



**ACCREDITATION
AND
DESIGNATION
PROGRAMME**

New Network Standards

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Athens, 11th June 2025

- How do we reach all cancer patients in a nation with quality-assured services?
- Not all centres can do huge amounts of research; how can those who do disseminate innovation to all centres?
- How can clinical trials be equally accessible to all cancer patients?
- How can patients who need complex treatments be transferred to other hospitals?
- How can data about patients be securely shared with all necessary people?

The answer is:

Effective Cancer Networks.....

- Debate around percentages of patients in different Member States treated in “quality assured centres or networks”
- OEI data suggest the range is between 10% and 90% (very high in some Nordic countries; Ireland; the Netherlands) with a mean of around 40%
- The ultimate target is 90%



Very estimated present total access of patients to CCCs and cancer centres within a network/infrastructure



Country	Population (m) 2019	Percentage of the population treated in large specialist centres or in networks	Numbers in the population with access	
Ireland	5	90	4.5	
Norway	5	70	3.5	
Finland	6	90	5.4	
Sweden	10	90	9	
Denmark	6	90	5.4	
Belgium	11	40	4.4	
Netherlands	17	60	10.2	
Germany	83	50	41.5	
Austria	9	50	4.5	
Luxembourg	1	50	0.5	
France	67	50	33.5	
Estonia	1	80	0.8	
Lithuania	3	70	2.1	
Latvia	2	80	1.6	
Slovenia	2	80	1.6	
Hungary	10	50	5	
Romania	19	30	5.7	
Poland	38	30	11.4	
Czechia	10	40	4	
Slovakia	5	40	2	
Bulgaria	7	10	0.7	
Greece	11	20	2.2	
Croatia	4	20	0.8	
Cyprus	1	50	0.5	
Malta	1	50	0.5	
Italy	60	40	24	
Portugal	10	50	5	
Spain	47	40	18.8	
Totals	451		209.1	0.46

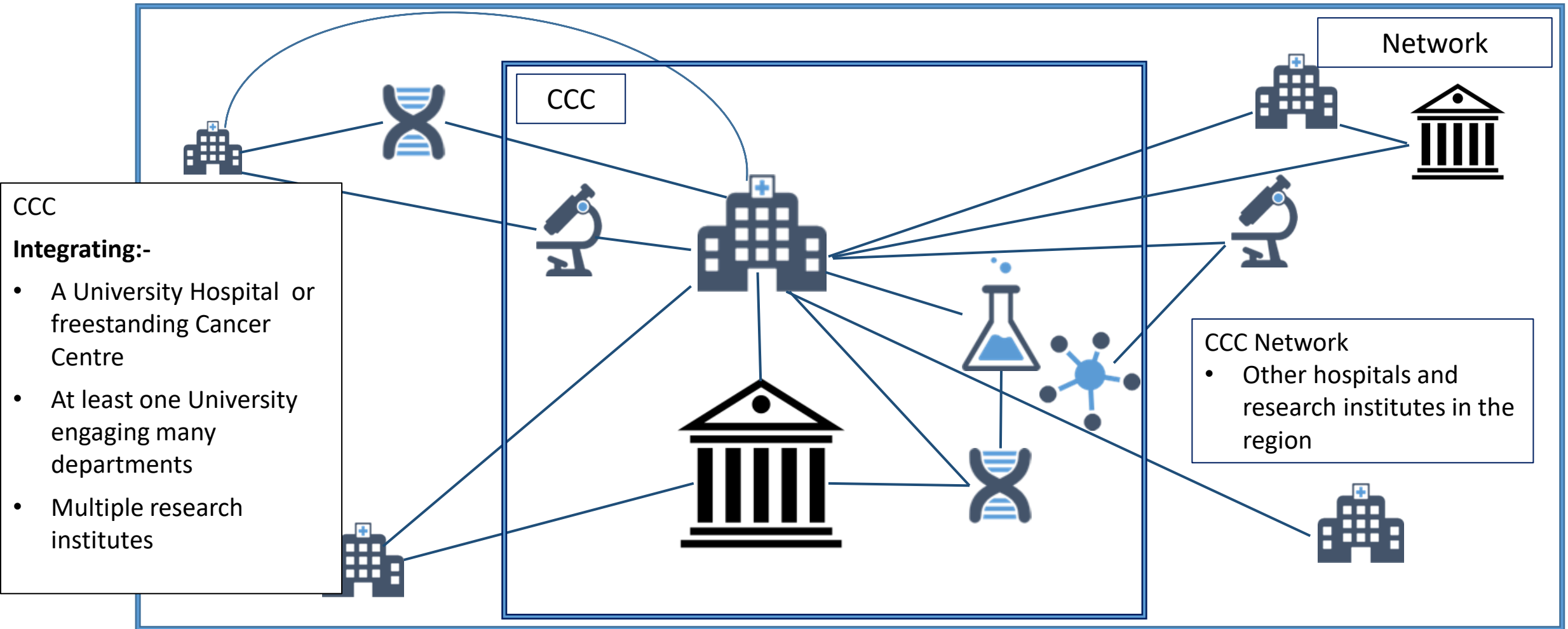
Based on OECI consultations – but not verified

