

# Pre-Budget Submission

2021





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# 3 Key Budgetary Asks

The Irish Cancer Society's Pre-Budget Submission for Budget 2027 highlights **three areas of focus** so that cancer outcomes continue to improve and the impact on cancer patients' lives is minimised.



1

A realistic approach to capital planning and funding cancer care infrastructure.

2

Alleviating the financial hardship of a cancer diagnosis.

3

Setting the new National Cancer Strategy up for success.

# 1.

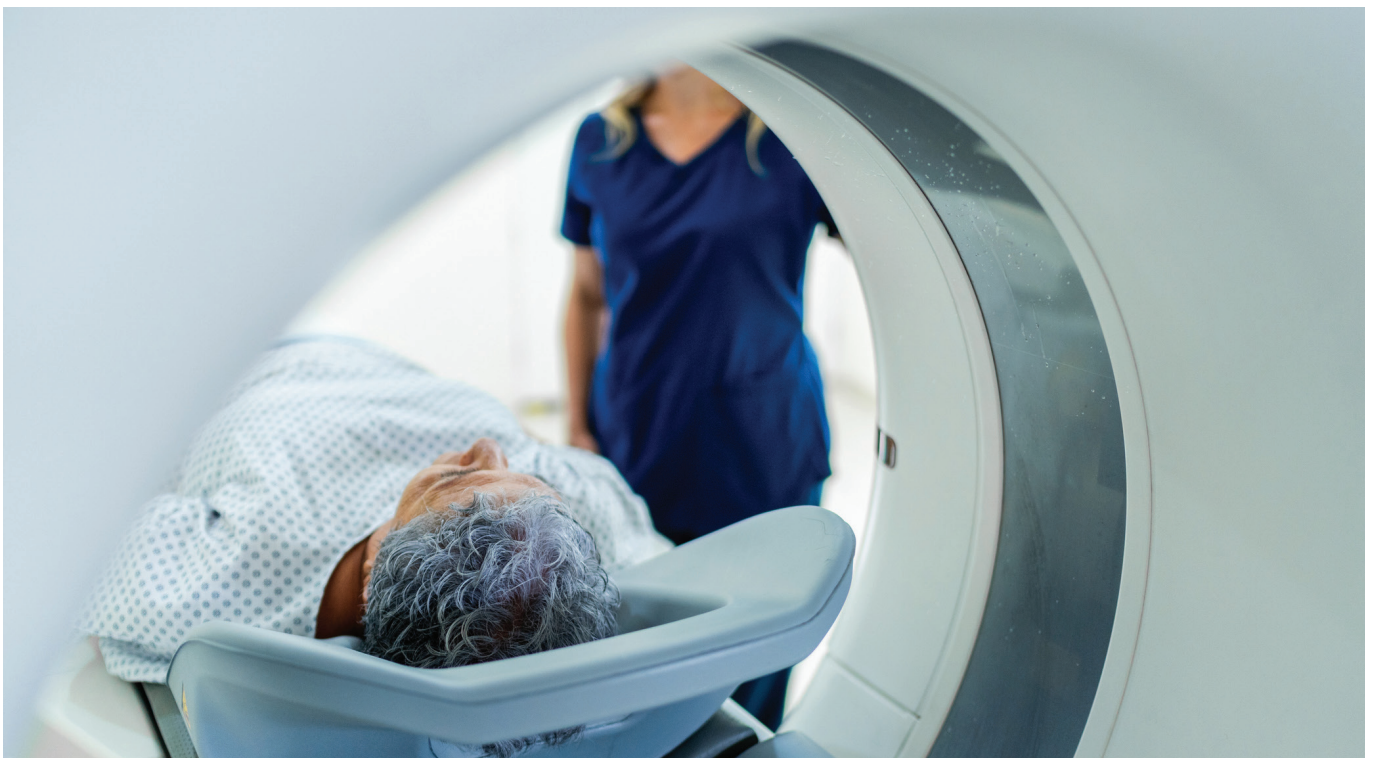
## A realistic approach to capital planning and funding cancer care infrastructure

- ▶ Fund physical infrastructure, equipment and digital infrastructure under the HSE Capital Plan.
- ▶ Ring-fence multi-annual funds for a National Radiotherapy Equipment Replacement Programme.
- ▶ Ring-fence funds to purchase additional radiology equipment (CT, MRI, PET scanners) to bring us on par with the EU average.
- ▶ Invest in building our digital health infrastructure policy.

# 2.

## Alleviating the financial hardship of a cancer diagnosis

- ▶ Abolish hospital car parking charges for cancer patients nationwide.
- ▶ Provide medical cards to all cancer patients upon diagnosis.
- ▶ Reduce the Drugs Payment Scheme threshold to €40 per month or less for all cancer patients.
- ▶ Ensure automatic entitlement to the Household Benefits Package and to Fuel Allowance for cancer patients with an advanced/end-of-life diagnosis.



# 3.

## Setting the new National Cancer Strategy up for success

- ▶ Ringfence funding of €20 million to implement the National Cancer Strategy in 2027.

- ▶ Establish a multi-annual funding mechanism for the National Cancer Strategy 2027-2036.

- ▶ Increase BowelScreen eligibility to people aged 56 and 72.

- ▶ Recruit 14 additional nurses to deliver the Acute Haematology Oncology Service.

- ▶ Invest and support the development of Advanced Practice Radiographer roles to aid in more timely access to diagnostics, treatment and surveillance in each of the 8 cancer centres.



# Foreword

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The decisions taken  
in Budget 2027  
will shape cancer  
outcomes in Ireland  
for years to come.



# Foreword

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## **Ireland has made real progress improving cancer outcomes over the last three decades.**

Strategic investment in specialist services, cancer centres, diagnostics and treatment has transformed survival rates from two in five people surviving cancer in the 1990s to almost two in three today. Those gains show what is possible when Government commits to long-term planning and sustained investment.

But we cannot assume the gains of the past will continue into the future. Ireland now has the second highest rate of new cancer diagnoses in the European Union. Without investment, the pressure on the health system will become unsustainable and the human consequences will be profound.

## **Budget 2027 can mark a turning point.**

The Irish Cancer Society is calling for a realistic approach to capital planning and funding cancer care infrastructure; a reduction in the costs of cancer for cancer patients; and the provision of the foundations that will set the new National Cancer Strategy up to succeed.

Infrastructure investment is critical. Ireland continues to lag behind many OECD countries in health infrastructure and digital health capability. Outdated radiotherapy machines, insufficient chemotherapy capacity and limited diagnostic infrastructure create avoidable delays throughout the system. Modernising equipment and expanding capacity will save lives, improve workforce productivity and reduce long-term treatment costs.

Ireland must also confront the growing financial burden cancer places on individuals and families. A cancer diagnosis often coincides with a loss of income, while households face rising costs associated with transport, medicines, GP visits and ongoing care.

Too many people experience financial hardship at the exact moment they are trying to navigate treatment and recovery. Budget measures must recognise the reality that cancer is not only a health crisis but also an economic shock for many households.

The Government must prioritise the new National Cancer Strategy. This requires a clear role for the National Cancer Control Programme, and sustained, multi-annual investment in cancer services, infrastructure and prevention.

The system cannot build resilience, recruit staff, modernise equipment or expand services without expert knowledge and if planning horizons extend only twelve months ahead.

The decisions taken in Budget 2027 will shape cancer outcomes in Ireland for years to come. Government can choose to respond to rising demand with reactive crisis management, or it can invest strategically in prevention, infrastructure, workforce and patient support.



**Nikki Gallagher**

Chief Executive Officer  
Irish Cancer Society

## Message from the Presidents of ISRO, ISMO, IIRRT and IANO

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Strategic investment  
in cancer services is  
not a sunk cost.  
It is an investment  
that saves lives.

**As the current National Cancer Strategy comes to an end, and as the Department of Health moves towards a regional approach to infrastructure investment, Budget 2027 will be a defining moment for the future of cancer care in Ireland. It will show whether the Government is prepared to match rising demand with the investment needed to deliver safe, timely and effective treatment.**

As clinicians, we see every day the consequences of underinvestment. Cancer incidence continues to rise, yet key parts of the system are struggling to keep pace. Waiting time targets for cancer diagnostics are not being met. Cancer surgeries are delayed because of shortages of staff, beds and theatre capacity. Radiotherapy services are operating below their potential because they are not adequately resourced. Participation in cancer clinical trials remains below the modest target of 6%, and planned expansions of screening programmes have not been delivered.

Healthcare professionals work tirelessly to reduce the impact of these pressures, but there are limits to what can be achieved without the necessary investment. This is increasingly the case, given the complexity of personalised patient pathways that require investment in specialists to coordinate and deliver treatments/interventions. Dedicated diagnostic imaging capacity is required for oncology services to expedite diagnosis and support treatment timelines. There is currently insufficient capacity in CT, MRI and PET to achieve this. Given that Ireland has the oldest fleet of LINACs in the EU, a national planned placement schedule for Linac Radiation Therapy machines before they reach end of life is urgently needed. It is not possible to deliver the standard of care that patients deserve if the infrastructure, workforce and long-term planning are not in place.

We are joining with the Irish Cancer Society in calling on Government to address these deficits

and to reduce the financial burden that cancer places on patients and their families. This requires more than short-term funding decisions. It requires a clear commitment to the next National Cancer Strategy and, crucially, a commitment to properly fund it.

The next strategy must provide for investment across the full cancer pathway, from prevention and early diagnosis to treatment, research and survivorship. It should also commit to resourcing Ireland's cancer centres to achieve OECl accreditation and to meeting the EU objective that 90% of cancer patients receive treatment within comprehensive cancer infrastructures by 2030. These are not bureaucratic targets. They are the foundations of high-quality, multidisciplinary care and of a system where research and innovation are integrated into patient treatment.

