

Access to cancer care in Ireland

What is the National Cancer Strategy 2017-2026?

Ireland's third National Cancer Strategy (NCS) set out an ambitious but realistic 10-year plan to improve cancer care and outcomes, including to:

- improve early detection.
- be a leader in cancer survival in the EU.
- reduce inequalities between the most and least deprived people in Ireland.

The NCS will expire at the end of 2026.

What does the Irish Cancer Society recommend for the future of cancer care?

Without adequate Government investment in cancer services, patients ultimately pay the price. The delivery of cancer services relies on people, funds and infrastructure. The Irish Cancer Society urges policy makers to consider the following recommendations ahead of Budget 2026:

Fund the National Cancer Strategy.	<ul style="list-style-type: none"> • Deliver on the Programme for Government commitment to develop a <i>multi-annual funding approach</i> for our health service – this should include current and future National Cancer Strategies. • In the National Cancer Strategy's final year (2026), Budget 2026 must provide the National Cancer Control Programme with at least €20 million.
Plan and resource the next National Cancer Strategy.	<ul style="list-style-type: none"> • The Department of Health must convene a Working Group of cancer experts, healthcare workers and civil society organisations to plan a new strategy.
Ringfence capital investment for cancer services.	<ul style="list-style-type: none"> • Target and ringfence investment of capital funds towards infrastructure and equipment to deliver timely cancer care for patients.
Support staff capacity for cancer services.	<ul style="list-style-type: none"> • Take an all of Government approach to train, recruit and retain staff to deliver key cancer services, including but not limited to colonoscopy, radiology, radiation therapy and chemotherapy.
Publish data to support transparency and decision-making.	<ul style="list-style-type: none"> • The NCCP and the Department of Health must collect, collate and publish data on patient's access to cancer services (e.g. diagnostics, treatment, time to diagnosis, etc.) in a readable format in the name of public interest.

National Cancer Strategy – Scorecard

- The latest available National Cancer Strategy key performance indicator (KPI) report focused on 2023 implementation.
- In this document, the Irish Cancer Society reviewed publicly available data to assess the implementation of the National Cancer Strategy's KPIs since 2023.
 - In some cases, where applicable, we have broken down our analysis by cancer service even if multiple services were included under one KPI.

Has the National Cancer Strategy 2017-2026 met its targets?

- Target not met** → **Fourteen** defined targets in the National Cancer Strategy have not been met.
- Data not available** → **Seven** of the defined targets have no data available.
- Target met** → Only **three** of the defined targets have been met.
- Target not on track** → **One** of the defined targets is unlikely to be met by its deadline given its current status or trajectory.
- 2026 deadline** → **Three** of the defined targets with a 2026 deadline cannot yet be assessed.

What are the areas of critical concern?

- **Patients experience chronic colonoscopy delays:** more than 2,700 people were waiting more than the recommended 28 days for urgent colonoscopy between January and May 2025. Increasing the number of bowel cancers detected at Stage I or II is vital.
- **Too many women are waiting too long for urgent breast clinic access:** 3,600 women were not seen within the recommended 10 working days at urgent symptomatic breast disease clinics between January and May 2025. This means, only 69% of women were seen on time (target = 95%).
- **Surgery delays mean people do not have their cancer treatment when recommended:** Too few patients get their cancer surgery within recommended timeframes for pancreatic cancer (1 in 2), prostate cancer (1 in 3), breast cancer (6 in 10) or lung cancer (7 in 10).
- **Targets for radiation therapy have been consistently missed:** 6 in 10 patients will need radiation therapy, according to the National Cancer Strategy. However, too many people have waited longer than necessary as targets have been missed since the launch of the Strategy in 2017, despite best efforts from staff. Between January and May 2025, roughly 580 people did not start radiation therapy within the recommended 15 days.
- **Missing data on a range of important metrics:** It is vital to have publicly available and timely data to specifically target funds and other resources.

Ambition	Score	Reality
Prevention		
KPI 1 - Reduce the proportion of adults in the population who smoke to 5% <i>by 2025</i> .	Target not met	<ul style="list-style-type: none"> 17% of the population in Ireland smokes daily (14%) or occasionally (4%).
KPI 2 – 15% relative increase in lung cancers diagnosed at Stage I and II one year following 2022 awareness campaign.	Data not available	The latest NCS report from 2023 did not provide specific information on the impact of the 2022 campaign.

Ambition	Score	Reality
Referrals		
KPI 3 – 95% of GP referrals received electronically <i>by 2022</i> .	Data not available	<ul style="list-style-type: none"> No available data for 2024. The 2022 National Cancer Strategy report cited 95% of referrals were made electronically for symptomatic breast disease (SBD) clinics and prostate rapid access clinics (RACs); 85% were made for lung RACs. The 2023 National Cancer Strategy report cited an 8% increase in number of e-referrals compared to 2022.

