



# NCCP response to the initial wave of the COVID-19 pandemic

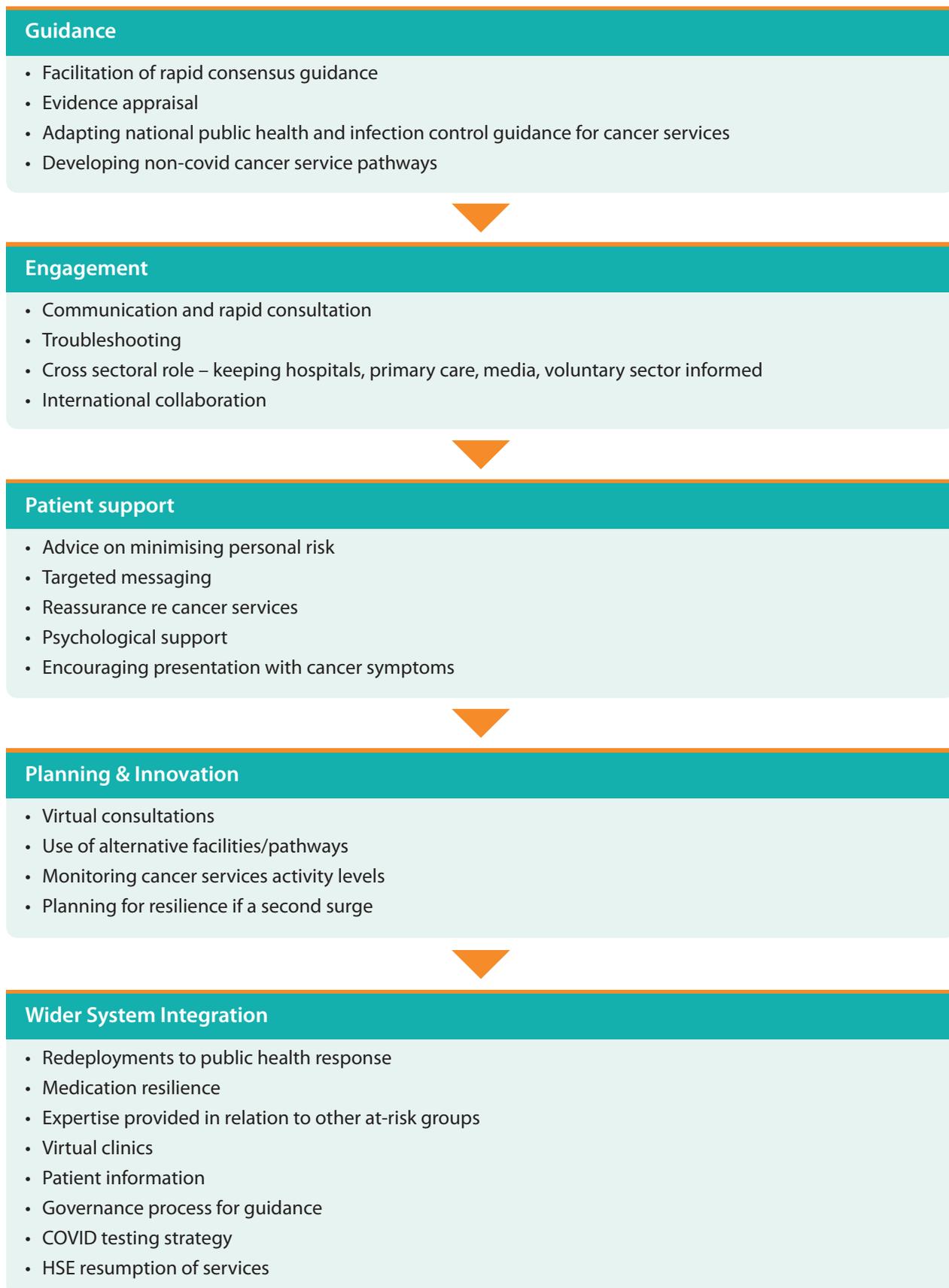
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On February 29th 2020, Ireland identified its first case of the novel coronavirus, SARS CoV2, the virus that causes COVID-19. The World Health Organisation declared the outbreak a pandemic on March 11th. This document summarises actions taken by the National Cancer Control Programme (NCCP) during the period March-June 2020, to ensure that essential cancer services could continue, while minimising the risk to patients and staff. Reporting to the Chief Clinical Officer of the HSE, the NCCP works to implement the National Cancer Strategy, organising cancer prevention, control, treatment and survivorship services across the cancer continuum. This includes responsibility for the planning, organisation and delivery of cancer services in 26 hospitals in Ireland that provide cancer care.

