



CNS National Patient Satisfaction Survey

The NHS Breast Screening Programme has a number of national standards that breast screening services have to meet. In the Quality Assurance Guidelines for Clinical Nurse Specialists in Breast Cancer Screening, Standard two states that the role of a Breast Care Nurse is to educate, inform and support women throughout the screening and assessment pathway.

The Quality Assurance Reference Centre (QARC) works with your local breast screening unit to ensure that high quality services are offered to all women who take part in breast screening. Ladies' views and opinions of the service play a vital role in Breast Care Nursing work and delivery of service.

A national Patient Satisfaction Survey has been developed by the National Co-ordination Group for Nursing, in collaboration with the West Midlands QA, to assess the role of the CNS in breast screening. The audit is designed to determine the satisfaction of women attending a breast screening assessment clinic with the breast care nursing service they received. For one month starting on Monday 1st march 2010 all women attending an assessment clinic will be given a questionnaire along with a pre-paid envelope to be returned and analysed by QARC, before forwarding to the West Midlands, so Northern Ireland Breast Screening Programme results can be compared to those throughout the UK. A total of 240 surveys have been sent to units across Northern Ireland.

Results will be included in the next issue.

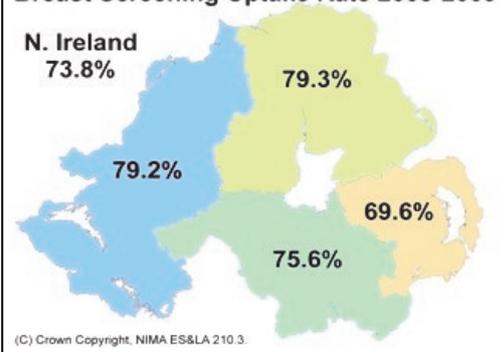
Breast Screening Uptake at Local Level

The Public Health Agency (PHA) in collaboration with the Health & Social Care Board has for the first time geo-mapped Breast Screening uptake rates at Super Output Area level. The aim of this exercise is to identify where breast screening uptake is low*. While in general breast screening uptake rates in Northern Ireland are actually quite good, it is known that the legacy EHSSB has exhibited lower uptake rates than the other legacy HSS Board areas. The results of this work should, therefore by revealing where uptake rates are low at the small area level, provide a basis to inform targeting to improve uptake rates overall, and reduce the gap between areas with the highest and lowest uptakes.

Preliminary work has revealed, perhaps unsurprisingly that low breast screening uptake is correlated with high levels of deprivation. However what is most striking about these results to date is that low uptake rates are virtually restricted to the Belfast area, with only sporadic examples of low uptake across Northern Ireland outside of Belfast. This effect is most striking when demonstrated as a map of uptake across Northern Ireland. Possible reasons for the low uptake phenomenon in Belfast have been the subject of much debate. However, one thing is clear; which is in order to tackle low uptake, further work is required to fully understand reasons why uptake is low in Belfast and not to the same extent in other deprived areas. The results of this study will be presented in a full report on breast screening uptake in the coming months.

*Low breast screening uptake is defined here as being below the Minimum Standard of $\geq 70\%$.

Breast Screening Uptake Rate 2008-2009



Aim of Quality Assurance

The aim of quality assurance (QA) in the cancer screening programmes is to maintain minimum standards and continuously improve the performance of all aspects of cancer screening to ensure women have access to a high quality service wherever they live. Quality assurance is a shared responsibility between:

- The Trusts and breast screening units that provide the service;
- The Business Services Organisation (who maintain the National Breast Screening System (NBSS) IT system);
- The Public Health Agency and Health & Social Care Board who commission the service;
- The QARC.

Quality Assurance helps to ensure that the benefits of breast screening outweigh the harms. It is a continuous process that is carried out by QARC and by the units. The QA visit is an essential part of this process and is the only forum which provides an opportunity for a multidisciplinary review of the whole screening process. It also enables an assessment to be made of the effectiveness of team-working within a breast screening unit.

The NHS Breast Screening Programme (NHS BSP) requires QA visits to be undertaken at least once every screening round (three years).

Contact Northern Ireland Cancer Screening Programmes on 02890 553949 or email clare.hall@hscni.net.

