



An tSeirbhís Náisiúnta Scagthástála  
National Screening Service

# Year End Report 2020

National Screening Service



## Contents

---

<b>Message from the CEO, National Screening Service</b>	<b>2</b>
.....	
<b>COVID-19</b>	<b>3</b>
.....	
<b>What our participants said</b>	<b>6</b>
.....	
<b>Achievements in 2020</b>	<b>7</b>
.....	
<b>Challenges</b>	<b>11</b>
.....	
<b>The year ahead</b>	<b>13</b>
.....	
<b>Conclusion</b>	<b>15</b>
.....	

# Message from the CEO, National Screening Service



I am delighted to have joined the National Screening Service as CEO in July. This has been a truly unique time to join the organisation as the COVID-19 pandemic has given us unprecedented challenges and opportunities.

In 2020, the National Screening Service (NSS) delivered four national population-based screening programmes, for cervical, breast and bowel cancer, and for detecting threatening retinopathy in people with diabetes. The programmes aim to reduce morbidity and mortality in the population through early detection of disease and treatment.

Each programme provides free screening at defined intervals to a specific target population. Almost 2 million individuals in Ireland are eligible for at least one of the programmes.

As the recent interval cancer reports have confirmed, Ireland's screening programmes operate to the best international standards and they reduce deaths from cancer among people in Ireland. The NSS provides world class screening and my aim is to support the programmes to continue to deliver this on a daily basis.

I am also committed to collaborative and partnership working, listening to the voice of the patient and public and to shared decision-making. This is one of the fundamental tenets of our patient and public partnership (PPP) strategy.

Each national screening programme publishes the official statistics and report of screening measures as part of a regular publication cycle. These will be due later in 2021 and shared widely.

This report gives a summary of the year of 2020 across NSS and I hope you find it helpful.

In 2021, the NSS will continue to adapt and respond to the changing environment. We will focus on the interim goals of building trust through proactive communication; ensuring the meaningful involvement of our stakeholders; and enhancing our governance through robust processes, performance and structures. These goals will guide the delivery of the NSS and support decision-making throughout the year.

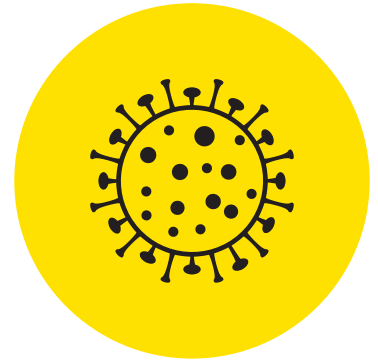
*Fiona Murphy*  
CEO, National Screening Service

## KEY POINTS

*The programmes aim to reduce morbidity and mortality in the population through early detection of disease and treatment.*

*Ireland's screening programmes operate to the best international standards and they reduce deaths from cancer among people in Ireland.*

# COVID-19



The World Health Organization declared COVID-19 a pandemic on 11 March 2020. It pointed to the over 118,000 cases of the coronavirus illness in over 110 countries and territories around the world, and the sustained risk of further global spread.

In Ireland, on the 12 March, the Taoiseach announced initial measures in response to the spread of coronavirus.

On the 27 March, a decision was taken by the National Public Health Emergency Team (NPHET) to postpone all “non-essential surgery, health procedures and other non-essential health services”.

Government measures, alongside a risk assessment including the health and safety of both staff and screening participants, informed the decision by the NSS to temporarily pause sending invites for screening in March. The NSS put robust contingency plans into place to enable critical tasks to continue across the service and ensure those patients already in the system continued to be treated as resources and public health guidelines allowed.

