate the effects of COVID-19 on cancer services in Ireland.



Ensure screening and cancer test backlogs are swiftly cleared

Screening is a vital tool that allows for the early detection and treatment of cancers before they become more difficult to treat, while diagnostic testing is critical to the diagnosis and timely management of patients suspected to have cancer.

The most recent data available before COVID-19 suggested that Rapid Access Clinic wait time targets were not being met. These clinics provide testing to confirm diagnoses of breast, prostate and lung cancers. When these targets are missed, it means that cancers are diagnosed later, and can lessen the treatment options available to patients. Furthermore, colonoscopy wait times were at an all-time high in February 2020, when 1 in 2 people were waiting over three months for a colonoscopy.

Though CervicalCheck has begun issuing invitations again, there is a significant backlog in wait times for individuals seeking screening, meaning considerable anxiety for those patients waiting for months to discover if they will need further testing to rule out a cancer diagnosis. Of serious concern is that this backlog will also mean later diagnoses of cancer for some patients, and fewer cancer deaths will be avoided.

COVID-19-related backlogs are exacerbated by a reduction to clinical capacity of approximately 50% compared to pre-COVID-19 norms, due to necessary social distancing measures in hospitals.

The Irish Cancer Society encourages the HSE to outline the necessary funding requirements to address current cancer service backlogs. In Budget 2021, we are calling for initial additional capital funding of €10 million to be made available to the Department of Health to address current backlogs in cancer services by:

- a) Ensuring appropriate diagnostic and treatment pathways are available to screening services upon resumption.
- b) Resourcing diagnostic, radiology and laboratory departments to allow timely access to investigations for both hospital doctors and GPs in the community.
- c) Using private hospital capacity and meet workforce needs to ensure cancer diagnostic backlogs are cleared and treatment commences on time.

We are also calling for the reduction of clinical capacity to be addressed, through immediate investment in temporary builds while committing to overdue capital investment in oncology day wards, operating theatres, elective-only hospitals and a comprehensive cancer centre.



Sláintecare

The Sláintecare vision for universal healthcare in Ireland was the result of cross-party determination to overhaul Ireland's two-tier health system and give a greater and more equitable provision of quality healthcare for everyone in Ireland.

Most countries in the OECD provide healthcare that is free at the point of use, including GP and hospital care, as well as other primary and community services.

A recent Irish Cancer Society survey found that more than 8 in 10 people agreed that creating a health system based on need and not ability to pay was important to them. This survey also found that 3 in 4 believe that the Government should prioritise spending on healthcare free at the point of access rather than reducing taxes.

The Oireachtas committee on the future of healthcare published its 10-year roadmap for the future of Irish healthcare in 2017.

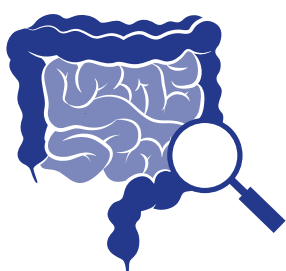
The Irish Cancer Society, through its leadership on the Health Reform Alliance has championed Government's progress towards a system of Universal Healthcare. There are considerable challenges faced by cancer patients in accessing medications, timely diagnostic

testing, treatment and other services. We know that these issues are not unique to cancer patients, and are experienced widely by patient cohorts across the health system.

Many of these challenges have been further exposed by COVID-19 and highlight the need to investigate ways of expediting Sláintecare.

The Sláintecare Oireachtas report called for the implementation of €3 billion in transitional funding in the first six years of the Strategy to progress key structural projects to reform our current health system and advance the Sláintecare vision.

The Irish Cancer Society believes that the Sláintecare transition fund should be resourced in full and that the Oireachtas report is fully implemented to deliver a system of universal healthcare based on need and not the ability to pay. We are calling on Government to provide additional funding in 2021 to make this a reality.



