

SPECIAL EDITION PART 1



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Links on practice websites

QARC has noticed that many primary care practice websites link patients to a range of sites for further information on cervical screening. A quick search has identified numerous practice websites pointing to the private sector or indeed the Scottish screening programme.

QARC would encourage practices to review the information and links on their site. There are differences between how the screening programmes operate in each country of the UK and your patients may be receiving incorrect information.

By pointing patients instead to the [specific NI programme website](#), they will have access to local information, relevant leaflets and a video explaining the screening pathway.

While you are there, why not check what information and links you have on your site for the other screening programmes and make sure that these are up to date and relevant as well.

Call recall update

The guidance on call recall processes for primary care was updated in [July 2015](#). We are delighted that all but one practice in Northern Ireland has now signed up to using the regional call recall system, which provides an important function in ensuring that all eligible women get invited to attend for screening at appropriate intervals. The mechanism for practices to keep the invite list up to date is to complete and return their Prior Notification Lists (PNL). BSO will do the rest of the work for you in sending out the invites and first reminder letters.

To obtain your QOF points, eligible women only need to be contacted regarding cervical screening a total of three times in each screening round. Not three times each year. This is in line with practice in the other screening programmes. In addition, there is no requirement for women to sign disclaimers if they don't attend for screening unless they are requesting to be removed permanently from all future invites. You can find the "Guidance for Primary Care" document [HERE](#)

New laboratory request form

The four cytology labs in Northern Ireland have recently agreed to adopt a single regional request form for cervical cytology. The form will facilitate the collection of a core set of data (at a similar level to the current forms in use) and will allow the cervical screening programme to introduce the use of unique identifiers for sample takers.

The new look form is currently being procured and all users will be notified when it is ready to be rolled out. Look out for the cervical screening logo at the top of the new form.

Cervical screening	% Coverage April 2015 to March 2016
Northern Ireland	77.24%
BHSCT	72.65%
SEHSCT	78.95%
NHSCT	79.95%
SHSCT	77.96%
WHSCT	77.37%

The table above illustrates the cervical screening coverage by HSC Trusts in Northern Ireland. The %figure is calculated from the number of women providing at least one adequate screening sample in the last five years, as a percentage of eligible women in the target population.

Sample taker codes

With a new laboratory request form will come the opportunity for sample takers to record their own unique code against each sample that they take.

The QARC has been working with the labs to set up the IT systems to be able to capture a code for each sample taker in Northern Ireland, analyse the results of all the samples each individual performs and produce a report back to the primary care practice or clinic. This process will help sample takers to regularly audit their performance, such as activity levels and inadequate rates – so no more manual processes!

The identifier codes we plan to use are your NMC code if you are a nurse or your GMC code if you are a doctor. BUT there is a catch! All codes will need to be registered with QARC and uploaded onto the laboratory IT system before they can be used.



If your code isn't registered, the lab IT system will not recognise it and we will not be able to generate a report for you.

QARC will soon be writing to all primary care practices in the first instance to explain how you can get your codes registered. We also want to take this opportunity to do a quick survey of the training that current sample takers in Northern Ireland have had to undertake this role.

Participation in the register for sample takers will be voluntary at this stage, but we would encourage all practices and sample takers to use this facility which will help improve the audit process for sample takers within the cervical screening programme.

Produced by QARC for Health Professionals in NI Cancer Screening Programmes

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 311611 or write to Public Health Agency QARC, Ormeau Baths Office, 18 Ormeau Avenue, Belfast BT2 8HS. For further information and back issues, please visit our website at: www.cancerscreening.hscni.net.



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Cervical screening for immunosuppressed women

The Quality Assurance Reference Centre (QARC) occasionally receives queries about screening intervals for women who are immunosuppressed . Full Guidance is available at ([BSCCP website - Publication 20, Section 11](#)) The key points include:

- All women aged 25 to 64 years with renal failure requiring dialysis or any other disease with a high chance of needing organ transplantation must have cervical cytology at, or shortly after diagnosis. Those with an abnormal result should be referred to colposcopy.
- All women about to undergo organ transplantation should have had cervical cytology performed within the previous year.
- Women taking maintenance immunosuppression medication after transplantation who have no history of CIN should have cervical screening as per the non immunosuppressed. Any abnormal cervical cytology result should prompt colposcopic referral.
- Women aged 25-64 who are HIV positive should have annual cytology.
- There is no indication for increased surveillance of the following groups:
 - Women receiving cytotoxic chemotherapy for non-genital cancers.
 - Women receiving long term biologic agents.
 - Women receiving oestrogen antagonists (such as tamoxifen).

Retirement of Dr Rosey Clarke

The laboratory QA subgroup said a fond farewell to Dr Rosemary Clarke when she announced her formal retirement .

Dr Clarke took up the role as regional QA pathology lead for the cervical screening programme in February 2008. During her tenure the programme has seen a number of significant changes including a change to the frequency and age groups for screening and the introduction of HPV testing. Dr Clarke provided invaluable advice and leadership during this period.

While she continues to input to the laboratory service on a part-time locum basis, we hope that she will find some time to enjoy her retirement and we wish her well.

Mrs Jackie Jamison took up the position of Regional QA Lead Pathologist for the Northern Ireland Cervical Screening Programme from April 2015. On behalf of QARC and the wider programme we wish Jackie all the best in her new role

Screening after discharge from colposcopy

When the laboratory refers a woman to colposcopy on the basis of an abnormal cervical screening result, the call recall process is suspended for 15 months. This is a failsafe process to ensure the woman does not get suspended indefinitely from future screening.

However, now that we have HPV test of clearance for women who have received treatment at the colposcopy service, those women who test HR-HPV negative are being discharged from colposcopy with a recommendation to be returned to routine 3 yearly screening.

Unfortunately the BSO screening office is not always being informed of the need to reset the recall date, some women are being invited for another screening test as the 15 month default process kicks in. A small number of women are therefore having tests they do not need.

While we are working with colposcopy clinics to close this loop and ensure the recall date is reset on the system, primary care colleagues are asked to ensure that they also are mindful of this when completing the PNL.

If the colposcopy discharge letter says that a woman can be safely returned to routine recall, then please highlight this if the woman inappropriately appears on your PNL.

Practices who continue to operate their own invitation processes are asked to apply the advice of the colposcopist and revert the woman to routine recall. Out of programme screening causes unnecessary anxiety and inconvenience to women, and additional work for primary care, laboratories and colposcopy services.

