Cervical Screening in Northern Ireland

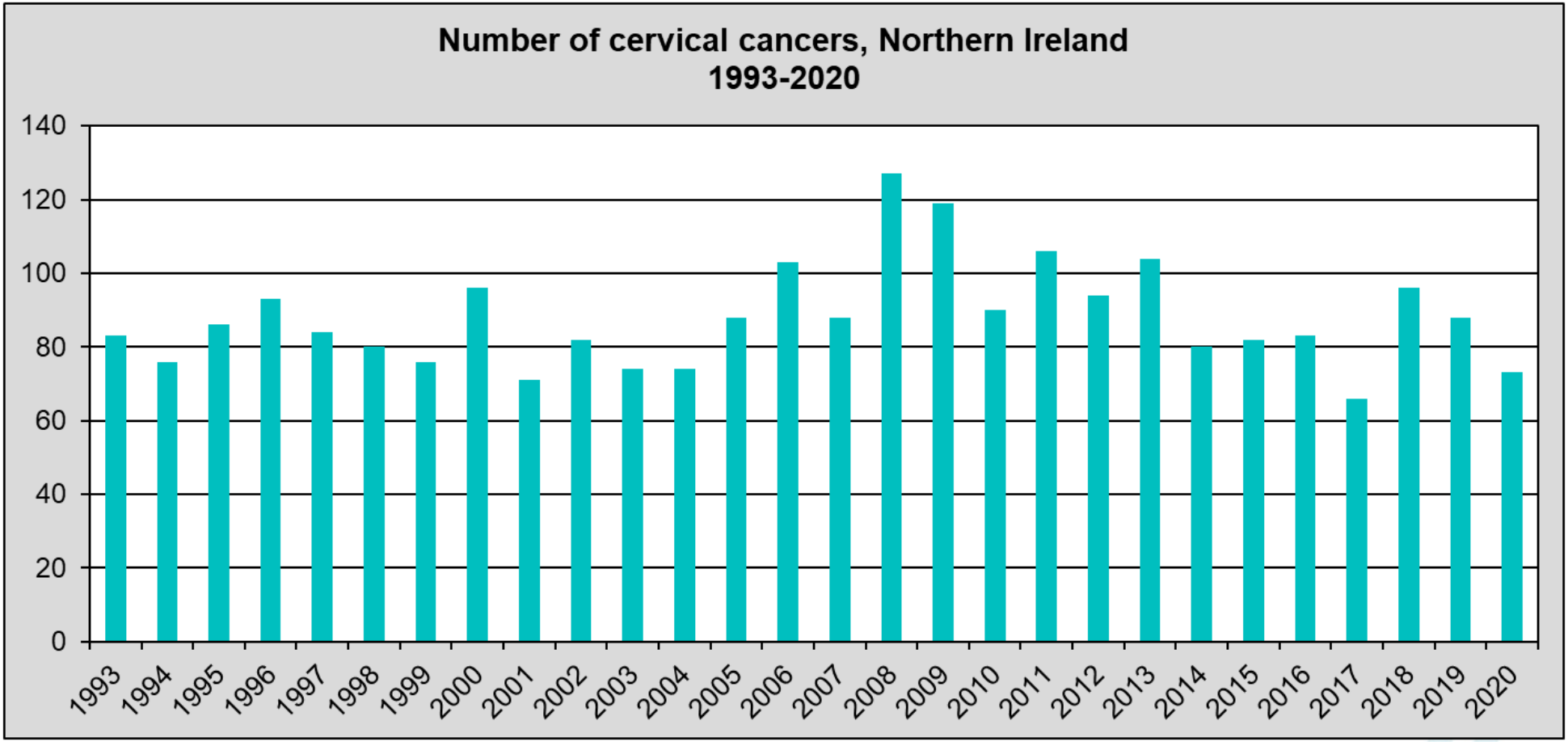
Dr Tracy Owen
Deputy Director of Public Health

