



# Fostering Partnerships in Cervical Screening

#CervicalCheck2024



## Book of abstracts

CervicalCheck Conference

19 October 2024

Limerick Strand Hotel, Limerick, Ireland

## Theme: Quality Improvement

	Title of poster presentation	Organisation	Author
1	Methods to improve cervical screening uptake in a rural setting.	Delvin and Clonmellon Health Centre	Marie Look Tong, Joan Byrne, Camilla Gammell
2	An overview of COSAC (Cervical One Stop Assessment Clinic) at University Hospital Kerry.	University Hospital Kerry	Lucy Bolger, Susan Foley, Waleed Khattab
3	Management of HPV detected patients with normal colposcopy findings.	Tallaght University Hospital	Jean Doherty CNS, Sinead Cleary RANP
4	Revolutionising cervical screening education: From survey insights to educational innovation.	CervicalCheck, Screening Training Unit	Rachael Comer, Debbie Ramsbottom, Louise McKee, Laura Tobin, Gráinne Gleeson
5	An audit of patient satisfaction of colposcopy services in Tallaght University Hospital, Dublin, Ireland.	Tallaght University Hospital	Caitlin McKean, Amy Loughlin, Sinead Cleary, Gunther Von Bunau
6	The value of reviewing hrHPV detected and Cytology negative patients in Colposcopy.	Colposcopy Department, Tipperary University Hospital, Clonmel	D. Butnaru, V. Hiremath
7	Improving sanitary pads in the out-patient setting.	Colposcopy Department, The National Maternity Hospital	Natasha Farron Mahon
8	Donegal Sexual Assault Treatment Unit (SATU) Cervical Screening Quality Assurance Audit.	Donegal Sexual Assault Treatment Unit (SATU)	Kellyann Moore
9	Empowering Clinical Trainers: Enhancing professional growth and team cohesion through structured Clinical Supervision.	CervicalCheck, Screening Training Unit	Louise McKee, Debbie Ramsbottom, Rachael Comer, Mary Cashen, Laura Tobin, Gráinne Gleeson
10	Knowledge and awareness of Irish cervical screening sample takers regarding HPV, the HPV Vaccine, and CervicalCheck.	Thesis submitted as part of MSc in Education, NUIG	Ms Debbie Ramsbottom, Heather Helen
11	An audit of the clinical indication referral rate following the development of an ANP suspicious symptoms clinic.	Tallaght University Hospital Gynaecology Dept	Sinéad Cleary RANP

12	Targeted education interventions: Enhancing cervical screening quality through collaboration and focused training in the clinical setting.	CervicalCheck, Screening Training Unit	Debbie Ramsbottom, Louise McKee, Rachael Comer
13	Music therapy to ease anxiety with cervical screening.	General practice , Belvedere Surgery – Ardafallen Medical	Monica Peres Oikeh
14	Spiralling Vulnerabilities: Understanding the Cervical Screening Behaviours of Women over 50 living in the West of Ireland.	PhD study in NUIG	Dr Rachael Comer, Dr Linda Biesty & Dr Elaine Keane
15	Audit of women over 60 years referred to colposcopy with HPV positive screening test results.	Colposcopy unit, Galway University Hospital	Carmel Finnerty
16	Prevalence of HPV among a screened population in Ireland: findings from the first 3 years of primary HPV screening within the national cervical screening programme.	National Screening Service, CervicalCheck, Trinity St James Cancer Institute; School of Medicine, University College Cork, Ireland	M O'Connor, G Gleeson, CM Martin, T Mooney, P Fitzpatrick, NE Russell
17	Outcomes for women with repeat HPV tests 12 months following an initial HPV positive/normal cytology result.	National Screening Service, CervicalCheck, Trinity St James Cancer Institute; School of Medicine, University College Cork, Ireland	M O'Connor, G Gleeson, T Mooney, P Fitzpatrick, NE Russell
18	Response rates by call type in Ireland's cervical screening programme.	National Screening Service, Dublin, Ireland	Michael Rourke, Therese Mooney, Patricia Fitzpatrick, Noirin Russell, Gráinne Gleeson
19	Closing the loop: Using staff and sample taker feedback to enhance cervical screening continuous professional development.	Screening Training Unit, CervicalCheck	Rachael Comer, Debbie Ramsbottom, Louise McKee, Laura Tobin and Gráinne Gleeson
20	Integrating Cervical Screening into Ambulatory Gynaecology: Improving Uptake Among Women Over 50 at Mayo University Hospital	Ambulatory Gynae, Mayo University Hospital	Priscilla Fair, Candidate Advanced Nurse Practitioner

