

# The importance of Comprehensive Cancer Networks

**ACCREDITATION  
AND  
DESIGNATION  
PROGRAMME**

## Helsinki Oncology Days

12<sup>th</sup> June 2024

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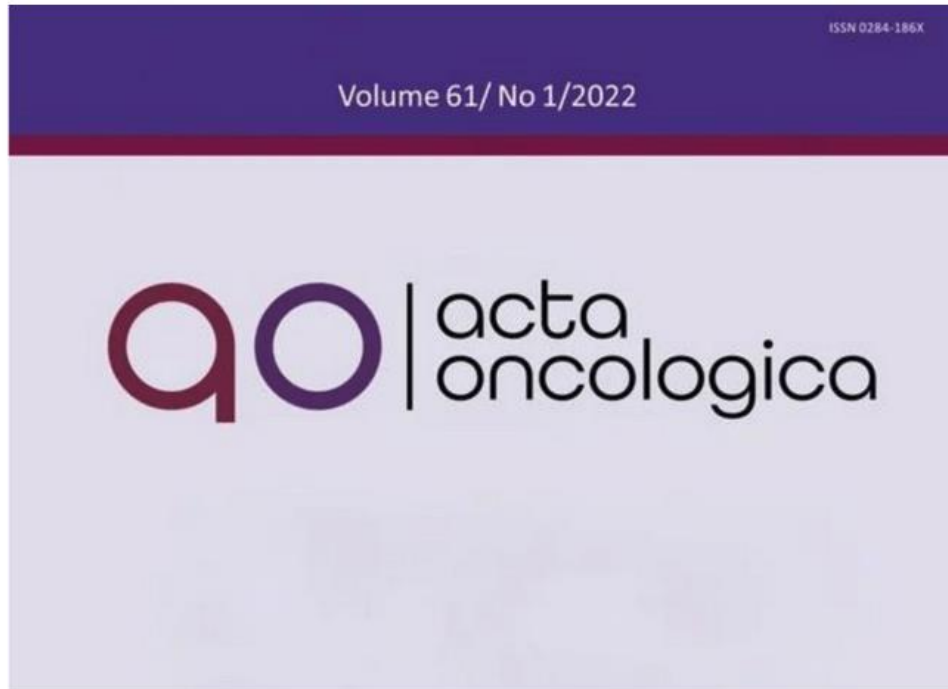


- How do we reach all cancer patients in a nation with quality-assured services?
- Not all centres can do huge amounts of research; how can those who do disseminate innovation to all centres?
- How can clinical trials be equally accessible to all cancer patients?
- How can patient who need complex treatments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

The answer is:

Effective Cancer Networks.....





🕒 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**



1002 articles identified

17 reported on evaluation methods and/or mostly qualitative indicators

Of OECD's 54 proposed 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.....