HSC Public Health Agency

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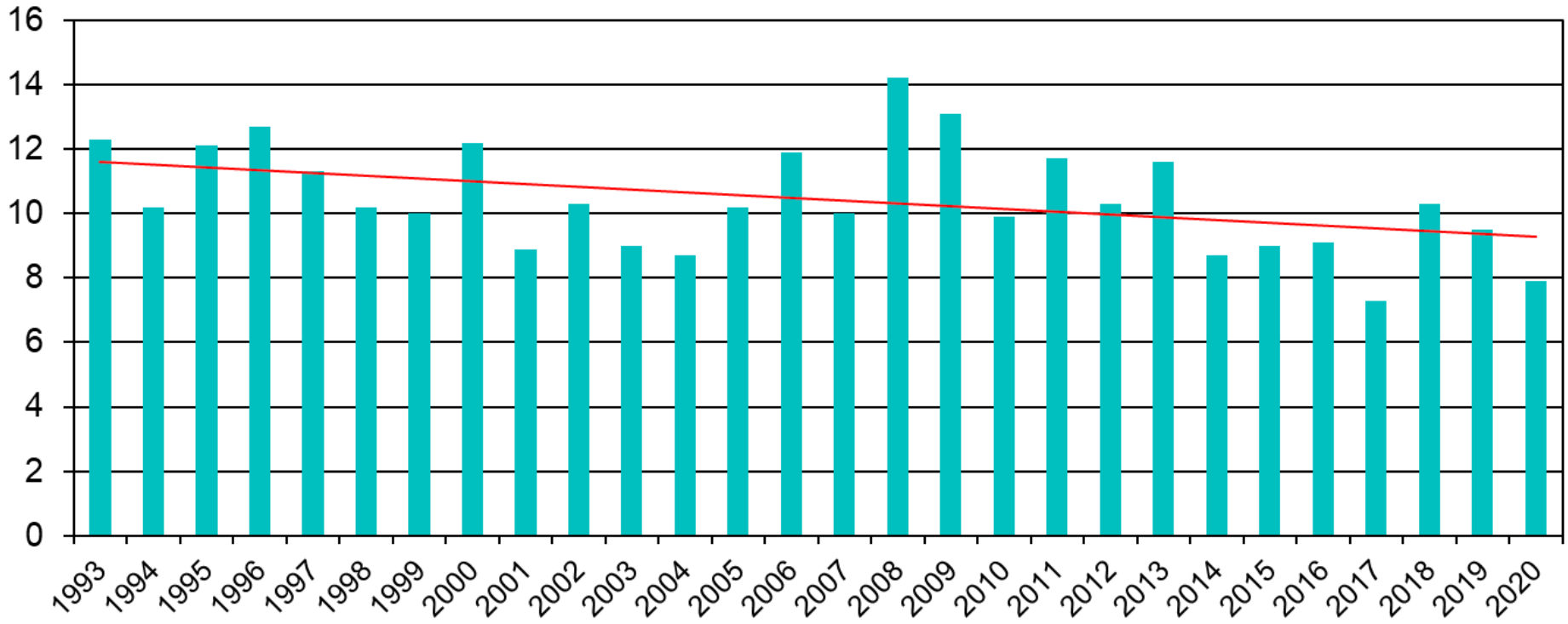
Outline

- Latest stats on cervical cancer
- Current challenges
- Introduction of pHPV
- Issues for primary care



Source: NI Cancer Registry

European age standardised incidence rate per 100,000 person years (female),
Cervical cancer,
Northern Ireland 1993-2020



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Cervical screening

Who - aged 25-49 every 3 years
- aged 50-64 every 5 years

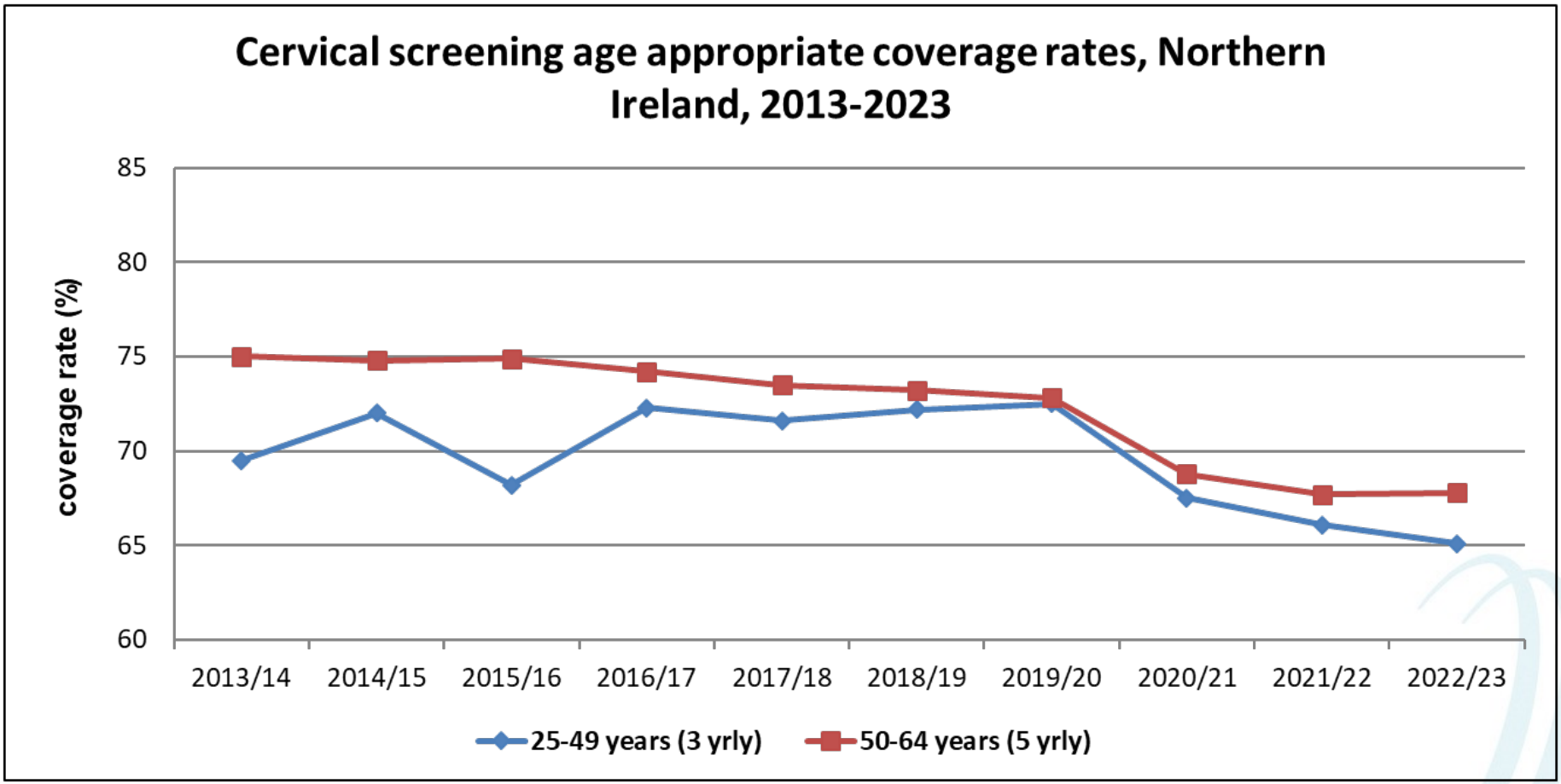
- Not a diagnostic test
- Not appropriate for symptomatic patients
- Not routinely required postpartum unless next test is due

