Interval Cancer Project

Implementation of recommendations arising from the Interval Cancer Expert Reference Group Reports

Annual Report 2020/2021 Year 1

An tSeirbhís Náisiúnta Scagthástála
National Screening Service

Contents

Message from the National Screening Service Chief Executive	2
Executive Summary	3
Introduction	4
Background	4
Patient and Public Input	4
CervicalCheck Interval Cancer Audit Implementation Group	5
BowelScreen Interval Cancer Implementation Group	7
BreastCheck Interval Cancer Implementation Group	8
Communications Interval Cancer Implementation Group	10
Legal Framework Group	11
Implementation Challenges	12
Conclusion	14
Appendices	15

Message from the National Screening Service Chief Executive

The Expert Reference Groups' Interval Cancer Reports, published just over a year ago, set out a new and comprehensive approach to reviews of interval cancers in people who have been screened by Ireland's breast, bowel and cervical cancer screening programmes. The reports acknowledged that Ireland's screening programmes operate to the best international standards and that they reduce deaths from cancer among people in Ireland. They affirm that world class screening programmes must balance patient trust, staff recruitment and affordability, and that despite best efforts, interval cancers are an inherent feature of any screening programme. They emphasise the need to sustain our vital public health screening programmes.

The National Screening Service (NSS) has committed to implementing the recommendations arising from the reports, in partnership with the people we care for, and our professional screening teams around the country. Over the past year, an implementation structure has been agreed and implementation groups with wide ranging expertise have been established to progress implementation. Implementation groups have been working through the recommendations relevant to their specific area of focus and commencing the design of how they will be implemented.

The content of this report outlines the progress made over the past year and the next steps as we proceed into 2022. Implementation is not straightforward and requires considerable deliberation, input and collaboration. It is crucial that the voice of stakeholders, particularly patients and/or families impacted by interval cancers, continues to be heard.

The NSS is committed to a full disclosure of interval cancer reviews for all participants in screening. Sadly, we cannot say that interval cancers will not happen to other people. Screening detects or prevents most, but not all cancers, and as the reports acknowledge, some screened people will still develop disease. As part of our implementation of the Expert Reference Group Reports on Interval Cancer Review, we have begun the process of designing how we disclose look-back information to patients who develop an interval cancer.

This process includes openness, disclosure, and a willingness to engage properly and appropriately with patients about aspects of their care, however uncomfortable, and to apologise where harm has occurred. We are listening and learning. The patients on our working groups are contributing greatly to the design the disclosure process, and we are engaging with many other stakeholders who wish to talk to us about our work. We are working together to create a truly patient-centred process for disclosing information on interval cancer in a way that minimises the harm felt for everyone.

As chair of the Interval Cancer Steering Group and chief executive of the NSS, I am grateful to those who are contributing to the implementation of the reports' recommendations, including patient advocacy representatives, screening clinicians, international screening experts and research experts, as well as my NSS colleagues.

Fiona Murphy

Chief Executive, National Screening Service

Executive Summary

In October 2020, the HSE welcomed the publication of the Expert Reference Groups (ERG) Interval Cancer Reports. These reports were commissioned as an outcome of the Scally Review into Cervical Screening Services in Ireland (2018). The ERG reports proposed a suite of recommendations across all three cancer screening programmes. An Interval Cancer (IC) project was initiated following the publication of the reports. It encompassed programme-specific implementation groups, and a communications and legal framework groups. The work of all groups is governed by an Interval Cancer Steering Group (see Appendix 1).

A patient and public partnership engagement process is embedded throughout the Interval Cancer Project. The programme-specific implementation groups also work closely with the National Cancer Registry of Ireland /National Screening Service (NCRI/NSS) Data Sharing Strategic Planning Group. This group was established to develop and implement data sharing protocols between both organisations, and ensure efficient and effective delivery of data sharing.

High Level Progress of Groups – Year 1

The CervicalCheck IC Implementation Group has focused largely on the design of patient-requested reviews and disclosure processes. This group will continue to develop a Standard Operating Procedure (SOP) for patient-requested reviews and disclosure processes and identify all resources necessary to support the patient throughout these reviews.

The BowelScreen IC Implementation Group has developed a system for recording post colonoscopy colorectal cancer (PCCRC), and agreed a working definition for a PCCRC in line with international evidence. This group will continue to work closely with NCRI/NSS Data Sharing Group to support the development of an interval cancer rate for PCCRC.

