SCREENING MATTERS - Issue 31

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New Test Kit planned for Bowel Cancer Screening!

The Department of Health announced on 8 April 2019 that the new quantitative FIT (Faecal Immunochemical Test) will replace the FOB (Faecal Occult Blood) test for bowel cancer screening within Northern Ireland by early 2020.

Evidence has shown there is increased patient acceptability of the FIT test as it requires a single faecal sample compared to the 3 samples required by FOB. Elsewhere, uptake of screening has increased by 7-10% by changing to this alternative test kit.

The new test is also more sensitive to human faecal blood —potentially increasing the detection rate of early stage cancers and pre-cancerous lesions.

Every year in Northern Ireland there are around 1100 new cases of bowel cancer, with over 400 deaths. The Bowel Cancer Screening Programme aims to pick up bowel cancer at an early stage, when treatment can be 90% successful.

Panning, including a procurement process, is well underway for the introduction of this new test. Communication will be issued to all key stakeholders in advance of the introduction.

Cervical sample lab request forms

The way in which Cervical Screening Laboratories operate and ensure the quality of the service they provide, can be affected by the diligence of sample takers completing the cytology request form.

To assist with this, laboratories have advised that on all cervical screening sample taker request forms:

- Handwriting needs to be legible, use capital letters and use the boxes provided.
- Information needs to be inserted in all sections of the form. Missing information can lead to delays in the process and sample reporting.
- By ticking the box to show that the Cervix has been visualised you help to confirm that the sample has been taken appropriately.
- Using your Sample Taker Registration Number will enable your practice, and you as a sample taker, to improve the service provided to women by monitoring activity and performance.

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publichealthagency@publichealthni

LEARNING FROM CERVICAL SCREENING INCIDENTS

Endocervical cells.

A recent SAI highlighted the importance of all staff involved in smear taking being competent in locating and visualising the cervix to ensure the transformation zone is sampled. The absence of endocervical cells may suggest that the transformation zone has not been effectively sampled, but it is not, in itself, clinically significant as can be associated with increasing age and pregnancy.
The absence of endocervical cells may be used as an additional indicator of sample taker competency, but must be used with caution. Laboratories involved in cervical screening have been advised to report when no endocervical cells are seen in a sample. However, it is important to note that this does NOT mean that the test should be repeated.

Training of smear takers
This incident also highlighted that smear takers should be appropriately qualified and their training and practice are up to date. All nurse sample takers must successfully complete novice training (theoretical and supervised practical elements) and also undertake a minimum of one half day update every three years. However, update training will not be sufficient for someone returning from a prolonged period of absence (e.g. career break) or for someone who has not been practicing their skills. Smear takers are recommended to take at least 20 cervical samples per year to maintain clinical competence in line with revalidation. Smear takers are also expected to undertake annual audit and reflect on their individual inadequate rates and abnormal test results compared with their local laboratory results.

PHA have developed guidance for training and audit of Cervical Sample takers which can be found at: http://www.cancerscreening.hscni.net/2163.htm

The Northern Ireland Standards for Nurse and Midwife Education Providers for Cervical Screening Sample Taking are also available at: http://www.cancerscreening.hscni.net/2163.htm

Inadequate rates
Good training and monitoring of smear takers should also minimise the number of inadequate samples submitted. A cervical screening sample is inadequate if the number of squamous cells seen in the sample fails to meet the laboratory threshold, meaning the sample cannot be effectively assessed by laboratory staff. Inadequate samples need to be repeated with a minimum of 3 months between tests. Inadequate rates are an indicator of sample taker competency, but need to be interpreted with caution and rates should be compared to the local laboratory's threshold.

To assist practices and smear takers in monitoring inadequate rates of individual smear taker, and also to show the outcome of smears taken (e.g. negative, low grade or high grade abnormalities), PHA has established a voluntary smear taker register. There has been a good response to registration, but we would encourage all practices and smear takers to sign up to the register and to use their sample taker code when submitting samples.
The first results from a smear taker audit were published last month (November 2019) and show:

85% of practices (283/333) have registered. 754 GPs and 461 Nurse smear takers have registered.

70% (231/334) of practices are active – i.e. they have sent samples with a sample taker code.

Between Oct 2018 and Sept 2019, 23.2% of samples (27,773 of 119,705) had a smear taker code attached.

PHA have developed a Guide to Understanding Sample Taking Performance Data, which can be found at: http://www.cancerscreening.hscni.net/2163.htm

Uptake of Breast Screening in Northern Ireland

Uptake is the percentage of women who attend each year, following an invitation.

In 2018/19, a total of 80,989 women aged 50-70 years were invited for Breast Screening. 62,275 were screened, giving an uptake rate of 77% (the national acceptable standard is > 70%). This compares with 75% in 2017/18 and 77% in 2016/17.

