Joint Committee on Health

Meeting

Wednesday 9th May 2018

Opening Statement

by

Mr Dean Sullivan
Deputy Director General
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Health Service Executive
Good morning Chairman and members of the Committee. Thank you for the invitation to attend the Committee meeting. I am joined today by my colleagues:

- Ms. Anne O’Connor, National Director, Community Operations
- Ms Angela Fitzgerald, Deputy National Director, Acute Hospital Services
- Damien McCallion, National Director, National Screening Services

I am very pleased to be here today on what is my first appearance in front of the Committee. In preparation for this meeting, the Committee requested information and replies to a number of specific questions and you will have received a written response to them. I will therefore confine my opening remarks to the following.

**CervicalCheck Update**

As you are aware there are a number of strands to the work of the Serious Incident Management Team who have been working solidly over the last 12 days with the aim of addressing and allaying the concerns that women and the wider public have about the cervicalcheck programme and its audit process.

With regard to our work to make contact with women directly affected by the failure of cervicalcheck to inform all women of the audit process and its findings in relation to their smears; I can confirm that hospitals have been working since the Serious Incident Management Team was established to contact all the women affected and to discuss the audit findings with them. To date 201 women and their families have been contacted. I understand it has not been possible to contact the remaining 8 people and their families to date, as some women are not in the country (because they are travelling and/or living abroad) or are un-contactable. All 201 women or their families have been offered a meeting at the earliest opportunity with their doctor at a time that is suitable and convenient to them.
I can confirm the National Cancer Registry Ireland is working with the cervicalcheck programme to carefully reconcile data held by NCRI and cervicalcheck to ensure that we have identified all women diagnosed with cervical cancer since 2008, who had a screening history with cervicalcheck. We expect to conclude this data reconciliation process over the coming days.

The establishment of an expert international review panel, led by the Royal college of obstetricians and gynaecologists and the British society of colposcopy and cervical pathology will review the results of screening tests of all women (including any additional women identified by the NCRI/Cervicalcheck data reconciliation process) who have developed cervical cancer and who participated in the screening programme since it was established. This will provide independent clinical assurance to all women about the timing of their diagnosis and any issues relating to treatment and outcome.

As you are aware from the daily reports published by the Serious Incident Management Team, we are working to provide call backs as quickly as possible to concerned women who have rung the information line. To date 11,982 women have called the line. Of these, 8,150 women have requested a call back, and of these 3,649 calls have been returned.

As members will appreciate, the call backs take a period of time, as in those cases where the person has a history of referral for colposcopy treatment or a history of cancer, we are providing a clinical consultation with a clinical staff member with expertise in colposcopy or cancer treatment. Return calls to women have been made throughout the weekend and will continue through this week, with support from staff in health facilities around the country.
The clinical advice is that women who have had normal test results in the past can continue to participate in the cervical screening programme according to their normal schedule. We are working to provide information to women across a range of channels to assist those whose query can be answered without the need for them to call the CervicalCheck information line.

Since we began measures to provide public information across a range of channels, the proportion of callers having their information needs met and not requesting a call back has dropped significantly.

I would like to put on record my personal apology at the concern and anxiety that has been caused to women and their families and the wider public as a result of the cervicalcheck controversy. It is essential that we learn lessons and re-establish confidence in the screening programme, which was and is a public health initiative saving literally hundreds of lives.

In this regard I very much welcome the decision announced yesterday by the Cabinet to establish a scoping enquiry into the issues which have recently come to light. I would like to assure members, the women and families affected and the public at large that the HSE will participate and cooperate fully with this process and with the work of the external expert panel to ensure all of the facts surrounding what has occurred will be known, that we can learn from this and importantly that trust and confidence in our national screening programmes will be re-built.

**Portiuncula Hospital Report**

Last week the Saolta University Health Care Group published the report of the External Independent Clinical Review of Maternity Services at Portiuncula University Hospital. The review examined 18 cases from the period 2008 to 2014.
I would like to make the following comments in light of the publication of the review.

There have been a number of important developments, since the initial review into the therapeutic hypothermia cases in Portiuncula in 2014. There is now a strong policy framework in place, with the development of the National Maternity Strategy in January 2016, the development of the National Bereavement Standards in August 2016, and the launch of HIQA’s National Standards for Safer Better Maternity Services in December 2016.

Following on from the policy framework, the National Women and Infants’ Health Programme was established in 2017 to implement the strategy, and to provide leadership and governance for maternity, neonatology and benign gynaecology services. During 2017 the Programme visited all 19 maternity hospitals/units at least twice; supported the hospital groups to develop maternity networks, and launched the implementation plan for the National Maternity Strategy.

An additional €4.55m in development funding was allocated to maternity services in 2018 and the priorities for this year are:

1. **Anomaly scanning:** 28 additional sonographers have been approved to ensure that all maternity hospitals/units can provide all women with access to an anomaly scan at 20/22 weeks. The pathway for foetal medicine expertise is also being developed.