# 8 principles for evaluating cancer networks



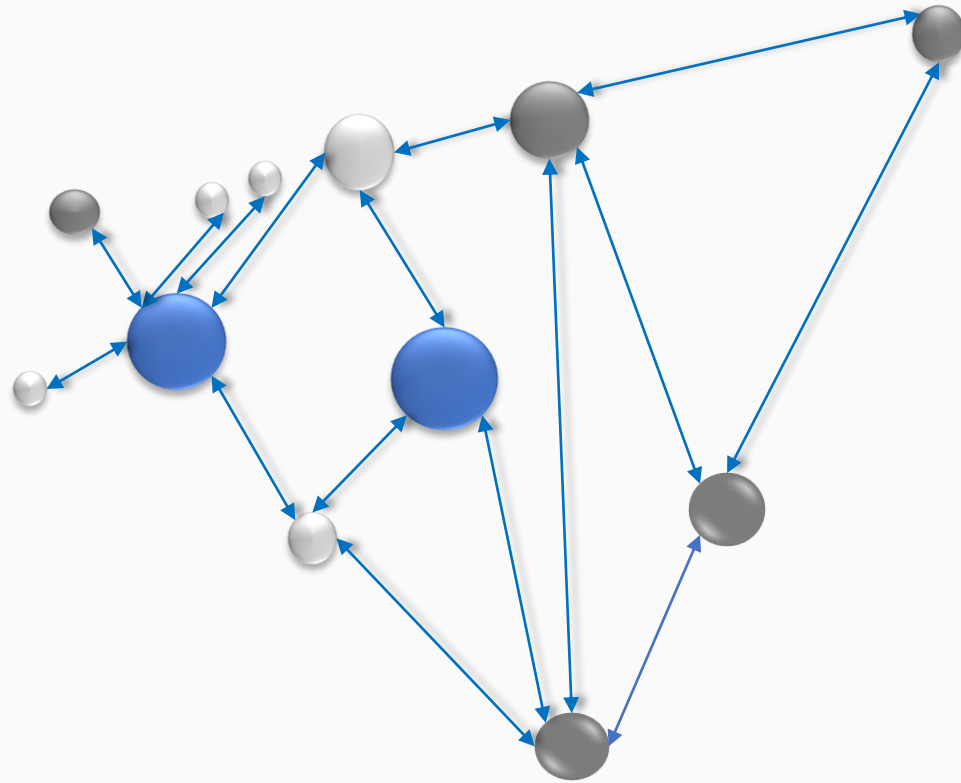
1. The network has a **defined governance structure** with clear objectives, contractual agreements between all parties, and an established Board of Directors to provide leadership.
2. The network has a **broad representation of key stakeholders across the continuum of care**, including primary, secondary and tertiary healthcare providers responsible for patients in a defined geography. The scope includes clinical research and engages universities and research institutes in translational research.
3. The network ensures that every patient is diagnosed and managed in a **fully multidisciplinary way**.
4. The network ensures **patient-centredness** by structured involvement and consultation of patient representatives. It also ensures equitable access to care and information, case management and continuity of care without undue variation.
5. The network ensures a focus on **sharing best practices, promoting innovation**, and new technologies and models of care.
6. The network ensures **uniform quality standards and clinical guidelines**, underpinned by documented patient pathways.
7. The network has instruments to ensure the **monitoring and continuous improvement of care quality**, including key performance indicators, outcome indicators, and evaluation of employees.
8. The network maintains **communication and IT systems** which allow effective, consistent, and confidential sharing of data across the network.



- The **governance** of the Network should be clear
- All Comprehensive Cancer Networks should have at least one **CCC or large Clinical Centre** present
- The patient **pathways** in the network should be clear
- **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

OECE's Network Standards follow these principles

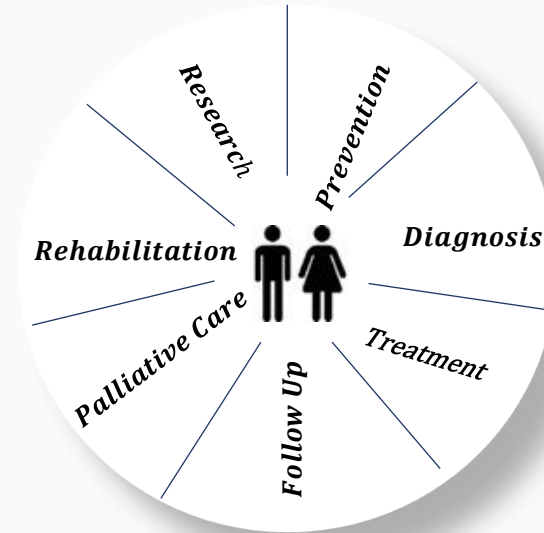
# Comprehensive Cancer Networks

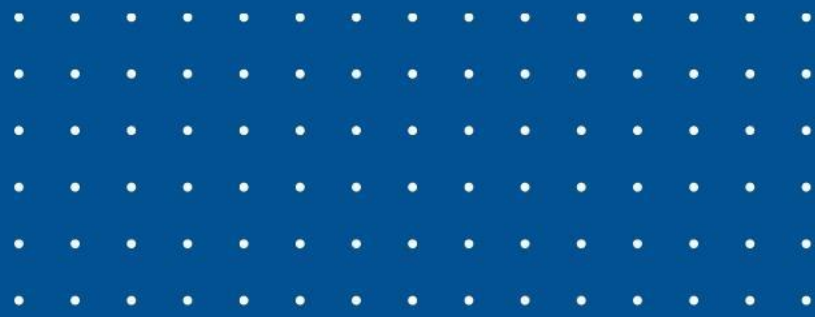


A growing consensus on what works well, and how to evaluate them

- CCCs
- Clinical Cancer Centres
- Research Institutes
- Parts of General Hospitals.
- Diagnostic units etc.