Invest in endoscopy

Endoscopy is a crucial tool in the diagnosis and staging of colorectal cancers. We know that endoscopy services

in Ireland were underperforming before COVID-19. Data from February 2020 before COVID-19 showed that colonoscopy wait times were at an all-time high, with just 1 in 2 people on a waiting list for a colonoscopy receiving an appointment within three months.

HSE targets dictate that 70% of non-urgent colonoscopies should be seen within three months, indicating targets were being significantly missed. The Irish Cancer Society has continuously highlighted the need for considerable investments in endoscopy capacity prior to COVID-19.

Long wait times for endoscopy procedures cause unnecessary anxiety to many while for others, long wait times have more serious clinical implications in the form of delayed diagnoses which can lead to later stage diagnosis of cancer and fewer treatment options.

COVID-19 has led to serious service disruptions in endoscopy and has had an unprecedented effect on the numbers of people waiting for a colonoscopy in Ireland. Between February 2020 and June 2020 the number of people waiting for a colonoscopy procedure (urgent and non-urgent) in Ireland went from less than 12,000 to over 19,000.

At the end of June, over 2,700 people were on an urgent wait list, over 950 of whom were waiting longer than the HSE target of 28 days. However, these figures have been decreasing since the end of June, and there are now over 2,400 people on the urgent wait list, over 580 of whom have been waiting more than 90 days. Many of these patients will go on to develop cancer. While it is encouraging to see that the numbers of people on urgent waiting lists are decreasing slightly, it is crucial that additional capacity is put in place for these patients to be seen on time.



"People who require an urgent colonoscopy should be seen in 28 days under best practice. This is not happening for too many people and many more people will be left waiting for far too long unless we see steps taken now. The longer people have to wait the greater risk we are taking with their outcome if they are found to have cancer."

"The entire health system is playing catch up due to COVID-19 but endoscopy was already behind – this is why we need to see investment including the recruitment of more triage nurses and the expansion of non-invasive testing, including FIT and Calprotectin for appropriate patients. In addition Gastroenterologists should be facilitated to spend more of their time focussing on endoscopy in order to reduce waiting times."

**-Professor Anthony O'Connor,
Consultant Gastroenterologist**

Meanwhile, the National Cancer Strategy targets an uptake rate of 60% for BowelScreen, with current uptake rates below 45%. BowelScreen is a life-saving service available to 60-69 year olds, with over 9,000 cancers and precancerous adenomas diagnosed via BowelScreen since 2012. The majority of these cancers are diagnosed at stage I and II when the cancer is more treatable. The Irish Cancer Society believes it is critical that uptake targets are met for BowelScreen to ensure more cancers are diagnosed and treated early.

The Strategy also recommends that appropriate endoscopy capacity is provided to hospitals to allow for the extension of BowelScreen to 55-74 year olds by 2021. Without capacity improvements across the board, this extension won't happen.



"I was 43 when I was diagnosed, and considered myself quite healthy given I'm active and I eat relatively well."

"I had to wait over three months for my colonoscopy after being referred as I wasn't seen as urgent."

"I find in this country that unfortunately you have to make phone calls and push things or you get lost in the cracks."

-Vanessa

The Irish Cancer Society is calling for the following measures in Budget 2021 to mitigate the effects of COVID-19 and improve capacity in endoscopy services:

- Provision of additional resources, including physical space for endoscopy services in Irish hospitals
- Provision of funding for additional staff and extended hours of operation where appropriate
- Maximise all available capacity in the public and private systems
- Fully fund the Action Plan on Endoscopy
- Make necessary funding available to achieve the target BowelScreen uptake rate and allow for the extension of BowelScreen to 55-74 year olds by 2021





Ensure cancer treatment commences on time

While screening and diagnostic testing are critical tools in the early detection of cancer, those who are diagnosed will go on to have treatment such as surgery, radiation therapy or chemotherapy.

The National Cancer Strategy outlines the National Cancer Control Programmes' target timeframes for commencing treatment. For example, in the case of lung and prostate cancers, 90% of surgeries should take place within 30 working days of a decision being made to operate, while 90% of radiotherapy treatment for cancer should take place within 15 days.

