

SCREENING MATTERS Cervical

Newsletter of the Northern Ireland Screening Programmes

Issue 5

Produced by the QARC for Health Professionals in the NI Screening Programme Summer 2004

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Coverage figure for 2002/2003 follows the same trend as NHSCSP figures.

At 31st March 2002, 72.15% of women aged 25-64 resident in Northern Ireland had been screened at least once in the previous five years indicating a continuing rise towards the target set by the DHSS&PS in their 2002 strategy "PRIORITIES FOR ACTION" *"that 75% of Cervical Screening Coverage should be achieved by 2004".* Unfortunately the coverage figure at 31st March 2003, showed a slight downward turn at 72.01 %. While this is disappointing it does mirror an overall trend shown by the National Screening Programme in England.

COVERAGE STATISTICS

For 5 Year Period Ending 31 March 2003

	Eligible Population	Coverage	Percentage
EHSSB	156,814	108,457	69.16%
NHSSB	98,345	75,863	77.14%
SHSSB	73,775	54,944	74.47%
WHSSB	72,262	49,653	68.71%
NI TOTAL	401,197	288,917	72.01%

The coverage figures for 2001/2002 are available on the fact sheet.

If you would like to receive a regular copy of this newsletter or submit an article please contact: Clare Privilege QARC 12-22 Linenhall Street BELFAST BT2 8BS

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This year's coverage figures were calculated by the QARC, closely following the method used by DIS in previous years.

A fact sheet detailing statistics on uptake and coverage for both Breast and Cervical Screening can be obtained by contacting Clare Privilege at the QARC

Smear Takers Information Update Evenings

A series of Smear Takers Information Update Seminars have been held between November 2003 and February 2004, according to recommendations of the NHS Cervical Screening Programme that all smear takers should be updated every 3-5 years. The seminars were open to GPs and Nurses involved with smear taking in their practices, and in all nearly 120 people attended with good representation from across the EH&SSB and some nurses travelling to attend from the WH&SSB.

Dr Philip Donaghy opened the evenings discussing 'Changing Issues in Cervical Screening'. Of particular
 topical interest to GPs was the talk given by Dr Anne Marie Harney which addressed issues surrounding the
 New GP Contract and Cervical Screening. This was followed by a talk from Mrs Rosemary Wilson, Barrister
 at Law who addressed the Medico/Legal aspects of screening specifically addressing 'Accountability',
 'Consent', 'Negligence' and 'Documentation'. Mrs Beverley Mann discussed the aspects of traceability of
 medical instruments and Bench-top Steam Sterilisers providing practical demonstrations and displays of
 CSSD policies and procedures. Dr Linda Caughley and Dr Neil Anderson provided information on the
 Cytology Laboratory perspective of cervical screening.

We were very pleased to have the first Nurse Colposcopist to be trained in Northern Ireland, Gwen Thompson, who discussed 'Management of the abnormal Smear and What the Patient should be told before attending Colposcopy'. Sister Edith Barry ended the evening by discussing practical aspects of smear taking, including practical solutions on how to obtain a good smear test.

My sincerest thanks go to all speakers for their valuable input.

Louise Logan, Screening Facilitator, EHSSB

Policy Change on Follow-Up of Abnormal Smears

Until now responsibility for follow-up after an abnormal smear, if indicated by the Cytopathology Laboratory, has always rested with the taker of the smear, which was usually the woman's General Practitioner (GP).

Therefore, if a woman required a follow-up smear and subsequently changed her GP, then the follow-up correspondence or reminders still went to the original taker of the smear.

This policy relating to Follow-Up has now changed.

From 1st March 2002, if a woman has an abnormal smear and changes her GP then responsibility will no longer rest with the original taker of the smear <u>but with the new GP</u>.

However, it should be noted that:

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- 1. Correspondence will only be redirected if the taker of the smear that requires follow-up is a GP: i.e. has a valid GP Cypher Code.
- 2. This applies in ALL cases: i.e. the GP may not be the woman's registered GP, e.g. a female partner in a practice or a GP taking smears at a Family Planning Clinic.
- Smears may be taken by medical professionals in other circumstances, e.g. at Colposcopy or GUM clinics. In these circumstances a change of registered GP will NOT redirect the follow-up correspondence.



CERVICAL SCREENING RESULTS EXPLAINED

This NHSCSP booklet presents the possible cervical screening outcomes, explains what they mean and the recommended action to be taken in each case. A copy of this booklet is being sent to all GPs and those working within the NI Cervical Screening Programmes.



