

Common European Objectives for National Cancer Control Programmes

Policy Paper on National Cancer Control Programmes/Cancer Documents in Europe



CanCon
Cancer Control Joint Action

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Development of the Policy Paper on NCCPs

1. Deliverable of CANCON JA
2. In the frame of WP5 - Expert Group on NCCPs was established
3. Task to carry out and analyse the survey regarding NCCPs in Europe in 2016, to prepare a report and policy paper

Expert Group on NCCPs

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- Patricia Fitzpatrick, University College Dublin, Ireland
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- Francois Schellevis, NIVEL - Netherlands Institute for Health Services Research, The Netherlands
- Branko Zakotnik, Institute of Oncology, Slovenia and
- Elisabete Weiderpass, Karolinska Institute, Sweden

Development of the Policy Paper on NCCPs

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

Development of the Policy Paper on NCCPs/CDs

The Policy Paper on NCCPs was developed on the basis of the:

- Survey across the MSs and candidate countries,
- Recommendations from the experts of the Expert Group on NCCPs

Concepts used in this Policy Paper

- WHO defined National Cancer Control Programme (NCCP) as “a public health programme designed to reduce cancer incidence and mortality and improve quality of life of cancer patients, through the systematic and equitable implementation of evidence-based strategies for the prevention, early detection, diagnosis, treatment and palliation, making the best use of available resources”
- Due to the fact that some European countries do not have just one document addressing cancer on a national level but more documents on regional level which are not necessarily named »programmes«, the Expert Group on NCCPs in the frame of CANCON JA - WP 5 Member State Platform agreed to additionally use the term »Cancer document/s« beside the official term »National Cancer Control Programme«

Why a Policy Paper at EU Level

Policy Paper provides practical recommendations on which the European Commission and European countries can base concrete actions to improve situation regarding NCCPs and consequently cancer control.

Aim of this Policy Paper

This policy paper aims to shed light on the vital importance of the preparation, adoption, implementation and evaluation of quality NCCPs in all European countries.

Health systems can respond to population needs in the field of cancer only through adequate planning.

The present policy paper provides recommendations that:

- Enable policy-makers to improve or develop their NCCPs
- Clearly show which tool to use in the improvement or development of NCCPs
- Make NCCPs more comparable and simplify the work of policy analysts who compare plans within European borders

Recommendation 1

Develop an NCCP if your country does not have one

- *Example related to Recommendation 1: Development of NCCP in Austria, Iceland and Luxembourg*
- 2011 – did not have a NCCP
- In 2016 all three countries reported that they prepared a National Cancer Document: Austria prepared a strategy, Luxembourg a plan and Iceland prepared a draft document of a NCP.

Recommendation 2

Use the European Guide for Quality National Cancer Control Programmes for the preparation of new NCCPs and for updating existing documents in order to improve the quality

- *Examples related to Recommendation 2:* Use of European Guide for Quality NCCPs in the preparation of National Cancer Plan in Romania and in improvement of the quality of already existing NCCP in Belgium
- Romania presented the new National Cancer Plan in 2016; Key tool: »European Guide for Quality NCCPs«
- Belgium reported that they will modify/improve their plan in 2017/use the European Guide for Quality NCCPs

Recommendation 3

Where NCCPs have been prepared but not yet implemented, NCCPs should be implemented as soon as possible

- *Example related to Recommendation 3: Implementation process of new National Cancer Plan in Luxembourg*
- In Luxembourg National Cancer Plan was adopted in July 2014.

Afterwards:

- the structures for the implementation were created (National Cancer Platform and National Cancer Institute),
- the responsibilities were determined and
- additional budget for the implementation of different measures was allocated.

Recommendation 4

Establish effective communication with the public regarding the implementation/evaluation of NCCPs

- *Example related to Recommendation 4:* Establishment of effective communication with the public regarding the implementation/evaluation of NCCP in France

Several methods of communication with the public:

- websites,
- public papers, journals,
- conferences,
- annual report to the President of France which is available on the special website

Recommendation 5

Establish an institution, which will be responsible for cancer control at national/regional level, if such an institution does not already exist

- *Example related to Recommendation 5:* Establishment of the France National Cancer Institute (INCa) to be responsible for cancer control at national level
- National Cancer Institute (INCa) was established in 2005 with the task to carry out cancer control at the national level.
- At that time the first French cancer control plan was adopted.