But NB. There is no necessary implication that those not treated in such specialist centres or networks have substandard treatment – e.g. France or Germany.

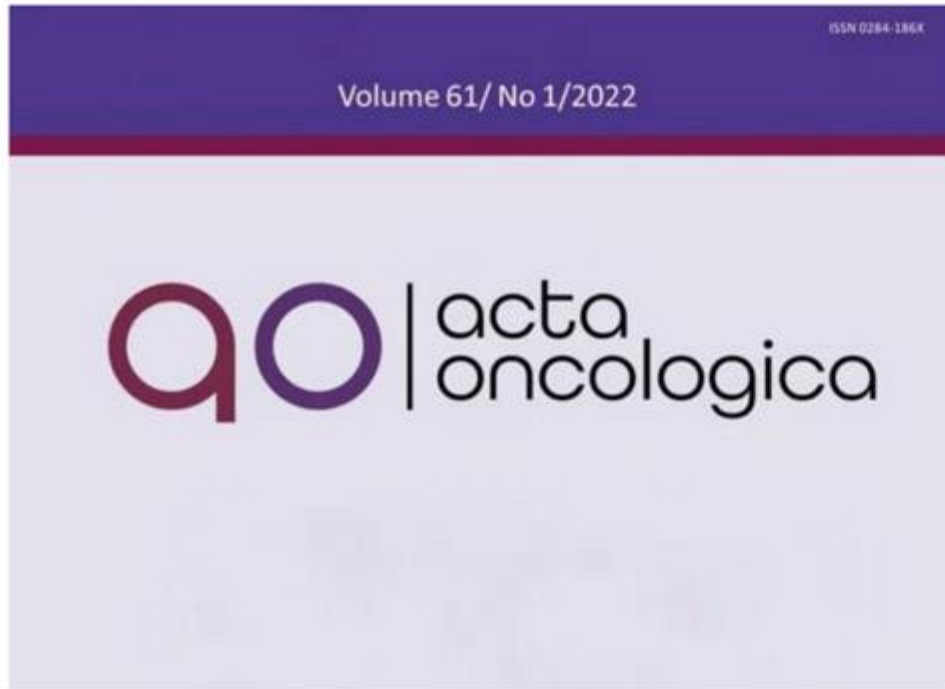


- First, accredit the Comprehensive Cancer Centre at the hub of the Network (Deep Dive)
- Then, apply the Network Standards transversally to the whole Network to ensure consistency
- The emphasis is on **connectivity; consistency; collaboration; and equity of access for patients to high quality care and clinical trials**

Comprehensive Cancer Centres need to network – CCCs treat between 20% and 90% of cancer in Member States



What makes an effective Cancer network?



🕒 15 FEB 2023

Evaluating comprehensive cancer networks; a review of standards and evaluation methods for care networks to inform a comparison with the OECD comprehensive cancer network standards →

→ [READ MORE](#)

What did we find in the literature about evaluating networks?

1002 articles identified

17 reported on evaluation methods and/or mostly qualitative indicators

Of OEI's 54 Network Standards, 32 had a literature equivalent (22 did not, especially on the integration of research and clinical care)

Evaluation methods:

