

HPV CERVICAL SCREENING NEWSLETTER

September 2020

Welcome to the new Clinical Director of CervicalCheck

Welcome to the September HPV cervical screening newsletter.

We would like start this month's newsletter by welcoming Dr. Nóirín Russell, the new CervicalCheck Clinical Director.

Nóirín Russell is a medical graduate of University College Cork, a fellow of the Royal College of Physicians of Ireland and member of the Royal College of Obstetrics and Gynaecologists. She was awarded her

MD in Obstetrics and Gynaecology from University College Dublin in 2010. She pursued further speciality at Necker Enfants Malades Hospital and Descartes University in Paris. Since 2013 she has worked as a Consultant Obstetrician and Gynaecologist at Cork University Maternity Hospital, Clinical Lead for Colposcopy at University Hospital Kerry and Clinical Senior Lecturer at University College Cork.

Dr. Russell's clinical and research interests include prenatal screening, high-risk pregnancy, patient safety and staff engagement. She is also interested in accessible communication of healthcare information and how the process of shared decision making between patients and doctors optimises medical care.

Fiona Murphy, NSS Chief Executive, said: "We are delighted to welcome Dr Russell to the National Screening Service. Her years of experience both in teaching and practice, in obstetrics and gynaecology, will be a great addition to the CervicalCheck programme. I look forward to working with Dr Russell. I would also like to thank Dr Mason Mohan for her guidance and steady hand as interim Clinical Director, navigating the pause and restarting of the screening programme."



Phased restart of cervical screening

We would like to thank you for playing a huge part in the successful restart of the CervicalCheck programme. We appreciate that it has been challenging to prioritise your restart slots for people with CervicalCheck invitation letters, at the same time as moving to a new programme. For now, we are asking you to continue to prioritise people with invite letters dated from July 2020. This means we can give priority to those people who have been waiting longest, proportionally.

We are continuing to invite those people who were due routine screening (three- or five-year recall) up until July 2020 and whose invites were delayed due to the coronavirus pandemic. We estimate that the CervicalCheck programme will have issued all screening invitation letters delayed by the pause in screening by October 2020. It is expected that all remaining people due a screening test in 2020 will have been invited by early 2021.

We have been contacted by people who were due screening before December 2019 but delayed for a variety of reasons. They won't automatically be called at the moment. They include people who have never come for screening, those who got 'lost' to screening after pregnancy and those who are several years late on their screening. We appreciate that these are often the people we are all keen to get back into the programme. Because of this, we have instructed the call centre to take their details and arrange for them to get an invitation letter, which they can then use to book a test.

Our call-centre will advise people who have a date on the system for their next screening between now and 2025 (i.e. they are up-to-date on their screening and are on a normal recall cycle for their age) that they will be called when their screening is due. In the meantime, we advise anyone with symptoms to discuss those with their doctor.

If you have any queries please contact the Screening Training Unit on stu@cervicalcheck.ie or call 061 406 565

The management of the atypical appearance of the cervix

Sampletakers working in the CervicalCheck programme will sometimes observe anomalies and abnormalities of the cervix when they examine their patients. Most findings are common variants that do not require any action. Rarely, some findings may be suspicious of cancer. Common cervical anomalies include nabothian cysts (mucous retention cysts), cervical eversion, cervical polyp/fibroid, endometriosis and/or obstetric/surgical scarring or trauma. Hormone use and childbirth can also impact on the cervix and how it may look on speculum examination; however, this does not warrant referral to colposcopy.

Referral to the gynaecology services may be indicated if you are worried about an unusual cervix +/- unexplained symptoms. Referral to colposcopy is indicated if you are concerned regarding a potential cervical cancer.

If all of the above anomalies have been ruled out and the abnormality is still suggestive of cervical cancer, please do not proceed with a cervical screening test and refer your patient immediately to colposcopy.

More information can be found in relation to atypical cervix in Guidance Note 16 available [here](#).

MCRN - reasons samples are not accepted by the lab

In our last newsletter we outlined the need to submit all screening test samples with the new screening form. Whilst there is an improvement in the correct screening form being used, there is still some practices sending in the incorrect one. Please ensure that you are using Version 16.

We would also ask sampletakers to take time to record the correct MRCN details on the screening form.

The MRCN details enable the lab to assign the test to the correct contract holder and process payment.

The diagram shows a section of a screening form with three rows of input fields. The first row is labeled 'Doctor/Nurse ID: (MCRN or NMBI No.)' and has a callout bubble pointing to it that says 'Write the MCRN / NMBI number here.' The second row is labeled 'Telephone No.:' and has a callout bubble pointing to it that says 'Document MCRN of contract holder with Cervical Check'. The third row is labeled 'Clinically Responsible Doctor ID or Clinic ID: (MCRN)' and also has a callout bubble pointing to it that says 'Document MCRN of contract holder with Cervical Check'.