Whole pathway





**These are the important domains of a Cancer Centre and Network**

- ✓ Governance of the Cancer Centre
- ✓ Organisation of the Cancer Centre
- ✓ Patient involvement and empowerment
- ✓ Multidisciplinarity
- ✓ Prevention and Early Detection
- ✓ Diagnosis (Radiology, Nuclear Medicine, Pathology, Molecular diagnostics)
- ✓ Treatment (Surgery, Radiotherapy, Medical Oncology, Nursing, Pain, Supportive disciplines, Survivorship, Rehabilitation, Palliative Care, End of Life Care.
- ✓ Research (Basic, Translational, Clinical Research)
- ✓ Education and Training in all disciplines.



<https://accreditation.oeci.eu/wp-content/uploads/2022/08/European-Network-Quality-Standards-v5.3.pdf>

Under “News”

## Revised European Quality Standards for Cancer Networks will be piloted at OncoZON

29 AUG 2022

The OEI A&D Board has approved the revised version (5.3) of the European Quality Standards for Cancer Networks. This revision is based on the experiences of the 1st pilot of the Network standards at the Association Toulousaine d'Oncologie Publique (ATOP) in Toulouse in April 2021.

The OncoZON (Oncology Network SouthEast Netherlands) Network, consisting of the Maastricht University Medical Centre (MUMC+), 8 other regional hospitals and a radiotherapy institute in Maastricht, has agreed to participate in the 2nd pilot for the OEI European Network Standards certification. The Network is currently in the self assessment phase, the peer review visit will take place in 2023. MUMC+ has been certified in the A&D Programme since March 2021 and is designated as an OEI Comprehensive Cancer Centre.

For more information, please see the attachment.



### Access to the network

#### Standard 32:

The Network has policies and procedures for ensuring equal access of patients to care throughout the network and reducing variations in outcomes.

### Performance indicators

#### Standard 21:

The Network uses an agreed set of Performance Indicators

These Performance Indicators could include: waiting times from first referral to diagnosis and first treatment; specific surgical interventions and follow ups; length of Inpatient stay; Survival; Quality of Life Measures.



### Network co-ordination team

#### Standard 15:

There is a Network co-ordination team with the resources to co-ordinate the activities of the network which has a defined role in maintaining functional data systems to enable the Network to operate effectively.

### Multidisciplinary meetings

#### Standard 36:

##### MDTs for each tumour type covered by the network are established

1. The network ensures that MDTs for each tumour type covered are established across the network
2. Each MDT ensures that whatever the entry-point of a patient, the patient pathway governing the agreed location for treatment, is complied with

### Enrolment in clinical trials

#### Standard 43:

Enrolment of patients into clinical trials is supported at the network level to ensure that all patients eligible are considered.



