

Screening Matters

June, 2026

In this edition

- AAA Service User Event
- Cervical Screening while in colposcopy
- Innovation in Ophthalmology Award for the NI Diabetic Eye Screening Programme
- Celebrating 20 years of service for Claire
- Are you using the right qFIT kit? The difference between symptomatic and screening tests.
- REMINDER - Referrals to NIDESP for Newly Diagnosed People with Diabetes
- Bowel Screening Programme Positive Non-responders

Abdominal Aortic Aneurysm (AAA) Screening Programme Service User Event 2026



The 11th AAA Screening Programme Service User Event, held at the Assembly Buildings in Belfast on Friday 6th March, was a resounding success, bringing together over 30 men who take part in surveillance screening. Attendees took part in an engaging Q&A session with a consultant vascular surgeon, consultant anaesthetist and consultant interventional radiologist, providing an invaluable opportunity to ask questions and gain reassurance from clinical

experts. Many participants shared positive feedback, describing the event as **“very informative,”** and noting how **“great it was to meet staff and other participants.”** Others commented that it was **“very reassuring to hear how the experts are looking after us”** and that it was **“good to get confirmation on a few things.”** Service user representatives also spoke about their experiences and the importance of their role within the programme. The event concluded with an uplifting wellbeing session led by Karen Diamond, Music Therapist from Resilient Rhythms, demonstrating how music and singing can be powerful tools for enhancing emotional resilience and overall wellbeing.

Cervical Screening while in colposcopy

We would like to remind all primary care providers that patients who are currently under the care of colposcopy services **should not** have cervical screening samples taken in general practice.

Once a patient has been referred to and is being managed by colposcopy, all cytology and follow-up testing is coordinated directly through colposcopy services. Taking additional samples in primary care during this period can result in:

- Duplication of testing
- Conflicting results or management plans
- Disruption of the patient’s care pathway

Maintaining clear boundaries between primary care and colposcopy management helps ensure patients receive the appropriate care at the right time.

The role of call / recall:

The call / recall team within BSO will issue an invite letter to individuals 18 months after they are referred to colposcopy. This is a failsafe process to ensure any patient who is not seen within colposcopy within this timeframe re-enters the screening programme. If an individual receives an invite and presents requesting screening but is known to be under colposcopy follow-up, please advise them that their screening is being managed by the colposcopy team.

When a patient is discharged from colposcopy, call/recall will be advised of the new management code and the next test due date will be amended accordingly.

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Innovation in Ophthalmology Award

The Northern Ireland Diabetic Eye Screening Programme recently received the innovation in Ophthalmology award at the Northern Ireland Health Care Awards. The programme was one of the first screening services globally to introduce in-house diabetic eye screening into haemodialysis clinics. Many people who are receiving haemodialysis are also living with diabetes; however the demands of haemodialysis including time and physical burden often mean the patients do not attend their screening appointments. The integration of this pathway has been vital to ensure sight threatening retinopathy is detected within this high-risk group who have a number of competing appointments.

The Northern Ireland Diabetic Eye Screening team introduced the use of handheld cameras into this new pathway to ensure all patients were screened adequately. When the team completed an audit 54% of patients had not attended diabetic eye screening in the last 3-4 years and 15.9% patients had never attended screening before. Of those screened, 27% had background retinopathy and 23% had sight threatening levels of retinopathy. In addition, 11% had maculopathy and 27% required referral to slit lamp for media opacities. The urgent referral rate was 13%, much higher than the 0.4% national average.

By continuing the integration of this pathway, the team are ensuring equity of care, accessible screening and working within multidisciplinary teams and across medical fields. This audit has encouraged teams across the world to integrate care into dialysis clinics and has inspired research into this.

Celebrating 20 years of service for Claire Armstrong!

For the past 20 years, Claire Armstrong has been a dedicated and valued member of the Young Person and Adult Screening Team within the PHA, making an incredible contribution across several screening programmes. During her career she has worked across several screening programmes including breast screening, bowel cancer screening and Diabetic Eye Screening, bringing a wealth of knowledge and experience to every role she has undertaken.

