



Issue 16 Produced by the QARC for Health Professionals in the NI Cancer Screening Programme Autumn 2009

## Breast Screening New leaflets



Last Autumn, the newsletter reported on a review of the four existing breast information leaflets, alongside the production of a new leaflet for ladies with breast implants. The revision of the leaflets is now complete. The revised leaflets, and the new leaflet on implants, were distributed widely throughout the HSC, including GP surgeries. They are available from the four breast screening units. Copies can also be accessed in the publications area of the NI Cancer Screening Programme website

[WWW.CANCERSCREENING.HSCNI.NET](http://WWW.CANCERSCREENING.HSCNI.NET).

Translations of the leaflet 'Breast Screening Can Save Lives' can be accessed at this site in eight different languages. The languages include Irish, Chinese, Lithuanian, Polish, Portuguese, Russian and Slovak. The content and the design of the leaflets were informed by a wide range of stakeholders. This included women in the general population who were invited to participate in focus groups, as well as staff within the NI Breast Screening Programme, the DHSS&PS and the Public Health Agency. If you have any queries or comments regarding the leaflets please e-mail [Jacqueline.McDevitt@hscni.net](mailto:Jacqueline.McDevitt@hscni.net).

Contact Northern Ireland Cancer Screening Programmes on 02890 553949 or email [clare.hall@hscni.net](mailto:clare.hall@hscni.net).

## Health Minister Launches Age Extension Programme

In March this year, Health Minister Michael McGimpsey launched age extension within the Northern Ireland Breast Screening Programme, at the newly refurbished Linenhall Street Screening Unit.



In the past, women aged between 50-64 were routinely invited for breast screening every three years. With the newly extended programme, women will be automatically invited up until their 71<sup>st</sup> birthday, giving women an extra two mammograms.

Women over the age of 70 are encouraged to self-refer.

Mr McGimpsey received a guided tour of the unit which includes an additional X-ray and ultrasound room.

## BREAST SCREENING Uptake Rate 2008 –2009

N. Ireland	73.8%
EHSSB	69.3%
NHSSB	78.8%
SHSSB	75.5%
WHSSB	78.9%

QA visit  
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## ***New Research with Queen's University Belfast in conjunction with NISRA***

## SHORTS

### FACT

#### BREAST SCREENING

The number of women dying from breast cancer has fallen to less than 12,000 for the first time in almost 40 years. New figures published on the Cancer Research UK website found that in 2007, 11,990 women in the UK died from breast cancer.

In 1971 – the first year these UK statistics were collated – 12,472 women died from the disease. This figure rose steadily year-on-year, reaching a peak in 1989 when 15,625 women died. But since then, breast cancer death rates have fallen by a third – from 41.6 women per 100,000 in 1989 to 26.7 women in 2007.

Research into diagnosing and treating breast cancer is the reason behind this fall. This decline is linked to the widespread introduction of treatments given to women in addition to surgery, which include chemotherapy, radiotherapy and hormone treatments. Source: *Cancer Research UK*

The Northern Ireland breast screening database has been successfully linked to the Northern Ireland Longitudinal Study (NILS) to create an anonymised, bespoke dataset for research in this area. The NILS is a large-scale data linkage study comprising administrative and statistical data relating to 28% of the Northern Ireland population. As all publicly identifiable information was removed before research began, demographic, social and socio-economic variations associated with attendance and non-attendance at mammography, and also available area-level data, can be examined for the first time, without compromising the confidential nature of the data. The anonymised dataset is maintained in a secure setting by the Northern Ireland Statistics and Research Agency (NISRA), Belfast.

This is an exemplar project and has received appropriate ethical approval from the Office for Research Ethics Committee (ORECNI) and a commendation from the Privacy Advisory Committee (PAC) prior to the linkage of the data. The research is being undertaken by Mrs Heather Kinnear, Dr Dermot O'Reilly and Mr Michael Rosato from Queen's University Belfast and is funded by the Health Research Board in Dublin.

It is expected that results will be available over the summer months and the work will be presented at both national and international conferences later on this year.

For any queries regarding this research please contact Heather Kinnear on 02890 632618 or email: [h.kinnear@gub.ac.uk](mailto:h.kinnear@gub.ac.uk).

