



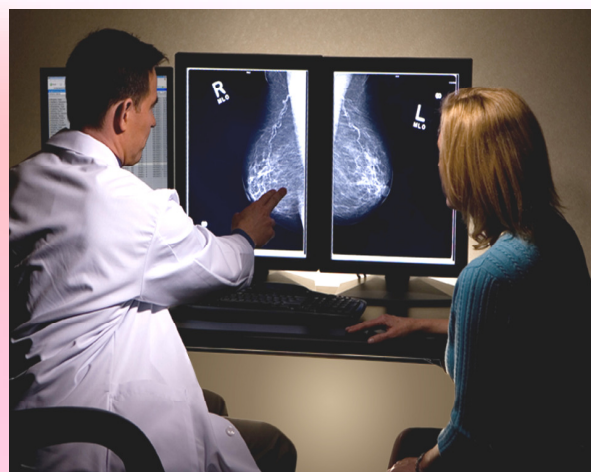
GP INFORMATION PACK

The Public Health Agency has designed and produced a GP information pack for the Breast Screening Programme.

From October 2011, the local Breast Screening Unit will send an individual information pack to each GP practice. The information pack will be issued in advance of the screening round, i.e. before eligible ladies within the practice area are invited to attend breast screening.

Each pack will contain:

- Statistics for the individual practice including
 - Uptake rate
 - DNA rate
 - Cancer diagnosis
- Information about breast screening
- The breast screening process
- Benefits and limitations of breast screening
- The role of GP practices
- Location of the nearest screening site
- Appointment times
- Contact details for the local Breast Screening Unit



This information, will enable primary care teams to support women to make an informed choice about breast screening .

The information pack will also come with posters and leaflets that can be displayed in the surgery before women in the area are invited for screening.

For more information please contact:

Mrs G O'Kane, Office Manager & Regional Link for NHAIS/NBSS, Tel 02890-333-700

Statistical data for quarter 4, Jan – Mar 2011

Uptake% 50-64	Screen to assessment % within 3 weeks	Round Length % within 36 months 50-64
Eastern 75.8%	Eastern 98.4%	Eastern 98.9%
Northern 78%	Northern 98.4%	Northern 80.6%
Southern 75.6%	Southern 98.3%	Southern 87.1%
Western 75.6%	Western 98%	Western 99%
<i>Breast Screening</i>		
Region 76.4%	Region 98.2%	Region 91.9%
Minimum Standard >70%	Minimum Standard 90%	Minimum Standard 90%
Target 80%	Target 100%	Target 100%



BASO AUDIT OF SCREEN DETECTED BREAST CANCERS APRIL 2009 – MARCH 2011



The British Association of Surgical Oncology (BASO) Audit data for 2009-10 was published in May 2011 at the annual Association of Breast Surgeons' meeting in Manchester. Once again it highlighted the high quality performance of those involved in delivering the service across the United Kingdom.

Northern Ireland excelled in several key performance indicators and had many positives to take from the audit, not least the long term survival data.

According to the Going Forward on Cancer Waits (GFoCW) monitoring system, if surgery is the first treatment, then a minimum of 90% of patients with screen-detected breast cancer should be offered a date for surgery within 62 days of the date of the last reading of their mammogram.

In Northern Ireland 99% of patients were offered surgery within this time frame compared to the national average of 88%.

The relative survival for patients with primary invasive screen detected breast cancers in Northern Ireland at 5, 10 and 15 years were 95.5%, 93.2% and 91.5% respectively.

This survival data compared very favourably against the national averages of 93.5%, 87.9% and 83.0%.

I would personally like to thank Ms Clare Hall (Information Officer) at QARC for her hard work in ensuring that the Northern Ireland data was complete and accurate and also all my radiological and surgical colleagues across the province for their willingness to participate in the BASO audit.

*Robert Kennedy MD FRCS
Consultant Oncoplastic Breast, Endocrine and General Surgeon at The Ulster Hospital and QA surgeon for the NHSBSP in Northern Ireland.*



CERVICAL CYTOLOGY UPDATE forthcoming event, 13 September 2011, Ballymena, Co. Antrim

Plans are well underway for the last in the current series of update training events for GPs, primary care nurses and family planning staff who are already experienced in smear taking. Dr Tracy Owen, QA Director, NICSP will open the Northern Trust Cervical Screening update event on 13th September providing an overview of the screening programme in Northern Ireland, especially in view of the recent changes to screening policy. Dr Michael Chambers, QA Lead for Primary Care NICSP will discuss the primary care perspective and responsibilities for screening at practice level. Mrs Louise Logan, Nurse Practitioner at the Northern Trust, Templepatrick Surgery will deliver refresher training regarding the role of the sample taker.



