

CervicalCheck Steering Committee

Date: 12 December 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 Lorraine Doherty, Clinical Director, CervicalCheck
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: Celine Fitzgerald, Interim CEO, National Screening Service
Siobhan McArdle, Community Operations, HSE
Deirdre McNamara, Office of the CCO, HSE
Dr Ronan Glynn, DCMO, DOH
Celeste O'Callaghan, CervicalCheck Project Team, DOH
Marita Kinsella, National Patient Safety Office, DOH
Evette Wade, Office of the CMO, DOH
Clodagh Murphy, CervicalCheck Project Team, DOH
Claire Chambers, CervicalCheck Project Team, DOH
Michele Tait, Scally Report Implementation Lead, HSE
Dave McGrath, Clinical Indemnity Unit, DOH

Apologies: Anne O'Connor, DDG Operations, HSE
Dr Colm Henry, HSE Chief Clinical Officer
David Walsh, HSE National Director, Community Operations

DISCUSSION and ACTION POINTS

NO.	Agenda Item	Discussion and Actions Agreed
1.	Welcome and apologies	The Chair welcomed the members and noted the apologies.
2.	Minutes of previous meeting	The minutes of the meeting of 7 November were agreed by the Committee.

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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 submitted to the Department on 12 November.</p> <p>Under action 24/119, the HSE undertook to investigate the allocation of resources for arranging RCOG disclosure meetings in order to ensure that minutes are provided to women and families promptly and provide the Committee members with further detail.</p>
3.	HSE reporting	<p>Management of supports for patients/families: The roll out of the support packages to women and families who were eligible to receive the package following the RCOG review was reported to be progressing smoothly.</p> <p>Provision of documents to patients: Client Services continue to provide documents as requests are received. Solicitors letters in relation to women involved in the RCOG review have begun to be received.</p> <p>Smear test turnaround times: Smear tests TATs have remained stable at an average of 6 weeks.</p> <p>Colposcopy: The HSE advised that colposcopy services are still under pressure. The €2m rolled out to these services in Q3 represents a significant investment; however, there are still some issues which remain to be addressed. The working group established to address these issues includes representatives from the National Women and Infant's Health Programme, the Acute Hospitals Directorate and the National Screening Service.</p> <p>Scally implementation: The programme management structure to oversee the implementation of Dr Scally's recommendations in the HSE is in place and is working well. It was noted that Dr Scally is currently completing his review of implementation and a final report is expected shortly.</p> <p>HPV primary screening: A Clinical Advisor for colposcopy has now been appointed to the CervicalCheck programme and will take up his post from Monday 16 December. A nurse colposcopist has also been appointed to provide additional expertise. The recruitment of these additional colposcopy resources was noted to be a welcome development. The colposcopy workstream is now beginning to make good progress. The NSS is now examining what colposcopy capacity requirements will be following the introduction of HPV primary screening.</p> <p>Key decisions in relation to clinical pathways have now been made. Planning for the transition phase is well underway. The bulk of the required changes to the ICT systems have now been made and that workstream has moved into a testing phase. It was noted that this aspect of the project is very complex and that the HSE will continue to place a strong focus on this work.</p> <p>Overall, the HSE advised that the project status is amber; it was noted this is the first time a RAG rating has been applied to the project and the amber status reflects the need for very active management of all aspects as the deadline nears. A high level of stakeholder engagement is underway, and includes engagement with service users, GPs, colposcopists and other healthcare professionals.</p>

