Overview of the Northern Ireland Cervical Screening Programme

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Public Health Agency

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Average of 84 cases per year in NI (1.7% of all female cancers)

2/3 of women diagnosed are under age 55

Odds: 1 in 143 before age 85



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Last smear taker update - 2023



Cytology based screening



Three laboratories (previously four)



Variation in practice



Recruitment and retention of staff

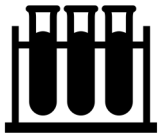


Increasing turnaround times for results

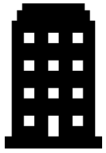
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2026



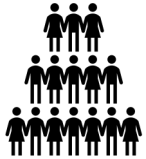
Primary HPV based screening



One regional laboratory



Service engagement - new processes and protocols



Workforce stability



Improved turnaround times for results



External scrutiny

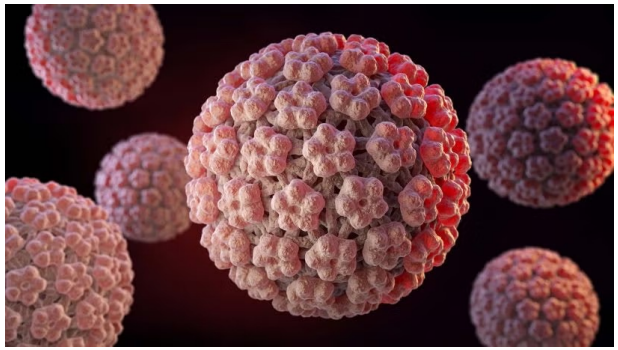
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Challenges

- IT systems – LIMS, Encompass
- External commentary – media, political, public
- Professional competency questioned – blame culture
- Public perception of what screening can deliver
- UKAS accreditation process
- Equipment breakdowns – contingency arrangements
- Building relationships and new ways of working
- Developing and embedding new processes and protocols

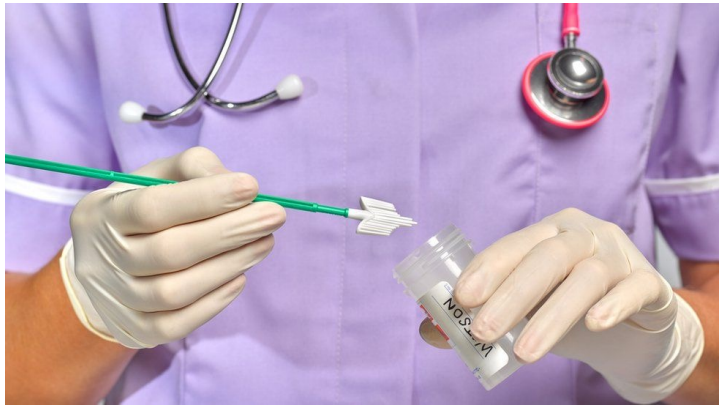
Human Papilloma Virus (HPV)



- 99.7% of cervical cancers associated with persistent infection with high risk types of HPV.
- >100 types – only small number cause cervical cancer (Hr-HPV)
- Very common - 8 in 10 people infected in lifetime
- Higher rates of infection in younger women
  40% of 20-24yr olds with Hr HPV, 5% of 60-64 yr olds
- Infection persists in 20-30% of women

Cervical screening

- Aims to identify pre-cancerous cervical cell changes so they can be treated before they develop into cancer
- Test for presence of HPV
- Screening is not suitable for people with symptoms – medical advice should be sought.
- Screening reduces your risk of developing cancer, but cannot eliminate the risk (picks up 90% of abnormalities)
- Does not screen for other cancers (e.g. ovarian)