## Supporting the COVID-19 Response

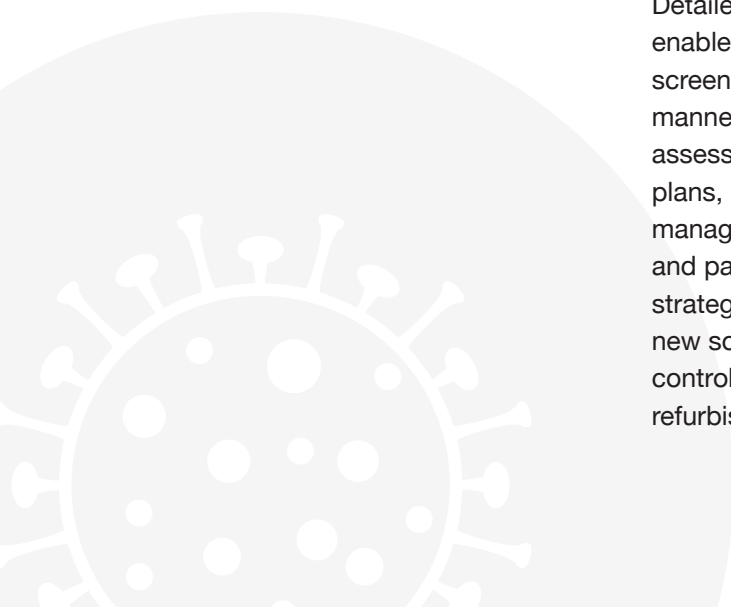
All the NSS programmes and departments successfully managed the pause in screening. Throughout this time the programmes ensured continuity of services for participants in the system and managed effective communications with participants and stakeholders.

Detailed programme planning to enable the recommencement of screening in a safe and phased manner included: detailed risk assessments, phased implementation plans, effective relationship management with providers and partners, communications strategies, the implementation of new social distancing and infection control protocol and subsequent refurbishments. All programmes and

### KEY POINTS

*The NSS put robust contingency plans into place to enable critical tasks to continue across the service.*

*All the NSS programmes and departments successfully managed the pause in screening.*



departments supported the national COVID-19 response through staff redeployment across the HSE:

- **The NSS** redeployed over 80 staff across Acute Services, Primary Care, Communications and Public Health to support the HSE COVID-19 response.
- **BreastCheck** ensured all women on an investigation pathway were assessed and treated promptly. The BreastCheck units supported the symptomatic breast services in their host hospitals by providing care, diagnostics, treatment and surgery for patients who were referred to the symptomatic service.
- **CervicalCheck** Colposcopy units continued to see women at high risk and maintained services for those waiting to be seen, thus improving the flow for new patients on resumption.
- **BowelScreen** supported the endoscopy units, contacting all patients in the assessment and surgery pathways to provide on-going support and maintaining colonoscopy for those already within a pathway of investigation.
- **Diabetic RetinaScreen** assisted the (hospital) treatment clinics in decanting approx. 2,500 patients to a digital surveillance screening pathway delivered within the community.

The programmes and the wider NSS were supported in the successful management of the pause by many departments including:

- **Business Management:** developed and led the COVID-19 contingency planning along with colleagues in Public Health.
- **Quality, Safety and Risk:** the provision of risk management support throughout the COVID-19 pause and resumption of service.
- **ICT:** rollout of laptops to 90% of users in head office and dedicated remote working support to ensure continuity of services.
- **HR:** management and coordination of staff redeployment and the provision of advice and support to staff and managers on over 60 National HR / DPER guidelines, memos, circulars issued in response to COVID-19.
- **Communications:** creation and implementation of a rapid action plan to communicate the pause and recommencement in screening, and the safety measures being put in place around COVID-19 for the many stakeholders. These included staff, screening participants, HSE management, the Department of Health, our screening partners, advocacy groups and the wider public.
- **Finance:** The team successfully managed all payroll aspects of redeployment.



## Recommencing Screening

The initial anticipated surge in COVID-19 patients was successfully minimised and capacity within the health system again became available for other healthcare services. As a result, the NSS was able to recommence the delivery of screening services in a planned, safe and considered manner which ensured that the full end-to-end quality assured screening pathway was available for participants taking up the offer of screening. CervicalCheck and Diabetic RetinaScreen restarted screening in July, followed by BowelScreen in August and BreastCheck in October.