While understanding of the virus at the time was limited, international evidence suggested high mortality among the elderly and those with comorbidities. A high ICU requirement was predicted as incidence rose. As a consequence, theatre spaces were reconfigured to meet ICU demand, staff were redeployed to the requisite areas and many health care services were suspended or moved to alternative locations. National public health measures were instigated, including strict restrictions movement of the public, to limit spread while contact tracing and testing capacity were expanded.

To protect cancer patients and services, a rapid response was needed to ensure cancer detection and treatment continued during the COVID-19 pandemic. The NCCP instigated a number of actions that are summarised below, figure 1.

**Fig 1: Protecting patients by ensuring cancer detection and treatment continued during COVID-19 pandemic**



## Guidance

The ability to rapidly develop and disseminate guidance on cancer care to support cancer services across systemic therapy delivery, radiation oncology, surgical oncology and diagnostic services was a key role for NCCP.

The guidance development process was facilitated by NCCP's already established role in the production of national guidance, the close engagement with our existing clinical networks throughout and the availability of public health expertise in house. A new governance process was put in place for the rapid adoption of guidelines and protocols, via the HSE's Chief Clinical Officer's Clinical Advisory Group.

Guidance was informed by available evidence and clinical expertise on criticality of treatments and risk: benefit to patient in light of the unknown added risk of COVID-19 and interpretation of national public health and infection prevention and control guidance in the context of cancer care. The degree to which guidance documents were rapidly developed, revised and reissued was unprecedented.

Areas addressed included

- which treatments or services could be safely paused/suspended
- infection prevention and control precautions, incorporating pre-assessment, for continuing services
- considerations when delivering essential cancer treatment to someone who is a COVID close contact, has COVID-19 themselves, or is recovered from COVID-19
- and specific guidance for cancer support centres, including on reopening.

Clinical pathways were revised as necessary, e.g. using earlier diagnostic tests to reduce patient need to attend rapid access clinics and cocooning advice, pre-assessment +/- COVID testing prior to cancer treatments where required. In addition to guidance development, NCCP expertise was used to address a broad range of ad-hoc queries from clinical settings, patients and the general public.

## Engagement

Close engagement with cancer services and stakeholders underpinned our response throughout.

This allowed us to

- learn quickly of issues and concerns on the ground
- ensure input to and rapid dissemination of guidance
- remain informed of regional service changes
- and influence/advise where necessary to ensure prioritisation of essential cancer services.

Again existing networks and relationships were crucial to the timeliness and access of the response. Engagement was partly through structured regular teleconferences across specific disciplines, as well as direct contact on a centre by centre basis.

Engagement was much broader than with hospital cancer services alone. We connected with GPs through updates on our website ([www.hse.ie/cancer](http://www.hse.ie/cancer)), mailshots via healthlink, direct contact with the ICGP and presentations at the ICGP weekly webinar series – particularly focussing on the ongoing provision of the rapid access services. We linked closely with cancer charities and advocacy organisations. This ensured evidence based messaging to patients, survivors and volunteers in line with public health guidance. It also allowed us to harness their offers of direct support to the COVID effort, which included the redeployment of the Irish Cancer Society Daffodil nurses to cancer centres to assist in the COVID response.

The NCCP also took on the task of identifying the best means of inclusion of Irish patient data in an International Registry of patients with a malignancy who are diagnosed with Covid-19. NCCP coordinated the applications to two such registries on behalf of hospital cancer services.