Starting at admin level, she progressed quickly to information Officer and now Programme Manager for the Diabetic Eye Screening Programme. Her commitment, professionalism and attention to detail have played an important part in supporting high quality screening programmes and improving patient care.

Colleagues know her not only for her pragmatic 'let's get it done' work ethic, reliability and expertise but also her warm and supportive nature. She has been a trusted team member and mentor to many over the years, always willing to share her knowledge and lend a helping hand no matter the task!

Whilst not in work Claire loves nothing more than getting out and about on adventures with her beloved dog and pottering around her beautiful garden – a place where her care and creativity truly shine. As we celebrate 20 years of service, we would like to thank her for her hard work, dedication and the positive impact she has made across the screening team and we look forward to many more years working alongside her.



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Are you using the right qFIT kit?



Please read the following to ensure you are using the correct qFIT (quantitative Faecal Immunochemical Test) test kit. There are important clinical implications of using the appropriate test.

Bowel Cancer Screening qFIT (white cap)



Offered to patients aged 60-74
Bowel screening tests are posted directly out to participants and returned to lab via freepost



Do not use the **screening test** for patients with bowel **symptoms** or submit with a **clinical request form**



If a patient contacts the GP practice to request a replacement **screening test** please ask them to contact the **free screening helpline on 0800 0152514** where they can request a replacement test and/or envelope



If a patient provides a completed **bowel screening kit to the practice** they should be advised that the practice cannot accept the sample. **Such patients should be signposted to the screening helpline on 0800 0152514**

Symptomatic kit (blue cap)



This test should be used for patients with **symptoms** and submitted with a clinical request form



Do not return completed symptomatic kits to the lab in a screening return envelope

If there is any confusion as to whether a test was intended to be submitted/processed as a screening or symptomatic test, the test will not be processed, which may lead to delays for ongoing assessment.

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11/22

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REMINDER - Referrals to NI Diabetic Eye Screening Programme (NIDESP) for Newly Diagnosed People with Diabetes

Patients who are newly diagnosed with diabetes need to be referred to the NIDESP for eye screening as soon as possible. This should be done through the Clinical Care Gateway (CCG) for **all** newly diagnosed patients to ensure regional consistency in the management of referrals and to help ensure that your patients are screened promptly.

When generating a referral you ensure that the following information is included;

1. Type of diabetes
2. Date of diagnosis
3. Method of diabetic control
4. Most recent blood pressure reading
5. Any special needs/requirements

In addition, it would be helpful for information on medication and past medical history to be included when possible. When replying to a query from the screening team, the medical validation selection should be used.

BOWEL SCREENING PROGRAMME POSITIVE NON-RESPONDERS



N.I. Bowel Cancer Screening invites participants every two years, via post, to complete a home FIT test kit. Positive non-responders are participants who have **received a positive FIT screening result ($\geq 120 \mu\text{g/g}$) but have not contacted the freephone helpline** to arrange further assessment. A positive result identifies a participant as having an increased risk of having bowel cancer due to the detection of blood in the sample and warrants further investigation. Screening can detect cancer early, before symptoms, and can also detect polyps that can develop into cancer over time. Removing polyps can reduce the chance of developing bowel cancer in the future.

Positive result letter issued to participant and GP (Result $\geq 120 \mu\text{g/g}$)

Reminder letter issued to participant if no response after 2 weeks

Positive non-responder letter issued to GP if no response after further 4 weeks

Participant returned to recall and be sent test kit in 2 years from positive result (if still within age range)

- Early investigation is vital to ensure the disease is detected at the most treatable stage
- Your encouragement can help ensure participants in the bowel screening programme understand the importance of completing the diagnostic pathway and can help improve outcomes
- Participants can contact the freephone helpline at anytime to arrange an appointment with the Specialist Screening Practitioner (SSP)
- Approximately 7 participants in N.I. identified weekly as a positive non-responder

Your input here could improve patient outcomes!

A brief text message, telephone call, or opportunistic discussion by GP or practice team may encourage participation and prevent delayed diagnosis.