As with previous update training events, local Trust staff will provide updates on the laboratory and colposcopy aspects of the screening service:

Dr Gary Dorman, *Consultant Gynaecologist, Northern HSC Trust*
Mrs Jackie Jamieson, *Biomedical Scientist, Northern HSC Trust*

If you are from the Northern Trust and would like to attend this event, please contact Claire Armstrong Quality Assurance Reference Centre (QARC) 02890-553-949

It is a national cervical screening standard that all smear takers should undertake update training every three years.

Presentations from previous events are available at www.cancerscreening.hscni.net

The Primary Care QA advisory group will review feedback from all five events to considering how refresher training can best be provided in Northern Ireland on an ongoing basis.

If you would like to submit a news item, or would like to publish the results of an audit in **Screening Matters**, please contact Ken McInnes on 02890 553949 or Public Health Agency QARC, 4th floor Champion House, 12-22 Linenhall Street, Belfast BT2 8BS. For further information and back issues, please visit our website at: www.cancerscreening.hscni.net.

Audit, Use of Anaesthetics in Colposcopy in NI

Dr Lorraine Johnston, Lead Colposcopist, NHSCT

The NHS Cervical Screening Programme publishes a set of quality standards for colposcopy practice across the UK (NHSCSP publication 20), most recently updated in May 2010.

One of the recommendations in these guidelines is that at least 80% of procedures should be performed using local anaesthetic i.e. without the need to have a general anaesthetic. This enables women having colposcopy to be treated as outpatients, with less disruption to daily activities.

The Regional Advisory Group for Colposcopy commissioned an audit of practice in Northern Ireland to determine if this target was being met.

All five Trusts, incorporating 12 separate colposcopy clinics participated, submitting data for a one month period in the Autumn 2010.

285 procedures were performed, of which 210 were excisional biopsies and 74 destructive treatments were undertaken. During the audit period 1 patient required a knife cone biopsy. In Northern Ireland as a whole, 92% of treatments were carried out using local anaesthetic, with only 8% requiring a general anaesthetic. The range across the five Trusts was from 73.2% in the Western Trust to 99% in the Northern Trust.

A variety of methods are used in addition to local anaesthetic to help patients feel at ease during these procedures. All clinics rely on the personal reassurance provided by a dedicated nurse, whilst music, Entonox, (gas and air) and occasionally, hypnosis is used in some clinics.

Cervical Screening in the Under 25's

Dr Gary Dorman, Lead Colposcopist, NHSCT

Earlier this year screening intervals were changed to bring Northern Ireland into line with the national programme.

Screening in the under 25 age group in England was dropped in 2003 for a number of reasons. This was based on evidence from the National Screening Programme, that screening in the under 25 age group can actually lead to more harm than good and that the incidence of cervical cancer in this age group is very low.

In Northern Ireland over the last eight years there have been a total of four cervical cancers in the under 25 age group, with none presented through the screening programme. All were symptomatic presentations and all had rare cancers, not the more common squamous variant that the programme is designed to detect. Furthermore, the percentage of women in the 20 to 25 age group taking up their invitation to be screened was less than 30% so women were voting with their feet.

Patients in Northern Ireland are now sent their first appointment for screening from the central call/recall office around age 24.5yrs in a similar fashion to the English model.

This change will not lead to an increased incidence of cancers in this under 25 age group, but should reduce the harm and morbidity of over treatment in this group who have previously presented with an abnormal smear.

References

Colposcopy and Programme Management NHSCSP Publication No 20 May 2010

Northern Ireland Cervical Screening Programme Colposcopy Standards and Guideline Handbook. 11.2006.

Cervical screening:
it's best to take the test



Colposcopy News and Information

Latest News

Rollout of the Northern Ireland computerised Colposcopy system is almost complete in the Northern Trust.

