

REGIONAL HEALTH FORUM - DUBLIN NORTH EAST

FÓRAM RÉIGIÚNACH SLÁINTE - BAILE ÁTHA CLIATH AGUS AN TOIRTHUAISCEART

MINUTES OF MEETING HELD ON MONDAY, 28TH JULY, 2025 AT 2:00PM

IN THE BOARDROOM, HSE OFFICES, BECTIVE STREET, KELLS, CO. MEATH
& VIA MICROSOFT TEAMS

Members Present (*in person*)

Cllr. Pádraig Coffey
Cllr. Paul O'Rourke

Cllr. Kieran Dennison

Cllr. Michelle Hall

Members Present (*online*)

Cllr. John Paul Feeley
Cllr. Mary McCamley
Cllr. Tom O'Leary
Cllr. Supriya Singh

Cllr. Deirdre Heney
Cllr. Shane McGuinness
Cllr. Caroline O'Reilly
Cllr. Áine Smith

Cllr. Tom Kitt
Cllr. Cat O'Driscoll
Cllr. Eijiro O'Hare Stratton
Cllr. Trevor Smith

Apologies

Cllr. Christy Burke
Cllr. Edel Moran

Cllr. Donna Cooney
Cllr. John Stephens

Cllr. Fiona Mhic Conchoille

Not in attendance

Cllr. Eimear Carbone-Mangan
Cllr. Alan Johnston
Cllr. Gayle Ralph

Cllr. Séamus Coyle
Cllr. Alan Lawes
Cllr. Conor Reddy

Cllr. Yvonne Everard
Cllr. Bronagh McAree
Cllr. Aoibhinn Tormey

HSE Representatives Present (*in person*)

Rosaleen Harlin, Regional Director of Communications & Public Affairs, HSE Dublin and North East
Katherine Kellett, Regional Health Office – HSE DNE
Lorraine Timmons, Regional Health Office – HSE DNE

HSE Representatives Present (*online*)

Fiona Murphy, Chief Executive, National Screening Service
Mellany McLoone, IHA Manager, Dublin North City & West
Mary Rose Smith, Local Primary Care Manager - Cavan

Cllr. Kieran Dennison chaired the meeting.

1. Election of Chairperson

Cllr. Kieran Dennison, Chairperson, sought nominations for the position of Chairperson of the Forum.

Cllr. Kieran Dennison was nominated for the position on the proposal of Cllr. Deirdre Heney and seconded by Cllr. Mary McCamley.

As there were no other nominations for the position of Chairperson, Cllr. Dennison was declared elected as Chairperson.

2. Election of Vice Chairperson

Cllr. Kieran Dennison, Chairperson, sought nominations for the position of Vice Chairperson of the Forum.

Cllr. John Paul Feeley was nominated for the position on the proposal of Cllr. Kieran Dennison and seconded by Cllr. Deirdre Heney.

As there were no other nominations for the position of Vice Chairperson, Cllr. Feeley was declared elected as Vice Chairperson.

3. Adoption of minutes of meeting held on Monday, 26th May, 2025

The minutes of the meeting held on Monday, 26th May, 2025 were adopted by the Forum on the proposal of Cllr. Mary McCamley and seconded by Cllr. Pdraig Coffey.

4. Health Service Executive Updates

Ms. Rosaleen Harlin, Regional Director of Communications & Public Affairs, gave a report to the meeting which dealt with the following:

- New HSE Corporate Plan sets out health service ambitions for next three years and beyond;
- HSE aims to improve public knowledge that alcohol is a carcinogen that causes at least 7 types of cancer;
- HSE encourages people to use the Health App to keep a medicines list;
- HSE welcomes new Human Tissue Act;
- Celebrating 20 Years of Midwifery-Led Unit at Our Lady of Lourdes Hospital, Drogheda.

The following outlines comments and queries raised by members and responses from HSE representatives:

- **Concern about the Government's decision not to proceed with mandatory health warnings on alcohol bottles.**
Concerns noted.
- **Welcome of Staff App.**
Noted.

- **Praise for 20th Anniversary of the Midwifery-Led Unit in Drogheda and progress made in empowering women with knowledge about their bodies, labour and birth options.**
Cllr. Hall was thanked for attending on the day and for her contribution which was positively noted by many attendees.
- **Request for update on Survivors of Symphysiotomy.**
An update will be provided.
- **Request for update on vaginal Mesh Implants.**
An update will be provided.

The report was noted by the Forum.

5. **Presentation on Screening Programmes**

Fiona Murphy, Chief Executive, National Screening Service, gave a presentation to members on Screening Programmes.

Members thanked Ms. Murphy for her presentation describing it as excellent, very detailed, and easy to follow. Multiple participants expressed their appreciation of the session.