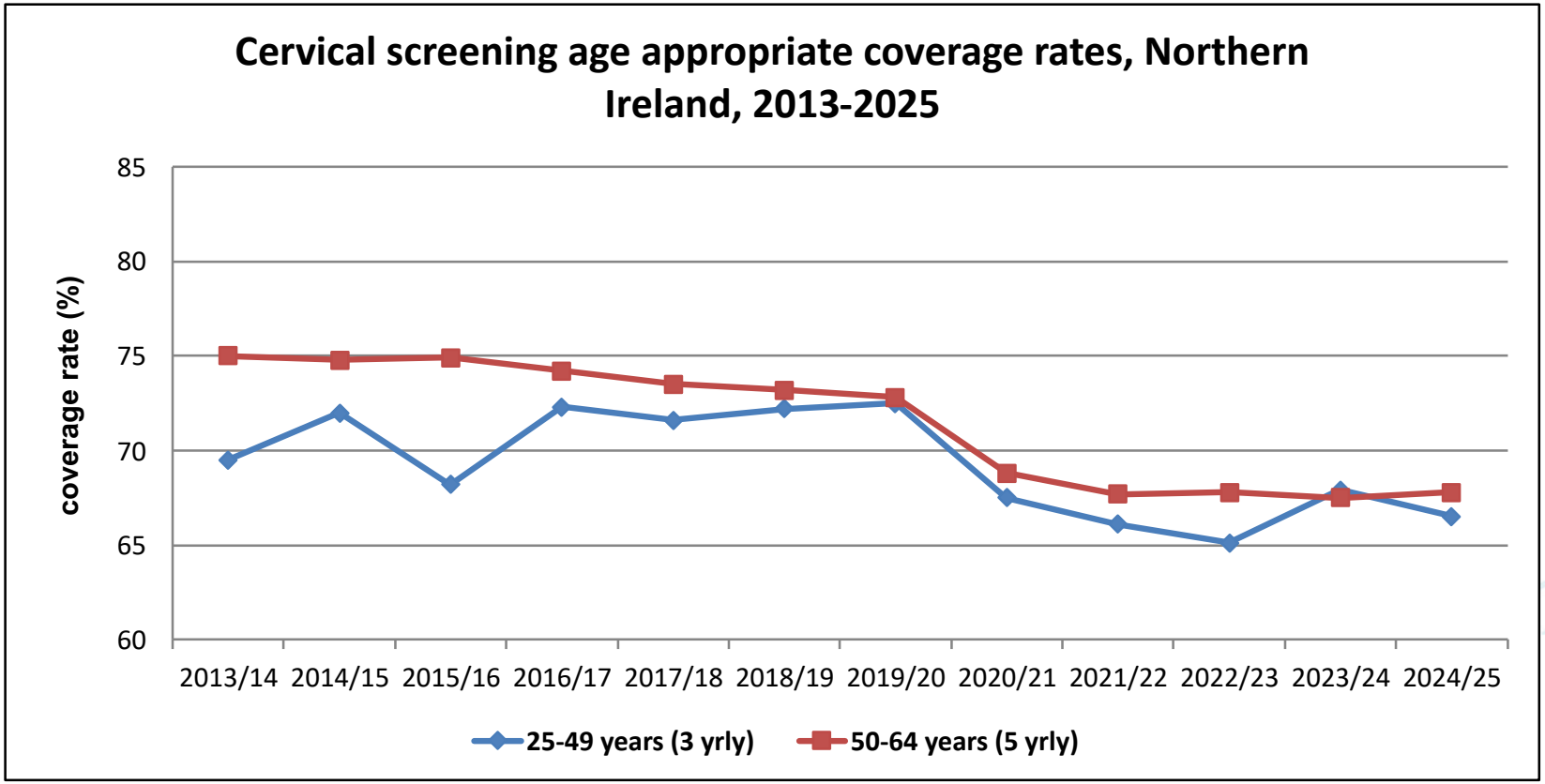
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PARTICIPATION

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Omnibus survey

- Survey of females aged 25-64 in NI
- November 2024 – online panel
- Sample size: 553
- Explore experience and attitudes towards cervical screening

	always	often	sometimes	Rarely	Never
In the past 'when invited' have you attended a cervical screening test?	61.5%	10.5%	11.6%	3.6%	12.8%