2. **Model of Care:** The supported care pathway, which is a midwifery delivered approach, is a key focus for 2018. 52 midwives have been approved to take forward the pathway in each maternity hospital/unit. A national implementation group has been established to oversee the development.

3. **Quality and Safety:** A challenge for maternity services is the impact reports on adverse events have on public confidence.
NWIHP are supporting the maternity networks to develop a Serious Incident Management Forum dedicated for maternity services in each maternity network. A key focus of the National Infants and Women’s programme will be to develop these new tools with the services and to improve learning outcomes.

4. Maternity Networks: Effective governance is a core recommendation in the Maternity Strategy. Managed clinical networks, called maternity networks, will provide the necessary governance, and ensure that smaller units work closely with tertiary units in ensuring that the provision of consistent, high quality, safe care to women and their infants.

Sláintecare

The Sláintecare Report provides an ambitious vision of a different kind of healthcare system. It signals a new direction of travel in relation to eligibility, delivery, and funding of health and social care in Ireland into the future. It presents an opportunity and, appropriately resourced and governed, it has the potential to transform the health and wellbeing of the population, and how and where they access services.

As stated in the HSE National Service Plan 2018, a key priority for the health service in 2018 is to develop an agreed strategic position with the DoH, in the interests of building a safer, more sustainable health service, designed to meet the needs of our population. An opportunity to achieve this is presented in the detail of the implementation of Sláintecare. We will be working closely with the Department to ensure that we realise this opportunity.
Integrated health & social care is at the heart of the report which would see ‘healthcare delivered at the lowest appropriate level of complexity through a health service that is well organised and managed to enable comprehensive care pathways that patients can easily access and service providers can easily deliver.’

As members will be aware, the consultation on integrated Health & Social Care, and alignment of CHOs and hospital groups, is currently underway, with a closing date of May 23rd. This is an important engagement and we look forward to learning the outcome and participating in consideration of all of the factors involved in any proposals around integration and alignment, as optimised health service delivery is at all levels of delivery is a common aim.

In the National Service Plan 2018 we highlight 4 key reform themes:

- Improving population health
- Delivering care closer to home
- Developing specialist hospital care networks
- Improving quality, safety and value.

These themes line up with key strategic actions within Sláintecare and provide the basis of a phased shift within the way we deliver our services, commencing in 2018, which lays a foundation to build on through specific actions which support the implementation of Sláintecare.

We are also enhancing our planning, delivery and our accountability roles to support change so that it results in service improvements and better experience and outcomes for people.

I very much look forward to the upcoming publication of the Sláintecare Implementation plan which will inform our Corporate Plan for the next three years and be visible in the actions planned through our annual planning process for 2019.
Capital

The €10.9bn capital investment in Healthcare infrastructure announced in the recently published Government’s National Development Plan 2018-2027 is very welcome.

It represents a significant increase in capital investment over the next decade compared to the last 10 years. This increased allocation will allow the HSE to address the areas of greatest clinical and infrastructural risk including the equipment replacement programme in addition to enabling the HSE to deliver on the current capital programme. This allocation will also allow the HSE to plan, develop and commence a construction programme to meet the additional capacity demands outlined in the recently published Health Service Capacity Review 2018. And the allocation will also allow demonstrable progress to be made with the ehealth agenda over the next 10 years.

Versatis

The Committee’s invitation letter made specific reference to the availability of Versatis, and a more detailed briefing note on the up to date position has been provided for members (see response to question 40 in the Committee papers).

For the purpose of the opening statement, I would just like to reiterate that prescribing patterns for this medication had become grossly out of line with expectations for its licenced indications – and access control measures were necessary to address this for patient safety and cost reasons.

You will note from the details circulated that the medication continues to be available for licenced indications i.e. for nerve pain after a previous shingles infection in adults, and a quick turnaround application and appeals system is operational for unlicensed or exceptional access for individual patients.
Latest figures indicate that the medication continues to be reimbursed by the HSE for approximately 3,000 patients.

**Storm Emma**

Finally Chairperson and members I would like to make a few brief comments regarding Storm Emma which was one of the worst storms to hit the Country and severely challenged all front line services.

At this time when the service is making many headlines for the wrong reasons, and the public’s trust is undermined, it is important to acknowledge when the service gets things right. I am sure you will join me in recognising the huge efforts of staff across the health service – supported by staff from other sectors – that went way beyond the call of duty in the face of almost impossible conditions to ensure all essential health and social care services continued to operate during the period of the severe weather. The values and commitment of health care workers were particularly demonstrated during this very testing time.

This concludes my opening statement and together with my colleagues we will endeavour to answer any questions you may have.

**Thank you.**