

Reference No: E109/101/85; **Date:** 20/04/88

Circular 8/1988:- Education and counselling programme on cervical and breast cancer

A Dhuine Uasail

I am directed by the Minister for Finance to say that he has accepted an agreed recommendation by the General Council under the scheme of conciliation and arbitration for the civil service (Report 1106) on the provision of an education and counselling programme on cervical and breast cancer for all female civil servants. A copy of the report is attached.

2. The programme is being provided with the cooperation of the Irish Cancer Society as part of the welfare service. It will be introduced on a phased basis starting in Dublin in May 1988 and subsequently in the provinces. It is hoped to complete the programme by 1989.
3. Every effort should be made to ensure that all officers are encouraged to avail of the programme. Detailed arrangements for the implementation of the programme including the distribution of publicity material will be made with individual Departments .
4. A copy of this Circular should be given to all female officers.

Mise le meas,

Seamus O Ciosáin
Runáí Cúnta

Civil Service Conciliation and Arbitration Scheme
General Council Report 1106
(Meetings of 22 November 1985, 29 January 1986 and 24 February 1988)

Claim for the provision of cancer-screening facilities

1. The claim was that cancer-screening facilities for women be provided in Government Departments which would enable tests for breast cancer and cervical cancer to be carried out on a voluntary basis.
2. At the meeting of General Council on 29 January 1986 it was decided that the General Council Sub-Committee on Welfare should consider the claim.
3. At the meeting of 24 February 1988 the report of the sub-committee was before the Council. It was agreed that effect be given to the sub-committee's report.
4. This report was adopted on 24 February 1988

Report of the Sub-Committee of General Council on the claim for the provision of cancer-screening facilities in Government Departments

1. The following claim was presented at General Council on 22 November 1985:

That cancer-screening facilities for women be provided in Government departments which would enable tests for breast cancer and cervical cancer to be carried out on a voluntary basis.

2. At the meeting of General Council on 29 January 1986 it was agreed to refer the claim to the General Council Sub-Committee on Welfare.

3. The claim was discussed at meetings of the sub-committee held on the following dates 16 April, 21 May, 27 June, 25 July and 23 October 1986, 31 July, 1 October and 2 December 1987.

4. At the first meeting of the sub-committee on 16 April 1986 the Staff Side outlined their reasons for seeking the provision of workplace cancer screening facilities. They said that they regarded the provision of such facilities as an essential element of an occupational health programme for civil servants and as an integral part of an effective welfare service. Breast cancer accounted for about 550 deaths annually and deaths from cervical cancer totalled about 60 a year in Ireland. The incidence of these diseases was on the increase and there was a clear obligation on the civil service as a major employer of female staff to take preventive measures in these areas. It was acknowledged that screening was essential in the prevention and early detection of cervical and breast cancers and that workplace screening attracted a higher take-up rate than community based screening. The Irish Cancer Society had pointed out that cervical cancer is 100% curable if detected in time. Similarly breast cancer was preventable if caught in time. The experience of the civil service in relation to other health care initiatives such as medi-scan, mass X-ray and the blood transfusion service was evidence of the effectiveness of workplace services. While there would be initial costs involved in introducing the service these would be more than offset by the resultant reduction in the incidence of the diseases and the reduction in hospital and treatment costs. The cancer-screening facilities provided through the health service were inadequate and the introduction of workplace facilities on the lines now being sought would reduce the pressure on these services. It should be noted that other employers were already providing work-based cancer-screening facilities e.g. Marks and Spencers and the Hibernian Insurance Company.

5. The Official Side said that while they were sympathetic to the Staff Side's position it would be necessary to consider the matter carefully in consultation with all interested parties before finally responding to the claim. It was emphasised at the outset that the facilities sought could only be provided, if at all, on a self-financing basis.

6. Following protracted and detailed investigation of the claim which involved discussions with the Chief Medical Officer, the Department of Health, the Eastern Health Board, the Department of Labour (Occupational Health Section), the Irish Cancer Society, Hume Street Clinic, the National Testing Centre at St Luke's Hospital and the Civil Service Medical Advisory Service in the UK the sub-committee identified and considered the following options for responding to the Staff Side claim:

(i) provision of work-based cervical and breast cancer-screening facilities under the aegis of the Irish Cancer Society on a repayment basis,

(ii) provision of work-based cervical and breast cancer-screening facilities under the aegis of the Irish Cancer Society in association with Hume Street Clinic on a repayment basis,

(iii) the provision of work-based cervical and breast cancer-screening facilities by the Department of Finance under the aegis of the Chief Medical Officer.