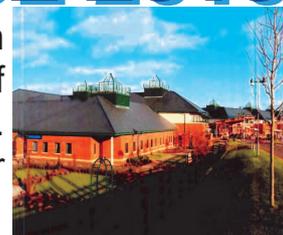
QA Visits

During October 2009, the QARC successfully undertook a QA visit to each of the four breast screening units. The teams visiting the units were comprised primarily of professional QA Leads (eg surgical, radiology, pathology, radiography, breast care nursing and admin staff) and their deputies; QARC staff were also present. As this was the first time the NI QARC had undertaken its own round of visits, the process was overseen by external QARC and NHS BSP colleagues from the East Midlands to ensure full compliance with national guidelines. Visiting teams were impressed with the level of cooperation and engagement by all units and Trust staff both in preparatory work for the visits and on the day of each visit. There was an evident desire by all staff to provide a high quality service to women and improve programme performance wherever possible. Draft reports have been issued to all four units and these should be finalised shortly.



NI COLPOSCOPY CONFERENCE 2010

Plans are under way for the 2010 Annual Colposcopy Conference, this year being held in Causeway Hospital, Coleraine. The date for the meeting is Friday 7th May 2010. A list of speakers is being drawn up and will be emailed to you when the programme is finalised. If you would like to submit a paper for consideration, please email QARC for further details. Space for this year's conference will be limited so please book early.



AUDIT

A prospective audit in the use of general anaesthetics in colposcopy procedures is planned for April 2010. The audit will run from April 2010 until October 2010 and each clinic should have a minimum of 50 patients taking part in the audit.



Assessing young women with abnormal vaginal bleeding

The Department of Health in England has just published new guidance for primary care on the assessment of young women aged 20-24 with abnormal vaginal bleeding. The guidance advises that the critical intervention in the diagnosis of cervical cancer is an immediate speculum examination to enable a clear view of the cervix. If the cervix looks abnormal and suspicious, an urgent referral to colposcopy is required. The guidance supports the opinion that there is no clinical indication for a cervical screening test and it is best practice that smears are not carried out on symptomatic women.

The guidance has been endorsed by the Royal College of Obstetricians and Gynaecologists, the Royal College of General Practitioners and the Royal College of Physicians. It can be found at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113478

REGIONAL COMPUTERISED COLPOSCOPY INFORMATION SYSTEM

Funding was awarded for the procurement and implementation of a Regional Colposcopy Information System in September 2009. The procurement process is currently being undertaken by Hewlett-Packard on behalf of the Business Services Organisation partly made up of the old legacy DIS. It is expected that procurement will be completed by the end of April 2010. Lead colposcopists will be kept updated on each stage of this process as it progresses.

QA Visit 2009

A pilot QA visit was carried out to Craigavon Cytology Laboratory in June 2009. This is a new process for Northern Ireland, with one of the main purposes of undertaking a pilot visit being to inform the roll-out of formal QA visits across Northern Ireland. It is intended that all local screening services will be visited at least once every four years, incorporating all aspects of the programme. QARC hopes to conduct the first full QA visit later this year.

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.

GP SURVEY ON CALL/RECALL

Over the last two months, QARC has undertaken a web-based survey of GP practices on their use of the regional call/recall service to manage cervical screening invitations to eligible women. Historically, GPs were given the choice to opt out of this regional service and instead operate their own call/recall processes.

While some practices have been doing this for many years, and feel that the process works well for them, this opt out clause means that QARC cannot properly quality assurance the call/recall aspect of the programme in Northern Ireland. For example:

We do not know if all eligible women are being invited for screening;

We do not know if all women are receiving the patient information leaflet with their invite, to allow them to make an informed decision about participating in screening;

We cannot measure how many women actually respond to an invite for screening, or how many are carried out opportunistically. This information is vital in informing future initiatives to improve uptake.

To date, 40 GP practices have returned a completed survey questionnaire. They have confirmed concerns that there are now significant variations in practice across Northern Ireland in terms of the screening age range being used and the frequency of invites. While the majority of respondents indicated that they would be willing to at least consider changing practice to use the regional call/recall service, others stated that they would not do this as they achieved higher coverage by operating their own in-practice system. QARC have looked at this issue and have evidence to show that this is actually not the case (see table below). In fact, in all areas, coverage is overall higher in practices which use the regional call/recall service. This is particularly marked in the Western Trust area