Unfortunately, the most recent data for 2019 shows that nationally, radiotherapy treatments are not being met, while target timeframes for cancer surgery are considerably behind, with just 59% of lung cancer surgeries taking place on time and 78% of pancreatic cancer surgeries taking place on time, for example.

We have already seen the significant effects of COVID-19 on clinical capacity to treat cancer patients. In recent months, we have been contacted by patients across Ireland seeking support regarding postponements to their treatments. Furthermore, children, adolescent and

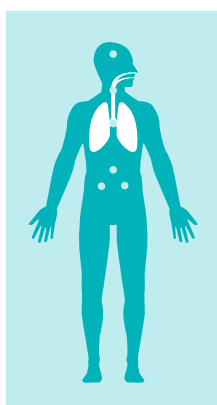
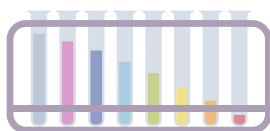
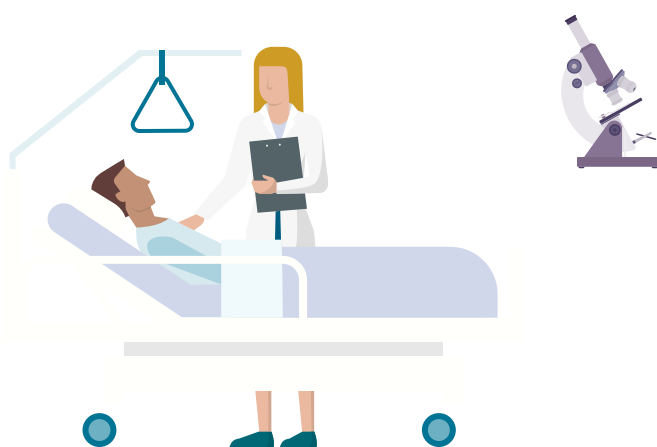
young adult (CAYA) cancer patients and survivors can experience a loss of fertility due to cancer treatment. For adult survivors of childhood cancer, loss of fertility is a real risk. However, CAYA and their parents/guardians generally report a lack of information on risks to fertility.

As a child's cancer diagnosis is a devastating one, fertility preservation may not be an immediate concern for parents/guardians; however, planning for survivorship should be an integral part of a person's care and treatment plan and CAYA and their parents/guardians should have access to information and fertility preservation services.

Additional capacity is needed in the context of hygiene restrictions, including putting in place arrangements for use of private hospitals to ensure continuity of care for public patients, and particularly in the case of a second wave. Medium-long-term scoping exercises are needed to support workforce planning to ensure additional capacity is in place to tackle any treatment delays.

The Irish Cancer Society is calling on Government not only to alleviate the possible treatment wait times faced by cancer patients due to COVID-19, but to ensure that all cancer treatment commences on time in 2021.

We are also calling for the extension of publicly funded fertility preservation services to children and adolescent cancer patients as well as access to fertility preservation post-treatment for those who require it.



Recommendations

- Provide €20 million in ring-fenced funding in 2021 to reverse stagnation in cancer services performance and kick start the National Cancer Strategy's ambition. Also increase the NCCP's current expenditure to meet patient demand for cancer services.
- Provide additional funding of €10 million to the Department of Health to address current backlogs in cancer services by:
 - a) Ensuring appropriate diagnostic and treatment pathways are available to screening services upon resumption.
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- Address reduction in capacity (due to social distancing) by making immediate investment in temporary builds while committing to overdue capital investment in oncology day wards, operating theatres, elective-only hospitals and a comprehensive cancer centre.
- Future-proof cancer services by funding expedited delivery of Sláintecare.
- Fund the Endoscopy Action Plan to build a sustainable endoscopy system and invest in short term measures that will cut backlogs.

