National Screening Service update May 2021

An tSeirbhís Náisiúnta Scagthástála
National Screening Service

OPERATIONAL PLAN 2021

We are working on: **79 projects** across four programmes & nine departments.

We are aiming for: an improved service with our participants at the centre.

Our pillars are: Trust, involvement, governance.

Read about our report here.

NEW SERVICE DEVELOPMENT FUNDING IN 2021

We are grateful to have been awarded **€10m New Service Development funding** for 2021.

What are we funding so far?

1. **Two new BreastCheck mobile units** to increase capacity.

   Next steps: staff recruitment.

2. **National Cervical Screening Laboratory (NCSL),** where construction is 20% complete. Next steps: equipment procurement and workforce planning.

3. **New Client Management System** to streamline records searches and ensure GDPR requirements are met.

   Next steps: EU tender process.

IMPLEMENTING THE INTERVAL CANCER REPORTS' RECOMMENDATIONS

Our programmes and legal working groups have created **roadmaps for implementation**, and our communications working group is developing new information tools for participants and undertaking a large-scale attitudes survey.

What are we trying to achieve?

Through working together with patients and public representatives we seek to deliver a **truly patient-centred review process** for anyone diagnosed with an interval cancer.

Our Public Health department is delivering a screening service that places the people we care for at the centre of all we do

- We have developed a new NSS **process for the creation of public information**. We are excited to begin testing the process as we create new information on screening choices.
- We are co-designing the implementation of our **Patient and Public Partnership (PPP) strategy.**
- We have co-designed a suite of **Easy-Read materials** for bowel and breast screening participants.
- We are working with NUI Galway Behaviour Research Unit on a **text messaging project** for our cervical screening programme.
- In focus: **LGBT+ and cervical screening**

  We conducted a study with the LINC advocacy group to understand LGBT+ attitudes and experiences of cervical screening.

What did we find?

59% respondents identified as lesbian; **27%** as bisexual; and **14%** as non-binary, trans, pansexual, queer, other. Over 66.5% attend screening when invited (against a target population average of 80%).

Sceening barriers:
assumption that I am heterosexual; being asked heterosexual questions; fear of the test procedure and embarrassment.

Screening enablers:
an LGBT-friendly or specialist practice; online bookings; text reminders + flexible GP surgery hours.

Over **90%** of respondents said they would recommend screening to a friend/relative.

Screening + COVID-19

Our programmes are managing the obstacles of the COVID-19 pandemic while **delivering screening to our participants**

Every area of life has been affected by COVID-19 and screening is no exception. Our programmes have lost many months of screening time. We are working hard to restart each of our participants on their screening journey.

- We are giving **new appointment dates** to our screening participants.
- We are asking people to join with us in making sure those who have been **waiting longest are screened in a timely manner.**
- We are emphasising the importance of **looking out for, and acting on symptoms.**

CervicalCheck

Record screening: In January 2021 there was a slight dip in screening numbers due to the third COVID-19 wave. However, by March we were processing **record test numbers**. It's reassuring that women have confidence in screening and believe that cervical screening is worthwhile.

What happened in March?

Our **large-scale advertising campaign** informed women about the new HPV cervical screening test and how to book.

Normal screening monthly numbers: 24,000. March 2021: **45,000**.

Results returned in: **8-10 weeks**.

Colposcopy waiting times: **urgent referrals are seen in 2 weeks**; high grade cells changes in 4 weeks; low grade cells changes in 8 weeks.

- **Why we believe in setting clear clinical pathways**

  Women with clinical symptoms should be seen at the right place, by the right person, at the right time. This is why CervicalCheck together with the National Women and Infants Health Programme (NWIHP) has invested in a new process to ensure that women with clinical symptoms will be seen by gynaecology. This pathway is releasing capacity in colposcopy for all women with a positive screening result.

- **Key programme projects from the CervicalCheck Strategic Plan 2021-2024 have begun**, in line with the Scoping Inquiry into the CervicalCheck Screening Programme (Scally Report) recommendations.

- **We presented Colposcopy QA Standards** at the CervicalCheck Annual Colposcopy Meeting on February 26. You can read them here.

- **What you asked us:**

  "Why does it have to be either or? Why not both cytology + the HPV test – called 'co-testing' before treatment?."

- **We have updated our multilingual resources** to include videos, information sheets and screening forms, available in many different languages.

Our Programme Evaluation Unit unit published an International Survey of Interval Cancer Audit and Disclosure in Cervical Screening, and Changing Trends in Colposcopy Referrals and Outcomes in the Republic of Ireland Following a Screening Controversy, at the BSCCP (British Society for Colposcopy and Cervical Pathology) Conference in April.