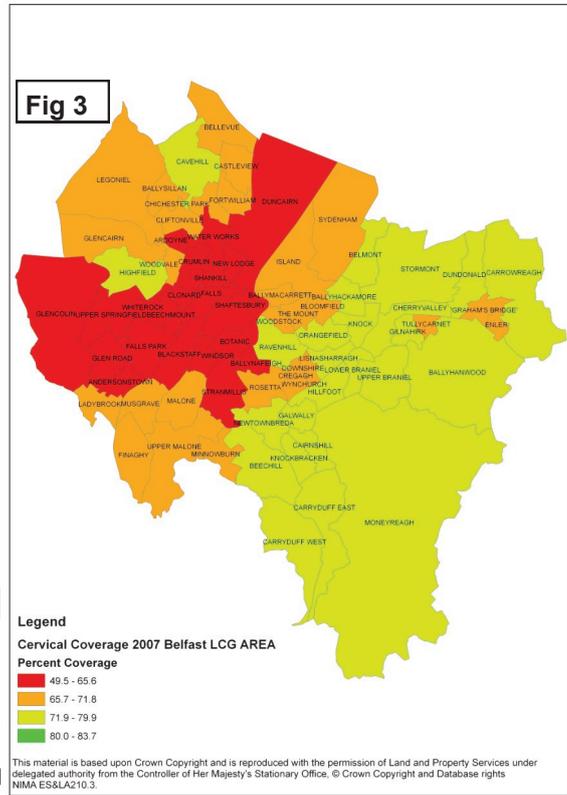
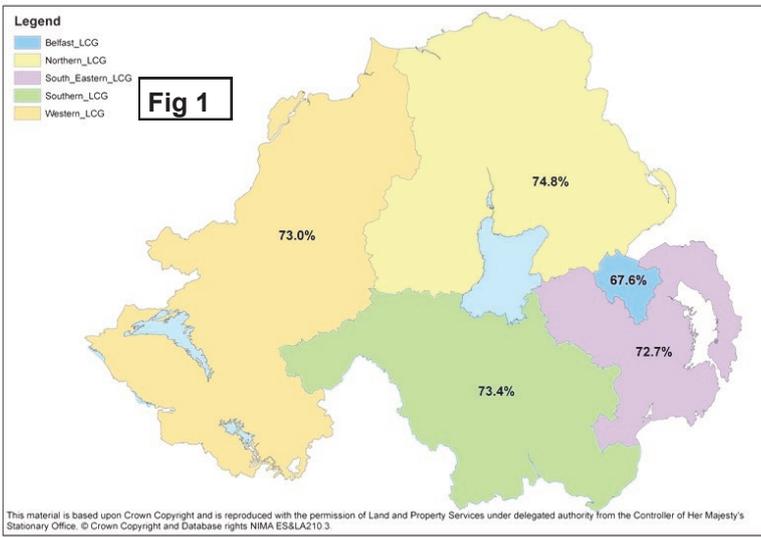
where almost a 10% differential is seen.

In the past three years, the new information system has allowed significant improvements in the regional call/recall service. The screening record is held as a module on the Family Practitioners System (FPS) operated by the Business Services Organisation (BSO) and is updated as names, addresses and GP registrations are changed. Nationally agreed screening invitation algorithms are used to invite and remind women whose test is due. The screening module is electronically linked to the laboratories to ensure that results are received and a complete screening history is maintained. Future quality improvements would be to send normal smear results directly to women as it is good practice to ensure that all women receive written confirmation of their result.

The QARC would encourage all GP practices who have chosen to opt out, to review their practice and consider the use of the regional call/recall service. The service is provided at no cost to the practice and would have significant benefits – including reducing administrative demands and postage costs at practice level. If you would like more information please contact Mrs Norma Magee at 02890 532967 or email norma.magee@hscni.net

CERVICAL SCREENING COVERAGE BETWEEN JAN-DEC 2009

Belfast & South Eastern	Used Call/Recall	73.78%
HSC Trusts	Coverage where practices opt-out	73.74%
Northern HSC Trust	Used Call/Recall	80.64%
HSC Trusts	Coverage where practices opt-out	78.55%
Southern HSC Trust	Used Call/Recall	76.66%
HSC Trusts	Coverage where practices opt-out	76.56%
Western HSC Trust	Used Call/Recall	77.35%
HSC Trusts	Coverage where practices opt-out	67.97%



GEO MAPPING CERVICAL SCREENING COVERAGE

In 2008 a piece of work was instigated to extract cervical screening coverage figures by postcode, based on 2007 data held at the Business Services Organisation (BSO)'s central call/recall office. Since the information became available, further work around the data has been carried out. The region has been mapped and coverage figures have been overlaid on maps.

