

CervicalCheck Steering Committee

Date: 7th November 2019

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
Damien McCallion, National Director, HSE National Screening Service
Dr Colm Henry, HSE Chief Clinical Officer
David Walsh, HSE National Director, Community Operations
Sandra Eaton, Client Services Director, HSE National Screening Service
Stephen Teap, Patient Representative
Brigid Doherty, Patient Advocate (via teleconference)
Donal Buggy, Head of Services and Advocacy, Irish Cancer Society
Prof Mary Horgan, President, RCPI
Dr Mary Short, ICGP

In attendance: Dr Peter McKenna, Clinical Director, NWIHP, HSE
Celine Fitzgerald, Interim CEO, National Screening Service
Dr Ronan Glynn, DCMO, DOH
Celeste O'Callaghan, CervicalCheck Project Team, DOH
Evette Wade, Office of the CMO, DOH
Clodagh Murphy, CervicalCheck Project Team, DOH
Paul Ellis, CervicalCheck Project Team, DOH
Michele Tait, Scally Report Implementation Lead, HSE
Stephen Brophy, Clinical Indemnity Unit, DOH

Apologies: Dr Lorraine Doherty, Clinical Director, CervicalCheck
Anne O'Connor, DDG Operations, HSE
Marita Kinsella, National Patient Safety Office, DOH

DISCUSSION and ACTION POINTS

NO.	Agenda Item	Discussion and Actions Agreed
1.	Welcome and apologies	The Chair welcomed the members and noted the apologies. The Committee was advised that Ms Lorraine Walsh had written to the Minister to offer her resignation from the Committee, which the Minister accepted. Ms Walsh's significant input to the work of the Committee since inception was acknowledged.
2.	Minutes of previous meeting	The minutes of the meeting of 3 October were agreed by the Committee. The minutes of the meeting of 3 September were also agreed, following a minor amendment relating to the appointment of a National Lead for Lymphoedema.

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		<p>Four of the actions from the previous meeting related to the RCOG review. As this was an agenda item, it was agreed that these would be covered in a comprehensive update later in the meeting.</p> <p>Under Action 23/116 the HSE advised that the monthly progress report on HPV screening was subject to approval from the Executive Management Team, which was due to meet on Tuesday 12 November, and that it would be submitted to the Department following this meeting.</p>
3.	HSE reporting	<p>Given the good progress which has been made by the HSE across many of the areas included in the monthly report, it was agreed that questions would be invited on any specific areas Committee members wished to discuss.</p> <p>Colposcopy: It was noted that the number of colposcopy appointments had risen considerably in the most recent figures provided. The additional workload caused by an increase in referrals from the Medlab backlog being cleared in recent months was noted by the HSE to be a driver for this increase. It was noted that funding of €2 million has been provided to address resource needs identified in the Colposcopy Impact Assessment completed in 2019; the HSE advised that it will take some time for wait times to improve.</p> <p>A working group has been established, encompassing representatives from HSE Acute Hospitals Division, the National Women and Infants Health Programme and the NSS, to examine and address the pressures being faced by colposcopy services including in relation to transition to HPV primary screening.</p> <p>HPV Primary Screening Project: An update on the HPV Primary Screening Project was provided. The HSE reported that there has been a high level of activity in the context of a planned launch date of 28 February, which is now 15 weeks away. The appointment of a new Project Manager was welcomed by the Committee.</p> <p>Key decisions have been made on the eligibility framework and treatment pathways for the majority of women. Some further decisions are to be made for women with special circumstances. A colposcopy workstream lead has been appointed, ensuring the necessary expertise to allow key decisions to be made on the colposcopy workstream. A considerable body of work is underway in the Resources for Healthcare Professionals workstream, and there has been significant engagement with GPs in preparing these materials.</p> <p>The HSE reported that overall the project is progressing well. All risks identified have associated mitigation plans and there are no red flags.</p> <p>It was noted that the experience for women using the programme will remain the same; it is only the testing method that will change.</p> <p>Dr Mary Short outlined some of the work that the ICGP has been involved with, in conjunction with the NSS, in relation to e-learning and training modules for smear takers.</p>
4.	RCOG Update	<p>The communication of results to all participants was reported to be at an advanced stage. A small number of reports are still undergoing the verification process in the HSE and it is expected that this process will conclude in the coming days. It is expected that all women or next of kin in the priority groups will have had an opportunity to receive their report, via their chosen method, before the publication of the aggregate report. It is also anticipated that the majority of participants in the remaining groups will have had an opportunity to receive their report prior to publication of the aggregate report.</p>

