



# SCREENING MATTERS

## Breast

Newsletter of the Northern Ireland Screening Programmes



Issue 10 Produced by the QARC for Health Professionals in the NI Screening Programme Summer 2006

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“Breast Screening: The Facts”, a leaflet produced by the NHS Cancer Screening Programme is available in many languages, including:

- Hindi
- Punjabi
- Cantonese
- Polish
- Spanish
- Turkish

Please see [www.cancerscreening.nhs.uk](http://www.cancerscreening.nhs.uk)



## Screening? a GP's Perspective

Dr Ruth Ingram, GP at Garden Street Surgery, Magherafelt and GP representative on the Regional Advisory Group for the NIBSP, has kindly provided this article.



### What are the most frequently asked questions from your female patients with regard to screening?

“A large number of patients are well educated about the availability of the screening programmes. However most do not understand the difference between a *screening* and a *definite test*. Many have the mistaken impression that screening is, or should be, 100% accurate. Questions in the surgery are rare until an abnormal result appears and then patients often need help interpreting it. The diagnosis of breast cancer in a family member is the commonest thing to stimulate questions of whether or not extra screening is necessary.”

### Is there a common theme to the worries and misconceptions about breast cancer?

“Any reported abnormality on a mammogram tends to cause panic as the worst outcome is feared. Experience of similar disease within the family is very influential in the reaction. Most fear cancer and don't realise that many patients have a good outlook. People have always heard about the worst cases. Once a diagnosis of cancer is made patients are often very anxious. Their worries are natural; worry about symptoms, the treatment, loss of independence and mobility. Others fear the effect on their loved ones more - apprehension about how the family will cope and how it will affect relationships.”

### Do your patients understand the recall system of invitation and what a mammogram entails?

“Patients in areas outside Belfast will know from friends or the local press that the Mobile Unit has arrived. Views of a mammography screening unit are seen on television relatively frequently so most understand what happens. Most ladies forget about screening in the interim period between screens unless a close friend has a positive diagnosis.”

### Are there any areas of the screening programme that you think need addressed to make the service better for the patient?

“I am well aware of the huge efforts made by the health professionals and administrative staff involved in the screening programme in order to provide a good service. With the increase in immigration, I feel that information about screening in other languages would be useful.”

# DRIVING TOWARDS A STATE OF THE ART CANCER SERVICE

A major healthcare initiative by Action Cancer, known as the BIG BUS, will be launched in September 2006. It will have a significant impact on the provision of cancer services to over 10,000 people a year in Northern Ireland, especially in remote rural locations and urban areas with low uptake rate for NHS screening.

Promoting the message of **cancer prevention, detection and support**, the BIG BUS will be a very visible 14 metre-long articulated mobile unit. The unique design, the **first of its type in Europe** has expanding sides which double the interior space when the vehicle is parked. It is therefore able to house on-board digital mammography, counselling support, complementary therapy, training rooms, hi-tech computer terminals and a kids' play area. The BIG BUS will also be fully self-sufficient and accessible, with an internal generator, toilets and a lift for disabled users.



Robin McRoberts, Action Cancer Chief Executive, David Pollock, Commercial Director at Musgrave SuperValu-Centra NI & Nuala McKeever, Charity Patron display the model for the BIG BUS.

**R**obin McRoberts, Action Cancer Chief Executive stated: **“The investment in the Big Bus will amount to £1.5 million in the first three years, with our partner SuperValu, the independent retail group, funding £612,000 towards the capital and running costs for the first three years”**

## Digital mammography

Action Cancer has always been leading the way with mobile screening services, offering cervical smears and breast awareness. The BIG BUS now affords communities the opportunity to access breast screening facilities on their doorstep. Action Cancer is **pioneering the introduction of mobile digital mammography** (breast screening) technology to Ireland. The benefits of this new hi-tech service will be lower radiation exposure, higher resolution images allowing easier manipulation and the ability to increase the uptake of screening throughout Northern Ireland. X-ray images taken on the BIG BUS will be beamed by satellite into Action Cancer House where they will be read by a team of Consultant Radiologists.

