RIGSREVISIONEN

Extract from the report to the Public Accounts Committee on objectives, results and follow-up on cancer treatment

January 2012

I. Introduction and conclusion

1. This report is about economy, objectives, results and follow-up on the Ministry of Health and Prevention's (the Ministry of Health) cancer policy. The Ministry of Health determines the overall framework for the Danish healthcare sector, including cancer treatment, whereas the regions are responsible for running the healthcare sector.

2. The background of the examination is the fact that cancer treatment has been high on the political agenda for a number of years and substantial funds have been allocated to the area. Moreover, in recent years several initiatives have been implemented to improve cancer treatment in Denmark.

3. Cancer is the most common cause of death in Denmark and more than 15,000 people die from cancer every year.

36,000 new cases of cancer were diagnosed in Denmark in 2010. There are many reasons for this development, e.g. the average age of the Danish population is increasing, and the risk of developing cancer increases with age. By the end of 2010, approximately 235,000 Danes were living with a cancer disease. This number includes individuals that were undergoing treatment or going to regular check-ups as well as individuals who had made a full recovery from a cancer disease.

4. The objective of the examination is to assess whether the Ministry of Health has set targets for the cancer treatment, and whether the ministry and regions monitor the results of the cancer treatment. The report answers the following questions:

- How much funding has been allocated to cancer treatment, and has the Ministry of Health imposed conditions on and set performance targets for the appropriations?
- Has the Ministry of Health set targets for the quality of the cancer treatment, the patient waiting times and the patients' survival rates, and has progress been recorded in these three areas?
- Are the Ministry of Health and the regions monitoring the quality of the cancer treatment, the patient waiting times and the patients' survival rates?

5. The examination includes the Ministry of Health and the five regions and covers the period 2007– 2010. Data for years prior to 2007 are included in the report to illustrate the development over more years when considered necessary. Three cancer diseases were singled out for the report: lung cancer, colorectal cancer and ovarian cancer.

The examination was launched on the basis of the Public Accounts Committee's request for a follow-up on the Report on coherent patient pathways from February 2009. This report supplements the previous report by examining an area characterized by the development and implementation of particularly many coherent patient pathways.

MAIN CONCLUSION

Cancer is the most common cause of death in Denmark today and more than 15,000 people die from cancer every year. Rigsrevisionen has examined the economy, objectives, results and follow-up on the government's cancer policy in respect to three concrete cancer diseases.

The Ministry of Health determines the overall framework for the Danish healthcare sector, including cancer treatment, whereas the regions are responsible for running the healthcare sector.

In recent years, the government has launched various cancer treatment initiatives; among these three Cancer Plans and the so-called patient pathway packages that were introduced to ensure the patients' smooth pathway through the system and avoid unnecessary waiting time. Appropriations of in total DKK 6.8 billion allocated to the regions in the period 2007-2010 included reference to cancer treatment. The Ministry of Health is not setting targets for the results that the regions are expected to achieve within cancer treatment on the basis of the allocated funds.

Maximum waiting times

With the introduction of the maximum waiting times, the Ministry of Health set targets for cancer patients' maximum waiting time for preliminary examination, treatment and aftercare. In its comments to the Report on maximum waiting time for cancer treatment, the Public Accounts Committee noted that it considered it unsatisfactory that the Ministry of Health had not through the hospital owners ascertained that the patients' rights were ensured.

In his response to the report, the Minister of Health made it clear that the nature of the potential monitoring would be specified in all future bills introducing new procedural rules, and in particular in those establishing new rights for the citizens.

Thus the Minister of Health did not at the time commit to establishing monitoring of the maximum waiting times and still monitoring has not been established. In the opinion of Rigsrevisionen, the maximum waiting times need to be monitored to ensure that action is taken if they are not observed. Rigsrevisionen welcomes the Ministry of Health's initiative to implement a process that will ensure complete and on-going monitoring of compliance with the maximum waiting times.

Patient pathways in cancer care packages

The Ministry of Health has for patient pathways in packages predetermined the amount of time reserved for the investigation and treatment phase. In April 2008, the Minister of Health stated in his response to the Report on maximum waiting time for cancer treatment that the ministry would ensure more detailed monitoring of the patient pathway packages.

