COVID-19 is an unprecedented crisis which will continue to have an impact on healthcare services in Northern Ireland for the rest of 2020 and the years ahead. Cancer Research UK (CRUK) fully supports the need for health services to adapt rapidly to meet the substantial challenges of COVID-19 and have been working hard to help the national effort through our research infrastructure and patient information resources. We recognise that some cancer care will need to change for safety reasons. However, we are deeply concerned by the clear knock-on effect that this crisis is having on cancer services and the patients they serve.

Cancer is the leading cause of death in Northern Ireland. Prior to COVID-19 there were around 10,000 new cases of cancer (excluding non-melanoma skin cancer) in Northern Ireland each year and, sadly, around 4,500 deaths. Cancer will not stop because of this pandemic. Early diagnosis followed by swift access to the most effective treatment remains as important as it's ever been for survival.

People affected by cancer continue to be anxious, confused and tragically, many will face worse cancer outcomes as a result of COVID-19. It is paramount that the health service, healthcare professionals, charities, parliamentarians and others work together to help address the immediate and near-term challenges we face. People affected by cancer must continue to receive a diagnosis and the care they need, in as safe a way as possible, during this crisis. Attention must also be given to returning the provision of cancer care to pre-COVID-19 levels as soon as possible, again in a safe and effective way. Given the backlog in diagnosis and treatment we are currently seeing, this will require swift and clear action.

Prior to COVID-19, CRUK had been making the case for several years that HSC staff shortages – which are particularly acute in diagnostic services – needed to be urgently addressed. Without a clear plan (which includes measures to increase staff training and education), progress on cancer survival in NI could stall and perhaps even reverse, setting cancer survival back. CRUK stands ready to work with all sectors to ensure we continue to provide for cancer patients now and in the future.

The COVID-19 pandemic is having a significant impact on the delivery of diagnostic services and treatment for cancer patients.

In March the CRUK helpline services saw a 20% increase in enquiries compared to an average month, which was largely due to the unfolding Coronavirus crisis. Enquiries have now levelled off but coronavirus is still a concern to our callers. Around a quarter of calls relate to COVID-19, but this spiked to 45% earlier in the pandemic. Key issues for people calling the helpline are whether they are in an extremely vulnerable group, treatment delays and cancellations, and more recently fears about visiting their GP or attending hospital appointments. We have also had over 180,000 unique page views to the coronavirus pages on our website, as well as 28,000 clicks on the COVID-19 banners that feature across the site.

Key immediate recommendations:

- Cancer diagnostic and treatment services should be delivered in safe spaces, minimizing COVID-19 exposure risk for cancer patients. These should be implemented and rolled out as quickly as possible.
- In order to ensure these sites remain free from the virus, regular testing of both symptomatic and asymptomatic patients and healthcare staff is required and should be monitored regularly
- The HSC Board should ramp up the campaign to encourage the public to contact their GP with any potential cancer symptoms
- Cancer treatments – chemotherapy, radiotherapy and surgery – should continue to be delivered wherever possible and safe
- Data on cancer referrals and treatment should continue to be collected as normal in order to identify any issues arising

Access to cancer services in safe locations

Cancer services must be delivered in environments which are safe and, as far as possible, protected from COVID-19. These sites should offer cancer diagnostic and treatment services, including surgery where possible. Since a significant proportion of COVID19 cases are asymptomatic, this requires widespread and regular testing of both symptomatic and asymptomatic healthcare staff and all patients. Currently there is no systematic testing for COVID-19 in place for these groups.

- Cancer patients have increased risk of COVID-19 infection, which could have very serious health implications. The Department of Health and Trusts must ensure that all staff and patients in the healthcare system can attend diagnostic or treatment appointments in a safe location. In order to ensure these locations remain protected from COVID-19, a strategy should be put in place for testing, with staff and patients attending these clean sites prioritised to ensure that cancer patients can access services in safe environments. This testing should be monitored regularly. We fully support the creation of such designated sites in Belfast and Western Trusts to provide COVID-protected facilities for safe cancer diagnostics and treatment. We would encourage a review to determine the need for similar clean locations for cancer treatment in the remaining three Trusts in order to avoid geographic variation.
- Clear information is required for cancer patients around shielding and changes to cancer treatments due to the impact of COVID-19:
    - Ensuring patients and the public have access to clear information about the impact of COVID-19 on cancer services and how they will be kept safe
    - The Department of Health and HSC Board should communicate as regularly and as widely as possible about when and how they are restoring cancer services to provide reassurance to patients who might be waiting for treatment

Diagnostics

The number of people being sent for an urgent referral for diagnostic tests for suspected cancer has dropped by 60%-70% due to a combination of people not coming forward to their GP and doctors not referring. This means around 3000 people every month are not being referred to have their concerns explored. This will likely contribute to more cancers diagnosed at a later stage, where curative treatment options are often reduced.

