

Developing a national cancer plan to coordinate the fight against cancer in Luxembourg

Overview

In 2012, cancer was the leading cause of mortality in men causing 32.1% of all male mortalities, and the second leading cause in women at 26.7%.¹ Despite many initiatives aimed at reducing the burden of cancer and increasing the availability of high-quality cancer services, the Ministry of Health recognized that there was a need for an overarching strategic vision to unite current services. In this context, a national framework to direct and coordinate the fight against cancer was proposed. In 2013, the Ministry of Health began the development of a national cancer plan, appointing a coordinator to oversee the process. International recommendations from the European Partnership for Action Against Cancer and WHO were adapted to

the national context and extensive input from stakeholders was sought and incorporated into the plan. In 2014, the final National Cancer Plan 2014–2018 was approved by the Ministry of Health, listing 10 priority areas for action: governance, health promotion, prevention, screening, diagnostics, treatment, rehabilitation, resources, patients' rights and research. Specific actions within each area include, for example, increasing smoking cessation programmes, establishing systematized screening programmes for priority cancers, validating care guidelines, strengthening community care, fostering multidisciplinary team working and implementing performance assessments for health providers. Proposed changes in services delivery will be supported with complementary legislation

and policies at the Ministry level. Cross-ministry partnerships, such as between the Ministry of Health and Ministry of Education to improve nursing education, will be established. Several national-level organizations will also play key roles and the Ministry of Health plans to establish a new National Cancer Institute to lead cancer initiatives. Investments in existing organizations will also be made, including a new genetic research department within the National Health Laboratory. A rigorous evaluation strategy for the Plan has been laid out, with a midway evaluation planned for 2016 and a final evaluation anticipated in 2018. At present, implementation of the Plan is underway and the Ministry is already looking ahead to the National Cancer Plan 2019–2023.

Problem definition

With almost a third of mortality in 2012 attributable to cancer and approximately a quarter of all cancer cases affecting people under the age of 65, cancer poses a considerable negative social and economic impact in Luxembourg (Box 1)¹. Despite national availability of high-quality cancer services across the care spectrum, services were believed to lack coordination. Furthermore, projected increases of cancer incidence in Luxembourg's ageing population, compounded by rising numbers of people living with cancer or post-cancer morbidities

due to improved survival rates, triggered concerns over the financial sustainability of current practices.

Box 1

What problems did the initiative seek to address?

- High cancer mortality rates.
- Projected increases in cancer incidence and prevalence.
- Financial concerns over sustainability of cancer services provision.
- Lack of coordination of cancer services.

Health services delivery transformations

Timeline of transformations

In July 2013, the Ministry of Health initiated the development of the National Cancer Plan 2014–2018 to create a joint platform for change in the fight against cancer (Table 1). In July 2014, after a one-year development period, the Plan was officially launched and actions are currently underway to achieve the 10 priorities outlined by the Plan. A midway evaluation to assess progress towards goals and determine future directions is scheduled for 2016.

Table 1

What were the chronological milestones for the initiative?

2013	National Cancer Registry established to improve collection of cancer statistics.
July 2013	Ministry of Health initiates development of the National Cancer Plan 2014–2018 to improve coordination of cancer services and related activities; Plan is elaborated in consultation with stakeholders.
July 2014	National Cancer Plan 2014–2018 launched; activities to achieve outlined objectives begin.
Present	Continuing effort to achieve National Cancer Plan 2014–2018 objectives.
2016	Midway evaluation of National Cancer Plan 2014–2018.
2018	Final evaluation of National Cancer Plan 2014–2018; elaboration of National Cancer Plan 2019–2023.

Description of transformations

Selecting services. Improvements to services will take place across the care spectrum from health promotion, disease prevention and screening to rehabilitation and end-of-life care. Changes will include implementation of health promotion programmes targeting smoking cessation, alcohol abuse and weight loss; development of cancer prevention services, such as the introduction of medical radiation exposure controls and increasing HPV vaccinations; expansion of screening services, particularly for prevalent cancers like breast and colon; introduction of multidisciplinary rehabilitation; and promotion of home and community-based end-of-life care.

