



National Screening Advisory Committee

National Screening Advisory Committee (NSAC)

Note of the meeting held on 08 December 2023

Members present:

- Dr Suzanne Crowe (Chair)
- Dr Ellen Crushell
- Ms Dolores Keane
- Dr James O'Mahony
- Dr Velma Harkins
- Dr Alissa Connors
- Dr Susan Kent
- Dr Aoife Doyle
- Dr Deirdre Murray
- Dr Paul Kavanagh

Secretariat:

- Inese Freimane, Population Health Screening Unit
- Luke Crealy, Population Health Screening Unit
- James Scully, Population Health Screening Unit

Department of Health:

- Dr Joanne Uí Chrualaoich, Population Health Screening Unit

Health Information and Quality Authority (HIQA):

- Dr Susan Spillane, Head of Assessment, Health Technology Assessment (HTA)
- Dr Arielle Maher, Health Services Researcher in attendance for agenda item 6
- Ms Karen Jordan, Senior Health Technology Assessment Analyst in attendance for agenda item 7

Member Apologies:

- Professor Michael Rigby
- Professor Andrew Green
- Ms Hilary McGouran
- Dr Irene Regan
- Ms Lora Ruth Wogu
- Dr Jennifer McSharry

1. Welcome & Introductions

The Chair welcomed everyone to the final meeting of the National Screening Advisory Committee (NSAC) in 2023.

Conflict of Interest

The Chair reminded members of the need to declare any potential conflicts of interest. There were no new conflicts of interest declared.

Minutes of the 20 October 2023 meeting

The minutes of the 20 October 2023 meeting were circulated by the Secretariat to Committee members prior to the meeting. The Chair sought any matters of accuracy on the draft document. Dr James O'Mahony requested that an error relating to his title in the previous minutes be rectified.

Matters arising

N/A

2. Administrative updates from the Secretariat

The Secretariat updated the Committee on its recent administrative activities. This included a change to the document sharing platform, the conclusion of the procurement process to hire an expert to develop an Ethics Framework for the Committee and plans to commence drafting of the 2023 NSAC Annual Report.

The Secretariat informed members that the Expression of Interest process to appoint new members to the Committee had now closed, and a Selection Committee would meet on 15 December 2023 to consider applications received. It is aimed to have the vacancies filled in advance of the first NSAC meeting in 2024.

On 26 November 2023, a press release was published by the Department for Health, formally approving the recommendation from the National Screening Advisory Committee to add Spinal Muscular Atrophy (SMA) to the National Newborn Bloodspot Screening (NBS) Programme.

The Secretariat have also been finalising plans for the launch of the Committee's Call for Submissions for proposals for new or changes to existing screening programmes. It is expected that the Call will be launched in mid-December 2023 and will remain open until 1 March 2024. The Committee also discussed reducing the frequency of future Calls for Submissions to a less than annual basis.

3. Review of Standing Orders

At the previous NSAC meeting on 20 October 2023, the Secretariat were asked to amend Section 8 of the Standing Orders to outline the role of observers in greater detail. A paper, containing proposed text, was circulated to members prior to the meeting to inform their discussions.

Following the update, the Secretariat sought feedback from the members. There was a consensus that the role of observers should be clearly outlined. Suggestions included providing oversight in the

interest of transparency, stakeholder engagement, occasional expert contribution and good governance. Members also felt that attending meetings must be of benefit to the observer. The Committee also discussed methods for identifying and categorising observers.

It was suggested that the Secretariat examine how comparable committees address the issue of observers and whether these approaches could be applied to NSAC. Examples cited included the National Clinical Effectiveness Committee and the National Immunisation Advisory Committee.

Action: The Secretariat to amend Section 8 of the Standing Orders to ensure that the role of observers is clearly outlined. The Secretariat to look at procedures used by other committees and consider creating a list of observers to be invited on an annual basis.

4. Cancer Screening Subgroup

The Secretariat presented the Committee with a revised cancer screening subgroup concept note to assist with the implementation of the updated European Council Recommendation on cancer screening in Ireland. The concept note was updated based on feedback provided by Committee members at the 20 October 2023 meeting and was circulated to members prior to the meeting.

Following the summary overview, the Chair led a discussion to determine the next steps. Members referenced the need to set out a clear function and role for the subgroup in providing advice to the Committee. Members agreed that the subgroup should not have an independent decision-making responsibility regarding the European Council Recommendation.

The Committee agreed that it would be important for the subgroup to have a good balance in terms of membership. It was noted that the subgroup's advice should be fact-based, and its membership should reflect this, being careful to avoid conflicts of interest. It was stated that the next step should be to draft a Terms of Reference for the subgroup, reflecting the points made by Committee members.

Decision: The Committee decided to support the establishment of a cancer screening subgroup and asked the Secretariat to begin work on drafting a Terms of Reference document.

Action: The Secretariat to draft a cancer screening subgroup's Terms of Reference for consideration at the next NSAC meeting.

5. Alternatives to population-based screening

A paper titled 'Beyond Population-based Screening', drafted by the Secretariat, was circulated to members before the meeting. The objective of the paper was to consider the remit of the Committee, beyond a population-based approach. An additional aim of the paper was to set out how NSAC would regulate the criteria associated with other methods, should the Committee agree to expand its remit.

