



## Securing quality cancer care: governments must step up to the plate

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**Y**our chances of being alive five years after being diagnosed with colorectal cancer are around 38% higher if you live in England than in the Slovak Republic, and around 63% higher if you live in Germany. Similar variations in survival are found for most cancers. In an attempt to explain why this is happening, the Organisation for Economic Co-operation and Development (OECD) recently made a cross-country analysis of how cancer care systems perform. It found that variations in resources, and in access to care, the effectiveness of care, and the way the cancer care system is organised, are all important predictors of survival. The countries that perform best are those that invest in cancer care and health infrastructure in general, have a national cancer plan, set cancer-specific targets, develop networks for service delivery and use quality assurance mechanisms to ensure patients gain access to high-quality cancer care.

The message is that underperforming countries need not only to invest more resources into cancer care, but also to improve the process quality and governance of cancer control. Sadly, many European governments are failing to address these issues adequately, while some are doing nothing at all.

There is broad agreement that cancer care should be patient-centred, evidence-based, safe, effective and integrated. But defining what this means in practice and how it can be measured can be difficult. A number of European organisations have taken on the challenge of defining standards and quality indicators for specific components of cancer

care and introducing mechanisms for improving quality. The Organisation of European Cancer Institutes recently awarded Comprehensive Cancer Centre accreditation to five European centres that meet quality criteria and are committed to continuous quality improvement. EUSOMA has introduced voluntary certification for specialist breast units, with 22 units across Europe achieving certification to date, while the EBMT has accredited more than 100 European transplantation centres through its long-standing JACIE programme. Other groups are just beginning to set up programmes to improve the quality of cancer care. SIOPE has identified European Standards of Care for Children with Cancer and is working to raise awareness of the need for all children to have access to high-quality paediatric cancer care. ECCO is creating a European colorectal cancer audit structure – EURECCA – to help drive improvements in colorectal cancer surgery.

These are all voluntary efforts that are being implemented with little or no funding from governments but lots of enthusiasm from professionals who recognise the potential to do better by embracing the concept of continuous quality improvement. If the OECD is right in asserting that process quality and governance are key predictors of cancer survival, then why are we still so dependent on *ad hoc*, voluntary efforts to define and measure the quality of cancer care? Governments should now shoulder their responsibilities to implement, in partnership with relevant stakeholders, a systematic approach to quality assurance at all levels of cancer control. What are they waiting for?