One in two people in Ireland will receive a cancer diagnosis during their lifetime. Budget 2027 must recognise that cancer is not a challenge for a small section of society but one that will affect almost every family. Strategic investment in cancer services is not a sunk cost. It is an investment that saves lives, strengthens the health service and delivers long-term value for the country.



**Prof. John Armstrong**

President, Irish Society of Radiation Oncology (ISRO)



**Dr. Michael McCarthy**

President, Irish Society of Medical Oncology (ISMO)



**Eddie Conran**

President, Irish Institute of Radiography and Radiation Therapy (IIRRT)



**Ada Kinneally**

President, Irish Association for Nurses in Oncology (IANO)

# Breast cancer

**3,600**

women are diagnosed with breast cancer annually

**99%**

of women survive breast cancer when diagnosed at Stage 1

**37%**

survive at Stage 4



**3 in 5 people**

attended urgent symptomatic breast disease clinics within 10 working days in 2025 (target = 95%)

**70%**

roughly 70% of invitees participated in BreastCheck (target = 70%)

**2 in 5 patients**

more than 2 in 5 breast cancer patients didn't receive their surgery within the recommended timeframe in 2025

# Prostate cancer

**4,000**

men are diagnosed with prostate cancer annually

**100%**

of men survive prostate cancer when diagnosed at Stage 1

**51%**

survive at Stage 4



**84.5%  
of people**

attended a Prostate Rapid Access Clinic in the recommended 20 days in 2025 (target = 90%)

**Pilot**

no national screening programme exists, but Ireland is participating in an EU pilot study (PRAISE U)

**3 in 5 patients**

prostate cancer patients didn't get their surgery within the recommended timeframe in 2024 (latest available data)

# Bowel cancer

**2,600+**

people are diagnosed with  
bowel cancer annually

**98%**

of people survive bowel cancer  
when diagnosed at Stage 1

**15%**

survive at Stage 4



**6,000+**  
**people**

waited more than the recommended  
4 weeks for an urgent colonoscopy  
(target = 0) in 2025

**46.6%**

of invitees participated in BowelScreen  
in the period 2022-23 (target in  
National Cancer Strategy = 60%)

**1 in 4 and 1 in 10**

1 in 4 colon cancers and 1 in 10 rectal cancers are diagnosed  
following a trip to the emergency department

# Cervical cancer

# 250

women are diagnosed with cervical cancer annually

# 95%

of people survive cervical cancer when diagnosed at Stage 1

# 21%

survive at Stage 4



# 75% of pupils

in first year of secondary school received the HPV vaccination during the 2022/23 academic year (target = 90%)

# 2024

the Cervical Cancer Elimination Action Plan was launched by the HSE in 2024

# 3 in 4 invitees

roughly 3 in 4 invitees participated in CervicalCheck in the period 2022-2023 (target = 80%)

# Lung cancer

# 2,600

almost 2,600 people are diagnosed with lung cancer annually

# 59%

of people survive lung cancer when diagnosed at Stage 1

## Diagnosis

1 in every 4 lung cancer diagnoses are made following a trip to the emergency department



# 2 in 5 surgeries

lung cancer surgeries did not take place within the recommended timeframe in 2025

# Almost all

people attended lung RACs in the recommended 10 working days in 2025 (target = 95%)

# 5%

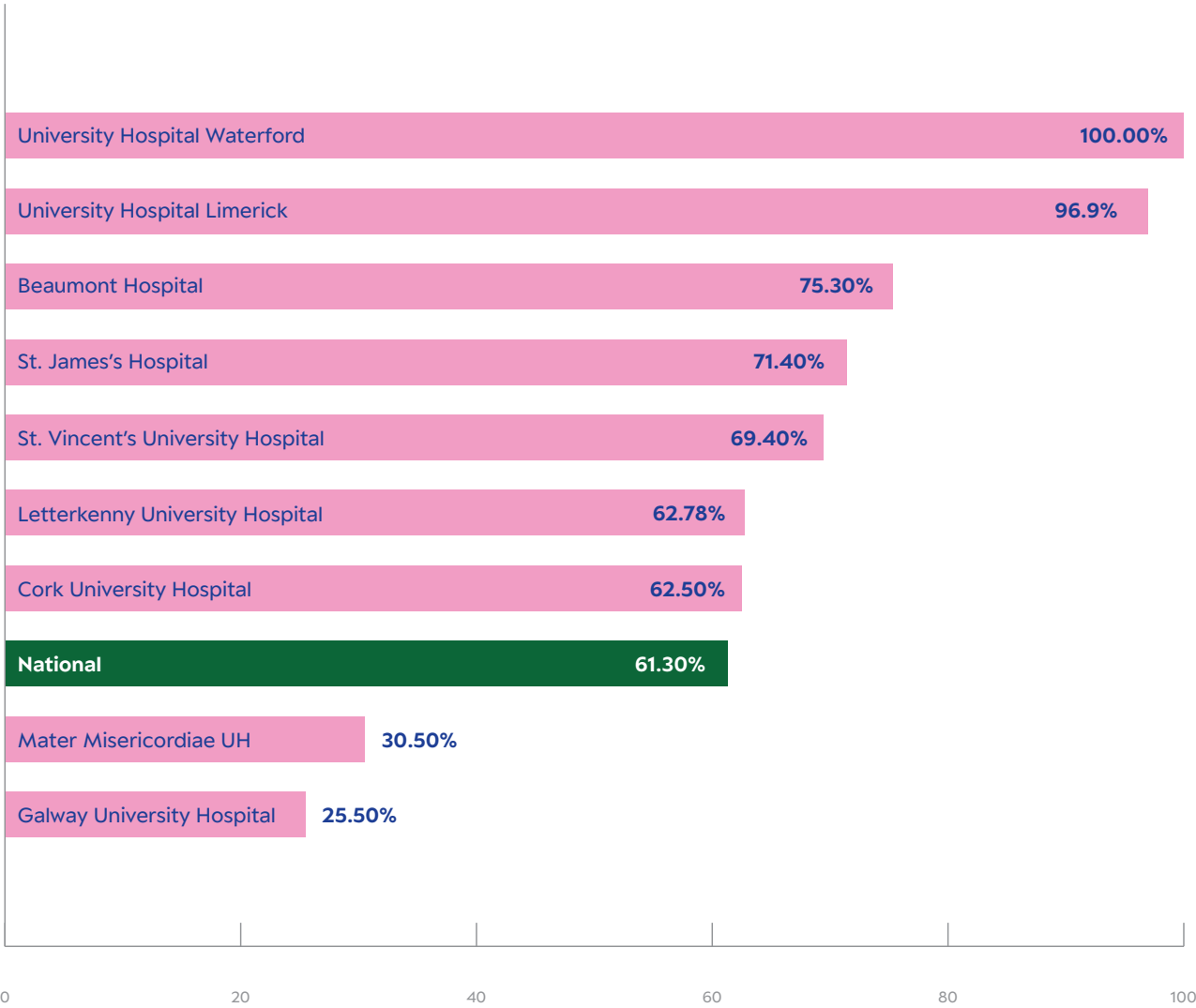
 survive at Stage 4

## Targeted screening

Irish Cancer Society has funded a Lung Health Check (targeted screening) pilot to catch lung cancer as early as possible, launched in 2025. In 2026, the first curative surgeries connected to the pilot were performed.

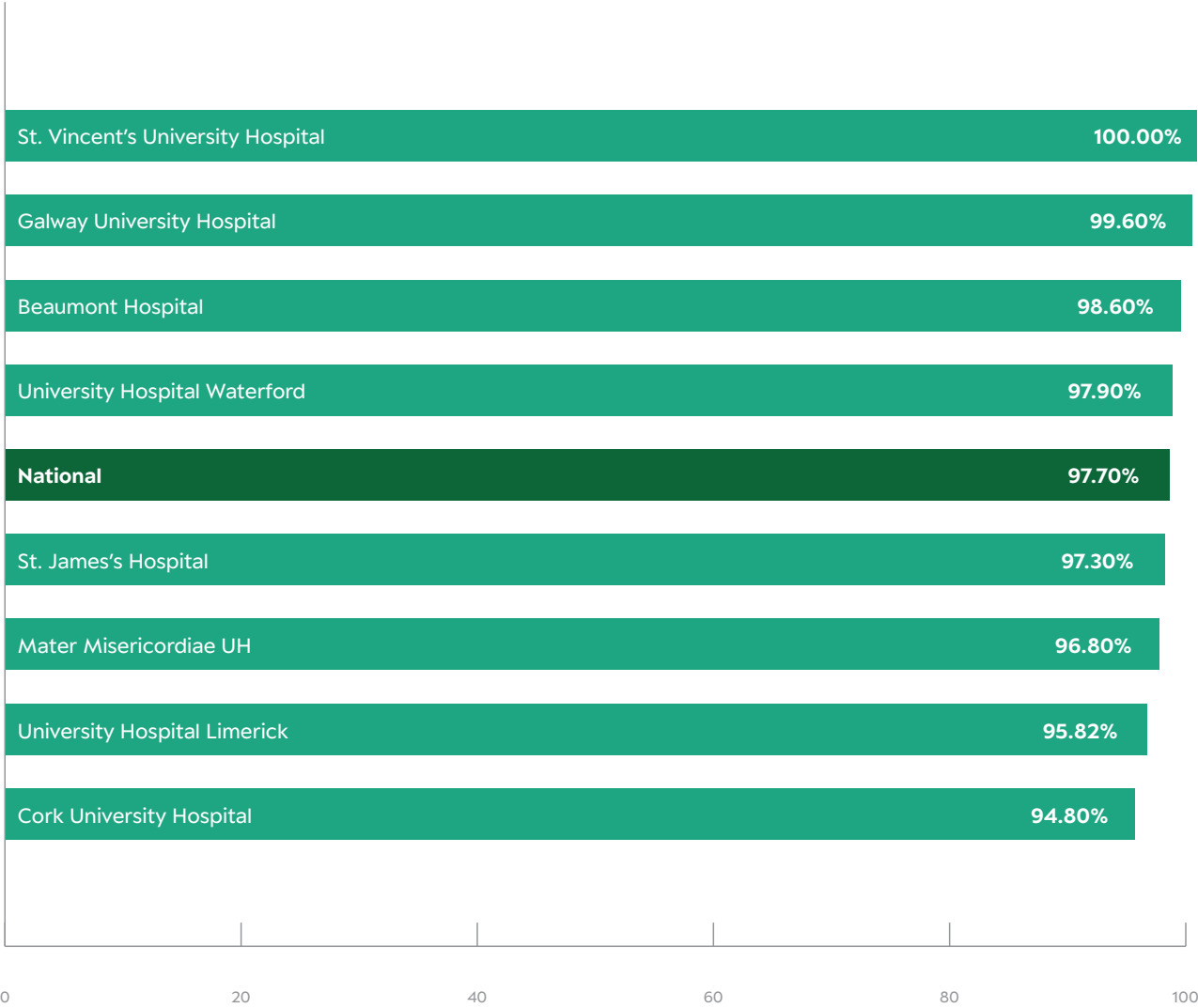
# Regional Inequalities | Access to Tests 2025

