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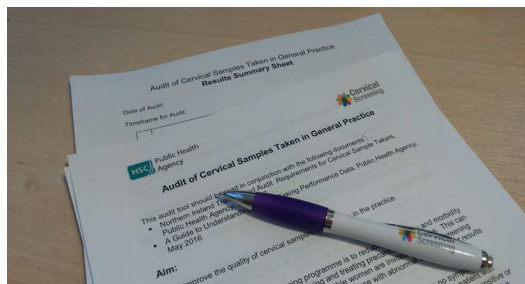
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Assessing the Quality of samples taken for Cervical Cancer Screening

A cervical sample must contain a minimum number of cells to allow the laboratory to report a result. Any samples that do not meet this criterion are reported as 'inadequate' and advised to be repeated. The proportion of samples reported as inadequate is an important quality measure for sample takers, as samples that have to be repeated may:

- lead to unnecessary anxiety and an avoidable intimate examination for the woman;
- be wasteful of resources;
- create the potential for a women to default after the first examination and not have a definitive result.



The Public Health Agency in partnership with HSCB have developed an audit tool for use in GP practices. It is available on for use from www.cancerscreening.hscni.net

Practice Protocol for Cervical Screening

The PHA in partnership with the Regional Primary Care QA Advisory Group for Cancer Screening, the HSCB and a Northern Area GP practice has developed a template to assist all Northern Ireland GP practices to implement a practice protocol for cervical screening.

This has been published this month along with a new "Audit of Sample" takers tool. Both of these invaluable guidance documents are available on the cervical screening section of the website: www.cancerscreening.hscni.net.



Follow PHA on twitter for up to date news on screening programmes:
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Breast Screening Programme

Mrs Dorothy McFaul

The PHA and the Staff in the Western Trust would like to extend their most sincere thanks and warmest wishes to Mrs Dorothy Mc Faul the Superintendent Radiographer in the Unit who will be retiring this April.

Dorothy qualified as a radiographer through Altnagelvin [School of Radiography](#), in 1979 and moved to breast screening in 1991, where she soon became the superintendent radiographer. In the early years she, alongside one other colleague provided breast screening to the entire Western Trust, a screening population of 16,000, in the Trust's first dedicated screening unit which consisted of one x-ray room and one ultrasound room.

With an increased workload including symptomatic patients, more staff were required and larger premises opened in 2002. In 2006, with Dorothy as an instigator, the Western Unit took responsibility for screening the Causeway section of the Northern Trust and added a second-hand Mobile Unit to its numbers. This ensured an equality of service for these ladies and stability for the smaller Western unit.

The Western BSU now has a screening population of 48,181; 15 radiography staff including three assistant practitioners (radiographer helpers who have progressed by completing their certificate in mammography) and two advanced practitioners. Dorothy was integral to breast radiographers taking on advanced practice and extending their roles. This year, with Dorothy's support, the first Consultant Radiographer in the Northern Ireland Screening service has been employed. This had a huge impact on service delivery and the radiography career as a whole.

In 2014 the Breast Screening Programme became entirely digital. As the Regional QA Radiography Lead Dorothy was involved in every aspect of the process.

Dorothy is very diligent at her work and although much of her time is required for management, she still carries out mammography when she can, passing on her expertise and clinical experience to the younger staff members. She was a driving force behind the career progression of the radiographer helpers and radiographers and developed the Quality Management System for the breast unit. She has always striven to improve the service and its delivery at any opportunity.



Dorothy will be a great loss to the Breast Screening Programme as her knowledge of the programme is vast. She will be deeply missed for her organisation, her wisdom and down to earth nature and we wish her all the best for her future.

New era for Northern Ireland Breast Screening

First Consultant Radiographer appointed in the Western Trust

Mrs Donna Kerlin has been appointed as the first Consultant Radiographer in the Northern Ireland breast screening programme as of October 2017.



Donna studied Diagnostic Radiography at University of Ulster gaining a first class honours degree and graduating in 2001. She began her radiography career as a general radiographer in The Royal Victoria Hospital working in all areas of the busy X ray department.

As an advanced practice radiographer Donna was accredited with the Society of Radiographers and she is currently gaining masters level credits to work towards accreditation with the society as an accredited Consultant Radiographer. She has met with the President of the SoR and he has commended her on her practice and the importance of Consultant practice to radiography as a profession in the future.

The appointment of Donna to the consultant role within the western trust transpired as a method of stabilising the service, with the shortage of breast radiologists nationally becoming increasingly an issue.

As a screening programme, not only have we gained an allied health professional capable of carrying out many procedures and tasks that any radiologist would, but we have verified that advanced practice is something that is worthy of our support. It can give radiographers a more significant role in the breast screening programme which may in turn lead to a better ability to recruit.

Perhaps more importantly it can make a huge difference to sustainability and patient confidence in the service. We hope to see more Consultant Practice in the Northern Ireland breast screening Programme in the not so distant future.