The BreastCheck IC Implementation Group has focused on strengthening existing processes for patient-requested reviews. This progress will continue in tandem with the implementation of a review process framework.

The Communications IC Implementation Group has conducted a three-stage research project to support future communications work to build the public's trust and confidence in the screening programmes. The findings of this research will inform future communications work. This group will work closely with all programmes to strengthen information resources to the eligible public, so it can make an informed choices about screening participation.

The Legal Framework Group continues to appraise the legal, screening, economic and patient perspectives on various elements of the ERG recommendations. Four research projects have been commissioned to provide an evidence base to inform the development of recommendations around the conduct of, and participation in, screening. This will be based on current legal instruments, such that the benefits and limitations of screening are clearly defined and understood in the public, medical, legal and political spheres. An interim report will be developed in early 2022 outlining the position of this group.

Introduction

The purpose of this report is to outline the progress made during the first year of implementing the recommendations arising from the Expert Reference Group Interval Cancer Reports. The report describes the background to the project, progress made and next steps. Included in the appendices are the project governance structure and implementation group membership.

Background

We welcomed the publication of the Expert Reference Groups (ERG) Interval Cancer Reports on the 21st October 2020. Over the past year have been working towards the implementation of the recommendations. These reports were commissioned as part of the Scally Review in 2018. The recommendations of the Expert Reference Groups provide a design for interval cancer review (patient-led and programmatic review) which supports quality assurance within each programme, and which is in line with international best practice for cancer screening programmes.

We have established an Interval Cancer Implementation Project Team with a clear governance structure (see Appendix 1) to plan and develop the methodologies, standard operating procedures, and resources required for the implementation of these recommendations.

The implementation structure comprises an interval cancer implementation group for CervicalCheck, BreastCheck and BowelScreen respectively, a Legal Framework group, and a Communications group. An overarching steering group has been assembled to provide assurance to the NSS Quality, Safety and Risk Management (QSRM) committee and HSE on the timely implementation of the recommendations of the Expert Reference Groups' Interval Cancer Reports.

Membership of these groups is diverse and includes representation from patient and public advocacy groups, primary care, cancer screening experts, public health, legal experts, communication specialists, medical ethics and health economics (see Appendix 2).

All groups have agreed terms of reference for their work and have developed project implementation plans detailing actions, activities and timelines. The project is in the design phase and is within planned scope, timelines, resources and funding.

Patient and Public Input

Patient and public input and guidance is embedded in the process of implementing the ERG recommendations. Each implementation group has representation from patient/public advocates so that the needs of screening programme participants are considered during design and implementation. We are also engaging directly with those who have been impacted by an interval cancer. Additionally, an interval cancer patient/public representative advisory forum has been formed. This is a free discussion forum to garner valuable feedback on particular elements of the Interval Cancer project.

CervicalCheck Interval Cancer Audit Implementation Group

The CervicalCheck Interval Cancer Audit Implementation Group was established in December 2020 and is chaired by Dr Nóirín Russell – Clinical Director of CervicalCheck. Membership of this group comprises CervicalCheck clinical and administration personnel, representation from colposcopy, cyto-histopathology, the Faculty of Pathology, health ethics, patient and public advocacy, primary care and gynae-oncology. This group is working towards the implementation of the following ERG recommendations:

- Development of patient-requested review and disclosure processes
- Developing processes for blinded and anonymised programmatic review of cytology of all invasive cervical cancers for the purpose of professional education and quality assurance
- Developing a new KPI, the interval cancer rate

This group also collaborates with the Communication IC Implementation Group to support the implementation of the following ERG recommendations:

- To continue to strengthen participant information to help them make an informed choice to consent to participate in screening
- To build understanding and trust in screening programmes, and help the public understand the benefits and boundaries of screening

Four subgroups have been formed to further develop:

1. A SOP for patient-requested review and disclosure processes
2. Resourcing of reviews and disclosure processes
3. Patient information and supports
4. Programmatic review

Patient-requested reviews

Consensus has been reached on the following components of patient-requested reviews:

- All histologically confirmed cancers where a woman has had a screening test within the last 10 years should be eligible for a patient-requested review.
- All patient-requested reviews should extend back 10 years from time of diagnosis of cancer.
- When a patient requests a review, the review will include call-recall (administrative side of the programme), cytology and colposcopy.
- The Welsh categorisation of interval cancer review findings will be adopted which will then be used to inform disclosure meeting. These include:
    - No change on review
    - Issues identified but no delay in diagnosis and management
    - Issues identified which would have affected management

Central disclosure teams

- It has been agreed that it would be appropriate for disclosures to be managed and conducted by a centralised, highly-trained disclosure team

Boundaries of the clinical governance of the programme

- Clinical governance of primary care lies with the individual practitioner and does not lie with the programme, and hence is not a part of an interval cancer review.