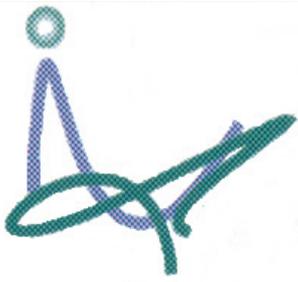
This investment in digital technology will also be reflected in Action Cancer's breast screening service at Action Cancer House, Belfast which will have its Siemens Novation DR installed over the July holiday break 2006. The Action Cancer service complements the NHS Screening Programme and provides screening for all women who fall outside the NHS age range (i.e. 40-49 year olds and those aged 65+) together with targeted screening for women aged 50-64 who do not attend the NHS programme, through the PEBS Project (Promoting Engagement with Breast Screening) which has received the full endorsement of the Regional Advisory Group for Breast Screening. The new digital technology will position Action Cancer at the forefront of service provision in Northern Ireland.

**Action  
cancer**  
Saving Lives Supporting People

### Other Services on the BIG BUS include:

- Counselling room
- Fully equipped complementary therapy treatment room
- Ultra-modern education and training suite
- Supervised children's play area
- Coffee bar
- Internet-enabled computer workstations
- Information points (leaflets/posters/DVDs etc.)
- Men's Clinics

An interactive tour of the BIG BUS can be seen at [www.actioncancer.org](http://www.actioncancer.org)  
Available for general public and exclusive bookings. Call Gale Sergeant, BIG BUS Services Manager for details 028 9080 3344.



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## Cervical

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## A County Armagh woman is first NI cervical cancer patient to give birth!

An ecstatic new mother has become the first cervical cancer patient in Northern Ireland to give birth, it was revealed today: FRIDAY 05/05/2006 13:57:34

Dr John Price, a consultant gynaecologist at Belfast City Hospital where Mrs Moore underwent keyhole surgery, insisted there would be big reductions in the 70 cases of cervical cancer diagnosed in Northern Ireland every year if more routine checks were done. He said: "We could reduce that by up to 30% if enough people came along for their smears."

source: Press Association.

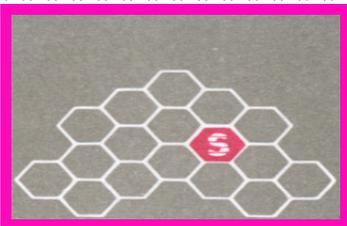
Belfast City Hospital doctors were able to offer Rhonda Moore from Annaghmore the chance to become a mother despite her life threatening condition. She said she was over the moon following the birth of her child Emily in the Royal at the weekend. Rhonda said the discovery of the cancer in June 2004 was a major shock. She had only got married two months before. "We had been planning for a family, but we just had to put that on hold and see what way things would work out" she said. "My case was then sent down to Dr John Price and he told me about this new procedure that they could do. He told me there was a 50-50 chance of me having a family, but there was a greater chance of me miscarrying."

### 'Fairly unusual'

The normal procedure for the discovery of cervical cancer was a complete hysterectomy, she said. "But because I was so young and had never had a family, Dr Price wanted to carry out the procedure which would hopefully give me the chance of getting pregnant in the future." Following several scans, Rhonda then had a successful operation, but left it for a year before attempting to become pregnant. "Then lucky enough, I got pregnant straight away... Emily is just a wee miracle."

Dr Price said the birth was "great news". "As soon as we heard the news we were all over the moon that it had been successful" he said. "In Northern Ireland in the last five years we have carried out less than 10 of these procedures". It is fairly unusual, and Rhonda is the first to successfully have a baby following it. Dr Price said there were only a few places in the world where the procedure was carried out. "It was done step by step and very carefully" he said.

source: BBC NEWS Northern Ireland



NI Screening Programmes

**DID YOU KNOW!**  
This publication is also  
available online at

[www.cancerscreening.n-i.nhs.uk](http://www.cancerscreening.n-i.nhs.uk)

additional copies can be  
obtained by contacting  
Ken McInnes at the QARC



If you would like to receive a regular copy of this newsletter or submit an article please contact:

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# Changes to the NI cervical screening programme

Dr Michael Chambers Chair, Regional Primary Care Advisory Group

## IMPORTANT

The software to run the NI Cervical Screening Programme is being brought in line with the national Family Practitioner System (FPS) used widely in England and which has been recently introduced into CSA to deal with patient registrations.

