



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# **Joint Committee on Health**

Meeting

Wednesday 18<sup>th</sup> September 2019

Opening Statement

by

Mr. Damien McCallion

Interim National Director

National Screening Service

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:

- Dr. Colm Henry, Chief Clinical Officer, HSE
- Dr. Lorraine Doherty, Clinical Director, CervicalCheck
- Ms. Celine Fitzgerald, Interim CEO National Screening Services
- Dr. Peter McKenna, Clinical Director Women and Infants Programme

We continue to address and manage a vast range of issues that have emerged as a result of the crisis in the Cervical Check programme in April 2018. Our priority areas remain: stabilising and strengthening our cervical screening programme; continuing to support women and families who were directly impacted by the Cervical Check crisis; improving communications with women and increasing public engagement in our screening programmes; implementing Dr. Scally's recommendations from each of his reports, supporting the Independent External review being undertaken by RCOG; implementing the recent recommendations from the Rapid Review carried out by Prof Brian Mac Craith; continued strengthening of the governance and resourcing within our screening programmes; enhancing the quality assurance of the programmes and implementing HPV primary screening.

### **Supports to Women and Families**

Our Information line and client services unit continues to provide information to women and their families. We also 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. The Client Services Unit in our National Screening Service continues to support this process. We have provided healthcare records to 631 women and have also provided 332 slides to women, families or their representatives.

We continue to support the 221+ group through our community liaison officers. The Community Liaison Officers support women and their families in provision of the support packages provided to government. We are also working closely with the 221 patient representatives across a wide range of areas and are very grateful for their guidance and input to the screening programmes. It is helping to make a real difference.

We have just completed a Public and Patient Inclusion plan for our screening services. This was developed in conjunction with our patient representatives. This was also highlighted as an area to be strengthened in Prof MacCraith's report and his recommendations have been incorporated in our Public and Patient Inclusion Plan.

Some key actions within the plan include appointment of a full time patient inclusion officer, extension of the screening patient panel, patients on key committees and a model for patient inclusion.

Our patient panel for cervical screening continues to operate and has already provided critical input into specific areas such as the information and communications materials provided to women and families. We also have patient representatives on a number of key project groups within screening services with the inclusion of two patient representatives on the HSE Oversight Group, which provides the governance over the implementation of Dr Scally's Report and all other Cervical Check related issues.

We are very grateful to the many patient representatives, who voluntarily give up their time to support our screening programmes. We have made a start in this area and remain committed to having patients at the centre of our screening programmes.

### **Independent Review**

The HSE 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 Health, following a government decision, for women who were diagnosed with cervical cancer. The HSE supported the consent process, established a national helpdesk, developed an eligible dataset with the National Cancer Registry and implemented a client management system to support the RCOG, in addition to coordinating the release of slides culminating in the completion of RCOG's review. We are working closely with the Department of Health in supporting the RCOG where required.

1,074 women consented to participate in the review. RCOG are now transferring the individual reports to the HSE for dissemination to women and their families. The dissemination of reports is commencing on a phased basis in the coming weeks. We expect this process to take up until the end of 2019 in order for all results to be provided and meetings to be held, where requested by the women and their families.

### **Rapid Review of HPV expiration issue**

Issues emerged regarding delays in notification letters being issued to women arising from the HPV expiration issue. The HSE CEO commissioned a rapid review to ensure that any lessons learned from the issue were identified and implemented, which was undertaken by Professor Brian Mac Craith. The HSE has accepted all of these recommendations. An implementation plan has been developed to support the recommendations and many of the actions identified will be completed by the end of 2019. These have been incorporated into the Implementation Plan for Dr Scally's recommendations to ensure an integrated implementation plan within the HSE.

While the issue represented a low clinical risk for the women involved, we would like to reiterate our apology for any upset they may have been caused.

### **Cervical Check Programme Turnaround Times**

In 2018 around 370,000 women presented to the programme, an increase from 280,000 in 2017. This was an increase of c90,000 and caused significant backlog in reporting results to women.

We have worked with existing private providers, other private providers and public service providers in other countries to try and grow our laboratory capacity to address this issue. Following a global search and complex negotiations we have managed to secure additional laboratory capacity that has enabled us to eliminate the backlog to ensure more reasonable turnaround times for women. The number of slides in the backlog was at approximately 81,346 which has largely been eliminated. We would normally expect that approximately 23,000 slides would be in the screening process at all times.

The turnaround times for reporting of results were at one point taking up to 6 months and these have now reduced to an average of 6 weeks. We hope to sustain the turnaround times at this level going forward. This will ensure that women and their GP's get their results in a reasonable time period.

### **Laboratory Services**

A key risk to enable cervical screening to continue in Ireland was the extension of the laboratory contracts. The HSE reached agreement with both the Coombe and Quest to enable continuity of the programme. The HSE also made a decision to expand the public laboratory capacity and to develop a National Cervical Screening Laboratory, which is included in our recent HSE Capital Plan. This will provide a better balance between public and private laboratory capacity provision. A project steering group and project team are now in place with building and workforce plans developed. While we are planning for a rapid build programme it will still take a number of years to implement, primarily due to the challenge of recruiting suitably qualified staff.