Supporting cancer patients: Protecting Society's most vulnerable

We know that the financial impact of a cancer diagnosis wreaks havoc on families in Ireland. This was a clear issue in 2019 when Ireland was experiencing record high employment. It is almost certain that COVID-19 will exacerbate this situation in the form of job losses, impacting some of society's most vulnerable.

Prior to the pandemic, Budget 2021 represented an opportunity for a new Government to hit the ground running and fulfill the mandate for change evidenced in the recent General Election. Health was the most significant issue quoted by respondents in the IPSOS MRBI exit poll, with almost a third suggesting it was the major issue for them. In 2021, Government must listen to the Irish public and take steps to support the most vulnerable people in our healthcare system.



Drugs Payment Scheme

The Drugs Payment Scheme ensures that no individual or family pays more than €124 per calendar month (dropping to €114 from September 2020) for approved medicines and appliances. The scheme is available to

those individuals without a medical card who normally pay full-price for their medication.

While the Drugs Payment Scheme provides needed relief for many cancer patients who would normally need to pay more than €124 per month for medications, cancer patients are still paying up to €408 more per year in 2020 than they were in 2008, when the scheme was capped at €90 per month.

Over 6 in 10 cancer patients have medical expenses related to their treatment, spending an average of €158 on medication per month.² We know that for cancer patients, each additional expenditure adds up and can make the difference in being able to afford basic items like food and household utilities.

"[Cancer] has and continues to have a very noticeable financial impact on my life and my family's life. Our monthly outgoings have increased dramatically while our income has reduced."

-Aisling

Research by the Irish Cancer Society on attitudes to out of pocket payments showed that more than 6 in 10 people believe the current threshold of €124 a month must be lowered, with only 16% disagreeing.

The Irish Cancer Society is calling for the Government to dramatically reduce the DPS threshold to €100 a month to support families dealing with a cancer diagnosis in line with recommendations in the Sláintecare report. (Estimated cost- €25m³)



"The pressure of dealing with cancer almost matched the pressure of losing our home. Only for the help of family and friends I was heading for a nervous breakdown."

-Avril

Prescription charges

Prescription charges are charges paid by medical card holders for prescription items. These charges were first introduced in 2010 at a rate of 50c per item, followed by increases to €1.50 and €2.50 respectively in Budgets 2013 and 2014 before being subsequently reduced to €2.00 per item for those under 70 and €1.50 for those over 70.

The Irish Cancer Society welcomed a commitment to a further reduction in Budget 2020 when it was announced that from July 2020, prescription charges would be reduced by a further 50c for both under 70s and over 70s. However, the remaining charges incurred can have a real impact on families on low incomes and those struggling to cope with the costs of a cancer diagnosis. In research undertaken for the Irish Cancer Society by Core Research last year, more than half of respondents believed that prescription charges prevent medical card holders from using their medication.

The Irish Cancer Society believes that no cancer patient should be forced to choose between putting food on the table and paying for medication to treat the side effects of their cancer. Meanwhile, prescription charges are a continuous financial burden for those living beyond cancer; a monthly reminder of the financial hardship that a cancer diagnosis brings to individuals in Ireland even after treatment.

The Irish Cancer Society is calling on Government to abolish prescription charges to protect society's most vulnerable. (Estimated cost- €133.6m)⁴



Abolish Inpatient Charges

Inpatient charges are incurred by patients without a medical card or private health insurance who inpatient treatment in hospitals at a cost of €80 per visit up to €800 per year. Inpatient charges are incurred by those who need an overnight stay in a public hospital, but also by those receiving day treatment such as chemotherapy and radiotherapy.

“[The cost of cancer] had a massive impact on our lives as a family. I was only 34 years old when I was diagnosed, less than 2 years married with a 5-month old baby. We struggled very much as I got full pay for the first 3 months from work and then half pay for another 3 months and then nothing. I wasn't entitled to the medical card until I was on unpaid leave. We found it extremely costly with medication, hospital visits, etc. and I'd also to put my son into full time childcare as I wasn't able to look after him. I felt we'd no support.”

