

CervicalCheck Steering Committee

Date: 18th December 2018

Steering Committee: Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH, Co-Chair
 Dr Tony Holohan, Chief Medical Officer, DOH, Co-Chair
 Damien McCallion, National Director, HSE National Cancer Screening Service
 Anne O'Connor, HSE Deputy Director General, Operations
 Stephen Teap, Patient Representative
 Dr Colm Henry, HSE Chief Clinical Officer
 Brigid Doherty, Patient Advocate
 Fergal Goodman, Assistant Secretary, DOH, Primary Care Division
 Lorraine Walsh, Patient Representative
 Donal Buggy, Head of Services and Advocacy, Irish Cancer Society
 Enda Saul, Client Services Director, HSE

In attendance: Dr Ronan Glynn, Deputy Chief Medical Officer, DOH
 Deirdre McNamara, Office of the Chief Clinical Officer, HSE
 Michele Tait, Scally Report Implementation Lead, HSE
 Elizabeth Adams, Patient Safety and Advocacy Policy Officer, DOH
 Aisling Carton, CervicalCheck Project Team, DOH
 Clodagh Murphy, CervicalCheck Project Team, DOH

Apologies: Prof Mary Horgan, President, RCPI
 David Walsh, HSE National Director of Community Operations
 Dr Peter McKenna, Clinical Director, HSE Women and Infants Health Programme and Interim Clinical Director, CervicalCheck
 Dr Mary Short, ICGP

DISCUSSION and ACTION POINTS

NO.	Agenda Item	Discussion and Actions Agreed
1.	Welcome and apologies	The co-chairs welcomed the members and noted the apologies.
2.	Minutes of previous meeting	<p>The minutes of the meeting of 29th November were agreed. The HSE advised that colposcopy referral figures for October are available and will be circulated to the Steering Committee through the Secretariat. If possible, November figures will be included in this week's weekly report.</p> <p>Action 14/70: Monthly colposcopy referral figures will be circulated to the Steering Committee through the Secretariat (HSE). Action 14/71: Figures for colposcopy waiting times will be added to the HSE's weekly report (HSE).</p> <p>An update on work underway in relation to the colposcopy capacity assessment was provided. The interim Clinical Director of</p>

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		<p>CervicalCheck and the National Programme Director of the Women and Infants Health Programme are undertaking an assessment of colposcopy capacity with the aim of identifying short, medium and long term solutions to capacity issues. It is expected that this will be completed in the new year.</p> <p>Action 14/72: An update on the progress of the colposcopy capacity assessment will be provided at the next meeting (HSE).</p> <p>The validation exercise in relation to the clinical status of the 221 women is concluding. The Committee was advised that Dr McKenna has spoken to Dr Donal Brennan in relation to classification of microinvasive cancers, and this will be reflected in the report.</p> <p>Action 14/73: A report on the clinical status of the 221 women will be provided to the Steering Committee, once the validation exercise is complete (HSE).</p>
3.	Updates	<p>A series of updates on relevant issues were provided to the Committee:</p> <p>Judge Meenan's Report: The Minister has brought a Memorandum in relation to Judge Meenan's report to Cabinet today for discussion.</p> <p>Implementation of Dr Scally's recommendations: Department of Health officials met with Dr Scally yesterday to discuss the implementation plan in more detail. Dr Scally has also met with the HSE, the National Cancer Registry and the Medical Council. It is expected that Dr Scally will provide formal feedback on the plan shortly. This feedback will then be incorporated into the next iteration of the plan.</p> <p>IVF supports: As previously advised, the Department of Health is facilitating a meeting in January for any of the 221 women who would like to learn more about IVF supports. This meeting will be held on the 29th of January. An international speaker who is an expert in oncofertility, as well as an Irish expert, will speak at this meeting.</p> <p>HSE Board membership: The Public Appointments Service has recently concluded the recruitment campaign for the HSE Board and a file of suitable candidates is with the Minister. The Minister will now be in a position to make a decision in relation to membership. It is expected that legislation in relation to the Board will progress further through the Houses in January.</p> <p>HPV vaccination: HIQA recently submitted a report to the Minister, recommending the extension of the HPV vaccination programme to boys. It is expected that the Minister will make an announcement in this regard shortly, with the vaccinations to begin in September.</p> <p>RCOG review: In response to correspondence from two of the laboratories involved in the CervicalCheck programme in relation to the RCOG review, the Minister issued a letter in early December setting out his expectation of their full co-operation in facilitating the progression of the Review, and the need for the transfer of slides to begin immediately. Consideration will be given to next steps in ensuring expeditious progression of the review.</p> <p>Correspondence from patient representatives to the Minister: Issues raised in recent correspondence from patient representatives to the Minister were discussed. These included Judge Meenan's recommendations, the progress of the RCOG review, colposcopy waiting</p>

