

Chapter 42

**Health Service Executive
National Cancer Screening Service**

National Cancer Screening Service

42.1 A Strategy for Cancer Control was published by the Department of Health and Children (the Department) in 2006. The aim of the Strategy is to have a system of cancer control that will reduce cancer incidence, morbidity and mortality rates relative to other EU15²⁸⁶ countries by 2015. The Strategy focuses on

- an integrated and cohesive approach to cancer that involves prevention, screening, diagnosis, treatment, and supportive and palliative care
- measurement of need and addressing inequalities by ensuring that all elements of cancer policy and service are delivered to the maximum possible extent
- reform and reorganisation of the way cancer services are delivered to address the variation in survival between regions and the fragmentation of services for patients.

42.2 The Strategy made 55 recommendations over a number of areas. It made the following recommendations in relation to cancer screening

- breast screening should be extended to include all women aged between 50 and 69
- a cervical screening programme should be introduced nationally
- a colorectal cancer screening programme should be introduced in Ireland and aligned with breast and cervical cancer screening.

42.3 The Strategy also recommended that the Department, the Health Service Executive (HSE) and BreastCheck²⁸⁷ should align the management and governance of population-based screening programmes and that any future development in relation to colorectal cancer screening should be aligned with breast and cervical cancer screening.

Chapter Focus

This chapter focuses on

- the extent to which the recommendations made by the Cancer Control Strategy in relation to cancer screening have been delivered
- financial control procedures of the National Cancer Screening Service Board^a.

Note:

- a The National Cancer Screening Service Board was responsible for developing and providing cancer screening programmes until it was subsumed into the HSE on 1 April 2010.

²⁸⁶ The EU15 comprises Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden and the United Kingdom.

²⁸⁷ The national breast screening programme which is funded by the Government and offers women aged between 50 and 64 years a free mammogram every two years.

National Cancer Screening Service

42.4 The National Cancer Screening Service (the NCSS) was established on 1 January 2007 with the creation of the National Cancer Screening Service Board²⁸⁸. The establishment of the NCSS brought together the services of the former Irish Cervical Screening Programme²⁸⁹ and the BreastCheck programme under one framework of governance. The NCSS is responsible for

- developing and providing quality cancer screening programmes in Ireland
- advising on the benefits of carrying out other cancer screening programmes where a population health benefit can be demonstrated
- advising the Minister for Health and Children on health technologies, including vaccines, relating to the prevention of cervical cancer
- implementing special measures to promote participation in its programmes by disadvantaged people.

BreastCheck

BreastCheck was established in 1998²⁹⁰ with the aim of reducing deaths from breast cancer by finding and treating the disease at an early stage. The service offers free mammograms to women aged between 50-64 on a two yearly cycle, on an area-by-area basis. It maintains a register of all eligible women which has been compiled from a number of sources, mainly the Department of Social Protection, the General Medical Services Scheme and private insurance companies. The arrangements for service provision are set out in Annex A.

Availability of Services

42.5 From 1998 until 2005, BreastCheck Phase 1 was only available to women in the North East, East, Midlands and parts of the South East with two static clinical units and eight associated mobile screening units serving these areas. One unit is located on the campus of the Mater Misericordiae University Hospital (Eccles Unit) and the other unit is located on the campus of St. Vincent's University Hospital (Merrion Unit). There are also eight mobile screening units serving these areas.

42.6 In May 2005, the Department approved the national expansion (Phase 2) of the service and allocated €24.6 million towards the construction of two new static units – one located adjacent to the South Infirmaries Victoria University Hospital in Cork (Southern Unit) and the second on the campus of University College Hospital, Galway (Western Unit). The associated works also included a remote laboratory and refurbishment of a theatre. Construction of both units was completed in November 2007 and screening commenced in both units in December 2007. This was in line with the target set for the national implementation of the programme by 2007. There are also eight mobile units associated with the static units serving the Western and Southern areas.

²⁸⁸ National Cancer Screening Service Board (Establishment) Order, 2006 (S.I. No. 632 of 2006).

²⁸⁹ This service was provided by the Mid-Western Health Board from 2000 to 2005 and then by the HSE from 2005 to 2007.