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		<p>The aggregate report has now been finalised by the Expert Panel. Given the intention that the communication process should be complete, insofar as possible, before the aggregate report is brought to Government, the Department will not receive the aggregate report until all women or next of kin have had the opportunity to receive their results, by their chosen method. The report has been lodged with a solicitors firm in Dublin and a Department official has been nominated as the sole individual who can draw down this report. Once the HSE has confirmed that the communication process is complete, the report will be drawn down. The Minister then intends to publish the aggregate report, subject to Government approval.</p> <p>The visit of the Expert Panel to Dublin on 30 October to meet with the Department, HSE and patient representatives was discussed. The meetings were reported to be useful, and provided reassurance in regard to the detail of the process and its rigour and independence. Donal Buggy reported that the detailed process that RCOG used was discussed, that the rigour and independence they demanded throughout the process was reassuring, and that the meeting provided him with reassurance from an administrative point of view. Dr Colm Henry noted the distinction between the substance of reports from a clinical perspective, and the verification process as undertaken with respect to dates and other data points required to match each report to the right woman and that, given the very high number of data points being transferred between the HSE and the RCOG, the verification process was a necessary one. Stephen Teap noted that, while he was not in a position to attend the meeting with the RCOG, the minutes of the meeting between the RCOG and patient representatives were reassuring in relation to the verification process.</p> <p>The Expert Panel has indicated that they are willing to make themselves available for briefings and related work to support the publication of the aggregate report. This will likely include engagement with key stakeholders such as patient representatives, the clinical community, politicians and the media.</p> <p>A query was raised regarding the time taken for women to receive their notes following their meetings. Dr Peter McKenna advised that the same resources within the HSE are allocated to both arranging meetings and organising any follow ups, including the provision of notes to women. The timeframe provided was reported to be unrealistic and the HSE committed to following up on this.</p> <p>Action 24/118: The HSE will examine the allocation of resources for arranging RCOG disclosure meetings and the provision of notes following these meetings, and seek to ensure that additional resources are put in place to support these processes, if required.</p> <p>The HSE provided an update on the ongoing work in ensuring all those newly eligible for the supports package as a result of the RCOG process are contacted by a liaison officer in a timely manner.</p> <p>Dr Mary Short noted that it will be important to acknowledge the value of screening and to also acknowledge that aspects of the programme should have been organised differently in the past. She also noted that it is important to acknowledge the good work done by smear takers.</p> <p>There was a discussion on the importance of reinforcing key messages about the benefits of screening along with the publication of the aggregate report. With the completion of the RCOG Review, the implementation of Dr Scally's recommendations, the switch to HPV Primary Screening and the high uptake in the gender-neutral HPV vaccine, it was agreed that positive communications to support these key areas are of vital importance.</p>

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6.	AOB	<p>Ex-gratia Scheme: The Department advised that 161 applications have been received and 158 payments have been made to date. The Scheme remains open.</p> <p>CervicalCheck Tribunal: It is expected that members will be appointed to the Tribunal in the next few weeks, with rules to be finalised thereafter. Premises have been secured at the Infinity Building in Smithfield, and it is now expected that these will be ready early next year. Contingency plans are in place to ensue that the Tribunal is not delayed if any slippages occur to this timeline. Work is ongoing in wording an amendment which will allow all those invited to participate in the RCOG Review to access the Tribunal. The Committee was advised that as soon as the Tribunal Act is commenced, eligible individuals will have 9 months within which to apply. Given this stipulation, it was noted that it is essential that the Tribunal is ready to begin accepting cases immediately upon its formal establishment.</p> <p>Implementation of the Recommendations of the Scoping Inquiry: The Department provided an update on the implementation of the recommendations of the Scoping Inquiry. A progress report for Q3 is currently with the Minister for his approval. Of the total of 170 actions, 112 are complete as of end Q3. Dr Scally is currently undertaking a review of the implementation process, which has included meetings with the Department, the HSE and the NCRI. It is anticipated that this process will be concluded shortly, and that Dr Scally would provide a final report before the end of the year.</p> <p>It was agreed that the next meeting of the Committee would be held on 12 December at 11.30am.</p>

CervicalCheck Project Team
7 November 2019