The resumption of screening services was based on many key assumptions e.g. that there would continue to be low levels of the virus in the community and that a reintroduction of restrictions would not occur. In the context of a pandemic, there is an onus on the NSS to reduce exposure to infection for our participants, staff and providers. It is vital that the NSS continue to balance the need for screening with the risk of spreading COVID-19 to healthy people to ensure the benefits outweigh the risk.

In parallel, the provision of an end-to-end pathway so that all the elements of the programme are being delivered is required for screening programmes to be successful. This includes ensuring all providers continue to be in a position to participate so that acute services, primary care, service providers, laboratories, and the appropriate supplies and consumables are available.

Limited access to hospital services and primary care sites impacted on screening capacity in all of the programmes and the global demand for COVID-19 testing has put pressure on laboratory supplies internationally, thus reducing laboratory capacity for CervicalCheck.

## Delivering Screening in a COVID-19 Environment

The NSS continues to assess the risks of delivering screening in a COVID-19 environment, and advise on and put in place measures to reduce the risk for participants and staff. All screening programmes are continuing to identify and mitigate against the potential consequences of national restrictions, both direct and in-direct.

The NSS is closely monitoring uptake rates, staffing levels and access to diagnosis and treatment services to ensure service provision, while also taking advice from the HSE and the service partners on any acute and primary care restrictions which may impact the screening pathways.

The NSS is planning to continue screening during the national restrictions but this is and will always be contingent on the below conditions:

- To continue to provide screening in a safe and planned manner to protect the participants, providers and staff from the risk of COVID-19 transmission.
- To ensure the end-to-end screening pathway is maintained so that all the elements of the programmes are being delivered to achieve screening population outcomes and to ensure that the balance of screening risks and benefits is in favour of benefit.
- To ensure those at highest risk of disease are prioritised for screening.
- To remain aligned with the wider healthcare system and the non-COVID-19 acute and community services in line with HSE prioritisation.

# What our participants said



## BreastCheck

*“A participant from BreastCheck South rang the team to compliment ‘the most efficient service she has ever had’. She also complimented the excellent texting service. She had only checked in when she got another text to say they were ready for her to come in. The radiographers were excellent. She cannot compliment the service enough. The participant also called Anne O’Connor, Chief Operations Officer in the HSE to convey to her what a wonderful service BreastCheck is.”*

## Diabetic RetinaScreen

*“Very professional friendly staff; very COVID-19 compliant.”*

## BowelScreen

*“Just got my results letter back from you again (cc’ing my GP) and thought I should drop you a quick note to say thank you and compliment you on a really terrific service.”*

## CervicalCheck

*“I had my cervical smear yesterday and I wanted to email to say how brilliant I thought the new information booklet that arrived with my reminder was. It was easy to read, very informative and so clear. Although I hadn’t intended reading the whole booklet I did! I love that it uses the term ‘person with a cervix’, it is a clear indicator that we are on the road to a kinder more tolerant society. I was delighted to see how well it explained a screening process and how false results come about. It is a real achievement to have explained a process, which has been pulverised in the media, in such clear and accessible terms. I was so impressed I felt it warranted an email to say well done and congratulations. Keep up the great work and stay safe!”*



# Achievements in 2020



## CervicalCheck – Implementation of HPV cervical screening

The CervicalCheck programme successfully changed to HPV cervical screening as planned in March 2020. This means that any test taken in the programme is a HPV cervical screening test with follow-up cytology if required. Technical elements of the transition, laboratory and ICT testing, quality standards and information for the public and healthcare professionals were successfully completed as planned.

The HPV test has been used on all samples collected from colposcopy and gynaecology clinics since the 30 March 2020.

Due to COVID-19, CervicalCheck paused primary care screening in March but when the programme resumed screening on the 06 July, HPV testing went live in primary care.

For every 1,000 people we screen, an estimated 20 will have abnormal cells. HPV cervical screening will identify 18 of these on average. Traditional cytology cervical screening identified 15 of those 20 on average.