Programmatic audit

The design of retrospective programmatic audit for the purpose of professional education and learning will be done in line with the findings of the Legal Framework Subgroup, which is considering this matter. The CervicalCheck Implementation Group is engaging with programme cytology laboratories (past and present) to determine how cytology reviews for this process can be provided. This work will also consider the outcome of potential research into the feasibility of anonymisation of screening data.

Interval cancer rate

The group is collaborating with the NCRI/NSS Data Sharing Strategic Planning Group to design a methodology process of calculating an interval cancer rate. This will be used as a performance indicator for the programme.

A review team has been established to assess the eligibility of requests for reviews received to date by the NSS. This group comprises NSS clinical and administration personnel. Work is ongoing to develop consent resources necessary to capture information to assess eligibility into the review process.

Next steps

1. Receive input from patient advocates in relation to the disclosure process for patient requested reviews.
2. Continue the development of an SOP for patient-requested review and disclosure processes.
3. Determine the resources (e.g. staffing, technology) required for the delivery of patient requested reviews.
4. Develop resource materials necessary for patient-requested reviews and disclosure processes (with input from patient representatives).
5. Consideration of retrospective programmatic audit for the purpose of professional education and learning will commence in line with legal group consideration of this matter.
6. Continue collaboration with NCRI in relation to the development of an interval cancer rate.

BowelScreen Interval Cancer Implementation Group

This group was established in December 2020 and is chaired by Professor Pádraic Mac Mathuna. The group comprises BowelScreen clinical and administrative personnel alongside clinical colleagues from the wider endoscopy community.

The group is working towards the implementation of the recommendations arising from the BowelScreen ERG Report, which are:

- Agree a definition of a post colonoscopy colorectal cancer (PCCRC)
- Support the NCRI/NSS Data Sharing Strategic Planning Group with any required information in the development of processes to calculate the interval cancer rate.
- Collaborate with Communications Implementation Group to develop patient information to enable informed choice and consent.

Progress made by this group since establishment includes:

- A working definition of a post-colonoscopy colorectal cancer (PCCRC) has been agreed based on international evidence
- Amendment completed to COR BowelScreen IT system to ensure it aligns to agreed working definition of a PCCRC
- Development of a draft template for recording PCCRCs from non-NCRI sources completed. This draft template is being reviewed by appropriate NSS clinical and management structures and is expected to be ratified by December 2021.
- Completion of piloting the revised colonoscopy consent form in local endoscopy units. The form has been reviewed by NSS communications team and is NALA approved and is now in the final stages of ratification by the relevant NSS clinical and management structures.
- Continued collaboration and engagement with the Communications subgroup to develop patient information to enable informed choice and consent
- Ongoing clinical support provided to NCRI/NSS Data Sharing Strategic Planning Group in their development of processes to calculate the interval cancer rate. The main outcome of this work to date was the development of the minimum dataset required for data sharing.

Next steps

1. Continue collaboration with NCRI to develop the PCCRC interval cancer rate.
2. Implement the colonoscopy consent form across BowelScreen endoscopy units.
3. Continue collaboration with Communications Implementation Group in relation to the development of communications material and resources.

BreastCheck Interval Cancer Implementation Group

This group was established in February 2021 and is chaired by Dr Niall Sheehy – consultant radiologist. Membership of this group comprises BreastCheck clinical and administration staff, NSS staff, patient advocates and external symptomatic clinicians. The key deliverables associated with the BreastCheck Implementation Group are:

- Strengthening the established patient-requested review and associated disclosure processes.
- Collaborating with the NCRI in relation to the timely validation of interval cancers and the calculation of an updated interval cancer rate
- Determining the feasibility of blinded, anonymised radiological assessment of all interval cancers for educational purposes.

A review process framework is being finalised by this group and the key elements of this work include:

- Strengthening existing processes for patient-requested review:

The group has proposed that women who develop an interval cancer within two years of their last normal screening mammogram will be eligible for a review of their screening mammograms. It has been agreed that a BreastCheck Liaison Service will be established to manage and coordinate the review of interval cancers.