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		times and the clinical status of the 221 women.
4.	Reporting updates	<p>Management of primary and social care supports to patients/families: Work is ongoing in the HSE to ensure that women who are having difficulty navigating the health system or who have particular needs are supported as fully as possible.</p> <p>Release of Slides: A report on the issue of slide releases, prepared for the Public Accounts Committee, was circulated to Committee members for information. A particular solicitor, who has raised issues in relation to the protocol, is due to come before the High Court in this context on 20 December. All other requests are being processed as quickly as possible.</p> <p>RCOG review: Following the issuing of reminder letter, the consent rate for participation in the review is at 59%. This is recognised as a good level of participation by RCOG. It was agreed that it is essential that the HSE ensure that slides begin to issue as expediently as possible.</p> <p>Laboratory capacity: An update was provided on contract negotiations for the continuation of the service until the introduction of HPV testing; the contract has been signed with Quest and some extra capacity is provided for within that. The HSE emphasised the backlog of smears is a difficult challenge which will not be easily addressed, and that it is preparing a full capacity plan for 2019 including the switch to HPV testing. It was agreed that briefing on the capacity plan would be provided in the new year.</p> <p>Action 14/74: Briefing on the laboratory capacity plan being prepared for the HSE will be provided to the Steering Committee (HSE).</p> <p>Introduction of HPV screening: The importance of stabilising the programme to ensure the successful switch to HPV testing was discussed. The new clinical director is due to take up the post on 2 February. A pathology lead and a quality assurance lead have been appointed on a two day per week basis. An interim public health advisor has also been appointed and took up post last week. Site visits to Scotland and Northern Ireland took place recently. Scotland intends to introduce HPV primary testing from 1 January 2020. No date has been set for Northern Ireland as yet. Feedback from those who attended the pre-tender market engagement seminar was due by 17 December. It was agreed that a summary of this feedback would be brought to the next meeting.</p> <p>Action 14/75: A summary of the feedback received following the pre-tender market engagement seminar on the introduction of primary HPV screening will be provided for the next meeting (HSE).</p> <p>The format of the weekly report was discussed. It was agreed that the secretariat will consider how the report could be revised to reflect the information needs of the Committee. It was agreed that further discussion is needed on what governance and oversight will look like in future, and how the oversight structure will evolve to support the various workstreams in a sustainable way.</p> <p>Action 14/76: The format of the weekly report will be reviewed (Secretariat).</p>
5.	Scoping Inquiry Implementation Plan Update	Department officials met with Dr Scally to discuss the implementation plan this week. Formal feedback from Dr Scally on the plan is expected shortly. Dr Scally's supplementary report was also discussed. It is expected that this report will be completed early in 2019.

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6.	Communications	<p>A communications paper was circulated to Steering Committee members in advance of the meeting to facilitate discussion. In relation to communications to the women and families directly affected, it was agreed that the 221+ group will play an important role, particularly in communicating the outcome of the RCOG review and in implementing recommendation 50 from Dr Scally's report. The future role of the 221+ group was also discussed, including in relation to the inclusion of other women who have been diagnosed with cervical cancer in the group. It was also agreed that it would be important to establish a link between the 221+ group and the NCCP's survivorship working group and to be cognisant of the way in which linkages can be formed with existing services.</p> <p>In relation to communications to the general public, there is still a need for the communication of clear information on the issues which have arisen around CervicalCheck in recent months and also about the benefits and limitations of screening more generally. A specific approach will be required on communications around HPV testing and HPV vaccination. It was agreed that a communications focus in the new year could be the provision of this type of message by trusted sources, taking into account the lessons that have been learned in relation to communication with the public. It was agreed that the recent event hosted by the RCPI was an example of an event which worked well in communicating a range of perspectives and that patient and clinician input is important in communicating messages effectively to the public.</p> <p>Also discussed was communications to clinicians. The Chief Clinical Officer is undertaking a body of work, in conjunction with the medical colleges and the State Claims Agency, in relation to communications, including open disclosure, with the aim of developing a curriculum in this regard with a view to promoting and facilitating good communication. A Steering Group and a Working Group will be established, which will both include patient representatives. Communications to members of the Oireachtas were also discussed.</p> <p>It was agreed that a further iteration of the communications paper would be prepared, taking into account the discussion at this meeting.</p> <p>Action 14/77: The communications paper will be redrafted to take into account the discussion at the Steering Committee meeting of the 18th of December (Secretariat).</p>
7.	AOB and date for next meeting	<p>An update on the establishment of the Independent Patient Safety Council was provided, to the effect that the Minister is now making the final decisions in relation to its implementation.</p> <p>An update on funding of independent slide reviews was requested.</p> <p>Action 14/78: An update on funding of independent slide reviews will be provided at the next meeting (HSE).</p> <p>The Chairs congratulated Anne O'Connor on her appointment as interim Director General of the HSE and thanked her for her input to the work of the Steering Committee to date.</p> <p>The next meeting of the Steering Committee will take place on Thursday 17 January.</p>

CervicalCheck Project Team

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