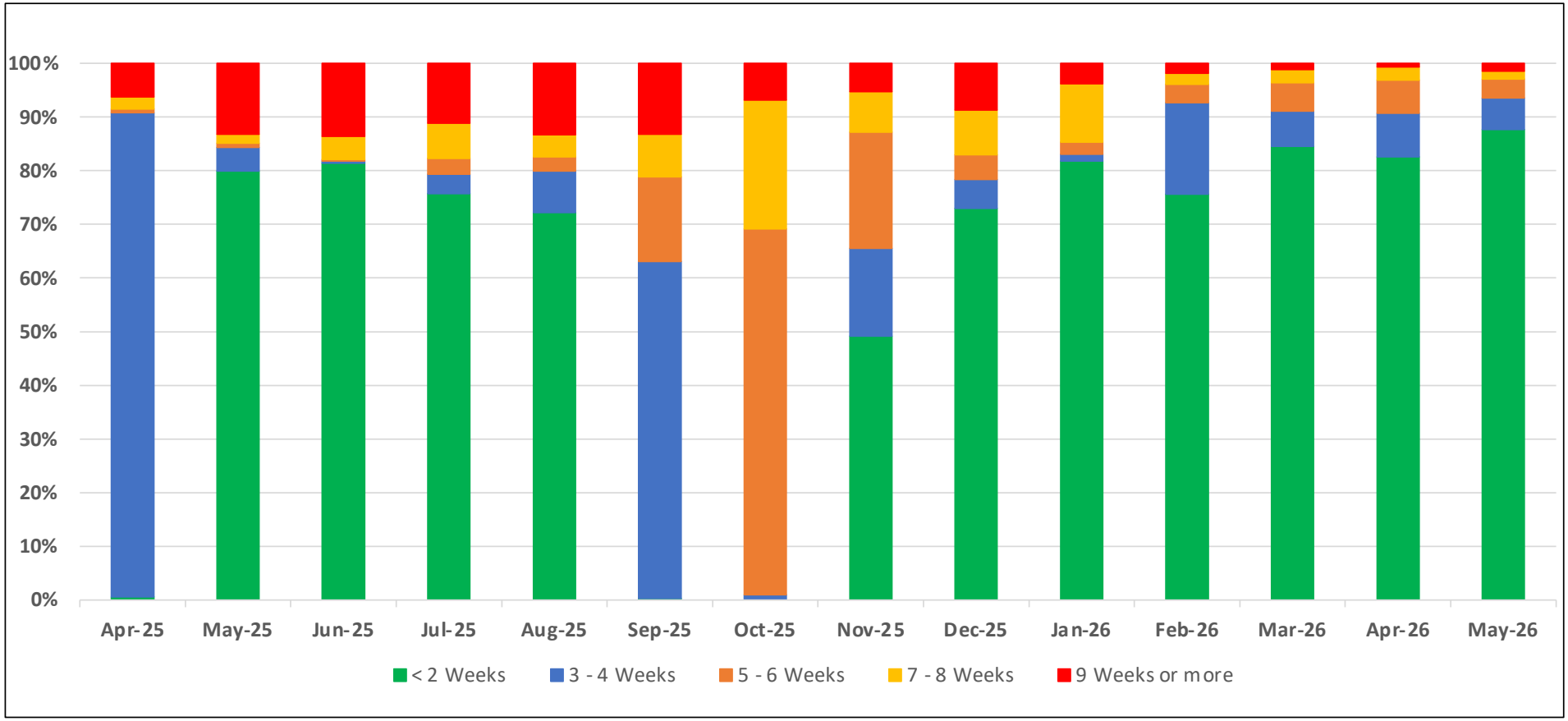
	yes	**no**	**Don't know**
In the future 'when invited' do you plan to attend your cervical screening appointment	79.9%	11.8%	8.3%

HOW IS THE SERVICE PERFORMING?