- Programmatic reviews
- Identification of resources required, these include the funding of BreastCheck Liaison Sservice and identified education and training
- Collaboration with the NSS/NCRI Data Sharing Group as required building on the existing data sharing processes and development of a formulised protocol.

To support the above work, three subgroups were formed with a focus on the review process, recruitment to the review process, and communication with patients and medical staff regarding the review process.

A key challenge for the timely implementation of patient-requested reviews will be the availability of appropriately trained radiology healthcare professionals while also delivering the BreastCheck screening service in an environment where there is a paucity of radiology professionals.

Historic educational exercise datasheets

The NSS has also made progress with one of the immediate recommendations from the BreastCheck report. The ERG examined the issue of historic educational exercise datasheets. These were records, separate to the healthcare records, which were maintained for the purposes of international accreditation. The ERG concluded that there is no basis to use these records beyond the purpose for which they were gathered and recommended that the NSS should review the implementation of the HSE record retention policy in the context of GDPR. The NSS noted that datasheets had been retained for longer than is necessary and beyond the purpose for which they were obtained, therefore were not GDPR compliant. The HSE Board considered this issue in July 2021 and agreed to the notification of these datasheets, communication of an access process and the subsequent disposal of records outside the GDPR compliant period. Information to this effect has been posted on the BreastCheck website to notify women of this issue.

Next steps

1. Finalise and implement the refined SOP for patient-requested review and disclosure processes
2. Establishment of the BreastCheck Liaison Service
3. Determining the feasibility of technology for blinded, anonymised radiological assessment of all interval cancers for educational purposes commence in line with legal group consideration of this matter
4. Continue collaboration with NCRI in relation to the calculation of an updated interval cancer rate

Communications Interval Cancer Implementation Group

This group was established in December 2020 and is chaired by Brenda Ryan (Head of NSS Client Services). This diverse group comprises representatives from all four national screening programmes, NSS Communications, NSS Clients Services, HSE Communications & Campaigns, public and patient advocates, GP and legal representatives.

The primary focus of this group is the implementation of the following ERG report recommendations common to all three cancer screening programmes:

1. The provision of information to participants to help them make an informed choice to consent to participate in screening
2. The necessity to build and promote understanding of and trust in screening programmes

Three subgroups were formed to progress particular workstreams: the Stakeholder Engagement, Research, and Communications Legal subgroups.

The Stakeholder Engagement group commissioned quantitative and qualitative research to identify and explore peoples' perceptions of screening services in Ireland and what drives and inhibits them from attending screening. The outcome of this research will inform, support and validate future communications work. The research has three stages; stages One and Two has been completed:

- Stage One: 1:1 interviews with healthcare professionals are completed and a report on the themes which emerged from the interviews was developed.
- Stage Two: a large-scale omnibus questionnaire targeting 2,000 service users across all screening programmes. Findings of the questionnaire have been analysed and reported. These findings will be amalgamated with the Kantar research conducted on the BowelScreen and BreastCheck screening programmes on behalf of NSS and the Irish Cancer Society.
- Stage Three: 15 focus groups to qualitatively explore a deeper understanding of the questionnaire findings.

The Communications Legal subgroup has mapped out and reviewed the consent processes of each of the screening programmes. Development of decision-making aids to support the consent process is ongoing.

The Research subgroup supported the design of the omnibus questionnaire content and the exploration of the feasibility of an NSS Central Information Hub. This group was responsible for recording and compiling the ongoing work to build trust and confidence with NSS Communications, and the wider NSS.

Next steps

1. Carry out part three of the quantitative and qualitative research which involves conducting focus groups explore a deeper understanding of the questionnaire findings.
2. Carry out research to explore applying behavioural insights to screening services in Ireland, and in particular, how behavioural science might be used to help inform the design of communication materials.
3. Development of communication materials for interval cancer reviews as well as decision-making and consent tools.
4. Develop infographics to demonstrate the benefits of population screening programmes

Legal Framework Group

The Legal Framework Group was established in March 2021 and is chaired by Professor David Keegan (Clinical Director, Diabetic RetinaScreen programme). Membership of this group is broad, including representation from the Department of Health (DOH), legal experts, health ethics, health economics, Public Health, NSS clinical directors, patient advocacy and the NCCP. The group is working to develop clear recommendations around the conduct and participation in screening, based on current legal instruments such that the public, medical, legal and political interpretation of screening (positives and limitations) are clearly defined and understood.

