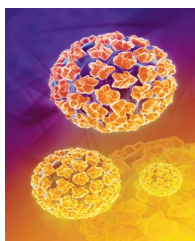
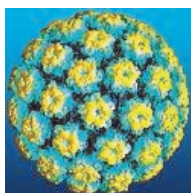


HPV as primary screening test

In January 2016, the UK National Screening Committee (UK NSC), the body that advises the four UK countries on population screening issues, recommended that the cervical screening programme should be modified to use High Risk Human Papilloma Virus test as the primary screening test. The reasons given by the UK NSC were:



- A primary test for HPV will save more lives by determining a woman's risk earlier.
- If HPV testing finds that a woman does not have high risk HPV then her chances of developing a cancer within 5 years are very small.
- The HPV vaccination offered to girls aged 12 to 13 strengthens the rationale for primary HPV screening. The vaccination will offer prevention of HPV and result in a falling number of women who remain at risk of catching HPV and developing cervical cancer.

Implementation of this recommendation will have significant implications for women and the service. All samples will in the first instance be tested for high risk HPV, and those which are HR-HPV positive will go on to cytology review. Only those women with abnormal cytology will then be referred to colposcopy.

Making a fundamental change to a screening programme on this scale will require a policy statement from the Minister.

While this is being considered, the QARC and our professional QA leads for the programme continue to link with colleagues elsewhere in the UK to learn from the pilot studies and inform how we could take this forward locally. In the meantime, HPV testing continues to have a role in cervical screening for triage and test of clearance.

Also in this issue?

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Sample taker performance

To help sample takers better interpret inadequate rates, the PHA in collaboration with the Regional QA groups for Primary Care and Laboratory Services have developed an aid to support sample takers and managers.

[A Guide to Understanding Sample Taking Performance Data](#)

This document describes the definitions of inadequate, low grade and high grade rates, and provides some tips on how to interpret these for an individual sample taker. It should be noted that the reporting profile of a sample taker should always be compared to those of the reporting laboratory.

Laboratory rates are now published annually on the QARC website for your convenience ([2015/16 laboratory data](#)) .

	
Northern Ireland Cervical Screening Programme Laboratory returns 2015-2016 (Source: Samples from GP and Community Clinics only)	
Laboratory reporting profiles: 1 April 2015 to 31 March 2016	
BELFAST TRUST CYTOLOGY LABORATORY	%
Inadequate	1.9%
Rates below are based on adequate smears	
Negative	91.3%
Low Grade	7.5%
High Grade	1.2%
NORTHERN TRUST CYTOLOGY LABORATORY	%
Inadequate	4.53%
Rates below are based on adequate smears	
Negative	90.68%
Low Grade	8.42%
High Grade	0.9%
SOUTHERN TRUST CYTOLOGY LABORATORY	%
Inadequate	3.69%
Rates below are based on adequate smears	
Negative	91.83%
Low Grade	6.46%
High Grade	1.71%
WESTERN TRUST CYTOLOGY LABORATORY	%
Inadequate	3.82%
Rates below are based on adequate smears	
Negative	93.04%
Low Grade	5.88%
High Grade	1.08%
Source: Northern Ireland Laboratory returns 2015-2016	

Notes for your diary

The Northern Ireland Colposcopy Conference, 2017 will be held in Belfast City Hospital Postgraduate Centre on the 19th May 2017.

To reserve a place at the conference, please contact

Mairead.Devlin@hscni.net

Patient information

One of the key principles of population screening is that all individuals are given the information they need, in a format that they can understand, in order to make an informed decision as to whether they want to participate in the programme. This involves providing individuals with information about the perceived benefits of screening as well as the potential chance of harm. Harms can include anxiety and over diagnosis as well as the complications of further investigation and treatment.

The PHA has developed a range of information leaflets which are specific to the cervical screening programme in Northern Ireland. These have been tested with local women and the content is reviewed and updated on a regular basis to take account of any changes in the operation of the programme. The leaflets have also been translated into a range of languages and these, along with large print and audio versions can be downloaded as required from our [website](#).



“Best to take the test “ leaflet is included with every invitation letter sent out from the regional call/recall office

“Your results explained” leaflet should be given by the sample taker to every woman providing a sample, before leaving the examination room

“The colposcopy examination “ leaflet is sent by colposcopy clinics, when inviting a woman to attend for further investigation

New standards for Nurse and Midwife Education Providers: Cervical Screening Sample Taking (December 2016)

New education standards have been developed for education providers in Northern Ireland who have a responsibility for providing education for healthcare staff in undertaking sample taking for cervical screening.

Cervical screening should only be provided by Doctors (GMC registered) or Nurses/Midwives (NMC registered).

This document outlines the principles, for both the theoretical content and practical assessment, required to prepare participants to deliver a competent cervical screening service in clinical practice.

By setting standards for novice and update education in cervical sample taking, it is anticipated that education programmes will be consistent, transparent, transferable, equitable and quality assured.