### Theme: Fostering Partnerships

	Title of poster presentation	Organisation	Author
21	Smoking, HPV and cervical cancer – a colposcopy project.	National Screening Service	Pheena Kenny, Public Health Strategy and Development Manager
22	Fostering partnerships to enhance cervical screening services across diverse healthcare settings.	CervicalCheck Screening Training Unit	Debbie Ramsbottom, Rachael Comer, Louise McKee
23	HPV Self-Sampling for Cervical Screening in Ireland: a Survey of Sample Takers' Attitudes towards HPV Self-Sampling	National Screening Service, King's Inns House, Parnell Street, Dublin 1, Ireland	S. Fitzgibbon, P. White, M. O'Connor, S. Al-Kalbani, S. Woods, R. Comer, P. Fitzpatrick, T. Mooney, A. Le Bonniec, E. McLaughlin, NE. Russell, C. Mason Mohan, L. Heavey

## Theme: Equity

	Title of poster presentation	Organisation	Author
24	Cervical Screening Onsite in Limerick Prison.	Irish Prison Service	CNM Muldowney, Dr Mary Adebolu, Aimee Sheehan
25	A review of postmenopausal women referred to colposcopy.	Cork & Kerry University Maternity Hospital	Lucy Bolger, Waleed Khattab, Susan Foley, Mary Hayes Considine Noirin E. Russell
26	The development of accessible information resources for cervical screening.	National Screening Service	Lynn Swinburne
27	Health promotion intervention to improve equity in cervical screening with Travelers.	National Screening Service	Kathryn Meade and Lynn Swinburne, Senior Health Promotion Officers
28	Examining views on, and knowledge of cervical screening in Ireland in women aged 25-65 years: findings from a new online national survey.	National Screening Service	Mairead O'Connor, Terese Mooney, Patricia Fitzpatrick, Noirin Russell
29	Improving the Cervical Screening experience for clients facing cultural differences and language barriers.	Primary Care Moate Medical Centre	Shirley Ross
30	Integrating Trauma-Informed Cervical Screening into Ambulatory Gynaecology: Addressing Barriers and Improving Access for Vulnerable Populations	Women's Health Ambulatory Gynaecology Service, Sligo University Hospital	Bridin Bell RANP

Marie Look Tong, Joan Byrne, Camilla Gammell

## 1. Methods to improve cervical screening uptake in a rural setting

### Background:

This rural practice, located across two sites in Delvin and Clonmellon, Co. Westmeath, aims to improve cervical a cervical screening test participation using the SOCRATES system in collaboration with Cervical Check. Currently, nurses set reminders for themselves on women with screening test investigation results, followed by a text from the practice when the screening test is due.

### Objectives:

1. Increase participation among women aged 25-65 who received letters but did not attend. We contacted the ladies by telephone, as some were registered on Cervical Check due to a cervical screening test; however, the file was not updated.
2. Provide accurate screening information to unregistered women (including those who returned from abroad and those over 60 who ignored invitations).
3. Raise awareness of the importance of regular screening.
4. Identify those over 25 who had not registered

**Aims:** The primary goal is to increase cervical screening uptake and improve GP-Cervical Check communication. This collaboration helps identify women due or overdue for screening, enhancing participation and reducing cervical cancer rates through early detection.

### Key Objectives:

1. Use the SOCRATES system to highlight women in the 25 -65 age group who are due for cervical screening tests.
2. Enhance communication between GPs and Cervical Check to boost uptake.
3. Improve awareness of screening benefits through personalised communication.
4. Streamline scheduling by integrating GP practices, SOCRATES, and CervicalCheck.
5. Identify patients needing colposcopy or repeat yearly screening tests.

### Results:

From October 2023 to August 2024, 181 screening tests were completed, approximately half of which did not have an up-to-date cervical screening test.

There were 23 requiring actions; 9 of those we had contacted had never had a screening test and needed a referral to colposcopy, and another 4 were HPV positive (so 13 needed action from those we contacted). All charts were updated with repeat cervical screening test reminders.

### Conclusion:

Many GP practices may find the process of identifying women who are due for cervical screening time-consuming and labour-intensive. However, it will highlight those who are due screening tests and, in this case, increase participation and referrals.

It will also enable GPS to update data systems in the 25 to 65 categories.

Here are a few phrases the women said to us at the time of the consultation

***“Thank you so much for getting in touch with me. I had received the letter but completely forgot about it. I am very grateful.”***

A few over-60-year-olds had said,

***“I ignored the invitation letter as they were told a few years ago that I did not need any more.”***

***“I had received the letter, but life got so busy with the children that I forgot.”***

We have alerted the charts of those we could not contact so that opportunistically, cervical screening tests may be discussed at consultation. Collectively, as a practice, implementing the above has reminded us to address this topic in those outstanding charts that have not had a task reminder set. Whilst the current contract allows women to attend any service for a cervical screening test, it is understood that lists cannot be provided to groups of those who are due for cervical screening; however, reconsidering this approach may be necessary to remove barriers and improve uptakes of cervical screenings.

