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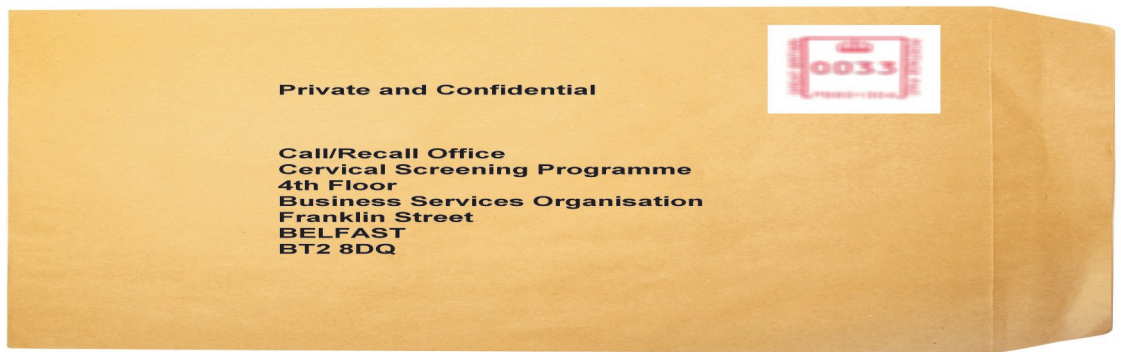
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Protecting patient Data

The importance of protecting patient data was highlighted recently when a GP practice returned their completed cervical screening Prior Notification Lists (PNLs) by second class post to the wrong address. The envelopes were addressed to the PHA office in Linenhall Street, Belfast rather than to the cervical cytology office in BSO.

On this occasion, it was fortunate that the envelopes ended up with the PHA screening team and there was no breach of data protection. However, this serves as a timely reminder that PNLs contain patient identifiable data and must be managed securely.

The BSO asks that each practice ensures that all appropriate steps are taken to protect the transfer of PNLs and that returns are forwarded to the correct address below:



Cervical Sample Taker Register

Many of you will now be using the new cervical screening laboratory request form which is being introduced across Northern Ireland.

Over the last few months, GP practices in four Trust areas have been given the opportunity to submit details of their cervical sample takers to QARC so that they can be registered with their unique GMC or NMC numbers on the laboratory system. This will allow individuals and practices to monitor future workload and performance through audit.

To date, 191 practices have registered the details of their sample takers, with some variation in participation across Trust areas.

Percentage of participating GP practices
• Northern Trust 64%
• Belfast & SE Trust 55.7%
• Southern Trust 85.5%

Remember: if your sample taker code is not registered, it will not be recorded at the laboratory so you will not receive individual level activity data.

There is still time to get involved. Please send any remaining registration forms to kenneth.mcinnis@hscni.net as soon as possible. If you can't find the original correspondence, contact Ken at 028 9536 1508 and he can resend this to you.

In the next edition of *Screening Matters* we will tell you how you can register new sample takers on an ongoing basis and we will report on the results of the training needs analysis carried out as part of the registration process.

Northern Ireland Cervical Screening Programme

Patient Questionnaire 2017

Dr Cathy Malone , Specialty Trainee Obstetrics and Gynaecology, Northern Ireland

As all women from the age of 25 are invited to participate in the Northern Ireland Cervical Screening Programme, we are keen to get patients' views and feedback on their experience and satisfaction with the service they receive.


Led by the Colposcopy QA group, a questionnaire in line with those used elsewhere in the UK, has been distributed to patients attending colposcopy clinics throughout Northern Ireland in spring/summer 2017.

This survey allows patients to provide feedback on the entire process they have been through, from first invitation for a smear through to colposcopy investigation and treatment (where required) and follow-up.

We are especially interested in the written and verbal information women receive from health professionals in primary and secondary care throughout their screening journey.

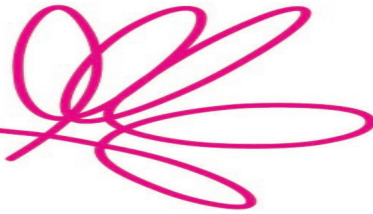
We believe we are in a position to offer one of the best screening and treatment services in the UK in terms of patient satisfaction. However, we can only achieve this with patient feedback to guide and shape our services.

The information from completed questionnaires will be collated and the findings reported in a future edition of *Screening Matters*.

		COVERAGE STATISTICS FOR 2016-2017	
NI Cervical Screening Programme: Coverage by age group (25-64), and HSC Trusts			
HSC Trust	ELIGIBLE POPULATION	3.5 year COVERAGE %	5 year COVERAGE %
NORTHERN IRELAND	491,993	67.84%	76.79%
Belfast	115,036	63.49%	72.63%
South East	55,557	69.31%	78.86%
Northern	112,861	69.29%	79.09%
Southern	101,702	70.01%	77.64%
Western	82,239	67.83%	76.83%

KC53 Part A2 2016-17

**Jo's cervical
cancer trust**



Do you know a cervical screening campaign that deserves recognition?