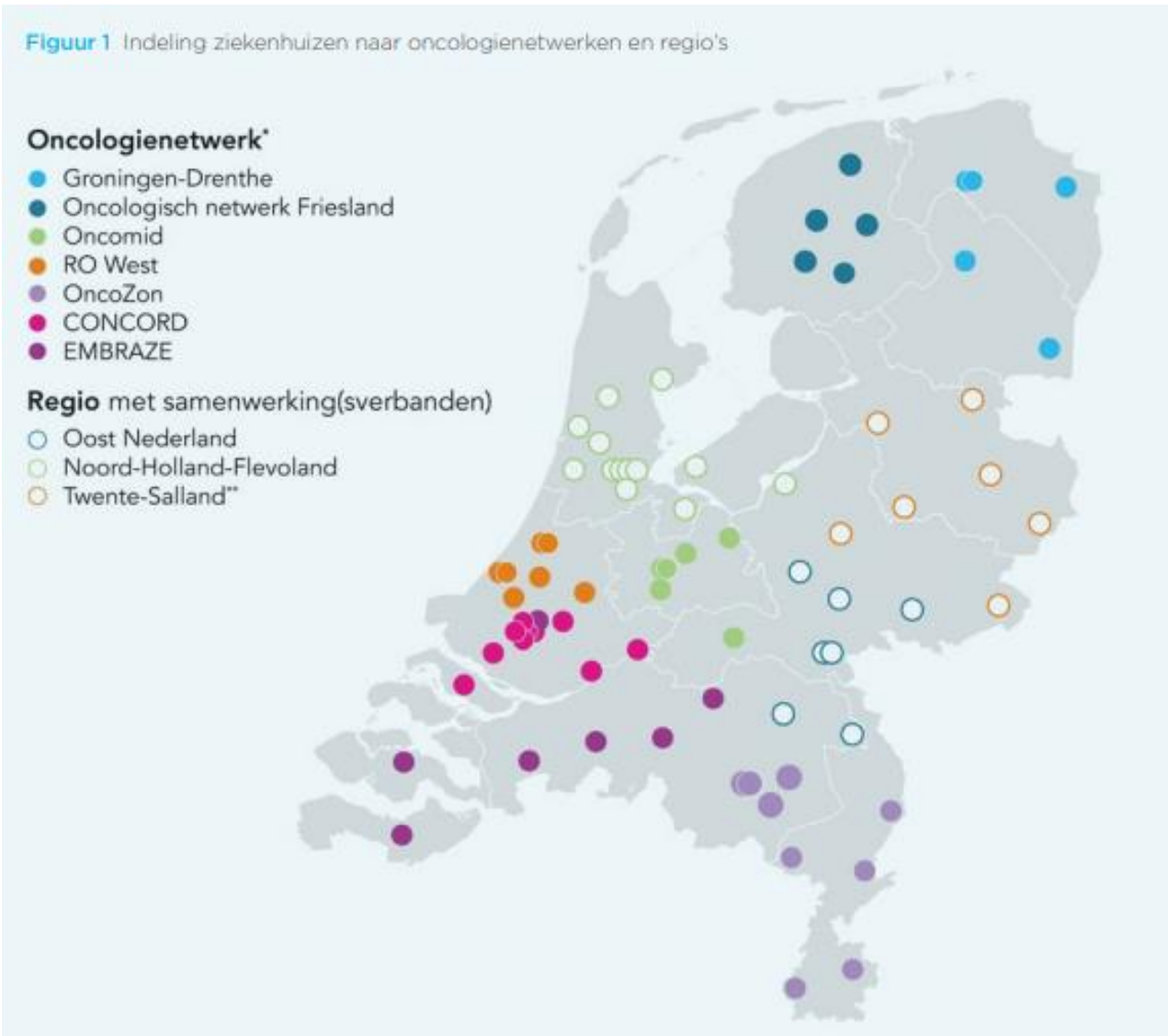
- Survey – questionnaires and self assessment
- Document review
- Physical site visit and interviews

We deduced 8 principles for evaluating the effectiveness of Cancer Networks.....

- The **governance** of the Network should be clear
- All Comprehensive Cancer Networks should have at least one **CCC** present
- The patient **pathways** in the network should be clear
- **Multidisciplinary teams (MDT)** principles and structures should be the same
- The **strategic research** collaborations should be clear and promoted
- The **clinical guidelines** used by all centres should be the same
- There should be a consistent approach to central **registering** of cancer patient data
- There should be **IT interoperability** and data sharing for MDTs (and into primary care) throughout the network

**OECD's Network Standards follow
these principles**

Regional oncology network in the Netherlands



A National Comprehensive Network has been developed in Denmark – the DCCC



Copenhagen, Aarhus and Vejle in the OEI accreditation programme

Finnish National Cancer Centre (FICAN)



