

CervicalCheck Steering Committee

Date: 21st March 2019

Steering Committee: Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH, Co-Chair
Dr Tony Holohan, Chief Medical Officer, DOH, Co-Chair
Fergal Goodman, Assistant Secretary, DOH, Primary Care Division
Damien McCallion, National Director, HSE National Cancer Screening Service
David Walsh, HSE National Director of Community Operations
Enda Saul, Client Services Director, HSE
Dr Mary Short, ICGP
Brigid Doherty, Patient Advocate
Stephen Teap, Patient Representative
Lorraine Walsh, Patient Representative
Donal Buggy, Head of Services and Advocacy, Irish Cancer Society

In attendance: Greg Dempsey, Deputy Secretary, DOH (attended for part of the meeting)
Deirdre McNamara, Office of the Chief Clinical Officer, HSE
Michele Tait, Scally Report Implementation Lead, HSE
Dr Ronan Glynn, Deputy Chief Medical Officer, DOH
Dr Heather Burns, SpR, DOH
Celeste O'Callaghan, CervicalCheck Project Team, DOH
Elizabeth Adams, Patient Safety and Advocacy Policy Officer, DOH
Clodagh Murphy, CervicalCheck Project Team, DOH
Paul Ellis, CervicalCheck Project Team, DOH

Apologies: Liam Woods, Interim Deputy Director General, Chief Operations Officer, HSE
Dr Colm Henry, HSE Chief Clinical Officer
Prof Mary Horgan, President, RCPI
Dr Lorraine Doherty, Clinical Director, CervicalCheck

DISCUSSION and ACTION POINTS

NO.	Agenda Item	Discussion and Actions Agreed
1.	Welcome and apologies	The Chair welcomed the members and noted the apologies.
2.	Minutes of previous meeting	The minutes of the meeting of 21st February were agreed. Under Action 16/86 , which related to the issue of follow-up with women who are invited to undergo a repeat HPV test and do not take up that offer, the HSE advised that the SIMT will put a monitoring process in place to track this, and figures will be available and reported on.

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3.	Updates	<p>The Department provided updates as follows:</p> <p>Tribunal legislation: Greg Dempsey provided an update on the establishment of the Tribunal. A high level overview was given, outlining the work done to date as well as the next steps. Notwithstanding the requirement to prioritise Brexit-related legislation, this Bill is also a Government priority in the Spring Legislative Programme and is being progressed as expediently as possible. The committee was advised that work is ongoing to ensure that all other arrangements are in place to ensure that the Tribunal can commence as soon as the legislation is passed. Some concern was voiced about the possible time to establish the Tribunal, and the implications of any delay in light of the Statute of Limitations. The requirements of the legislative process were outlined, and it was emphasised that the work is being prioritised and progressed as swiftly as possible.</p> <p>Action 17/91 Progress updates will be provided to the Committee on the ongoing work in establishing the Tribunal (DoH)</p> <p>Action 17/92 Clarification on the statute of limitations will be sought, to be provided at the next meeting (DOH).</p> <p>Ex gratia scheme: Greg Dempsey advised the Committee that Government has now approved the ex-gratia scheme for those of the 221 affected by non-disclosure, and the scheme is currently being operationalised. A Judge has been appointed to lead the Independent Panel and the additional members to complete the panel are expected to be appointed shortly. It was clarified that a single amount will be determined by the Panel, and will be payable to those who were not disclosed to or not appropriately disclosed to. The Chair clarified that poor disclosure is considered non-disclosure.</p> <p>Implementation Plan Progress Report: Dr Scally's report on the progress of the implementation of the recommendations of his report has been shared with Committee Members, as well as the 221+ group, and will be published shortly.</p> <p>Progress on key issues: In the context of the Department's oversight role, there has been significant performance escalation at Secretary General – Director General level over recent weeks in relation to key issues including capacity, the HPV project and the RCOG review, reflecting the high priority attached by all to making progress on these issues.</p>
4.	HSE reporting	<p>Management of primary and social care supports to patients/families: Tribute was paid to Mary Walshe, who has recently retired, for the outstanding support provided to the 221+ group and liaison officers in the delivery of supports. The delivery of supports continues, with no major issues arising.</p> <p>Provision of slides to patients: As of 20 March, the HSE has provided 118 slides out of a total of 123 – five requests are currently in progress. The average time to deliver slides to the independent expert is 27 days.</p> <p>RCOG review: Transfer of slides from laboratories for the review is continuing. To date, 811 of 1766 slides have been delivered, with a further 200 from Quest due to transfer this week.</p> <p>Planning for the communication of the results of the RCOG review is ongoing. A group has been established in the HSE, chaired by Dr Peter McKenna and is due to meet this afternoon. The Clinical Director of CervicalCheck has been working closely with colposcopists in this regard, and the importance of including all relevant stakeholders in the process was emphasised. The Chair emphasised that training needs will</p>

