Title: Update on Cancer Services

Author: Department of Health and HSE National Cancer Control Programme

Organisation: Department of Health and HSE National Cancer Control Programme

Date: 21 January 2021

Action required:
☒ For noting
☐ For discussion
☐ For decision

Approved for future publication: YES
1. **Summary**

This paper provides an update on the latest position in relation to the impact of the current wave of Covid-19 infection on cancer services. Cancer services continue to operate in line with guidance issued by the National Cancer Control Programme (NCCP). However, there are serious concerns that the scale of Covid-related hospital (and ICU) admissions to date in the third wave, and those expected in the coming weeks, will impact negatively on cancer services. Staff absences due to Covid-19 continue to challenge capacity in cancer services.

The principles underpinning cancer care delivery during the pandemic remain key to efforts to mitigate the impact on services:

- continuation of diagnostic services, particularly patients referred to Rapid Access Clinics;
- continuation of treatment, considering the risk: benefit ratio for each individual patient;
- prioritising time-sensitive treatment across the cancer pathway;
- reviewing the location of the delivery of cancer services to optimise patient safety and infection control;
- minimising any non-essential face to face patient contact, e.g. through the use of virtual assessment and triage where appropriate;
- optimising the potential for providing cancer services in private hospitals; and
- adherence to national guidance for all services as laid out by NCCP and the HSE’s Chief Clinical Officer.

2. **Current Situation**

2.1 **Rapid Access Clinics (RACs) / Diagnostics**

RACs are continuing to function in line with national guidelines. Hospitals indicate that patients are being triaged in advance of their appointments, including through utilisation of virtual/telephone clinics where appropriate.

GP e-referrals tend to be lower in the first week or two of the year, so it is too early to fully assess the impact of the third wave of Covid-19 on patient GP attendance rates, and subsequent GP e-Referrals to RACs (see Table 1). This will continue to be closely monitored, to gauge the need to further encourage patients to contact their GP with signs of possible cancer, and to attend for hospital appointments.

Table 1: GP e-referral data for the first two full weeks of 2021 and 2020 (source: Healthlink)

<table>
<thead>
<tr>
<th>GP e-Referral Data</th>
<th>2021 WEEK 2</th>
<th>2021 WEEK 3</th>
<th>2020 WEEK 2</th>
<th>2020 WEEK 3</th>
<th>2021 vs 2020 as %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>795</td>
<td>762</td>
<td>775</td>
<td>820</td>
<td>102.6%</td>
</tr>
<tr>
<td>Lung</td>
<td>26</td>
<td>27</td>
<td>48</td>
<td>45</td>
<td>54.2%</td>
</tr>
<tr>
<td>Prostate</td>
<td>46</td>
<td>61</td>
<td>102</td>
<td>118</td>
<td>45.1%</td>
</tr>
<tr>
<td>Total</td>
<td><strong>867</strong></td>
<td><strong>850</strong></td>
<td><strong>925</strong></td>
<td><strong>983</strong></td>
<td><strong>93.7%</strong></td>
</tr>
</tbody>
</table>
Outside of RACs, there is a risk that the immediate suspension of all non-urgent / non-time dependent, elective activity could impact on the timely diagnosis of cancers. While we must continue to triage and investigate those with red flag symptoms, it is necessary to be aware that a proportion of cancers will always present with less typical symptoms, or none at all.

In a communication from the Director of the NCCP to Hospital CEOs (12 January 2021), the importance of continuing biopsies and endoscopies through the coming period was stressed.

2.2 Surgical Oncology
There is significant local variation in surgical oncology activity. Access to private hospitals for surgical oncology is key to ensuring that urgent and time-sensitive surgery continues. The Safety Net Services Agreements between the HSE and individual private hospitals is welcomed in that regard. The NCCP has defined and circulated a list of surgical oncological procedures that should be prioritised as urgent in the coming weeks. Optimising the use of the extra capacity available in private hospitals is crucial. In some cases, moves to private hospitals are already working well, particularly where there are established relationships. The NCCP is placing particular attention on ensuring smooth transition of urgent work to private hospitals in cases where prior strong linkages are not in place.

2.3 Medical Oncology
Medical Oncology Day Wards continue to operate, utilising the safeguards of social distancing and infection prevention & control measures built up in the past year. However, there is concern that the deepening crisis in the various hospitals is impacting on service provision. While the number of patients receiving chemotherapy up to August 2020 was at 85% of 2019 activity, corresponding figures are now estimated to be in the region of 70%, mainly due to the current level of Covid-related staff absence.

UHG has moved their medical oncology inpatients to the Galway Clinic. Day Ward services for Waterford, Wexford and Kilkenny patients continue to be provided through private hospitals. Services continue in the other 22 public hospitals involved. With the geographical spread of medical oncology services, transfer of services to private hospitals may not be a feasible option in some locations. In line with clinical considerations and national guidance, Systemic Anti-Cancer Treatment for a number of patients may be deferred following consideration of the risk:benefit ratio for the individual patient.

2.4 Radiation Oncology
Services in the public hospitals are currently operating at 80% of 2019 activity levels (down from 90% in August 2020). Increased use is now being made of private facilities to meet the need. Unavailability of staff is a concern across all disciplines and units, due to Covid-related exclusion from the workforce. This includes consultants, NCHDs, nursing and radiation therapists. Private hospital capacity is being utilised in Dublin and Galway, with arrangements for this being finalised in Cork. Access for Donegal patients to radiotherapy services in Altnagelvin (Derry) continues.

2.5 Protection and Availability of Staff
The number of staff out of work due to Covid-19 infection, or designation as a close contact, is a major concern. Every effort is being made to safeguard staff in so far as that is possible.