## QA Visits October 2009

**Tuesday 13<sup>th</sup> October 2009**

**Belfast Health & Social Care Trust**

**Wednesday 14<sup>th</sup> October 2009**

**Northern Health & Social Care Trust**

**Wednesday 28<sup>th</sup> October 2009**

**Southern Health & Social Care Trust**

**Thursday 29<sup>th</sup> October 2009**

**Western Health & Social Care Trust**

As per NHS Cancer Screening Programme guidance, the NI Breast Screening Programme will undergo its fourth external QA Visit since the introduction of these in 2000. Such visits are an important element of the QA function of the Breast Screening Programme as they aim to demonstrate the effectiveness of QA within the programme and highlight areas of good practice for sharing at regional and national level. Each of the region's four breast screening units will be visited separately during October 2009 with a day set aside for each.

In previous years, visits have been undertaken by external teams from Scotland and England. This year the QA Visit Team will comprise members of both the NI QARC and regional QA Leads/Deputy Leads from the NI BSP for the relevant disciplines. A number of colleagues from East Midlands QARC will also be present to quality assure the QA visit process and ensure this is fully compliant with national guidelines and standards relating to QA Visits.

The objectives of the QA Visit will include:

- Follow-up of any outstanding actions from previous full and interim QA Visits.
- Monitoring and evaluation of Trusts' and units' performance and overall organisation of breast screening services to ensure minimum standards are being met.
- Ensuring appropriate line management reporting and accountability arrangements are in place within Trusts.
- Supporting the Health & Social Care Board and Public Health Agency in the specification, commissioning and delivery of the NI BSP to national quality standards and programme objectives.
- Fostering and promoting an environment of continuous professional development and service improvement regarding all aspects of staffing and service delivery within the programme.

The QA Team will also seek to identify any areas of risk which might have an adverse effect on programme provision.

Verbal feedback will be given to each unit at the conclusion of the day's visit. This will outline the key findings and recommendations. A full written report will be circulated six weeks subsequent to the visit.

For further information on any aspect of these visits please contact Mrs Jacqueline McDevitt on 02890 553949 or e-mail: [Jacqueline.McDevitt@hscni.net](mailto:Jacqueline.McDevitt@hscni.net).



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## GP SURVEY

The current cervical screening policy in Northern Ireland, as set by the Department of Health, Social Services and Public Safety, is to offer screening to all eligible women aged 20-64 years, every 5 years. It is on the basis of this policy that the central call/recall centre issues invitations. However, QARC is aware that some GP practices have opted out of central call/recall and instead operate their own system. It is known that some use different age ranges and different screening intervals. All of this makes it extremely difficult to really understand the impact that the screening programme is having in NI. Without one central source of information on when invitations are sent, we do not know if those who have smear tests are actually responding to invitations, or if they are

being screened opportunistically. This in turn makes it difficult to plan initiatives aimed at improving uptake.

To inform future decisions on how we can improve the current system, QARC is undertaking a survey of GP practices. It will provide us with baseline information on current screening practice in NI and your views on how the call/recall process could be changed.

Look out for the questionnaire which will be sent by email. The survey is short and can be completed on-line in a couple of minutes. Once completed, simply hit the submit button.

We would encourage all GP practices to participate and we will publish the findings in the next Screening Matters Newsletter. Dr Tracy Owen, Cervical Screening QA Director.

Within the next few months, GP practices will be sent an online questionnaire by email (*see below*). Please complete the short questionnaire, and return the form by hitting the submit button, when you are ready to resend your reply. The results will be used by QARC to improve services within the cervical screening programme.

### NI CERVICAL SCREENING PROGRAMME

#### PRIMARY CARE PRACTICE SURVEY

Northern Ireland's Public Health Agency Quality Assurance Reference Centre (QARC), would like to request your help in conducting a survey of practices, participating in the cervical screening programme.

Please take a few moments to complete this survey. Results from the survey, will be used to improve services within the cervical screening programme.

\* Required

Q1 Does your Practice currently participate in the Cervical Screening Programme. \*

- Yes
- No

Q2 If your Practice participates in the programme, what system do you use to invite women for a test. \*

- Central Call/Recall operated by BSO (Formerly CSA)
- Your own practice managed call/recall system
- A combination of both systems

Q3 If you are using a practice managed call/recall system, please indicate which screening intervals you use when inviting women. \*

- 3 Yearly
- 4 Yearly
- 5 Yearly
- Age dependant 3yr(20-49) 5yr(50-64)

If you solely use a practice managed call/recall system. Please state your main reasons for not participating in central call/recall.

