

CervicalCheck Steering Committee

Date: 9 August 2018

Steering Committee: Stephen Teap, Patient Representative
Damien McCallion, National Director, HSE National Cancer Screening Service
David Walsh, HSE National Director of Community Operations
Brigid Doherty, Patient Advocate
Enda Saul, Client Services Director, HSE Communications
Dr Mary Short, ICGP

In attendance: Paul Gordon, Policy and Public Affairs, Irish Cancer Society (representing Donal Buggy)
Liam Woods, National Director, Acute Operations (representing Anne O'Connor)
Dr Ronan Glynn, Specialist in Public Health Medicine
Dr Sinead Donohue, Deputy Chief Medical Officer, DOH
Andy Conlon, Principal Officer, Primary Care Policy Unit, DOH
Mary Jackson, Principal Officer, Governance and Performance Division, DOH
Fionnuala Duffy, Principal Officer, Acute Hospitals Division, DOH
Jane Clayton, CervicalCheck Project Team, DOH
Noreen Moran, CervicalCheck Project Team, DOH

Apologies: Lorraine Walsh, Patient Representative
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
Dr Colm Henry, HSE Chief Clinical Officer
Donal Buggy, Head of Services and Advocacy, Irish Cancer Society
Celeste O'Callaghan, Head, CervicalCheck Project Team, DOH
Meg Laffan, Principal Officer, Office of the Chief Medical Officer, DOH
Anne O'Connor, HSE Deputy Director General, Operations
Dr Peter McKenna, Clinical Director, HSE Women and Infants Health Programme and Interim Clinical Director, CervicalCheck
Dr Cliona Murphy, RCPI

DISCUSSION and ACTION POINTS

NO.	Agenda Item	Discussion and Actions Agreed
1.	Welcome and apologies	The meeting was chaired by Fionnuala Duffy and Dr Sinead Donohue in the Co-Chairs absence. The chair welcomed the members and noted the apologies.
2.	Minutes of previous meeting	The minutes of the meeting of 26 July were agreed.

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3.	Reporting updates	<p>Management of primary and social care supports to patients/families: The HSE reported that Liaison Officers have now held 241 meetings with affected women and their families. This includes 175 initial meetings and 66 follow up meetings. A total of 637 medical cards have now been issued. Ex gratia payments are continuing to be processed. A total of 200 payments have been made to date, with one form to be paid next week. Any further applications will be paid as they are received. The provision of supports continues and most recently, includes providing advice on grants and services available from local authorities. The HSE also reported positive outcomes from interactions with the Irish Cancer Society regarding cancer support groups.</p> <p>The payment of retrospective claims has commenced. The HSE advised that due to the diverse nature of these claims, they will be automatically reviewed when the request for payment is declined, thus streamlining the process and avoiding the necessity for appeals. It is anticipated that there will be an iterative aspect to the guidance on payments to ensure consistent decision making nationwide.</p> <p>Provision of documents to patients: A project manager and significant team of personnel is now in place to ensure women and their legal representatives receive their records in a timely manner. All 347 requests have been reviewed and reclassified where necessary, and the numbers now stand at 110 legal requests and 237 Data Access Requests/FOI made. It was reported that the number of requests being received had slowed down. There may be an increase in requests for slides in the next number of weeks following communications to women and families informing them of how to request slides for independent review.</p> <p>The provision of slides for both independent reviews in the context of possible legal cases and the RCOG review will require significant logistical support. A protocol has been developed to preserve the integrity of slides, as well as to provide a tracing mechanism, and is now in operation.</p> <p>Action 7/39: HSE to report on numbers of slides in future weekly updates (Damien McCallion).</p> <p>Interface with the Scally Inquiry: The Scally Inquiry has all the documentation it requires, is at a stage of clarifying specific detail and is liaising with CervicalCheck on any specific issues that arise.</p> <p>Interface with Independent Expert Panel Review: Maria Lordan Dunphy (Assistant National Director, HSE) began working as the HSE Programme Lead on the RCOG Review, and a project manager has also commenced work. Although the RCOG process is independent, the HSE will be providing substantial logistical support to ensure the work of the review can proceed.</p> <p>The commencement of the next phase of the review will depend on twin issues of validation and consent. Validation of each patient or next of kin's contact details must be completed before issuing correspondence. This will be an ongoing process, with correspondence issuing as validation occurs. The correspondence and consent package will issue first to the 221 women or their families. It is expected that this correspondence may result in queries from women checking if they are involved in the review. It is intended that an information line will be put in place to deal with consent queries, and Liaison Officers will be fully informed of the process.</p> <p>Once consent has been received, slides will be transferred to the UK for the review.</p>