The Cervical Screening Awards by Jo's Cervical Cancer Trust aim to identify and reward the UK's best local cervical screening campaigns and provide opportunities to share best practice, inspire and motivate others to increase uptake in their area.

They are looking for creative and innovative local campaigns that have highlighted and tackled a particular challenge to screening uptake.

Applications are welcome from local NHS organisations and other statutory and voluntary organisations working in the field of cervical screening throughout the UK.

The deadline for submissions is 5pm Monday 20th November 2017.
Find out more and apply at www.jostrust.org.uk/screeningawards

Requests for HPV testing

Current screening policy in Northern Ireland states that HPV tests should only be carried out on cervical samples for the purpose of triage or test of clearance (6 months after treatment) on those with low grade dyskaryosis.

Sample takers in primary care do not need to specifically request HPV testing, as the laboratory will identify the appropriate samples for testing.

An HPV test should never be routinely requested on a cervical sample. Laboratories are not currently funded to undertake HPV testing outside the screening protocol and there are no agreed patient management pathways in place for results.

All sample takers will be formally notified if and when the screening policy in Northern Ireland changes to incorporate primary HPV testing.

Northern Ireland Breast Screening Programme

The provision of a high quality screening programme requires the successful collaboration of a large number and variety of professionals across HSC in Northern Ireland. We are fortunate to have a fantastic team behind us providing their expertise. Here is a little bit of information about some of them personally and how they are involved with the programme.

RADIOLOGY— Dr Eddie Gibson

Dr Eddie Gibson is a Consultant Radiologist at Antrim Area Hospital, N Ireland. Born in Fermanagh, after schooling he moved to England and qualified as a Doctor at Liverpool University in 2001.

After moving back to N Ireland in 2006 Dr Gibson completed his Radiology training in 2009 and then completed a Fellowship in Breast Imaging in Auckland NZ before returning to Antrim Hospital in 2010.



In 2014 Dr Gibson was appointed QA Lead Radiologist for the NI Breast Screening programme. He is also the Lead Radiologist for the NI Higher Risk surveillance screening programme.

SURGERY— Mr Brendan McFall

I am the Quality Assurance Lead for Breast Surgery for the Northern Ireland Breast Screening Programme.



I have been involved in treating breast cancer from the very beginning of my specialist training over 13 years ago.

I became a Consultant Breast and General Surgeon in 2012 following a time spent in New Zealand as the International Australasian Breast Surgical Fellow in Waikato Hospital, Hamilton.

My key duties involve advising the Quality Assurance Director on the surgical performance of the programme, units and individuals. I am also responsible for the provision of data for the Association of Breast Surgery screening audit.

I am excited to have been recently appointed as the surgical lead and look forward to working with an excellent and dedicated team in the provision and development of the breast screening programme.



Follow PHA on twitter for up to date news on screening programmes:
[publichealthagency@publichealthni](https://twitter.com/publichealthagency@publichealthni)

PATHOLOGY—Dr Clinton Boyd

Currently, 20 pathologists carry out work for the breast screening programme in Northern Ireland, reporting diagnostic cytology specimens and core biopsies, as well as larger surgical specimens like localisation biopsies, wide local excisions and mastectomies.

A biopsy is the last step in the standard triple assessment of a breast abnormality. Biopsies are usually reported a day or two after a woman attends the breast clinic. In some cases, a pathologist can be present at the clinic to provide a provisional rapid diagnosis based on a cytology preparation. This tends, however, to be more useful for symptomatic rather than screen-detected lesions.

As well as providing a definitive diagnosis, the pathologist will give the clinical team prognostic information such as tumour grade and extent of nodal involvement, and predictive information which in most cases means an assessment of oestrogen receptor and HER2 expression by the tumour. This gives patients access to the most relevant adjuvant treatments.

As in other areas of healthcare, there is a culture of ongoing learning among pathologists involved in the breast screening programme. A representative from Northern Ireland sits on the UK National Coordinating Committee for Breast Pathology, which meets every six months. Good practice and learning events are also shared regionally at twice yearly meetings, and it is compulsory for all involved pathologists to participate in an interpretive external quality assurance scheme which is specific to the breast screening programme.



Meet the team... ***MEDICAL PHYSICS***

The Regional Medical Physics provides services to help ensure the safety and quality of imaging systems used within the BSP. This includes x-ray mammography, ultrasound and MRI.

Our team of clinical scientists and technical officers undertakes quality assurance testing on equipment to ensure that BSP and national performance standards are met. The service also oversees the routine testing carried out by imaging staff.

Scientific and technical advice is provided relating to equipment performance, equipment selection for procurement, the introduction of new technologies and techniques, and in relation to ensuring optimisation such that optimal images are acquired while keeping radiation dose as low as reasonably possible.

Advice is also provided to help ensure the safety of patients, staff and members of the public.

Rear Right to Left: Dr Aaron McCann, Dr Adam Workman, Dr Cormac McGrath, Dr Ian Gillan, Dr Roy Mooney. Front Right to Left: Dr Lesley Grattan, Mrs Janet O'Shea, Mrs Katherine Richmond, Ms Elsa Tzamicha.

