

Screening Matters

March, 2026

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Meet the Editor

Hello I'm Amy part of the Administrative team within PHA Screening. I've worked on a number of screening programmes over several years to help ensure programmes run effectively and efficiently behind the scenes.



Screening Matters was created to strengthen communication between screening and primary care teams. The aim is to provide clear updates and relevant information that supports you in delivering care to patients.

Working in screening has shown me how important collaboration is – from accurate QA and performance data to timely follow up and shared understanding of processes. This newsletter is designed to make information accessible, reduce uncertainty and keep everyone informed about developments, changes and best practice.

We are passionate about structured, well-organised systems that help services run smoothly, and I hope this newsletter becomes a useful and trusted resource to you.

NI Newborn Hearing Screening Programme 20th Anniversary

The Northern Ireland Newborn Hearing Screening Programme (NI NHSP) is celebrating its 20th Anniversary. Since its launch in October 2015, the programme has screened nearly half a million babies. All newborn babies in Northern Ireland are offered a newborn hearing screening test; as are younger babies, born elsewhere, who move into Northern Ireland. The aim of the programme is to identify babies born with a permanent childhood hearing impairment (PCHI) at an early stage, to allow timely intervention and improved outcomes. Early identification, early diagnosis and early intervention is associated with a better outcome for these children, particularly in relation to speech and language development. Approximately 1 to 2 babies in every 1,000 are born with a permanent hearing loss in one or both ears. A working group has been established within the PHA to promote the programme, provide educational content and celebrate the 20th Anniversary.



The BBC was approached to cover the story and a parent (Louise) and child (Isaac) were interviewed.

Mum, Louise, "is grateful she took up the offer of the test as it has 'made all the difference in the world' to Isaac, and she would encourage all parents to do the same.... the early referral, diagnosis and intervention gave them the last four years to help Isaac and meet his needs".

The story was aired on BBC news on Friday 30th January 2026 ([Hearing loss: Newborn screening makes a 'world of difference' - BBC News](#)).

The working group is also developing a series of videos that will cover: the screening of well babies; the screening of babies who have been in a neonatal, special care baby or paediatric intensive care unit continuously for over 48 hours and parent and child perspective of the programme. Work will continue on the videos which will be released later in 2026.

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Cervical Screening: Issuing Results and Turnaround Times

Cervical Screening: Issuing Results

As part of our commitment to maintaining a safe and effective Cervical Screening Programme, we would like to remind all GP Practices of their responsibility to inform women of their screening result.

It is essential that all results are communicated promptly. This reduces anxiety for the participants and ensures that those coming to colposcopy have an understanding of why they have been referred.

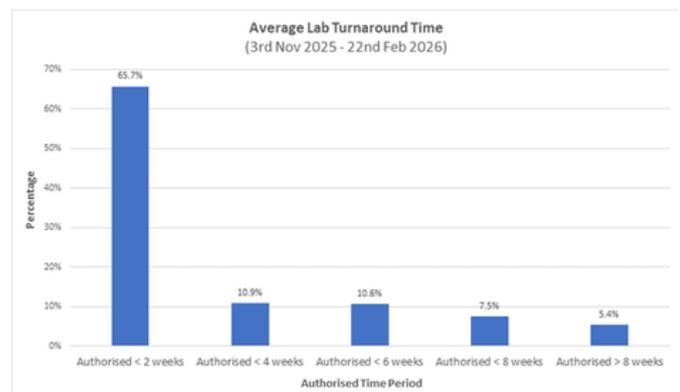
For convenience, a set of **template results letters** is available for use at the following link:

[Resources for Health Professionals | Cancer Screening Northern Ireland](#)

Current turnaround times:

The recent turnaround times for results issued by the cervical screening laboratory in Belfast Trust is summarised below.

The majority of results are being issued and are available to primary care within 2-4 weeks.



Very High Risk Breast Surveillance Screening for transgender people

Northern Ireland follow [NHS England guidance for very high risk breast surveillance screening](#). This states that, 'Transgender (trans) men and non-binary people who have breast tissue and fulfil the criteria to be eligible for very high risk screening will be invited for screening if they are registered with a GP with a gender marker of female or indeterminate. If they are registered with a gender marker of male, they will not be automatically invited. They will need to speak to their GP who can arrange for a referral to a local hospital for the appropriate imaging on an annual basis.' As GPs cannot directly refer into the programme, the process in Northern Ireland would be for the GP to make a referral to Family History where necessary. Family History can then determine eligibility and refer for the appropriate imaging on an annual basis.

'People identifying as trans women who have breast tissue and are registered as a female and who are eligible for very high risk screening will be invited for screening.'

Further information on the Very High Risk Breast Surveillance Screening programme is available on the [Cancer Screening Website](#). A leaflet for the public is also available on our [website](#).

The Programme Manager for the VHR Breast Surveillance Screening Programme is Ms Amy McGowan
amy.mcgowan@hscni.net,
please get in touch if you have further queries.

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Cervical Screening: Pink Bags

What are they?

'Pink bags' are the designated specimen transport bags used for sending cervical screening samples from GP Practices to the Regional Laboratory.

Why should they be used?

Using the pink bags is essential to ensure that cervical screening specimens:

- **Are easily identifiable** at every stage of the transport pathway.
- **Move efficiently** through multiple hand-off points, including drop-offs and pick-ups at other Trust laboratories.
- **Reach the Regional Laboratory without delay**, reducing the risk of misplacement and helping to maintain timely sample processing.

Consistent use of the pink bags supports a smoother and safer journey for all cervical screening samples.

How are they procured?

Pink bags can be ordered **alongside other cervical screening supplies**—such as forms, vials, and brushes—by contacting Screenlink:

☎ 003 5314 605 270

Cervical Screening - Sample Taker Codes

All staff who take cervical smear samples should have a sample taker code which should be included on the smear request form submitted to the laboratory.

Recording the sample taker code allows the laboratory to process samples under the correct identifier, this helps to maintain the integrity and traceability of results. It also plays a vital role in supporting annual audits.

Missing, incorrect or illegible codes can lead to incomplete data. To avoid this please check that:

- You have been assigned a sample taker code by the PHA
- Your code is clearly recorded on each sample submitted to the laboratory

If you do not have a sample taker code please submit a request to get one set up by emailing:

Screening.cervical@hscni.net

Please note, the PHA are responsible for issuing sample taker codes but it is the responsibility of the GP Practice or service provider to ensure each of their team members taking cervical samples have up to date training.

Cervical Screening Programme: Sample Taker code request form

Please complete the below form and return to screening.cervical@hscni.net
Once a completed form is received, and information verified, your NMC / GMC number will be added to a sample taker list on WinPath.

Nurse Sample Takers			
First Name	Last Name	NMC Number	Previous surname (if applicable)

GP Sample Takers			
First Name	Last Name	GMC Number	Previous surname (if applicable)

By submitting this form you are confirming that your sample taker training is up to date.