-Sinead

This affects cancer patient significantly because every time they need to go for treatment, they pay €80. This is up to a maximum of €800 for 10 visits in a calendar year (January – December). While this cap limits the impact of the charge slightly, many patients who begin treatment towards the end of the year will pay far more than €800.

In cases of “excessive hardship”, hospitals can waive the charge, but there are no clear guidelines on this. Meanwhile, we know that if patients don't - or can't - pay the charges within 47 days, their case can be referred by the hospital to debt collection agencies. This is a frightening prospect for many cancer patients at a vulnerable time in their lives.

The Irish Cancer Society believes that these charges are discriminatory, and disproportionately affect patients going through what can be the most physically, emotionally and financially draining period of one's life. We know the impact that costs associated with cancer has on people's everyday lives, and most of these costs will never be reclaimed.

The Irish Cancer Society is calling on Government to abolish inpatient charges in Budget 2021 (Estimated cost €25m)⁵.



Reduce car parking charges for cancer patients

Cancer patients face a litany of additional costs due to their diagnosis. When we think of a costs associated with cancer, we often think of things like medication and medical appointments, but the pervasive costs associated with a cancer diagnosis extend so much further. Many patients will require special support clothing, wigs, dietary supplements and additional childcare for example.

Among these extra costs are hospital car parking charges incurred by cancer patients attending appointments.

Our 'Real Cost of Cancer' report in 2019 showed that more than 4 in 5 cancer patients incur car parking charges at Irish hospitals, at an average of €64 per month.



"I was there [at University Hospital Galway] very early to go and see the nurse and then had to go for tests later on so I had to hang around for the day."

"I remember sitting watching the clock going round and wondering if I had enough money to get out of the car park. I was sitting there thinking am I going to have to come back in here to somebody to tell them I can't get out of the car park. It seems so unnecessary. It's the very last thing you need."

-Michael

In March 2018, Minister Simon Harris ordered a national review of hospital car parking charges, and subsequently announced that a final report would be published in 2019.

Unfortunately, there has been no progress to date and cancer patients continue to pay considerable sums for hospital car parking in 2020.

The 2020 Programme for Government negotiated by Fianna Fail, Fine Gael and the Green Party acknowledges the need to address hospital car parking charges, and commits to:

- The introduction of a cap on the maximum daily charge for car parking for patients and visitors at all public hospitals, where possible.
- Flexible passes in all hospitals for patients and families.

We welcome this commitment and urge Government to reduce these fees for patients without delay.

The Irish Cancer Society is calling on Government to direct the HSE to work with hospitals in 2021 to find alternative revenue sources other than hard-pressed cancer patients.

Government should consider supplying central HSE funding in the Annual Services Plan to bridge any shortfall which may occur as a result of changes in parking policy.

Meanwhile, patients undergoing cancer treatment should receive free or significantly reduced car parking.





with little to no financial support for their medical costs.

"I have spent my life savings"

-Michael

Medical Cards

Our 2019 'Real Cost of Cancer' report showed that a cancer diagnosis is a double-edged sword financially, as patients face significantly reduced income at a time of increased costs associated with cancer.

The average cost to someone dealing with cancer is €756 a month. This can rise in some cases to over €1,000. At the same time, people are faced with a loss in income of over €1,500 a month on average. This is as a result of having to leave their job, take reduced hours, close their business or take significant time off work.

A medical card is a means-tested card which entitles holders to certain health services free of charge including GP care, prescribed medicines, and inpatient and outpatient hospital services.

Medical cards are a financial lifeline for so many cancer patients who satisfy the means test for a regular or discretionary medical card. Research by the Irish Cancer Society revealed that almost 1 in 2 cancer patients had a medical card while a considerable percentage of patients had private health insurance. Strikingly however, almost 1 in 10 cancer patients had neither a medical card nor private health insurance, leaving them

The Irish Cancer Society believes that the double blow of increased costs and loss of income needs to be taken into account when considering what cancer patients can reasonably bear. There needs to be a greater appreciation of the huge financial strain of having cancer.