Breast Screening Uptake Q4 2016/2017 1 January - 31 March 2017

Eastern	74%	Northern	79%
Southern	74%	Western	76%

Region 76%

Minimum Standard 70%

Target 80%

Promoting Informed Choice, The Belfast Breast Screening Unit

Paula Kennedy, Assistant Practitioner, Belfast HSC Trust, Breast Screening Unit

From the end of 2016, the **Promoting Informed Choice team** at the Belfast Breast Screening Unit have visited a number of GP surgeries identified as previously having a low uptake rate.

The overall aim is to work together with the practices to increase their uptake, particularly with GPs whose previous uptake rate fell below the minimum NI BSP standard. Results so far have been very encouraging with an increase in the uptake of women attending for screening from all the GP practices visited by the team.

The GPs and Practice Managers involved have been very proactive with various implementations

- Information placed on Practice website reminding women about upcoming Breast Screening
- Information put on electronic board in waiting area
- Automated check-in machine set to remind relevant women about Breast Screening
- Practice nurse in Treatment Room informing patients
- Women over 70 informed about Breast Screening programme and self-referral

The Breast Screening Unit at Belfast plan to continue identifying and visiting as many GP practices in the future.

More information on Cancer Screening Programmes across Northern Ireland is available on

www.cancerscreening.hscni.net

SHSCT Breast Screening Service

Summary of results from satisfaction survey carried out in Lurgan and Newry (Jan 2017)

What we asked you:

We wanted to be sure we were providing the best service for patients who use our **Breast Screening Service** in the Southern Trust so we asked service users to complete survey for us and tell us what they thought

What you told us:

Overall you were extremely positive and happy about the service provided. The results show a high satisfaction rating with the services provided in both Lurgan and Newry Breast Screening Service. The positive responses from service users is very much appreciated.

What you thought we did well:

- We produce really good written information
- We always introduce ourselves to you
- The behaviour of our staff is excellent always maintain privacy and dignity of our patients
- Our environment is clean and tidy
- Moving the site to Dromalane has seen significant improvements in patient experience
- You said you would recommend our service to family and friends

What we can do better?

- Car parking at Lurgan Hospital
- The blue sign should be replaced at the main entrance on the road (Newry site)
- Increase the heating in the changing rooms
- Be mindful when communicating with patients at the front desk

What next?

Your views are important to us. We hope to repeat the survey at a later stage however please get in touch with us if you would like to share your experience.

Quotes from service users

'This is my first time using the mobile unit and this is how I believe breast screening should be done, staff lovely'

'Very good that they come to you, I didn't have to travel to Craigavon and have to take a half day off work'

*'I have nothing but praise for this very educational service'
'My appointment was very well co-ordinated, very swift and explained very well'*

What we did

- Link with our estates department to explore possibility of new signage at entrance to the Newry site
- Share findings of survey with senior management
- Share concerns regarding parking at Lurgan site with SHSCT Traffic Management and Car Parking Group.
- Discuss issue of asking personal questions at reception team meetings

Personal and Public
Involvement (PPI)



Involving you,
improving care



Northern Ireland Bowel Screening Programme

Northern Ireland Uptake Rates - 12 Weeks Compliance

Year	Eligible Population	Responder at 12 wks from Invite	Uptake at 12wks (%)
2012/2013	119,352	57,775	48.4%
2013/2014	120,916	63,732	52.7%
2014/2015	137,987	76,684	55.6%
2015/2016	137,287	80,727	58.8%

Northern Ireland Uptake Rates - 6 Months Compliance

Year	Eligible Population	Responder at 6 mths from Invite	Uptake at 6 mths (%)
2012/2013*	119,352	60,617	49.8%
2013/2014*	120,916	66,051	54.6%
2014/2015*	137,987	78,420	56.8%
2015/2016	136,828	81,769	59.8%

*eligible population taken at 12 week compliance period

Uptake Rates by HSC Trust - 2015/16

Trust	Uptake at 6 mths (%)
Belfast	53.7%
Northern	62.1%
South Eastern	64.5%
Southern	57.1%
Western	59.8%

Uptake Rates by Gender- 2015/16

Gender	Uptake at 6 mths (%)
Female	62.7%
Male	56.7%

Bowel Cancer Screening – Patient Feedback

During summer 2016, participants attending for a colonoscopy as part of the Northern Ireland Bowel Cancer Screening Programme were asked for their views on the information and service they had received. 221 completed questionnaires were received.

Information

- 99.1% got enough information to help inform their decision about whether to participate in screening

Pre-assessment appointment

- 99.5% found this appointment helpful
- 98.6% had their questions answered by the SSP
- 8.3% felt pressured by the SSP to go ahead with the colonoscopy

Knowledge

- 98.2% felt they had an understanding of the risks of colonoscopy
- 99.5% felt they had an understanding of the benefits of having a colonoscopy

Colonoscopy

- 21.9% reported the colonoscopy was more uncomfortable than they imagined
- 100% had their privacy maintained during their visit
- 96.7% were spoken to about results of the colonoscopy before they went home

Experience

- 98.6% had an overall positive experience of the screening programme
- 98.6% would encourage family and friends to participate in screening