Ireland is followed a number of other countries including Australia, the Netherlands, Scotland, England and Wales in introducing HPV cervical screening. This brings CervicalCheck into line with international best practice.

## BowelScreen – New service in Waterford

BowelScreen launched a new endoscopy service at University Hospital Waterford (UHW) on 08 December 2020. University Hospital Waterford is one of eight national cancer centres in Ireland. The hospital already provides histopathology and surgery services for BowelScreen.

The addition of BowelScreen endoscopy services will further help the programme deliver vital services closer to where people live in the south-east. The unit will provide colonoscopy services for BowelScreen participants who have been found to have a ‘not normal’ result following their home FIT test.

## Diabetic RetinaScreen New Interval Screening Pathway

Diabetic RetinaScreen (DRS) announced a new pathway for the delivery of retinal screening in Ireland.

In October 2020, the National Screening Advisory Committee approved the new Interval Screening Pathway. For those who have the lowest risk of progression to retinopathy, the programme can extend their interval to two years. However, should a person wish to have their yearly interval maintained, they can request this.

### KEY POINTS

*The NSS put robust contingency plans into place to enable critical tasks to continue across the service.*

*All the NSS programmes and departments successfully managed the pause in screening.*



The benefits of a two-yearly screening interval include a reduction in the number of appointments a participant needs to attend. Evidence and practice in other countries shows the risk associated with a two-year interval is low for people who have had no retinopathy detected on two consecutive retina screening appointments.

### **New Digital Surveillance Screening Pathway**

Diabetic RetinaScreen implemented a new digital surveillance pathway for delivery within the community to assist the (Hospitals) treatment clinics in reducing the build-up of DRS patients on waiting lists. This new pathway allows patients to be referred directly to the community; in addition approximately 2,500 patients have been transferred from the hospital to the community.

### **BreastCheck – NBSP2 Project**

BreastCheck is developing and implementing an upgrade to the Radiology Information System (RIS) to ensure the uninterrupted operation and continuity of the RIS for the clinical, operational and administrative day-to-day delivery of the BreastCheck service.

Due to its age, the current RIS cannot be enhanced to cope with the multiple clinical and administrative innovations and developments that have happened in the last 20 years since BreastCheck was launched. Consequently, BreastCheck's National Breast Screening Programme system (NBSP) is being replaced with a more up-to-date system, with expanded functionality. This will ensure the programme can continue to provide a robust, reliable and safe client service, and a stable user friendly work environment for all of BreastCheck's staff.

NBSP2 went to European tender in November 2020.

### **Interval Cancer Reports**

The National Screening Service welcomed the publication of the Expert Reference Groups' (ERG) interval cancer reports on the 21 October 2020 and is now working towards the implementation of the recommendations. These provide a methodology for interval cancer review which supports quality assurance within each programme, and is in line with international best practice for cancer screening.

The implementation of the ERG recommendations will be supported by an overarching steering group and three programme-specific implementation groups: Breast, Cervical and Bowel, and additional sub-groups for communications and the exploration of a new legal framework.

The steering group is chaired by the NSS Chief Executive and will provide assurance to the NSS Quality, Safety and Risk Management (QSRM) Committee and HSE on the timely implementation of the recommendations.

### **Leadership Team**

The appointment of a new NSS CEO and the filling of enduring senior management posts took place throughout 2020. This ensures a strong leadership team is in position to lead the service and enable robust governance and management structures.

The Executive Management Team (EMT) will continue to guide the NSS and support staff in the provision of the screening services, while also assuming responsibility and accountability for the National Screening Service. In 2021, the EMT will focus on the interim goals of trust, involvement and governance, which will guide the delivery of the NSS and support decision-making throughout 2021.

## Development, Research & Training

Throughout 2020, the NSS continued to undertake development and research. The Public Health Department made further progress in promoting equity in screening by developing Easy Read Leaflets for BowelScreen and BreastCheck through a collaborative co-design process with stakeholders; and undertaking further research on LGBTI barriers to access and experiences of cervical screening. Quality improvement projects were also initiated for the Patient and Public Partnership Strategy and a NSS QA Framework.