This means that just under a quarter of women who were invited did not take up the offer of screening mammography.

The PHA, in partnership with other stakeholders, continues work to ensure that all eligible women can make an informed choice about attending for breast screening and that the service is as accessible as possible.

Breast Screening Uptake

Q2 JUL 2019 to SEPT 2019

Eastern	76%	Northern	79%
Southern	77%	Western	79%

Northern Ireland 77%

Acceptable Standard ≥ 70%

Achievable Standard 80%

CERVICAL SCREENING UPDATE
RIDDELL HALL, BELFAST

A Cervical Screening update event aimed at sample takers was jointly hosted by the PHA and CRUK in Belfast on 20 March 2019.
The event was well attended by approximately 170 colleagues with a good mix of GPs, Practice Nurses and Practice Managers.
The presentations on the day included:

- the work of CRUK in supporting GP practices, with experience from Scotland;
- feedback on the Northern Ireland cervical screening Patient Satisfaction Survey;
- information on the recent PHA Social Media Campaign for Cervical Screening;
- a colposcopy update from Dr Gary Dorman; and
- the launch of a cervical screening self-assessment toolkit for practices.

During lunch there was an opportunity to network with colleagues from other practices and to peruse information from Cancer Research UK, the cancer screening awareness programme delivered by the Women's Resource and Development Agency (WRDA) and other screening programmes. The half day event was very well received and consideration is being given to arranging another similar event for those who were unable to attend this time.

Cervical Screening

COVERAGE STATISTICS FOR 2018-2019

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	**498,213**	**66.9%**	**76.5%**
Belfast	116,118	62.3%	71.8%
South East	81,824	69.1%	78.6%
Northern	114,464	69.0%	78.7%
Southern	104,425	69.6%	77.6%
Western	82,382	66.6%	76.6%

KC53 Part A2 2018/2019

Northern Ireland Cervical Screening Programme Laboratory returns 2018-2019

(Source: Samples from GP and Community Clinics only 25-64)

Laboratory reporting profiles: 1 April 2018 to 31 March 2019

BELFAST TRUST CYTOLOGY LABORATORY	%
Inadequate	**2.15%**
Rates below are based on adequate smears	
Negative	**92.4%**
Low Grade	**6.7%**
High Grade	**0.9%**

NORTHERN TRUST CYTOLOGY LABORATORY	%
Inadequate	**4.5%**
Rates below are based on adequate smears	
Negative	**91.57%**
Low Grade	**7.79%**
High Grade	**0.63%**

SOUTHERN TRUST CYTOLOGY LABORATORY	%
Inadequate	**4.42%**
Rates below are based on adequate smears	
Negative	**92.2%**
Low Grade	**6.9%**
High Grade	**0.9%**

WESTERN TRUST CYTOLOGY LABORATORY	%
Inadequate	**5.5%**
Rates below are based on adequate smears	
Negative	**88.3%**
Low Grade	**10.49%**
High Grade	**1.2%**

HIGHER RISK BREAST SCREENING PROGRAMME RESULTS FROM CLIENT SATISFACTION QUESTIONNAIRE (2018)

The Higher Risk Breast Surveillance Screening Programme started in April 2013. The Northern Trust Breast Screening Unit invites all women in Northern Ireland at higher risk of breast cancer (greater than 8 times normal risk) to attend for screening.

Women at higher risk generally have genetic mutations (e.g. BRCA 1 or 2) or had previous radiation to breast tissue at a young age (supradiaphragmatic radiotherapy). Women at higher risk of breast cancer are offered breast screening at an earlier age than women in the general breast screening programme.

Most women are offered surveillance screening annually, but a small number require less frequent screening. Higher risk women will be offered MRI, mammography or both, depending on their age and the reason for their higher risk of breast cancer.

A survey was distributed to women who used the Higher Risk Breast Surveillance Screening Programme during April/July 2018, to evaluate women's views on the screening service. This was completed by women who attended surveillance screening in both the Breast Screening Unit and the MRI Department of Antrim Area Hospital.

52 completed questionnaires were received over 12 weeks. The questions asked for women's opinions on a number of aspects of the service, such as appointment times, encounters with staff, travel time and details of the procedure.

Overall, 41 women (79%) rated the service received throughout the programme as "excellent" and 5 (10%) respondents rated the service as "good". The remaining 6 women did not respond to this question. Respondents' reports on the "best thing" about their visit are shown in Figure 1.

Figure 1: Respondents' reports of the "best thing" about their visit

HIGHER RISK BREAST SCREENING PROGRAMME RESULTS FROM CLIENT SATISFACTION QUESTIONNAIRE (2018)

Cont.

