



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Opening Statement to the Oireachtas Health Committee on the Impact of the Covid-19 pandemic on cancer services. 2nd June 2021

The impact of Covid 19 on our health services, and particularly on our cancer services, will be felt for years to come.

Up to 45,000 people in Ireland are diagnosed with cancer each year. Approximately 9,000 people or 1 in 3 deaths each year are from invasive cancer. While survival rates vary depending on the type of cancer it is estimated that there are 190,000 people living in Ireland who have survived cancer.¹

Early detection is key both to survival rates and to good outcomes for patients. Delays in treatment can mean the difference between routine surgery for early stage cancer or more complex surgery, radiotherapy or chemotherapy at a more advanced and aggressive stage.

Covid 19 has had a significantly negative impact on our cancer services, with patients presenting late or in some cases even declining appointments for fear of catching the virus. In addition, social distancing and infection control measures have restricted both diagnostic and treatment capacity within the hospital system. We now have a growing backlog of patients waiting for urgent time critical-diagnostics services and treatment services, while, for reasons connected to the pandemic, our life-saving screening services are falling well below annual targets. The recent cyber-attack on the HSE has further compounded delays with radiotherapy and screening appointments having to be postponed or rescheduled.

In relation to diagnostics:

- In March and April 2020, during the first wave, rapid access clinics for breast and lung cancer saw referrals fall by a third and referrals for prostate cancer fall by half. While referrals have recovered, they remain significantly below 2019 levels particularly for lung and prostate cancer;²
- Many patients also experienced delays in accessing services. In September 2020 just 60% of new patients attending Rapid Access Breast, Lung and Prostate Clinics were seen within the recommended timeframe.³

¹ National Cancer Registry Ireland (2020) *Cancer in Ireland 1994-2018 with estimates for 2018-2020: Annual report of the National Cancer Registry*. NCRI, Cork, Ireland.

² Crowley, P. and Hughes, A. (2021), *The impact of COVID-19 pandemic and the societal restrictions on the health and wellbeing of the population, and on the health service capacity and delivery: A plan for healthcare and population health recovery*, Version 2 (May 2021). Dublin: National QI Team, Health Service Executive

³ HSE, *Health Services Performance Profile July - September 2020*

- More recent figures show that for the first three months this year 450 people per month were not seen within the recommended 4 weeks for an urgent colonoscopy rose (compared to 15 per month pre-covid).⁴

Treatment activity as also declined:

- Figures for 2020 show that activity in medical, radiation and surgical oncology services fell well below equivalent 2019 levels, despite the fact that demand for services is predicted to increase by 5% per annum;
- chemotherapy activity in 2020 fell 12% below 2019 levels while radiation therapy fell 10% below and urgent cancer surgery cases in public hospitals fell 24% (although some of this decline may have been offset by surgery performed in private hospitals);⁵
- Data gathered by the faculty of Pathology, in the March to June 2020 period, show that there were 668 (12.5%) less cancer resections performed., (that is a precision removal of tissue or organ);⁶

Non-urgent cancer care has also declined

- In 2020, there were 36,120 (33.8%) fewer elective cancer admissions compared with 2019;
- Since Pre-covid times the number of people waiting more than 3 months for a GI Endoscopy has doubled to 23,800.

And our Cancer Screening Programmes have also been affected:

- Paused in March 2020, CervicalCheck and BowelScreen resumed in the summer of 2020 while BreastCheck resumed in October 2020 in line with NPHT guidelines. However, as a result all screening programmes fell far below their annual targets for 2020.⁷

The full impact of Covid 19 on cancer care has yet to be assessed, however without urgent investment, we will be dealing with a backlog of patients with more complex and advanced stage cancers for years to come.

The IMO recommends that:

- **We urgently invest in a national public health messaging campaign to**
 - a) help patients identify the signs and symptoms of different cancers**
 - b) encourage individuals to visit their GP at the first sign of symptoms**
 - c) and to attend for hospital appointments. These messages should be communicated widely;**
- **National Cancer Screening programmes should be fully reinstated;**
- **We need urgent and rapid expansion of access to diagnostic infrastructure including radiography, endoscopy and laboratory services. To date there has been no assessment of diagnostic requirements to deal with our growing population let alone the requirements to deliver this service under pandemic conditions;**

⁴ Crowley, P. and Hughes, A. (2021),

⁵ <https://www.oireachtas.ie/en/debates/question/2021-03-31/945/>

⁶ Department of Health and HSE, National Cancer Control Programme (2020) Cancer Services in Ireland in the context of Covid-19

⁷ Aontu.ie Peadar Tóibín – Cancer Screening Targets being missed by hundreds of thousands. Figures received from NSS

- **Cancer care is multi-disciplinary with patients requiring input from a range of different specialties involved in diagnosis and treatment and depending on the type of cancer diagnosed. Consultants are working flat out to catch up on care but we urgently need to increase the number of consultants across our services including specialists in Diagnostic and Clinical Radiology, Pathology including Haematology, Radiation and Medical Oncology, Breast and Colorectal Surgery, Urology and ENT. 1 in 5 consultant posts are unfilled or filled on a temporary basis, while between 1,600-2,000 additional consultants are required to meet current population needs;**
- **In addition to increasing the number of consultants we also need to increase capacity across the system including, staffed theatre space and additional ICU, inpatient and day case bed units.**
- **We need investment in secure IT systems including investment in electronic health records and roll out of the unique patient identifier;**
- **Finally additional supports are required to support follow-on care in General Practice for cancer patients where appropriate.**