7. The sub-committee discussed and agreed in outline the organisation, administration and procedural arrangements which would be necessary if the options identified were to be implemented and considered the difficulties associated with them.

8. The sub-committee agreed that options (i) and (ii) were not feasible for the following reasons:

(i) while the Irish Cancer Society had initially indicated its willingness to provide the services sought, on reconsideration it had decided that it had not the resources to undertake on an agency basis

total responsibility for the organisation and administration of a scheme which had a potential of 5,500 tests a year with repeat tests at 2 /2 year intervals,

(ii) Hume Street Clinic had indicated that as a public health clinic funded by the Department of Health it was not appropriate for it to make special arrangements with select groups even on a repayment basis. In addition, the clinic and the National Testing Centre at St Luke's hospital had serious backlogs of work and additional pressure would be put on them if special screening arrangements were to be made for female civil servants.

9. In relation to the third option the Official Side indicated that it was not prepared to become involved in the direct provision of workplace cancer-screening facilities for the following reasons:

(i) a comprehensive cancer-screening service was available free of charge through health centres and hospital out-patient departments and for payment of a fee through general practitioners,

(ii) it would be inappropriate for the Department of Finance to become directly involved in the provision of health services in "competition" with those provided under the health service,

(iii) the provision of workplace facilities for female civil servants could be perceived as giving preferential treatment to a privileged and "low-risk" group,

(iv) the costs involved which were estimated at £73,000 a year (estimate attached) could not be justified at a time of financial stringency,

(v) a similar claim had been rejected in the UK civil service primarily on the basis that the provision of workplace cancer-screening facilities were in conflict with health policy which favoured the development of population based screening.

10. The Staff Side expressed grave disappointment at the Official Side response and said that the reasons advanced for rejecting the claim were not convincing and in many instances not factual. It appeared to the Staff Side that financial considerations were the overriding reasons for rejection.

11. The Staff Side stated that a comprehensive cancer-screening programme was not available under the health service. Cancer-screening services were not available free of charge to the vast majority of women. Only medical card holders received free screening. The service itself was not available in large areas of the State and even in the Dublin area the service was inadequate. The recent health cuts and the imposition of hospital out-patients charges had worsened the position. Breast cancer-screening was simply non-existent in the health service. The Official Side would be aware that Hume Street Clinic had temporarily suspended its service and that the National Testing Centre was unable to cope with the increasing pressure on it. The continuing protest from women's interest groups at the absence of a meaningful public cancer-screening service underlined the urgency with which workplace facilities were required. The need for such facilities in the civil service was much greater now than when the claim was presented in November 1985.

12. As far as issues of health policy were concerned the role of the Department of Health was acknowledged by the Staff Side but only on the basis of its functional remit in the area of public health programmes. The Staff Side was adamant that policy decisions regarding the provision of workplace screening services were solely the responsibility of the employer viz the Department of Finance. The Department of Health had no role in dictating policy to the Department of Finance in this matter. The current emphasis in public health policy was on preventive medicine. The principle of workplace screening was firmly established with the introduction of medi-scan and mass x-ray programmes. For the Official Side to seek to exclude women's health from this principle was both discriminatory and irresponsible.

13. The Staff Side strongly believed that there was a responsibility on the Government to provide adequate laboratory testing resources to cope with the demands for the service. If all women civil servants who might avail of a work-based service were to avail of the facilities available to the general population then the same demand on laboratory tests would arise. The proposed work-based service was designed to complement and not compete with the existing inadequate cancer-screening services.