## ▶ Urgent Symptomatic Breast Disease Clinics<sup>1</sup>



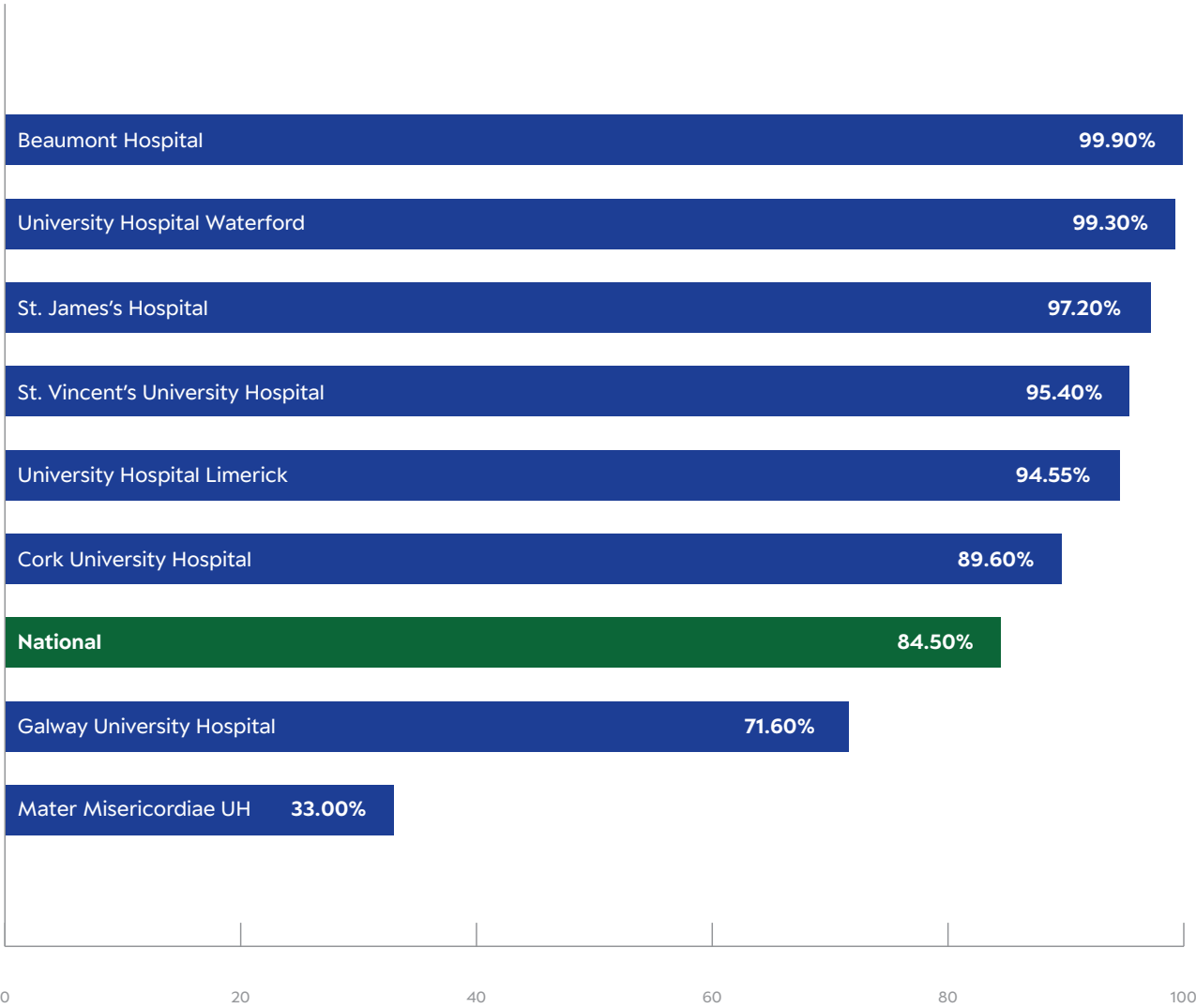
# Regional Inequalities | Access to Tests

## ▶ Lung Rapid Access Clinics<sup>2</sup>



# Regional Inequalities | Access to Tests

## ▶ Prostate Rapid Access Clinics<sup>3</sup>



# Outcomes

## Age standardised 5-year net survival (%) by region: diagnosis period 2009–2018<sup>4</sup>

| Bowel cancer |              |
|--------------|--------------|
| SW           | 65.2%        |
| DNNE         | 64.7%        |
| DNML         | 63.5%        |
| <b>IRL</b>   | <b>63.5%</b> |
| DNSE         | 63.3%        |
| WNW          | 62.7%        |
| MW           | 59.4%*       |

| Lung cancer |              |
|-------------|--------------|
| DNML        | 22.3%        |
| DNSE        | 21.8%        |
| SW          | 21.2%        |
| <b>IRL</b>  | <b>20.8%</b> |
| WNW         | 20.8%        |
| DNNE        | 20.1%        |
| MW          | 16.1%*       |

| Breast cancer |              |
|---------------|--------------|
| DNNE          | 86.2%        |
| DNML          | 86.1%        |
| WNW           | 85.4%        |
| SW            | 85.3%        |
| <b>IRL</b>    | <b>85.1%</b> |
| DNSE          | 85.0%        |
| MW            | 80.1%*       |

| Prostate cancer |              |
|-----------------|--------------|
| DNML            | 93.6%        |
| WNW             | 93.4%        |
| SW              | 93.1%        |
| <b>IRL</b>      | <b>92.5%</b> |
| DNSE            | 92.4%        |
| DNNE            | 90.6%*       |
| MW              | 90.4%        |

# Access to Treatment

| <b>Radiation Therapy<sup>5</sup></b>                                   |               |
|--|---------------|
| <b>Access to radiation therapy withing 15 days (by hospital, 2025)</b> |               |
| Cork University Hospital   | 91.30%        |
| Galway   | 89.30%        |
| SLRON (all)  | 67.30%        |
| Mid-Western Radiation Oncology Centre (Limerick)                       | 83.70%        |
| North West Cancer Centre (Altnagelvin, Derry)                          | 82.60%        |
| UPMC Whitfield Hospital (Waterford)                                    | 97.90%        |
| <b>Total</b>   | <b>78.70%</b> |

## Chemotherapy<sup>6</sup>

| Target: 90% of patients will access an appointment within 15 days                | Met target % |
|--|--------------|
| Cavan (Cavan Monaghan General Hospital)  | 100.0%       |
| Connolly (Connolly Hospital)   | 100.0%       |
| Naas (Naas General Hospital)   | 98.8%        |
| Wexford (Wexford General Hospital)   | 97.3%        |
| Tallaght (Tallaght University Hospital)  | 95.5%        |
| Mercy (Mercy University Hospital)  | 94.4%        |
| Tullamore (Midland Regional Hospital Tullamore)                                  | 93.8%        |
| Beaumont (Beaumont Hospital, Dublin)   | 93.3%        |
| Kerry (University Hospital Kerry)  | 92.8%        |
| South Tipperary (Tipperary University Hospital)                                  | 92.0%        |
| St. James's (St. James's Hospital)   | 91.6%        |
| Mater (Mater Misericordiae University Hospital, Dublin)                          | 90.1%        |
| Mayo (Mayo University Hospital)  | 87.3%        |
| Limerick (University Hospital Limerick)  | 87.0%        |
| South Infirmary Victoria UH (South Infirmary Victoria University Hospital, Cork) | 85.6%        |
| LOL Drogheda (Our Lady of Lourdes Hospital, Drogheda)                            | 83.0%        |
| St. Vincent's (Dublin) (St. Vincent's University Hospital)                       | 82.2%        |
| Sligo (Sligo University Hospital)  | 78.7%        |
| Letterkenny (Letterkenny University Hospital)                                    | 78.1%        |
| Portiuncula (Portiuncula University Hospital)                                    | 74.5%        |
| Galway (University Hospital Galway)  | 72.9%        |
| St. Luke's Kilkenny (St Luke's General Hospital Carlow Kilkenny)                 | 72.3%        |
| Cork University Hospital   | 68.8%        |
| Waterford (University Hospital Waterford)  | 66.2%        |
| St. Luke's Dublin (St Luke's Hospital, Rathgar)                                  | 61.5%        |
| <b>Total</b>   | <b>84.9%</b> |