Early detection of cervical abnormalities not only reduces cervical cancer rates but also promotes better public health and lowers healthcare costs. This streamlined method would improve communication between GP practices and Cervical Check, leading to a more efficient and patient-centred screening process

Lucy Bolger, Susan Foley, Waleed Khattab.

## 2. An overview of COSAC (Cervical One Stop Assessment Clinic) at University Hospital Kerry

### Background:

Since 2018 there has been a nationwide increase in clinical referrals to colposcopy services with clinical reasons accounting for over one third of all referrals. This has led to significant strain on colposcopy services and thus in 2021 the decision was taken by the National Women and Infant Health Programme to revert clinical referrals to gynaecology clinics. At University Hospital Kerry the Cervical One Stop Assessment Clinic (COSAC) reviews patients with clinical cervical referrals. The clinic is carried out in an ambulatory gynaecology suite with access to a colposcope and hysteroscope if required.

### Objective:

The aim of this audit is to assess the reasons for referral to COSAC, the diagnoses made at COSAC, the outcomes of patients attending COSAC and provide demographic data on the patients attending COSAC

### Study Design & Methods:

This was a retrospective audit. It included all patients seen at UHK with a clinical cervical referral between January 2022 and August 2023. The patients' electronic medical records were accessed and data on the reason for referral, background demographic data, diagnosis at COSAC and follow up and outcome was collected

### Findings/Results:

103 patients were seen during the study period. Mean age was 44 (range 19-71). 82% had an up-to-date normal cervical screening test. The most common reason for referral was cervical polyp (42%). 28% of patients underwent colposcopy. Of those who had histology sent 97% was benign. There were 2 cases of cervical intraepithelial neoplasia diagnosed who were then referred to colposcopy – 1 had an up-to-date normal cervical screening and 1 was below cervical screening age. 48% were discharged on their first visit.

### Conclusions:

COSAC is an efficient service which provides reassurance to women and their GPs with benign cervical complaints. Access to a colposcope may be beneficial in this setting to ensure thorough assessment of the suspicious cervix



*Jean Doherty CNS, Sinead Cleary RANP*

### 3. Management of HPV detected patients with normal colposcopy findings

#### **Background:**

CervicalCheck moved to primary HPV screening in March 2020. By June 2020 colposcopy clinics had a raft of new patient care algorithms to aid decision making.

#### **Aims/Objectives:**

We wanted to see how compliant Tallaght University Hospital (TUH) Colposcopy department adhered to these recommendations, if decisions differed between clinician type (nurses and doctors) and if there were any specific reasons as to why the follow up recommendations were not followed according to the algorithm.

#### **Method:**

We randomly selected 100 women who had negative or low-grade cytology with high-risk HPV detected and normal colposcopic appearances, seen between Sept and Dec 2023. We examined which patients were given the follow up recommendations on Algorithm 1 and patients given an alternative follow up. We looked at clinician type and whether there was any specific significance as to why these patients were given an alternative follow up.

#### **Results:**

- 97% of patients were given the follow up according to Algorithm 1
- 3% were given a follow up which required them to be seen for more intensive screening in 1 year. There was no obvious pattern noted.
- 79% of these were seen by nurses, 21% were seen by doctors.
- Patients given alternative follow ups were given this by doctors, 67% NCHDs, 33% Consultants

#### **Conclusion:**

TUH has a high compliance rate in following Algorithm 1.

*R Comer, D Ramsbottom, L McKee*

#### 4. Revolutionising cervical screening education: From survey insights to enhanced education

##### **Background:**

The CervicalCheck programme aims to reduce cervical cancer incidence and mortality through effective screening. Since 2008, the Screening Training Unit (STU) has been dedicated to enhancing the capacity and productivity of the cervical screening workforce. In response to a 2021 survey that identified gaps in education, the STU implemented several key initiatives to improve the accessibility and quality of cervical screening education.

##### **Objectives:**

This poster outlines the initiatives implemented by the STU in response to the survey findings and highlights the progress made in increasing educational engagement among sample takers.

##### **Methods:**

In response to the survey, the STU introduced the following initiatives:

- **Free education programme recognised by ICGP/NMBI:** A comprehensive free cervical screening education programme was launched, targeting both novice and experienced sample takers. This programme includes face-to-face clinical workshops and theoretical components accessible through our e-learning portal, and access to a dedicated Clinical Trainer that will visit their clinic to assess clinical competency. Since 2022, the STU has increased its intake by 133%, and in 2023, the introduction of the Cervical Screening education programme led to an additional 181% increase in engagement. In 2023, 602 sample takers participated in education, representing approximately 10% of the registered sample takers.

