

## CervicalCheck Steering Committee

**Date:** 21<sup>st</sup> February 2019

**Steering Committee:** Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH, Co-Chair  
Dr Tony Holohan, Chief Medical Officer, DOH, Co-Chair  
Liam Woods, Interim Deputy Director General, Chief Operations Officer, HSE  
Dr Colm Henry, HSE Chief Clinical Officer  
Damien McCallion, National Director, HSE National Cancer Screening Service  
Prof Mary Horgan, President, RCPI  
Dr Mary Short, ICGP  
Brigid Doherty, Patient Advocate  
Stephen Teap, Patient Representative  
Lorraine Walsh, Patient Representative  
David Walsh, HSE National Director of Community Operations

**In attendance:** Deirdre McNamara, Office of the Chief Clinical Officer, HSE  
Paul Gordon, Policy and Public Affairs Advisor, Irish Cancer Society  
Michele Tait, Scally Report Implementation Lead, HSE  
Dr Ronan Glynn, Deputy Chief Medical Officer, DOH  
Dr Heather Burns, SpR, DOH  
Dr Lorraine Doherty, Clinical Director, CervicalCheck  
Celeste O'Callaghan, CervicalCheck Project Team, DOH  
Andy Conlon, Primary Care, DOH  
Elizabeth Adams, Patient Safety and Advocacy Policy Officer, DOH  
Aisling Carton, CervicalCheck Project Team, DOH  
Clodagh Murphy, CervicalCheck Project Team, DOH

**Apologies:** Dr Peter McKenna, Clinical Director, HSE Women and Infants Health Programme and Interim Clinical Director, CervicalCheck  
Donal Buggy, Head of Services and Advocacy, Irish Cancer Society  
Fergal Goodman, Assistant Secretary, DOH, Primary Care Division  
Enda Saul, Client Services Director, HSE

### **DISCUSSION and ACTION POINTS**

<b>NO.</b>	<b>Agenda Item</b>	<b>Discussion and Actions Agreed</b>
1.	<b>Welcome and apologies</b>	The Chair welcomed the members and noted the apologies. The Chair also introduced Dr Lorraine Doherty, new Clinical Director of CervicalCheck.
2.	<b>Minutes of previous meeting</b>	The minutes of the meeting of 22 <sup>nd</sup> January agreed.

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NO.	Agenda Item	Discussion and Actions Agreed
		<p>Under <b>Action 15/79</b>, which specified that the detail of recent appointments would be provided to the Committee, an update on recent appointments to key posts in CervicalCheck was provided. These appointments include:</p> <ul style="list-style-type: none"> <li>• Dr Lorraine Doherty, Clinical Director</li> <li>• Dr Caroline Mason Mohan, Public Health Lead (Interim)</li> <li>• Dr David Nuttal, Quality Assurance Lead</li> </ul> <p>Under <b>Action 15/80</b>, which related to a schedule for planned communications, an update on communications which have taken place since the last meeting of the Committee was provided as outlined below.</p>
3.	Updates	<p>The Department provided updates as follows:</p> <p><b>Communications:</b> It was noted that, while the issues in relation to HPV expiration became public knowledge before it had been officially announced by the Department or the HSE, the planning which had previously gone into communications on this issue allowed for a rapid response to be provided, with a focus on providing information to those affected. In addition, the public health message in relation to the low clinical risk was able to be communicated quickly and effectively.</p> <p>There has also been much communication in relation to the backlog of smear tests in recent weeks. Previously, many people believed that this issue was purely due to a lack of resources. It now appears that there is more recognition of the fact that there is a global cytology capacity issue and that this issue cannot be easily resolved.</p> <p>There is still a lack of understanding in relation to certain issues, for example the reasons for the delayed release of slides, or the findings of the Scally report in relation to the quality of labs providing services for CervicalCheck. As such, there is further work to be done on improving how these issues are communicated.</p> <p>Other channels of communication, such as the Minister’s attendance at the Joint Oireachtas Committee on Health and Dáil statements on 6 February, officials’ attendance at the Joint Oireachtas Committee on Health on 13 February and oversight of usual communications such as press responses, parliamentary questions etc., were outlined.</p> <p><b>Minister’s meeting with members of 221+:</b> The Minister held a town hall meeting with members of 221+ in January. This meeting was well attended and initial feedback from those who attended has been broadly positive. Issues raised at the meeting included accountability, open disclosure, the impact of treatment, release of slides, the establishment of a Tribunal and the ex gratia scheme and smear test delays. A report of the meeting has been prepared and is with the Minister for approval. Once approved it will be circulated to the members of the 221+ group.</p> <p>It was noted by a patient representative that women and families among the 221+ Support Group had appreciated the opportunity to voice their feelings to the Minister. It was also noted that the major areas raised by women and families at the meeting were lymphoedema services, the work of Judge Meenan, clarification on the ex gratia scheme and the cost involved in independent slide reviews.</p>