A wider provision of medical cards for cancer patients would provide some protection to some of Society's most vulnerable by ensuring that no patient has to choose between purchasing their medication and putting food on the table for their children.

Survivors of childhood and adolescent cancers also inherit financial burdens in adulthood, in part due to employment barriers, difficulties getting insurance and expiry of their medical card. A 2019 needs assessment by the National Cancer Control Programme (NCCP) relating to survivorship after childhood cancer recommended an extension of medical card eligibility for survivors of childhood cancer beyond the current five-year threshold to ease the financial burden among survivors of childhood cancer.

Meanwhile, it was announced in Budget 2020 that the HSE would undertake a review and extend arrangements regarding the provision of emergency medical cards in cases of terminal illness from the prerequisite of having less than 12 months to live, up to 24 months to live.

While we welcome any proposed extension to medical cards for individuals with terminal illness, we believe that the current application process for medical cards is too burdensome on the applicant, and that those with a terminal diagnosis should not be subjected to repeated requests for information and time-consuming hunts for documentation.

Furthermore, while acknowledging that a patient is terminal, many clinicians will not provide a specified period of time that the patient has to live, which further complicates the application process.

The Irish Cancer Society is calling on Government to give automatic life-long medical cards to those with a terminal cancer diagnosis and survivors of childhood or adolescent cancer.

We are also calling on Government to give medical cards to all cancer patients upon diagnosis until treatment has finished.



Night Nursing

The Irish Cancer Society's Night Nursing service provides end of life care for cancer patients and their families in their own home. Patients and their families tell us they feel more supported and reassured by the presence of an Irish Cancer Society Night Nurse.

As the service has evolved since its inception, it has become a vital part of the delivery of palliative health services in the community and a critical support for those persons who wish to remain at home to die. This has added huge value to current health services and is a vital support for cancer patients nearing end of life and their families.

It was recommended in the Palliative Care Framework 2017 – 2019 that the service, which has been externally evaluated, should be regarded as part of the core generalist services, and should receive at least 50% of its funding from the state.

Unfortunately, to date, only limited funding has been provided to the service, which needs additional support to ensure its sustainability. The service has also

experienced further strain due to increased demand during the COVID-19 pandemic.

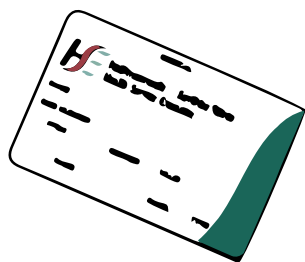
The Society is asking that this commitment in the Palliative Care Framework 2017- 2019 is met by the HSE in the coming years, with €1.6m per annum required in Budget 2021.



Improve patient outcomes through research

The availability of clinical trials offers hope to patients that they can get access to the latest in breakthrough medical innovations. Where appropriate, this can result in dramatic changes in survival chances and improvements in quality of life for patients, which, ultimately, is what we all hope for anyone who has been impacted by cancer. The proportion of patients on clinical trials is targeted to double by 2020, yet no change in the 2017 rate of 3% accessing trials has been made to date. Cancer Trials Ireland requires sustainable and predictable funding to increase patient participation in clinical trials, which will ultimately lead to improved patient outcomes. It is also essential that clinicians and medical teams are offered protected time so they can do more research and that all is done to foster a culture of research in our hospitals.

Investment in cancer research generally should be ring-fenced and commitments in the National Strategy met.



Recommendations

- Reduce the Drugs Payment Scheme threshold to €100 per month (Estimated cost €25m).
- Remove prescription charges (Estimated cost €133.6m).
- Abolish inpatient charges (Estimated cost €25m).
- Reduce car parking charges for cancer patients at public hospitals.
- Give life-long medical cards to those with a terminal cancer diagnosis and survivors of childhood or adolescent cancer.
- Give medical cards to all cancer patients upon diagnosis until treatment has finished.
- Extend publicly funded fertility preservation services to children and adolescent cancer patients as well as access to fertility preservation post-treatment for those who require it.
- Increase state funding for vital Night Nursing services.
- Provide ring-fenced funding for cancer research.



