Duncan Smith TD
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Re.

38089/24 - To ask the Minister for Health his views on reported delays being faced by patients around the country in accessing chemotherapy treatments; to outline specific hospitals where delays are outside the recommended timeframe, as of end August 2024, in tabular form; and if he will make a statement on the matter.

38090/24 - To ask the Minister for Health the number of persons attending chemotherapy within the recommended timeframe, nationally and by hospital, by month in 2023 and to date in 2024, in tabular form.

38092/24 - To ask the Minister for Health the number of people directly impacted by delays to starting chemotherapy due to compounding issues since the beginning of the 2024, in tabular form; and if he will make a statement on the matter.

Dear Deputy Smith,

The National Cancer Control Programme (NCCP) collects limited summary data on systemic anti-cancer therapy (SACT).

For patients receiving a new parenteral systemic therapy in the day ward setting, the recommended timeline standard between the date that it is agreed that the patient is deemed ready to treat and the administration of the new parenteral systemic therapy will not exceed 15 working days. The recommended target for operational compliance is 90% as approximately 10% of patients can be expected to have more complex needs that confound or delay treatment.

The number of patients who received a new parenteral systemic therapy in the day ward setting, the number and proportion treated within 15 working days of being deemed ready to treat is tabulated as follows:

Medical Oncology	Target	Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of patients receiving new systemic parenteral treatment in the day ward setting														
2023	*	9,031	804	712	762	747	771	726	751	757	748	811	855	587
2024	*	5,073	779	738	711	757	787	592	709					
Number who commenced treatment within 15 working days of being deemed ready to treat														
2023	*	7,678	652	606	651	641	684	631	659	628	650	701	687	488
2024	*	4,283	603	645	641	642	670	486	596					
KPI - new starts commencing treatment within 15 working days of being deemed ready to treat														
2023	90%	86.5%	82.8%	86.2%	86.6%	87.1%	90.3%	88.0%	88.9%	86.0%	88.8%	87.7%	82.0%	83.8%
2024	90%	85.6%	79.1%	87.9%	91.3%	86.0%	86.0%	83.6%	85.8%					

New parenteral systemic therapy means a new patient starting a regimen, or a patient starting a new regimen who previously had cancer or a patient who has had a change in regimen than involves additional new drugs.

New parenteral systemic therapy excludes patients who are on their 2nd or 3rd cycle, even if new to the hospital, and patients who reduce the number of drugs used in the regimen.

Please note the following caveats when interpreting the data:

- SACT treatment of new patients starting systemic parenteral treatment in the day ward setting is only a small subset of overall chemotherapy activity i.e. it does not include patients continuing treatment or any patients on Oral Anti-cancer Medications (OAMs).
- Data for 2024 may not be complete for all submitting hospitals and is subject to change.
- Since the data is collected retrospectively, data for August 2024 is not currently available.
- Patients who are outside of target by reason of personal choice who opt to delay or defer treatment are considered as within target in the calculation of the KPI (%).

In relation to **38092/24 -** Baxter Healthcare Ireland, a supplier of Systemic Anti-Cancer Therapy (SACT) products, have been experiencing a temporary disruption to their compounding service since July 31st 2024. This ongoing disruption is impacting the supply of some compounded SACT products to hospitals. The NCCP understand that Baxter's production has recommenced on a phased approach and they are utilising all available resources to mitigate patient impact including provision of stock products from UK companies.

Contingency measures recommended by the NCCP are being implemented by hospitals where possible and appropriate to reduce the impact to patients. These mitigations include, utilising alternative SACT suppliers, preparing some SACT locally where possible and engaging with other hospitals to provide support with the supply of SACT.

Due to the limitations of available data sources it is not possible to currently accurately quantify the number of persons who experienced delays to their SACT administration as a result of the current disruption but it is understood to be less than 5% of the total persons who receive SACT had their SACT delayed.

Ensuring patients receive timely and quality treatment for their cancer remains a priority for the NCCP and the HSE.

Yours sincerely

Patricia Heckmann

Patricia Heckmann
Assistant National Director
National Cancer Control Programme