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		<p>At the Minister's meeting with 221+ several women raised the issue of treatment for lymphoedema. Following the raising of this issue at the meeting, the Department has engaged further with the HSE in relation to the model of care for lymphoedema which has been developed and will be considered by the HSE, following which it will be submitted to the Minister.</p> <p>A further issue which was raised at the meeting was the funding of independent slide reviews for women among the 221. A submission on this has been made to the Minister and he has advised that he wishes to keep the issue under review. It was agreed that Department officials will update at the next meeting.</p> <p><b>Action 16/81:</b> An update on funding for independent slide reviews will be provided at the next meeting (DOH).</p> <p><b>Establishment of a Tribunal:</b> It is intended that the General Scheme for the Tribunal will go to Government very shortly. Once approved, drafting of the legislation will begin. It was noted that the legislation for the establishment of the Tribunal has been prioritised by the Government, but that it is not possible yet to give a definitive timeline. However, it was agreed that Department officials would seek an update on indicative timelines for the establishment of the Tribunal for the next meeting. It was also agreed that members of 221+ would receive briefing on the legislation for the Tribunal in advance of publication.</p> <p><b>Establishment of an ex gratia Scheme:</b> It is intended that the proposed ex gratia scheme will be brought to Government before the end of February. It was noted that a number of women have received results of smear reviews which have indicated that their result fell within the expected limitations of screening, and that for these women in particular the ex gratia scheme will be a mark of closure and allow them to move on.</p> <p><b>Action 16/82:</b> A report on indicative timelines for the establishment of the Tribunal will be provided at the next meeting (DOH).</p> <p><b>Action 16/83:</b> Members of the 221+ group will be briefed on the legislation establishing the Tribunal in advance of publication (DOH).</p> <p><b>Supplementary report of the Scally Inquiry:</b> There has been engagement with Dr Scally in relation to his supplementary report in recent weeks. Although it was originally expected that this work would be concluded in the coming weeks, Dr Scally has advised the Minister that the breadth and complexity of the issues involved in the supplementary report require further time. Dr Scally has also advised that he has found no reason to revise the view that he took in his main report that, as far as can be ascertained, all the current laboratories have performance which is acceptable in their country.</p> <p><b>Communications for the RCOG review:</b> The HSE is providing weekly reports on the progress of slide transfer to the President of the RCOG and the Lead Assessor for the review and will continue to do so until all slides have been transferred, as previously discussed at the Committee. There is a clear need for the HSE to proactively develop a communications plan for use when the results of the review are available.</p> <p>The potential to form a sub-Committee to develop communications for the results of the RCOG review was discussed. There is on-going communication between the Department and the HSE on this issue and the need for detailed planning was acknowledged. The HSE noted that there is a need for a number of groups to be involved in this planning, including patients, medical colleges and the clinicians who will be involved in providing results to women, and that it is intended to set up a planning group shortly. It was agreed that communications will</p>