Ambition	Score	Reality												
Early detection														
KPI 4 – 10% relative increase in colorectal, breast, and lung cancers diagnosed at Stage I and II on 2013 figures by 2020.	Data not available	<ul style="list-style-type: none">No updated information available on stage at diagnosis.The 2023 National Cancer Strategy report shows Stage I/II diagnoses as follows:<table><tr><td></td><td>2013</td><td>2017</td></tr><tr><td>Breast</td><td>79.8%</td><td>79%</td></tr><tr><td>Colorectal</td><td>42.5%</td><td>45%</td></tr><tr><td>Lung</td><td>30.1%</td><td>33.4%</td></tr></table>		2013	2017	Breast	79.8%	79%	Colorectal	42.5%	45%	Lung	30.1%	33.4%
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<ul style="list-style-type: none">Health service context:<ul style="list-style-type: none">Urgent colonoscopy: between January and May 2025 2,765 people were waiting more than the recommended timeframe for an urgent colonoscopy; in 2013, no person waited longer than necessary.See KPI 5 below for data on access to designated cancer diagnostic pathways.														
KPI 5 – 95% of new patients attending RAC or SBD clinic within timeframe by 2017.	Target not met (breast)	Breast 7 in 10 women (69%) accessed an urgent symptomatic breast disease clinic within 10 working days between January-May 2025 (target = 95%). This means that more than 3,600 women waited longer than necessary in the first 5 months of 2025.												
	Target not met (prostate)	Prostate 8 in 10 men accessed a prostate RAC within 20 working days between January-May 2025 (target = 90%). This means that 443 men waited longer than necessary in the first 5 months of 2025.												
	Target met (lung)	Lung 97% people accessed a lung RAC within 10 working days between January-May 2025 (target = 95%). That said, 58 people waited longer than necessary in the first 5 months of 2025.												

KPI 6 – 90% of patients accessing imaging/diagnostics/endoscopy within agreed timelines via GP direct access to diagnostics by 2020.	Target not met	<ul style="list-style-type: none"> The GP access to community diagnostics scheme was introduced in 2021, and the initial target of 2020 was not met. There is no information available on the percentage of patients accessing this scheme within timeframe. <i>Note on target not met assessment:</i> GPs can make direct referrals to scans, such as MRIs, CTs, etc., but the scheme does not appear to have been extended to endoscopies by the 2023 National Cancer Strategy report or a 2025 Enhanced Community Care Programme document.
KPI 7 – 50% relative decrease in cancers diagnosed in Emergency Departments compared to 2013 by 2026.	Target not on track	<p>2013: 13.5% of people were diagnosed in an Emergency Department.</p> <p>2016-2019 (latest available data): a 2023 NCRI report shows that 14% of cancers are diagnosed via emergency presentation, specifically:</p> <ul style="list-style-type: none"> 1 in 3 pancreatic cancers 1 in 4 lung cancers 1 in 4 colon cancers 1 in 4 ovarian cancers 1 in 5 oesophageal cancers 1 in 5 stomach cancers

Ambition	Score	Reality
Screening		
KPI 8 – Maintain 70% target uptake rate for BreastCheck (ongoing).	Target met	<p>Approx. 70% participation in BreastCheck (target = 70%) according to the Q4 National Screening Service (NSS) BreastCheck report.</p> <p><i>That said, there was a decrease in the actual number of people screened when comparing 2024 (137,134 people) to 2023 (166,532).</i></p>
KPI 9 – Achieve 80% target coverage rate for CervicalCheck (ongoing).	Target not met	<p>Approx. 75% participation in CervicalCheck (target = 80%) (HSE Service Plan 2025; Q4 NSS CervicalCheck report).</p>
KPI 10 – Achieve 60% target uptake rate for BowelScreen by 2020.	Target not met	<p>Participation in BowelScreen is below 50% (target outlined in National Cancer Strategy = 60%) according to a Q1 2025 NSS BowelScreen report.</p> <p>The NSS recorded 46.4% uptake across 2022-23.</p>

