

# Understanding health system factors for cancer survival across the International Cancer Benchmarking Partnership: the role of leadership and health system capacity in 7 high-income countries

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## Background

Characteristics of health systems almost certainly play some role in the well-documented differences in cancer survival across countries, but which ones are important drivers of these differences is less clear. As part of the International Cancer Benchmarking Partnership (ICBP), we asked what roles leadership and health system capacity play in cancer survival.

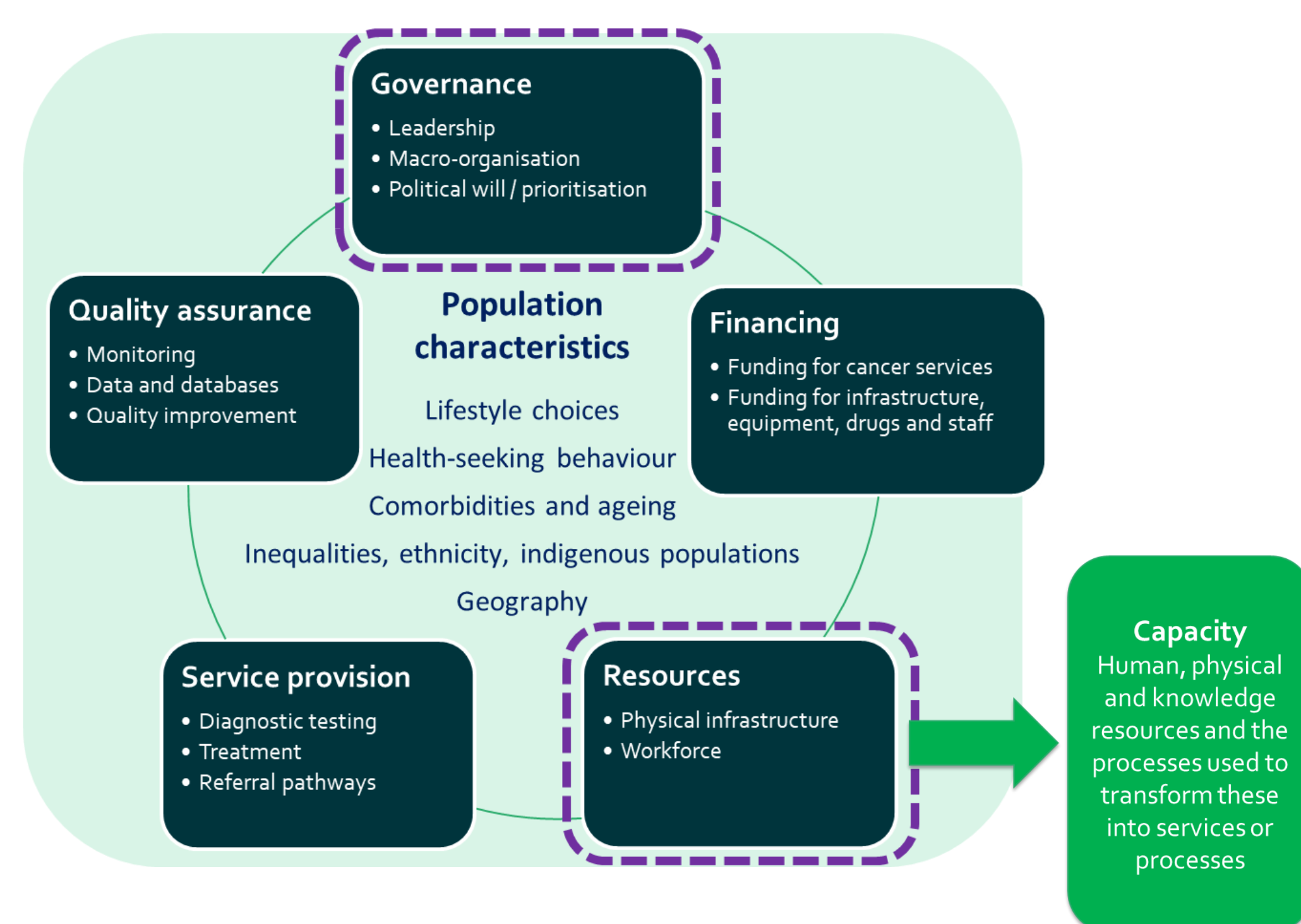
## Methods

We (i) developed a conceptual ('logic') model visualising the components of the cancer care system and the relationships between them; (ii) analysed cancer plans and strategies in 20 ICBP jurisdictions (1995-2018); and (iii) conducted interviews with 79 key informants in 13 jurisdictions to obtain perspectives on how health system factors impact survival (Table).