Feel free to enter as much detail as required to answer this question.

Please briefly state what, if any changes, including a change to the existing intervals, would persuade the Practice to participate in the central call/recall system.

Feel free to enter as much detail as required to answer this question.

Submit

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CERVICAL SCREENING 2008- 2009	Eligible Pop.	5 year Coverage	% Coverage
Belfast & SE Trusts	183,829	133,513	72.63%
Northern Trust	107,457	85,549	79.61%
Southern Trust	91,378	69,341	75.88%
Western Trust	79,032	59,689	75.53%
<b>Northern Ireland</b>	<b>461,696</b>	<b>348,092</b>	<b>75.39%</b>

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](http://www.cancerscreening.hscni.net).

## WHEN AND WHO TO SCREEN?

The variation in cervical screening policy across the UK was highlighted in the media earlier this year following the death of the reality TV star Jade Goody. There was much criticism of the policy in England which was changed in 2004 so that women aged under 25 years are not routinely invited for screening. This was compared with the approach in Scotland, Wales and Northern Ireland which have continued to screen from age 20.

In response to the media and political focus on this issue, the Parliamentary Under-Secretary of State for Health (Ann Keen) announced that the Independent Advisory Committee on Cervical Screening (ACCS) had been asked to formally review the evidence relating to risks and benefits of cervical screening in women under 25 years. The findings of the review were announced on 24 June 2009:

*"No new scientific evidence was presented to the review meeting to support the reintroduction of screening in women under 25. Indeed some new evidence was presented indicating that screening is of little or no benefit in women in this age group. There is evidence that treatment following*

*screening in this age group can lead to an increased risk of subsequent premature births, increasing the risk of babies dying or having severe disabilities. Evidence was also presented that showed there has been no significant increase in the number of women aged under 25 contracting or dying from cervical cancer since the policy change in 2004."*

*"Members of the committee were unanimous that there was no reason to lower the age at which screening commences, which is in line with international recommendations. Members of the committee were, however, concerned that young women who present to their general practitioners with gynaecological symptoms are not always being given appropriate advice. They strongly recommended that the Department of Health should take further action in this area."*

In the coming months, QARC will continue to work with the DHSSPSNI and the professionals involved in cervical screening to consider the findings of the ACCS, and explore their significance for screening policy in Northern Ireland.

## SHORTS

New research has shown that chlamydia, the most common sexually transmitted disease in the U.S., may increase a woman's risk of developing cervical cancer. In the study, published in the Journal of the American Medical Association, women who showed signs of any type of chlamydial infection in their blood were two-and-a-half times more likely to develop cervical cancer.

## Regional Installation of CYRES Laboratory Data Analysis Software

Currently, laboratory quality assurance for cervical screening in Northern Ireland has been based on limited information available from the old Cervical Screening Cellular Pathology (CSCP) system. The recent installation of LabCentre Laboratory Information Systems to all four cervical cytology laboratories (Altnagelvin, Antrim, Craigavon and Belfast City Hospitals) allowed for some improvement in statistical data extraction and analysis. However, the addition of a Windows based QA software programme to allow KC61 reports and individual case analysis was seen as a further improvement in the quality of the data available. Taking these points on board, the NI Quality Assurance Reference Centre looked into the feasibility of implementing CYRES laboratory QA Management software to reduce the 'time-consuming nature' of extracting and interpreting information from KC61 laboratory data.

CYRES is a piece of interrogative software which takes copies of data from existing pathology software systems integrates and presents this data in a summarised format to enable departmental and individual performance to be monitored. Reports from QARCs throughout England, where the system is used, particularly West Midlands, have maintained that, in their experience, using CYRES significantly improved the quality of the annual KC61 and regional data return reports. It also reduced the time taken for laboratory staff to produce routine internal and external monitoring data.

CYRES software plugs into the existing pathology system and provides instant performance reports. It puts an end to all manual manipulation of data by providing analysis through an intuitive user front end. The CYRES system provides a range of reports on many levels including:

- Data audits that identify gaps and anomalies
- Laboratory level reports to monitor overall performance
- Individual screener / checker / consultant reports
- Failsafe, turnarounds, smear taker audits etc.