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		<p>need to be tailored to the various cohorts of women who will be receiving results, and clarity on the types of results which are possible has been requested from RCOG by the HSE. There will be a need for planned communication to the individual women involved, but also communication more broadly in relation to the outcome of the RCOG review, and this will need to be planned and sequenced appropriately. The HSE intends to take a collaborative approach towards communications design. The Project Manager of the RCOG Support Team in the HSE is meeting with key stakeholders initially, with the intention of convening a group following these initial interactions.</p> <p>Progress in relation to the transfer of slides to date was welcomed. The HSE advised that there is an issue in relation to the imaging of slides in one lab, but all other issues have been resolved. It is anticipated that the majority of slides will be transferred within approximately four weeks, that the imaging issue will be resolved in that timeframe, and that the review will be complete in six months from the beginning of the transfer of slides. However, further clarity in this respect should be possible at the next meeting.</p> <p><b>Action 16/84:</b> An update on the expected timeframe for the RCOG review will be provided at the next meeting.</p> <p><b>Fertility supports:</b> A webinar on fertility treatments has been prepared for members of 221+ and is now available for members on the group's website.</p> <p><b>Women's Health:</b> A meeting with NWCI on the Women's Health Action Plan, which had to be postponed previously, is now due to take place on 26 February. The Department recently held a workshop on women's health issues. Officials from all relevant units met to discuss how they can work together more closely to ensure that women's health issues are addressed appropriately. It was noted that there is a willingness by the medical postgraduate training bodies to be involved in this work.</p> <p><b>Establishment of a National Screening Committee:</b> The Deputy CMO with responsibility has visited the UK's National Screening Committee and attended their last meeting. The detail of how the Irish Screening Committee will operate, including membership specifications, is being worked through at the moment and the DCMO will visit the UK again shortly to meet the Secretariat for the UK Committee and discuss their experience.</p>
4.	HSE reporting	<p><b>Management of primary and social care supports to patients/families:</b> Following the Minister's meeting with members of the 221+ group, a number of women re-engaged with the HSE in relation to the package supports, which is a positive development. A number of specific questions were raised by attendees at that meeting, which the HSE is working through with the support of the liaison officers.</p> <p><b>Provision of slides to patients:</b> As of 20 February, the HSE has provided 112 slides out of a total of 121 – nine requests are currently in progress. The average time to deliver slides to the independent expert is 26 days.</p> <p><b>RCOG review:</b> A total of 1,075 consents have been received to date. The final date for receipt of consent was 15 February. However, if consents are received after that date, participation in the review will be facilitated in so far as is possible. The helpline is still operational but is receiving very few calls at present. Transfer of slides from laboratories for the review is now underway.</p> <p>The HSE has committed to accommodating women who wished to participate on the RCOG review while also undertaking a private independent review of her slides. To date, 13 such requests have been made. This is being actively managed by the HSE.</p>

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		<p>Planning for the communication of the results of the RCOG review is underway, as outlined above.</p> <p><b>Laboratory capacity:</b> The development of a capacity plan is underway in the HSE. This includes identifying all possible opportunities for sourcing additional capacity internationally. It was agreed that a decision needs to be made in this regard, with a timeline of two weeks set out, noting the need to ensure that any lab supplying additional capacity must have the required quality assurance standards and accreditation.</p> <p>The average processing time for smear test results is 27 weeks. 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><b>HPV Expiration:</b> The HSE has advised that it has identified 4,300 women who had smear tests in primary care settings and a further 300 who had their tests through colposcopy clinics who will require re-tests. Quest has committed to a four-week turn around time for these results. It was noted that some women may have contracted a HPV infection in the time since their original test, and there will be a need for careful communication in this regard. The input of patient representatives to the development of communications material to women affected by the HPV expiration issue was acknowledged.</p> <p>A query was raised in relation to follow-up with women who do not respond to their invitation for a repeat test. It was agreed that this issue would be brought to the SIMT which was established in response to the HPV expiration issue for further consideration.</p> <p>There was discussion in relation to the provision of education for GPs, practice nurses and other smearthakers in relation to the HPV expiration issue. It was noted that there is still a lack of understanding about what actually happened and that there is a need to support GPs in providing clear information to women. It was agreed that the CervicalCheck Public Health lead would link with Dr Mary Short in relation to this. The President of RCPI noted the commitment of the college to providing education to clinicians and the public whenever required.</p> <p><b>Action 16/85:</b> The CervicalCheck Public Health lead will contact Mary Short in relation to information provided to, and by, GPs.</p> <p><b>Action 16/86:</b> The issue of follow-up with women who are invited to undergo a repeat HPV test and do not take up that offer will be brought to the SIMT for further consideration.</p> <p>Some changes to IT systems were required to allow for the processing of HPV tests performed in co-testing. However, these changes will be of assistance when HPV is introduced as the primary screening test.</p> <p><b>Introduction of HPV screening:</b> The recent HPV expiration issues have resulted in a greater level of awareness of HPV testing and the implications of a HPV infection among the greater public. This is to be welcomed. However, while the increased public conversation on HPV is positive, it has occurred before the relevant communications materials were ready. It is important now to identify simple steps which can be taken to make things clear for women. The Irish Cancer Society has agreed to assist the HSE with the development of education materials.</p>