Rigsrevisionen's examination has demonstrated that the Ministry of Health has not established detailed monitoring, and it is therefore not possible to determine whether the timing of the packages is observed. The ministry has stated that a more precise monitoring of the predetermined timing of patient pathway packages will now be implemented.

Rigsrevisionen finds it most unsatisfactory that the Ministry of Health, contrary to the statement made in April 2008, has not established detailed monitoring.

The quality of the treatment and cancer survival rates

The Ministry of Health has not set targets for the quality of the cancer treatment nor for the cancer survival rates. The ministry is not monitoring the quality of the cancer treatment in the clinical databases. The regions are not following up on the results derived from the clinical databases in a consistently satisfactory manner.

Conclusion

Rigsrevisionen acknowledges the efforts made at all levels of the healthcare sector to improve the cancer treatment. The Ministry of Health should, however, to a greater extent impose requirements on the regions to produce concrete results in the cancer treatment area. Clearly defined targets and on-going follow-up may lead to increased management focus on the area and facilitate assessment of whether the funds provided and many initiatives taken have resulted in enhancement of treatment, reduced waiting times from referral to treatment and improved survival rates.

The main conclusion is based on the following audit findings:

How much funding has been allocated to cancer treatment, and has the Ministry of Health imposed conditions on and set performance targets for the appropriations?

Appropriations of in total DKK 6.8 billion allocated to the regions in the period 2007-2010 included reference to cancer treatment. Most of the funds are not earmarked for concrete activities, and the regions are not by the Ministry of Health required to use the funds for specific purposes. It is up to the regions to prioritize how the allocated funds are used in the healthcare area in the individual region.

The Ministry of Health is not setting targets for the results that the regions are expected to achieve within cancer treatment on the basis of the allocated funds.

Has the Ministry of Health set targets for the quality of the cancer treatment, the patient waiting times and the patients' survival rates, and has progress been recorded in these three areas?

The Ministry of Health has not set targets for the quality of the cancer treatment nor for the cancer survival rates. With the introduction of the maximum waiting times, the ministry has set targets for cancer patients' maximum waiting time for preliminary examination, treatment and aftercare. The ministry has also for the patient pathway packages determined the maximum waiting time from referral of patients with suspected cancer to first treatment.

The regions have managed to improve the quality of lung cancer treatment. More lung cancer patients are thus receiving the quality of treatment set out in the clinical database. It is not possible to determine whether the quality of treatment of colorectal and ovarian cancer has improved as compared to the targets set.

The regions have not achieved the target concerning treatment of 85 per cent of all lung cancer patients within 42 calendar days. However, the waiting time for lung cancer patients from referral to treatment has been reduced, and an increasing number of patients now start treatment within the target. It is not possible to determine whether the waiting time for patients with colorectal cancer and ovarian cancer has also been reduced.

In the period 1998-2009, an increasing number of patients survived the first year after they had been diagnosed. Benchmarked against Australia, Canada, Norway, Sweden and the United Kingdom, Denmark has the second lowest cancer survival rates. This applies to both the one-year and five-year survival rate.

Are the Ministry of Health and the regions monitoring the cancer treatment, the patient waiting times and the patients' survival rates?

The development in the cancer treatment area is monitored by the Ministry of Health and the regions through, among others, the Cancer Steering Committee and the Task Force on Cancer and Heart Disease Patient Pathways.

The quality of the cancer treatment can be monitored in the clinical databases. The Ministry of Health is not monitoring the quality of cancer treatment in the clinical databases. The regions are not following up on the results derived from the clinical databases in a consistently satisfactory manner.

It is not possible for the Ministry of Health to monitor whether the maximum waiting times are observed, because the monitoring is based on estimates made by the hospitals. However, the ministry intends to implement a process to ensure complete and on-going monitoring of the maximum waiting times.

It is not possible for the Ministry of Health to monitor the predetermined timing of the patient pathways in packages, as the ministry has failed to establish detailed monitoring. The Ministry will now implement accurate monitoring of compliance with the pre-determined timing of the patient pathways in packages.

The Ministry of Health is following the development in the waiting time from referral to treatment for 11 areas of cancer covering the most common types of cancer. The regions follow the timing of patient pathways in packages on the basis of the estimates provided by the hospitals.

The Ministry of Health monitors the survival rates for eight types of cancer. The ministry also follows international comparisons of survival rates. Several regions state that they analyse data on the survival rates on an on-going basis and follow the development in the survival rates in the clinical databases.