## Changing Over

In the change over period, there will be a lot of quality assurance on the data transferred to make sure all data is transferred correctly. There may be some duplication of recall and follow up letters and different types of follow up letters. Please bear with these interim arrangements and return appropriate letters.

## WE NEED YOUR HELP!

Keep running your own call/recall systems but we hope that the new system will be so robust once up and running, that **when the new screening intervals are introduced later in the year, you will be confident enough to stop the practice based follow up.**

**More details will be sent to GP practices in the next few weeks.**

**THERE WILL BE A FEW CHANGES WHEN THE NEW SYSTEM IS IMPLEMENTED (Anticipated August 06)**

## PRIOR NOTIFICATION LISTS (PNLs)

OLD PNL

NEW PNL

CERVICAL CYTOLOGY - Routine Recall Dr A Who (E1234) Printed - 25 Sep 2005

Patients' tests are due as indicated. If details are inappropriate or inaccurate, please complete right side below & return to HA

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JONES, MRS ANNE SEAVIEW OCEAN LANE 57 BELFAST		DoB :11.12.1949 Age	Either CEASE due to: [ ]Hyst.. [ ]Med Reason [ ]Patient Req, [ ]Other
NHS No :5127452030		Last Result :Negative	or POSTPONE until _____ (date)
Lab & No :6020 68524245		Last Test :01.01.2000	due to: [ ]Not Currently Req'd [ ]Pregnant [ ]Patient Req. [ ]Previous Test on _____ Result: _____
BT2 8BB			[ ]Other
Test due on or after 01.01.2005			or SUSPEND Due to [ ]Cytological follow-up
			EXCLUDED FROM TARGET PAYMENTS [ ] i.e. Patient has no cervix

---

DATE \_\_\_\_\_ Doctor's Signature \_\_\_\_\_

## Please return these

IT IS IMPORTANT THEY ARE RETURNED SO WE CAN KEEP OUR INFORMATION ACCURATE AND UP TO DATE.

## HYSTERECTOMY PATIENTS

Those patients who had a **VAGINAL** or **TOTAL ABDOMINAL HYSTERECTOMY** (and whose name should therefore be removed from the Call/Recall System) will require a validation signature by a GP or Practice Nurse.

**NEVER** use the generic term "hysterectomy" on the PNL. It must be either:

**TOTAL ABDOMINAL HYSTERECTOMY**  
or  
**VAGINAL HYSTERECTOMY**  
or  
**SUB-TOTAL HYSTERECTOMY**  
(obviously this last category will not be removed from call/recall)

## Health + Care Numbers

The new software system works with the new Health + Care Numbers.

**However these will not be available to all GP's until the end of August 2006 (anticipated date)**

In the interim, we will continue to use CHI numbers on the smear request forms.

However, once you get the Health + Care Numbers for your patients – start using them.

When the Health + Care Numbers are introduced to all Practices, a new Regional Smear Request Form will also be introduced which will be designed to accommodate these new Health + Care Numbers.

## CYPHER NUMBERS

Smears taken by doctors with a valid GP cypher number will continue to be entered onto the new system, using the familiar 5 digit cypher number.

However, smears are also taken by GP Locums who will not have a valid GP cypher number.

**IF A LOCUM GP TAKES A SMEAR – PLEASE USE THE CYPHER NUMBER OF THE GP WITH WHOM THE WOMAN IS REGISTERED.**

Smears taken by Practice Nurses should be dealt with in the same way, ie: use the cypher number of the GP with whom the woman is registered. It is hoped that unique smear taker codes to identify Practice Nurses will be developed later in the year.