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# Fostering system readiness in cancer care

Meeting report from 21 September 2021:  
virtual ancillary ESMO event

The Health Policy Partnership (HPP) was thrilled to launch its policy brief, [Fostering system readiness in cancer care](#), at a webinar in September. The event, which coincided with the European Society for Medical Oncology (ESMO) Congress, gathered together experts in the field of health policy, oncology and patient advocacy to discuss readiness in cancer care. **Dr Suzanne Wait** (Managing Director, HPP) welcomed the attendees and gave a brief background on HPP's work on cancer care readiness and radioligand therapy. Dr Wait then introduced the first case study from **George Wharton** (Senior Lecturer, Practice in Health Policy, London School of Economics and Political Science).

## Case study: Partnership for Health System Sustainability and Resilience

**Mr Wharton** presented the work being done by the [Partnership for Health System Sustainability and Resilience](#) (PHSSR) on developing an assessment framework for healthcare system sustainability and resilience. It identifies strengths, weaknesses, opportunities and threats across five defined domains of the health system: governance, financing, workforce, medicines and technology, and service delivery.

A description of how sustainability and resilience could be 'mutually reinforcing' was then given by Mr Wharton, but he noted that what might strengthen one might not strengthen the other. For example, seeking to improve the sustainability of a health system by reducing costs could impair the quality of health services, unless there are associated increases in efficiency. However, focusing too heavily on efficiency might reduce the flexibility of a system and subsequently impact its resilience.

The next phase of the PHSSR's project is conducting assessments in 12 new countries, and engaging with stakeholders to spark policy dialogues to promote and act upon its findings.

## Case study: Radioligand Therapy Readiness Assessment Framework

**Professor Ken Herrmann** (Director, Clinic for Nuclear Medicine, University Hospital Essen) presented after Mr Wharton, providing an overview of what radioligand therapy is and how it fits into cancer care. He explained how radioligand therapy targets and treats a range of cancers, and added that a multi-sectoral approach is needed to appropriately plan for and deliver the treatment.

Professor Herrmann then introduced the [Radioligand Therapy Readiness Assessment Framework](#), which assesses the readiness of a health system for the integration of



radioligand therapy across five domains: governance, regulation and reimbursement, identified need, service provision and health information.

Using his experience of developing and applying the framework, Professor Herrmann provided considerations for developing other assessment frameworks in cancer care, including conveying a clear aim, defining a target audience, being adaptable, involving experts and encouraging practical next steps.

### *Case Study: Radioligand Therapy Readiness Assessment, Professor Ken Herrmann*

## **Developing assessment frameworks in cancer care**

An assessment framework should:

1. Convey a clear aim
2. Have a defined target audience
3. Specify the parameters within which the framework is applied
4. Consider relevant domains, subdomains, indicators, metrics and contextual factors
5. Be adaptable
6. Involve experts in development
7. Define its limitations
8. Encourage a clear 'next step'



## **Moderated panel discussion: 'How can we work together to create sustainable, resilient and prepared cancer care systems across Europe?'**

After the presentation from Professor Herrmann, **Dr Wait** introduced the moderated panel discussion, introducing each member of the panel and, in turn, asking them to give their insights on what makes a sustainable, resilient and prepared cancer care system.

**Alex Filicevas** (Executive Director, World Bladder Cancer Patient Coalition; President, All.Can International) stated that three key elements are required. Firstly, implementing an active and continuous learning cycle to understand how cancer care systems are performing, in order to identify gaps in provision and highlight inefficiencies. Secondly, focusing on early diagnosis to improve outcomes and reduce pressures on healthcare systems. Lastly, harnessing data in cancer care can help with understanding how and why treatments work, gauging how effective screening programmes are and improving personalised care.