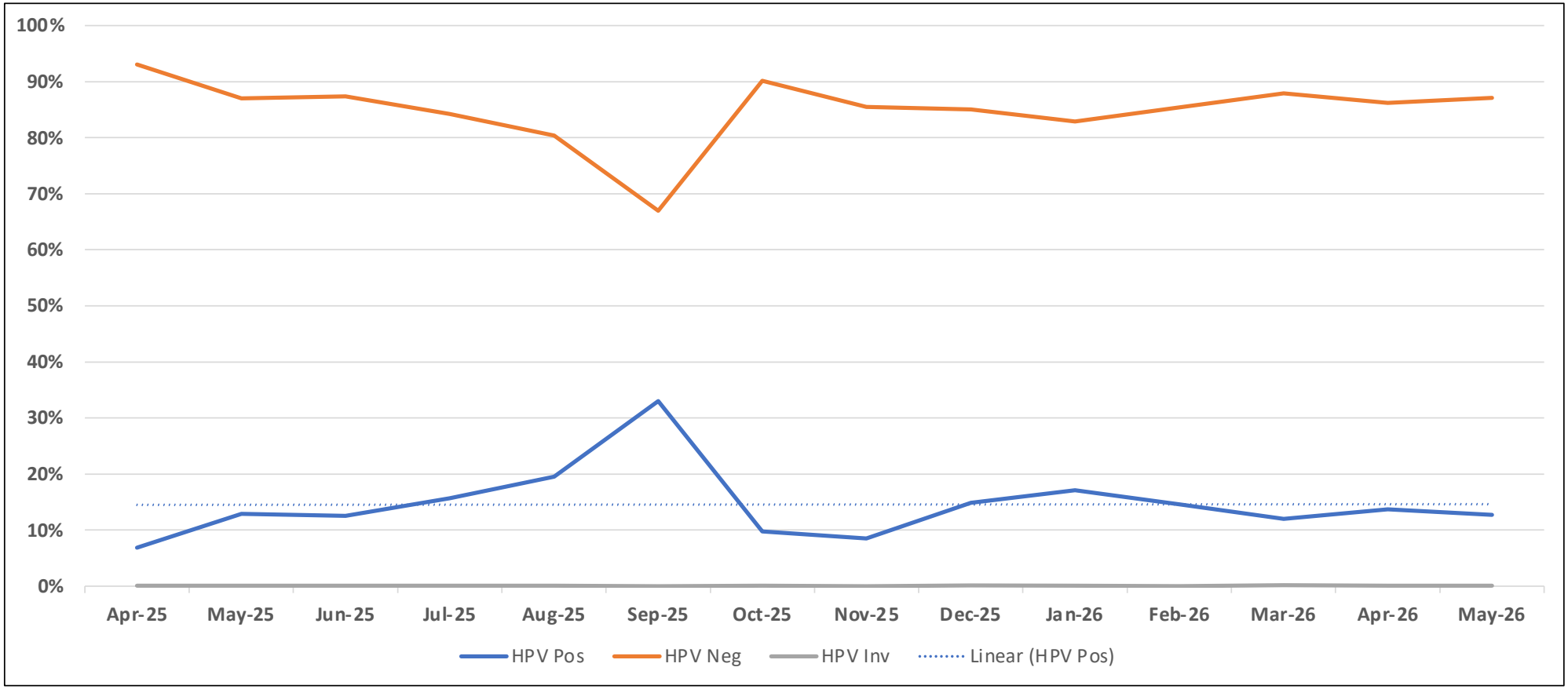
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Regional Laboratory turnaround times

