

CervicalCheck Steering Committee

Date: 18th April 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
Liam Woods, HSE National Director, Acute Operations
Dr Colm Henry, HSE Chief Clinical Officer
Damien McCallion, National Director, HSE National Cancer Screening Service
David Walsh, HSE National Director, Community Operations
Enda Saul, Client Services Director, HSE
Brigid Doherty, Patient Advocate
Stephen Teap, Patient Representative
Lorraine Walsh, Patient Representative
Prof Mary Horgan, President, RCPI

In attendance: Greg Dempsey, Deputy Secretary, DOH
Dr Ronan Glynn, Deputy Chief Medical Officer, DOH
Kate O'Flaherty, Director, Healthy Ireland, DoH
Marita Kinsella, Director, National Patient Safety Office, DOH
Stephen Brophy, Clinical Indemnity Unit, DOH
Michael Conroy, Cancer Policy Unit, DoH
Eddie O'Reilly, Clinical Indemnity Unit, DOH
Celeste O'Callaghan, CervicalCheck Project Team, DOH
Aisling Carton, CervicalCheck Project Team, DOH
Clodagh Murphy, CervicalCheck Project Team, DOH
Paul Ellis, CervicalCheck Project Team, DOH
Deirdre McNamara, Office of the Chief Clinical Officer, HSE
Michele Tait, Scally Report Implementation Lead, HSE
Sandra Eaton, Client Services Director, HSE National Screening Service
Paul Gordon, Irish Cancer Society

Apologies: Dr Lorraine Doherty, Clinical Director, CervicalCheck
Dr Mary Short, ICGP
Donal Buggy, Head of Services and Advocacy, Irish Cancer Society

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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	<p>The minutes of the meeting of 21st March were agreed.</p> <p>Under Action 16/87 Kate O’Flaherty provided an update on the ongoing workstreams and campaigns relating to sexual education in schools. A briefing note was also shared with the Committee on this topic.</p> <p>Under Action 17/95, which related to the need to ensure colposcopy leads share updates with staff, the HSE advised that this was an agenda item in a meeting recently held with lead colposcopists, in which the message was reiterated.</p>
3.	Updates	<p>The Department provided updates as follows:</p> <p>Lymphoedema Model of Care: An update on the Lymphoedema Model of Care was provided. This was published on the HSE website this week, following extensive engagement between the HSE, the Department and Lymphoedema Ireland. The model of care provides 37 recommendations, setting out best practice in: prevention and early detection, assessment, treatment and support, and education and research. The model of care is a hub and spoke model which enables specialist care leading to lower level interventions at local level. Funding for a pilot project has been approved, and this will encompass early detection services in the Mater Hospital, a community demonstration site in the Laois/Offaly CHO, introduction of lymphoedema education into undergraduate programmes, and a GP eLearning module. Further progress towards full implementation will be considered in the Estimates 2020 process. The progress made was welcomed by the Committee, marking positive steps and increased resourcing. The importance of an integrated approach and a standard of care was emphasised, as this is an area which involves a number of specialities and requires ownership across a range of disciplines.</p> <p>Tribunal legislation: An update on the establishment of the Tribunal was provided. The Heads of the Bill were approved by Government on Tuesday 16 April. It is intended that the General Scheme will be published on the Department’s website shortly, following further engagement with the office of the Attorney General. In order to expedite the process, exemption is being sought from pre-legislative scrutiny. While the Bill is a Government Priority, and every effort is being made to expedite its progress, an exact timeframe for its passage through Committees, the Seanad and the Dáil cannot be given, as this is contingent on the level of debate it generates, and the nature of any amendments proposed. The Tribunal will be limited to the 221 cohort, as well as those cases in the RCOG Review where a discordant result is identified, and will deal with both the reading of smear tests and the disclosure of results. It will determine liability, with the burden of proof being the same as in the High Court. Participation in the Tribunal will be voluntary, both for the claimant and respondent. Hearings will be heard in private, and results will be anonymised.</p> <p>Regarding the Statute of Limitations, it was confirmed that cases underway using normal court proceedings can transfer to the Tribunal, as long as it is agreeable to all parties involved. Further engagement with the State Claims Agency is necessary to clarify how the Statute will apply to the Tribunal, and the Department will revert with an answer as soon as this information is available.</p>