- Initial prompt and reminder letters issued centrally by BSO – with information leaflet.

Impact of Covid-19

- Cervical screening invites paused x5 months (March – August 2020)
- Recovery challenging in all services – primary care, labs, colposcopy

- Current situation
  - Delays in invites remain at 5 months
  - Laboratory backlogs



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Cytology backlogs

- All Trusts, increasing from December 2022
- Multiple factors - post covid-19 capacity, sick leave, vacant posts, unable to recruit locums, staff retirements and leavers, wider pressures across pathology services
- Small, highly skilled workforce
- Mitigations to manage risks within labs

- Interim measures - HPV testing introduced for all samples to manage clinical risk (from March 2023)
- HPV positive samples are prioritised for cytology
- But HPV negative samples will wait longer for a result (both HPV and cytology are needed to authorise the report).

Southern Trust

- In line with DoH regional look back guidance
- Review undertaken by RCPath Consulting Ltd
- Recommendations taken forward under a joint steering group
- Results from 17,000 women are being reviewed as a precautionary measure – all had previous negative or inadequate results
- Letters issued, helpline established
- Review of slides
- Smear clinics – where slide is not available for review

- Any review of previous slides will pick up things that were missed first time around

UKAS

- UKAS is an accreditation body not a regulator

- UKAS temporarily suspended accreditation of Craigavon lab

  - Southern Trust decided to pause activity to focus work on retaining accreditation

  - work being diverted to other labs for reporting

- Belfast lab cytology subsequently had UKAS accreditation temporarily suspended

  - Risk assessment has been carried out – PHA and SPPG satisfied with the performance of Belfast lab and it continues to operate while they appeal this decision.

Primary HPV testing

- Recommended by UK National Screening Committee
- Rolled out elsewhere in UK and RoI
- Policy decision by Minister – March 2022
- Implementation project
- Challenges:
    - IT interfaces
    - laboratory impact – cytology workload with markedly reduce
    - colposcopy capacity – increase in referrals