²⁹⁰ The first phase of BreastCheck was established under the National Breast Screening Board (Establishment) Order, 1998 (S.I. 319 of 1998). It was established on a pilot basis serving the former Eastern Health Board, Midland Health Board and North Eastern Health Board regions.

Output and Performance

42.7 The NCSS has developed a number of performance targets for the BreastCheck programme which it reports on annually. The performance parameters measured include

- rate of acceptance of invitation to screening
- minimum notice of appointment received (7 days)
- timeliness of results issued
- timeliness of follow-up action.

42.8 The target acceptance rate for invitation to screening is 70% and the target for the remaining performance parameters is 90% or greater.

42.9 Figure 199 outlines the target population and the numbers of women that were screened between 2007 and 2009.

Figure 199 Screening carried out, 2007-2009^a

	2007/2008	2008/2009
Known target population ^b	89,383	122,737
Number screened	66,527	92,061
Known target population screening rate	74.4%	75.0%
Number of women invited for screening	87,156	118,971
Number screened	66,527	92,061
Acceptance rate	76.3%	77.4%

Source: BreastCheck Programme Reports 2007/2008 and 2008/2009.

Notes :

a The increase from 2007/2008 to 2008/2009 is due to the national expansion of the BreastCheck programme.

b 'Known target population' refers to all women of screening age that are known to the programme.

42.10 The acceptance rates in 2007/2008 and 2008/2009 exceeded the programme target of 70%.

42.11 A number of performance parameters have been set for the programme. These focus on timeliness of care and the results are set out in Figure 200.

Figure 200 Performance Parameters Achieved in 2008

Performance Parameter	Target	Outturn
Percentage of women who received 7 days notice of appointment	≥90%	98.6%
Percentage of women who were sent results of mammogram within 3 weeks	≥90%	98.6%
Percentage of women offered an appointment for assessment clinic within 2 weeks of notification of abnormal mammographic result	≥90%	90.8%
Percentage of women given results from assessment clinic within 1 week	≥90%	95.6%
Percentage of women eligible for screening invited for screening within 2 years of becoming known to the programme	≥90%	94.7%

Source: BreastCheck Programme Reports 2007/2008 and 2008/2009.

42.12 There were two areas where BreastCheck did not achieve target performance

- 81.7% of women were offered hospital admission for treatment within three weeks of diagnosis of breast cancer. The target was 90%. However, over 90% of women were offered a bed within three weeks and five days. This was mainly due to the pressures that host hospitals were experiencing.
- In regard to women who are re-invited for screening, BreastCheck achieved 86.5% against a target of 90% for screening within 27 months of their invitation at previous round of screening. However, 93% of women were re-invited within 28 months of receiving an invitation for the previous round of screening.

CervicalCheck

The purpose of cervical screening is to identify and to treat pre-cancerous cell changes before they have a chance to develop into cancer. Free tests are provided in primary care settings to women aged 25-60 years.

42.13 In 1996, the Report of the Department of Health Cervical Screening Committee recommended the introduction of a National Cervical Screening Programme. Phase 1 of the Irish Cervical Screening Programme (ICSP) began in the Mid-West region in 2000. It was established as a pilot programme in advance of the introduction of a national cervical screening programme. The programme originally operated under the aegis of the Mid-Western Health Board but moved to the HSE from 2005.

42.14 A review²⁹¹ of the operation of the first phase of the programme was conducted in 2004 with the aim of identifying improvements needed before the programme was established on a national basis. The report stated that Phase 1 of the programme had worked well and that a national cervical screening programme should be introduced.

42.15 Governance of the ICSP transferred to the NCSS on its establishment in 2007. In September 2008, CervicalCheck – Ireland’s first population-based national cervical screening programme – was established by the NCSS. Initially, screening was offered on an open access basis, however, from September 2009, CervicalCheck moved to an organised call, recall and opt-in system of screening. The arrangements for service provision are set out in Annex B.

Output and Performance

42.16 The target uptake level of the programme is 80%. In 2009, just over 306,000 women opted into the programme and attended for repeat tests at varying intervals. The programme moved to a call/recall system on 1 September 2009. Approximately 280,000 women were screened in 2009.