## Surgery<sup>7</sup>

| Breast cancer surgery (2025)                     | Met target %  |
|--|---------------|
| Beaumont   | 67.3%         |
| Cork University Hospital                         | 46.0%         |
| Galway   | Not available |
| St. James's                                      | 14.3%         |
| Letterkenny                                      | 86.8%         |
| Limerick   | 60.6%         |
| Mater  | 59.5%         |
| Vincent's  | 48.0%         |
| Waterford  | 58.9%         |
| <b>National (excl. missing data from Galway)</b> | <b>54.5%</b>  |

| Lung cancer surgery (2025) | Met target %  |
|----------------------------|---------------|
| Cork University Hospital   | Not available |
| Galway                     | 86.6%         |
| St. James's                | 59.1%         |
| Mater                      | 39.7%         |
| <b>National</b>            | <b>61.0%</b>  |

| Prostate cancer surgery (2024) | Met target % |
|--------------------------------|--------------|
| St. James's                    | 86.8%        |
| Vincent's                      | 47.7%        |
| Beaumont                       | 46.4%        |
| Cork University Hospital       | 31.4%        |
| Mater                          | 30.6%        |
| Galway                         | 21.7%        |
| <b>National</b>                | <b>38.8%</b> |



## Chapter 1

A realistic approach to capital planning  
and funding cancer care infrastructure

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**Timely access to tests and treatment depends heavily on the availability of physical equipment and infrastructure. Ireland's healthcare infrastructure is not at the same level as our European peers<sup>8</sup>.**

The Irish Fiscal Advisory Council recommends increasing the national healthcare infrastructure budget by 5% each year, to bring Ireland up to par by 2030<sup>9</sup>.

Our healthcare assets work hard for people who need them, considering the significant demands placed on them. Updating and upgrading our stock of equipment and buildings will protect cancer diagnostic and treatment pathways and save people's lives.

Our highly skilled staff are working to the top of their skillset to deliver the best available care. However, they need the equipment and working space to deliver the best standard-of-care.

For instance, we know old radiotherapy machines are less efficient, but they also deprive new clinical staff – the future of our cancer services – of training opportunities.

We must shift resources into improving patients' access to timely tests and treatment<sup>10</sup>. If Ireland improved access to screening, testing and treatment and grew the survival rate to match the best performing countries in the OECD and EU, we could unlock a range of benefits:

- **Saving lives:** We could save 20% more people from premature cancer deaths<sup>11</sup>.
- **Improving productivity:** We could bring the equivalent of 400 full time workers back to the workforce<sup>12</sup>.
- **Minimising treatment costs:** We could significantly reduce expenditure – a melanoma diagnosed at Stage 1A costs the State €4,269

in treatment while a diagnosis at Stage 4 costs €122,985<sup>13</sup>.

Not only will such investment save lives but it will save the State in costs. The consequence of non-investment is being felt right now and will only get worse without action. Delaying access to tests and treatment means denying people the best possible outcome after cancer.

**Delaying access to tests and treatment means denying people the best possible outcome after cancer.**

In 2025 alone<sup>14</sup>:

- **6,600+ people** waited too long to access urgent colonoscopy services to learn whether or not they had bowel cancer – as hospital services competed for space at times of high patient volume.
- **11,000+ women** were left waiting longer than recommended for an urgent triple assessment at breast clinics – as radiology services struggled to cope with demands on finite resources.
- **1,500+ people** were waiting longer than recommended to start radiation therapy – as machine breakdowns are a chronic feature, rather than an exception, to service delivery.
- **1,300+ people** waited longer than necessary to start chemotherapy – as a lack of available chemotherapy chairs created inevitable delays in the queue.

Ireland is still too slow to recommend reimbursement on life-saving cancer drugs – as patients expend their energies trying to access the best existing treatments.

*I underwent 25 sessions of radiation therapy and 6 were delayed because the machine broke down...*

I later found out that the machine I was assigned to was 18 years old, one of the oldest in Ireland still in operation. Those machines breaking down meant my treatment days went on longer than they should have.

Creche pick ups I wanted to do myself were missed. Dinners I wanted to make weren't made by me, and everyone else around me stepped in even more. For cancer patients, these delays are not simply inconvenient. They create enormous stress.

**Nobody should have to question whether the equipment that is delivering them life-saving care is fit for purpose. It's not a question that should even enter a patient's mind.**

Aoife Habenicht  
Mother of two  
Cervical cancer survivor



*Very worryingly I am now witnessing the ageing of the treatment machines...*

When I started working as a junior radiation therapist in 2010, SLRON Rathgar had the most up to date new technology for ensuring that radiation therapy was accurate in targeting disease and equally accurate in avoiding healthy tissue.

This technology was 2 years old in the Rathgar centre at that point. Incredibly, the same technology only became available in Galway in 2023. The regional inequity was almost unbelievable. Very worryingly I am now witnessing the ageing of the treatment machines in Rathgar and I wonder is history just repeating itself where some cancer patients can access the latest treatment technology and others cannot.

**My ask is that we must learn lessons from past inequity and deliver optimal care to all patients, irrespective of where they are based, for their cancer treatment.**

Olivia Brereton  
Clinical Specialist Radiation Therapist  
St Luke's Radiation Oncology Network (SLRON)



# Digital Infrastructure

**It is not just our physical infrastructure which has to be progressed. Ireland falls short on access to digital health systems, ranking poorly amongst our OECD and EU counterparts<sup>15</sup>.**

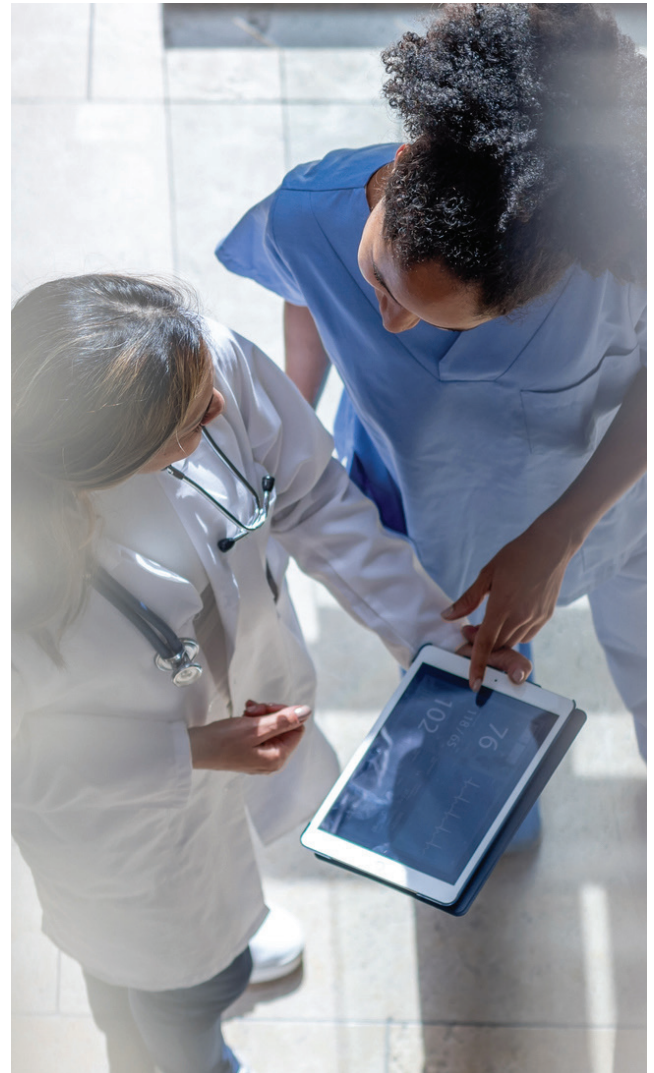
Electronic health records (EHRs) are an important tool in advancing digital health, but also in empowering individuals.

Overall, in countries with EHRs patients report positive experiences when using an electronic health record, believing that access to EHRs was convenient and resulted in having better communication with those treating them, as well as engaging in better self-care<sup>16</sup>. People can also review their own information<sup>17</sup>, giving autonomy back.

Beyond the individual benefits and needs, EHRs can be plugged into a wider system to generate national data. Not only will this support understanding of the outcomes for cancer patients but we can learn from what is working well, and what is working less well<sup>18</sup>.

The European Health Data Space Regulation aims to facilitate the secondary use of data for policy, research, etc<sup>19</sup>.

For as long as Ireland remains without digital health infrastructure and EHRs, there will be a data deficit in the healthcare system. This makes it incredibly difficult to monitor demand for services and make plans for the healthcare service.



