



HPV CERVICAL SCREENING NEWSLETTER

July 2020

Restarting CervicalCheck

Welcome to the July HPV cervical screening newsletter.

The impact of COVID-19 has been challenging for general practice and community clinics. Online consultations, empty waiting rooms and the routine wearing of masks, aprons and gloves testify to that.



On Public Health advice all screening services were paused in March 2020. Unlike other screening services, cervical screening takes place in the community, and we acknowledge that the temporary cessation of the service has had an impact on general practice.

Cervical screening restarted on 06 July 2020. We would like to thank you for appreciating the reasons for the pause in screening, for engaging with us as we prepared to recommence and now, for helping us restart the CervicalCheck programme in a safe way.

We are calling on you to partner with us in managing the programme restart in a way that enables those who have been waiting longest for their test, proportionally, to come for screening first. We know our GPs are already managing new work practices and procedures as a result of the COVID-19 pandemic. However, by working together, we can better manage any potential blocks in the screening system and enable all women to receive any necessary follow-up care in a timely manner.

We estimate that it will take four months to call all those whose appointments were delayed due to COVID-19. During this period we will be writing to all women who are overdue their test, and asking them to make a screening appointment.

The new HPV cervical screening test has also begun. This means that every sample taken is being tested for HPV first, with follow-up cytology if required. An HSE information campaign will explain the new test, and its limitations, to participants. It will also explain the restart process.

Thank you for your dedication and resilience during this challenging time for the health service.

Some key things to remember

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- The new screening referral form for now available. Updated information informed consent to the new scree Screening Form. Screenlink has del your clinic. You can also download your GP Practice Management Syst
- Dispose of out-of-date sample vials cannot be processed and your pati re-test.
- Take our HPV cervical screening e-l https://nssresources.ie/
- Refresh your knowledge of our QA
- FAQ information for healthcare pro Resources https://bit.ly/3j00C6l

New CEO Ms Fiona Murphy

We are pleased to announce that Ms the position of Chief Executive of the I commenced her post on 06 July.

Fiona has held many senior positions in Britain's National Health Service, including the post of Director of the National Specialist & Screening Division in NHS Scotland, which coordinates the national screening programmes for the NHS in Scotland.

Fiona is a native of Cork and, having studied in Aberdeen, she began her career as a clinical pharmacist and prescribing adviser before taking up management positions in community and hospital healthcare in Edinburgh and National Services in NHS Scotland.

We are working to ensure a smooth handover and we are sure you will join with us in welcoming Fiona.

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Cervical Screening

HPV cervical screening programme primary care pilot

The move to HPV cervical screening requires new result letters for programme participants. These letters have been created by the programme and their issuance tested on our test system. When screening was paused at the end of March, no letters had yet been tested on the live system.

As part of our planning for the resumption of screening services in early July, we took the opportunity to also complete live system testing of these new results letters over a five-week period.

A wide patient profile was required for comprehensive testing. We partnered with the Dublin Well Women Centre and the Irish Family Planning Association for a pilot of the screening live system.

The sample pathway was monitored by CervicalCheck, and lab-issued management recommendations were checked against screening history and age of the woman to assess accuracy. Of the samples processed in the pilot study to date, lab recommendations and result letters were found to be accurately issued.

The pilot study also afforded some general insights. Appointment uptake was below expectation for the period, which may reflect people's general reluctance to access health services at the height of the COVID-19 pandemic. It was noted also that more people were working from home and staying at home during the period, there was limited capacity to travel on public transport, and the 5km travel restriction was in force until 08 June.

