



**IMO Submission on the Review of the Operation
of Cuts under the Financial Emergency Measures
in the Public Interest Act 2009**

as covered by

**S.I. No. 510/2010 — Health Professionals (Reduction
of Payments in respect of Services under the National
Cervical Screening Programme) Regulations 2010.**

4 January 2013

Irish Medical Organisation Submission

The Minister for Health is conducting a review of the operation, effectiveness and impact of the amount and rate fixed by Under S.I. No. 510/2010 — *Health Professionals (Reduction of Payments in respect of Services under the National Cervical Screening Programme) Regulations 2010*.

The Minister for Health signed revised payments under the Health Professionals (Reduction of Payments in respect of Services under the National Cervical Screening Programme) Regulations 2010. on the 23rd of December 2011. The IMO made extensive submissions both written and oral as part of this process and all of the arguments advanced in that process are still relevant and apply. This also applies for all previous submissions on this subject under this process. It is worth revisiting the submissions made to update on the full extent of the arguments. For the purposes of clarity the IMO wish to restate the case that has been previously made.

Background

Cervical cancer screening provides an opportunity to detect and treat precancerous lesions, thus preventing the progression to invasive cancer. It is possible to greatly reduce and impact upon the number of women that die on an annual basis from cervical cancer. With an organised, quality assured screening Programme, reduced incidence and mortality are significantly more achievable. Statistics support that cervical screening is internationally regarded as the single most effective method of reducing a woman's risk of developing cervical cancer.

The IMO reached an agreement with the National Cancer Screening Service (NCSS) in July 2008 on a contract for General Practitioners to participate in the nationwide rollout of a National Cervical Screening Programme. The Fees for participation in this service were imposed by the National Cancer Screening Service [NCSS]. Despite previous requests the IMO has never been provided with sight of the economic analysis which formed the basis for the fees set by the NCSS.

General Practitioners and their staff undertake a variety of clinical and administrative roles as part of the process of screening for cervical cancer such as the recruitment of vulnerable patient cohorts, pre-screening assessment, management of patient concerns or abnormal presentations during screening, clinical management and communications with patients regarding issues or abnormalities arising from screening, and record management and maintenance.

Under the Programme, all women aged 25 to 60 resident in Ireland are eligible to avail of a free smear test (sometimes called a 'pap test'). The Programme provides free cervical screening (smear tests) within this age group and it is operated in line with international best practice. The Programme is funded by the Department of Health and Children.

A national register of eligible women between the ages of 25 and 60 is maintained through up-to-date information received from the Department of Social Protection. An invitation by post to women on this list who have never had a free smear test is sent by CervicalCheck, while women who have already had a smear test will be sent a letter to let them know when their next smear test is due.

Once registered with the Programme, women will be invited by the NCSS to attend for free smear tests every 3 to 5 years depending on age.

Impact of Fee Reductions

Under S.I. No. 510/2010 — *Health Professionals (Reduction of Payments in respect of Services under the National Cervical Screening Programme) Regulations 2010* the payment was set at **€49.10**.

The IMO is highly critical of the impact of the unilateral reductions in payment and strongly objects to any proposal to reduce fees for these vital programmes for the following key reasons: -

1. The National Cancer Screening Service (NCSS) is a critical element of the country's health promotion activities and plays a recognised, statistically verifiable role in increasing detection of cancer in patients and contributing to the prevention of illness and overall increase in health and safety of the female population. The work provided by the National Cervical Screening Programme is vital and contributes directly to early detection and treatment of pre-cancerous changes. If detected on a smear test, such changes can be treated by either using heat, cold or laser therapy to destroy the affected tissue. The outcome for early cancer detection, confined to the cervix, is very good. Depending on the site and spread, a cone biopsy may remove all the diseased tissue or a hysterectomy may be required. The five year survival rate is up to 80% in early cancers but is not as good in cancers detected at a later stage.