Perhaps unsurprisingly, "waiting for results" was reported as the worst thing about the visit for 23 (44%) of the respondents, followed by "discomfort of x-ray," reported by 11 (21%) women, and "apprehension," reported by 6 women (11%).

Below are some comments from survey respondents:

- *"Always find staff at Antrim very friendly and helpful, 10/10"*
- *"Professional, couldn't fault the staff I met"*
- *"The service provided was the best I have found in the NHS and I have a wide range of appointments. In particular, the mammography has been efficient and I have never had long waits for the X-Ray"*
- *"Thank you very much all is well and excellent"*
- *"I don't think any improvement needed"*
- *"Excellent service, professional service for my good"*
- *"Very quick and efficient"*
- *"It would be great if the results could be issued on the same day"*
- *"Better signage, I couldn't find the right place to go"*
- *"Quicker result service especially for higher risk patients"*
- *"All doing good job"*

We would like to thank all women who kindly completed the survey. Where possible, findings will be used to improve the service in future.

Grace Rocks, Northern Breast Screening Unit

Stronger Together Network Annual Conference 2019

The Promoting Informed Choice team in the Belfast Breast Screening Unit had the opportunity to attend the Stronger Together Network Annual Conference 2019 held in Belfast.

The Network is a platform for shared activities which address and reduce health inequalities in Northern Ireland.

The unit printed a number of Breast Screening leaflets in different languages to distribute on their information stand.

This was a great opportunity to promote equality and accessibility for women to find out about the Breast Screening programme.

Electronic copies of Breast Screening leaflets in other languages, and audio versions can be found at http://www.cancerscreening.hscni.net/Breast_Leaflets.htm

Paula Kennedy, Belfast Breast Screening (Unit)

Northern Ireland Cervical Cytology toolkit

The PHA and CRUK recently launched the Northern Ireland Cervical Cytology Toolkit for primary care.
The Toolkit has been developed to support a whole practice approach to the Cervical Screening Programme.

The concept is that this toolkit will support practices to review their own practice systems and engagement methods in order to reduce the barriers to participation in the cervical screening programme and provide a high quality service to women.

The tool has 3 sections divided into a series of self-assessment questions. The sections are: Supporting Attendance, the Call/Recall System and Maintaining Engagement.

Some gaps may be identified following completion of the self-assessment, and the toolkit provides a template action plan and supporting information to address any gaps.

A copy of the toolkit is available from the Young Person and Adult Screening Team in PHA by emailing screening.cervical@hscni.net.

The Team at PHA would also welcome your feedback on any additional support and/or training that would be beneficial.

New post-polypectomy surveillance guidelines in bowel cancer screening

In September 2019, the British Society of Gastroenterology (BSG) published new guidelines for surveillance after a polypectomy or a colorectal cancer resection. These consensus guidelines were commissioned jointly by the BSG, the Association of Coloproctology of Great Britain and Public Health England.
The primary aim is to address:

- Which patients should commence surveillance?
- What is the appropriate surveillance interval?
- When can surveillance be stopped?

Overall, implementation of the guidelines is likely to reduce the volume of screening surveillance we do. As well as taking account of the number and size of polyps found at colonoscopy, the new guidelines also consider the pathology.

Only those with high risk findings will be offered a one-off surveillance procedure at 3 years, rather than the previous high and intermediate risk pathways of 1 or 3 years.

The NI bowel cancer screening programme is taking account of these new guidelines and working to change our practice.

All new participants having an index colonoscopy will now be considered for surveillance under the new guidelines.

Participants already booked for a surveillance colonoscopy will proceed as planned.

Participants booked for pre-assessment for a surveillance procedure will have their case reviewed to assess if this is still appropriate, or if the procedure should be deferred. This will be discussed with the participant at their pre-assessment appointment.

The Trusts will also be undertaking a validation exercise in early 2020 to review the status of all participants within a surveillance pathway. Participants, and their GP, will be advised if their status is changed as a result of this exercise and be provided with information.

The new guidelines, along with a useful lay summary, can be accessed here.

NORTHERN IRELAND COLPOSCOPY CONFERENCE 2019

On Friday 17th May 2019 the annual Northern Ireland Colposcopy Conference took place in Lough Neagh Discovery Centre at Oxford Island.

The keynote speaker for this years conference was Dr Louise Pickford, Cervical Screening Wales (CSW) Clinical Lead, who presented on the Welsh experience of implementation of Primary HPV Screening. There were also presentations on Cervical Screening Guidelines, Low Grade Cytology and HR-HPV, Audit of Invasive cervical cancers and from CERVIVA, the Irish Cervical Screening Research Consortium.

There were 60 attendees including sample takers from GP practices, Colposcopists, Nurse Colposcopists, Cytopathologist and Cytology laboratory staff. Evaluation found the majority of attendees reported the content would influence their clinical practice and was relevant to their educational needs.