The Programme Evaluation Unit (PEU) published seven peer-reviewed articles, and was involved with three published reports and seven published abstracts and presentations. PEU supported the ERG interval cancer reports by conducting international surveys and analysis relating to three cancer screening programmes. PEU also completed a report for quality assurance metrics for BowelScreen.

The Finance Department successfully rolled-out training on the National Financial Regulations across the NSS to the relevant stakeholders. Client Services implemented Freedom of Information (FOI) and General Data Protection Regulation (GDPR) training for all relevant stakeholders within the NSS, ensuring a standardised approach to GDPR and FOI requests.

## Proactive Communications

The HPV cervical screening communications campaign involved the execution of a largescale communication project to explain the changes to society, and to those involved in the screening pathway. The Communications Department worked with a wide variety of stakeholders to provide user-tested information, which was presented in a clear and engaging way. The message was consistent across all channels and at every touchpoint.

The publication of the Expert Reference Group Reports on interval cancer was supported by a patient-centred communications strategy that will assist the reports' implementation and will bring screening into a new era of understanding. The strategy focused on explaining the changes COVID-19 will bring to screening; empowering the public and stakeholders by explaining the decisions that have been made and educating as to the purpose of screening.

The Communications Department continues to assist with the delivery of information on screening to our screening programmes and staff, to participants and the wider public, to our elected representatives, press and media, and to the Department of Health, the wider HSE, and other screening programmes internationally.



## Governance

Ensuring robust governance was a key focus throughout 2020. Many successful initiatives were implemented from departments across the NSS. The QSRM Department implemented a Q-Pulse system which is a centralised Quality Management Information System. Redevelopment and user-led customisation of the system concluded with the system going live in July 2020. This upgrade was tailored to better support the Quality and Safety Management System, in line with and to fulfil adherence to the requirements of the relevant national policies, standards and guidance.

The Client Services Department successfully managed the transfer of all the Royal College of Obstetricians and Gynaecologists (RCOG) data from the Acute Hospital Division to Client Services. This included the completion of an RCOG interface which will reduce the time involved for the search and release of RCOG specific data. The department also undertook significant work on the return of cytology slides which were released for independent review.

ICT successfully supported the Cervical System Release 18.2. The ICT component was delivered on time and in scope. The new version of the Cervical Register System is enabling the new HPV screening methodology and supporting a new set of recommendations and management rules for the cervical check pathway, in alignment with international best practise.

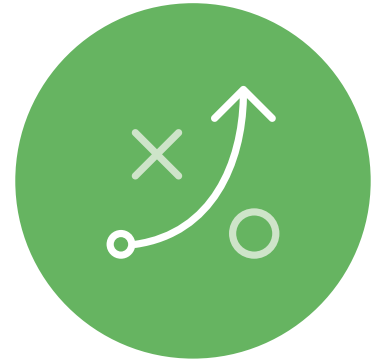
Human Resources supported the commencement of 75 staff across the NSS in 2020. HR implemented a SAP Employee/Management Self Service system in April. This included validating data, correcting staff work schedule rules, annual leave quotas, and configuring all sick leave data on to SAP.

In 2020, the Finance Department incorporated NSS procurement into its department. Robust policies and procedures are being implemented to align procurement and finance. This will enable strong financial management of the procurement pathway and provide NSS stakeholders with an enhanced and efficient procurement service.

The Strategy Business and Projects department was established in summer 2020 to support strategy, business planning and coordinate service improvement programmes and projects through the re-establishment of the portfolio management office.



