

## Summary

### Planning and Organizing of Cancer Services

#### International network

21<sup>th</sup> of November 2008

#### Meeting at The National Board of Health 20<sup>th</sup> of October 2008, 17.30-20 p.m. – room 501

The meeting was chaired by The National Board of Health: Chief Physician Niels Hermann and The Danish Cancer Society: Director of Quality Janne Lehmann Knudsen

#### Welcome and introduction

Niels Hermann and Janne Lehmann Knudsen welcomed all and shortly summarized the cancer session of the day “Quality in Cancer Care” from the ISQua conference.

The purpose of the meeting was to discuss the possibility of and interest in the development of an international network, and to agree on how to move forward with the network. The idea is that the network will make it easier to share knowledge and learn from each other on planning and organizing of cancer services.

#### Short introduction and discussion of three main topics:

Four countries (France, Australia, Canada and Denmark) had kindly agreed to introduce their experiences of the cancer care. Three topics were introduced:

- Organization of cancer services
- Integrated Cancer Care Pathways
- Patient Involvement

#### *Organization of cancer services*

Søren Worsøe Laursen, Denmark illustrated the world wide as well as the Danish cancer burden by listing the common challenges of cancer. Two main challenges of cancer services was summarized as synchronization of plans and services and bridging the “knowing – doing” gap. Varied responses to these challenges were presented and two main questions were raised; what have been the main effects of the cancer plans and are they sufficient by themselves to initiate the proposed changes? What are the effects on cancer services from institutional arrangements where specific institutions exclusively organize cancer?

Director of Quality of Care, Christine Bara from the National Cancer Institute in France introduced the “Institut National du Cancer France”. The aim of the Institute is to coordinate and mobilize a long term national policy to fight cancer.

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Four action areas were introduced: 1) impulse and support actions in the field of public health, 2) work in a multidisciplinary approach, 3) develop appropriate information to patients and health professionals and 4) promote research to ensure a continuum between care and research.

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### ***Integrated Cancer Care Pathways***

Niels Hermann introduced the Danish strategy for integrated cancer care pathways. The aim is to ensure that all cancer patients receive predefined fast-track care from the clinical suspicion of cancer all the way through diagnostics, treatment and rehabilitation, without unnecessary waiting time.

Vice President Carol Sawka from Cancer Care, Ontario Canada introduced the Ontario work with cancer care. The aim of the work is to improve the performance of the cancer system by driving quality, accountability and innovation in all cancer related services. In the process the patient pathway for each cancer type has been mapped starting with colorectal cancer. This cancer was used to identify gaps between current performance and best practice.

### ***Patient Involvement***

Janne Lehmann Knudsen, introduced the discussion of patient involvement in cancer care. Why and how to involve patients? The aim of health care is to ensure optimal results for the patient stressing that the patient is the only person who has knowledge about the complete pathway. Involving the patients'/relatives' perspectives in planning care services brings new knowledge and creates a more sufficient platform for decision making. We need more knowledge about the best way to bring in the resources of patients and relatives in planning of cancer care.

General Manager Karen Luxford from National Breast and Ovarian Cancer Care, Australia introduced patient involvement in the development of cancer care pathways in Australia. The patient organisations have major influence on the pathways and are respected by the clinicians. There is a growing movement internationally to involve patients in improving care provision, shared decision making and the redesign of health services and systems.

### **The need of sharing knowledge - function and organization of the network**

It was agreed to establish an international cancer network. It was briefly mentioned that the network could function in the context of ISQua, however this need to be clarified.

The National Board of Health and The Danish Cancer Society will send a short summary of the meeting as well as the slides presented and an update of the network's list of names. Until the next ISQua conference The National Board of Health and The Danish Cancer Society will act as secretariat.