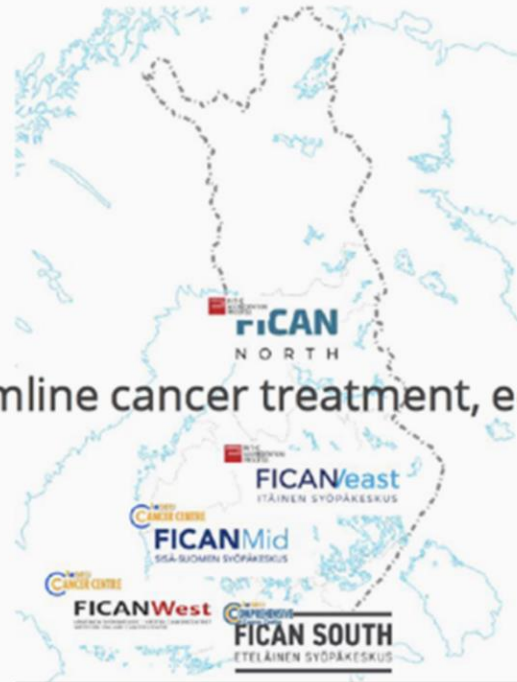
Regional cancer centers operating in university hospitals in Helsinki, Tampere, Turku, Kuopio, and Oulu, were launched in 2018

Together with coordinating unit, regional cancer centres make up the National Cancer Center Finland (FICAN)

5 Regional Centres

Improve, unify and streamline cancer treatment, education and research

FICAN Centres use the OECl accreditation programme





HSE Health Region	Cancer Centre
HSE Dublin and North East	<u>Beaumont University Hospital</u>
HSE Dublin and North East	<u>Mater University Hospital</u>
HSE Dublin and Midlands	<u>St James's Hospital</u>
HSE Dublin and South East	<u>St Vincent's University Hospital</u>
HSE Dublin and South East	<u>University Hospital Waterford</u>
HSE South West	<u>Cork University Hospital</u>
HSE Midwest	<u>University Hospital Limerick</u>
HSE West and North West	<u>University Hospital Galway</u> (satellite: <u>Letterkenny University Hospital</u> for breast cancer)
Children's Health Ireland	<u>Our Lady's Children's Hospital Crumlin</u>

A network of Cancer Centres

9 Designated Centres

7 Cancer Centres use the
OEI accreditation
programme

Standard 1: Cooperation in the network – objectives and obligations		Suggested Evidence
1.1	There is a Network contractual agreement to which all Members of the Network subscribe which sets out the objectives of the Network and the obligations of all Members.	Written and signed agreements
Standard 2: Contractual agreement – geographical area and services provided		Suggested Evidence
2.2	The scope and coverage of the Network is defined in the contractual agreement in terms of the geographical area covered and the services provided by each Healthcare Provider Member of the Network	Mission / Vision of the network
Standard 3: Provision of diagnostic, treatment and aftercare services		Suggested Evidence
3.3	The Network is self-sufficient in providing full diagnostic, treatment and aftercare services for all cancers apart from certain rare cancers.	Strategy plan; Overview of Tumor types; overview of diagnostic, treatment and aftercare services
Standard 4: Promotion of diagnostics and treatment		Suggested Evidence
4.4	The Network promotes the use of highly specialised diagnostic and therapeutic equipment and facilitates their targeted provision in the Network.	Overview of the diagnostic and therapeutic services
Standard 5: Communication facilities of the network		Suggested Evidence
5.5	The Network maintains communication and IT systems that allow confidential submission and review of clinical information, including histopathology, radiology, and medical photography by all network members.	Policy Screenshot EPR; overview authorisations professionals



Examples of Network Standards - Governance



Standard 10: Board of Directors		Suggested Evidence
10.10	The Network has a Board of Directors which provides the ultimate governance of the strategy and policy of the Network	organogramme

Standard 11: The Network Board		Suggested Evidence
11.11	The Network Board includes in attendance representatives from primary and community care, where appropriate.	Organogramme; terms of reference
11.12	The Board of the Network contains representatives from each HCP Member of the Network, or else representatives by election	Organogramme; terms of reference Agreement

Standard 12: Role of the Network Board		Suggested Evidence
12.13	The role and terms of reference of the Network Board are clearly defined and documented in a set of governance rules and procedures.	Terms of reference

Standard 13: Network co-ordination team		Suggested Evidence
13.14	There is a Network co-ordination team with the resources to co-ordinate the activities of the network	Organogramme; overview of the team Role description of the team
13.15	The Network co-ordination team has a defined role in maintaining functional data systems to enable the Network to operate effectively.	Role description of the team

Standard 14: Strategy of the network		Suggested Evidence
14.16	A written strategic plan for the Network which at least covers 3 years, and which formally endorsed by the board, is present.	Strategic plan; Minutes of meeting Board

Organisation of European Cancer Institutes - EEIC



Standard 25: Patient involvement		Suggested Evidence
25.31	The Board of the network has established mechanisms to incorporate the voice and opinions of patients and families.	minutes of meetings, examples of projects