# Challenges



## COVID-19

**A significant reduction in capacity continued for all the programmes in 2020 because of the implementation of physical distancing and infection control measures. The NSS complied with Public Health guidelines to protect participants, patients and staff. Implementing the new policies and procedures had an effect on capacity and activity within screening. At all stages, the screening pathways, schedules and targets were adversely affected. The NSS continued to implement strategies to reduce the impact of COVID-19 and develop plans to increase capacity.**

COVID-19 also had an impact on staffing. There was an increase in workload due to increased communication between staff and participants prior to their appointments, throughout the screening pathway, and ongoing adherence to social distancing and infection prevention and control requirements. COVID-19 leave also impacted programmes as staff were required to self-isolate due to COVID-19 contact.

The ongoing redeployment of staff for the COVID-19 response was a challenge for the NSS and recruitment for posts was delayed due to the focus on Public Health/COVID-19 by HBS.

Screening relies on an end-to-end pathway so that all the elements of the programme are being delivered as required for screening programmes to achieve their population outcomes. All the programmes are worked closely with their partners to ensure all providers were in a position to participate – acute services, primary care, service providers, laboratories etc.

- BreastCheck liaised with hospitals to ascertain theatre capacity and closely monitor conditions which could reduce theatre access.

### KEY POINTS

*Implementing the new policies and procedures had an effect on capacity and activity within screening.*

*The ongoing redeployment of staff for the COVID-19 response was a challenge for the NSS.*

- CervicalCheck has sought a timetable for increasing the lab capacity in its US laboratory, Quest Diagnostics to pre-COVID-19 levels. Quest continues to test consumables for use in other areas to free up supplies for CervicalCheck.
- BowelScreen is closely monitoring the numbers of participants in the system to ensure available capacity is maximised. It is estimated that colonoscopy is operating at up to 70% of normal capacity.
- Diabetic RetinaScreen has been working closely with the screening providers and temporary staff have been deployed to screen participants awaiting DRS appointments due to the pause. This commenced in December and is due for completion at the end of April 2021.

## Legal Environment

The NSS has maintained on the Risk Register a risk relating to the current legal environment. A new legal framework to ensure the sustainability of screening in the context of recent judgments and the increase in claims experienced and anticipated has been proposed. There remains a risk to the resourcing of the programmes, in that the legal environment may harm public confidence in screening and deter clinicians from participating in the programmes. As part of the implementation of the ERG report recommendations, a Legal Framework subgroup of the Interval Cancer Steering Group will be convened.



## Staffing

The recruitment and availability of specialist staff to support the screening pathway in particular for BreastCheck and CervicalCheck was an ongoing challenge in 2020. An international shortage of radiologists and radiographers provides a challenging recruitment environment for BreastCheck. BreastCheck is implementing a proactive plan to futureproof radiological resources in order to deliver and optimise capacity. In CervicalCheck the recruitment of medical consultants / medical scientists for the new National Cervical Screening Laboratory (NCSL) is an ongoing challenge. Retaining staff numbers in the face of increased market demand (COVID-19) and continued decline of the cytology industry globally have added to the difficulties. The NCSL will enable the training and development of resources specialising in cervical screening services.





# The year ahead



The HSE National Service Plan 2021 summarises the priority areas for the National Screening Service in 2021. At NSS level these priorities include planning for and commencing the implementation of the recommendations from the interval cancer reports; implementing strengthened organisational and governance arrangements including the implementation of the public and patient partnership plan; and enhancing client services to ensure patients and families have access to records for all screening programmes by developing a dedicated Client Management System.

At programme level some of the priority areas for action include:

## BreastCheck

- Continue to implement the age-extension of the BreastCheck Programme by rolling out the programme to the remaining cohort of 69-year-olds in line with the agreed programme of implementation (subject to the limitations of COVID-19);
- Develop and open semi-permanent BreastCheck units in two locations to increase capacity and access.

## CervicalCheck

- Stabilise and strengthen the cervical screening programme in line with the Scoping Inquiry into the CervicalCheck Screening Programme (Sally Report) by enhancing the programme clinical standards, and data analytics and reporting.
- The ongoing development of the National Cervical Screening Laboratory and continuing support for colposcopy services.
- Ongoing engagement with patients and the public regarding the benefits and limitations of cervical screening.