# What is OncoZON?







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

## 9 Designated Centres

7 Cancer Centres use the OEI accreditation programme



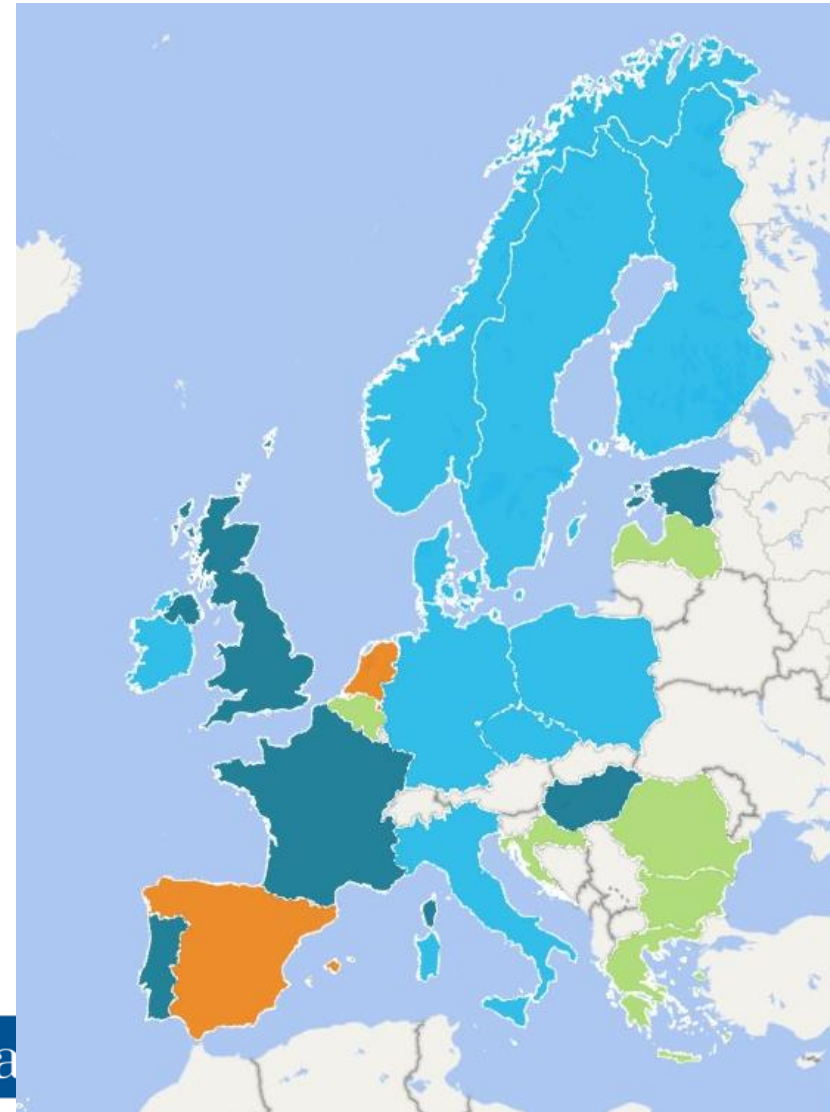
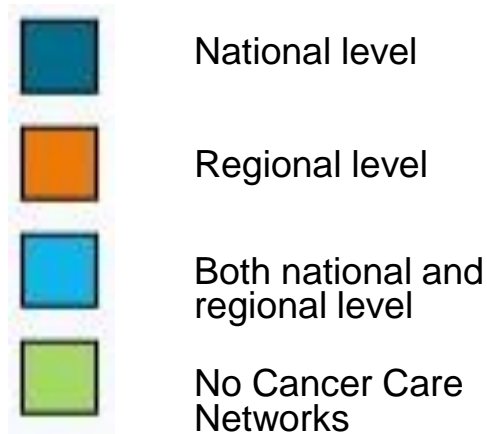


# A National Comprehensive Network also exists in Denmark



# The European Overview: National and Regional Cancer Networks per Member State (from Joint Action on Rare Cancers (JARC) - 2017)

## Cancer Care Networks:





## If we stick closely to the Cancon Definition then....

- France has patchy coverage – e.g. a large one in Rhône-Alpes
- Italy has patchy coverage - e.g. Tuscany
- Germany has Outreach from CCCs in development
- **The Netherlands will gradually achieve full coverage**
- Sweden and Finland – 100% coverage and functioning
- Czech Republic has in one region (South Moravia around Brno)
- England still has the remnant of 28 networks covering the whole country
- Poland's exist on paper but are not mature (exception Wroclaw)
- At least 7 Member States have none at all – Latvia, Bulgaria, Romania, Greece, Croatia, Malta, Belgium



- The Network Board has elaborated and owns a coherent strategy
- That strategy encompasses clinical care, research and education
- There is a network of strategic Tumour Working Groups which 'sit above' the MDTs and discuss updates to clinical guidelines; best practices, clinical trials
- Full range of MDTs – some hospital-specific, some on a network basis (videoconferenced)
- Shared resources: RT; Transplants; Cat-T; Proton Beam; biobanking
- Developing “Communities of Practice” – e.g. Oncology Nursing
- Developing colloquia between scientists and clinicians and patient on a Network basis
- Engaging patients across the network to co-create resources such as patient information



## Opportunities

- Integrating research and innovation to accelerate improvements in diagnosis, treatment and aftercare
- Optimising the 'close to home' and specialist centralisation balance
- Managing treatment volumes
- Deepening multidisciplinary
- Bringing researchers and clinicians and patients together
- Optimisation of clinical trials

## Challenges

- Different agendas and funding mechanisms of health and research
- Lack of centralised funding for cancer centres or networks
- IT interoperability and sharing data
- Is expertise travelling just an ideal?? – second opinions?