Ambition	Score	Reality
Treatment		
KPI 11 – 95% of cancer surgeries conducted in approved centres <i>by 2020</i> .	Target not met	The target was not met by 2020 or in subsequent years. Data is not available for 2024, but the % has been in decline since 2020. <u>2020</u> : 87% <u>2021</u> : 86% <u>2022</u> : 85% <u>2023</u> : 84.6%
KPI 12 – 95% of patients diagnosed with invasive cancers formally discussed at MDT meetings <i>by 2020</i> .	Target met (subject to revision)	94% as reported in <u>2020</u> , <u>2022</u> , <u>2023</u> NCS reports. Target deemed provisionally met in these years, although no data for 2024 yet. 90% in <u>2021</u> NCS report.
KPI 13 – <20% of patients on active cancer treatment admitted to hospital are admitted through Emergency Departments <i>by 2018</i> .	Data not available	Data on this KPI not available. Once data are available, the KPI can be assessed against its target.
KPI 14 – 80% of patients requiring active treatment for their cancer admitted to dedicated cancer units in hospitals <i>by 2020</i> .	Data not available	The <u>2023 NCS report</u> outlined that work was ongoing to determine how to capture this information. <i>Capturing these data is important to ensure that cancer patients get the right care in the right place at the right time.</i>
KPI 15 – 90% of patients seen within NCCP target surgery timeframes for defined cancers <i>by 2017</i> . <i>Previous NCS reports identified breast, lung, prostate and pancreas cancers.</i>	Target not met (breast)	Breast <ul style="list-style-type: none"> 3 in 5 (60.3%) people got breast cancer surgery on target in 2023 (last full year figures). Almost 3 in 5 (57.7%) people got breast cancer surgery on target in 2024 (incomplete data).
	Target not met (lung)	Lung <ul style="list-style-type: none"> 7 in 10 people got lung cancer surgery on target in 2023 (last full year figures). 3 in 5 (58.7%) got lung cancer surgery on target in 2024 (incomplete data).

	Target not met (prostate)	Prostate <ul style="list-style-type: none"> • More than 1 in 3 (36.1%) people got prostate cancer surgery on target in 2023 (last full year figures). • Almost 1 in 4 (38.8%) people got prostate cancer surgery on target in 2024 (incomplete).
	Target not met (pancreas)	Pancreas <ul style="list-style-type: none"> • Just over 1 in 2 (52.3%) people got pancreatic cancer surgery on target in 2023 (last full year figures). • Fewer than 1 in 2 (45%) people got pancreatic cancer surgery on target in 2024 (incomplete).
KPI 16 – 90% of patients commencing radiation therapy treatment within 15 working days of being deemed ready to treat <i>by 2017</i> .	Target not met	<p>This target has not been met in any of the relevant years, and access within the recommended timeframe has fluctuated in recent years, mainly due to insufficient staffing rates and equipment breakdowns.</p> <p>2017: 75% 2018: 80% 2019: 86.5% 2020: 85.1% 2021: 74.7% 2022: 72% 2023: 63.4% 2024: 64.7% 2025 (January-May): 78%</p>
KPI 17 – 95% of patients receiving a Treatment Summary and Care Plan <i>by 2020</i> .	Target not met	<p>The 2023 NCS report outlined that Treatment Summary & Care Plan was only rolled out in Limerick, Galway and the Mater by end 2023.</p> <p>In November 2024, the Minister for Health reported that these Treatment Summary and Care Plans were only available to prostate cancer patients.</p> <p>No information on roll-out of Treatment Summary and Care Plan to other hospitals or patients with other cancer types as of 2025.</p>
KPI 18 – <25% of patients with metastatic cancer given chemotherapy in last month of life <i>by 2019</i> .	Data not available	<p>The 2023 NCS report outlined there is no means of collecting these data. No recent update available.</p> <p>Once data are available, the KPI can be assessed against its target.</p>

KPI 19 – 90% of patients with cancer with Stage IV disease receiving specialist palliative care <i>by 2019</i> .	Data not available	The 2023 NCS report outlined there is no means of collecting these data. No recent update available. Once data are available, the KPI can be assessed against its target.
KPI 20 – 6% of patients on cancer therapeutic clinical trials <i>by 2020</i> .	Target not met	Only 3% of cancer patients participate in clinical trials.

Ambition	Score	Reality
Outcomes		
KPI 21 – Ireland to be in top quartile for five-year survival among EU member states <i>by 2026</i> .	<i>2026 deadline</i>	No update as deadline not reached. However, the rate of cancer survival is not keeping pace with best performing countries. In 2000, 1 in 2 people survived cancer in both Ireland and Denmark. By around 2020, Denmark's cancer survival rate was 71%, while Ireland's was 65%.
KPI 22 – No greater than 3% difference in cancer incidence between bottom 20% deprivation vs. top 20% <i>by 2026</i> .	<i>2026 deadline</i>	No update as deadline not reached. The latest data on inequalities suggests a higher risk of incidence amongst men (7% higher) and women (5% higher) in the most deprived quintiles.
KPI 23 – No greater than 3% difference in 5-year survival between bottom 20% deprivation vs. top 20% <i>by 2026</i> .	<i>2026 deadline</i>	No update as deadline not reached. <ul style="list-style-type: none"> • Access to testing and treatment within the recommended timeframe is a postcode lottery. • There are regional inequalities, too, whereby the HSE Mid-West region was reported to have the worst national outcomes for some common cancers. • There are also differences in access to drug therapies available to people, often depending on being privately insured.