To fill out the form correctly the sampletaker should:

- Record their professional body registration number (MCRN/ABA) in the Doctor/Nurse ID section.
- Complete the Clinical Responsible Doctor (CRD) section using the MCRN number of the CervicalCheck contract-holder for their practice.
- Document the CervicalCheck clinic code in the CRD section if the sample is taken in any other setting (i.e. Gynae, Clin, ONCO).

If the form is not filled out correctly the test result can be delayed and the payment may be assigned to the incorrect contract holder.

Instructions on how to complete the CervicalCheck cervical screening form are available [here](#).

The use of gender neutral language in the CervicalCheck public information and education resources

CervicalCheck is a population screening programme, which means it has the opportunity to improve the health of the eligible population. We aim to make the programme accessible and inclusive of everyone in the population and reduce health inequalities wherever possible.

Measures needed to reduce health inequalities include, but are not exclusive to, Health Promotion activities in key populations where uptake is low; having communications materials translated into languages other than English; and using inclusive and accessible language in our communications materials.

Revision of language in web content, invitation letters, results letters and information leaflets in National Screening Service programmes is carried out regularly for each programme. We revised our CervicalCheck information in preparation for the move to HPV cervical screening in March 2020.

Key references that informed the use of gender neutral language:

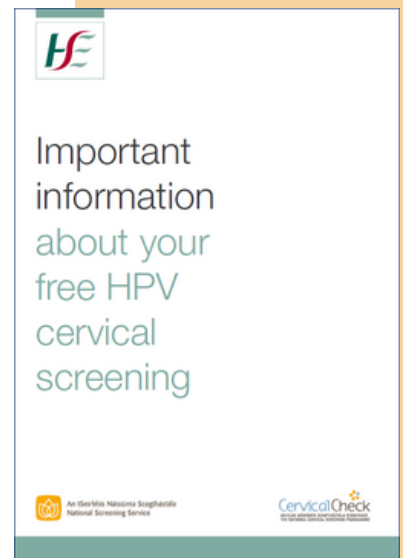
- WHO's 'Health 2020' Boyce T, Brown C. Reducing health inequities: perspectives for policy-makers and planners. Regional Office for Europe: WHO; This policy was also referenced Dr Gabriel Scally's Scoping Inquiry into CervicalCheck 2018
- 2017 Government's Healthy Ireland "Framework for Improved Health and Wellbeing 2013-2025", a key goal of which is the reduction of health inequalities.

The National Screening Service also adheres to HSE communications guidelines when developing web content. The HSE's 'How to write about people' guidelines are available here and advise to 'use gender-neutral text wherever possible'.

A recent example of language revision of HSE content occurred during the mychild.ie campaign, where parent focus groups and market research supported the use of 'your child' and 'they' rather 'he' or 'she' in communications concerning children.

Our CervicalCheck material has been created in consultation with patient representatives and stakeholders of screening. It has been user-tested with a sample of the target audience and the National Screening Service Public Participation Panel, and approved by CervicalCheck's Programme Manager, Clinical Director, Clinical Advisory Group, and the HPV Primary Screening Steering Committee.

We continue to work to implement improvements that help to reduce health inequalities for everyone.



Laboratory and colposcopy capacity

We are working with our service providers to maximise screening capacity within the constraints of COVID-19. We are monitoring our screening and laboratory facilities on an ongoing basis in order to minimise the impact of new processes and procedures.

CervicalCheck is continuing to work with service providers to increase their supply of reagents and consumables required for HPV testing, which continue to be limited due to the worldwide shortage created by COVID-19 testing. Social distancing measure required within the logistic hub in Dublin means that the team are split to ensure compliance. This allows for continuous service if a member of one team reports as COVID-19 positive.

In the week commencing 31 August (latest available data), laboratory turnaround times are within KPI guidelines, with over 99% of sample results being returned within 2-4 weeks of receipt by the lab.

Colposcopy has worked to reduce / eliminate waiting lists which had accrued since 2018, in order to maximise our capacity on resumption of screening. As of July 2020, 98% of High Grade Referrals are seen within 4 weeks of referral, with 51% of low grade referrals seen within 8 weeks of referral (Programme KPI 90% for both). The programme is working directly with the units who are under performing regarding the low grades. While activity dipped during the lockdown, since May, colposcopy session and clinic attendance figures are steadily ramping up to pre- COVID levels.