Rationale for pHPV testing

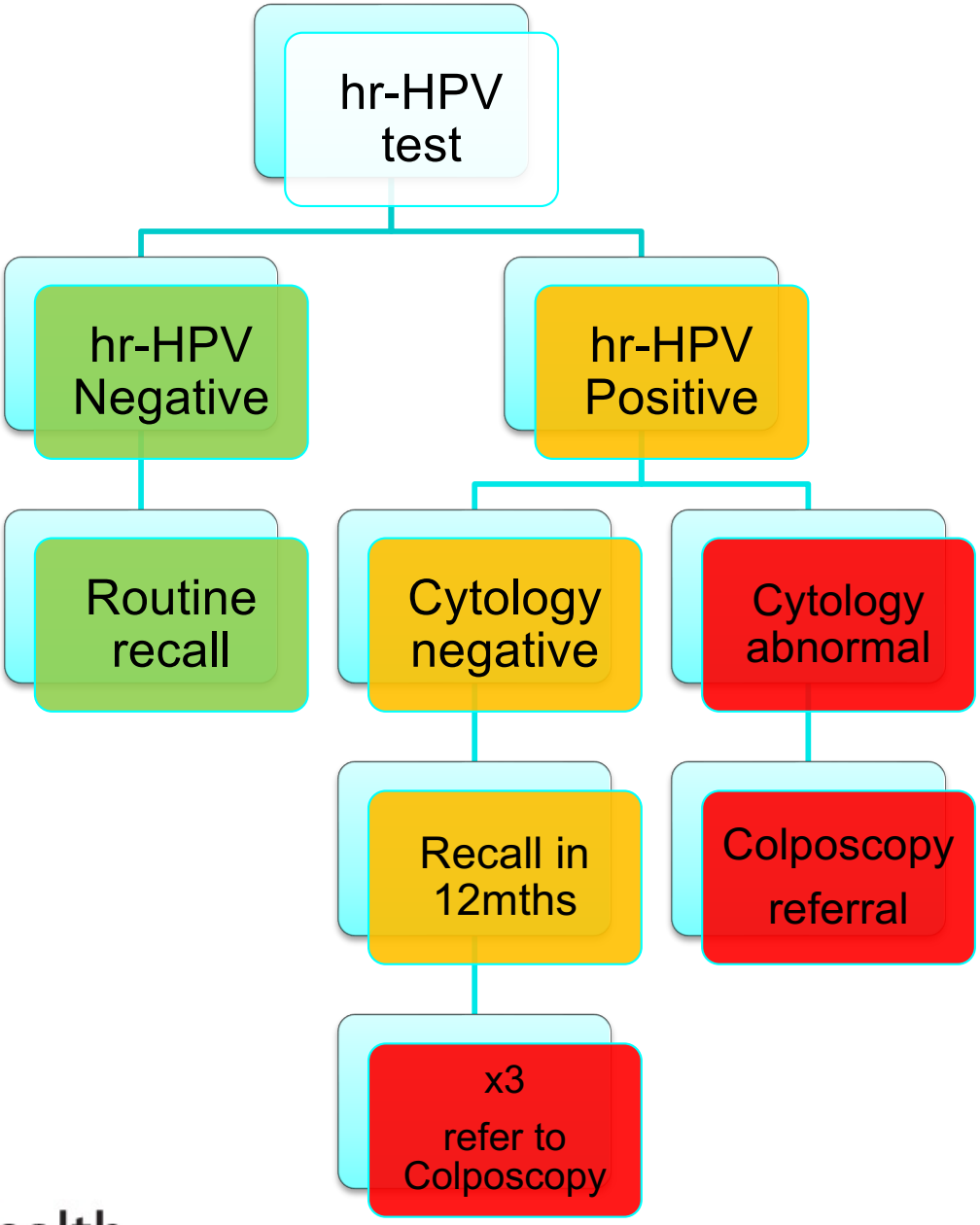
- Cervical cancer is linked to persistent infection with high risk types of HPV
- More sensitive test to determine those who are most likely to have abnormalities which could lead to cancer [lower false negative rate]
- Less specific – so cytology still needed as a second step [higher false positive rate]

Key points at screening appointment

- Take the sample in the same way and send it to the lab
- HPV vaccine – still encourage to participate in screening (vaccine only covers 2 to 4 hr-HPV types)
- Results issued in a much more timely way
- Inform patient that result will be different now

"A positive HPV result does not mean your partner has had sex with someone else while you have been together. You might have HPV even if you have not been sexually active or had a new partner for many years."

Primary HPV pathway



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This information is designed for healthcare professionals

Changes to the Northern Ireland Cervical Screening Programme

Information for primary care and sample takers

This booklet is designed for all those involved in taking cervical screening samples, as well as those who work in settings where patients attend for screening. The most common setting for cervical screening is within primary care. The booklet explains important changes that have occurred to the Cervical Screening Programme in Northern Ireland.

It also outlines who is eligible for cervical screening, considers who may need additional support to access screening, and includes some suggestions for how healthcare professionals can improve informed participation.

Purpose of cervical screening

The Northern Ireland Cervical Screening Programme is a population-based screening programme that seeks to prevent cervical cancer in women **who do not have any symptoms of the disease**. It does this by identifying and treating women with cervical abnormalities that could develop into cancer in the future if left untreated.

Each year, around 80 women in Northern Ireland are diagnosed with cervical cancer and 20 to 25 die from it.[1] Early detection and treatment can prevent around 8 out of 10 deaths from cervical cancer.[2]

The link between cervical cancer and HPV

Nearly all cervical cancers are caused by persistent infection with human papillomavirus (HPV). HPV is a very common virus – about 8 out of 10 people catch it at some time in their lives. The virus usually causes no symptoms and is mainly spread by skin-to-skin contact during sexual activity. The majority of HPV infections are cleared by the immune system.

There are hundreds of types of HPV but only some of these (referred to as high-risk HPV) have been identified as associated with the development of cancer. HPV16 and HPV18 are two high-risk types commonly associated with cervical cancers in Europe. At least 11 other high-risk types are known.[3] Cervical cancer is only linked to persistent infection with these high-risk types of HPV.

The HPV immunisation programme is designed to reduce the incidence of cervical cancer by providing protection against high-risk types of HPV. However, note that not all of the high-risk types of HPV are targeted by the available vaccine. Vaccinated women are still encouraged to participate in the screening programme.