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Report on the Irish Cervical Screening Programme, Dr. Euphemia McGoogan, July 2004.

Conclusion – Programme Development

The Cancer Control Strategy recommended that the governance and management of screening programmes in Ireland be aligned. The National Cancer Screening Service was established in January 2007 in response to this recommendation. Its establishment brought the development and provision of cancer screening under one framework of governance.

BreastCheck was implemented nationally by December 2007 in line with the target set, however, the first round of screening was not completed in all areas within the 24 months originally envisaged. The programme has achieved the performance targets set in a number of areas, including the rate of invitation to screening. However, performance has not been achieved with regard to the percentage of women offered hospital admission for treatment within three weeks of diagnosis and the number of women who are re-invited for screening within 27 months.

Phase 1 of the Irish Cervical Screening Programme began in the Mid-Western region in 2000. CervicalCheck, the first national cervical screening programme in Ireland was introduced in September 2008. The target uptake of the programme is 80%, however, as the programme moved to an organised call, re-call and opt-in system of screening from September 2009 uptake levels cannot be confirmed until data for another few years are available.

In January 2010, the Minister for Health and Children approved the introduction of a colorectal cancer screening programme. The programme will commence in 2012 offering screening to approximately 400,000 people aged between 60-69 years of age.

Funding and Accounting Procedures

42.17 In April 2010, the National Cancer Screening Board (NCSSB) was dissolved and its functions transferred to the HSE. It had previously been funded by the Department of Health and Children. In 2007, it received approximately €2 million from the Department, of which almost €20 million was capital funding. The Department provided this funding on the basis of specific items of capital expenditure. The drawdown of capital funding from the Department is permitted only on the basis of matured liabilities. The capital grant claim form states that “*only claims in respect of matured liabilities should be submitted.*” Unless contract conditions stipulate otherwise, this is normally when the goods or services have been delivered and invoiced. Similarly, expenditure should only be charged to the accounts when the goods or services have been delivered.

42.18 In December 2007, the NCSSB requested and received 15 invoices²⁹² from five suppliers totalling €5.9 million. The invoices related to equipment and supplies which were required for its screening programmes but which had not yet been delivered. 14 of the invoices related to the purchase of capital equipment for the national expansion of the BreastCheck programme and one of the invoices, totalling €2.7 million, related to the purchase of test kits for the CervicalCheck programme which is funded from current expenditure. On receipt of the 15 invoices, the invoice values were posted to the NCSSB’s books of account thereby charging the amounts to the relevant expenditure headings and creating a corresponding financial liability to the suppliers. In December 2007, two claims for capital funding totalling €4.5 million were submitted to the Department. 12 of the invoices received, totaling €3 million, formed part of the claims submitted

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These invoices were received between 10 and 20 December 2007.

to the Department. This amount requested was received by the NCSSB from the Department on 20 December 2007.

42.19 The NCSSB entered into an arrangement whereby 75% of the value of the 15 invoices (€4.4 million) was paid into an escrow account²⁹³ which was opened in the name of its solicitors. Since the escrow account was in the name of the solicitors it was not recorded as an asset in the financial statements of the NCSSB. There was no evidence that Board approval was sought prior to opening the escrow account nor was there evidence that approval was sought from the Department of Health and Children.

42.20 The transfer to the escrow account in December 2007 was by way of five cheques, totalling €4.4 million, in amounts equal to 75% of the amount invoiced by each of the five suppliers. When the payments were made to the escrow account, the supplier accounts were debited with the relevant amounts leaving the remaining 25% of the value of the invoices as a creditor in the NCSSB's accounts for 2007.

42.21 Between February and May 2008, five payments totalling €1.3 million were made from the escrow account to four of the suppliers. These transactions were carried out by the NCSSB's solicitors on written instruction from the NCSSB which were signed by two of three individuals – the CEO, the Head of Corporate Services and the Acting Finance Manager.