Members felt that going beyond population-based screening was a logical extension of the Committee's remit. It was said that other methods such as targeted, cascade etc, may be more suitable methods in screening for certain conditions. However, the Committee agreed that case-based and opportunistic approaches would not be appropriate at this time, due to capacity restraints and ethical

issues. In terms of methods, the Committee agreed there was merit in looking at extending to targeted screening approaches in the first instance.

There were several points noted which would need to be analysed when evaluating different screening methods. These included the expanding and increasingly diverse population in Ireland, capacity constraints, along with ethical and socioeconomic considerations.

It was said that if expanding the remit of NSAC, moving too far beyond the Committee's original purpose should be avoided. Additionally, the need to avoid overlap with the work of the National Clinical Effectiveness Committee (NCEC) was raised. NCEC provides leadership for national clinical effectiveness through prioritisation and quality assurance of National Clinical Guidelines and audit.

To progress work on this, the Committee requested the Secretariat to open a dialogue with the NCEC. The Secretariat was also asked to examine the number of proposals it has received for targeted screening proposals through previous Calls for Submissions.

Action: The Secretariat to contact the NCEC. The Secretariat to compile a list of targeted screening proposals from previous Calls for Submissions in 2021 and 2022.

6. HIQA presentation on DDH

Dr Arielle Maher, HIQA, updated the Committee on HIQA's evidence review of universal ultrasound screening for developmental dysplasia of the hip (DDH) in infants. The evidence review noted that the topic of screening for DDH is highly complex, with challenges around the availability of data to determine the benefits and risks of a universal screening programme. This included a lack of internationally accepted guidelines for the treatment of DDH and an absence of high-quality comparative studies.

The evidence review pointed to the current diagnostic pathway for DDH, referred to as a targeted clinical diagnostics programme. This programme sits within the governance of the HSE's Clinical Design and Innovation Division. In terms of its conclusions, HIQA found that overall, the relative benefit of a universal ultrasound screening programme, compared with selective screening, is unclear.

Following the presentation, the Chair invited members to join a discussion and consider next steps. The Committee held a robust discussion which raised several areas of concern regarding universal ultrasound screening for DDH. Members pointed to the fact that there is no known national centralised database of cases of DDH in Ireland and that this creates considerable uncertainty regarding the current incidence of DDH in Ireland. It was highlighted that these factors complicate the decision-making process.

It was noted that while the current DDH diagnostic guidelines deliver a high standard of care to infants, implementation may not be consistently applied nationwide, raising concerns from a clinical governance perspective. It is estimated that 20% of infants are already referred to ultrasound, based on risk factors such as family history or babies being in the breech position immediately before birth.

Based on the concerns raised, the Committee concluded that there is currently not a sufficient level of evidence available to support a recommendation to the Minister for Health on a population-based

ultrasound screening programme for DDH. The Committee indicated its interest in considering options for a selective ultrasound screening approach for DDH. However, this would require further data and information on the implementation of the existing diagnostic guidelines.

Decision: The Committee asked the Secretariat to obtain additional information on the number of DDH cases per year and develop an amended proposal in relation to selective screening options.

Action: The Secretariat to consult with organisations involved in the identification and treatment of developmental dysplasia of the hip (DDH) and present the results to the Committee for consideration.

7. HIQA Workplan

Dr Susan Spillane and Ms Karen Jordan, HIQA, gave a presentation to the Committee on the HIQA work programme and progress to date.

The Health Technology Assessment (HTA) to evaluate an age extension in the BowelScreen programme is underway, with the protocol being drafted. This protocol will describe the evidence synthesis approach that HIQA will use to complete this work. HIQA will also be engaging with key stakeholder groups as part of its consultation process, including the National Screening Service, HSE National Endoscopy Working Group and the Hospital In-Patient Enquiry.

A HTA to evaluate evidence for a population-based screening programme for Abdominal Aortic Aneurysm (AAA) has also commenced. The draft protocol has been prepared and an Expert Advisory Group will be established shortly with its first meeting expected to take place in late Q1 2024.

A progress update document was circulated to NSAC outlining several considerations for the scope of the AAA HTA. These were endorsed by the Committee. HIQA committed to providing progress reports at NSAC meetings in 2024.

8. AOB

a) Cost Effectiveness Thresholds

Dr James O'Mahoney raised an issue regarding cost-effectiveness thresholds in Ireland for drug and non-drug medical interventions. It was noted that a threshold was previously in place for drug-based interventions without a clear evidence basis. Dr O'Mahony stressed that such thresholds are important as part of any evidence-based advice provided by the Committee to the Minister for Health.

Action: The Secretariat agreed to investigate the matter with the relevant unit(s) in the Department and report back to the Committee at its next meeting.

b) Meeting dates for 2024

The next NSAC meeting will take place on 1 March 2024 with further dates agreed on 28 June and 18 October 2024.

Action: The Secretariat committed to confirming meeting schedule in 2024 with members early in the new year.



National Screening Advisory Committee

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Chair's Actions

Following the 08 December 2023 meeting

Notification of Chair's action on behalf of the NSAC

Action No.	Chair's action	Status
	No Chair's actions recorded	

Dr Suzanne Crowe
Chair, National Screening Advisory Committee

Date: 1 March 2024