**Ireland falls short on access to digital health systems, ranking worst amongst our OECD and EU counterparts.**

# Priorities for Budget 2027

| Capital Investment  |   |  |
|---|---|--|
| Initiative  | Rationale   | Total  |
| <b>Increase the HSE Capital budget by 5%.</b>   | The Irish Fiscal Advisory Council recommends increasing the national healthcare infrastructure budget by 5% each year.  | <b>€1.5 billion</b>  |
| <b>Ring-fence multi-annual funds for a National Radiotherapy Equipment Replacement Programme.</b> | Linear accelerators have a lifespan of 10 years, after which they should be replaced. Currently 75% of the Irish fleet needs to be replaced now or within 5 years <sup>20</sup> . But procurement barriers stand in the way.  | <b>€10-12 million a year</b> from health capital investment budget.            |
| <b>Allocate funding to procure new LINACS and MRI machines in the radiation therapy service.</b>  | New linear accelerator machines and MRI machines must be procured to increase capacity and capability at Cork UH and UH Galway.   | <b>€12 million</b>   |
| <b>Invest in day wards, Aseptic Compounding Units (ACU) and Community Infusion Clinics.</b>       | <p>Capital funds must be used to improve facilities and expand capacity.</p> <p>Accelerate the progress of the builds and fit-outs of new/upgraded day wards and/or ACUs at UH Kerry, Letterkenny UH, Cavan GH, MRH Tullamore (Capital Plan projects).</p> <p>Address the facilities and capacity at, among others, UH Waterford, Cork UH, UH Galway, Beaumont, St James's, Mayo UH, OLOL Drogheda.</p> | <b>Situation dependent –</b> allocation from health capital investment budget. |

## Capital Investment

| Initiative  | Rationale  | Total  |
|---|--|--|
| <b>Ringfence funding for specialised testing and treatment.</b> | Fit-out facilities in selected cancer centres is required to enable specialised treatment delivery – e.g. Stem Cell Therapy.   | <b>Situation dependent –</b> allocation from health capital investment budget. |
| <b>Invest in 5 additional MRI machines.</b>                     | 5 additional MRI machines are required to bring Ireland on par with the EU average (18.4 machines per 1 million people <sup>21</sup> ).  | <b>€6 million</b>  |
| <b>Invest in 3 additional PET scanners.</b>                     | 3 additional PET scanners are required to bring Ireland on par with EU average (2.3 machines per 1 million people <sup>22</sup> ).   | Between <b>€4.8 million</b> and <b>€8.4 million.</b>                           |
| <b>Invest in 6 new CT scanners.</b>                             | In reality, 34 additional CT scanners are required to bring Ireland on par with EU average (26.5 per 1 million people <sup>23</sup> ). In 2027, the Government should make a start on building the CT fleet. | <b>€6 million</b>  |
| <b>Digital for Care</b>   | Progressing our digital infrastructure is paramount to ensuring better outcomes for patients in Ireland.   | <b>€1 billion -1.6 billion</b>   |



## Chapter 2

Alleviating the financial hardship  
of a cancer diagnosis

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**Too many cancer patients are struggling with the costs of living, and they need specific supports.**

Cancer is a financial plague on a household. At a time where many people lose income because they cannot work due to their cancer diagnosis, new and additional bills land at their door.

Too many spend hundreds on medicines and medical expenses, hundreds in visiting their GP, and hundreds in getting to and through the hospital door for treatment.

Cancer is a financial plague on a household. At a time where many people lose income [...] new and additional bills land at their door.

All this while business-as-usual costs inflate year-on-year: mortgage payments, rent, electricity bills, rising grocery costs, childcare.

The Irish Cancer Society hears from people telling us about the difficulty they face in putting petrol in the car, when watching the time tick by at their appointment knowing they have to pay for parking, or wondering how they can raise money to pay for medicines not yet available through the public system.

The Government can help to alleviate the financial pressures by providing targeted supports to cancer patients who need it most at an emotionally and financially vulnerable time.

€1,500

The **average monthly drop in household income** following a cancer diagnosis.

€300

Up to €300: The cost cancer patients can face for **car parking charges per month**.

2 in 3

The proportion of palliative home-care nurses who reported **patients were struggling to pay energy bills**.

€4,776

The **median cost to families** associated with attending their child's cancer appointments in a year.

Being self-employed, it was incredibly challenging to cope financially with a cancer diagnosis...

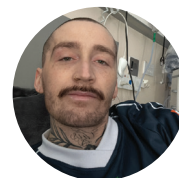
Initially, me and my family didn't get any support from the State. My partner really had to push with the form filling and applications and about half-way through my treatment, we were finally granted a medical card.

When you, as a patient, are focusing on getting on with treatment, and your loved ones are trying to be there to support you, **I don't think you should have to worry about getting your documents prepared to apply for something as simple as a medical card.**

It should be given to every cancer patient as soon as they are diagnosed for the duration of their diagnosis.

Dean Redmond

Self-employed Tattoo Artist from Dublin  
Diagnosed with acute myeloid leukaemia at age 30



During my 7 week treatment, I had to travel up and down to Dublin from my home in Louth...

This came with a significant additional cost that I hadn't really thought about.

I'm a self-employed dog groomer. **I was out of work during my treatment and at the same time, I had huge fuel and toll costs to pay.**

I was able to access the Travel2Care grant, which certainly helped, but you still feel the pressure of unseen costs of cancer.

Katy Morgan

Self-employed Dog Groomer from Louth  
Diagnosed with head and neck cancer at age 37



# Cancer patients don't have the time or the energy...

When I was diagnosed with cancer, I didn't expect the lengths and stress I'd have to go through in applying for a medical card, especially as a small business owner and a single mother.

## **But I was wrong.**

I applied and applied and applied again for a medical card and eventually got one.

## **It came after my mastectomy surgery.**

To have to go and get this big file of paperwork to access something as essential and basic as a medical card and persistently apply over and over.

## **This was during a time when I was physically and emotionally drained in the middle of my treatment.**

Cancer patients don't have the time or the energy.

Katie Foley

Single mother and small business owner  
Diagnosed with breast cancer at age 29



# Priorities for Budget 2027

| <b>Alleviating Financial Pressures</b>   |   |   |
|--|---|---|
| <b>Initiative</b>  | <b>Rationale</b>  | <b>Total</b>  |
| <b>Abolish hospital car parking charges for cancer patients nationwide.</b>                        | The added burden of expensive hospital parking charges heightens stress for cancer patients attending healthcare appointments.                                | <b>€2.5 million</b>   |
| <b>Provide medical cards to all cancer patients upon diagnosis.</b>                                | Cancer patients face a heavy burden of medical expenses, GP visits and additional expenses and an equally burdensome application process.                     | <b>Up to €50 million</b> to provide a medical card to new cancer patients upon diagnosis. |
| <b>Reduce the Drugs Payment Scheme threshold to €40 per month or less for all cancer patients.</b> | Cancer patients who do not already have a medical card face the disproportionate financial burden of prescribed medicines or medical and surgical appliances. | <b>Up to €21.2 million</b>  |
| <b>Abolish prescription charges for all medical card holders.</b>                                  | Those most at risk of being economically vulnerable are under undue financial strain.   | <b>Up to €7.92 million</b>  |

## Alleviating Financial Pressures

| Initiative  | Rationale   | Total  |
|---|---|--|
| <p><b>Expand the Domiciliary Care Allowance eligibility criteria to 16 and 17 year olds.</b></p>                                    | <p>Entitlement to the Domiciliary Care Allowance ends once the applicant turns 16 years old.</p> <p>Families use this payment, and its additional State benefits, as a source of supplementary income while they care for their child on a full-time basis.</p>   | <p><b>€183,680</b></p>   |
| <p><b>End-of-life Supports</b></p>  |   |  |
| <p><b>Automatic entitlement to the Household Benefits Package for cancer patients with an advanced / end-of-life diagnosis.</b></p> | <p>People receiving palliative care and their carers are more vulnerable to the cold. Irish Cancer Society funded research on energy hardship for people with palliative care needs at home showed that many people at end-of-life are struggling to heat their homes due to high energy costs and increased heating bills.</p> | <p><b>€573,620</b></p>   |
| <p><b>Automatic entitlement to the Fuel Allowance for cancer patients with an advanced / end-of-life diagnosis.</b></p>             |   | <p><b>€2.276 million</b></p>   |
| <p><b>Provision of electricity credits for cancer patients with an advanced / end-of-life diagnosis.</b></p>                        |   | <p><b>Approximately €2.567 million</b> for bi-monthly support of €200.</p> |

## Alleviating Financial Pressures

| Initiative  | Rationale   | Total   |
|---|---|---|
| <b>Working after a cancer diagnosis</b>   |   |   |
| <b>Pilot a new statutory payment for employees and self-employed people with cancer to attend medical appointments.</b> | <p>Cancer and cancer treatments can cause a range of side effects, which can happen during or sometimes after treatment.</p> <p>Unfortunately, those with a chronic illness can be forced to take unpaid leave to attend ongoing/ follow-up medical appointments.</p> | <b>To be determined in scoping out the pilot.</b> |



## Chapter 3

Setting the new National Cancer Strategy  
up for success

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**The cancer care pathway must deliver the care people need when they need it. Cancer services must deliver for people today: strategic planning and investment builds resilience and predictability into cancer services.**

Strategic planning will address Ireland's "right now" challenges in the delivery of cancer care, as well as putting us in prime position to meet the needs of tomorrow. The number of people who will get a cancer diagnosis will double by 2045 compared to 2015.

Since the mid-1990s, strategic investment in cancer services brought significant gains, particularly in saving lives. Thirty years ago, roughly 2 in 5 people survived their cancer diagnosis, by the end of the last decade this increased to almost 2 in 3 people<sup>24</sup>.

But we cannot take these successes for granted. We cannot be complacent. Ireland made significant gains in outcomes because successive Governments invested in initiatives for recruiting clinical specialists, ring-fencing funding for cancer services, buildings and equipment, and centralising expertise into designated cancer centres<sup>25</sup>.

But our success is at risk of stalling. Our current National Cancer Strategy, which ends this year has failed to deliver the promised outcomes due to underinvestment.