14. The Staff Side were not aware of any evidence that suggested that in general civil servants were in the "low-risk" category. Moreover recent evidence had clearly shown that in a sexually active society all women were increasingly at risk. There was no evidence that any particular socio-economic group was more at risk of breast cancer than any other. Deaths from breast cancer were growing at an alarming rate. Of all women who die from cancer the largest number die from breast cancer. 90% of women who died from cervical cancer had never been screened or had not had a screen for over 10 years. Evidence from the cervical cytology service which is run by the Regional Hospital in Galway indicated that of those being screened there was an annual increase of 25% in the number of women needing treatment. The age level at which problems occur was becoming lower. Positive tests were occurring in the 20s age group in the 1980s, whereas they had occurred mainly in the 30s age group when records commenced in the 1970s

. 10% of women who participated in the Cardiff scheme were referred to their GPs.

15. As far as the cost of providing the service was concerned the Staff Side were convinced that the service sought would be cost-effective in the long term having regard to the reduction of absenteeism caused by ill-health and the reduction in hospital and treatment costs arising from early detection and prevention.

16. As to the situation in the UK civil service the Staff Side said that the position was that the pilot cancer-screening project undertaken by the union side at Cardiff, in response to management's rejection of its claim, had shown the demand for and proven the effectiveness of workplace cancer-screening facilities. More than 50 per cent of the 1400 women eligible to participate in the programme had requested tests for cervical and breast cancer even before the start of an information campaign.

17. The Staff Side further stated that it was clear that workplace screening was essential for early detection and was effective in reducing the number of deaths from breast and cervical cancers. The Staff Side claim sought the introduction of an easily accessible workplace screening programme for female civil servants at a time when the services available under the health boards were unable to cope with the demands being placed on them. The introduction of workplace facilities was sought in the firm conviction of the significant contribution which such facilities would make in the area of women's health generally and the benefits which would accrue to the civil service in its role as employer as a result.

18. The Staff Side noted that a work-based screening service had recently become available to Telecom Eireann female employees. While the Staff Side is opposed to the privatisation of this service and to the charges payable by staff, it was nevertheless evidence of the growing acceptance of the benefits of a work-based cancer-screening service.

19. The Official Side said that the position in Telecom Eireann was that the board had rejected a union claim for the provision of workplace cancer-screening facilities but had agreed to make arrangements with the Irish Family Planning Association to have the services provided for its female staff at a cost of around £18 a head. The take-up rate for the service had been disappointing, 59 in the Dublin area and 30 in the Dundalk area.

20. The Staff Side said that the disappointing take-up rate was attributable to a number of factors including: (i) the cost was prohibitive for many women, the majority of whom were in low pay grades, and (ii) lack of a proper promotional campaign to launch the service. Such a campaign was essential to the success of any new initiative such as the introduction of workplace cancer-screening services. In the pilot

scheme in Cardiff, the take-up rate was 65% and this was after excluding women who were pregnant, had tests recently, or were not available at that time. This compared with a take-up rate of between 30% and 40% in the community at large.

21. The Staff Side enquired in view of their negative response if the Official Side would consider the introduction of a service to be funded partly by the users of the service and partly by the Official Side.

22. The Official Side said that it would not.

23. The Official Side said that while they were not in a position to concede the Staff Side claim in full they would be prepared to arrange for the provision of an education-cum-counselling programme on cervical and breast cancer under the aegis of the Irish Cancer Society and as part of the welfare service. Details of the programme which would have to be negotiated with the Irish Cancer Society could be discussed at sub-committee at a later date. If the Staff Side agreed to the offer the Official Side would be interested in having the programme launched in early 1988.

24. The Staff Side said that they would be prepared to accept the Official Side's offer without prejudice to their original claim and on the understanding that it would remain on the agenda of the General Council Sub-Committee on Welfare for further consideration.

Estimate of Cost of the Direct Provision of Cancer-Screening Service by the Department of Finance

1.	Accommodation	
	- reception area 10 X 11 at £7.50 per sq ft	£1,905
	- clinic 12 X 12	
2.	Adaptation of accommodation	
	- provision of running water	£1,000
	- provision of furniture	
3.	Light, heat, maintenance	£500
4.	Staffing	
	Occupational Health Nurses	£25,000
	Clerical Assistant (mean of scale)	£7,000
5.	Equipment	£1,500
6.	Medical liability insurance	£800
7.	Laboratory testing fee £5 X 7000	£35,000
		<u>£72,705</u>

Note The estimates are based on discussions with OPW and assume a take-up rate of 7000