According to the CervicalCheck Programme Report, providing screening statistics for the third year of the programme's operation (1 September 2010 to 31 August 2011):

- Cervical Check provided over 338,670 free smear tests.
 - Over 84 per cent of satisfactory smear test results in the period were negative or normal. 13.9 per cent showed low grade abnormalities. 1.7 per cent showed high grade abnormalities.
 - Pre-cancerous abnormalities were detected in 8,091 women.
 - Over 6,930 treatments to women were performed at colposcopy and 104 women were diagnosed with cervical cancer.
2. The participation of General Practitioners has been critical to the success of the State's National Cancer Screening programmes not least because of the high level of public trust which exists with General Practice, the comprehensive, trusted distribution system offered by the network of participating General Practitioners and the level of knowledge and access which General Practitioners have in relation to female patients and vice-versa.
 3. It has taken significant time to build public trust in the National Cervical Screening Programme. Figures from the World Health Organisation ('WHO') show that Ireland's mortality rate with regard to cervical cancer is higher than the EU average. On average, 73 women in the Republic of Ireland die from cervical cancer on an annual basis. Over 60% of the eligible population were screened in the first 3 years of the programme with an aim to increase this to 80% by the end of 2014. This is a significant challenge and women, particularly those over 50 years of age, must be encouraged to attend for screening. It is absolutely essential that there is no interference in either the provision of service or the fees payable for the distribution of an effective service by General Practitioners to ensure that early detection statistics continue to rise and that Ireland can reduce the mortality rate in the female population.
 4. Cervical Cancer is at its greatest level in deprivation areas; both rural and urban. In the context of the existing system of healthcare funding in Ireland, that lacks sophistication and taking no cognisance of the burden of co-morbidities, a blanket reduction in fees for cervical

smears will yet again hit the population of patients with most need. This is no different to other medical conditions. In regard to cervical smear screening where the administrative burden of trying to get patients to attend for initial smears and repeat smears is more onerous the reduction of fees will yet again lead to reductions in the resources available to chase such defaulters. Patients will have delayed diagnoses and as result we are being penny wise and pound foolish. This is of course of limited importance compared to the social costs of delayed diagnoses to any person/family.

5. The continued refusal of the Department of Health, by not applying a weighting of General Practice fees/resources in deprivation areas, is negligent and discriminatory. Such a weighting recognises the higher workload implications in such areas and has been used in the past by the Department of Health in the provision of psychiatric Personnel and in the application of a points system for the provision of extra primary care personnel and a ranking of Primary Care Centres in such areas. The application of such weighted provision is the norm in sophisticated Health Care services in both the UK and Holland. It is of concern such sophistication continues outside the abilities of our health care service.
6. With regard to the fees payable to General Practitioners for participation in National Cervical Screening programme, these cannot be judged in isolation as they form part of the broader State payments system for General Practitioners which has always depended on an element of cross-subsidisation to maintain a sustainable General Practice infrastructure. In a survey conducted by the IMO with regard to the introduction of cuts to the fees of General Practice, 92.9% indicated that further fee reductions will put the viability of their practice under threat.
7. Given the significant cuts in income from the State already experienced by General Practitioners through three rounds of fee cuts, together with the falling number of private patients, individual General Practitioners have made it very clear that a cessation in participation in the programmes should fees be reduced from current levels is a very real possibility, with the knock on effect threatening the continued success of the programmes.
8. Any attempt to cut fees for this service would be against the terms of the Public Services Agreement 2010 – 2014 (the '*Croke Park Agreement*') which states in *Section 1.15* that: -

“...there will be **no further reductions** in the pay rates of serving public servants for the lifetime of this Agreement.”

Conclusion

In Ireland approximately 200 women are diagnosed with cervical cancer annually with, on average, 73 fatal cases. It is the second most common form of female cancer in Europe. Until the introduction of the Programme, cases were increasing at the rate of approximately 1.5% annually. In order to contribute to the continued reduction in annual fatalities from cervical cancer, it is vital that a well-resourced system is in place. According to CervicalCheck, over time a successful national, quality-assured cervical screening programme has the potential to significantly reduce the incidence of and mortality from cervical cancer by as much as 80 per cent in the screened population. Given the importance of this Programme and the verifiable practical benefits to the female population of Ireland through the early detection of cervical cancer, the IMO calls on the Minister to review the continued negative effects of the reduction in fees and to restore them to their former level that the Irish health service can continue to contribute to the reduction in fatal cancer cases and that General Practitioners are fully resourced to provide, diagnosis, treatment and support to those affected.