Four research projects have been commissioned by this group to provide an evidence base to inform the development of these recommendations. These research projects include:

1. Estimates for efficacy and likely impact of the national cancer screening programmes
2. Exploration of the ethical perspective around screening and its impact on the population
3. Exploration of legal benchmarking of international cancer screening programmes
4. The impact of litigation on the cost effectiveness of CervicalCheck

This group have comprehensively appraised the following:

- the legal, screening and patient/public perspectives on elements of screening including patient-requested reviews, informational resources, disclosure processes, programmatic reviews, interval cancer rates, resourcing, stakeholder engagement and GDPR
- Risks associated with screening
- Benefits of data retention for screening programmes

An interval cancer patient/public representative advisory forum has been formed. This is a free discussion forum to garner valuable feedback on particular elements of the work of the Legal Framework Group. Feedback is also incorporated into programme-specific implementation groups.

A subject matter expert has presented on data security and anonymising digitised screening data for use in prospective programmatic reviews. The group is considering a potential new research project (including data security experts and legal experts) to explore the feasibility and functionality of this concept further.

A subgroup including legal and DOH representative has been established to examine the role of screening in the Patient Safety Bill 2019.

Next steps

1. Consider research into potential technology available for programmatic reviews
2. Continue to consider the patient, clinical, legal, economic perspectives on elements of the ERG recommendations (information needed to consent, patient requested reviews, programmatic reviews, interval cancer rate, stakeholder engagement, resourcing)
3. Complete commissioned research
4. Develop recommendations in relation to the legal environment in which screening operates.

Implementation Challenges

While working towards achieving the recommendations outlined in the ERG reports, the implementation groups are meeting certain challenges. The challenges arising vary depending on the area of focus, however, they can be summarised as follows:

Review process

A key challenge for the timely and successful implementation of reviews will be the availability of appropriately trained healthcare professionals while also delivering the core elements of the national screening service.

An additional challenge is the willingness of relevant professionals to be involved in the review process in the context of the current legal environment.

The implementation groups continue to be cognisant that the implementation of reviews should not jeopardise the overall cost-effectiveness of screening programme, as outlined in the ERG recommendations.

It is unclear to date whether it will be feasible to anonymise and blind cytology slides/mammograms for programmatic audit. Furthermore, current legislation does not as yet provide protection for programmatic audit of interval cancer. In the absence of both appropriate technology and protective legislation, there is concern that the educational value of programmatic review may be lost.

Given the complexity involved in the design and implementation of the review processes, the implementation groups acknowledge the time and resource implications required to ensure all stakeholders collaborate to implement the recommendations successfully.

Communication

A key challenge for the communication group is achieving an understanding of the limitations of screening on an individual basis, whilst matching this with an appreciation of the value that screening can provide for a population.

This complex work is made more so by the misinformation that continues to exist around screening. We know that such inaccuracies can increase the stress on individuals and can disincentivise people from availing of these important services.

We are mindful that screening in Ireland is a complex and often an emotional subject. It is incumbent on us in fulfilling the ERG communications tasks that we engage fully with all our stakeholders and review not only our communications but also our communications processes. Through this review process we are developing ways to aid the public's understanding of screening, with the aim of building a partnership between our participants and the screening services.

It is taking time to build this trusted environment. We are involving citizens; undertaking education and communication sessions; listening in order to gain knowledge and understanding; co-creating communications materials; and embedding a culture of trustworthy actions by reflecting on and integrating feedback. We are grateful to all our stakeholders who have given over their valuable time for this work, which will continue in 2022.

Legal cases

Screening programmes operate within agreed parameters of sensitivity and specificity. As such it is both expected and accepted that interval cancers will be arise within the programme. This is in line with international operating standards and expectations of all screening programmes. Increasing the sensitivity to detect all (or nearly all) cancers would expose asymptomatic participants to harm associated with unnecessary investigation over treatment. Despite the known limitations of screening, Ireland has seen a growth in legal cases arising from participation in cancer screening programmes.

The implementation groups are acutely aware of the emotional burden and impact of legal cases on the patient and medical practitioner, and mindful of this in their design of an efficient review process whilst endeavouring to minimise the potential damage to these stakeholders. The existing legislative environment in which screening operates is being considered with a view to making recommendations for improved processes.

