

CervicalCheck Steering Committee

Weekly report to the Minister

21 June 2019

1. Update on support package

The provision of supports to women and families is continuing. In addition, measures have been put in place to ensure that retrospective costs are reimbursed, while an automatic review system is in place to simplify and streamline the claims process to ensure prompt payment of all items covered by the Government decision. As of end-May, €1.46m has been reimbursed in respect of various health and social care costs, €973,000 of which relates to retrospective payments. There will also be additional costs associated with the medical cards that have been issued and the meeting of certain drug costs.

2. Release of records

The HSE remains focused on responding to all requests for records as soon as possible. The HSE has reported that the average time to deliver slides to independent experts is 27 days. To date, 131 slides out of a total number of 137 have been provided to women and families. A further 6 requests are currently being processed.

3. Independent Expert Panel Review

1,073 (63%) women have consented to take part from a total of 1,702 invited in the International Clinical Expert Review led by the Royal College of Obstetricians and Gynaecologists (RCOG).

The Expert Review Panel has been provided with colposcopy and other data from CervicalCheck in respect of women who have consented to participate, and the transfer of slides from CervicalCheck labs for the purpose of the Expert Panel Review concluded on 7 June 2019.

The HSE's RCOG Clinical Open Disclosure Group is continuing to meet regularly to plan for the communication of results. Strategic planning is required to minimise impact on current clinical services whilst maintaining the need to disclose review findings in a timely, considerate and patient centred manner. The RCOG Expert Review Panel visited Dublin on May 17-19 and met with a panel of women or their next-of-kin who are participating in the review. The purpose of this meeting was to enhance the person-centredness of the reporting process. In addition, the Panel viewed patient case files and held meetings with Officials from the Department of Health and the HSE during this visit.

While over 96% of requested slides have transferred, some difficulties have been encountered by labs in either locating slides or in retrieving slides which had been sent out for external independent review at the request of individuals concerned / solicitors acting on their behalf. This means that just under 4% of slides have unfortunately not been transferred to the review by the deadline of 7 June and cannot be therefore included.

As a result, 31 women whose slides are still being sought by the lab will now receive a partial report (if they have other slides included in the review) or no report (if the unavailable slide was the only one in the review). The first priority has been to contact these women and their families whose slides are still being sought and the HSE has completed this communication, having received confirmation of the final position from the laboratories on 7 June. Calls were made to women and families by senior healthcare professionals and the HSE has apologised

to those concerned. Follow-up letters were issued week commencing 17 June. The HSE has also contacted 10 women and families whose slides are unavailable as they have been sent out for independent review on their behalf.

An update letter was issued to all participants on Wednesday 19 June. This letter provides an update on the progress of the review to date, as well as information on the planned communication of results, and an indicative timeline for the review's completion. Women were advised that the RCOG review panel expects to have all individual reports completed by the end of August 2019, and that the reports will be issued in September 2019.

The Information Line remains in service and integrated with the larger helpline and has been extended to 7 days a week. The HSE reports that a low level of calls is being received.

4. Smeartaking activity

The total number of additional GP consultations was around 112,000. The estimated number of early repeat smear tests which took place between May 1st and December 31st is approximately 57,810, or just over half the number of consultations.

The HSE reports that tests are currently being reported between 3 weeks and 30 weeks of the test being taken. In some cases, this is taking longer. Over half of samples received by the labs are being processed within 7 weeks.

The HSE reports that steady progress is being made in dealing with the backlog, with the overall number of outstanding tests reducing. The HSE reports that, as of 9 June 2019, the total number of outstanding smear tests was 49,130.

The lab with the largest backlog has ceased accepting new tests from 1 May and will now focus solely on tests in the backlog. The HSE has agreed with this lab that it carry out a HPV test on smear test samples, prior to cytology, as a means of prioritising slides appropriately. It is expected that approximately 15% of the total samples taken will be HPV positive. These samples will be prioritised for cytology by the laboratory.

5. Laboratory capacity

Following a global search for capacity, Quest Diagnostics was identified by the HSE as having the necessary capacity to sustain the national cervical screening programme and a contract for the provision of this additional capacity was signed on 7 June.

6. Introduction of HPV as the primary method of testing

Colposcopy capacity planning is underway by the National Women and Infants Health Programme, which is required to support the introduction of the HPV test. This work includes reviewing current operational pressures for all colposcopy units as well as the impact of the introduction of primary HPV testing and the RCOG review.

A significant volume of work is underway within the HSE to support the introduction of primary HPV screening. A Steering Group is in place to oversee the project, chaired by the Clinical Director of CervicalCheck, with a dedicated project team in place in the National Screening Service to support this work.

7. Colposcopy waiting times

The most recently reported data is valid to end April 2019. 81% of women with high grade abnormalities were seen within 4 weeks of referral (against target of 90%). 84% of women with low grade abnormalities were seen within 8 weeks of referral (against target of 90%).

Currently, time taken in a clinical setting is reported to be considerably longer to facilitate answering questions and putting women at ease, and efforts to manage any impact on waiting times include extra clinical sessions and a focus on waiting list management through appropriate categorisation of referrals.

8. Ex-gratia scheme for non-disclosure

The terms of the CervicalCheck non-disclosure ex-gratia scheme were approved by Government on 11 March 2019, including an Independent Assessment Panel comprising a retired High Court Judge (who will act as Chair), an independent clinician and a person of good standing. The Chair of the Independent Assessment Panel, Mr Justice Aindrias O'Caoimh, was appointed on 5 March 2019, and the remaining two members were appointed by the Minister on 23 April. On 8 May letters issued to women in the 221 cohort, or their next of kin, inviting them to participate in the scheme.

The Independent Assessment Panel has determined that €20,000 is the appropriate amount for the ex gratia payment. The Department of Health will make payments to those individuals who have applied, and where the Independent Panel has already determined that appropriate disclosure did not take place, shortly.

9. Establishment of CervicalCheck Tribunal

On 18 June 2019 Government gave approval to proceed with publication of the CervicalCheck Tribunal Bill. It is the Government's intention to have this legislation in place before the Summer recess.

10. Supplementary Report of the Scoping Inquiry into the CervicalCheck Screening Programme

The Supplementary Report of the Scoping Inquiry into the CervicalCheck Screening Programme, by Dr Gabriel Scally, was published on 11 June 2019, following Government approval. The Supplementary Report makes two further recommendations, which have been accepted. Actions to implement these recommendations will be incorporated into the existing Implementation Plan for all of the Scoping Inquiry recommendations.

A progress report on the Implementation for the recommendations of the Scoping Inquiry for Quarter 1 2019 is published on the Department of Health website.