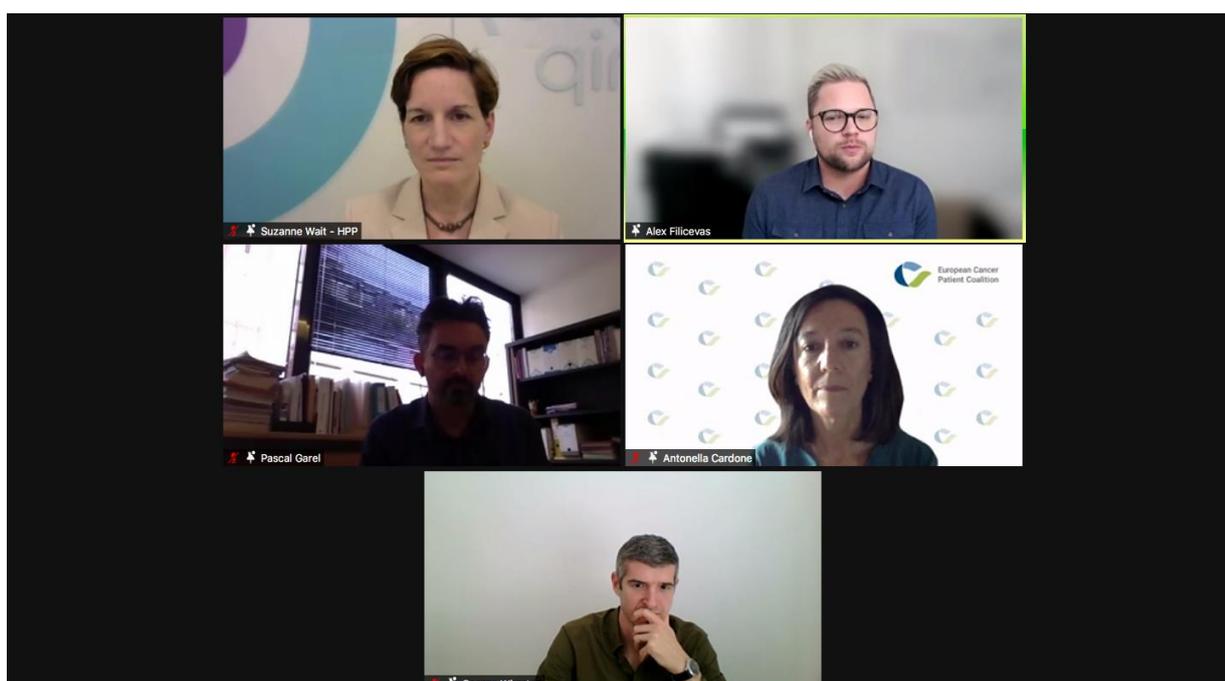


**Pascal Garel** (Chief Executive, European Hospital and Healthcare Federation, HOPE) focused on two examples of good practice which could address the sustainability challenges posed by the growing burden of cancer. The first is to move cancer pathways into community care in an effort to boost support and implement ‘hospitalisation at home’. The second is the introduction of comprehensive cancer centres which undertake a wide range of cancer care services, from basic scientific discovery to the delivery of novel approaches such as targeted therapies. Mr Garel argued that the main challenge will be improving and keeping a specialist cancer workforce. The growing complexity of cancer care, caused by increasingly sophisticated treatments and ageing populations with a range of co-morbidities, will increase the pressure placed on this workforce. It will also require an expansion of core and specialist training to allow the workforce to deliver complex and multidisciplinary care.

**Antonella Cardone** (Director, European Cancer Patient Coalition, ECPC) advocated for a broader, more value-driven and patient-centred, assessment of health system resilience. Ms Cardone stressed that it is ‘only what gets measured that gets done’, emphasising the importance of data-driven cancer care systems. She also highlighted a framework that the ECPC is developing to monitor the progress and success of Europe’s Beating Cancer Plan.

**Mr Wharton** stated that when assessing health system resilience and sustainability, it is crucial to consider the population itself and the social determinants of health. He also stressed the importance of applying frameworks in the real world. According to Mr Wharton, many frameworks are developed, but it is rare that they are applied in practice or drive change. He suggested that central bodies, such as the European Commission, should play an important role in developing and implementing health system resilience tests.

Moderator and panellists (from top left): Dr Suzanne Wait, Alex Filicevas, Pascal Garel, Antonella Cardone and George Wharton





The panel discussion focused on key barriers that need to be addressed to achieve a ready cancer care system, including political challenges. **Mr Wharton** said that ‘unless our political leaders change the way in which they seek out and incorporate expert advice in the formation of policy, the pace of progress will be somewhat impeded’. **Ms Cardone** then highlighted the importance of breaking down silos between government departments. She stated that investments in health affect many other sectors and this should be recognised in the development of all policy across government. **Mr Garel** went on to state that the main issue in policymaking is that we base the success of an economy on gross domestic product – if health was the measure of success, then we would be looking at a different policy picture.

## Patients and cancer care readiness

To conclude the meeting, **Dr Anne-Marie Baird** (President, Lung Cancer Europe) provided a series of insights from the patient and lung cancer care perspective on system readiness, sustainability and resilience. Dr Baird stated that there are many challenges to system readiness within the lung cancer community. She then shared an example of healthcare professionals raising concerns about whether a campaign focused on improving early diagnosis of lung cancer could lead to the healthcare system being unable to cope with the increased number of patients seeking diagnoses. Readiness must never be seen in isolation, as it requires a system-wide approach that covers the entire patient pathway.

Dr Baird also discussed the Radioligand Therapy Readiness Assessment Framework and suggested that two domains could be added – one on digital innovations, and another on academia and the research environment. The integration of the second domain is particularly important, given the influence research has on the uptake and implementation of new treatments.

Dr Baird went on to emphasise that readiness impacts every stage of the patient pathway, particularly timely access to diagnosis and treatment. Treating and managing cancer requires a multidisciplinary and holistic approach, which also includes access to services that cover mental health, rehabilitation, physiotherapy and diet. When looking at health system readiness, services such as these are important for meeting people’s needs and ensuring care does not stop once a person leaves the clinic.

To download the policy brief, see [here](#).

The policy brief was developed by The Health Policy Partnership in collaboration with a multi-stakeholder International Advisory Group. The group has had full editorial control over all international-level outputs, with national-level groups maintaining editorial control for national outputs. The project is supported with funding by Advanced Accelerator Applications, a Novartis Company, with additional support from Nordic Nanovector.