Standard 26: Patient pathways in the Network		Suggested Evidence
26.32	There is a documented patient pathway for each tumour (sub)type diagnosed or treated within the network.	3-4 examples of patient pathways. Procedure/process for patient pathways

Standard 27: Information to the patient on responsible person		Suggested Evidence
27.33	Each HCP in the Network has processes and resources (<i>e.g. Case Managers/Trackers</i>) to ensure that at all times in the pathway of a patient it is clear which physician and which HCP has the responsibility for the care of the patient	procedure on case management; pathways;

Standard 28: Holistic care		Suggested Evidence
28.34	Each HCP in the Network has policies and procedures for holistic care include psychological support for patients and their non-professional caregivers, financial and employment advice, rehabilitation support, End of Life care and bereavement services.	Procedure / policies overview of the different centres

Standard 29: Patient satisfaction / experience		Suggested Evidence
29.35	Network Patients' experiences and satisfaction are collected annually; the information is used by the Network to take strategic decisions	Overview of the different hospitals; examples of questionnaire, reports
29.36	The HCP members and the network monitor the results patient experience questionnaires.	Report; action plan



Standard 31: Multidisciplinary meetings		Suggested Evidence
31.39	MDTs for each tumour type covered by the network are established	
31.40	Each patient is discussed in an MDT (at local or network level) according to the patient pathway defined in the network.	MDT procedures; overview of network MDTs
31.41	Each MDT ensures that whatever the entry-point of a patient, the patient pathway governing the agreed location for treatment, is complied with.	Pathways; agreement; procedures

Standard 32: Process of multidisciplinary meetings		Suggested Evidence
32.42	The Network MDT has adequate processes to ensure that all relevant data are available to members of the MDT in a timely manner	Policy; overview systems
32.43	There is adequate notice of patient inclusion in MDT discussions	Overview of pts discussion in MDTs
32.44	The conclusions and advice resulting from the MDT meeting are documented in the patient record.	Policy; screenshot
32.45	Eligibility for clinical trials is a structured aspect of the network MDT meeting.	Policy
32.46	According to a defined procedure, the conclusions and recommendations resulting from the MDT are communicated to the patient	Tumour specific MDT-procedure; Observation MDT
32.47	Patient care decisions in the MDT comply with agreed guidelines unless a deviation is deliberately chosen.	policy, procedure, guideline or pathway
32.48	Deviations from agreed guidelines are clearly documented and re-evaluated.	Minutes of meeting; report
32.49	The network has access to a molecular tumour board to support diagnostic and therapeutic decisions..	Agreement, policy, guidelines, MDT procedures



Standard 36: Research Board		Suggested Evidence
36.54	The Network has a Research Board / Committee to co-ordinate network-wide research activities	Organogramme; terms of reference

Standard 37: Clinical Trials Promotion and Governance		Suggested Evidence
37.55	The Network actively promotes the creation of new investigator-initiated and commercial trials	Policy; list of trials
37.56	Enrolment of patients into clinical trials is supported at the network level to ensure that all patient eligible are considered.	Policy; overview of enrolment
37.57	The Network monitors and analyses clinical trial activity on a network basis (accrual rate, phase, type of trial)	Overview; report
37.58	The network makes publicly available comprehensive and accessible information about open Clinical Trials	Website; report; overview

Standard 38: Promotion of research collaboration		Suggested Evidence
38.59	The network facilitates research collaborations among its members.	policy
38.60	There are policies for members of the network to have access to core facilities for research	Policy; overview core facilities
38.61	The network organises access to shared technological platforms for research activities.	Policy; overview shared technological platforms;

Standard 39: Promotion of innovation		Suggested Evidence
39.62	The Network has infrastructure to actively promote innovation	Organogramme; description of the organisation
39.63	The Network has policies for managing intellectual property rights between members.	Policy; description of the organisation



Standard 42: Education for staff members		Suggested Evidence
42.67	The Network provides oncological continuing professional education for staff members, such as training and symposia, on a Network-wide basis.	Training and education plan evidence of these specific training
42.68	The Network promotes oncology training in cancer for physicians, nurses, researchers, supportive disciplines and other relevant disciplines	Training and education plan evidence of these specific training

Standard 43: Patient education		Suggested Evidence
43.69	Patient Education programmes and tools (including online tools) are consistently available across the Network to patients and their families.	Training and education plan evidence of these specific training

Standard 44: Patient education strategy		Suggested Evidence
44.70	The Network has a strategy for providing general and disease specific patient education resources throughout the Network	strategy evidence of these specific training



Discussion