Cervical Screening

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Important messages

- Some cervical cancers (<1%) are not linked to hr-HPV
- Screening is not 100% effective – it is risk reduction, not risk elimination
- Having hr-HPV does not mean you have cancer or will develop cancer
- Symptoms should be assessed and investigation, irrespective of a screening result



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Timeline

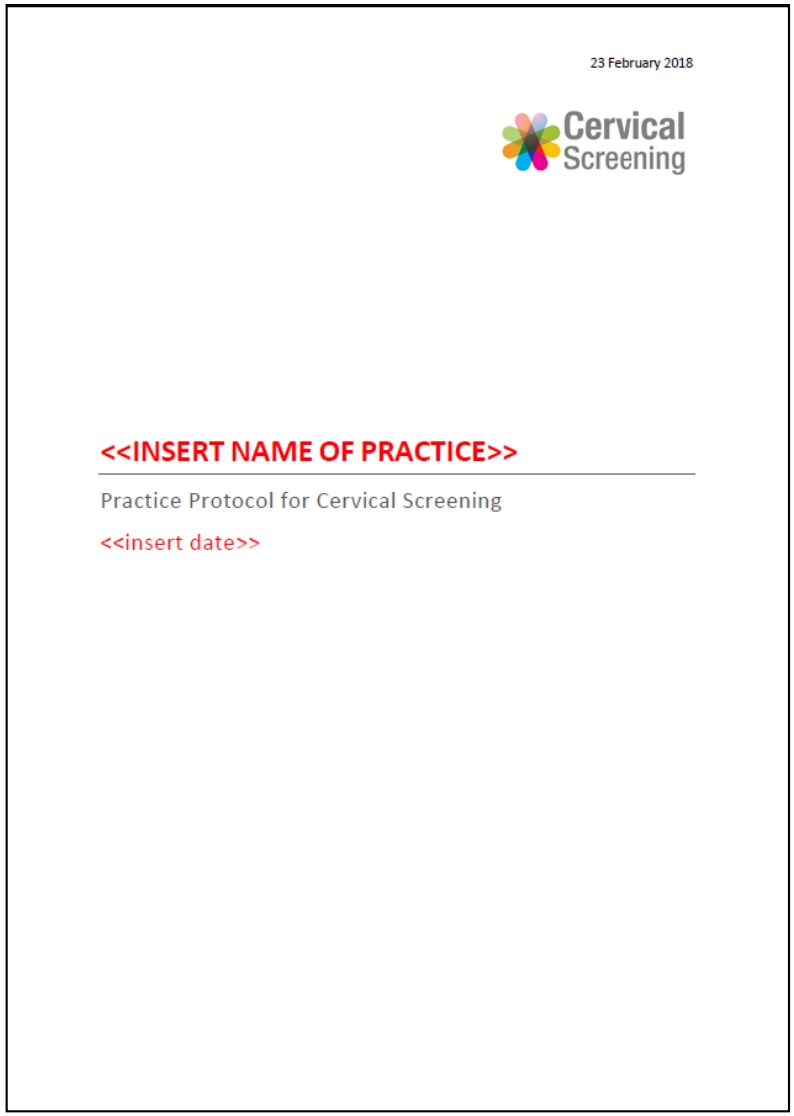
- Provisional plan to go live mid December 2023
- Finalising IT interim solutions – testing over next 1-2 weeks
- Primary care will be informed
- Public & social media messaging to support it

- Any new samples arriving in the lab from go-live date will follow pHPV pathway
- Backlogs – exploring if HPV negative samples still awaiting cytology can also be reported through the pHPV pathway.

GP Practice Level

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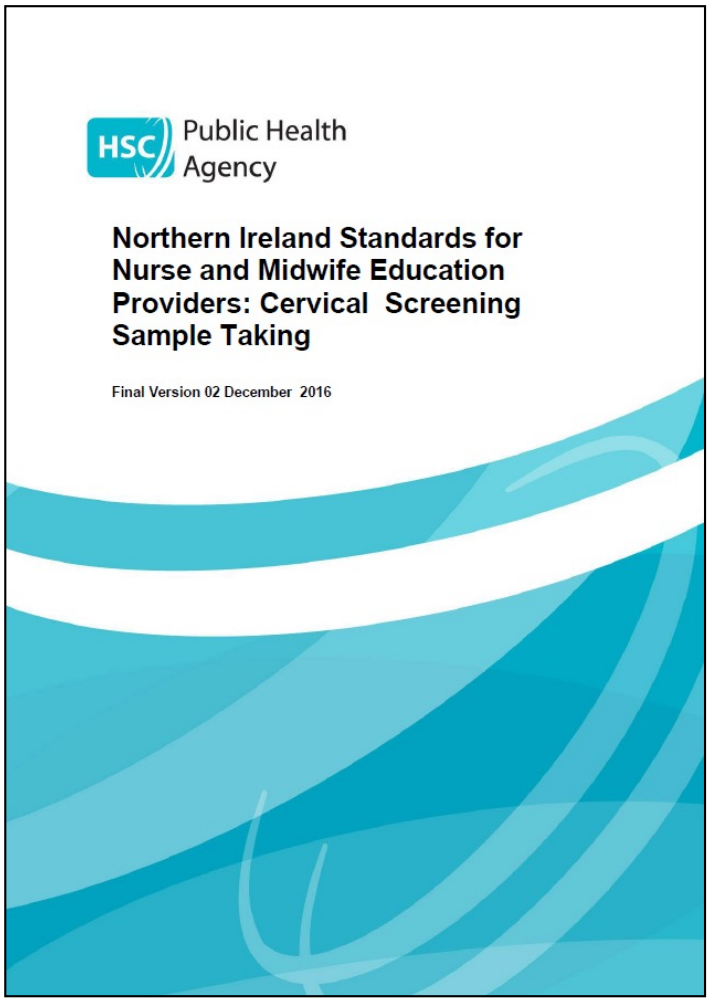
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Practice protocol