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		<p>Action 18/97: Department officials will liaise with the State Claims agency in relation to the Statute of Limitations and its effect on the Tribunal and provide a report to the Committee.</p> <p>Ex gratia scheme: A letter is being drafted, to invite all eligible individuals to participate in the ex-gratia scheme. The importance of this being communicated in a sensitive and appropriate manner was emphasised, and a meeting with patient representatives is planned in this regard as well as ongoing engagement with the HSE. Letters are due to issue from the HSE in the coming weeks. Mr Justice Aindrias Ó'Caomh has been appointed to lead the assessment panel. Two others have been identified to complete the panel, but have not yet been appointed. An assessment pack for the panel is being developed.</p>
4.	HSE reporting	<p>Management of primary and social care supports to patients/families: The delivery of supports continues, involving significant engagement to ensure consistency in approach, with no major issues arising.</p> <p>RCOG review: Transfer of slides from laboratories for the review is continuing. The Department advised that it is currently in weekly contact with the lead assessor and noted that communications will be the aspect of the review that requires the most intensive collaboration between agencies involved. The HSE advised the Committee that an issue with the slide imaging machine in the Coombe has now been resolved, allowing the Medlab slides to be imaged in the Coombe and transferred in the coming weeks. A number of slides of individuals who have consented to participate in the Review are unavailable, as they have been requested for individual review. A letter is being sent to the solicitors of these individuals, requesting that the slides be returned, should they still wish to participate in the Review. Efforts are ongoing to locate any outstanding slides.</p> <p>Planning for the communication of the results of the RCOG review is ongoing. A group has been established in the HSE, chaired by Dr Peter McKenna, to inform the disclosure process and identify best practice. The importance of ensuring the HSE is in a position to disclose the findings of the review to patients in a timely manner was emphasised. The importance of including relevant stakeholders in the process was also agreed.</p> <p>The content of the individual report, which will be produced by RCOG, was discussed. Before deciding on the tone and language of this piece, the Expert Panel has advised they are eager to consult with the women participating in the review, and to seek participation from those outside of the 221 cohort who will not have had as much engagement to date. A meeting with representatives is planned for May, when the Expert Panel team will be visiting Dublin as part of the work of the review.</p> <p>An update letter is due to issue to women and families who have consented to participate, advising of progress made to date and the projected timeframe for the review's completion. Separately, a letter is proposed for issue in advance of the results being communicated, to advise of what the disclosure process will entail.</p> <p>Laboratory capacity: Negotiations with laboratories are ongoing, with a view to securing capacity. These negotiations are highly sensitive at present and this remains a top priority for the HSE.</p>

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		<p>The HSE advised that new capacity identified needs to be able to come online in a reasonable timeframe and be quality assured. QA visits took place over the last week. In addition to this, plans for development of additional capacity at the Coombe are ongoing.</p> <p>HPV Expiration: The HSE advised the Committee that approx. 2,800 women have accepted the invitation to attend for an additional smear test. Approx. 2,500 of these women have received their results to date.</p> <p>Introduction of HPV screening: The HSE advised that the Clinical Director of CervicalCheck’s engagement with the Institute of Obstetricians and Gynaecologists and colposcopy nurses is continuing, and all agreed on the importance of involving the clinical community in the process. A Prior Information Notice for the provision of the private portion of HPV testing has been issued and a contract notice is being prepared. The procurement approach is competitive dialogue. A lead colposcopist is being sought to support the introduction of HPV screening.</p> <p>A new communications lead has been hired and her role will include improving public understanding of HPV issues.</p>
5.	Communications	<p>Sandra Eaton, the new Client Services Director in the National Screening Service, was welcomed by the Committee. Enda Saul was thanked for her contribution to the committee over the past ten months.</p> <p>A draft paper was shared with the Committee, outlining a number of planned updates for the Department’s website. The goal of this work is to provide simple and clear factual information on various areas, including the benefits and limitations of screening, the Scally Review and the Implementation of its Recommendations, as well as HPV immunisation and testing.</p> <p>It was agreed that it is essential that a consistent message be delivered across both the Department’s and HSE’s websites, and that the repetition of information could help to reinforce key messages. Input was sought from Committee members, who agreed to provide any observations through the secretariat.</p> <p>The HSE highlighted an ongoing body of work on open disclosure policies and procedures, developed in collaboration with the Medical Colleges and communities, and including patient involvement. In addition, a training module on screening for healthcare professionals has been funded by the HSE, which will provide training on screening across all levels of medical professionals and will be rolled out in May. It was agreed that such areas could be incorporated in the communications materials being developed.</p> <p>Action 18/98: Information on HSE open disclosure policies and training on screening in medical colleges will be included in the materials on cervical cancer screening for the Department’s website.</p>
6.	AOB and date for next meeting	<p>Governance and Oversight</p> <p>As agreed at the previous meeting, there was a discussion on performance and oversight, and how it should be structured so as to ensure sustained progress in addressing CervicalCheck matters. A paper was shared with the Committee to help inform the discussion which outlined the respective roles of the Department and the HSE, the evolution of issues over the past year, the key priorities now, and what is being done to address these priorities.</p>

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		<p>It was agreed that it was useful to see the extent of work that had been achieved over the previous year. It was suggested that additional stakeholders' work should be reflected in the paper, including the work of the patient representatives, RCPI and ICGP. It was noted that the situation has evolved considerably since the Committee's inception, and there was a discussion regarding how this should be best reflected in oversight arrangements. Consideration will be needed about at what point work of the Committee will move from having this special focus to becoming part of day-to-day business, acknowledging that we are not yet in this position. A further issue is what elements eg operational issues, should best be addressed by the HSE Steering Group as opposed to the Committee. It was agreed the discussion paper would be revised to reflect these views, for further discussion at the next meeting. The views of the Committee on the most appropriate governance and oversight arrangements will be for the consideration of the Minister in due course.</p> <p>Action 18/99: The discussion paper on governance and oversight will be revised to take into account the discussion at the Steering Committee meeting of 18 April.</p> <p>The next Steering Committee meeting will be on Thursday 16 May.</p>

CervicalCheck Project Team

24 April 2019