Colposcopy units are applying COVID-19 safety precautions and, this has reduced the numbers of appointments offered per session/ clinic. CervicalCheck is engaging with the units to maximise capacity ensure a delivery of a timely service. As with all hospital healthcare services, through-put at all clinics is actively managed due to social distancing measures and cleaning procedures.

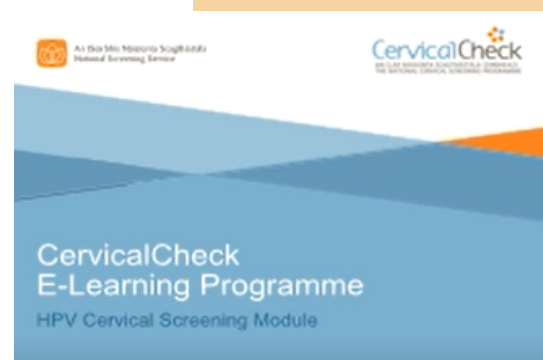
Essential e-learning module

The CervicalCheck e-learning module is an important resource to complete to understand the transition to HPV cervical screening.

Only a quarter of the 1,800 users enrolled in this course have completed the e-learning module on HPV cervical screening. We encourage all healthcare professionals to complete it.

Topics covered include the rationale for the change to HPV cervical screening, the impact of the changes and the key messages to keep women informed and engaged.

You can access the e-learning module via nssresources.ie



Training programmes

Cervical screening training has been identified as critical in the provision of a quality assured, organised and population-based screening programme to the women of Ireland.

CervicalCheck has developed and delivers accredited training programmes for health professionals in line with the recommendations of the 'Guidelines for Quality Assurance in Cervical Screening - Second Edition' (2014). The training opportunities available are provided in partnership with the Irish College of General Practitioners, the Royal College of Surgeons in Ireland (Nursing Faculty), University College Cork and the National University of Ireland Galway.

This training prospectus has been compiled as a useful resource for those interested in participating in cervical screening training for the academic year 2020-2021. Places on courses are limited therefore early application is advisable. More information is available is [here](#).

New national lab

The HSE has made a strategic decision to develop a national cervical screening laboratory in conjunction with the Coombe Women & Infants University Hospital in Dublin. The National Cervical Screening Laboratory will be a publicly owned and operated laboratory. The laboratory will serve as the national base for training, education and research purposes for the National Screening Service's CervicalCheck screening programme.

A steering group and project team oversee and progress the project. Recruitment of key staff has commenced and a tender process for construction is under way.

During the course of this long-term laboratory building project we will continue to offer our participants accredited tests in line with national and international best practice.

Three independent reports have in the last two years confirmed that the laboratories used by CervicalCheck are up to international standards and we have the highest confidence in their ability to provide a safe and effective standard.



FAQs

I was previously on a one-year recall for 10 years, why am I now on a 3/5-year recall under HPV cervical screening?

If you had treatment in a colposcopy clinic before 2012 you may have been advised to have annual smears for 10 years. However, when you attend for your next screening appointment you will enter the new programme. Your colposcopist will advise when your next follow-up is due. If you have had treatment in a colposcopy clinic since 2012, you would have had a 'test of cure' follow-up test instead of being recommended to have ten-year follow up. If you have been discharged from colposcopy following the 'test of cure' test, your next screening appointment will be with your GP or sampletaker, at which point you will be on the new HPV programme. This means your follow-up will be according to your age. If you are still attending the colposcopy clinic you will also be on the new HPV programme and your colposcopist will advise when your next sample is taken.

I had colposcopy treatment in the past, without being tested for HPV. After colposcopy I had an HPV test at a six-month 'test of cure'. I am nervous waiting five years for another HPV test.

Cervical screening in Ireland has changed but we want to assure you that how we are managing your case, and prioritising your safety and your care, remain the same. We want to ensure that your colposcopy treatment has been successful. International experience and research has shown that an HPV test is the most reliable way of doing this. This is because HPV testing is more likely to identify patients whose treatment has not been successful, than standard cytology (the old 'smear' test). Whilst there can be false positives with HPV testing (usually early on after treatment) there are very few false negatives, especially when compared to cytology. This higher rate of false negatives is why we test every three years after a cytology test. It is extremely rare that cancer of the cervix will develop if HPV is not present. It is also very unusual to develop cancer of the cervix even when HPV is present, especially after it has been identified and treated. We have changed to HPV testing to make testing more accurate and therefore safer for everyone. If, after treatment in colposcopy, if there is no evidence of HPV found on the follow-up test it is very rare to develop cancer in the future and certainly not within 3 years when the next test is due). This policy has come about after years of testing women in many countries where the HPV test is also used.

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