



## NCCP NATIONAL EXECUTIVE TEAM MEETING

Date: Monday 10<sup>th</sup> June 2024 @ 10.30am, NCCP Offices

Present: R. Ó Laoide (Chair), F. Bonas, H. Burns, P. Cafferty, R. Conway, C. Faul, T. Hanan, P.

Heckmann, A. Hill, T. Holohan and M. Keane

**Apologies:** T. McCarthy

Invited: S. Fox and C. Mellett

Invited for specific items: Item A1: Dr. H. Greally, N. Mateeva

A. PRES	SENTATIONS	
	Psycho-Oncology update (H. Greally, N. Mateeva)	
A1	,	
	<ul> <li>Presentation on Psycho-Oncology Metrics Report given by Dr. H. Greally.</li> </ul>	
	The investment made in psycho-oncology services through the Cancer	
	Strategy was noted. Further development of services outside the Cancer	
	Centres is needed. An efficient data collection system would aid future	
	reporting.	
	R. Ó Laoide thanked H. Greally and N. Mateeva for their hard work and	
	congratulated H. Greally on being awarded the Noemi Fisman Award for	
	Lifetime Clinical Excellence	
B. MIN	UTES & MATTERS ARISING	
B1	Minutes of the previous meeting	
	<ul> <li>The minutes of May 13<sup>th</sup> meeting were agreed.</li> </ul>	
B2	Matters Arising	
DZ	Biobanking (R. Ó Laoide)	
	<ul> <li>A.Hill to provide input in relation to the requirement for an integrated</li> </ul>	
	approach. Noted that the HRB has also been asked to provide advice	
	on any relevant developments.	
	on any relevant developments.	
	2. Breast Services – Mater Hospital (P. Cafferty)	
	<ul> <li>P. Cafferty to explore regional approach to breast services</li> </ul>	
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	3. Radiation Oncology representative for All Island Cancer Research Institute	
	(R. Ó Laoide)	
	<ul> <li>C. Faul has asked for nominations for a representative.</li> </ul>	
	Actions:	
	A.Hill to provide input on biobanking	
	P. Cafferty to explore regional approach to breast services in Dublin North and	
	Northeast Region.	
C. DIREC	TOR's ITEMS	
C1	Haemato-oncology	
	<ul> <li>Executive members agreed that the Haemato-Oncology National</li> </ul>	
	Clinical Lead should be a member of the group	
	Terms of reference to be revisited	

## **Clinical Leads Forum** To be rescheduled for autumn 2024 **REOs/Health Regions** Discussions ongoing re. organisation of cancer services. **NSP** NSP will focus on addressing remaining gaps in the Cancer Strategy implementation. M. Keane will send a letter to R. Ó Laoide on the effect the moratorium is having on nursing and pharmacy staff. Staffing moratorium Concern was raised about the impact of the HSE staffing moratorium on front-line cancer services. This has been highlighted with the CCO and REOs. M. Keane to provide more details of specific examples. Actions: TOR for Exec to be revisited M. Keane to provide specific examples re impact of moratorium on services **D. STANDING ITEMS** D1 **EU Cancer Projects** CCI4EU – all survey responses submitted. Cancer Mission Hub - work ongoing Crane – work ongoing JANE 2 - work ongoing E1 Cancer Intelligence (T. Holohan/ R. Conway) Monthly KPI performance was noted. It was agreed that further development of the process for quality monitoring would be beneficial. Medical Oncology KPIs – STP engaged with Cancer Intelligence on an update and clarification of some aspects of KPI 3. Action: A draft framework for KPI monitoring will be brought to the next meeting for discussion. **E2** Community Oncology (H. Burns for T. McCarthy) NCCP submission to National Radiology Review submitted to Strategic **Programmes Office** Responses are being prepared on **EU Surveys** for the OriON joint action on Cancer Inequalities Registry and a survey to inform development of **OECD Country Cancer Profile for Ireland** Hereditary Cancer Model of Care – implementation ongoing.

**Prevention** – SunSmart campaign and associated activity ongoing.

delivered. Data analysis ongoing.

Survey on cancer awareness and attitudes among Irish Travellers

Early Diagnosis updates:

	<ul> <li>Lung cancer awareness campaign will be delivered in collaboration with HSE Communications in North Dublin, Q3 2024.</li> <li>Commissioned systematic review of effectiveness of interventions to increase awareness of cancer symptoms and prompt timely help-seeking. RCSI delivering this project.</li> <li>Planning to commission scoping review of primary care databases internationally to inform efforts to improve access to primary care data for research and service planning/improvement purposes in Ireland.</li> </ul>	
E3	Cancer Nursing (T. Hanan)	
	<ul> <li>Community Cancer Nursing elearning programme on HSEland Work on this new programme is now complete and will be launched in Q4 2024. It supports Slaintecare principles and aims to enhance care of cancer patients in the community.</li> <li>Workforce Planning "A Scoping review of the nursing configuration in ambulatory haematology /oncology day unit setting" has been published. Acuity tool will now be tested and implemented in a SACT ambulatory care service. It will be aligned to safe staffing framework already introduced in acute general and medical inpatient areas.</li> </ul>	
	<ul> <li>Acute Oncology Nursing Service Update</li> <li>Pilot completed on Video enabled care to support AOS nursing assessment, now progressing to roll out in the Saolta group.</li> <li>Patient Information and patient alert card circulated to AOS nursing services nationally.</li> </ul>	
E4	Surgical Oncology Programme (A. Hill)	
	<ul> <li>Breast cancer services SJH –R. Ó Laoide/F. Bonas to discuss with Mary Day.</li> <li>Risk reducing surgery – Agreed that pathology relating to all cases of cancer risk reducing surgery for people with pathogenic gene variants should be discussed at the relevant cancer centre MDM. On-call for breast surgeons RCSI is examining this issue.</li> <li>Recruitment/retention of surgeons –Potential staffing issues in some cancer centres, particularly in relation to gynae-oncology and upper GI cancer and wider impact on non-malignant services, trauma services etc. Also noted that infrastructure is critical.</li> </ul>	
E5	Surgical Centralisation (T. Holohan/A. Hill)	
	Definitions of cancer centres and other providers to be considered in the context of ongoing surgical centralisation.	
E6	Radiation Oncology (C. Faul/F. Bonas)	
	<ul> <li>Two Radiation Oncologists have gone through the CAAC process and been approved</li> <li>Paediatric nursing care for small number of patients requiring radiotherapy in St. Luke's Hospital is being discussed.</li> <li>Working Group are progressing MRI planning in Galway, equipment replacement in SLRON and Phase II expansion at Beaumont.</li> <li>Limerick radiotherapy – meeting to be rescheduled.</li> <li>UPMC – meeting scheduled.</li> <li>Altnagelvin – discussions needed on service.</li> <li>Coordinated NCCP views to inform the HIQA group on medical ionising radiation.</li> </ul>	

## E7 Systemic Therapy Programme [Medical Oncology/Haemato-oncology] (P. Heckmann) **Newsletter - STP** Newsletter circulated. **SSWHG paediatric cancer services** – Paediatric shared care services moving from MUHC to CUH at the end June. Refugee medevac process- Process document currently being reviewed ahead of any possible request from the EU to receive Palestinian patients. Pharmaceutical Treatment of Cancer Masterclass TCD NCCP staff contributed to this new programme. NDTP –review of medical workforce planning underway. NCCP to liaise on appropriate input. **Acute Oncology** – Continue to expand the integration of the Acute oncology service. Molecular Colorectal Test Directory has been agreed following engagement with the Colorectal Tumour Leads Group and NCCP Gastrointestinal SACT Clinical Advisory Group. The Ovarian Test Directory was previously agreed. In country HRD testing to commence on June 24th in SJH and Beaumont Hospital CDMP Chief 1 CDMP - Replacement Chief I Pharmacist in place Pharmacists Leads group - The first meeting of the Cancer Clinical Trials Pharmacist subgroup of the NCCP Hospital Pharmacist Leads took place in May. National Haemato-oncology Clinical Lead role – Dr. Eibhlin Conneally is stepping down as co-Lead at the end of June. The Exec acknowledged her contribution and commitment to the role. Dr Derville O'Shea will remain in the shared role until the end of her term in September. Letters of thanks will be sent. Recruitment of replacement to get underway. New drugs - The following new drugs / indications have been approved from 1st June. Abemaciclib - HR positive, HER2 negative, node-positive eBC at high risk of recurrence. DaratumumAB - In combination with lenalidomide and dexamethasone (Rd) for newly diagnosed multiple myeloma who are ineligible for autologous stem cell transplant DaratumumAB In combination with bortezomib, cyclophosphamide and dexamethasone (D-VCd) for newly diagnosed systemic light chain (AL) amyloidosis. Pembrolizumab - In combination with chemotherapy as neoadjuvant treatment, and then continued as monotherapy as adjuvant treatment after surgery, for locally advanced, or early stage triple negative breast cancer at high risk of recurrence. Venetoclax - In combination with azacitidine agent for patients with newly diagnosed AML who are ineligible for intensive chemotherapy. New SC atezolizumab formulation

E8	National Cancer Information System (NCIS) – P. Heckmann	
	- Roll out continuing	
	<ul> <li>19 of 26 hospitals live, including 6 of the 9 Cancer Centres</li> </ul>	

	<ul> <li>Limerick went live with MDM 17<sup>th</sup> May</li> </ul>			
	MMUH – PID still under review			
	<ul> <li>UHW have agreed PID and project calls have commenced</li> </ul>			
	Switchover of Letterkenny UH to Saolta IPMS completed with			
	considerable support from the NCIS team.			
E9	Cancer Networks (F. Bonas/P. Cafferty)			
LJ	Meetings with various networks ongoing.			
F	FOR INFORMATION			
	n/a			
G	AOB			
DATE OF NEXT MEETING				
8 <sup>TH</sup> JULY 2024 AT 10.30AM ON MS TEAMS				