The following outlines comments and queries raised by members and responses from Ms. Murphy:

- **When is BreastCheck going to be extended to 74? Misconception among women aged 70 and over that they are no longer at risk of breast cancer as they are not routinely screened.**
A request has been made to Government to consider extending the screening age range lowering it to 45 and raising it to 74. HIQA has been tasked with assessing this proposal. While work has been completed on BowelScreen, it is expected to begin reviewing breast screening programme soon, possibly by Autumn.
- **Possibility that breast cancer awareness campaigns include a reminder that women over 69 can still develop cancer.**
Agreement on suggestion. May include a clear message in the final screening letter reminding women that even after they're no longer called for screening, they should watch for symptoms and consult their GP if concerned.
- **Alternative to traditional mammogram, which many women find painful.**
Currently, mammograms remain the standard screening method, however, alternative technologies might be considered in the future. Patient feedback shows that 97% of respondents said they intend to attend their next screening appointment when invited.
- **Any official resources available on the link between gut health and bowel cancer.**
There is currently no information on the HSE website regarding gut health, as it still remains a research topic for screening. While studies are exploring whether gut health could predict cancer, there's not enough evidence yet to draw conclusions or offer public guidance. The NCCP website might have related information, but screening programmes are not yet based on gut health indicators.

- Commendation of efforts to restore public trust in CervicalCheck following past controversies and praise for the introduction of the HPV vaccine.**

The HPV vaccine has been a game-changer in preventing cervical cancer. 25 year olds, now entering the screening programme, are showing significantly lower rates of disease thanks to early vaccination. Parents are encouraged to vaccinate both girls and boys early.
- Concerns in relation to the accessibility of screening programmes to hard-to-reach groups as communication is typically by letter, which may not be understood by many in these communities.**

Most information is now available in multiple languages on the HSE website. Translate Ireland has also developed video-based resources in various languages for GPs. Targeted outreach clinics are also organised where possible to improve access. Looking ahead, the HSE app (currently covering maternity, vaccinations, and medication info) will expand in October to include breast screening appointments. This will allow users to manage appointments and access multilingual resources more easily.
- Suggestion of phone calls instead of written communication.**

The screening service do not have access to client's phone numbers until they have been to an appointment. Initial information is provided by Social Protection, therefore, letters are issued and women are asked to update their details online. Where phone numbers are available, they are utilised for text reminders of appointments.
- Suggestion of working with local councillors on engagement with these communities.**

The offer was welcomed and it was acknowledged as a crucial step in improving communication and trust around health initiatives.
- Concerns in relation to the increasing number of younger women being diagnosed with breast cancer and possibility of expanding screening to include younger age groups.**

Screening younger women poses challenges because the detection rate is lower (3-4 per 1,000) compared to the current age group of 50-69 (7 per 1,000), meaning many more women would be screened for fewer cases. This requires significant radiology resources, which are currently limited. Most European countries do not screen below age 50 due to workforce constraints. As noted above, it is currently under consideration by the National Screening Advisory Committee.
- Potential role of AI technology in early detection and hope that advancements could soon be used to improve screening for younger women.**

AI could both help identify more cancers and help ease the workload on radiologists, potentially making expanded screening age ranges more feasible and cost-effective. Research is ongoing into rising cancer rates in younger people, particularly for breast and bowel cancers.
- Increase in rates of adenocarcinoma of the cervix and difficulties in detecting. Women may assume a clear screening result means they are free from all forms of cervical cancer.**

Cervical screening is far less effective at detecting adenocarcinoma of the cervix compared to squamous cell carcinoma. While some adenocarcinomas may be caught if they occur low in the cervix, this is more by chance than design. Cervical

screening does not cover all gynaecological cancers, including endometrial or ovarian cancers and a clear cervical screen does not rule out the presence of other gynaecological issues or symptoms.

- **Is there is a standard clinical pathway for women who present with symptoms suggestive of cervical adenocarcinoma and is there a plan for more awareness.**

Persistent or unusual symptoms should always be followed up, regardless of screening results. There is a need for ongoing education for both women and healthcare providers to avoid dismissing symptoms due to a recent normal screen. The importance of symptom awareness is growing, with advocacy efforts and annual awareness campaigns by charities like the Gynae-Oncology (GO) group.

- **Potential to screen for prostate cancer.**

Prostate cancer represents 30% of all male cancers and accounts for 10% of male cancer deaths. Widespread screening has been limited due to the limitations of the PSA test. Treatment options for prostate cancer have improved significantly, reducing the risks of incontinence and impotence. The European Commission is encouraging member states to consider introducing prostate cancer screening programmes. There is a pilot ongoing in Ireland called PraiseU.

- **Pancreatic cancer.**

Pancreatic cancer accounts for approximately 5–6% of cancer-related deaths in men. The rates are similar in women. There is currently no effective screening test for early detection of pancreatic cancer.