Conclusion

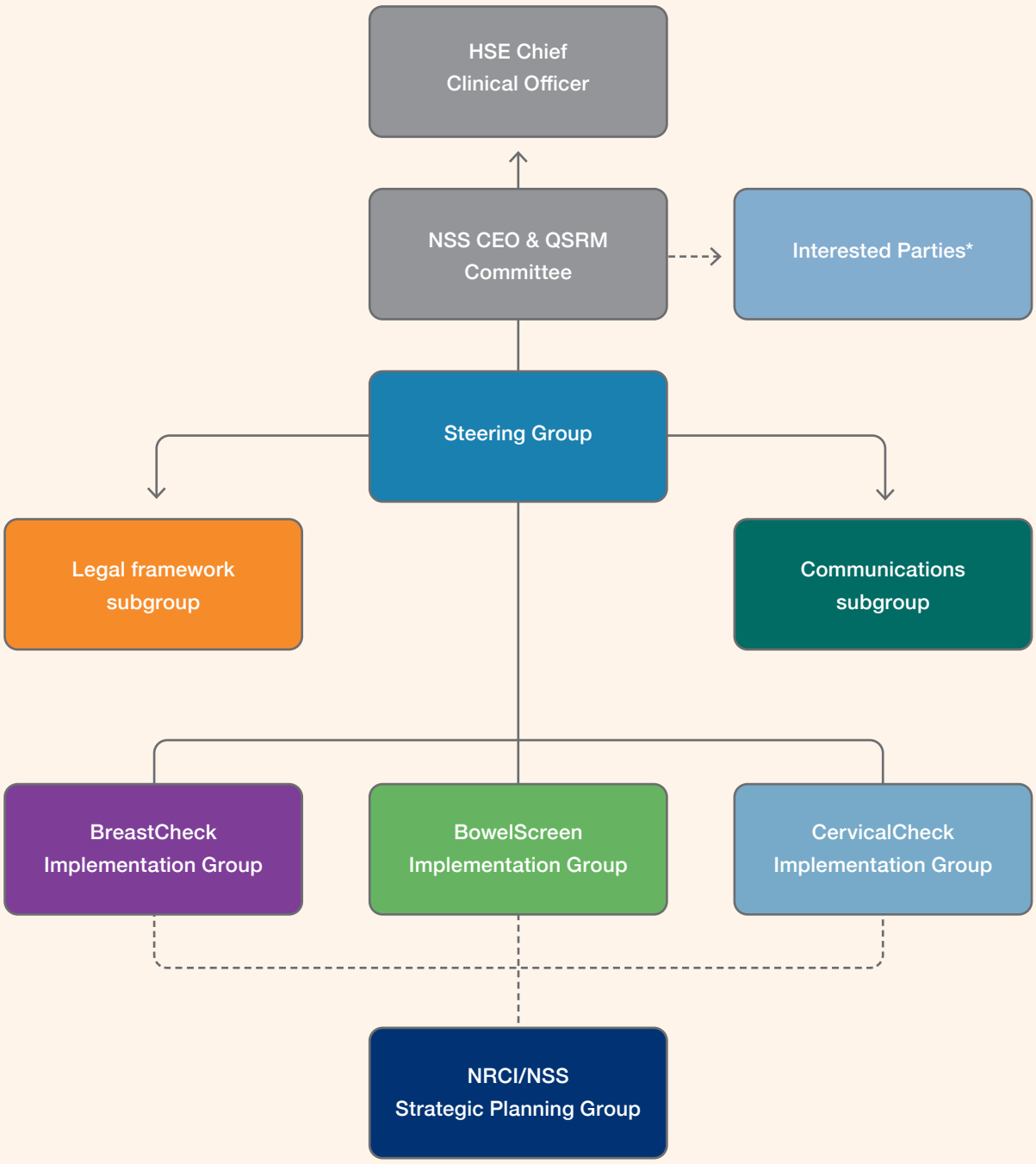
The first year of the Interval Cancer project brought together experts from screening services, symptomatic services, healthcare policy, ethics, communications, the legal profession and patient/public advocates to commence planning, design and implementation. This report outlines the significant work accomplished by all implementation groups to establish and initiate implementation. We look forward to Year 2 of this project, during which ongoing collaboration with the NCRI/NSS Data Sharing Group will continue to develop an interval cancer rate for both the cervical and bowel screening programmes. This will follow the calculation of an updated interval cancer rate for breast screening. We will continue our design and completion of patient-requested reviews and disclosure processes.