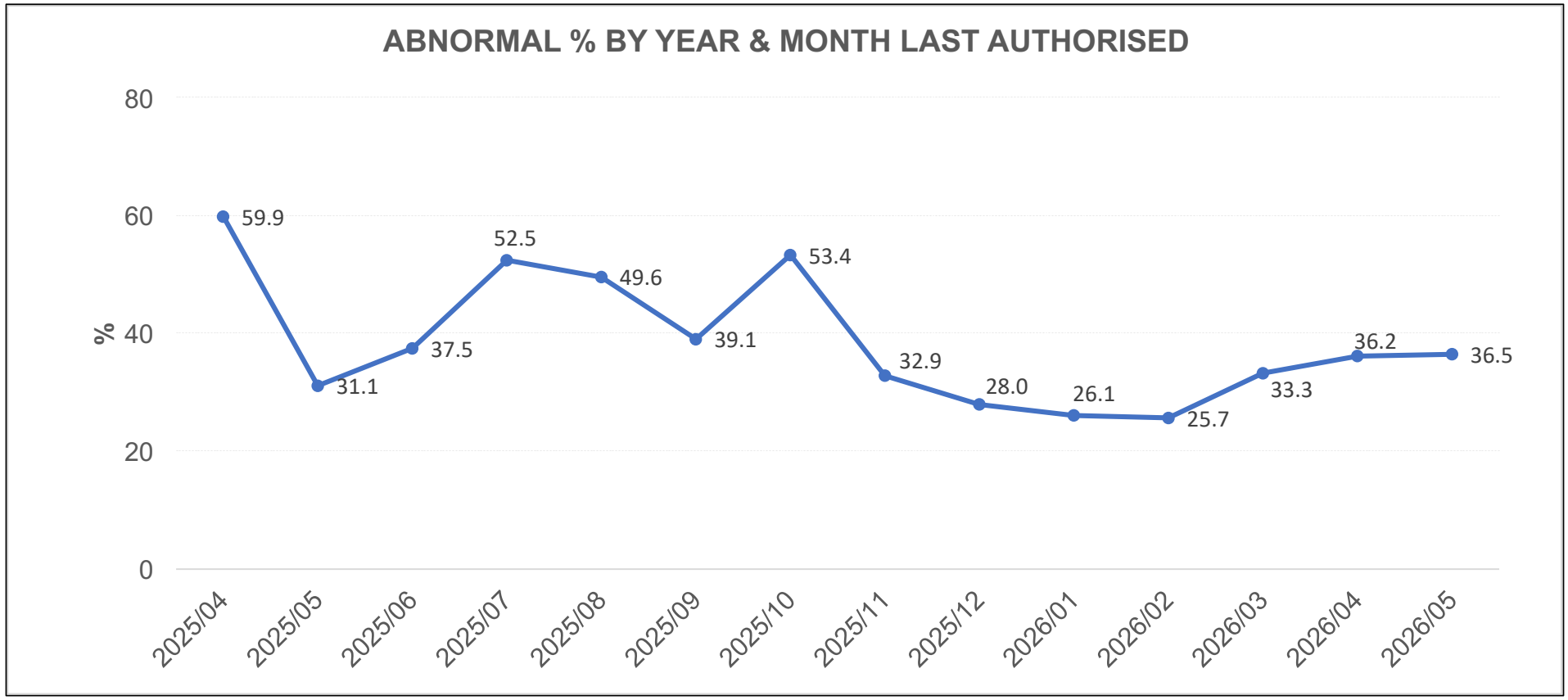


HPV Positivity Rates
Apr 25-May 26 (13.4%)

