

## CervicalCheck Steering Committee

**Date:** 20 September 2018

**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  
Lorraine Walsh, Patient Representative  
Anne O'Connor, HSE Deputy Director General, Operations  
Damien McCallion, National Director, HSE National Cancer Screening Service  
Dr Colm Henry, HSE Chief Clinical Officer  
Donal Buggy, Head of Services and Advocacy, Irish Cancer Society  
David Walsh, HSE National Director of Community Operations  
Enda Saul, Client Services Director, HSE  
Dr Cliona Murphy, RCPI

**In attendance:** Celeste O'Callaghan, Head, CervicalCheck Project Team, DOH  
Andy Conlon, Principal Officer, Primary Care Policy Unit, DOH  
Mary Jackson, Principal Officer, Governance and Performance Division, DOH  
Aisling Carton, CervicalCheck Project Team, DOH  
Clodagh Murphy, CervicalCheck Project Team, DOH

**Apologies:** Stephen Teap, Patient Representative  
Dr Mary Short, ICGP  
Dr Peter McKenna, Clinical Director, HSE Women and Infants Health Programme and Interim Clinical Director, CervicalCheck  
Brigid Doherty, Patient Advocate

### DISCUSSION and ACTION POINTS

NO.	Agenda Item	Discussion and Actions Agreed
1.	<b>Welcome and apologies</b>	The co-chairs welcomed the members and noted the apologies.
2.	<b>Minutes of previous meeting</b>	The minutes of the meeting of 9 September were agreed.
3.	<b>Reporting updates</b>	<b>Management of primary and social care supports to patients/families:</b> An update on the workshops for the women and families affected, held on the 16 <sup>th</sup> of September, was provided by Lorraine Walsh and Donal Buggy. The event was very well received. Approximately 140 women and family members were in attendance. Lorraine Walsh said the recommendation emanating from the event was that all women would have the opportunity to meet with Dr Scally, in a similar format as the previous meetings at Dublin, Cork and Galway. The Department agreed to engage with Dr Scally in regard to this.

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		<p>A number of workshops were held, including workshops on bereavement, psychosexual issues, fertility and dealing with symptoms post-treatment. Having regard to the complexities around fertility treatment, it is intended to establish an expert group to examine how to best assist and support women seeking fertility treatment, in the right way.</p> <p>It was proposed that data in relation to the numbers of women requiring particular supports could be collected to help to provide a matrix of needs and improve the provision of supports further. It was also felt that the advocacy group and the HSE should work together to ensure complementary support for the women, rather than duplication.</p> <p>The Committee commended Lorraine Walsh, Stephen Teap and Vicky Phelan for their work in supporting the women and families affected and noted the impact of the support provided by the Irish Cancer Society, Marie Keating Foundation and Irish Patients' Association.</p> <p><b>Action 10/51:</b> The Department will engage with Dr Scally in relation to meeting with the affected women and families affected on his Report (DOH).</p> <p>It was acknowledged that the existing HSE weekly report needs to be reviewed given changing reporting requirements going forward.</p> <p><b>Action 10/52:</b> The format of the weekly report will be reviewed, to reflect changing information requirements.</p> <p><b>Provision of documents to patients:</b> The number of document requests has remained relatively static in recent weeks. Some issues in relation to the resolution of images taken of slides by the labs before they are released to women have been raised by a solicitor. The HSE met with this solicitor and has advised that these issues have mostly been resolved. HSE legal representatives will follow up with the solicitor to address any outstanding issues.</p> <p><b>Interface with Independent Expert Panel Review:</b> There is one further batch of 549 letters to women which remains to be issued. The NCR is finalising validation of a further 32 records, with 169 letters to next of kin of women who have sadly died still to be issued.</p> <p><b>Laboratory capacity:</b> The average processing time for smear tests remains high. Every effort is being made to reduce it, having regard to the high quality of testing required.</p> <p><b>Extension of current contracts:</b> Negotiations on the extension of the current lab contracts are ongoing and remain a top priority. The Chief Medical Officer emphasised that the Department is committed to providing all possible support to the HSE in bringing the negotiations to a successful conclusion.</p> <p><b>Introduction of HPV screening:</b> It was agreed that a report on the recent visit to the Netherlands, which has fully rolled out HPV primary screening, would be brought to the next meeting. In addition, a meeting between DoH and the HSE is to be scheduled to discuss the project plan as noted at the meeting of 6 September.</p> <p><b>Implementation of Scally recommendations:</b> It was agreed that material prepared by the HSE in relation to the implementation of the recommendations of Dr Scally's First Report, on information for women about screening, would be circulated to the Committee for</p>

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NO.	Agenda Item	Discussion and Actions Agreed
		<p>comment.</p> <p><b>Action 10/53</b> Materials developed on information for women about screening, in response to recommendations of First Report of Scoping Inquiry, will be circulated to members for comment (Secretariat)</p>
4.	<b>Report of the Scoping Inquiry</b>	<p>The Co-Chairs emphasised the Department’s commitment to the implementation of the recommendations in Dr Scally’s report. The CervicalCheck Steering Committee will oversee the implementation, with a cross-divisional internal working group within the Department being established to support the Committee’s work. A brief discussion paper was presented to the Committee for review, outlining the recommendations made, work which is already underway in relation to the recommendations and next steps, including initial priorities.</p> <p>The HSE has established an oversight group for the implementation, co-chaired by the Deputy Director General Operations and the Chief Clinical Officer, and terms of reference are being agreed. It was emphasised that ensuring that the National Screening Service is sustainable and fit for purpose is essential.</p> <p>Dr Murphy advised that the RCPI is taking the implementation of Dr Scally’s recommendations very seriously. Engagement with members of the college in relation to open disclosure and communicating with patients is envisaged to begin shortly.</p> <p>Lorraine Walsh emphasised that clarity in relation to roles and responsibilities in relation to the implementation of the recommendations will be required, with clear timelines for implementation. She commended Damien McCallion for his statement on publication of the report of the Scoping Inquiry.</p> <p>Donal Buggy welcomed the publication of the report, in particular the strong patient voice which can be seen throughout the report. He emphasised the need to ensure that implementation of the recommendations is phased appropriately and that the report as a whole has much value in it beyond the recommendations. He acknowledged the many wonderful staff in HSE providing care for patients and noted the cancer support background of the newly appointed chair of the HSE, Ciaran Devane.</p> <p>Dr Henry emphasised the importance of taking a partnership approach to healthcare, and that culture is perhaps even more important than legislation. He said the report is a significant milestone on the journey from paternalism to partnership.</p> <p>The Chief Medical Officer described a meeting held with leaders of the medical profession in recent days in relation to open disclosure and the role the colleges must play in the implementation of the recommendations. It is envisaged that a similar meeting will be held with the Minister in the coming weeks. The way forward is for all stakeholders to work together.</p> <p>It was agreed that a draft implementation plan would be discussed at the next meeting, which will include the work which is already underway, actions to be taken and timelines and Senior Responsible Owners for each recommendation.</p> <p><b>Action 10/54</b> A preliminary draft Implementation Plan will be prepared for the meeting of 4 October, for discussion (Secretariat)</p>
	<b>AOB</b>	The next Steering Committee meeting will take place on Thursday 4 <sup>th</sup> of October, at 11.30am in Miesian Plaza.

## **CervicalCheck Steering Committee**

**CervicalCheck Project Team**  
**21 September 2018**