We are cognisant of the challenges to the successful implementation of recommendations. We appreciate the complexities in developing technologies to blind and anonymise programmatic audit and that the issue of legislation for protection of the confidentiality of programmatic audit may require more public debate. We are also mindful of the conduct of patient-requested reviews may potentially compromise the retention of professional staff and costs of providing the programmes. We will take the lead from the ensuing report by the Legal Framework Group on their evidenced-based recommendations to harmonise the legal and screening environment to ensure sustainability of screening in Ireland.

Notwithstanding these challenges, we look forward to moving into Year 2 and will continue to be committed to the implementation of ERG recommendations. We thank the project group for their dedicated commitment to this project and to all stakeholders who have supported this work throughout its first year.

APPENDICES

Appendix 1: Implementation Governance Structure



* Interested parties include but are not limited to patient advocacy groups, HSE Quality Assurance and Verification, HSE Quality Improvement Division, HSE/Screening staff, Department of Health, Professional bodies, State Claims Agency.

Appendix 2: Membership

Interval Cancer Steering Group

Chairperson	Ms Fiona Murphy
Head of Quality, Safety and Risk, NSS	Ms Colette Brett
Public Advocate	Mr Donal Buggy
Consultant Obstetrician/Gynaecologist	Prof Tom D'Arcy
Consultant Epidemiologist / Director of the Programme Evaluation Unit, NSS	Prof Patricia Fitzpatrick
BreastCheck Clinical Director	Prof Fidelma Flanagan
Public Health/ Lead Report Writer ERG Reports	Prof Orla Healy
National Surgical Oncology Programme Clinical Advisor to the NCCP	Prof Arnold Hill
Diabetic Retinopathy Screening Clinical Director/ Chair of Legal Framework Group	Prof David Keegan
NSS Director of Public Health	Dr Caroline Mason Mohan
Patient Representative	Ms Marie Meaney
BowelScreen Clinical Director/Chair of BowelScreen Interval Cancer Implementation Group	Prof Pádraic Mac Mathuna
Clinical Director – National Office of Clinical Audit	Mr Kenneth Mealy
CervicalCheck Clinical Director/Chair of CervicalCheck Interval Cancer Audit Implementation Group	Dr Nóirín Russell
Chair of the Cervical/Bowel Expert Reference Group	Prof Susan O'Reilly
Chair of the Communications Interval Cancer Implementation Group	Ms Brenda Ryan
Chair of the BreastCheck Interval Cancer Implementation Group	Dr Niall Sheehy

Cervicalcheck Interval Cancer Audit Implementation Group

Chairperson of CervicalCheck Interval Cancer Audit Implementation Group / Clinical Director - CervicalCheck, NSS	Dr Nóirín Russell
Consultant Gynae-oncologist Galway	Dr Katharine Astbury
Patient Representative	Ms Moira Dillon
Public Advocate	Ms Brigid Doherty
Primary Care Representative	Dr Sarah Fitzgibbon
Colposcopist	Dr Myra Fitzpatrick
Nurse Colposcopist	Ms Claire Fry
CervicalCheck Programme Manager, NSS	Ms Gráinne Gleeson
Faculty of Pathology RCPI	Prof Conor O'Keane
Head of Programme Evaluation Unit	Dr Thérèse Mooney
Gynaecologist and Colposcopist / Chair of Institute of Obstetricians and Gynaecologists	Dr Cliona Murphy
CervicalCheck Clinical Laboratory Advisor, NSS	Dr Dave Nuttall
Consultant Histo/Cytopathologist	Prof John O' Leary
Colposcopy Clinical Advisor	Dr John Price
General Practice Nurse Representative	Ms Gillian Redmond
Health Ethicist, RCSI	Prof David Smith
Health Economist	Dr Brian Turner
CervicalCheck Coordination Executive Officer, NSS	Ms Maeve Waldron
CervicalCheck Quality Support, NSS	Ms Fiona Wright

Bowelscreen Interval Cancer Implementation Group

Chairperson of BowelScreen Interval Cancer Implementation Group / Clinical Director - BowelScreen, NSS	Prof Pádraic Mac Mathuna
BowelScreen Programme Manager, NSS	Ms Hilary Coffey Farrell
Gastroenterology ANP	Ms Ann Cooney
BowelScreen Clinical Coordinator, NSS	Ms Lisa Heffernan
Quality Assurance Coordinator, NSS	Ms Niamh McNamara
Head of Programme Evaluation Unit	Dr Thérèse Mooney
Patient representative	Mr Tom O'Keeffe
Consultant Surgeon	Prof Micheal O'Riordain
BowelScreen Deputy Programme Manager	Ms Mary Sheedy
Endoscopist Representative	Dr Gupta Subhasish Sengupta