BowelScreen

We are working hard to restart our participants' screening journey. This is dependent on capacity available within hospitals, which we expect to return to full capacity by next year.

- We have opened a **new screening unit in University Hospital Waterford.**

- We noted two international studies which reported that **colonoscopies delayed for six months had no impact on outcome for patients.**

- **We encouraged greater awareness of bowel health through our advertising campaign** which ran during Bowel Cancer Awareness Month.

- **What you asked us:**

  "Can you advise why the bowel screening programme does not continue after 69 years of age?"

We published the peer review publication, Correlation of Faecal Immunochemical Testing Levels with Pathology Results in a National Colorectal Cancer Screening Programme.

BreastCheck

We are working to **restart our participants' screening journeys nationwide,** matching screening to treatment capacity within the health service.

We are:

- focused on recruiting and retaining staff, because we know it takes up to **15** years to train specialist breast screening staff.
- **vaccinating staff** and carrying out additional COVID-19 safety procedures.
- using a **new text-messaging system** to make sure all our appointment slots are filled.
- **increasing productivity** to maximise number of women we can screen daily.
- running a **communications campaign**.
- **answering your questions** on all our screening provisions for women with a disability.
- implementing the **extension of breast screening** to women aged 69 years.
- researching new information for women on **risk factors.**
- **What you asked us:**

  "Thank you for this public awareness campaign and thank you very much for using a black model. It is much appreciated. Permit me to raise an issue… Women of African descent have been proven to have dense breast tissue and suffer more aggressive types of breast cancer at an earlier age. It is being advised that black women should have screening at a younger age?"

We published our BreastCheck Programme Report 2018 and 2019. We presented on Trends In Screen-Detected Ductal Carcinoma In Situ In Ireland 2008-2020 at the Royal Academy of Medicine Section of Epidemiology & Public Health Medicine Jacqueline Horgan Bronze Medal Meeting.

Diabetic RetinaScreen

We began the year screening at reduced capacity due to the third COVID-19 wave. All screening locations are reopened.

We are:

- letting participants know there are extended waiting times for routine referrals from screening.
- inviting participants who receive a result of 'no retinopathy' from their previous two screenings to join our two-yearly screening pathway.
- continuing to invite those due for screening in 2020 and in 2021.
- encouraging people to come for screening and raising awareness of our safety procedures and of symptoms.
- noting there are now around 225,000 people in Ireland with diabetes; of which 1 in 12 are at risk of developing vision loss due to retinopathy.
- **What you told us:** *"The screener on the day went above and beyond to help me. Her patience, understanding and kindness will always be remembered, just let her know she made a difference."*

We published our Diabetic RetinaScreen Statistical Bulletin 2018-2019, and our peer reviewed publication Factors Associated with Non-Attendance in the Irish National Diabetic Retinopathy Screening Programme.

Quality, Safety and Risk (QSR)

We ensure the effective delivery of our quality, safety and risk management agenda.

We are doing this by:

- developing and key modules of the electronic Quality Information Management System.
- working with the National Open disclosure Office on proposed Open Disclosure Performance Measurement.
- providing guidance and supported training on incident management as we implement the HSE's Integrated Incident Management Framework, 2020.
- embedding awareness on staff responsibilities on data protection.

CervicalCheck Answer Sheet
What you asked us:

"Why does it have to be either or? Why not both cytology + the HPV test – called 'co-testing' before treatment?"

Screening is a preventative health measure and aims to improve the population outcomes for the condition being screened for. This means reducing the rate (incidence) of the condition being targeted and / or reducing the death rate (mortality rate) in the population. CervicalCheck has reduced the rate of cervical cancer significantly since it started in 2008.

There are international criteria used to decide whether a population screening programme should be put in place.

Population screening is an organised way of making sure everyone who has been identified for screening is offered a test and that, if the test is positive, they can have a diagnostic assessment and treatment if it is needed. While the Irish screening programmes have improved population health, as they have in other countries, there are pros and cons to screening for participants. Delivering screening as part of a programme is recognised internationally as the best way to balance the pros (the benefits) and the cons (potential harms), and to do that in a cost effective way.

A screening test is designed to detect individuals who are at risk; it is not a diagnostic test.

On March 30, 2020 the CervicalCheck population screening programme introduced the HPV test as the primary screening method for the detection of abnormal cervical cells which could develop into cervical cancer. This policy change was recommended in a report by HIQA in 2017 and was made after approval by the Department of Health. This brings the Irish cervical screening programme in line with international best practice in cervical screening. This type of cervical screening has been introduced, to date, in Australia, England, the Netherlands and Wales.