42.22 The escrow account was closed at the end of June 2008 and the balance of €3.2 million was transferred to the bank account of the NCSSB. The €3.2 million which was transferred was made up of the unpaid balance at that date (€3.1 million) and €1,000 in interest earned. When the amount was returned to the NCSSB the related creditor amounts were reinstated.

42.23 In the course of the financial audit of the 2008 accounts the NCSSB confirmed that it had subsequently received all the goods relating to these five payments.

Impact on the Accounts of the NCSSB

42.24 The payments into the escrow account were presented as discharging liabilities that had matured for payment. The existence of the escrow account was not disclosed in the course of the 2007 audit and the accounting records treated the transactions as finally completed purchases. As a result, the charge to the 2007 accounts was overstated. The accounts for 2008 have restated the prior year figures to correct the overcharge. In my audit report on the financial statements of the NCSSB for the year ended 31 December 2008 I included the following reservation.

²⁹³

A legal arrangement in which an asset is held in trust by a third party until a specific requirement is met.

Reservation in Audit Certificate of the 2008 Accounts

It was noted in the course of audit that invoices in relation to undelivered goods to a value of €5.9 million were recorded as charges or assets in the financial statements for the year ended 31 December 2007 although they had not matured for payment. Payments into an escrow account of €4.4 million were treated as discharging part of the unmatured liabilities.

I draw attention to Note 17 to the financial statements which discloses how the 2007 comparative figures were restated in the light of the foregoing. I intend to report on this matter in my 2009 Annual Report on the Accounts of the Public Services.

Observations of the NCSSB

42.25 In December 2007, the bulk of the capital projects which related to BreastCheck's national expansion were being brought to conclusion. One such national project included the conversion to digital mammography in the Eastern area and the replacement of all existing mobile units and the purchase of new mobiles with digital mammography equipment for the Southern and Western areas. As at December 2007, it was the preference of the NCSS to defer the delivery of a number of the new mobile units and associated equipment until 2008.

42.26 The main reasons for deferring delivery of the goods arose out of the following

- Operational conditions, in particular, the total number of available radiographers meant that it would not be possible to commission and operate all of the new mobile units at that time. For this reason, it was considered appropriate to defer delivery in order to avoid triggering the commencement of the warranty period and in order to avoid the storage and potential reputational issues that would arise if a number of BreastCheck units were to be delivered but not deployed.
- At the end of 2007, NCSS became aware of a mobile unit manufacturer in the UK that had gone into receivership. As a result of this, the NCSS sought advice from its solicitors as to the best way of protecting the NCSS from any risk of financial loss from any of the suppliers of equipment.

42.27 On establishment in January 2007, the NCSSB inherited a commercial arrangement from the HSE whereby a year's worth of test kits were pre-purchased at the end of 2005 and 2006 to be delivered incrementally to smarttakers throughout the following year. In order to continue optimum activity within the CervicalCheck programme, the NCSSB decided to continue this arrangement in 2007 but to defer payment to the supplier and instead to release funds on delivery of the kits to the doctors and practice nurses carrying out the tests.

42.28 The NCSSB believed that it was necessary for the full capital grant allocated to be drawn down before the end of the year and that any funding not drawn down would be lost and consequently the funds would not be available to pay for committed expenditure. Accordingly, arrangements were made with the equipment suppliers to have relevant invoices issued and the grant funds were drawn down from the Department. Having arranged the drawdown of funds, the NCSSB wished to find a mechanism for transmitting funds to the suppliers while also protecting the NCSSB from any risk of financial loss in respect of any equipment/goods not in its physical possession.

42.29 NCSSB sought the advice of its solicitors on the matter and the firm recommended that an escrow arrangement was a normal commercial solution for this requirement. This was accepted by the NCSSB and the funds were paid over to the solicitors who administered the escrow arrangements on behalf of the NCSSB until June 2008 when, as a result of changes in the Law Society of Ireland's approach to escrow arrangements, the solicitors returned the remaining funds to the NCSSB together with accrued interest.

Views of the Accounting Officer of the Department

42.30 The Accounting Officer stated that the Department was not informed by the NCSSB about the establishment or existence of the escrow account nor was it aware that the claims for capital funding submitted to it in December 2007 did not, in part, relate to matured liabilities. The first time the Department became aware of the existence of an escrow account was in December 2009. The Department's Cancer Policy Unit queried the nature of this transaction at its monthly meeting with the NCSSB on 14 January 2010.