Prioritising Prevention

4 out of 10 cancers can be prevented through measures such as avoiding tobacco and alcohol, practicing good sun behaviours, taking regular exercise and getting vaccinated. Where cancers do develop, screening and diagnostic testing are crucial to ensuring early treatment and better outcomes for patients.

In Budget 2021, the Irish Cancer Society is calling on Government to commit to resource measures which will prevent cancers and lead to earlier diagnoses.



Fund National Skin Cancer Prevention Plan (2019-2022)

Skin cancer is the most common type of cancer in Ireland with over 11,000 skin cancers diagnosed each year. While most skin cancers could be prevented, the number of skin cancers in Ireland is projected to double by 2045.⁶

Thankfully, following continued calls from the Irish Cancer Society and engagement with the Society and other stakeholders, the Department of Health

published a Skin Cancer Prevention Plan in 2019 which aims to increase awareness and adoption of skin cancer preventative behaviours and reverse the rising incidence of skin cancer in Ireland.

To date, some progress has been made on the implementation of the Plan including the HSE's adoption of the Irish Cancer Society's 'SunSmart' campaign and the development of a cross-sectoral advisory group to guide the implementation of the plan. However, we are facing a skin cancer crisis in Ireland with more than 10,000 additional skin cancers expected to be diagnosed per annum by 2045.

It is crucially important that the National Skin Cancer Prevention Plan is provided with necessary funds in 2021 to reverse this trend and to take action to ensure the prioritisation of preventative behaviours.



Walking and Cycling

In addition to the environmental benefits of reducing Ireland's reliance on fossil fuel, a systemic shift to low-carbon modes of transport will have a positive effect on public health.

Research has shown that regular walking and cycling at the recommended amount of physical activity time leads to a reduction in all-cause mortality risk of 11% among those who walk and 10% among those who cycle.

The Society supports the development of Ireland's transport infrastructure to encourage a greater shift towards active commuting and travel such as walking, running and cycling as a means to prevent cancer and promote health. In the transport sector, where emissions are now among the most rapidly growing, modal shifts to low-carbon rapid transit and active travel can yield multiple benefits for our climate as well as the health of Ireland's population.

From a budgetary perspective, investment in active travel can translate into significant health cost-savings from averted deaths and disease. A 2010 economic assessment of investment in walking and cycling in the UK, carried out by the U.K. Department of Health, determined that a sample of pilot interventions to increase walking and cycling uptake in the U.K. had an average benefit-cost ratio (BCR) of 19:1 in terms of public health benefits, cost savings for health services, and for transport planning.⁷ The study points to the significance of this ratio by indicating that any BCR over 2:1 is considered high by the UK Department of Transport.

A number of measures in Ireland would support the development of walking and cycling infrastructure and the improvement of public transport options, including:

- Support for local authorities to secure bicycle parking in urban areas and at public transport stops.
 - Segregation of motor-vehicles and non-motorized travellers through designated walking and cycle systems, easier road crossings and more contiguous footpaths in urban centres.
 - A needs-based analysis to establish current levels of connectivity, travel patterns and service gaps outside of major cities.
 - Identification of solutions to address the cycling gender gap in Ireland.
 - Move to zero/low emission modes of transport in the public fleet.
 - Enhanced partnership with the Environmental Protection Agency and European Environment Agency to expand the CleanAir@Schools programme.
- Provision of greater investment in city bike schemes in cities outside of Dublin.
- An increase to the €1,000 cap on the Cycle to Work scheme to encourage greater use of e-bikes.

The Irish Cancer Society believes an increase in the allocation of the transport budget to active travel to at least 20% could save lives and prevent cancers and other non-communicable diseases into the future (At a cost of approximately €360m per annum).⁸



Tobacco

Ireland's current tobacco-control policy, Tobacco Free Ireland, sets a target of a tobacco-free Ireland by 2025, with the goal a smoking rate of less than 5%.

