



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Joint Committee on Health

Meeting

Wednesday 13th February 2019

Opening Statement

by

Ms Anne O'Connor

Interim Director General

Health Service Executive

Good Morning Chairman and members of the committee. Thank you for the invitation to attend the committee meeting. I am joined by my colleagues:

- Mr. Damien McCallion, National Director, Screening Services
- Dr. Peter McKenna, Clinical Director Women's and Infants Programme
- Dr. Lorraine Doherty, Clinical Director Cervical Check

Our focus continues to be on supporting women and their families who were impacted by the cervical check crisis. We have continued to provide a wide range of supports in line with those agreed with the Department of Health. This has included the provision of 602 medical cards and the upgrading of eligibility for another 91 medical card holders, provision of access to a broad range of HSE and HSE funded supports, and, the reimbursement of €1.2M in expenses and costs to those affected. In addition we recently completed a detailed piece of work that updated the information on the 221 patient group. This was done in conjunction with the 221+ group patient representatives and will help inform the provision of future supports for the group. We also continue to support women and their families in the provision of access to their records and ensuring women get their slides from laboratories where required for legal review. A new Client Services Unit was established in our National Screening Service to support this process. 109 out of 118 slide requests have been dealt with in on average 25 days and there are only 9 requests still being processed.

We are continuing to support the Independent International Expert Panel review being undertaken by the Royal College of Obstetrics and Gynaecology (RCOG), which was established by the Minister, for women who were diagnosed with cervical cancer. The HSE supported the consent process which has seen 1,072 women or their next of kin consent to participation out of an eligible group of 1,702. This included establishing a national helpdesk, developing an eligible dataset with the National Cancer Registry and implementation of a client management system to support the RCOG. In recent weeks the laboratories have commenced the transfer of slides. All slides have been transferred by Coombe Women and Infants University Hospital. Quest Diagnostics and Sonic Healthcare have also commenced the transfer process with the imaging of slides for transfer and a transfer schedule is being agreed this week with those laboratories.

We remain concerned at the length of time being taken for reporting of cervical smears which is on average at 93 days although it can take up to 27 weeks for the report to be provided. There is currently a backlog of c78,000 slides.

In 2018 around 370,000 women presented to the programme, an increase from 280,000 in 2017. This increase of c90,000 was as a result of the uptake of the out of cycle smear test and more women presenting to the programme, which would in normal circumstances be a positive step. We have worked with existing private providers, other private providers and public service providers in other countries to try and grow our laboratory capacity. Some of our existing providers have managed to reduce the wait times and we continue to work with others to try and find additional capacity. While we continue to pursue active leads this has proved very challenging due to the global shortage in cytology. This has been caused as a result of the reduced cytology requirement as countries implement HPV primary screening – which sees a reduction of c80% for cytology requirements. We are actively trying to identify possible solutions that will help reduce the wait times which we know are causing a lot of anxiety for women.

As part of the laboratories quality assurance process we also were made aware of an issue with regard to HPV tests expiration at Quest Diagnostics. While the clinical risk was deemed very low we have contacted all those affected and a number of women are being retested. These tests will be expedited by Quest Diagnostics to ensure a timely response for those women requiring a retest.

A key risk to enable cervical screening to continue in Ireland was the extension of the laboratory contracts. The HSE has a signed agreement with one of the private providers and are working through the detail on a contract with the second provider with whom we have a heads of agreement. We also made a strategic decision to develop a national cervical screening laboratory in conjunction with the Coombe Woman and Infants University Hospital. This included an initial capital allocation of €5m to progress the development of the laboratory. A project team and steering group has been put in place to oversee all aspects of this project. This will take some time to develop but will provide a better balance between public and private provision of laboratory services to the cervical screening programme.

We are progressing plans to introduce HPV Primary Screening. A project team is in place and is progressing the various work streams. We have completed a review of international HPV Primary screening implementations, ICT testing is underway, development of education/training materials has commenced and our procurement team have started the tender process for laboratory services with a pre-tender market engagement session held before Christmas. We remain committed to implement HPV Primary Screening as soon as possible.

The HSE has contributed significantly to the development of an implementation plan in collaboration with other State agencies in response to the Scally review recommendations. We have appointed a senior manager to oversee the implementation and established a HSE implementation oversight group, jointly chaired by our Chief Clinical Officer and Deputy Director General - Operations. We have developed a set of 94 actions arising from recommendations that are the responsibility of the HSE to implement. Examples of progress to date include key appointments and governance changes. An organisational review of risk management structures has also been commissioned by the HSE in addition to the establishment of an expert group within NSS to review clinical audit processes across all screening programmes. An interim revision of the HSE Open Disclosure Policy has commenced and will be communicated & implemented throughout the system pending a more detailed review during 2019. The HSE has also reviewed and updated its financial records management policy. All six recommendations from Dr Scally's interim report have now been fully implemented. The HSE has maintained open communication with patient representatives in relation to the implementation plan and will continue to work collaboratively with them throughout 2019.

Finally we have continued to strengthen the governance and management of our screening services. We have established an interim management team with the reassignment of senior people to key positions while we fill key positions on a permanent basis. We have recently appointed a Director of Public Health, Cervical Check Clinical Director and Cervical Check Laboratory Quality Assurance Lead. In addition a Risk Committee for our screening services, which is independently chaired, has been put in place since Q3 2018. An interim Quality and Risk manager was also appointed in Q3 and implementation of Dr Scally's recommendations on strengthening our Quality Assurance processes has commenced.

I can assure members that the HSE is absolutely focused on stabilising the cervical screening programme and hence enabling us to progress the introduction of a new enhanced HPV primary screening testing methodology. All possible resources are being directed at this challenge.

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

Thank you.