Once a defining metric for success, Ireland's survival rate has not continued to grow at pace in recent years. Once we were on par with Denmark in cancer survival, we now lag and do not match their outcomes<sup>26</sup>.

Underfunding of strategic cancer programming, workforce and innovations is not consequence free. A person's cancer journey is not neatly bookended with a defined beginning and end through diagnosis, treatment and recovery or end-of-life.

Rather, cancer care and patient outcomes rely on a whole spectrum of activities, including:

▶ **Prevention**

Reducing risk factors for cancer, saving many from the burden of a cancer diagnosis.

▶ **Screening**

Catching the signs of cancer and intervening at the earliest possible moment.

▶ **Testing**

Providing pathways for symptomatic people to get a cancer diagnosis.

▶ **Treatment**

Ensuring the right care, at the right time, in the right place.

▶ **Living well**

Supporting people's access to services for prehabilitation and rehabilitation.

▶ **End-of-life**

Integrating accessible end-of-life care across communities.

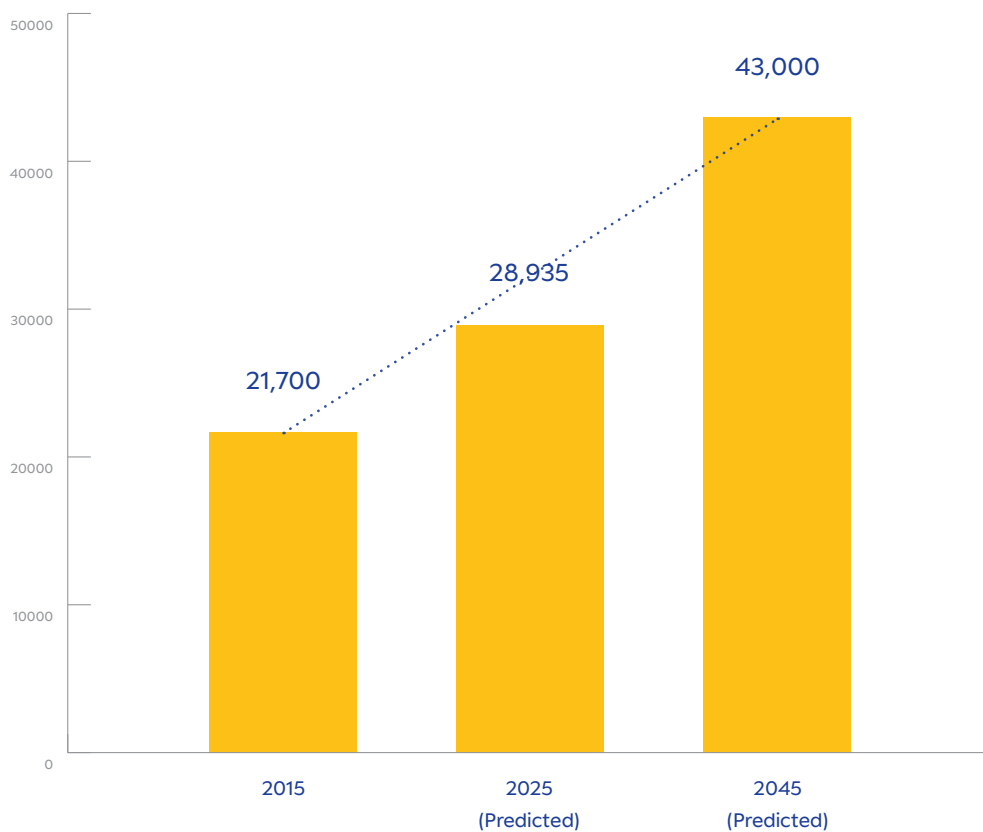
Multi-annual investment in the next National Cancer Strategy, available from Day 1, will provide flexibility and predictability in advancing necessary programmes and innovations in cancer care.

We outline how strategic investment across the cancer pathway will better support people and save costs to the State in the long-term.

The ambition of any National Cancer Strategy must be supported by investment in health and cancer care infrastructure, equipment and digital capabilities (as outlined in Chapter 1).

**We must spend now to save later.**

## ► Cancer diagnoses (excl. NMSC)



**Source:** National Cancer Registry. 2019. "Cancer incidence projections for Ireland 2020-2045." National Cancer Registry, Cork.  
Available at: <https://www.ncr.ie/en/reports-publications/reports/cancer-incidence-projections-for-ireland-2020-2045> [Accessed: 30 June 2026].

*Our doctors, nurses, hospital pharmacists and others  
have done everything they can to minimise waiting times...*

However, we simply don't have enough staff, space, or equipment to cope and patients are paying the price.

**Many of my colleagues in other hospitals across the country face similar challenges.**

That's why the Irish Society of Medical Oncology is backing the Irish Cancer Society's call for more investment in cancer services to prepare for the next National Cancer Strategy to be a success.

Dr. Michael McCarthy  
President, Irish Society of Medical Oncology (ISMO) and  
Consultant Medical Oncologist at University Hospital Galway



# Prevention saves lives and costs

**Prevention is better than cure. Two in 5 cancers are due to modifiable risk factors, i.e. activities like smoking, UV exposure, HPV, etc.**

It is essential that we do what we can now to stop as many people from getting cancer as possible – for the wellbeing of individuals and for the State’s budget.

The knock-on effect is remarkable. If we can meet international targets on cancer prevention measures, we can stop 1 in 10 people from getting a diagnosis<sup>27</sup>.

Meeting international targets will stop 16% of cancer deaths<sup>28</sup>. And all of this will reduce healthcare expenditure on cancer by 12%, freeing up vital resources<sup>29</sup>.

The benefits are not exclusively economic. We would be saving thousands of people each year from the shock of a diagnosis, the hardship of treatment, the personal financial burden, and/or from dying from the disease at all.

The benefits are not exclusively economic. We would be saving thousands of people each year from the shock of a diagnosis.



# Screening

**Screening works in detecting cancer at an early stage. Without investment, cancer screening cannot expand to meet the needs of eligible populations today or into the future.**

Ireland's population currently stands at 5,458,600<sup>30</sup> and it is possible that the number of people will grow to 6,142,300 by 2037<sup>31</sup>. It is essential that Ireland grows its infrastructure, equipment and staff capacity to meet the growing number of age eligible people and to support any additional extension of age eligibility.

The best time to invest is now. Not only will services like BreastCheck, BowelScreen and CervicalCheck grow in demand, they will compete with other services and groups for access to lab and radiology capacity.

Take BowelScreen for example. BowelScreen is currently available to people aged 57-71 and is incrementally being rolled out to all people aged 55-74. The Minister for Health recently approved a recommendation to extend BowelScreen to begin at 50 years old, which will mean more people will access the service in time<sup>32</sup>.

The Irish Cancer Society understands this won't happen all at once but additional investment must be injected now year-on-year in colonoscopy and lab capacity<sup>33</sup>. With regard to BreastCheck, there is not enough capacity in the system now to meet the growing demand of women coming into the 50-69 age bracket. The health system has not been able to return to offering BreastCheck every 2 years as was the case pre-Covid; women are instead called every 2-3 years.

By 2027, the number of people eligible to be screened by BreastCheck (women aged 50-69) is expected to be more than 660,000, compared to almost 590,000 in 2022 (see table overleaf). By 2037, more than 820,000 women are expected to be eligible. These pressures don't take into account future diversification of the BreastCheck offering and HIQA is currently considering a recommendation to lower breast cancer screening age to begin at 45.

Without investment now in radiology and mammography capacity and staffing, BreastCheck targets are not achievable, many women will be unable to access screening and breast cancers will be missed.

## ► Screening works<sup>34</sup>

|                      |   |
|----------------------|---|
| <b>CervicalCheck</b> | <b>9 in 10</b> people are diagnosed at Stage 1/2 via <b>CervicalCheck</b> (compared to 5 in 10 outside of screening).       |
| <b>BreastCheck</b>   | <b>9 in 10</b> people are diagnosed at Stage 1/2 via <b>BreastCheck</b> (compared to over 7 in 10 outside of screening).    |
| <b>BowelScreen</b>   | <b>6 in 10</b> people are diagnosed at Stage 1/2 via <b>BowelScreen</b> (compared to roughly 4 in 10 outside of screening). |

## Population projections in screening age cohorts<sup>35</sup>

| Age group | Screening eligibility                       | 2022                         | 2027 (projections)           | 2037 (projections)             |
|-----------|---|------------------------------|------------------------------|--------------------------------|
| 25 - 49   | CervicalCheck                               | 1,810,100<br>(926,800 women) | 1,917,700<br>(985,300 women) | 2,055,800<br>(1,048,700 women) |
| 50 - 54   | BreastCheck<br>CervicalCheck                | 342,900<br>(171,400 women)   | 381,900<br>(192,600 women)   | 440,400<br>(232,100 women)     |
| 55 - 59   | BreastCheck<br>BowelScreen<br>CervicalCheck | 309,700<br>(156,500 women)   | 348,400<br>(174,300 women)   | 441,100<br>(227,100 women)     |
| 60 - 64   | BreastCheck<br>BowelScreen<br>CervicalCheck | 275,800<br>(139,800 women)   | 314,000<br>(159,000 women)   | 386,400<br>(195,500 women)     |
| 65 - 69   | BreastCheck<br>BowelScreen                  | 240,500<br>(121,900 women)   | 271,900<br>(138,700 women)   | 344,100<br>(173,700 women)     |
| 70 - 74   | BowelScreen                                 | 204,700<br>(104,500 women)   | 228,700<br>(117,500 women)   | 294,900<br>(152,000 women)     |

From when I first became eligible, I participated in BowelScreen in 2020, again in 2022 and again in 2024...