These standards have been adapted with permission from the NHS Education for Scotland *Standards for Education Providers: Cervical Cytology in Clinical Practice* (2013).

The full document can be accessed [Here](#)

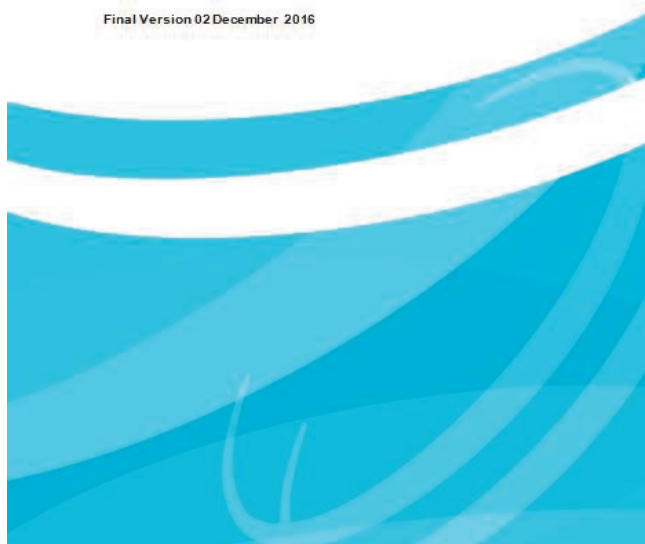
The above standards have been endorsed by the Chief Nursing Officer (Northern Ireland). Document [Here](#)

www.cancerscreening.hscni.net



**Northern Ireland Standards for
Nurse and Midwife Education
Providers: Cervical Screening
Sample Taking**

Final Version 02 December 2016



Notes for sample takers

When cervical screening is offered

Women aged 25-64 who are registered with a GP are automatically invited for cervical screening.

This includes women who have had the HPV vaccination, as the vaccine doesn't guarantee complete protection against cervical cancer.

Invitation letters

Women registered with a GP will receive a letter inviting them to make an appointment, along with further information about cervical screening.

The letters are sent out to women:

aged 25 to 49 – every three years

aged 50 to 64 – every five years

over 65 – only women who haven't been screened since age 50 or those who have recently had abnormal tests.

Women under 25 can be invited up to six months before their 25th birthday. An appointment can be booked as soon as the invitation arrives.

If a woman hasn't had a cervical screening test within the appropriate time, she may be offered one when she next visits her GP or family planning clinic. She can also contact her GP practice to book a screening appointment if the appointment is overdue.

The GP should ensure they have the woman's correct name and address.

Why aren't women under 25 routinely screened?

Women under the age of 25 aren't routinely invited for screening as part of the NI Cervical Screening Programme. This is because normal developmental cell changes in the cervix can look very similar to abnormal cell changes, leading to unnecessary treatment and worry. Cervical cancer is also very rare in this age group.

Further information on managing women under 25 with symptoms can be accessed [Here](#)

Pregnant and postnatal women

Cervical screening tests aren't usually recommended for women who are pregnant, unless they have missed previous screening appointments or they had abnormal results in the past.

If a pregnant woman has always attended screening appointments without having abnormal results, it's usually recommended that the next test is delayed until three months after giving birth before having a screening test.

Sample takers will occasionally have to manage women who request an 'out-of-programme' cervical screening test. 'Out-of-programme' samples are those undertaken on women outside the eligible age range or outside the recommended screening intervals. One common example is post-natal women who may have been advised to attend their GP practice for screening. National guidance states that provided a woman has undergone screening within the recommended interval (depending on her age), she should **NOT** be re-screened:

- on taking, or starting to take, an oral contraceptive
- on insertion of an intrauterine contraceptive device (IUD)
- on taking or starting to take hormone replacement therapy (HRT)
- in association with pregnancy (antenatally or postnatally)
- on being diagnosed with genital warts or pelvic infection
- due to heavy cigarette smoking
- due to having multiple sexual partners

Postnatal women should therefore only be screened if they are aged 25 or over and their next test is due. There is no indication or added benefit to having an 'out-of-programme' test and all sample takers are encouraged to follow this guidance. Work is underway to ensure that all community midwives and health visitors are made aware of national guidance and do not provide incorrect advice to women in their care.

QARC News



Nicola Kelly

Nicola Kelly has recently joined the Quality Assurance Reference Centre as the QA & Commissioning support Manager for the Breast and Cervical screening programmes.

Produced by QARC for Health Professionals in NI Cancer Screening Programmes

We would warmly welcome input to this our Cancer Screening newsletter, Screening Matters. So if you would like to submit a news item, a piece on good practice or would like to publish the results of an audit in **Screening Matters**, please contact Ken McInnes on 02895-361-508 or email kenneth.mcinnis@hscni.net

For further information and back issues, please visit our website at:

www.cancerscreening.hscni.net.



Follow PHA on twitter for up to date news on screening programmes:

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