- Developed in response to an SAI in primary care
- Involved PHA, HSCB integrated care, primary care practice
- Published Feb 2018
- Includes:
  - Roles & responsibilities
  - Training
  - Call/recall process
  - Non-responders
  - Taking the sample
  - Results
  - Colposcopy
  - Reporting adverse incidents

Training



- Developed by multiagency group
- Published December 2016

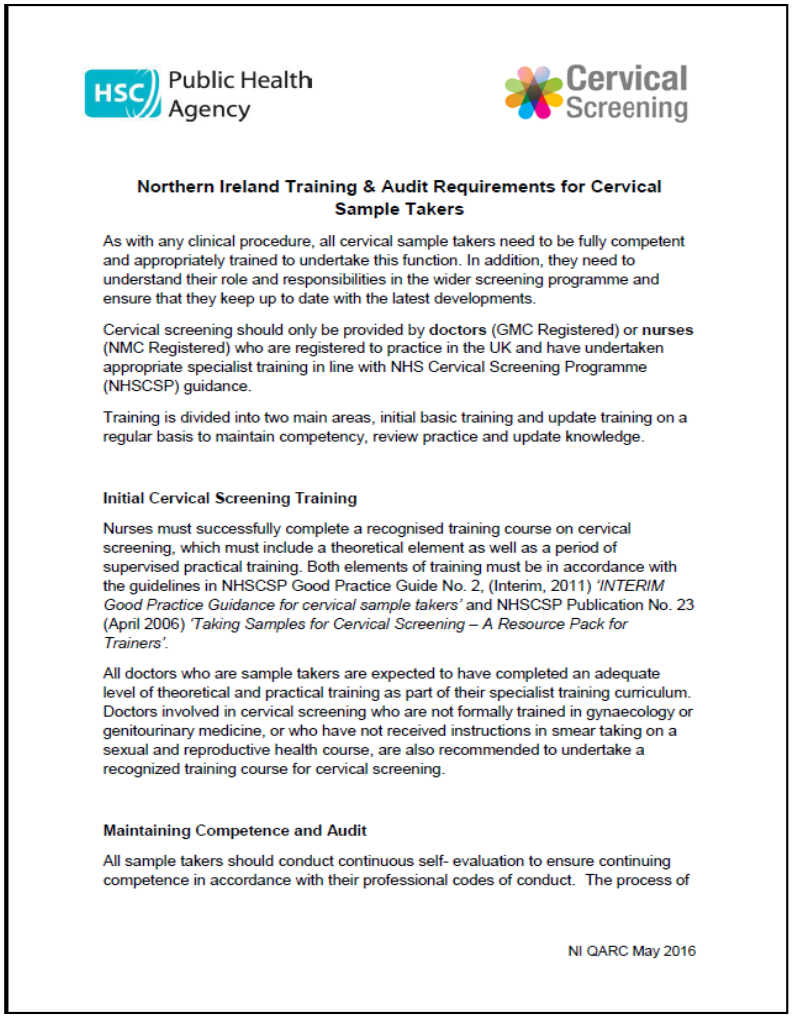
- All nurse sample takers must successfully complete novice training (theoretical and supervised practical elements)
- Standards for delivery of training

- Maintaining competency
  - 3 yearly update training
  - Minimum 20 samples per year to facilitate audit
  - Return to practice after gaps in service

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Training and audit requirements



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Cervical Screening

Northern Ireland Training & Audit Requirements for Cervical Sample Takers

As with any clinical procedure, all cervical sample takers need to be fully competent and appropriately trained to undertake this function. In addition, they need to understand their role and responsibilities in the wider screening programme and ensure that they keep up to date with the latest developments.

Cervical screening should only be provided by **doctors** (GMC Registered) or **nurses** (NMC Registered) who are registered to practice in the UK and have undertaken appropriate specialist training in line with NHS Cervical Screening Programme (NHSCSP) guidance.