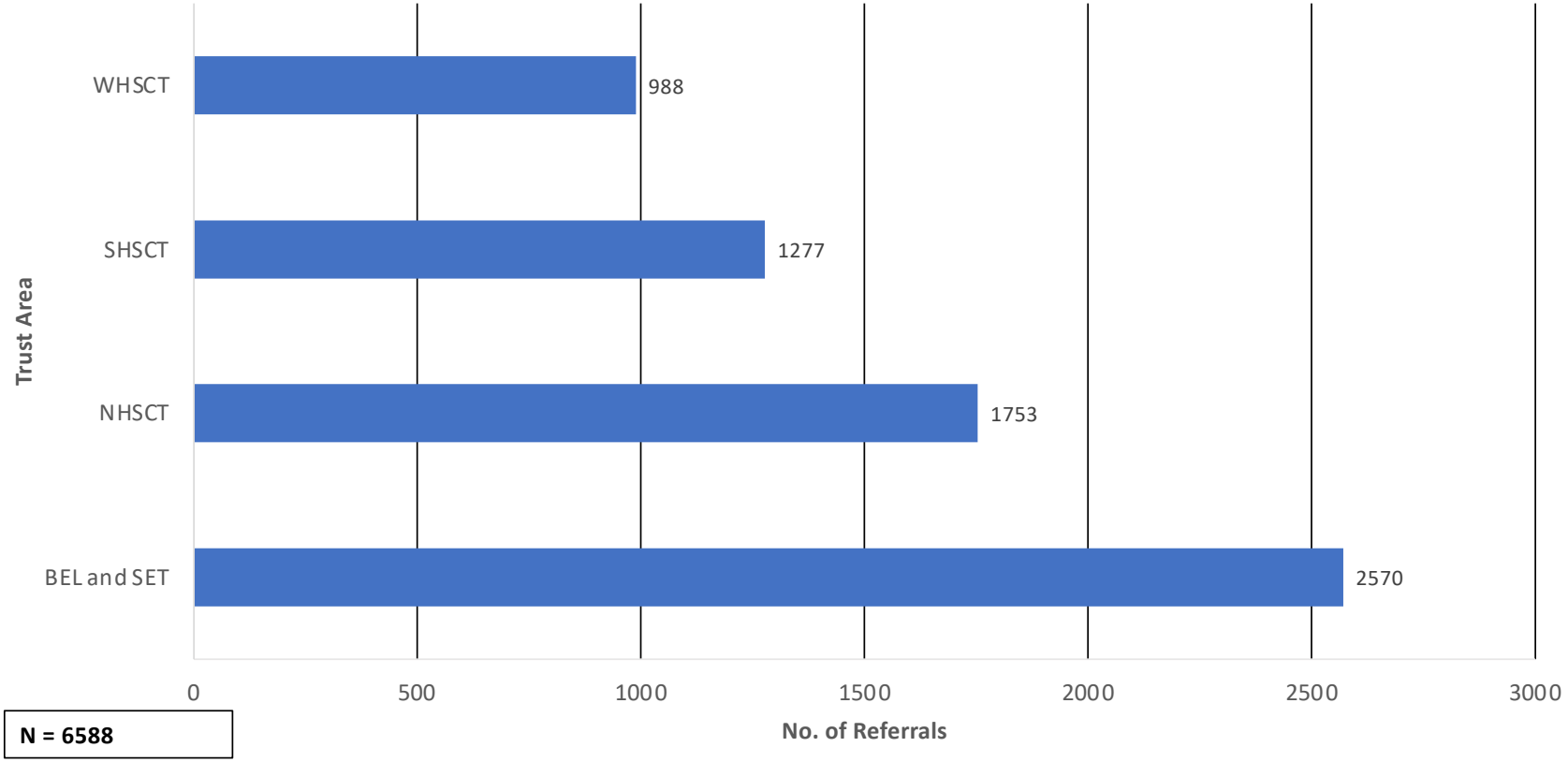


Abnormal Cytology Rates
Apr 25 – May 26 (37.8%)

For every 100 women screened:
-13 will have a positive HPV result
- approx 5 of these will have abnormal cytology and require referral



Colposcopy Referrals (source GP)
01/11/24 – 31/03/2026



Questions

- Is a smear ever indicated in a woman who has never been sexually active?
  - It is not ‘not indicated’ – assess risk of exposure to HPV in discussion with patient and offer screening if appropriate
  - Also applies to individuals with disabilities

- How long after birth until patient can have a smear?
  - 3 months after delivery. 3 month rule also applies between smears.

- Can patients who can not tolerate speculum insertion have HPV testing?
  - Not currently. Alternative option for self sampling may be available for some women in future, but not yet.

- Screening for immunocompromised patients?
  - Only HIV positive patients need more regular screening (annual). Programme will not generate these invites – need to be managed clinically.
  - Other immunocompromised patients should be reminded of the importance of attending regular screening, but intervals in line with general population

What can sample takers do?

- Take opportunity to explain what HPV is and why it relates to cervical cancer (people don't read leaflets)
- Reinforce the message that symptoms need assessment
- Ensure that all patients being referred to colposcopy are informed of this, and why
- Do not take smears on patients who are under the care of colposcopy services
- Be aware that call/recall service does not have access to clinical information – they rely on primary care to advise that a patient should be ceased from invites (eg following a total hysterectomy).

Contacts

- Call recall/invites/ceasing/PNL queries – direct to BSO
- Lab or result query – direct to NI Cervical Screening Lab (NICSL)
- Colposcopy query – direct to local Trust colposcopy service
- Policy/pathway query – direct to PHA (do not have access to individual patient information)

https://cancerscreening.hscni.net/

Screening Matters

June, 2026

In this edition

- AAA Service User Event
- Cervical Screening while in colposcopy
- Innovation in Opthalmology 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.

<u>The role of call / recall:</u>

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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