The system also provides laboratories and QARCs with the tools to monitor the performance of the laboratory and individuals within it, against NHSCSP guidelines.

Within the coming months, the CYRES laboratory QA management system will be installed into all four pathology laboratories in Northern Ireland.



## Colposcopy

### Project Update

*NI Computerised Colposcopy  
Information system*

#### REGIONAL COMPUTERISED COLPOSCOPY INFORMATION SYSTEM

The project for a Regional Computerised Colposcopy Information System (RCCIS) continues to make steady progress towards procurement. A Business Case has been submitted to the Business Case Unit, DHSSPSNI and an Operational Requirements Specification has been developed. Funding for the system has also been granted and procurement is planned to commence within the next few months.

### KC65-B?

Part B, Details ALL  
appointments offered to  
women in a quarter.

#### AUDITS

Dr John Price, Chair,  
**Regional Professional Advisory Colposcopy  
Group (incorporating Lead Colposcopists)**  
reminds leads that all completed audits for 2007-  
2008 should be forwarded to QARC.

#### CYRES / Polartechnics (Regional Computerised Colposcopy Information System)

A joint demonstration of both the CYRES software package and Polartechnics Computerised Colposcopy Database took place in the Tweed Room, Robinson Memorial Hospital, Ballymoney at 2 pm on Wednesday 2nd September 2009.

The demonstration covered all IT aspects associated with the delivery of accurate quality care for colposcopy patients and focused upon how the system facilitates colposcopy administration, the completion of mandatory KC65 quarterly returns and the collection of a Minimum Dataset for Colposcopy Services in Northern Ireland and Failsafe. The joint CYRES/ Polartechnics systems will integrate with each Trust's current PAS system, and for the future the system has the potential to integrate with each laboratory's cytology system through **CYRES Cinergy** to give colposcopists direct access to patient cytology history.

Following this presentation, there have been a number of general enquiries into the possibility of arranging a visit to Dr Grainne Flannelly's Colposcopy Clinic (National Maternity Hospital, Holles Street, Dublin) to see the Polartechnics Colposcopy system in operation.

Dr Flannelly is willing to accommodate a visit from a delegation of administrative and clinical staff to see the colposcopy system and to answer questions - any Friday afternoon in October/November 2009.

If anyone would be interested in going to Dublin to see the system, could they please contact Kevin at their earliest convenience either by email at [Kevin.briggs@hscni.net](mailto:Kevin.briggs@hscni.net) or phone 02890 321313 Ext: 2483 to allow time for preparations to be put in place.

Kevin Briggs  
**Project Officer**  
QARC



# COLPOSCOPY CONFERENCE 2009

On 29 May 2009 Colposcopist and Health Professionals from across the province and Southern Ireland gathered for the Annual Colposcopy & Gynaecological Oncology Conference.

**Dr John Price** formally opened the education seminar and, after an address by the Meeting Chair, **Dr Alison Love**, the seminar began. The programme was as follows:

**Dr John Price**

Northern Ireland Cancer Statistics 2008.

**Prof W Prendiville**

Pregnancy after LLETZ.

**Dr Michael Chambers**

Reasons why patients don't attend for cervical smears.

**Dr Orla Conlon**

To smear or not to smear during pregnancy?

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**Dr Rosemary Clarke**

Vaginal lubricants and cervical smears

**Dr Hans Nagar**

Advances in Laparoscopic Gynae Oncology

**Dr P Pathiraja**

Waiting times for colposcopy treatment

**Dr Minu Philipose**

"Cervical smears in patients undergoing subtotal hysterectomy"

A poster presentation was exhibited in the main auditorium both before and after the first session of the educational conference by:

**Dr Anna Haslett**

**Dr Brooke Lawson**

**Dr Minu Philipose**

**Dr Zahid Qadri**

**And Dr Sirisha Valusa**



The panel judged:

**Dr Minu Philipose** "Cervical smears in patients undergoing subtotal hysterectomy" to be the best poster presentation of the day.

If you would like to attend or perhaps participate in next year's Annual Colposcopy & Gynaecological Oncology Conference, please email QARC after 5th January to express your interest. The proposed venue for the 2010 conference is Coleraine. The date for the event TBA.