Unfortunately, I was diagnosed with bowel cancer on the third occasion. I am very lucky that BowelScreen caught it early. All I required was surgery and no further treatment.

**BowelScreen is so effective at catching bowel cancer before you even have symptoms or know you have it.**

I really would like to see it more widely available, especially when you hear of people getting it younger.

Jim Ahern

Originally from Cork, living in Kilkenny  
Diagnosed with bowel cancer at age 65



# Timely access to tests and treatment

Tests and treatment delayed is treatment denied.

In 2025, national targets against recommended timeframes went unmet, leaving thousands of people waiting to access tests and treatment.

| Tests   |  |
|---------|--|
| 11,600+ | 61% - The number of women who could not access an <b>urgent symptomatic breast disease clinic within 10 days</b> . |
| 880+    | 84.5% - The number of men who could not access a <b>prostate rapid access clinic within 15 days</b> .              |
| 6,600   | The number of people who did not access their <b>urgent colonoscopy within 28 days</b> .                           |

| Treatment |  |
|-----------|--|
| 1,300+    | 84.9% - the number of people who <b>waited longer than 15 days</b> to start chemotherapy for the first time. |
| 1,500+    | 78.7% - the number of people who waited <b>longer than 15 days</b> to start radiation therapy.               |
| 450+      | 72.6% - The number of people who did not get <b>breast cancer surgery within 20 days</b> .                   |
| 100+      | 61% - The number of people who did not get <b>lung cancer surgery within 25 working days</b> .               |
| 370+      | 38.8% - The number of people who did not get <b>prostate cancer surgery within 30 days</b> (2024).           |

# At a glance: Clinical trials

**Clinical trials are designed to test the safety, effectiveness and outcomes of one intervention against another (generally, this is also called an interventional trial)<sup>36</sup>.**

Clinical trials are important for several reasons<sup>37</sup>:

- ▶ **Driving innovation** through evaluating novel treatments and assessing outcomes against an established standard-of-care.
- ▶ **Improving the care patients receive** by providing access to novel therapies or interventions not yet available to the wider public.
- ▶ **Building medical knowledge** as clinicians and researchers learn more about diseases and how to treat them.
- ▶ **Assessing the safety of new treatments** and learning about their outcomes for patients.

Clinical trials are a core part of Ireland's ambition to bring innovative treatments to cancer patients. But only 3% of cancer patients participate in clinical trials, compared to an already modest target of 6%. Yet, 3 in 5 people in Ireland have stated that they would be willing to participate in a clinical trial<sup>38</sup>.

Clinical trials are a core part of Ireland's ambition to bring innovative treatments to cancer patients.

Not only do cancer patients have better outcomes in research active hospitals, but clinical trials provide direct cost savings, too: the Irish State managed to save €14.8 million in the costs of medicines across 18 clinical trials and 6 trials brought over €36 million of inward investment into the State<sup>39</sup>.

The Irish Cancer Society welcomes the decision from the Minister for Health to set up a Clinical Trials Advisory Council (CTAC). It is essential to establish enabling frameworks to set up clinical trials in Ireland, alongside sustained investment in infrastructure.



*There have been occasions when, because my white blood cell count is too low they need to pull me out of my chemotherapy treatment...*

When that has happened, because the hospital is so stretched, it can almost be a battle to get me a space back in a chemo chair.

**I feel sometimes like I am begging for treatment that is needed to keep me alive.**

Emma Aspell

Originally from Monaghan, living in Dublin  
Living with advanced breast cancer



*My surgery didn't happen until the end of November and that was really hard to cope with during that time...*

I was diagnosed in August 2025, and after a bit of back and forth with the medical team, by September, we decided to go for prostatectomy surgery.

It takes its toll mentally on you when you just want to get on with treatment and for everything to be okay.

Thankfully the surgery went well in the end. **My medical team were fantastic but the system they work within has its challenges and it's people like me who face surgery delays as a consequence.**

John Tiernan

From Westmeath, age 49  
Prostate cancer survivor



# At a glance: The Acute Haematology Oncology Nursing Service (AHOS)

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**The Acute Haematology Oncology Nursing Service (AHOS) is an established national nursing model across all 26 SACT hospitals, providing a direct non-Emergency Department access route, where clinically appropriate, for cancer patients receiving systemic anti-cancer therapy (SACT) who become acutely unwell and require timely specialist advice, assessment and support.**

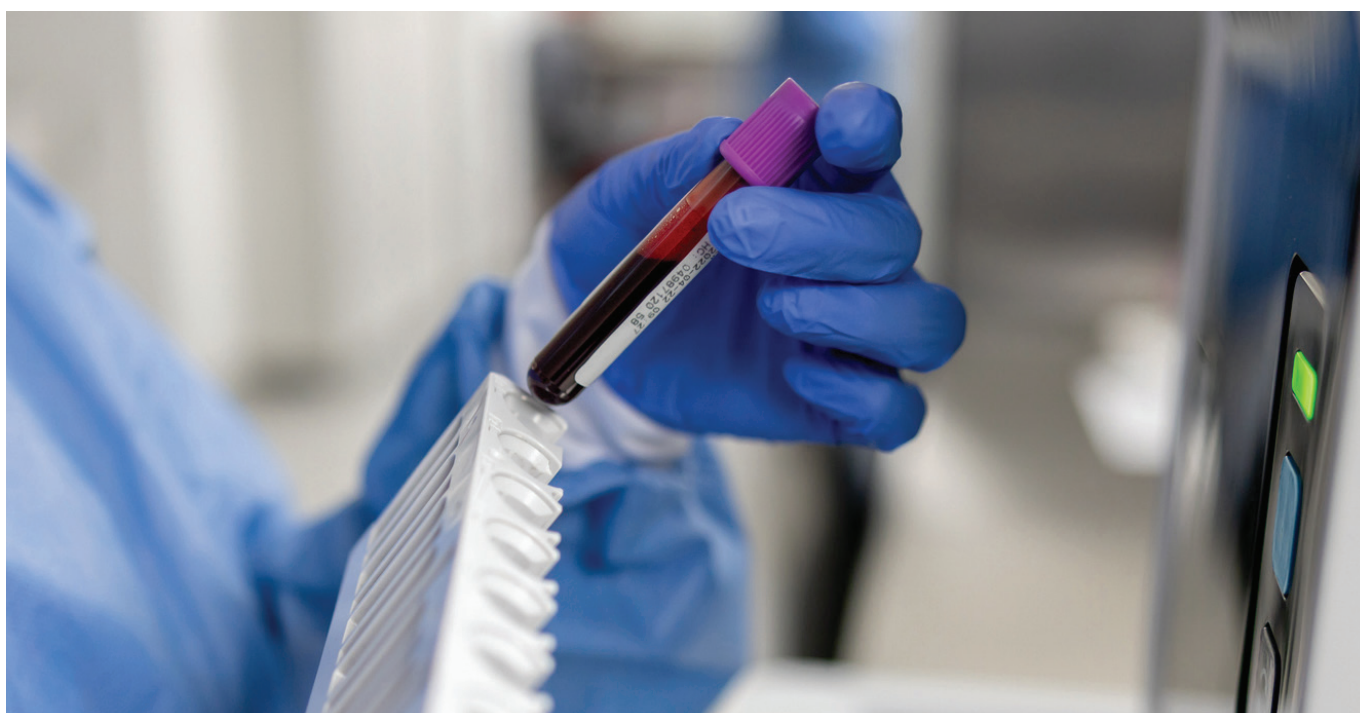
The service operates through the dedicated SOS: Sort Out My Symptoms hotline, where patients are assessed by a Clinical Nurse Specialist using the validated UKONS triage tool.

Importantly, the service has the linked capability, where possible, to bring patients in for timely specialist review, treatment, discharge or admission when required.

This usually takes place in cancer day units or in dedicated spaces, chairs, trolleys or beds away from the Emergency Department.

By linking expert telephone triage with access to timely review outside Emergency Departments, AHOS supports earlier intervention, reduces avoidable Emergency Department attendance and gives patients faster access to the right specialist cancer care.

The Programme for Government 2025 includes a commitment to expand the AHOS.



# AHOS by numbers

**22,352**

total number of triage calls received  
by the AHOS nursing service in 2025

**13,636**

calls from patients who were  
managed at home in 2025



**57% of  
patients**

who require further review at  
hospital were managed and  
discharged home on the same day

**€990,430**

the amount of funding required to  
expand it to a national 24/7 service



**Monday – Friday**

Monday – Friday, 8am – 4pm: current service operating hours

# Supporting the physical and psycho-social wellbeing of people affected by cancer

Approximately 220,000 people living in Ireland have had a cancer diagnosis. Many are living with unmet needs due to a scarcity of services. Access to prehabilitation, rehabilitation, palliative and psycho-oncology services improve a patient's outcomes and quality of life.

Many people may need support with the emotional and social impact of cancer and would benefit from access to psycho-oncology services. Others need access to a range of other survivorship services that can be difficult to access through the public health service, such as dietitians and speech and language therapists.

Treatment side effects and late effects can also mean many people are unable to return to full-time work and require flexibility and ongoing financial support.

Treatment side effects and late effects can also mean many people are unable to return to full-time work.

A proactive approach to building our services to manage the effects of cancer will save money and reduce morbidity and mortality.

Take lymphoedema, for example, a condition experienced by many people affected by cancer, in which the build-up of fluid in the limbs can cause severe pain and reduced function.