Breast Screening Uptake Q4 2016/2017 1 January - 31 March 2017

Eastern	74%	Northern	79%
Southern	74%	Western	76%

Region 76%

Minimum Standard 70%

Target 80%



Northern Ireland Bowel Screening Programme

Northern Ireland Uptake Rates - 12 Weeks Compliance

Year	Eligible Population	Responder at 12 wks from Invite	Uptake at 12 wks (%)
2012/2013	119,352	57,775	48.4%
2013/2014	120,916	63,732	52.7%
2014/2015	137,987	76,684	55.6%
2015/2016	137,287	80,727	58.8%

Northern Ireland Uptake Rates - 6 Months Compliance

Year	Eligible Population	Responder at 6 mths from Invite	Uptake at 6 mths (%)
2012/2013*	119,352	60,617	49.8%
2013/2014*	120,916	66,051	54.6%
2014/2015*	137,987	78,420	56.8%
2015/2016	136,828	81,769	59.8%

*eligible population taken at 12 week compliance period

Uptake Rates by HSC Trust - 2015/16

Trust	Uptake at 6 mths (%)
Belfast	53.7%
Northern	62.1%
South Eastern	64.5%
Southern	57.1%
Western	59.8%

Uptake Rates by Gender- 2015/16

Gender	Uptake at 6 mths (%)
Female	62.7%
Male	56.7%

SUCCESS OF GP INTERVENTION FOR NON-RESPONDERS IN BOWEL CANCER SCREENING PROGRAMME

Published research suggests that endorsement of a screening programme by a patient's GP can encourage participation. One such initiative has been taking place at Dr Fannin, Hutchinson and Boyd practice in Ballymoney.



Since April 2016 a protocol was introduced in the practice to follow up any non-responders to the bowel cancer screening programme. On receipt of a non-responder letter from the Call/ Recall office, 12 weeks after the initial invite and test kit are issued, the practice generates a letter to the patient encouraging them to participate.

Dr Dylan MacLochlainn (F2) recently supported the practice to measure the effectiveness of this intervention and the results were very encouraging. The practice issued 149 GP endorsement letters to non-responders during 2016/17. Of these, 21 patients (14.1%) subsequently submitted a screening test kit to the lab. It is recognised that patients can often delay completing their screening kits, but a comparison with 2015/16 data for the practice showed that only 5.4% of the non-responders submitted a delayed kit when no intervention was in place. This would suggest that the endorsement letter from the GP prompted some patients to decide to participate in screening, who may not have otherwise done so.

Another encouraging factor was that 6 of the 21 individuals were persistent non-responders within the screening programme and had failed to participate in at least two previous screening rounds. Discussing the participation of her Practice, Dr Shauna Fannin added "*We are very happy as a practice to see that our GP intervention has increased the uptake of bowel screening and would encourage other practices to consider sending their non-responder patients a letter encouraging them to partake in the screening. If one bowel cancer is detected early we would consider our intervention to have been worthwhile.*"

Persistent non-responders are a difficult group to engage with and the findings reported by Dr MacLochlainn would suggest that targeted interventions by primary care may be beneficial in encouraging uptake in this particular group.

PHA would like to thank Dr Shauna Fannin and Mr David Simpson for all their efforts in establishing this intervention within their Practice and facilitating the evaluation.



Cancer Research Cancer Facilitator Programme in Northern Ireland

Cancer Research UK (CRUK) has recently invested in its Cancer Facilitator Programme for Northern Ireland, appointing cancer facilitators in the Belfast and South Eastern Trust areas. Malachy Nixon covers Belfast and Catherine Murnin covers the South Eastern area and is Facilitator Manager for the programme.

Our programme offers tailored, practical, free support to help improve cancer outcomes in primary care. The programme has recently had a very positive, independent external evaluation and our team in Northern Ireland is looking to build on the great results already achieved in other parts of the UK.

We provide support in a range of ways, including:

- We help health professionals to understand their cancer data
- We support organisations to do in-depth reviews of their care
- We provide training and tools on key topics such as screening programmes and referral guidelines
- We support local organisations to action plan together
- We influence the strategic planning of health services

Our team in Northern Ireland has met with a wide range of stakeholders since taking up post in Autumn 2017, including clinicians, nurses, cancer charities, the NI Cancer Network, NI Cancer Registry, PHA and most recently the GP Federations where discussions are underway around a proposal to work together around referral processes and supporting the interface between primary and secondary care.

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	491,993	67.84%	76.79%
Belfast	115,036	63.49%	72.63%
South East	55,557	69.31%	78.86%
Northern	112,861	69.29%	79.09%
Southern	101,702	70.01%	77.64%
Western	82,239	67.83%	76.83%

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The Quality Assurance Reference Centre (QARC) in the PHA has been re-named the Young Person and Adult Screening Team. (YPAST). This team represents a joining together of the Cancer Screening Teams that made up QARC with the other Adult Screening Programmes—AAA and Diabetic Eye.

The address for the team is

Young Person and Adult Screening Team
 9th Floor
 Linum Chambers
 2 Bedford Street
 Belfast
 BT2 7ES



More information on the Cancer Screening Programmes in Northern Ireland is available on the website:

www.cancerscreening.hscni.net