

# **Joint Committee on Health**

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## **OPENING STATEMENT**

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Prof. Risteard Ó Laoide  
Director  
National Cancer Control Programme

Wednesday 9th Dec. 2020



## **Introduction**

Good morning Chairman and members. Thank you for the invitation to meet with the Joint Committee on Health to discuss Cancer Care and Screening Services.

I will begin by discussing the effect of Covid 19 on the symptomatic cancer services and then outline some future developments.

### **Covid 19 Pandemic:**

- 1) In common within many other countries, the Covid 19 pandemic has had a significant impact on cancer services in Ireland.
- 2) The maintenance of cancer services during the pandemic has been prioritised by the HSE, the Department of Health and the Government.
- 3) Early in the pandemic, the National Cancer Control Programme (NCCP) led a coordinated response on behalf of the cancer services. Close engagement between clinicians from key disciplines, addressing difficult clinical questions and facilitating the urgent need for the development of national guidelines, helped to deliver safe services and maximize survival in an extremely uncertain environment. Communication with primary and community care, and with the public at large was prioritised to ensure clear messaging on the availability of safe cancer services.
- 4) This has been a very difficult period for cancer patients and their families. To mitigate the risk to their care in a Covid environment, the cancer services have enabled as much care as possible to take place outside the acute hospital setting, while ensuring robust infection prevention and control measures are in place to ensure patient safety within the hospital setting.

The NCCP, Irish Cancer Society and Cancer Care West established a virtual psych-oncology service, 'Together 4 Cancer Concern' to address the real problem of anxiety and worry facing many cancer patients. Department of Health funding for 26 acute oncology nurses was secured, helping to ensure those patients on cancer treatment avoid Emergency Departments.

- 5) The pandemic required adapting diagnostic and treatment pathways to ensure patient and staff safety. The impact of these measures has unavoidably reduced capacity. However, staff in the cancer services have responded with great dedication and agility, and have adopted measures to, optimize triage, pre-screen patients, utilize telemedicine, make local infrastructural changes, alter locations of diagnosis or treatment, and increase capacity using extended days and additional weekend clinics. I would like to sincerely thank all the staff for their unstinting efforts on behalf of cancer patients during a very challenging time in the health services.
- 6) We are continuing to optimise capacity in the cancer services in a safe manner and would encourage any person with symptoms suspicious of cancer to consult their GP, so they can be referred for appropriate investigation.
- 7) During the initial pandemic wave (March/April), there was a reduction in cancer presentations and referrals, in attendances at Rapid Access Clinics for Breast, Lung and Prostate cancers and in the number of patients undergoing treatment. Reduced cancer presentations were likely related to an understandable fear with regard to Covid infection and a response to the restrictions in place at that time. Since then there has been a gradual recovery in all metrics, a recovery which has continued despite the second autumn pandemic wave.

8) There was a decrease in the number of cancers diagnosed at the Rapid Access Clinics during the first wave. There has however been an increase since then, and at the end of September, the year to date number of primary cancers diagnosed at these clinics was approximately 90% compared to 2019.

It is expected that this percentage figure will continue to increase for the remainder of the year with a consequent reduction in the number of 'lost cancer diagnoses'.

### **Planning for the future:**

The Minister for Health has allocated a total of 34.35 million euro to NCCP in the Winter/Pandemic Plan and in the National Service Plan for 2021. This is a marked increase in funding compared to recent years, and is greatly welcomed by all in the Cancer Services.

The funding will be used in two key areas: a) Increasing resilience in the current cancer services and b) Progressing key elements of the Cancer Strategy.

#### *a) Increasing resilience in the current cancer services.*

Experience during the Covid 19 pandemic has accelerated the development of welcome new initiatives in the cancer services which will require further consolidation. These include the increasing use of ICT in the delivery of care and the optimization of diagnostic and treatment pathways to reduce footfall in the acute hospital setting. Increasing clinic efficiencies using various streamed pathways for patient care will be progressed. Staffing resilience will be improved through additional recruitment and optimising skill mix. It must be noted, however, that the greatest threat to resilience in the cancer services in the short to medium term is increased community transmission of Covid 19.

*b) Progressing Cancer Strategy 2017 -2026.*

The priorities for 2021 will include:

- Progression of cancer prevention initiatives;
- Improved access to diagnostics for all cancer patients;
- Addressing the increasing, and more complex, demand for radiation oncology, including the provision of Stereotactic Ablative Radiotherapy (SABR)
- Further centralisation of cancer surgery to ensure safe, quality care for patients;
- Enhancing medical oncology services to meet the growing complexity and demand;
- Development of appropriate models of care for rare cancers;
- Further development of the Cancer Genetics and Molecular Diagnostic Services and improved services in the Hereditary Cancer Programme;
- Continued development of survivorship services, including psycho-oncology services, to improve the quality of life of those living with and beyond cancer; and
- Supporting a research culture in the cancer services, including promoting clinical and academic collaboration.

In summary, Covid 19 has posed significant challenges to cancer services in 2020, particularly during the first pandemic wave, with a significant increase in activity since then. The recent significantly increased funding for cancer services will allow us to increase resilience in the current services while progressing key Cancer Strategy priorities in 2021.

This concludes my opening statement.

Thank you.