Jurisdiction	Type of organisation (main role)						Total
	National / regional government	Regional / local hospital management	Professional association	Patient organisation	Academia	Other	
Australia	5	2	1	1	1	1	11
Canada	8	7	2	1	1	-	19
Denmark	1	1	1	2	1	1	7
Ireland	2	1	1	-	1	1	6
New Zealand	3	-	1	-	1	2	7
Norway	1	2	-	-	1	1	5
UK	7	6	2	3	1	5	24
<b>Total</b>	<b>27</b>	<b>19</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>11</b>	<b>79</b>

## Findings

Our analysis identified six overarching themes considered to be key to improving cancer survival (Figure). This paper focuses on two themes: *Leadership*<sup>1</sup> and *Capacity*<sup>2</sup>.



### The role of leadership in driving change to improve survival

Leadership is important at several levels:

- **Political leadership** for the development of cancer care services:
  - important, but difficult to maintain political engagement
  - sustained success more likely where there has been the creation of a body to implement strategies
- Inclusion of **clinical leadership** in decision-making and implementation:
  - clinical leadership widely seen as key factor in driving change

*"So, bureaucrats don't speak clinical language, they speak policy language, and vice versa. And, what I feel that we do a lot of with the clinical teams, is turn policy into clinical language." (Western Australia)*

### ➤ Intellectual leadership from individuals:

- appointment of single responsible figure with the power to bring about change across the system, supported by a strong political mandate

### ➤ Leadership across the different tiers of the system:

- importance of consistency in cancer policies across the system and support follow-through at each level

*"...we sit down together with the patient organisations and the officials, the employees from the Ministry, and the Board of Health, and agree on these plans." (Denmark)*

### Better infrastructure for diagnosis and treatment improved cancer outcomes in all jurisdictions

The most important aspects of health system capacity identified:

### ➤ Diagnostic infrastructure and equipment

- necessary but not sufficient
- measures to enhance skills, workforce development, and standardisation of diagnostic pathways also needed
- ability to refer quickly and rapid access to diagnostic testing
- strategic investment and access to capital funding are core

### ➤ Specialist care and access to treatment

- service consolidation and increased surgical capacity crucial but on their own not sufficient
- need to be accompanied by wider service reconfiguration
- significant investments in radiotherapy an important contributor
- need to consider the interconnectedness of cancer and wider health systems

*"those knock-on effects, they try not to cancel cancer patients, but inevitably [they have to]" (Scotland)*

### ➤ Workforce along the cancer patient pathway

- Increasing and increasingly complex demand for medical oncology services
- Interdependencies between oncology workforce and other medical and nursing staff
- Competition for nurses and specialists nationally and internationally
- Recruiting and retaining specialists in remote and rural settings

*"[W]e've had no difficult[y] in attracting high-quality trainees, and we train them and most of them leave the country and don't come back. So, we are operating a very effective radiology training system for Canada, the United States and the UK, and a bit of Australia now as well." (Ireland)*

## Key messages

- Continued progress in cancer outcomes requires strong leadership at all levels of the health system, political commitment to progress strategies, and expertise and engagement by clinicians advising on strategy and making changes on the ground.
- It also requires sustained strategic investment in plans to deliver and maintain the workforce engaged in cancer care and in the infrastructure on which they depend.
- Strategic plans must recognise that systems for cancer care do not work in isolation from the rest of the health system.

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1 Morris M, Seguin M, Landon S, McKee M, Nolte E. Exploring the Role of Leadership in Facilitating Change to Improve Cancer Survival: An Analysis of Experiences in Seven High Income Countries in the International Cancer Benchmarking Partnership (ICBP). *Int J Health Policy Manag* 2022;11:1756-66.

2 Seguin M, Morris M, McKee M, Nolte E. "There's Not Enough Bodies to Do the Demand:" An Exploration of Key Stakeholder Views on the Role of Health Service Capacity in Shaping Cancer Outcomes in 7 International Cancer Benchmarking Partnership Countries. *Int J Health Policy Manag* 2022;11:1024-34.