



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Joint Committee on Health

Meeting

Wednesday 18th December 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 all issues that have arisen in the Cervical Check programme since April 2018. The briefing submitted in advance of this meeting to the committee updates on these key areas of priority.

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. As of 29th November, we have provided healthcare records to 665 women and have also provided 388 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 following the Government decision of May 2018. 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 and was recently launched. We are very grateful to the three lead patient representatives, who were part of the project team. 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.

We also have Patient Representatives on the HSE Steering Group for screening, Stephen Teap and Lorraine Walsh. I would like to acknowledge the work of Lorraine Walsh who recently stepped down from the HSE Steering Group. Despite her own difficult illness Lorraine has been an invaluable and supportive patient advocate and key in making the changes necessary to sustain cervical screening in this country. The HSE would like to formally thank her and to wish her well in the future.

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. An Oversight Group was established in the HSE with a Senior Manager appointed to support and ensure continued implementation of the Scally report.

At the end of November, a total of 95 actions have been completed by the HSE, from a total of 116 within the overall implementation plan, 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 now been completed and a report setting out a revised approach to risk management across the organisation has been approved by the HSE Board. A review of the HSE's Healthcare Records Management Policy is also due to conclude shortly.

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 their scope and the work continues to be progressed with a target to complete early in 2020. The recommendations of the RCOG aggregate report in relation to interval cancer audit will now be incorporated in this work.

An interim revision of the HSE Open Disclosure Policy was published in June 2019 and the HSE remains committed to ensuring the operation of open disclosure throughout the organisation by continuing to roll out its national training programme through the national open disclosure office. An open disclosure governance steering group chaired by the National Director of Quality Improvement continues to provide the governance and oversight to the operation of open disclosure throughout the HSE. 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. The HSE also continues to work with the medical training bodies in developing an open disclosure and communications skills training programme.

Cervical Check Programme Turnaround Times

Turnaround times for reporting of results are now running at 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 which is one of the key performance indicators for the programme.

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 development of the National Cervical Screening Laboratory was included in our recent HSE Capital Plan. This will enable 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. Additional support has been procured to enable the project to be accelerated as much as possible. The new laboratory is already at the planning stage. 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 retaining and recruiting suitably qualified staff. This challenge cannot be underestimated in our environment.

Hospital Colposcopy Services

Our Hospital 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 hospital colposcopy services that identified some immediate resource requirements. Funding was included in the 2019 National Service Plan and this was rolled out to the clinics to support additional service sessions, to increase capacity and improve waiting times. We continue to work with the Hospital Colposcopy Clinics and a joint working group between the National Women & Infants Programme, Acute Hospitals and Cervical Check has been established to support this process.

The Programme, after a long search, has just appointed a National Colposcopy Advisor. While we have secured support from our hospital colposcopy services on particular projects, this has been a significant gap over the last year.

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 remain committed to implement HPV Primary Screening with the target 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. The implementation project however remains complex, with a number of risks which we continue to actively manage including IT system changes, Laboratory preparedness and to ensure sufficient availability of colposcopy services to address future demand from HPV Primary Screening on colposcopy services.

The introduction of the HPV vaccine for Boys in September 2019 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.

Programme Resourcing

While recruitment and retention of staff remains a challenge for our screening services we have made significant progress. We have completed a review of the organisation design of the National Screening Service and one of the key actions was the appointment of a permanent CEO. The permanent CEO position within NSS has been advertised. We have appointed an Interim CEO for our Screening Services while we recruit a permanent CEO for the service.

In addition, we have appointed a permanent Quality and Risk Manager for screening services and have filled additional new posts in quality and risk management. A Deputy Laboratory coordinator is now in place to strengthen the laboratory capacity in the programme.

We have recently appointed a Cervical Check Programme Manager and the recruitment of a Deputy Cervical Check Programme Manager is at an advanced stage. A Cervical Check Colposcopy Advisor has just been appointed. In addition, we are continuing to progress the recruitment of a Cervical Check Primary Care Advisor and a Cervical Check Colposcopy Nurse, which will further strengthen the clinical input to the programme.

We have also recruited a permanent Director of Public Health for the NSS and continue to make efforts in recruiting Public Health Specialists to support the work of the Director. 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.

Independent International Review

The HSE provided support to the Independent International Expert Panel review 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, implemented a client management system to support the RCOG, coordinating the release of slides and medical records to RCOG, and supported the provision of RCOG individual reports to women. The HSE put a verification process in place to ensure that an anonymised report went to the correct woman for whom the HSE held their name and address. This was an administrative process to ensure that the right report went to the right woman. All women or their next of kin who wished to do so have now received their individual report. Throughout the process of communicating individual reports the HSE's focus has been on ensuring this is done as appropriately and sensitively as possible.

The aggregate report was published following the Government meeting of Tuesday, 3rd December and provided further assurance about the quality of the cervical screening programme. It contained ten recommendations, which are being incorporated into our existing overall implementation plan.

The report's key findings included that there was as expected a high proportion of very early screen detected cancer, which has saved many lives and concluded that the cervical check programme was working effectively.

The review did find for a number of women a discordance with their original cervical check results and RCOG set out the reasons for this in their aggregate report. We are very conscious of how difficult it has been for many women and their families who were part of the review. The HSE will continue to provide meetings where required and an information line for those women and families who were part of the review. We will continue to provide this support for people impacted by the review.

Overall, the conclusion of the RCOG review is another milestone for the programme. It completes a major programme of operational support and provides welcome assurance about screening quality as we continue to stabilise and strengthen our screening services. I want to assure members that the HSE is absolutely focused on ensuring these important public health programmes continue to save lives. All possible resources are being directed at this challenge.

This concludes my opening statement.

Thank you.