With HPV screening we are testing for a risk factor in the development of cervical cancer: the presence of the human papillomavirus (HPV). International evidence has shown HPV cervical screening to be the most effective way, on a population basis, to screen for cervical cancer.

Cervical screening aims to prevent the most common form of cervical cancer – squamous cell cancer – and 99% of those cancers are caused by HPV. This means that if you don't have HPV detected in your sample, it is extremely unlikely you have any cell changes that need treatment.

We know that the cervical screening test simply cannot find some forms of cancer depending on the type of cancer or its location. Both cytology testing and HPV testing are directed at preventing squamous cell cancer. A significant number of cervical cancers are glandular cancers, and while over 85% of them are also caused by HPV, around 15% aren't. These cancers were difficult to detect with cytology (smear test) and are also difficult to detect with HPV. However, more of these cancers will be picked up with HPV Screening than with cytology.

No screening test will detect or prevent all abnormal cell changes or cancers. We continue to encourage all people to be aware of symptoms. We ask anyone with symptoms to please contact their GP, who will arrange appropriate follow-up care.

BowelScreen Answer Sheet
What you asked us:

“Can you advise why the bowel screening programme does not continue after 69 years of age?”

BowelScreen is a new screening programme which was introduced in 2012 for men and women aged 60-69 years. International evidence shows that bowel cancer screening is effective for those aged between 55 and 74 and it is our aim to expand the bowel screening programme to all people in this age range. However, it takes time to establish a population-based screening programme and as we do this, we are at first concentrating on men and women aged 60-69 as they are the group evidence shows to be most at risk from bowel cancer.

BowelScreen is for people without symptoms. If you have symptoms of bowel cancer or are concerned about a family history of bowel cancer, you should contact your GP who will provide the best follow-up care for you. You will find a list of symptoms to be aware of on our website here.

BreastCheck Answer Sheet
What you asked us:

"Thank you for this public awareness campaign and thank you very much for using a black model. It is much appreciated. Permit me to raise an issue… Women of African descent have been proven to have dense breast tissue and suffer more aggressive types of breast cancer at an earlier age. It is being advised that black women should have screening at a younger age?"

Screening is a preventative strategy which aims to improve the population outcomes for the condition being screened for. This means reducing the rate (incidence) of the condition being targeted and / or reducing the death rate in the population. BreastCheck has reduced death rates from breast cancer in the 20 years it has been running.

Population screening is an organised way of making sure everyone who has been identified for screening is offered a test and that, if the test is positive, they can have a diagnostic assessment and treatment if it is needed. Wrapped around that are lots of other activities that make sure the quality of the service participants get meets international standards.

There are international criteria used to decide whether a population screening programme should be put in place. The BreastCheck population screening programme meets international criteria for screening programmes and must be based on the best evidence of what works for a screening programme.

BreastCheck and the National Screening Advisory Committee monitor new research regularly to review for any potential changes or improvements that can be made. Any changes to the breast screening programme must be independently assessed and recommended by the National Screening Advisory Committee.

Delivering screening as part of a programme is recognised internationally as the best way to balance the pros (the benefits) and the cons (potential harms), and to do that in a cost effective way.

Doctors use the term 'breast density' to describe how breasts look on a mammogram. There are many reasons why breast density affects women and it's important to keep in mind it's a normal and a common finding.

We know that increased breast density decreases the sensitivity and specificity of a mammogram and is an independent risk factor for breast cancer. However, European guidelines currently do not recommend tailored screening for dense breast tissue within an organised screening programme.

As evidence around breast density is studied, a systematic, reproducible and reliable way of assessing and reporting breast density data in a screening setting may be developed. It may then be recommended that we communicate these risks, along with other risk factor information, to the screened population.

In the absence of evidence-based population screening recommendations for women with dense breasts, our breast screening programme continues to follow European guidance on screening. We continue to promote breast awareness and to stress the limitations of mammography to all women, whether the breast tissue is dense or non-dense.

We are listening to what women have to say about breast density as we continue to evaluate tailored screening in our population screening service in the future. We are working on new information for women about risk factors for breast cancer, and this will include breast density and other risk factors such as age and HRT.

Everybody is at risk of breast cancer and we all need to be breast aware. BreastCheck is a screening service for well women aged 50-69 who do not have symptoms. We continue to urge all women who are experiencing symptoms to contact their GP who will arrange the appropriate follow-up care.