



16 June 2020

Deputy Éamon Ó Cuív
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Our Ref: HM/Communications

PQ10467/20: To ask the Minister for Health when BreastCheck will recommence, particularly for those in the higher-risk category; if a risk assessment has been carried out in relation to delaying these tests; and if he will make a statement on the matter

Dear Deputy Ó Cuív,

I refer to the above Parliamentary Question.

The National Screening Service's (NSS) four programmes: BreastCheck, CervicalCheck, BowelScreen and Diabetic RetinaScreen were paused in March 2020. This move was taken on public health advice due to the situation with COVID-19. The pause in screening was put in place to protect participants and staff by complying with social distancing guidelines. In addition, the HSE temporarily redeployed staff and resources to the response to COVID-19. However, clinical staff continue to work within the programmes.

People who were in the system at time of pause have continued to be treated as resources allow. For example, BreastCheck women who had been screened continued to have their assessments completed and their treatment plans mapped out by the service. Surgeries continued to be scheduled and completed.

Below are some key points in the National Screening Service's plan for restarting screening services:

Screening commencement

The four screening programmes are now finalising their plans for a phased reintroduction of screening. This is notwithstanding certain dependencies that remain outside the programmes' control.

The restart plans include:

- An analysis of treatment pathways available for screening to resume (GPs, labs, hospital units, surgery)
- The plans for clinical prioritisation for people due a screening test
- The provision of changed work practices in our service provider teams (eg. changes in consultation procedures, cleaning of equipment, and effect of these on capacity to screen)
- Securing PPE supply lines and clear infection control guidelines
- Close adherence to Public Health principles and guidance in order to keep patients and staff safe from COVID-19.

Framework to support the safe restart of screening

A return to screening is dependent on the operation of its treatment pathways within the wider health service. Therefore, screening restart plans are currently being aligned with the wider healthcare system. NSS Director of Public Health, Dr Caroline Mason Mohan, is NSS's clinical representative on the HSE steering group which is ensuring a coordinated approach to the resumption of non-COVID-19 related health services.

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The recommencement of screening is underpinned by the assumption that there will be no worsening of the COVID-19 situation & restrictions will continue to ease. Screening is expected to restart as follows:

- A plan for a phased reintroduction of services is being signed off, following alignment with the wider healthcare system's restart of non-COVID-19 services
- Screening restart dates to be announced by end of June
- Extensive modifications of screening units to be completed in compliance with Public Health and infection control guidelines
- A final analysis to be completed on the effects of COVID-19 measures on the throughput of the screening cohort
- Screening invitations to be issued on a phased basis according to clinical prioritisation.

BreastCheck

Factors influencing the return of breast screening include:

- The number of women screened will be reduced due to capacity constraints regarding social distancing guidance - challenging in the context of performing an optimal mammogram
- Time between appointments increasing due to the need to clean the units / screening area between each appointment.
- Possible decrease in number of women willing to attend screening
- Increase in assessment clinics required due to social distancing requirements. This will reduce available screening time in the static units
- Demand for theatre appointments will increase due to increase in time required carry out surgeries in the host hospital (infection control procedures)
- The requirement of theatre availability is outside the direct control of the programme. Theatre space is also in demand for the treatment of symptomatic patients in the acute hospital system.
- BreastCheck's static units continue to operate daily clinics for the large number of women of every age who are presenting within the hospital system with symptoms of breast cancer. BreastCheck is helping the hospitals work through their waiting lists of women with symptoms who have not yet been seen due to the national emergency with Covid-19. We are prioritising these urgent / high-risk cases.

Risk assessment

The National Screening Service (NSS) conducted a risk assessment in March 2020, the purpose of which was to evaluate the impact of a partial or full pause of the NSS's screening services for the duration of the COVID-19 outbreak and management process.

The assessment saw the impact of service withdrawal for patients within the screening service as follows:

- Delayed detection and diagnosis of cancer / eye disease
- Delayed surgery and / or treatment
- Significant patient backlogs in all stages of the screening process
- Client / patient anxiety.

Further to this, each of the four screening programmes; BreastCheck, CervicalCheck, Diabetic Retina Screening and Bowelscreen, prepared individual risk assessments specific to their client cohorts.

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It was clear from the initial analysis that a temporary pause of the NSS would have associated risks. However, on balance of guidance provided by HSE Public Health and the Department of Health, the NSS analysis of the risks and proposed mitigations supported a decision to pause screening for a period.

The programmes continue to assess the risks of the pause and balance them against the risks that staff and screening participants would be exposed to in the event of screening restarting.

The NSS is in the process of finalising issues around the dependencies and risks identified before providing dates for restarting screening. We must ensure that the recommencement of screening is undertaken in a safe, planned and aligned manner, in keeping with the established principles of running a screening programme. The NSS continues to strive to “at all costs do no harm to healthy people”.

For those people worried about symptoms during the pause, we continue to advise that screening is not for people with symptoms. We would encourage those who are between screening appointments, or waiting for rescheduled appointments; to be aware of, and act upon, any symptoms associated with the conditions for which they are being screened. We ask that those people contact their GP, who will arrange appropriate follow-up care.

For other queries patients can call the Freephone information line on 1800 45 45 55, email info@screeningservice.ie or contact their clinic directly.

I trust this information is of assistance to you, but should you have any further queries please contact me.

Celine Fitzgerald
Interim CEO
National Screening Service

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