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		<p>Action 07/40: Consent letters to issue and validation to commence (Damien McCallion)</p> <p>There was discussion around the format of the final individual written reports, but it was noted that the RCOG Review is independent and therefore it would be inappropriate for the Steering Committee, the HSE or the Department to prescribe the format of the reports. The timeline of the RCOG review was discussed. It was acknowledged that it is a substantial process involving reviewing cytology samples, colposcopy records and for some cases, clinical case notes. Individual reports will be completed as well as an aggregate report at the end of the process. The individual reports will not be available until the overall review has been completed.</p> <p>Laboratory capacity: The HSE reported that there is currently a testing backlog in all 3 labs currently engaged by CervicalCheck. This is a priority concern for the HSE. Weekly calls and meetings with the labs continue to monitor and manage the situation. As smears must be captured on a slide within 6 weeks, processing times in particular are being scrutinized. The HSE confirmed that if a smear needs to be retaken in this situation, the GP/smear taker will be reimbursed.</p> <p>Introduction of HPV screening: The extent to which HPV testing could be carried out within the public system was discussed. However, it is envisaged that there will also be a need for a tender process to provide additional capacity. A clinical lead for HPV testing has not yet been appointed. Short-listing for the clinical director post has been completed and it is hoped that interviews will be held in the coming weeks. This is a major priority. A recent increase in referrals to colposcopy has been noted. HPV screening, when introduced, will also impact on colposcopy capacity. The HSE has commenced examining this issue.</p> <p>Action 07/41: Update on clinical lead situation (Damien McCallion)</p> <p>Implementation of Scally recommendations: The Implementation working group is in place and working on the recommendations of the Scally Report is advancing. It is intended that the working group will be supported by a research process and a reference group which will provide expert advice as required. Invitations to participate in the reference group have issued to a number of national and international experts.</p>
	<p>AOB</p>	<p>There was also some clarification around the additional work which Government has recently requested of High Court Judge Justice Charles Meenan. Judge Meenan is currently the Chairperson of an Expert Group established to consider an alternative mechanism to the court process for resolving clinical negligence claims. That Group will meet for the first time in September and provide its report to the Minister in February 2019.</p> <p>On the 1st August it was announced that Mr Justice Meenan had been approached to undertake a specific review and make recommendations on how CervicalCheck related cases can be dealt with, in addition to his work on the Expert Group. The Judge has been asked to specifically identify further mechanisms to avoid adversarial court proceedings for the women and families affected by the issues surrounding CervicalCheck. Judge Meenan has been asked to: -</p> <p>(1) Engage with the women, their families and their representatives to assess what, in their opinion, could be done to provide an alternative to court</p>

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		<p>(2) Assess the management of cases, liability and quantum that arise, in conjunction with the State Claims Agency and other relevant bodies (State parties, laboratories, insurers, indemnifiers and affected parties)</p> <p>(3) Have regard to the work of the Scally Inquiry and the RCOG Review.</p> <p>(4) Report to the Minister for Health within two months, and the report is to recommend a way through which these cases can be resolved, in a sensitive and timely manner, that is appropriate to these cases involving complex liability issues and multiple parties, outside of adversarial court processes.</p> <p>The next meeting will take place on the 23rd of August.</p>

CervicalCheck Project Team

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