## Public-Patient support

NCCP was keenly aware of the understandable concern among cancer patients and survivors throughout this time. COVID-19 was known to cause severe illness in older people and those with comorbidities and these populations were advised to cocoon. Advice was provided to cancer patients on minimising personal risk for Covid-19. Cancer patients attending for essential cancer treatment needed clear guidance and messaging, including re-assurance to encourage their attendance for treatment.

We quickly developed a suite of [patient information material](#), advising patients and survivors on how to minimise their individual risk of COVID-19 (e.g. following cocooning advice) and offering reassurance in relation to the measures being put in place to protect them when attending clinical services. This material was made available on our website, shared through clinical services and disseminated by cancer support services. Information was continually reviewed and updated in line with developing knowledge of the virus and updated national public health guidance. Through regular engagement with cancer charities, we were able to ensure the most up-to-date advice was being given to patients and survivors and could address specific queries when required.

Two specific promotional videos were developed – one to offer [reassurance to those undergoing treatment](#) and the other to [encourage anyone with potential signs and symptoms of cancer to contact their GP](#). These were distributed through HSE social media and HSE press office, as well as the existing NCCP communication networks of services and support centres.

Recognising the particular distress of cancer patients during this time, a virtual psychooncology service was developed in conjunction with Cancer Care West and the Irish Cancer Society. The NCCP linked closely with the network of cancer support centres throughout the country, who continued to offer support to patients virtually wherever possible, and worked closely with them with regards to guidance on safe reopening of services.

## Planning & Innovation

NCCP worked closely with the Dept. of Health Cancer Policy Unit to inform the government response to COVID, highlighting the specific need to maintain cancer services and opportunities for investment which could minimise hospital attendance during this time. This helped secure an allocation of 26 acute oncology nurses to focus particularly on emergency department avoidance for those undergoing cancer treatment during the pandemic. We continued to work closely with the Cancer Policy Unit and the National Public Health Emergency Team (NPHE) acute hospital subgroup to ensure broader initiatives, such as the use of private sector facilities, were put in place for the delivery of cancer care.

Our direct linkage with services ensured we were in a position to know how initiatives were working, the status of service delivery overall and to be alerted to any concerns. Information on service delivery was actively collated across all areas on a weekly basis. Clinical activity data was monitored, through the key performance indicator returns and analysis of HIPE data, to assess the degree to which activity reduced at the time of highest COVID incidence. Healthlink referral data was reported on a weekly basis and allowed us to see the dramatic drop in GP e-referrals to rapid access clinics, followed by a gradual resumption following our communications campaign and easing of lockdown restrictions.

Innovative means of delivering care, including virtual assessments and virtual MDTs, had to be employed swiftly to ensure the continuance of cancer treatment. NCCP contributed nationally on solutions, while also serving as a means for regional services to share innovations with others.

## Wider system support

The response of the NCCP to the COVID pandemic extended beyond that to cancer services and cancer patients alone. A number of public health medical consultants were redeployed from NCCP to the control of the pandemic; other staff were redeployed to contact tracing efforts; and pharmacy expertise was made available to an area with staffing challenges.