42.31 The Accounting Officer noted that *Public Financial Procedures* deals with escrow arrangements and makes it clear, *inter alia*, that in the case of Government departments any agreement to use these forms of payment requires the prior sanction of the Department of Finance. It had confirmed with the Department of Finance that this provision applies to State agencies in receipt of grants from Voted funds.

42.32 In addition, he noted that the *Framework for Corporate and Financial Governance* issued by the Department in 2006 applies to all agencies funded by the Department. The Framework highlights the importance of a Board's role in meeting its accountability to the Secretary General of the Department as Accounting Officer and the need for the Chief Executive Officer to put in place procedures to allow the Board to meet its accountability in this regard. The introduction to the Framework specifically refers to the need for agencies to comply with Government approved guidelines including *Public Financial Procedures*.

42.33 The Accounting Officer stated that while the Department wished to see the major cancer projects that were being managed by the NCSSB completed in an expeditious manner for both service and financial planning reasons, at no stage would the Department have advised the NCSSB that the full capital provision should be drawn down regardless of actual matured liabilities or that funding would not be available in 2008 to pay for committed expenditure.

42.34 The Accounting Officer pointed out that the Department would have been aware of the facility under Section 91 of the Finance Act, 2004 whereby Government departments may apply to carry over up to 10% of any net under spend on their capital Vote to the following year. If approved by the Minister for Finance, provision for such carry over is made in the Appropriation Act for that year. In actuality, under this provision €2 million had been carried over into 2007 and, of the €10.6 million surrendered to the Exchequer at the end of 2007, the Department received approval to carry over €4.1 million into 2008. In addition, if precise information in relation to delayed projects is available in sufficient time it can inform the finalisation of the Estimates for the subsequent year. The Accounting Officer stated that it was in the above context that the Department would have sought to maintain pressure on the NCSSB to deliver major projects on time and where this was not possible to accurately inform the Department of the cash flow implications and the requirements in 2008.

42.35 The Accounting Officer stated that the Department found it necessary during 2008 and 2009 to raise and pursue with the NCSSB a number of serious issues in relation to its financial procedures. The issues raised included inappropriate use of revenue funding for capital purposes,

the draw down of revenue funding in excess of expenditure and inappropriate holding of cash balances, failure to seek the Minister's sanction for a property lease as required under the NCSSB Establishment Order and the provision of inaccurate reporting to the Department in relation to financial matters. In response to the Department's concerns, the Chair of the NCSSB informed him that a comprehensive review had been initiated by the Board to ensure compliance with the recently published *Code of Practice for the Governance of State Bodies* and the terms of the NCSSB Establishment Order and *Public Financial Procedures*.

42.36 The Accounting Officer stated that he appreciated that the matters giving rise to the issues addressed in this chapter have their origins at the end of 2007, however, in addition to expressing his dissatisfaction with the breaches of financial procedure identified in the chapter, particularly the putting in place of an unauthorised escrow arrangement, it is necessary for him to record his unhappiness that the NCSSB did not itself bring these matters to the attention of the Department during 2008 or 2009. For example, the previous existence of the escrow account was not disclosed in the NCSSB response of 17 June 2009 to the Department's query on the number of bank accounts set up by it since its establishment in 2007. While technically the account was, it seems, held by the solicitor it was of undoubted relevance to the Department's request.

Conclusion – Funding and Accounting

The NCSSB obtained invoices for goods which had not been delivered and for which payment was not due.

The charging of these invoices to the 2007 accounts overstated the relevant expenditure and was in breach of normal accounting procedures. The use of the invoices to support claims for drawdown of capital funds was in breach of Department of Health and Children funding arrangements which stipulate that only claims in respect of matured liabilities should be submitted.

The resultant liability created in the NCSSB books of account was discharged by payment into an escrow account. These arrangements were not disclosed during the course of the audit. The NCSSB breached internal procedures by not obtaining Board approval in advance of opening the escrow account. The Department of Health and Children were also not aware that the account existed.