Good work has been done to date to meet this goal, as the National Cancer Strategy showed that an interim target of a daily smoking rate of 17% by 2018 was met. This is down from 22% when Tobacco Free Ireland was launched in 2012⁹.

However, a significant ramping up of efforts with innovative policies and a rapid reduction in smoking rates will be required to meet the ambitious 2025 goal.

Policies that encourage and support people to stop smoking, while making it more difficult for the tobacco industry to recruit new smokers, are the optimal solution to Ireland's smoking problem.

We know that regular, sharp increases in the cost of tobacco are the most effective way of getting people to quit smoking. In high-income countries, a tax increase that raises tobacco prices by 10% decreases tobacco consumption by about 4% (WHO).

The Irish Cancer Society has welcomed the regular, steep tobacco tax increases in Budgets 2015 – 2020, which we believe have contributed significantly to a

reduction in the smoking incidence rate from 23% in 2016 to 17% in 2019.

As such, we believe it is important that Government demonstrates consistency by continuing this effective measure in Budget 2021. We are encouraging Government to get tough on tobacco in Budget 2021 by committing to a 5% increase+ annual inflation¹⁰, which would see an increase of 80c in the price of a packet of cigarettes from €13.50 to €14.30 in 2021.

Revenue estimates that an increase in the price of cigarettes by 25c and 50c with a pro rata increase on other tobacco products would yield €28m and €55m respectively. So an increase in 80c to the price of cigarettes would yield considerable revenue for the exchequer¹¹.

At the same time, roll-your-own tobacco, which is just as harmful as manufactured cigarettes, cannot continue to undermine effective cigarette tax increases by being seen as a cheaper alternative to cigarettes.

To ensure that tobacco taxation is consistent, we are recommending an increase in tax levels on roll-your-own (RYO) tobacco in Budget 2021 to ensure they are equivalent to those on cigarettes.

At any given time, the majority of smokers are thinking about quitting, and most have made a number of unsuccessful attempts to quit. In Ireland, half of those attempting to quit do so without assistance but those who access Nicotine Replacement Therapy (NRT) along with psychological supports are significantly more likely to quit and stay quit.

We know that all forms of NRT make it more likely that attempts to quit succeed. The chances of stopping smoking are increased by 50 to 70% with the help of NRT.

Currently 17% of those aged 15+ in Ireland are smokers. The Government has set a smoking rate of less than 5% by 2025 in its Tobacco-Free Ireland Strategy.

While there is no one action that will make this a reality, it will not be sufficient to rely solely on taxation measures to meet this ambitious target. Government must also prioritise proven supports like NRT so that when someone decides to quit smoking, they have the best possible chance of quitting for good.

We know thanks to the 2018 Health Information and Quality Authority (HIQA) Health Technology Assessment of smoking cessation interventions showed that maximising the use of NRT and varenicline, a prescription medication used to treat nicotine addiction, is the most cost-effective smoking cessation strategy.

We are calling on Government to demonstrate its commitment to a Tobacco Free Ireland by subsidising clinically proven quit tools for those who want to stop smoking.

We understand clinical guidelines for smoking cessation are currently in development and suggest that following their publication the HSE put forward an investment and education plan to ensure clinicians are supported in advising patients to quit and that funding is made available to support the use of proven quit tools.

As part of this, and recognising the effectiveness of Nicotine Replacement Therapy (NRT) with behavioural interventions, we believe there is a need to improve access to Nicotine Replacement Therapy and it should be made available free of charge to all those enrolled in HSE smoking cessation programmes.

Recommendations

- Fund skin cancer prevention plan
- Commit 20% of the transport budget to walking and cycling (approx €360 million per annum¹²).
- Increase excise on cigarettes by 80c and bring excise on roll-your-own tobacco in line with cigarettes.
- Provide funding for proven smoking quit supports.



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