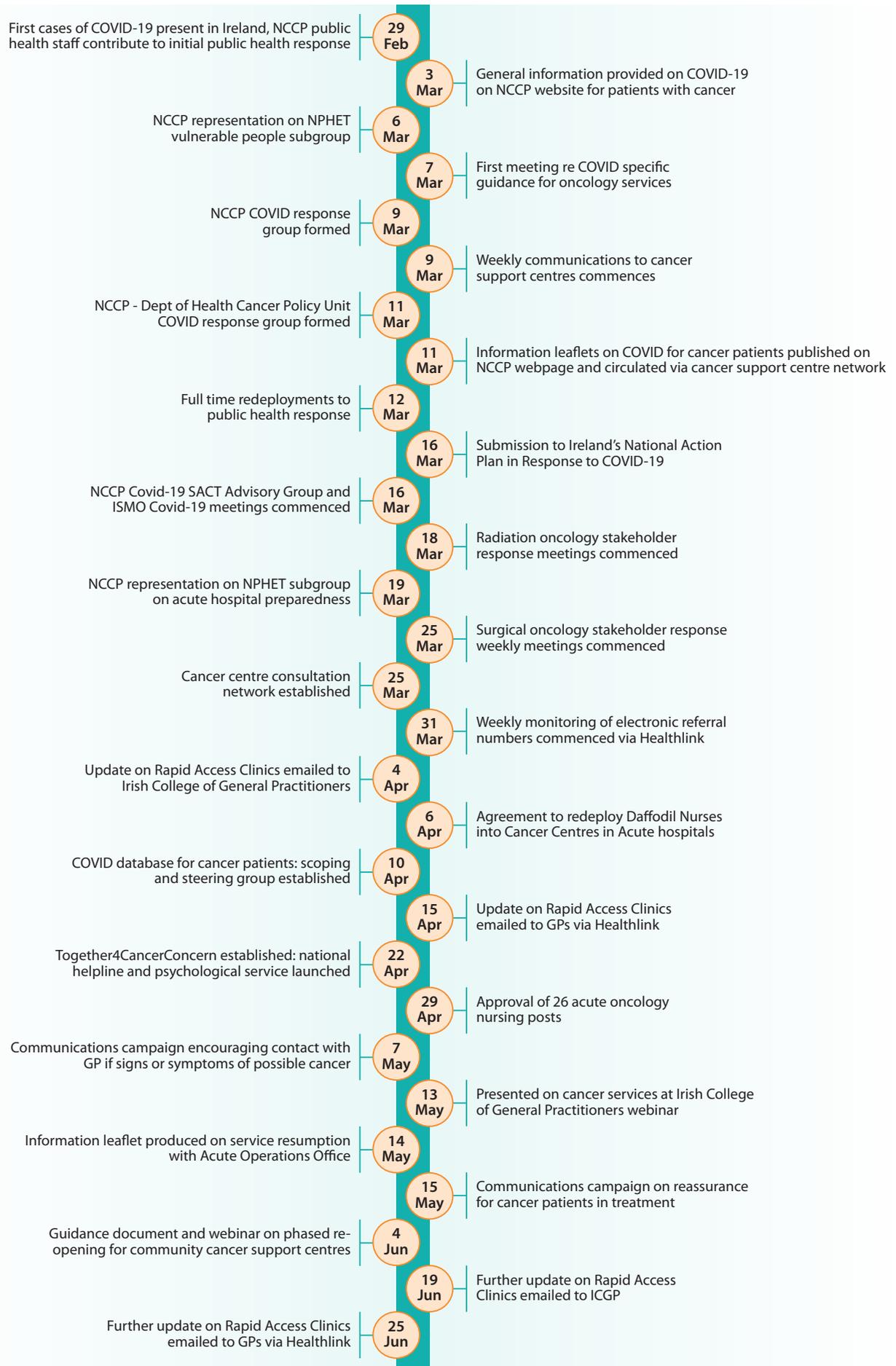
Working with others in the HSE and the National Public Health Emergency Team subgroups, NCCP also contributed expertise in relation to virtual and remote technologies, medication resilience, guidance development processes, protection of other clinically at-risk groups, COVID testing strategies and pathways, health services resilience and planning for broader resumption of services. Patient information leaflets in relation to the resumption of services, attending hospital and virtual health were made available on the HSE clinical repository and website.

## Learning

Key reflections from the experience of the spring pandemic peak include:

- Cancer services benefited from the extensive clinical networks enabled by NCCP. These should be maintained at a lower intensity and stepped up again, as required.
- The leaner guidance development process ensured it could be disseminated in a timely manner.
- Collaboration across sectors was facilitated by existing networks and relationships, this allowed rapid responses to be deployed and actioned.
- Many solutions to safer care during the pandemic are those which are already advocated for within both the National Cancer Strategy and Sláintecare.