Cervical Screening Coverage 2010/11

Cervical Screening Coverage 2010/11	
Northern Ireland	77.32%
Belfast & SE HSC Trusts	74.82%
Northern HSC Trust	80.72%
Southern HSC Trust	77.77%
Western HSC Trust	78.02%

The 2011 Colposcopy conference was held in Belfast City Hospital and this year we were also joined by our colleagues from the Irish Cervical Screening programme. The afternoon meeting consisted of a variety of topics from speakers all across Ireland. Please check our website for details of the presentations given on the day.

WWW.CANCERSCREENING.HSCNI.NET



Jo's Trust CERVICAL SCREENING AWARDS 2011

Cervical Screening Awards 2011

The Cervical Screening Awards is an annual scheme launched in 2010. The Awards aim to find the best local cervical screening campaigns.



We know there is very creative work happening at a local level and 2010 applications highlighted this. The Awards are a perfect way to recognise and reward that quality, and of course, share it so colleagues can learn from the winners and take their examples back to their own communities. Jo's Cervical Cancer Trust believe the Cervical Screening Awards provide a fantastic opportunity to share best practice with all professionals working in the field of cervical screening as well as rewarding excellence in increasing awareness and uptake of screening in local communities.

If you think your organisation or project could be eligible you can apply for the Cervical Screening Awards by downloading a form below:

Go to <http://www.jostrust.org.uk/screeningawards> and download the following forms

[Cervical Screening Awards Application Form electronic](#) OR [Cervical Screening Awards Application Form PRINT ONLY](#)
[Cervical Screening Award eligibility criteria](#)

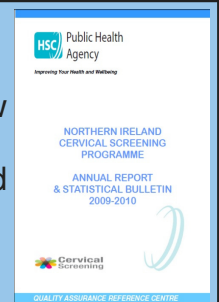
Please note, The deadline is 5pm, Friday 16th September 2011.

Cervical Screening Programme Annual Report

The 2009/10 cervical screening annual report and statistical bulletin, is now available for download.

Please go to the Cervical Screening/publications section of the Northern Ireland cancer screening programmes website for the latest report.

WWW.CANCERSCREENING.HSCNI.NET



Cervical cease call audit

GP's who have still to submit cervical audit returns to the central screening office, please arrange to send these forms back ASAP.

If you have still not received the audit forms please call 02890-535-552 to speak to screening office staff who will provide you with further information.



SSP's (Altnagelvin)

An update from the Specialist Screening Practitioners at Altnagelvin

The three Specialist Screening Practitioners in the Western Trust are the first health professionals to meet the patient. The Western Trust team are all senior endoscopy nurses and therefore have an invaluable insight into what attending for colonoscopy involves.

At the pre-assessment visit the SSP will assess level of fitness for colon investigation, provide information on the test, alleviate any anxieties and answer whatever questions the person has regarding the process.



Altnagelvin, Colonoscopy Team

In the first year of the screening programme in the Western Trust 19 patients (10%) undergoing colon investigation have been diagnosed with bowel cancer, of which over half were early stage, and a further 52% had adenomas (pre-cancerous polyps) detected. Early diagnosis of bowel cancer and removal of adenomas are vital for effective treatment and prevention. These figures confirm that participation in the screening programme is an extremely rewarding exercise.

Marian Purser, Eileen Buchanan and Amanda Blair, Altnagelvin SSP's

Bowel Cancer Screening Programme Quality Assurance

Recruitment is underway within QARC in support of the Bowel Cancer Screening Programme. An Information Support Officer is currently being advertised and an Administrative Assistant will also be recruited. The QARC will review activity and undertake performance management of the different functions of the programme. It will produce performance reports, statistics and provide day to day management and guidance to Call/Recall, Labs and the Trusts.

A clinical Quality Assurance (QA) structure is also being established. QA Leads in Colonoscopy, Pathology, Radiology and for Specialist Screening Practitioners are being recruited on a sessional basis to provide key clinical advice and support to the screening programme and to provide peer review and guidance. A QA Committee chaired by the Regional QA Director, Dr Tracy Owen, will be established in October when the QA Leads are in post.

Appointments

New Cancer Screening Programmes Manager

Mr Colin McMullan took up post on the 1st June to manage the PHA Quality Assurance Reference Centre (QARC) which provides quality assurance for the Cervical, Breast and Bowel Cancer Screening Programmes. The main focus of Colin's role initially will be to fully implement the bowel cancer screening programme across Northern Ireland.



Screening Uptake Rate (%)
Output Area
69.9 (Below National Target)
76.6 (Above National Target and Below NI Average)
92.4 (Above NI Average)