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		<p>A query was raised in relation to the appointment of new colposcopy consultants to address the expected increase in colposcopy referrals following the introduction of primary HPV screening. The HSE advised that the modelling carried out by the NSS suggests that the increase in the first year following implementation will not be significant. However, a greater increase is expected in year two and three and, given the length of time required to have new consultants in post, planning for recruitment is under way.</p>
4.	RCOG Update	<p>The Department provided an overview of the communication of the individual reports and the publication of the aggregate report, noting that the Expert Panel has concluded that many women's lives have been saved by the programme and that the programme is operating effectively. This provides additional confidence in the quality of the programme.</p> <p>The aggregate report found that 308 women had discordant smear test results on review, which equates to 29.8% of those who participated in the review. While the Expert Panel noted that these findings have a significant impact for the individual women involved and their families, they are in line with what was found in a similar review in the UK.</p> <p>The recommendations made by the Expert Panel will be implemented, and the Committee was advised that the Minister has already written to the NCRI and the Chair of the Board of the HSE in that regard. The HSE noted that those recommendations which pertain to the HSE will be included alongside the Scally recommendations and their implementation will be overseen by the existing Scally oversight group within the HSE.</p> <p>In relation to the verification process for individual reports, the Expert Panel has confirmed that fewer than five reports were required to be changed substantively as a result of the verification process. Some misunderstanding appeared to have arisen about the classification of missing slides; it was confirmed that the Expert Panel has stated categorically that missing slides were not classified as concordant. Conclusions in both the individual reports and the aggregate report were confined to those slides which were available to the reviewers and this was made clear in the letters that were issued to individual women and in the aggregate report.</p> <p>The HSE acknowledged the significant work which has gone into the RCOG process and noted the importance of the overall findings in terms of providing women with confidence in the programme. The HSE information line has received a very small volume of calls to date and that the central team of clinicians is still in place to carry out any additional meetings that may need to be held.</p> <p>Stephen Teap also acknowledged the work which had gone into the process and noted that lessons had been learned from the original disclosure process. He stated that, given particular issues, such as the slide mislabelling and the provision of two different reports to an individual, he could not have confidence in the aggregate report. He emphasised that his focus now is on looking forward and supporting those women affected.</p> <p>Donal Buggy recognised the work done to reach this point in the process. He noted that uncertainty in reporting in relation to a small number of reports had impacted the overall value of the aggregate report and expressed the view that it would be helpful to have these inaccuracies addressed. Mr Buggy also noted that the 221+ group is receiving queries from women which they are not in a position to answer and which they have been referring to the HSE, and welcomed confirmation that the central clinical resource will remain in place as long as required.</p> <p>The Chair expressed the Department's support for the report and confidence in the analysis that the RCOG had carried out.</p>

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		<p>The Chair also noted that the Expert Panel would be appearing before the Joint Oireachtas Committee on Health on the 18th of December and would have the opportunity to answer all of the questions raised at that point.</p> <p>Dr Mary Horgan noted that the RCPI had publicly reaffirmed its support for screening and noted the importance of maintaining confidence in the programme.</p> <p>Mr Teap raised the issue of the provision of the €2,000 ex gratia payment to the women involved in the RCOG process. The Chair advised that the Minister intends to provide a direction to the HSE shortly.</p>
6.	AOB	<p>Ex-gratia Scheme: The Department advised that 165 applications have been received and 161 payments have been made to date. The Scheme remains open.</p> <p>CervicalCheck Tribunal: Work has commenced on the dedicated fit-out of the Tribunal premises, however, it is now expected that the work will not be complete until end-February. The Minister has raised this issue with OPW, emphasising the importance of finishing this work as quickly as possible.</p> <p>The Tribunal Chairperson has been progressing the Tribunal rules and the they are now at an advanced stage, and will be published on the Tribunal website once they are complete. The website is expected to go live in January. Staffing requirements have been progressed and steps are being taken to identify suitable staff. The Department has engaged with the Office of the Attorney General to identify suitable persons for appointment as ordinary members of the Tribunal. Two suitable candidates have been identified and the Department is now taking the required steps to progress the appointments. The Department is engaging with the IPA in relation to the Restoration of Trust Meetings and the recruitment and selection of the Facilitator and Moderator roles. It is anticipated that the Moderators who will organise and chair the meetings, will be persons with mediation skills.</p> <p>It was agreed that a note on the progress towards the establishment of the Tribunal would be provided for circulation to members of the 221+ support group.</p> <p>Action 25/120: The Department of Health will provide an information note on the progress made in establishing the CervicalCheck Tribunal to date, for circulation through the 221 + Support Group.</p> <p>Stephen Teap noted his view that funding should be provided to fund private smear test reviews for those women who he said were seeking clarity on whether negligence was involved in their case.</p> <p>The Chair closed the meeting by thanking the Committee members for their work in 2019. He noted that the focus for the Department and the HSE for 2020 will be on the introduction of primary HPV screening, which is expected to be in place in Q1 2020.</p>