An estimated 20,000 people in Ireland live with lymphoedema and it costs €13.6 million to treat patients with cellulitis via hospital admissions related to lymphoedema<sup>40</sup>. Comprehensive lymphoedema services would reduce the expense of treating lymphoedema by over 87%<sup>41</sup>.

Malnutrition, too, can have a significant impact on patients, with sub-optimal nutrition negatively impacting on therapeutic effectiveness<sup>42</sup>. The National Malnutrition Screening Survey 2023 found the rate of malnutrition was 44% for hospital patients with cancer compared with 31% in other hospital patients without cancer<sup>43</sup>.

An investment of €1.5 million will staff 20 dietitians across oncology services in 2027 and cover nutrition screening in hospital.

Cancer survivors, including those living with cancer as a chronic illness, should be sufficiently supported physically, financially and psychologically.

# Dying well with cancer

---

**Each year, 10,000 people in Ireland die from cancer. They deserve to live well – and die well – with cancer. Our services must be able to deliver the needs of people with advanced cancer, and support people when they require end-of-life care. Three in 4 of us in Ireland would prefer to die at home, yet only 1 in 4 people get that chance.**

For 40 years, the Irish Cancer Society has provided quality care for people to die at home through our Night Nursing service. In 2025 alone, we cared for 1,750 people.

However, dying at home is not always possible for a range of reasons. There must be greater access to hospice and other end-of-life services, such as quality psycho-oncological and practical support for people at the end of their life and for their loved ones.

The Irish Cancer Society believes that the equitable, local (or at-home) provision of quality palliative care, free at the point of access, should be available for all who need it.

Each year, 10,000 people in Ireland die from cancer. They deserve to live well — and die well — with cancer.



# Priorities for Budget 2027

| Capital Investment   |   |  |
|--|---|--|
| Initiative   | Rationale   | Total  |
| <p><b>Establish a multi-annual funding mechanism for the National Cancer Strategy 2027-2036.</b></p> | <p>A multi-annual National Cancer Strategy requires sustained, predictable, multi-year development funding for the National Cancer Strategy is vital to ensure its full implementation.</p> | <p><b>€100 million</b> for the first five years of implementation.</p> |
| <p><b>Ringfence funding of €20 million to the National Cancer Strategy in 2027.</b></p>              | <p>The current National Cancer Strategy must be funded in 2027, both for the remainder of the current strategy and to deliver the new strategy.</p>   | <p><b>€20 million</b></p>  |

| Prevention  |  |  |
|---|--|--|
| Initiative  | Rationale  | Total  |
| <p><b>Increase taxation on tobacco products to aid the reduction of overall smoking rates nationally.</b></p> | <p>To decrease the national rate of smoking prevalence by at least 1%, tobacco affordability must be reduced.</p> <p>Increasing taxation provides a significant opportunity to positively affect Ireland's stagnant smoking rates.</p> | <p><b>Increase the price of a pack of cigarettes</b> and the roll your own equivalent by €5.</p> |

| Initiative   | Rationale   | Total   |
|--|---|---|
| <b>Increase the taxation on nicotine inhaling and nicotine consumption products to aid the reduction of uptake rates nationally.</b>                                   | Nearly 1 in 5 of 15 – 24-year-olds say that they vape.<br><br>To reduce their accessibility, the price point must be increased, preventing uptake.  | <b>Increase the price of nicotine products</b> in line with inflation and increases in weekly earnings.                               |
| <b>Establishment of a dedicated stop vaping service.</b>   | Nicotine is a highly addictive substance. Vape users must be adequately supported in their quit attempt.  | <b>€866,544</b>   |
| <b>Fund annual youth awareness prevention campaigns.</b>   | National targeted campaigns are needed to highlight the addictive nature and harmful effects of nicotine products, such as vapes and nicotine pouches.  | <b>€200,000</b>   |
| <b>Ensure adequate funding for the expansion of QUIT support services, including targeted QUIT initiatives for cancer patients.</b>                                    | Targeted supports must be available nationally to support QUIT attempts, including within the health care system.   | Stop smoking care in maternity settings<br><b>€1.25 million</b><br><br>Stop smoking care in mental health settings<br><b>€870,144</b> |
| <b>Fund the extension and expansion of the Laura Brennan HPV Catch-Up Vaccination Programme to all those under 25 who missed out on the HPV vaccination at school.</b> | Reinstating the Laura Brennan HPV Vaccination Catch Up Programme will give those people a second chance at vaccination into their 20s, and reduce the risk of developing a HPV-associated cancer. | <b>€13 million</b>  |

## Screening

| Initiative   | Rationale   | Total             |
|--|---|-------------------|
| <b>Increase BowelScreen eligibility to people aged 56 and 72.</b>      | The Government has committed to rolling out BowelScreen to people aged 55-74 – in 2027, 56 and 72 year olds should be eligible to attend.   | <b>€2 million</b> |
| <b>Ringfence funds to hire an additional 12 radiographers in 2027.</b> | <p>There is a shortage of radiology staff in Ireland (6.5/100,000 population) compared to the EU average (11.5/100,000 population).</p> <p>Cancer screening can no longer compete for use of radiology equipment with other services.</p> | <b>€670,080</b>   |

## Tests and treatment

| Initiative   | Rationale   | Total           |
|--|---|-----------------|
| <b>Invest and support the development of Advanced Practice Radiographer roles to aid in more timely access to diagnostics, treatment and surveillance in each of the 8 cancer centres.</b> | <p>Advanced practice roles create career development opportunities for highly skilled professionals.</p> <p>Empowering radiographers to develop and to perform additional tasks will enhance the delivery of their service to patients.</p> | <b>€604,800</b> |
| <b>Recruit 3 additional whole-time-equivalent Genomic Assistants.</b>  | Staffing has consistently been cited as a barrier for the delivery of genetics/genomics services. In 2027, new posts should be funded.  | <b>€168,700</b> |

| Initiative  | Rationale  | Total   |
|---|--|---|
| <p><b>Recruit 14 additional nurses to deliver the Acute Haematology Oncology Service.</b></p>   | <p>The minimum staffing requirement to run the Acute Haematology Oncology Service is 12 clinical nurse specialist (CNS) posts for Type 3 hospitals and 2 additional CNS posts for Galway University Hospital. Ringfenced funding for these posts must be dedicated to the AHOS.</p>          | <p><b>€990,430</b></p>                                  |
| <p><b>To support clinical trials, allocate a minimum of 3% GDP to invest in Research and Development (R&amp;D).</b></p>   | <p>More people with a cancer diagnosis should access clinical trials. To deliver on the modest ambition of accruing 6% of cancer patients on trials and to begin to develop our capacity to meet the standard of EU high performers, a minimum of 3% GDP should be allocated to R&amp;D.</p> | <p><b>3% of Ireland's GDP.</b></p>                      |
| <p><b>Increase the HSE Capital budget by 5% (to invest in critical healthcare infrastructure to better deliver clinical trials in addition to genetics services, and tests and treatments).</b></p> | <p>See Chapter 1.</p>  | <p><b>€1.5 billion</b> in 2027<br/>(See Chapter 1).</p> |
| <p><b>Invest additional resource in new cancer medicines.</b></p>   | <p>Public cancer patients are missing out on timely access to new effective medicines.</p>   | <p><b>€30 million</b></p>                               |
| <p><b>Invest in infrastructure to deliver cancer tests and treatments.</b></p>  | <p>See Chapter 1.</p>  | <p>See Chapter 1</p>                                    |

## Living well with and after cancer

| Initiative   | Rationale   | Total               |
|--|---|---------------------|
| <b>Fund the Lymphoedema/<br/>Lipoedema Model of Care.</b>                                      | <p>After cancer treatment, some patients experience lymphoedema - a build-up of lymph fluid which causes swelling in all or part of a limb leading to severe pain and reduced function.</p> <p>National investment in lymphoedema services would spare cancer patients considerable pain and discomfort, as well as saving the State money.</p> | <b>€8 million</b>   |
| <b>Fund 20 dietitians to support cancer patients throughout their treatment.</b>               | <p>Enhancing the number of dietitians in the workforce will mean more cancer patients can receive quality support in managing their diet at a crucial time for their health.</p>  | <b>€1.5 million</b> |
| <b>Allocate funding for nutritional screening of oncology patients accessing day services.</b> | <p>There is no outpatient oncology screening plan in Ireland, this must be addressed as soon as possible. Cancer patients in day wards should have access to expert dietitians to monitor their nutrition to avoid malnutrition and support better outcomes.</p>  | <b>€138,500</b>     |

## Children, adolescents and young adults

| Initiative  | Rationale   | Total  |
|---|---|--|
| <b>Expand the Treatment Abroad Scheme</b>   | Under the current scheme, there is no allowance towards non-medical expenses faced by patients and their families travelling abroad for medical care. The Scheme should be expanded to include non-medical expenses as well as those relating to the companion travelling with the patient. | <b>€160,000</b>  |
| <b>Fund the full implementation of the National Model of Care for Psycho Oncology services for patients aged 0-24 years and their families.</b> | Adolescent and young adult (AYA) cancer patients have unique support requirements. This national model of care contains actionable steps to help develop services to meet these needs at a national and across all cancer centres.  | To be determined in line with the establishment of services in the new National Children's Hospital. |
| <b>Fund the children and adolescent fertility preservation programme.</b>   | Children and adolescents with cancer are at risk of losing their fertility as a result of treatment. The Government must fund the cost of fertility preservation and storage services.  | <b>€120,000</b>  |

## End of life

| Initiative                                | Rationale   | Total              |
|---|---|--------------------|
| <b>Fund the palliative care strategy.</b> | Advancing the palliative care strategy is essential for all people to live well at the end of life. | <b>€18 million</b> |

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# Notes

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