



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Rannan na nOspideil Ghearmhíochaine
Aonad 4A – Áras Dargan
An Ceantar Theas
An Bothar Mileata
Cill Mhaighneann
BÁC 8

Acute Operations
Health Service Executive
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Heuston South Quarter
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Kilmainham
Dublin 8.

16th April 2021

Deputy Mattie McGrath
Dáil Éireann
Leinster House
Dublin 2

PQ 17334/21 To ask the Minister for Health the number of persons waiting for colonoscopies in all public hospitals; the length of time waiting in each hospital; if a record is being kept or will be kept of the number of bowel cancer and other serious illnesses picked up following the resumption of colonoscopies; if such figures will be released; and if he will make a statement on the matter.

Dear Deputy McGrath,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response.

I am advised by the National Cancer Control Programme (NCCP) that they do not collect the particular data you have requested.

However, NCCP have advised that the impact of the Covid-19 outbreak adversely impacted all health services, including cancer services, raising serious concerns and challenges. I am advised that the COVID-19 pandemic could lead to delays in cancer diagnosis through disruption of normal health services and changes to health seeking behaviour.

UK and other international models have predicted severe impacts on cancer mortality through delays in diagnosis and treatment related to the COVID-19 pandemic. These predictions cannot be assumed to apply to other countries due to a number of important differences, including the response of the health service to the COVID-19 pandemic, cancer screening practices and care pathways for cancer diagnosis, as well as differences in population demographic structure and cancer incidence.

Extensive efforts to mitigate the effects of the COVID-19 pandemic on cancer diagnosis and treatment in Ireland are ongoing. Public awareness campaigns on the importance of seeking health care were undertaken throughout 2020, encouraging people concerned

about possible signs or symptoms of cancer to contact their GP in a timely manner. Rapid Access Clinics (RACs) were adapted to minimise the risk of transmission of COVID-19 and ensure prioritisation of high risk patients. The HSE Pandemic Plan included increased resources to improve capacity at the RACs and diagnostic capacity, including through the use of private hospitals, new technologies such as capsule endoscopy and improved access to radiological investigations for GPs.

However, efforts to mitigate the impact of COVID-19 on cancer services have been challenged by the third wave of the pandemic in early 2021. The third wave has resulted in significant pressure on the acute services, with the highest rates of COVID related hospitalisations and ICU admissions observed in Ireland over the course of the pandemic to date. Additional challenges have included staff shortages due to staff being identified as cases or close contacts of COVID-19. This has severely impacted capacity for non-COVID health care, including cancer care, and has necessitated service reconfiguration (including provision of care through the private hospitals) and rationalisation (including cancellation/postponement of non-urgent care).

It is too early to definitively quantify the overall impact of the ongoing COVID-19 pandemic on cancer diagnoses and outcomes in Ireland.

I trust that this is of assistance.

Yours sincerely,



Carol Ivory
General Manager
Acute Operations