## KEY POINTS

*Ongoing engagement on the benefits and limitations of cervical screening.*

*Increasing capacity and access in BreastCheck.*

## BowelScreen

- Maximise uptake through targeted communication and promotion amongst eligible men and women aged 60-69 years;
- Increase the number of BowelScreen units which provide colonoscopies.

## Diabetic RetinaScreen

- Continue the roll-out of a digital surveillance screening programme and model of care that will improve timeframes for the treatment of diabetic retinopathy for a further 5,000 patients in 2021;
- Maximise uptake through targeted communication and promotion amongst the eligible population aged 12 years and over.

## New Service Development Funding

The successful submission for New Service Development funding led by the Business Manager and Finance Manager resulted in a €10m investment from the government for screening services in 2021. The National Screening Service is delighted to receive this funding and it demonstrates the government's ongoing commitment to screening in Ireland. These funds will have a substantial impact on screening services in 2021 and will provide the NSS with much needed support to develop capacity across screening during these unprecedented times.

## BreastCheck

BreastCheck is planning to utilise the funding to increase capacity through the development of semi-permanent BreastCheck units. This will enable BreastCheck to increase capacity at additional locations and support the programme to potentially reach its targets pending the recruitment of radiologists and radiographers.

## CervicalCheck – National Cervical Screening Laboratory (NCSL)

NSS is progressing with the development of the NCSL in collaboration with the Coombe Women and Infants University Hospital. CervicalCheck is utilising the funding to resource the new laboratory with equipment and staffing in advance of completion of the NCSL build in 2022.

## CervicalCheck – Colposcopy Services

Funding received will provide additional staffing and equipment for colposcopy services. The funding will support colposcopy services to meet access targets by creating capacity and ensure quality assurance standards are met through the provision of key clinical staff.

## BowelScreen

The funding will support in part the expansion of BowelScreen. The provision of additional consultant sessions will maximise the use of endoscopy and support planning for the age extension.

## Client Services

A dedicated client management system will enable the Client Services department to respond efficiently to legal and routine requests for participant information and provide comprehensive, accurate information in keeping with FOI/GDPR legislation.





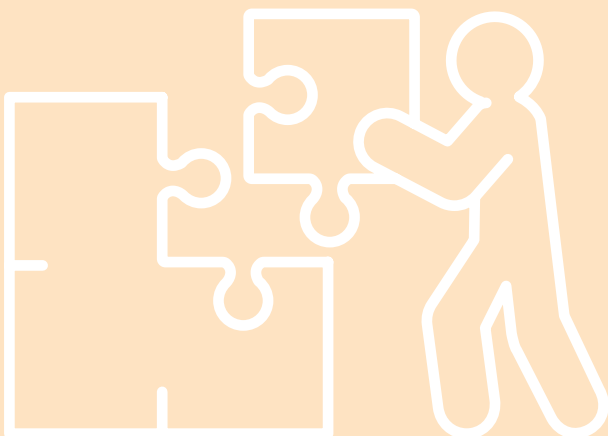
# Conclusion



The challenges faced in 2020 were unprecedented. The COVID-19 pandemic has challenged screening in unique and unexpected ways. The commitment of staff right across the National Screening Service has enabled the programmes to pause and recommence in a safe and planned manner.

We are conscious that it has also been a difficult year for our participants and stakeholders and we are extremely grateful for their continued support. Although there have been many challenges throughout this year, the National Screening Service has achieved many successes and positive outcomes.

We are looking forward to 2021, when we aim to continue to reduce morbidity and mortality in the population through early detection of disease and treatment for the almost two million individuals in Ireland who are eligible for at least one of the programmes.





An tSeirbhís Náisiúnta Scaghástála  
National Screening Service

**National Screening Service**

King's Inns House,  
200 Parnell Street, Dublin 1, D01 A3Y8.

Tel: 01 865 9300

Email: [info@screeningservice.ie](mailto:info@screeningservice.ie)

Website: [www.screeningservice.ie](http://www.screeningservice.ie)