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		<p>require to be identified early. It was requested that external stakeholders including 221+ be kept informed. It was agreed the terms of reference of the group and outline plan will be shared with the Committee. The importance of identifying any training needs as early as possible was also stressed.</p> <p>Given that the people participating in the review have not received communication since consenting to take part, it was suggested that they be provided an update to apprise them of the progress made to date, and the projected timeframe for the review's completion. It was agreed this would be done by end April.</p> <p>Action 17/93: An update on progress to date and projected timeframe will be provided by end April to women or next of kin participating in the RCOG review (HSE)</p> <p>Laboratory capacity: A capacity plan is being finalised by the HSE. This includes identifying all possible opportunities for sourcing additional capacity internationally. Some positive progress was reported, noting the need to verify that any lab supplying additional capacity must have the required quality assurance standards and accreditation.</p> <p>The HSE has agreed with the labs that slides which originate from women who have attended colposcopy clinics will be prioritised, as this cohort of women is considered to have the highest clinical risk. In addition, the HSE has agreed with the lab with the largest backlog that they will carry out HPV co-testing on smear test samples prior to cytology, as a means of prioritising slides appropriately. The HSE emphasised that addressing the backlog and sourcing additional capacity is a top priority.</p> <p>Introduction of HPV screening: Engagement with the Institute of Obstetricians and Gynaecologists and colposcopy nurses is continuing, noting the importance of involving the clinical community in the process. A Prior Information Notice for the provision of the private portion of HPV testing has been issued and the contract notice will go live in March. The procurement approach is competitive dialogue. Feedback from the Clinical Advisory Group regarding the type of test to be used is currently being considered and a decision is expected soon.</p> <p>Action 17/94: HSE will circulate the governance structure for the introduction of HPV screening with the Committee (HSE)</p> <p>Colposcopy waiting times: Colposcopy site visits are being undertaken, led by Dr Peter McKenna, to examine care pathways and help identify best practice and a range of solutions to help deal with the increase in referral rates. A report on this work is expected in April. The HSE advised these visits are generating positive feedback and ideas, as well as helping to support staff. The need for colposcopy leads to keep all staff informed was noted.</p> <p>Information on colposcopy waiting times continues to be provided, with the most recent report showing that the majority of appointments are being met within the target timeframe.</p> <p>Action 17/95: HSE will ensure the need for colposcopy leads to share updates with staff is communicated.</p>

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5.	Communications	<p>Following previous discussions at meetings in December and January, the Department shared a paper outlining upcoming key milestones and communications priorities in the coming months. Given the continued public and media interest, the importance of clear and accurate information was emphasised. Communications priorities currently in development by the Department were highlighted, including improved information for the Department’s website relating to screening in general, and in particular supporting the policy goal of virtual elimination of HPV related cancers through screening and vaccination.</p>
6.	AOB and date for next meeting	<p>A view was expressed that the Committee should not wind down, following on from the Chair’s statement at the February meeting that the March meeting could be a second-last or last meeting, provided that there was sufficient progress on key areas including the RCOG review, pressing capacity issues, and the HPV project timeline, and that this would be kept under review. The Chair clarified that the statement at the previous meeting was intended to reflect an optimism about progress in key areas, as well as to highlight the need to examine whether the processes now in place are the most effective to support the work. It was suggested that this could be reflected on and discussed at the next meeting. The Chair emphasised that the ongoing engagement between the Secretary General of the Department and the Director General of the HSE in recent weeks reflected escalation rather than any diminution of focus on the various issues, that very high priority continues to be attached to them, and that intensive work continues by both the Department and the HSE. It was clarified that any change to the Terms of Reference would be a matter for the Minister to determine.</p> <p>Action 17/96: A discussion will be held at the next meeting about governance and oversight processes to support progress in key areas.</p> <p>Tribute was paid to Laura Brennan, RIP, for her brave and tireless work in advocating for HPV vaccination.</p> <p>The next Steering Committee meeting will be on Thursday 18 April.</p>

CervicalCheck Project Team

22 March 2019