With the increasing pressures on the hospital system, there is a risk of cancer staff being transferred to Covid-specific work. It is crucially important that specialist cancer staff are retained to ensure the continuation of service provision to cancer patients.

---

1 12/01/2021 CCO, Dr Colm Henry, MEMO: COVID – 19 Emergency Measures required with immediate effect
2 12/01/2021 Director of NCCP, Prof. Risteárd Ó Laoide, MEMO: COVID-19 Response – Cancer Services
Also, relocation of some theatre staff to ICUs emphasises the importance of the smooth working of the Safety Net Services Agreements.

2.6 Monitoring of Cancer Service Activity
While the NCCP is particularly focused on gathering and reporting on data over the course of the third wave of the pandemic, the quality and timeliness of these data are reliant on the input from stakeholders, including acute services and private hospitals. The systems involved, and the time required for activity coding/data reporting, data validation and analysis, presents a challenge to the gathering of timely information in the context of Covid wave 3, and in terms of effective monitoring and control more generally.

The NCCP is working directly with cancer centres and clinical networks to collate data in as timely a manner as possible on service challenges, curtailments and initiatives, and on the use of alternate locations for service provision.

3. Key Actions Being Taken

3.1 NCCP Focus
The NCCP is working to ensure the continued provision of cancer services. The NCCP is focused on engaging with cancer services, and with hospital management, in the designated cancer centres (and beyond in the case of medical oncology) with a view ensuring the continuation of services for cancer patients. Balancing the continuation of urgent and time critical cancer services, while reducing footfall by minimising outpatients and elective care, is a key challenge.

3.2 Update of Guidance
As the pandemic evolves, the NCCP continues to rapidly develop, adapt and disseminate guidance on cancer care to support cancer services. Close engagement with clinical networks is involved in this, and the guidance is being implemented speedily.

3.3 Focus on Continuation of Diagnostics
The NCCP’s work with RACs continues, with a focus on ensuring that patient numbers do not fall off due to concerns with regard to attending clinics in hospitals. In his Memo of 12 January to Hospital CEOs, the Director of the NCCP stated that it is essential that GP referrals to RACs continue to be accepted at all times. Even if there is some disruption to services in a particular clinic, continued GP referrals will facilitate appropriate triage to, and arrangements for assistance from, other centres. The NCCP is also emphasising the importance of diagnosing cancers other than breast, lung and prostate (covered by RACs) and has emphasised to hospital CEOs the importance of maintaining access to diagnostic imaging and biopsy services.

3.4 Delivery of Cancer Treatment in Private Hospitals
Particular emphasis is being placed on ensuring that all time-dependent cancer surgeries are continued, much of them in private hospitals. In that regard, focus will be maintained on the working of the Safety Net Services Agreement on the ground, particularly in regard to hospitals that do not have well established private hospital links. Private hospitals will also be needed for some medical oncology and radiation oncology work. The NCCP will continue to actively monitor the operation of the agreement on the ground to ensure that the agreement enables the required cancer services to be provided, and that it is being implemented consistently across all sites

The following principles underpin the delivery of cancer care in private settings:

- patients continue to have their care discussed at multidisciplinary team meetings, with images/slides available from diagnostic tests in any setting;
- patients have access to the full range of multidisciplinary specialist care;
• a clear pathway for pre- and post-procedure care (including unscheduled care) is agreed with the treating centres, and communicated to patients and their carers; and
• a system is in place for the collection of key performance indicators and for review of quality of care.

Every effort is being made to retain specialist cancer workforces - clinicians, nurses, pharmacists and other health and social care professionals, and to ensure, in so far as possible, that they are not redeployed to address other pressing work. Retention of an appropriately skilled and experienced workforce is key to optimising the quality of patient care and treatment outcomes.

3.5 Communications
The NCCP continues to provide information on Covid-19 for cancer patients and their families/carers through social media platforms. Trends in numbers coming forward to diagnostic services, and the level of attendances for appointments for treatment, are being monitored closely and further communication initiatives will be activated if deemed necessary.

3.6 Support for cancer patients and their families
Twenty-six acute oncology clinical nurse specialists are working with cancer patients to avoid hospital attendance where appropriate, to facilitate timely admission where necessary and to provide support to patients and their families. A virtual psycho-oncology service (Together 4 Cancer Concern) has also been developed by the NCCP in conjunction with Cancer Care West and the Irish Cancer Society.

3.9 Funding for the restoration of cancer services
An Implementation Plan is being finalised by the NCCP in regard to the €12m funding allocated for the restoration of cancer services in the context of Covid-19. This funding is being used to support diagnostic services, virtual clinics and triage, organisation of treatment services, minor capital works and psycho-social supports. An Implementation Plan is also being prepared in respect of the further €20m allocated to the National Cancer Strategy in 2021. This funding will support developments across prevention, diagnosis, treatment and patient supports.

4. Conclusion
We are now at a critical point in relation to the continuation of care for cancer patients. The scale of Covid-related hospitalisations and ICU admissions in the third wave already exceeds that experienced previously. This demand, coupled with the volume of Covid-related staff absence, is putting an unprecedented strain on cancer service delivery.

The NCCP is working closely with those involved in cancer services in our hospitals to ensure that the needs of cancer patients are met. The NCCP will continue to review the staffing situation in cancer services, and to support staff as far as possible. Very significant pressures are likely to be experienced for some time, and it is also recognised that there is a real risk of staff burnout, both during the current Covid wave, but also in the period beyond. The targeted use of available resources, including the optimal use of capacity in private hospitals under the Safety Net Services Agreement, will be crucial in continuing to achieve successful outcomes for patients.

The roll out of Covid vaccination in the coming months will also aid our efforts to continue the provision of cancer services.