Designing care. Diagnosis, treatment and rehabilitation guidelines for prevalent cancers will be validated and implemented. Priority guidelines to undergo validation are for lung, prostate, breast and colorectal cancers. Guidelines for cancers of the skin, pancreas and blood are planned to follow. Once validated, guidelines will be shared among health providers and made available to the public. Guidelines

are to be developed according to international recommendations, adapted to the national context with input from clinicians and scientific organizations. New care standards are also being implemented to ensure timely provision of care; for example, tissue samples collected through screening must be processed within five working days.

Organizing providers. Specialized cancer nurses will act as case managers for cancer patients to improve coordination and continuity of care. The Plan also advocates for increasing the role of primary care and community health providers. The importance of working as part of a multidisciplinary team, with the inclusion of a variety of professionals such as dietitians, psychologists and occupational therapists, is also emphasized. To facilitate communication among providers, an electronic dossier for cancer patients will be implemented by 2018; it is planned this will be integrated into the electronic medical records system currently in development.

Managing services. The Ministry of Health initiated and led the development of the National Cancer

Plan 2014–2018 and continues to have oversight over its implementation. The Ministry of Health is supporting and fulfilling actions called for within the plan and has developed 10 priority goals to be assessed annually. Establishment of a new National Cancer Institute is planned to lead and support cancer initiatives.

Improving performance. Continuing professional education is seen as integral for guaranteeing safe and high-quality care. Trainings will be provided on the new guidelines once established and validated. Quality assurance plans will also be put in place across the care spectrum.

Health system enabling factors

The National Cancer Plan 2014–2018 provides a guiding framework to align multiple components across the health system in the national fight against cancer. Over the past decade leading up to the plan, a number of laws and policies relating to the fight against cancer were adopted including regulations concerning environmental exposures, restriction of smoking in public places and programmes such as the Healthy Living and Physical Activity Programme. The National Cancer Plan 2014–2018 aims to coordinate and build on these efforts, as well as to fill existing gaps (Table 3). The Ministry of Health is supporting planned activities with legislative action and is taking a health in all policies approach to cancer, as already practiced in other government programmes. Collaboration between the Ministry of Health and Ministry of Education to revise nursing education curriculums to include necessary oncology training, as well as to devise a strategy to ensure children with cancer can remain in education, provides an example of cross-ministry work proposed under the Plan.

A National Cancer Institute will be established by the Ministry of Health as the lead agency in

Table 2

How was the delivery of health services transformed through the initiative?

Before	After
Selecting services	
High-quality cancer care available to population as part of social health insurance package; screenings in place for some cancers but not systematized; sporadic health promotion and disease prevention activities implemented.	Planned improvement and strengthening of services across entire care spectrum from health promotion through to rehabilitation and end-of-life care; coordination between cancer services will be increased.
Designing care	
Care standards generally recognized as high but no measures in place to quantify these; variability observed in care due to a lack of comprehensive evidence-based care guidelines.	Plan will standardize care pathways through the introduction of evidence-based care guidelines; guidelines will be developed based on international recommendations.
Organizing providers	
Providers delivering care for cancer patients concentrated in specialized hospital settings; role of primary care providers and other health professionals underdeveloped; electronic medical records system in development to improve communication between providers.	Specialized cancer nurses to act as case managers for cancer patients will be introduced; role of primary care and community health providers will be increased; multidisciplinary teams including dietitians, occupational therapists and psychologists will be encouraged; electronic cancer dossier will be integrated in the electronic medical records system currently in development.
Managing services	
Modern facilities equipped with latest cancer care technology; investment in electronic information systems underway; agreements with neighbouring countries in place to provide highly-specialized care for rare cancers.	Ministry of Health initiated and led the development of the initiative; National Cancer Institute will be established to lead and support cancer initiatives.
Improving performance	
Limited oversight of health providers' performance and adherence to cancer care standards.	Health providers will receive training on new guidelines; cancer quality assurance plans will be put in place across the care spectrum.

the fight against cancer. Among other responsibilities, the Institute will coordinate the organization of oncology at the national level, monitor epidemiological indicators for cancer, promote cancer research and publish evidence-based recommendations for improving cancer care. The existing National Health Laboratory – which currently analyses cancer screening samples – will also play a pivotal role in cancer research and will be developed into an academic centre for excellence. A national human genetics department

will be established within the Laboratory to lead genetic cancer research and the Laboratory will partner with the Integrated BioBank to collect and build a database of cancer tissue samples. The National Research Fund will be an important financier of cancer-related research.