Training is divided into two main areas, initial basic training and update training on a regular basis to maintain competency, review practice and update knowledge.

Initial Cervical Screening Training

Nurses must successfully complete a recognised training course on cervical screening, which must include a theoretical element as well as a period of supervised practical training. Both elements of training must be in accordance with the guidelines in NHSCSP Good Practice Guide No. 2, (Interim, 2011) *'INTERIM Good Practice Guidance for cervical sample takers'* and NHSCSP Publication No. 23 (April 2006) *'Taking Samples for Cervical Screening – A Resource Pack for Trainers'*.

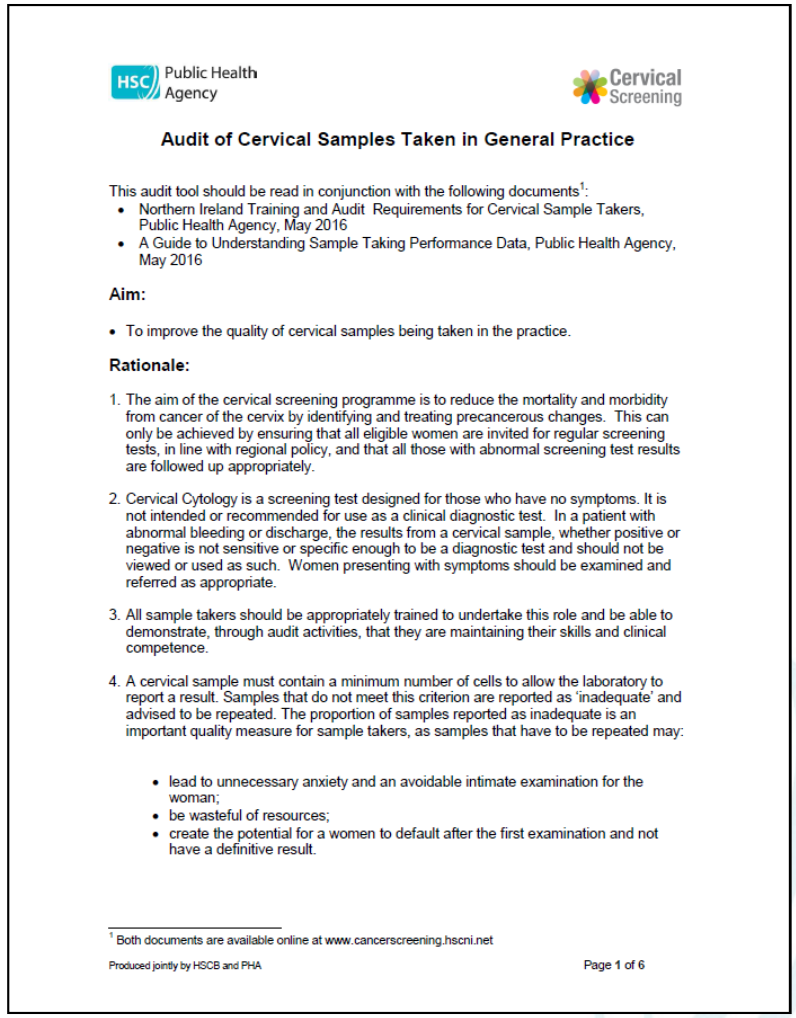
All doctors who are sample takers are expected to have completed an adequate level of theoretical and practical training as part of their specialist training curriculum. Doctors involved in cervical screening who are not formally trained in gynaecology or genitourinary medicine, or who have not received instructions in smear taking on a sexual and reproductive health course, are also recommended to undertake a recognized training course for cervical screening.

Maintaining Competence and Audit

All sample takers should conduct continuous self- evaluation to ensure continuing competence in accordance with their professional codes of conduct. The process of

NI QARC May 2016

Audit tool



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Cervical Screening

Audit of Cervical Samples Taken in General Practice

This audit tool should be read in conjunction with the following documents[1]:

- Northern Ireland Training and Audit Requirements for Cervical Sample Takers, Public Health Agency, May 2016
- A Guide to Understanding Sample Taking Performance Data, Public Health Agency, May 2016

Aim:

- To improve the quality of cervical samples being taken in the practice.

Rationale:

1. The aim of the cervical screening programme is to reduce the mortality and morbidity from cancer of the cervix by identifying and treating precancerous changes. This can only be achieved by ensuring that all eligible women are invited for regular screening tests, in line with regional policy, and that all those with abnormal screening test results are followed up appropriately.
2. Cervical Cytology is a screening test designed for those who have no symptoms. It is not intended or recommended for use as a clinical diagnostic test. In a patient with abnormal bleeding or discharge, the results from a cervical sample, whether positive or negative is not sensitive or specific enough to be a diagnostic test and should not be viewed or used as such. Women presenting with symptoms should be examined and referred as appropriate.
3. All sample takers should be appropriately trained to undertake this role and be able to demonstrate, through audit activities, that they are maintaining their skills and clinical competence.
4. A cervical sample must contain a minimum number of cells to allow the laboratory to report a result. Samples that do not meet this criterion are reported as 'inadequate' and advised to be repeated. The proportion of samples reported as inadequate is an important quality measure for sample takers, as samples that have to be repeated may:
    - lead to unnecessary anxiety and an avoidable intimate examination for the woman;
    - be wasteful of resources;
    - create the potential for a women to default after the first examination and not have a definitive result.