- **Women in early 50s who have not yet received a breast screening appointment.**

Some women are not called for their first BreastCheck screening appointment until they are up to 53 years old. Concerned individuals are encouraged to contact their local screening unit directly.

- **Tyrer-Cuzick Risk assessment tool – may be helpful for younger women.**

This test is not widely promoted as many people could not answer all the required questions. However, such tools have proven effective in identifying higher-risk individuals, particularly younger people.

- **Benefit of continuing invasive screening like colonoscopies in very elderly patients – the quality of life and stress of the procedure may outweigh potential benefits in later years.**

Bowel screening is highly effective. However, it is important to weigh individual circumstances when deciding whether to participate. Screening should always be based on informed consent. It is perfectly valid not to participate in certain circumstances.

- **Lung capacity checks.**

The lung check pilot in Dublin North had almost 100% attendance, showing strong public interest and the potential for early lung cancer detection.

- **Clarification on whether a woman may get a mammogram privately.**

Private mammograms are available, but GPs usually only refer for a private mammogram if there is a specific concern or symptom.

6. Regional Health Forum – Annual Report 2024-2025

The Chairperson raised concerns in relation to low attendance at Forum meetings over the past number of years. He mentioned conversations with Sara Long, REO, on ways to improve participation and make it more value for members. Cllr. Dennison emphasised the value of the Forum for councillors and proposed holding the September meeting in person to help rebuild engagement.

Councillors raised the following points:

- Logistical challenges (no car, public transport reliance, meetings clashing with statutory meetings);
- Hope that in-person meetings would not replace the online option entirely;
- Greater accountability in the previous Health Boards, now lost with the Forum;
- Caution against removing the online format, given councillor" workloads;
- Review meeting schedule for a more suitable time;
- Stricter attendance enforcement, including removal for non-attendance;
- Importance of building relationships and face-to-face contact;
- Support to apply existing Standing Order to replace inactive members;
- Councillors should take personal responsibility; if they can't attend, they should step aside and be replaced. Most current members make attendance work.

Ms. Mellany McLoone explained that the Forums replaced Health Boards under legislation and suggested a facilitated session (without HSE) to gather member views.

The Chairperson acknowledged the difficulty of replacing members and reminded members that the Forum sets its own agenda and structure, including presentation topics and Motions.

The Chairperson concluded the discussion would be revisited.

The report was noted by the members.

7. Consideration of Committee(s) of Forum

It was agreed that the Forum would continue with one Committee.

8. Motions

There was no business under this item.

9. Questions

The responses to the Questions were noted.

10. Chairperson's Correspondence

Appointment

Cllr. Paul O'Rourke has been appointed to the Forum by Meath County Council. Cllr. O'Rourke replaces Cllr. Sarah Reilly.

Restructure of Forum

In light of the introduction of the new Health Regions, the number of Regional Health Forums will increase from four to six to align with the new Health Region geographies. Consequently, the membership of the Health Forums will be aligned to these geographies.

The Department of Health undertook an analysis to determine how many councillors, and from which Councils, should sit on each Health Forum. To account for population increases, one additional representative was added for every 50,000 increase in population at a Local Authority level between 2002 - 2022. This results in an increase in Health Forum membership from 148 to 158 nationally.

With regards to the Regional Health Forum – Dublin North East, the membership will increase as follows:

- Dublin City Council – 1 additional member – Cllr. Conor Reddy has been appointed.
- Fingal County Council – 2 additional members – Waiting on nominations.
- Meath County Council – 1 additional member – waiting on nominations.

11. Date and time of next meeting

The next meeting of the Regional Health Forum - Dublin North East will take place on Monday, 22nd September, 2025.

Any Other Business

Presentations

The Chairperson requested that members submit any suggestions for future presentations.

- Cllr. Michelle Hall requested a presentation on Obesity.
- Cllr. Deirdre Heney requested a presentation on Dementia Advisors.

Histopathology Services – Our Lady of Lourdes Hospital

Cllr. Shane McGuinness highlighted concerns from GPs in Louth regarding the withdrawal of histopathology services for skin lesion samples by Our Lady of Lourdes Hospital since February and outlined that the change means GPs can no longer send biopsies or excisions of suspected benign or malignant skin lesions to the hospital lab. He stated that medical card patients can still be referred by their GP to the hospital for testing, but private patients are being redirected to secondary care, raising equity concerns. He stated that GPs in the area are deeply concerned about this service gap.

Cllr. McGuinness requested a written explanation outlining the reason for the service change, particularly the discrepancy between private and public patients.

Ms. Rosaleen Harlin noted that no representative from the hospital group could attend the meeting today due to short notice, but she committed to providing a written response.

Signed:

Chairperson