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		<p>The opportunity to provide education on HPV, and sexual health in general, to school children as part of the HPV vaccination campaign was discussed. The Deputy CMO noted that, as part of the roll out of the HPV vaccination this year, a new communications campaign is being developed which will aim to educate schoolchildren on why they need the vaccine. The CMO also advised that there is a large body of work underway in relation to the provision of sex education in schools and offered to provide a note on this issue.</p> <p>The HSE is committed to increasing investment in public laboratory capacity, although this will take a number of years to fully develop. A Periodic Indicative 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.</p> <p>Work is progressing on all workstreams. The colposcopy impact assessment is underway, as is work on the IT changes which will be required to facilitate the switch. It was noted that when New Zealand was switching to primary HPV testing, issues with the IT system resulted in a ten month delay to the project.</p> <p><b>Action 16/87:</b> A note on improvements to sex education provided in schools will be provided (DOH).</p> <p><b>Colposcopy waiting times:</b> It was noted that the figures provided in the weekly report are reported two months in arrears, and include all colposcopy work, rather than only patients referred for colposcopy through CervicalCheck. Clinics are still largely meeting their KPIs. However, there has been a substantial increase in GP referrals for colposcopy, and this can not be seen in the figures as reported currently. At a local level, colposcopists are engaging with GPs in their area to provide education on appropriate referral criteria, and work is underway on this issue at a national level as well.</p> <p>It was noted that, due to the increased number of smear tests which have been carried out in recent months, it was inevitable that there would be a corresponding increase in the number of women requiring referrals for colposcopy. However, in cases where GPs are referring women directly to colposcopy, there is a need to understand why GPs are taking this step. Dr Mary Short noted that there is some work to be done in relation to educating smearthakers on clinical indicators which would require referral for colposcopy. It was noted that it is important that available data is analysed to provide an understanding of exactly what is required and to allow for an intelligence-led discussion.</p> <p>Dr Lorraine Doherty emphasised the commitment of the CervicalCheck programme to focus on the involvement of healthcare professionals in the development of training materials and the continued provision of training for healthcare professionals.</p> <p>Information was requested on what percentage of colposcopy appointments are being referred from GPs and how this cohort is being triaged. Information on the maximum wait time for those women not being seen within target timeframes was also requested. The HSE undertook to provide this information.</p> <p><b>Action 16/88:</b> Detailed data on waiting times for colposcopy appointments and triage protocols for colposcopy referrals will be provided to Committee members (HSE).</p>

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		<p>It was noted that colposcopy clinics have scheduled extra clinic slots to address the increased numbers of women being referred for colposcopy. Future planning for the service will be addressed as part of the colposcopy capacity assessment, which is underway.</p>
6.	AOB and date for next meeting	<p>Patient representatives requested that press releases prepared by the Department or the HSE be shared with them so that they can be prepared for any media queries which may be directed to them.</p> <p><b>Action 16/89:</b> Press releases relating to CervicalCheck issues will be shared with patient representatives (DOH and HSE).</p> <p>It was noted that the Minister recently approved the January update on implementation and that this is now available on the website. It was agreed that a meeting would be arranged between patient representatives and Department officials to provide an update on progress to date.</p> <p><b>Action 16/90:</b> Department officials will meet with patient representatives to provide an update on progress on the implementation of Dr Scally's recommendations.</p> <p>The HSE advised that it is expected that the lab breakdown for the 221 women involved in the audit should be completed in the coming weeks. Briefing for patient representatives will be arranged in advance of publication.</p> <p>The next meeting of the Steering Committee will take place on Thursday 21 March. The Department stated 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.</p>

**CervicalCheck Project Team**  
**22 February 2019**