Conclusion

The NCSS has been subsumed into the HSE in 2010. Progress in extending cancer screening in recent years is as follows

- BreastCheck – the national breast screening programme was extended nationally in December 2007 and, in 2009, approximately 280,000 women were screened.
- CervicalCheck – the national cervical screening programme was introduced in September 2008 and as of December 2009 there were approximately 1.4 million women on the cervical screening register.
- Ireland’s first colorectal cancer screening programme will commence screening in 2012 with screening initially being offered to approximately 400,000 people aged between 60-69 years of age.

The accounting and funding arrangements operated during 2007 were not in accordance with procedures. While all funds were ultimately applied for the purpose intended it is important that true and fair accounts be rendered in respect of all activities and that overall State cash resources be released only in line with the maturity of liabilities.

Annex A BreastCheck Service Provision

Phase 1 of the programme is well established and is currently in the fifth round of screening. Phase 2, which began in December 2007, is in its first round of screening. BreastCheck now has a total of four static clinical units and 16 mobile digital screening units carrying out screening throughout Ireland.

The first round of screening in the Southern and Western regions was estimated to take approximately 24 - 27 months to complete, however, this target was not achieved in all counties in Phase 2 and it is now estimated that screening will not be completed until December 2010 in the Southern area and June 2011 in the Western area. The delay in completing first round screening was partially due to the unavailability of suitably qualified mammography staff at the start of Phase 2. The NCSS has stated that the fact that the first round of screening has not been completed in all counties has not compromised the commencement of second round screening in some counties in both the Southern and Western areas.

The static unit is the main clinical facility in each of the BreastCheck regions and each static unit is located on the campus of or adjacent to a host hospital. Each static unit is responsible for organising the schedules for the screening to be carried out in its area and all readings are completed in the static unit by consultant radiologists. In addition to screening mammography, each static unit holds the assessment clinics and results clinics for all women who are re-called for further assessment following their initial screening mammogram. The static unit also issues results letters to women and their GP and is also the base for all administrative staff for the location.

Each static unit has three digital mammography screening rooms and has approximately three times the screening capacity of a mobile unit when fully staffed. The capacity of the static unit to carry out screening is also dependent on the number of assessment and results clinics carried out in the unit as screening does not take place when clinics are being held.

The sole purpose of the 16 mobile digital screening units is to provide mammography screening to women in areas close to where they live thereby reducing the need for women to travel long distances. Each mobile unit operates with a single mammography machine and two radiographers and is capable of carrying out approximately 40 mammograms per day. Invitation rates are set higher than this to ensure the maximum use of resources.

Annex B CervicalCheck Service Provision

CervicalCheck maintains a Cervical Screening Register which has the details of eligible women aged between 25 and 60. The information on the register is collated from the Department of Social Protection and self-registration details. The Register can identify women in age cohorts based on their date of birth which allows the programme to target lower uptake age groups if required. All women who have not had a test in the last three years can also opt into the programme by registering online, completing a registration form and returning it by freepost or by calling CervicalCheck on their freephone number. As of December 2009, there were approximately 1.4 million women on the Cervical Screening Register.

All women between the ages of 25 and 60 will be offered cervical screening. Under the programme, after the first test, women aged 25 to 44 are recommended to have a test every three years and women aged 45 to 60 are recommended to have a test every five years once they have had two 'no abnormality detected' test results.

As CervicalCheck is organised as a call, re-call, population-based screening programme, a letter of invitation is issued to a woman in order for her to avail of a free test²⁹⁴. Once the letter is received the individual can arrange an appointment to have a free test with a CervicalCheck registered doctor or practice nurse of their choice. There are over 4,150 such professional staff registered with CervicalCheck in over 1,400 locations nationwide.

Women must give explicit signed consent to allow their health information to be transferred to a programme register that is held in a central cervical screening database in the programme office in Limerick. Once a woman has attended for a test she will automatically be recalled when her next test is due.

²⁹⁴ Certain women are eligible for a free smear without receiving a letter from CervicalCheck, these include women aged over 60 that have never had a smear and women of any age that have had a colposcopy examination.