The pilot services also had to grapple with two changes: implementation of COVID-19 precautions and the transition to the HPV cervical screening after a two-month pause. They passed on their insights from their screening experience, as follows:

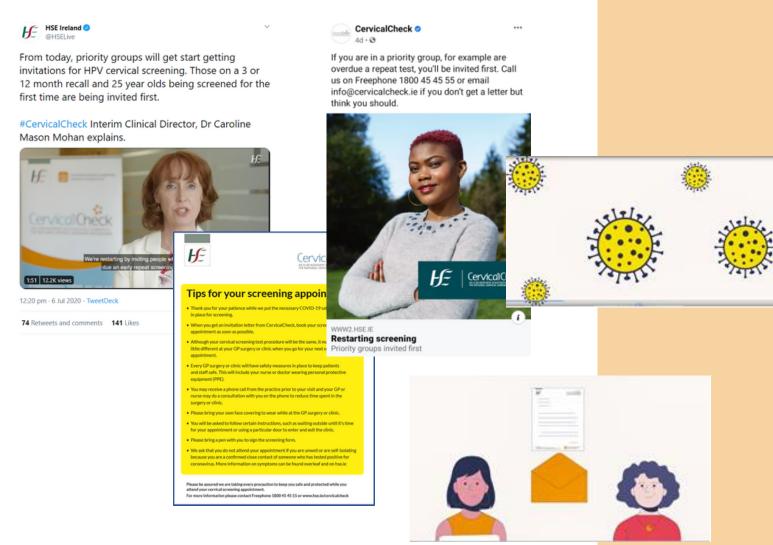
- Remember that staff haven't screened in over three months so it is important to refresh your knowledge of HPV cervical screening, download the new screening forms and dispose of out-of-date sample vials.
- COVID-19 precautions have changed the cervical screening appointment process. Please prepare women from the start for the changes introduced to keep everyone in your clinic / surgery safe.

The CervicalCheck screening invitation letter will now include a flyer with information on how the screening experience may be different due to COVID-19 precautions. CervicalCheck has also signposted information resources for sampletakers to assist them in resuming screening.

We would like to thank the Dublin Well Women Centre and the Irish Family Planning Association for their help with this pilot, and for providing important feedback on the restarting of HPV cervical screening.







Communicating to our patients

We are talking to programme participants about their cervical screening test. We are telling them that although the cervical screening test will be the same, their experience at their GP surgery or clinic may seem a little different when they go for their next screening appointment.

We are letting participants know that clinics will have safety measures in place to keep their patients and staff safe. We have prepared an information flyer that explains some COVID-19 safety measures that may be put in place by their GP surgery and clinic.

We are also telling people about the new, HPV cervical screening test, and why it is a better way of screening. We are telling participants about its limitations too. Our communication activities include a social media campaign, information in the press, and an advertising and awareness campaign on billboards and on radio as the service reopens fully.

We are asking for your help in explaining the changes in CervicalCheck, both in the transition to HPV cervical screening, and in healthcare in light of COVID-19. By working together we can ensure people who attend for screening are well informed and feel safe to attend their cervical screening test.

Frequently asked questions

If you have completed our e-learning module on HPV cervical screening and have further questions, you might want to read our FAQ document which is available on NSS Resources <u>here</u>. We have listened to your feedback and will be adding to the document as more questions arise.

Why CervicalCheck does not use genotyping in HPV cervical screening?

CervicalCheck is a population screening programme. The sample is tested for 14 of the high risk HPV types. The basis for assessing risk is 'testing positive for the presence of high risk HPV'. In the HPV primary screening programme this HPV positive result triggers a cytology triage test which will either lead to a colposcopy referral or a recommendation for a repeat sample in one year.

After extensive review of literature on the sensitivity and specificity of HPV testing, this strategy has been shown to be valid for population screening. Emerging evidence will be reviewed over time to ensure that CervicalCheck continues to be aligned with best practice.

Why CervicalCheck does not use self-sampling for HPV cervical screening programme?

Self-sampling has not been validated as a population screening test so is not suitable to use as the recommended population screening tool in CervicalCheck.

HPV testing on self-taken samples is less sensitive than on clinician-taken samples. However, there has been research looking at its use in groups of women within the population who have traditionally not engaged with cervical screening, to assess whether it might increase uptake. In this group, the balance is between a women not coming for screening at all, or offering a test with lower sensitivity that she is prepared to engage with. The evidence from this research so far has been promising for these groups. Of note, the sample can only be used to test for HPV. A subsequent clinician-taken sample is required for reflex cytology.

CervicalCheck continues to keep the emerging evidence under review and learn from international colleagues.

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