Breastcheck Interval Cancer Implementation Group

Chairperson of BreastCheck Interval Cancer Implementation Group / Consultant Radiologist	Dr Niall Sheehy
Project Sponsor/ National Clinical Director - BreastCheck	Prof Fidelma Flanagan
Clinical Director – BreastCheck Southern Unit	Dr Alissa Connors
Clinical Director – BreastCheck Western Unit	Dr Aideen Larke
BreastCheck Programme Manager	Ms Suzanne Lynch
Consultant Surgeon	Prof Malcolm Kell
BreastCheck Nurse	Ms Ruth Conboy
BreastCheck Project Secretariat	Dr Maeve Mullooly
Patient Representative	Ms Adele McGrane
Director - NSS Programme Evaluation Unit	Prof Patricia Fitzpatrick
Head - NSS Programme Evaluation Unit	Dr Thérèse Mooney
Chair – Communications Interval Cancer Implementation Group	Ms Brenda Ryan
Consultant Radiologist	Dr Rosalind Given-Wilson
Symptomatic Services Surgeon	Prof Arnold Hill
Symptomatic Consultant Radiologist	Dr Sylvia O'Keeffe
Symptomatic Services Breast care Nurse	Ms Yvonne Hanshauser

Communication Interval Cancer Implementation Group

Chairperson of Communications Interval Cancer Implementation Group / Head of Client Services, NSS	Ms Brenda Ryan
Project Support	Emma Homan
Complaints and Compliance Officer, NSS	Ms Susie Black
GP Advisor	Dr Catherine Clifford
Head of CervicalCheck Training and Education Unit, NSS	Ms Rachael Comer
Practice Nurse Representative	Ms Anne Marie Ellwood
Cancer Researcher and Science Writer	Dr David Robert Grimes
Patient Representative	Ms Mary Hewson
Deputy Programme Manager - Diabetic Retinopathy Screening , NSS	Ms Helen Kavanagh
Legal Representation	Ms Marie Kinsella
Public Advocate	Ms Laura Larkin
Legal Representation	Mr Philip Lee
BreastCheck Programme Manager, NSS	Ms Suzanne Lynch
Programmes and Campaigns Manager, HSE	Ms Aoibheann Ní Shúilleabháin
Communications Manager, NSS	Ms Fiona Ness
Nurse Colposcopist Representative	Ms Anne Redmond
Quality, Safety and Risk Coordinator, NSS	Ms Nishita Sawant
NSS Public Health Consultant	Dr Alan Smith
BowelScreen Representative, NSS	Ms Caroline Walsh

Legal Framework Group

Chairperson of Legal Framework Group / Clinical Director of DiabeticRetinaScreen	Prof David Keegan
Head of NSS Quality, Safety and Risk	Ms Colette Brett
Health Ethicist Director of Clinical Ethics Ireland	Dr Louise Campbell
Legal Academic Representative	Prof Mary Donnelly
BreastCheck Clinical Director (incoming)	Prof Fidelma Flanagan
National Clinical Lead for Patient Safety / Consultant in Public Health Medicine	Prof Orla Healy
Legal Representation	Ms Marie Kinsella
Health Economist (UCC)	Dr Ann Kirby
Public Advocate	Ms Shampa Lahiri
Legal Representation	Mr Philip Lee
BowelScreen Clinical Director	Prof Pádraic Mac Mathuna
BreastCheck Clinical Director – Merrion Unit	Dr Sorcha McNally
Department of Health representative	Ms Kate O'Flaherty
Faculty of Pathology	Prof Conor O' Keane
ERG Report Expertise – Clinical Audit of Interval Cancer in the Screened Population / National Director of NCCP	Prof Risteárd Ó Laoide
CervicalCheck Clinical Director	Dr Nóirín Russell
NSS Public Health Consultant	Dr Alan Smith

Project Team

Project Sponsor / Head of Strategy, Business and Projects	Ms Grace Turner
Senior Project Manager - Strategy, Business and Projects	Ms Antoinette Morley

NSS/PUB/PM-3 Rev1

An tSeirbhís Náisiúnta Scagthástála
National Screening Service