Figure 1 map reflects the coverage by Local Commissioning Groups (LCG) This is the percentage of women living in the LCG who have provided at least one smear sample in the last 5 years.

Figure 2 represents the percentage coverage in four bands, at the more closely defined electoral ward level, and maps LCG boundaries for the entire region. One area of particular interest is Belfast area, as it clearly highlights an area of low coverage (67.6%). In the coming months this information will be analysed for use by Health Promotion. Areas coloured in dark green have achieved the national standard of >80% for cervical screening coverage.

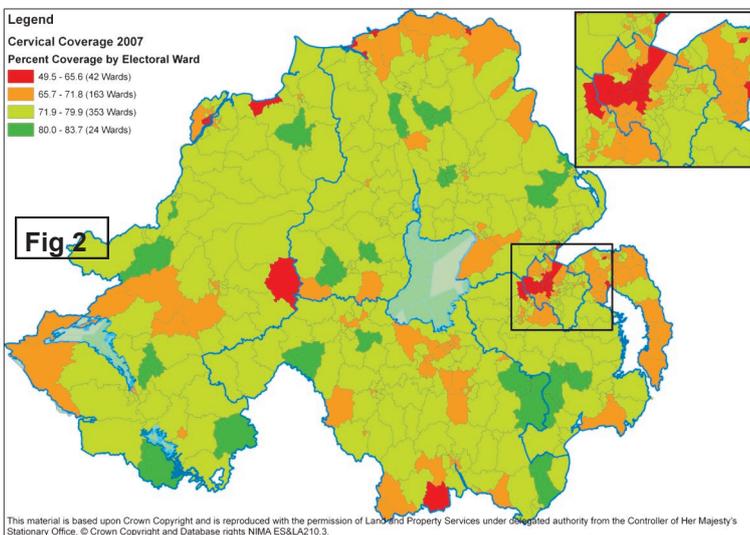


Figure 3 is a map of Belfast at electoral ward level. Areas with <65% coverage are highlighted in red.

Please use this data to help assess coverage in your area. This information will for the first time allow a degree of comparison between GP practice and local coverage.

It is hoped to have the 2008-2009 cervical screening coverage figures within the coming months. QARC will publish the results in screening matters when they become available.



NEW BOWEL SCREENING PROGRAMME TO START

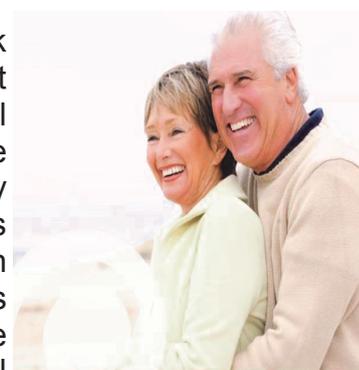
The Northern Ireland Bowel Cancer Screening Programme will be introduced from April 2010 and rolled out on a phased basis by Trust area. The aim of the programme is to reduce the morbidity and mortality from bowel cancer through early detection.

Each year, there are more than 1,000 new cases and over 400 deaths from bowel cancer in Northern Ireland. Evidence suggests that 1 in 6 deaths from bowel cancer can be avoided by screening.

All men and women aged 60–69, who are registered with a GP, will be offered the opportunity to take part in this programme using a home testing kit for faecal occult blood. As it will take two years to invite all individuals in this age group, some people may have already reached their 70th birthday by the time the kit arrives with them. They should still be encouraged to participate and their completed kits will be processed.



An information pack will shortly be sent out to all general practitioners, practice nurses and community pharmacists. This includes an information booklet which explains the details of how the programme will operate and will help prepare you for any questions



Bowel cancer screening: the facts

that patients may ask. The pack will also include a sample bowel cancer screening test kit and copies of the public information leaflets and kit instructions to be used in the programme.

A freephone helpline will be available on **0800 015 2514** for anyone who has questions about completion of the test kits or the invitation. Further information on the programme, including leaflets in other languages, will be available on the QARC website at www.cancerscreening.hscni.net.

As with the other cancer screening programmes, QARC will be responsible for quality assuring the bowel cancer screening programme. A QA team will be established in due course to oversee and lead on this work. We look forward to keeping you up to date with progress in the bowel cancer screening programme in future editions of *Screening Matters*.