SCREENING MATTERS Breast

Newsletter of the Northern Ireland Screening Programmes

Issue 5 Produced by the QARC for Health Professionals in the NI Screening Programme Summer **Redeveloped National Breast Screening Regional Contacts** Dr G Crothers System Regional **QA** Director n the 25th and 26th February 2004, the Redeveloped National Breast Screening System became operational in Northern Ireland. Dr N Anderson This was a result of hard work and commitment by the Northern Ireland NBSS Project Team, who participated in site visits, national meetings and user QA Pathologist acceptance testing to ensure the smooth implementation of the redeveloped system. • Sister | Gray **OA Breast Care** Changes to the System have included: Nurse Migration to a more stable (supported) environment. All users are now using the Cache database, installed on the NI HPSS Consolidated Server Mrs F Houston Transition from the existing terminal based mode of operation to a client QA Radiographer server architecture. The NBSS application now runs on a PC environment with Word, Excel and MS Access Mrs A Roberts A 'Graphical User Interface' to the NBSS database now exists and users QA Administration agree that the new system is user friendly and has enhanced functionality Improvements to report generating capabilities. The complex Co-writer • Mr A Wilkinson report development application has now been replaced with an easier to QA Surgeon use 'Crystal' reports application. The NI NBSS Project has been successful, achieving all objectives within the agreed timescales and it is with thanks to the NBSS Project Team and in Mr A Workman particular, Mrs Jacqui Murphy, Project Manager, that a robust IT system is in OA Medical place, thus ensuring the ongoing operation of the NI Breast Cancer Screening Physics Programme. Dr Philip F. Donaghy **OARC** Team 028 9055 3949 (NI) Regional QA Coordinator

Congratulations to Suzanne Moore.



Suzanne has become the first qualified Assistant Practitioner in the breast screening programme in Northern Ireland having successfully completed her NVQ Level 3 and her Mammographic Assessment. In terms of mammography she has been trained to the same level as a radiographer and will perform basic mammography in the screening unit and mobile unit. Our congratulations to Suzanne on her achievement.

NI Screening Programmes

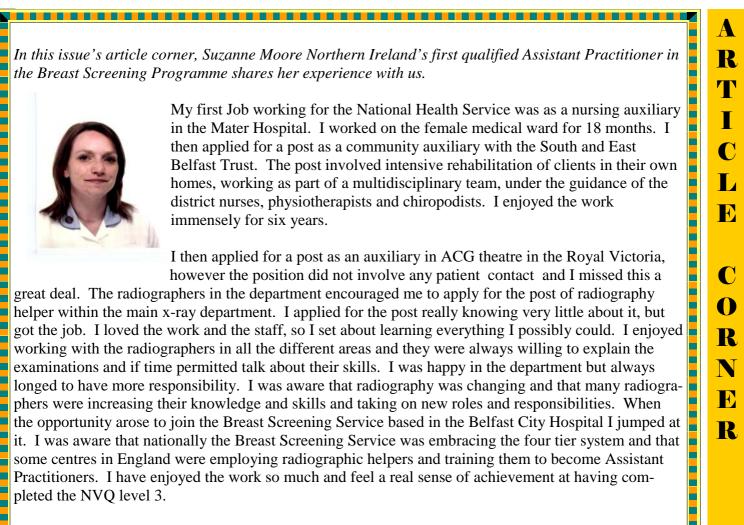
Dr Graham Crothers , Regional QA Director

Due to funding restrictions the Department of Health now issue only one copy of National Publications to QARC. To ensure you receive National Publications you can	STATISTICS Uptake for year ending 31 March 2003				
 request your name be added to their mailing list either in writing or by email – details below: 		Number Invited	Number Screened	Uptake Rate	
Department of Health PO Box 777	EHSSB	18,168	12,243	67.4	
London SE1 6XH	NHSSB	10,065	8,173	81.2	
Tel: 08701 555 455 Fax: 01623 724 524	SHSSB	8,219	6,156	74.9	
Email doh@prolog.uk.com Web www.doh.gov.uk	WHSSB	6,872	5,133	74.7	
	NI	43,324	31,705	73.2	

QA Visit

In the Autumn of 2003 there was an external assessment of all four Screening Units. This was performed by NHS Quality Improvement Scotland (NHSQIS). There were two separate visits by a Radiologist, Surgeon, Pathologist, Breast Care Nurse, Admin and Clerical Supervisor and a Physicist - a very comprehensive team. All in all the report was very positive. Our own QA subsequently revisited all four Units to discuss any issues raised by NHSQIS. Some of the issues raised were beyond our control - for example the redevelopment of Linenhall Street Screening Unit, the business plan for this is still with Belfast City Hospital. Overall the report was very complimentary and the individual Units benefited from having to revisit and document many of the established protocols.

Dr Graham Crothers, Regional QA Director



Suzanne Moore