Strengthened information systems, including the introduction of the National Cancer Registry in 2013 and the electronic medical records system currently in development, will enable monitoring of progress

towards Plan objectives, as well as increase oversight of health providers' performance. Indicators on which to evaluate the Plan are currently being devised by expert working groups. Annual assessments on progress based on chosen indicators will be conducted and an independent midway evaluation for the Plan is scheduled for 2016. A comprehensive final evaluation in 2018 will document achievements of the Plan and provide planning insight for the National Cancer Plan 2019–2023.

Table 3

How has the health system supported transformations in health services delivery?

System enablers	Example
Accountability	<ul style="list-style-type: none"> National Cancer Institute will be established as the leading authority for cancer. Supportive legislation to promote healthy environments, reduce hazardous exposures and strengthen care standards will be enacted.
Competencies	<ul style="list-style-type: none"> Formal education for nurses will be revised in partnership with the Ministry of Education to improve nursing competencies in cancer care.
Information	<ul style="list-style-type: none"> National Cancer Registry documents cancer-related statistics. Development of an electronic medical records system will enable improved monitoring of progress towards Plan objectives.
Innovation	<ul style="list-style-type: none"> National Cancer Institute will be established to lead innovation in cancer care and research. Investments will be made to elevate the National Health Laboratory to a centre of academic excellence and leader in genetic cancer research.

implementation; hosted stakeholder meetings.

- **Project coordinator.** Led stakeholder interviews; mediates working group discussions; monitors and evaluates progress towards Plan objectives.
- **Working groups.** Responsible for defining care pathways and indicators; each priority within the Plan has its own dedicated working group to oversee necessary activities.

Initiating change

The significant negative social and economic impact of cancer observed by the Ministry of Health signalled the need for action. Many other European countries had already established national cancer strategies and both the European Partnership for Action Against Cancer and WHO had developed guidelines for cancer control programmes, providing a strong starting base for the design of Luxembourg's Plan. A "gap analysis to know what existed and what was lacking" was carried out, incorporating opinions of key stakeholders. Financial incentives were offered for attending stakeholder meetings to ensure necessary actors were present for planning discussions and teleconferencing further facilitated attendance.

Implementation

After a one-year planning process, implementation of the Plan began in July 2014. Timely implementation of the Plan and progression towards goals are kept on track by the project coordinator. Implementation of the Plan is still in the early phases and working groups are currently defining care pathways and indicators before changes to services delivery are enacted.

Outcomes

It is hoped that the National Cancer Plan 2014–2018 will help reduce the incidence of cancer, improve cancer survival rates and enhance quality of life for cancer patients and survivors. An intermediary evaluation of the Plan's impact is planned for 2016.

Change management

Key actors

The Ministry of Health initiated development of the National Cancer Plan 2014–2018 in response to epidemiological concerns and hired a project coordinator to oversee design and implementation of the Plan. All key stakeholders were engaged throughout the development process (Box 2). Interviews with each key stakeholder group – including insurance companies, cancer societies, health providers and patients – were held individually. A series of workshops then brought stakeholders together to collectively

define priorities under mediation from the project coordinator. "The main challenge was a lack of discussion between all stakeholders. People were doing things but communication was really missing. It was really interesting to see everyone work together." Expert working groups have been established by the Ministry to oversee activities for each of the Plan's priorities. All working groups initially strategize together to ensure an integrated approach, before breaking out individually for specialized tasks.

Box 2

Who were the key actors for the initiative and what were their defining roles?

- **Ministry of Health.** Initiated the development of the National Cancer Plan 2014–2018 and hired a project coordinator to oversee its design and

Moving forward

The National Cancer Plan 2014–2018 continues to be implemented according to schedule. A midway evaluation will be conducted to assess progress towards goals and identify any changes or adjustments needed moving forward. A final evaluation will be conducted in 2018, which will serve as the basis for developing the National Cancer Plan 2019–2023.

Highlights

- Strong government commitment was essential to realizing a coordinated national approach.
- Involving a diverse range of stakeholders from the beginning helped to guide the initiative.

1 Ministry of Health. (2014). *Plan National Cancer Luxembourg 2014-2018*. Retrieved from <http://plancancer.lu/>