[1] Both documents are available online at www.cancerscreening.hscni.net

Produced jointly by HSCB and PHA

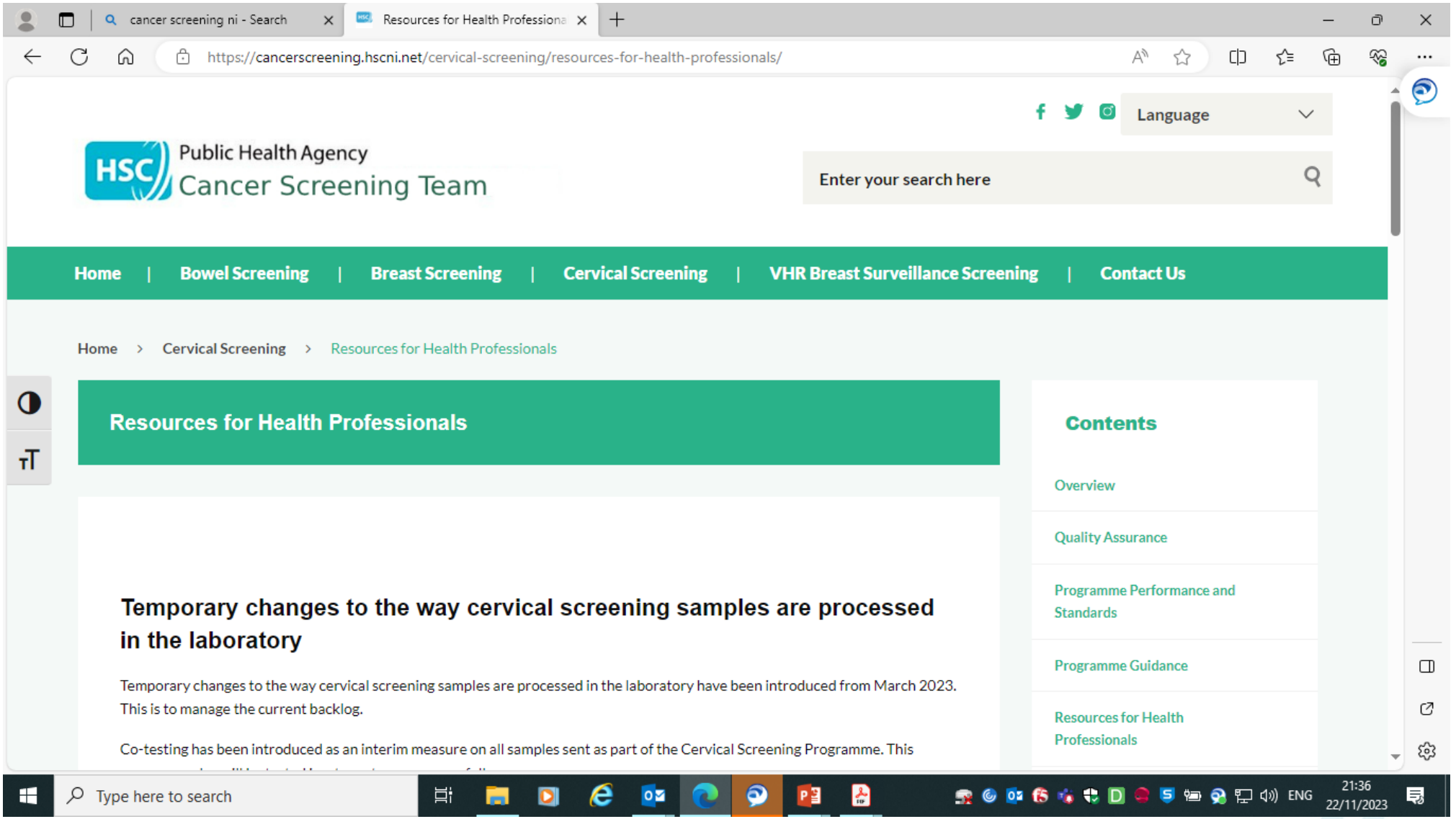
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Sample taker codes

- Allows samples to be directly attributed to an individual nurse/doctor
- Need to register all GMC & NMC codes in advance with PHA
- If code not registered, it will not be recognised by Labcentre and cannot be used
- Use only your own code
- Write the code in the correct box on the form
- Write legibly – if the lab staff cannot read it, it will not be entered
- Do not think that writing your name is enough – the lab staff will not go looking up your code for you!
- Contact screening.cervical@hscni.net to get registered



Key documents available at cervical screening Resources for health professionals section of www.cancerscreening.hscni.net

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