### **Colposcopy Services**

Our colposcopy services remain under pressure with increased referrals and the requirement for increased consultation time. The HSE Women and Infants Programme have recently completed an Impact Assessment on colposcopy services that identified some immediate resource requirements. Funding has been allocated in the 2019 National Service Plan and this resource is currently being rolled out to the clinics to support additional service sessions, to increase capacity and improve waiting times.

## **HPV Primary Screening Project**

We are continuing to implement our plan to introduce HPV Primary Screening. A project team has been in place since last year and there are seven work streams involved in the project. We have completed a review of international HPV Primary screening implementations, including site visits, to ensure that the lessons learned from other jurisdictions can be applied in Ireland.

We remain committed to implement HPV Primary Screening as soon as possible with the aim for implementation in Q1 2020. Since we last appeared before the committee we have reduced some of the major risks to the project through the reduction in the backlog and securing laboratory providers who can provide the testing service. We still face significant challenges with the IT system changes and to ensure sufficient availability of colposcopy services to address future demand from HPV primary screening on colposcopy services.

I would like to advise the Committee that we recently introduced the HPV vaccine for Boys. This combined with the existing uptake of the HPV vaccine by girls will help reduce incidences of cervical cancer and other cancers. Evidence from elsewhere in the World (Australia and Scotland) show that this combination of HPV vaccine and HPV Primary Screening will have the impact of eliminating cervical cancer over the next two to three decades and in the shorter term ensuring that women present with earlier disease and are much less likely to progress to Cancer.

## **Dr. Scally Report Implementation**

The HSE has contributed significantly to the development of an implementation plan in collaboration with other State agencies in response to the Scally Scoping Inquiry recommendations. A Senior Manager appointed in September 2018 continues to oversee and drive the implementation of the report by Dr Scally including the supplementary report published in June 2019. An Oversight Group was also established in the HSE in September 2018 to support and ensure continued implementation of the Scally report and other challenges in our screening services. The group is co-chaired by our Chief Clinical Officer and the Chief Operations Officer.

In response to the reports from Dr Scally, we have developed a set of 116 actions arising from recommendations that are the responsibility of the HSE to implement and we are reviewing appropriate actions against each recommendation as the implementation progresses. As at today's date a total of 78 actions have been completed with the remainder in progress.

Examples of progress to date include key appointments and governance improvements in NSS and Cervical Check. 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 – reports from both of these groups are expected in the coming weeks. A review of the HSE’s Healthcare Records Management Policy has also been commenced.

One of Dr Scally’s recommendations included setting out the future approach to Interval Cancer Audit. The HSE established an oversight group for this project with expert groups. The expert groups are independently chaired and comprise of patients, patient advocates, patient ethicist, screening clinicians and international experts. The expert groups have considered international best practice as part of its work. We expect the expert groups to report in Q4 2019.

An interim revision of the HSE Open Disclosure Policy has now been completed and was published in June 2019. The HSE remains committed to ensuring the operation of open disclosure throughout the organisation by continuing to roll out its national training programme and the establishment of a national open disclosure office. An open disclosure governance steering group has also been established in the HSE – the group is chaired by the National Director of Quality Improvement and an open disclosure framework has been developed. The governance framework and the group will provide leadership for the evaluation of audit of compliance with the open disclosure policy. All recommendations in relation to procurement have now been implemented.

### **Programme Resourcing**

Recruitment and retention of staff remains a significant challenge for our screening services. We have progressed a review of the organisation design of the National Screening Service and one of the key actions was the appointment of a permanent CEO. I expect the advertisement for the permanent CEO to issue towards the end of September. We have recently appointed an Interim CEO, Celine Fitzgerald, for our Screening services while we recruit a permanent CEO for the service.

We have appointed a permanent Quality and Risk Manager for screening services and have prioritised the recruitment of additional posts in quality and risk management. A Deputy Laboratory coordinator is now in place to strengthen the laboratory capacity in the programme. We have just completed a recruitment process for the Cervical Check Programme Manager, to work with the recently recruited Deputy Cervical Check Programme Manager. We were unsuccessful in recruiting a Programme Colposcopy Advisor and are commencing an international recruitment campaign for this role.

In addition we are preparing to go to recruitment for a Cervical Check Primary Care Advisor and a Cervical Check Colposcopy Nurse which will further strengthen the clinical input to the programme.

We are also recruiting a permanent Director of Public Health for the NSS and additional public health specialist positions. This will strengthen the public health input to the programme. Posts in communications and HR have also been advertised in addition to a number of other programme support roles. We will ensure that the recruitment of all posts from the NSS workforce plan continue to be prioritised.

I want to assure members that the HSE is absolutely focused on continuing to stabilise and strengthen our screening services. All possible resources are being directed at this challenge.

This concludes my opening statement.

**Thank you.**