- Healthcare staff and managers must ensure appropriate safety netting and management of patients affected by the impact of suspension of cancer screening programmes (particularly those already within the programme pathway). Around 20,000 people every month would have taken up an appointment or completed a test for cancer screening.
- Public messaging from the Government must be improved and amplified, so that people with any potential cancer symptoms are encouraged to seek help from healthcare professionals
- Continued delivery of urgent suspicion of cancer referral pathways
    - GPs should be given clear guidance and support on referring patients into hospitals whilst the COVID-19 pandemic is ongoing and must implement safety-netting procedures for those who are not referred.
    - There should be regular tracking of the change in urgent cancer referrals, and routes to diagnosis more generally. We welcome that the CaPPS and RISOH systems have been modified to now include changes in treatment regimens as a result of COVID-19.

Treatments

Despite guidelines stating that urgent and essential cancer treatments must continue, we do not believe this is happening consistently. Surgery has been impacted most severely, and whilst the development of COVID-protected sites is helpful, many patients requiring major surgery aren't getting it.

- Clear guidance on, and flexible access to, appropriate alternative treatments, with safety monitoring, must be provided:
    - The HSC Board should continue to communicate to Trusts that all decisions regarding disruptions to cancer patients' planned treatment should be made on a case-by-case basis; should consider possible alternate treatment regimens which patients can be offered; and should be communicated to patients with a clear rationale and appropriate safety monitoring and support in place.
    - Trusts must ensure that all NICaN treatment guidance is followed and that there is clear recording into patient records of all patients whose treatment has been altered, postponed or cancelled.

Data

Trusts should ensure that the collection and publication of cancer data is not disrupted by COVID-19, so that the impact on cancer services can be clearly seen and recovery accurately planned.

Key considerations for recovery and restoration:

It is vital that a clear plan is put in place for recovery and restoration of cancer services which focuses on ensuring: there is enough capacity in diagnostic services to cope with the potential backlog in diagnoses required from urgent referrals; ensuring screening, including the FIT pilot in the bowel cancer screening programme, are restarted as quickly as possible; that treatment provision returns to pre COVID-19 levels as

quickly as possible and lessons are learned from innovation in the service during the pandemic and that these become systemic ways of working.

Of particular concern is the capacity of diagnostic services to cope with the influx of patients requiring a diagnosis. CRUK has campaigned for increases to cancer staffing numbers, particularly in diagnostics, for this reason – before the COVID-19 crisis there were around 1 in 10 diagnostic posts unfilled, with much higher vacancy rates in some specialties. It will be important to review the Health and Social Care Workforce Strategy 2026 in light of COVID-19 and ensure that it addresses these concerns.

Whilst decisions about patient care should be made based on what is best for any given individual, it is clear that delaying cancer treatments will have significant implications in the longer term. With delays to their treatment, many patients will face fewer treatment options and lower chances of survival. It has been estimated that a 6-month delay to all surgical resections would result in the death of more individuals with solid tumours than otherwise, and a loss in the average life extension that surgery offers patients (though this does not account for the potential use of alternative treatment options, such as radiotherapy, throughout this period). For the health service, further delays to diagnosis and treatment will create a growing backlog of demand for an already overstretched health service to address.

- The health service must maintain COVID-protected sites for cancer diagnosis and treatments services across Northern Ireland. The number of asymptomatic cases of COVID-19 is significant, which is why, to achieve this, all cancer patients and healthcare staff – whether symptomatic or asymptomatic – based at clean sites delivering cancer services must be tested for regularly COVID-19.[i]

- The health service must build resilience in the diagnostic workforce. Healthcare staff shortages – which are particularly acute in diagnostic services – needed to be urgently addressed. A clear plan – which includes measures to increase staff training and education – is required.
    - This will require long-term investment in staffing numbers, but also in education and training, including increasing numbers of training places and exploration of different methods of training such as diagnostic academies.
    - Skill mix and advanced practice training should be implemented widely. They provide support and flexibility to a significantly stretched diagnostic workforce and create more resilient teams.
    - Staff morale and potential retention issues must be addressed following on from COVID-19.

- Clear guidance must be issued on prioritising patients within the treatment backlog, and reassuring patients it is safe to come in for treatment. This guidance must also provide clarity to patients whose screening, diagnostic testing or treatment was delayed.

- Cancer screening programmes should be re-started as soon as conditions and safety concerns allow

- Smoking cessation signposting and support in primary and secondary care, with specialist services delivered in the community must continue to be prioritised.

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[i] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30917-X/fulltext