Recommendation 6

Increase the involvement of patients and payers/reimbursement agencies in all stages of the preparation of NCCPs (strategic consulting, drafting, implementation, evaluation) whenever possible

- *Example related to Recommendation 6:* Not adequate involvement of patients in the stage of implementation of the NCCP as identified weakness in Belgium, Czech Republic and Sweden
- Some countries as Belgium, Czech Republic and Sweden identified the not adequate involvement of patients in the stage of implementation of their NCCPs/Cancer documents as weakness.

Recommendation 7

Learn from strengths and weaknesses of process of drafting and implementation of other countries NCCPs and about how they overcame obstacles

- *Example related to Recommendation 7:* The Report based on the analysis of data from the survey on NCCPs/Cancer documents, carried out in 2015 (CANCON JA) will be available on-line
- All countries will have the possibility to learn about the problems that other countries coped with in the process of drafting and implementation of their NCCPs/Cancer document/s and about the ways of solving the problems from the Report based on the analysis of data from the survey on NCCPs, carried out in 2015 (CANCON JA)

Recommendation 8

Ensure that your country's NCCP covers all the key areas which should be included in a quality NCCP, as described in the European Guide for Quality National Cancer Control Programmes

- *Example related to Recommendation 8:* Countries recognised the importance of all key elements/areas that a high quality NCCP/Cancer document should cover
- One third of European countries included in their NCCP/Cancer document/s all key elements/areas that a high quality NCCP/Cancer document should cover.

Recommendation 9

Ensure additional financial resources for the implementation of the
NCCP

- *Example related to Recommendation 9: Successful acquisition of additional financial resources*
- Twelve countries (among them Belgium, Germany, Hungary, Luxembourg) ensured additional financial resources for the implementation of different measures planned in the NCCP/Cancer document/s.

Recommendation 10

Ensure availability of detailed instructions for the implementation of the
NCCP

- *Example related to Recommendation 10:* Some European countries ensured detailed instructions for the implementation of their NCCP/Cancer document/s
- European countries are conscious of the complexity of the implementation process of a NCCP/Cancer document and some of them ensured availability of detailed instructions for the implementation of NCCP/Cancer document/s (for example Lithuania, Malta, Poland, Norway, England).

Recommendation 11

Allocate more specifically trained human resources to the implementation process and outline how they will be involved within the NCCP

- *Example related to Recommendation 11:* Allocation of specifically trained human resources to the implementation process in some European countries
- In some European countries (Belgium, Luxembourg, Sweden, England) additional specifically trained human resources were allocated to the implementation process.
- In France, for example, most of INCa human resources contribute to the implementation of the NCCP.
- Only few European countries (for example Czech Republic, France) detailed this in the NCCP/Cancer document/s

Recommendation 12

Ensure a specific objective for every action taken in the NCCP

- *Example related to Recommendation 12:* Specific objectives for every action taken in the NCCP/Cancer document/s in some European countries
- Some European countries (for example Austria, Cyprus, Denmark, Finland, Italy) ensured a specific objective for every action taken in the NCCP/Cancer document/s.

Recommendation 13

Make specific alliances with other relevant stakeholders in order to ensure the implementation of the NCCP

- *Example related to Recommendation 13: Alliances with stakeholders in order to ensure the implementation of the NCCP in Lithuania*
- In Lithuania professional and patient organizations, universities and local municipalities are included in the NCCP 2014 – 2025 implementation.

Recommendation 14

Make sure that indicators for evaluation are clearly defined in your
NCCP

- *Example related to Recommendation 14:* Indicators for evaluation are clearly defined in NCCPs/Cancer documents in some European countries
- In Austria, Slovenia and Estonia indicators for evaluation are clearly defined in their NCCP/Cancer document/s.

Recommendation 15

Make sure to include process and structure evaluation in your evaluation strategy and do not rely on outcome evaluation alone

- *Example related to Recommendation 15:* Some European countries evaluate their NCCP by outcome, by process and by structure
- To assure accurate results Belgium, Cyprus, Denmark, Germany, Italy, Lithuania, Luxembourg, Spain, Sweden, Turkey and UK (Wales) evaluate their NCCP by all three methods of evaluation: by outcome, by process and by structure.

Thank You