Fig 2. Sample Milestones



## Appendix

### (i) Guidance Documents

- Interim NCCP advice in relation to return to school for those on cancer treatment or with a pre-existing cancer diagnosis
- Process for COVID-19 testing prior to scheduled cancer treatment
- Advice to inform safe re-opening of Cancer Support Centres
- NCCP guidance for Medical Professionals on the management of patients with Prostate Cancer in response to the current novel coronavirus (COVID-19) outbreak
- NCCP advice for Medical Professionals on the Management of patients with Suspected or Diagnosed Malignant Melanoma or Non-Melanoma Skin Cancer in response to the current novel coronavirus (COVID-19) pandemic
- NCCP guidance for Medical Professionals and Data Managers on the management of KPIs in response to the current novel coronavirus (COVID-19) pandemic
- NCCP advice concerning Multidisciplinary Team Meetings (Cancer Case Conferences) in response to the current novel coronavirus (COVID-19) outbreak
- NCCP patient pathway for attendance for radiation oncology during the COVID-19 pandemic
- NCCP advice on the management of patients undergoing radiation oncology treatment, in response to the current novel coronavirus (COVID-19) outbreak
- NCCP advice on radiation therapy capacity escalation plan in response to the current COVID 19 pandemic
- NCCP guidance on the use of PPE by medical professionals when managing patients requiring radiotherapy in response to the current novel coronavirus (COVID-19) outbreak
- NCCP advice for medical professionals on acceptable dose fractionation during the novel coronavirus (COVID-19) pandemic
- Guidance on the Management of Treatment Gaps and Interruptions in Radical Fractionated Radiotherapy Arising from the COVID 19 Pandemic
- Breast cancer: NCCP guidance for Medical Professionals on the management of patients undergoing Breast Cancer Radiotherapy in response to the current novel coronavirus (COVID-19) outbreak
- Prostate cancer: NCCP advice for Medical Professionals on the management of patients undergoing Prostate Cancer Radiotherapy in response to the current novel coronavirus (COVID-19) outbreak
- Thyroid cancer: NCCP advice for medical professionals on the management of Thyroid Cancer and Overactive Thyroid Disease in response to the current novel coronavirus (COVID-19) pandemic
- Head and Neck cancers: NCCP guidance for Medical Professionals on the management of patients with head and neck cancer undergoing radiotherapy in response to the current COVID-19 pandemic
- CNS cancer: NCCP advice for medical professionals on the treatment of patients with CNS tumours with radiotherapy in response to the COVID-19 pandemic
- Lung cancer: NCCP advice for medical professionals on the management of patients undergoing Lung Cancer Radiotherapy in response to the current novel coronavirus (COVID-19) pandemic
- NCCP advice for Medical Professionals on the management of patients referred to the Symptomatic Breast Clinic in response to the current novel coronavirus (COVID-19) pandemic

- NCCP advice for Medical Professionals on minimising COVID19 risk in the Symptomatic Breast Disease Clinics
- NCCP guidance for Medical Professionals on the management of patients referred to the Rapid Access Prostate Clinics in response to the current novel coronavirus (COVID-19) pandemic
- NCCP advice for Medical Professionals on the management of patients referred to the Rapid Access Lung Clinics in response to the current novel coronavirus (COVID-19) pandemic
- NCCP patient pathway for admission for cancer surgery during the COVID-19 pandemic
- NCCP advice for medical professionals on surgical oncology during the COVID-19 pandemic
- NCCP guidance for Medical Professionals for testing COVID-19 in asymptomatic patients undergoing elective cancer surgery in response to the current novel coronavirus pandemic
- NCCP advice for Medical Professionals on the management of patients undergoing Systemic Anti-Cancer Therapy (chemotherapy) in response to the current novel coronavirus (COVID-19) outbreak
- NCCP patient pathway for attendance for SACT (systemic anti-cancer therapy/ chemotherapy) on an haematology/oncology day ward during the COVID-19 pandemic
- NCCP patient pathway for admission to an haematology/oncology ward during the COVID-19 pandemic

## (ii) Patient Information Leaflets

- Advice for cancer patients currently on treatment
- Advice for people who have had a diagnosis of cancer
- Advice for volunteers who work with people with cancer
- Advice for volunteer drivers who work with people with cancer
- Advice for cancer patients on cocooning to decrease your risk of getting Coronavirus (COVID-19)
- FAQs on cocooning prior to cancer surgery or cancer treatment
- Advice for cancer patients currently awaiting Coronavirus (COVID-19) test results
- Help to cope with coronavirus worry when you're living with cancer
- Your Data and COVID-19
- Virtual Health Clinic