##### **Results:**

These initiatives have significantly improved the accessibility and quality of cervical screening education. The increase in engagement reflects notable progress, although maintaining and expanding this coverage remains essential to ensure comprehensive education for all sample takers.

##### **Conclusion:**

The STU's response to the survey findings has led to substantial improvements in educational engagement. Continued efforts are needed to sustain and build upon this progress, ensuring that all sample takers receive the comprehensive education required to support the effective delivery of cervical screening services.

*Caitlin McKearr Amy Loughlin Sinead Cleary, Gunther Von Bunau*

**5. An audit of patient satisfaction of colposcopy services in Tallaght University hospital, Dublin, Ireland.**

### **Background**

Tallaght University Hospital provides colposcopy services to the women of Dublin and its surrounding area. It was important to us that we ensure a quality service for these women. To that end we conducted a patient satisfaction audit. Since we provided colposcopy services to 5031 women in 2023, it was important to understand the quality of care we provided, from their perspective.

### **Aims / Methodology**

The aim of this audit was to gain an understanding of patient experience within the colposcopy service in Tallaght University Hospital. This audit was performed from 11th September 2023 until 11<sup>th</sup> December 2023 and was carried out anonymously. Each patient was given a questionnaire at reception and asked to fill it out after their appointment. An excel spread sheet was used for analysis. We received 912 data entries from patients over the 3-month period. Patients were asked how long they were waiting, if they had been seen by a doctor or nurse, how satisfied where they with the healthcare providers approach to care, how satisfied where they with the overall care provided, how well did they understand the colposcopy procedure, how well did they understand their results and if they had the opportunity to ask any questions.

### **Results**

- Of the people seen, 32.7% were seen on time.
- 55.9% saw a nurse, 13.4% saw a doctor, 22.6% saw both a nurse and a doctor and 7.8% did not know who they saw.
- We used a point system where a patient awarded the service 5 points if they were extremely satisfied and 1 point if they were not satisfied at all. 91% were extremely satisfied.
- 89.9% rated the staff members approach a 5 for extremely satisfied.
- 86.1% completely understood their colposcopy procedure.
- 84.4% completely understood their smear or biopsy result.
- 97% felt they had the chance to ask all their questions.

### **Conclusion**

While we were delighted to have scored so highly throughout this audit it came to our attention that while 97% of patients asked, felt they had the opportunity to ask questions, only 86.1% of patients understood the information given to them. This may be due to the way we educate our patients and the language we use. Other communication tools may be of benefit in this area such as ISBAR, diagrams, clear and simple language.

The limitations of this audit were we only conducted the audit in one language which was English. We felt it would be too difficult for the patient to understand the audit if it was in a language they did not speak. However, in future we could translate this audit into a number of languages to gain a more accurate representation of our patient's experience. Other limitations included, some patients did not wish to fill this survey out and some patients were not given a survey due to human error. If this audit was to be repeated at a future date this would be a good source of comparison

*D. Butnaru, V. Hiremath*

## 6. The value of reviewing hrHPV detected and Cytology negative patients in Colposcopy

### Background:

Primary HPV testing for cervical screening was introduced in Ireland for the first time in 2020. Women with 2 positive HPV results are referred to colposcopy services for further evaluation. It was estimated in 2020 that this will increase our referrals by 30% with impact on the service and also requiring extra funding.

### Aim:

The aim of the audit was to determine the actual percentage of women referred to Colposcopy department in Tipperary University Hospital (Tipp UH) with HPV-positive, cytology negative that actually required any treatment or more intensive screening.

### Methodology

A retrospective review using Compuscope Colposcopy software of 223 women seen at the Tipperary University Hospital (Tipp UH) Colposcopy Clinic from 1 January 2021 to 31 December 2022 (2 years) Including criteria: new referral with 2 positive-HPV results and cytology negative data were acquired from COMPUSCOPE software.

### Results:

Out of 1,313 new referrals to the Colposcopy unit in Tipp UH in that period, 223 were meeting the criteria for inclusion (16.98% of the new referrals). Normal colposcopy findings – 143 patients (64.12%), HPV- changes 19 (8.52%), low-grade – 40 (17.93), high grade – 2 (0.89%). 57 biopsies were performed, 7 treatments (3.13%) 4 LLETZs and 3 cold coagulations.

### Conclusion and action plan:

The number of referrals to the Colposcopy unit has increased since HPV primary testing was introduced in Ireland, but according to this audit in our unit only 3.13% required treatment. HPV primary testing has higher sensitivity than cytology but lower specificity. The new screening test has increased the number of new referrals and patient's anxiety but overall is proven to be better test for triaging women that are at high risk of developing cervical cancer and this is mostly due to the high negative predictive value of the primary HPV testing.

No changes are required at the moment in practice, but more reassurance can be given to our patients after reviewing the findings in this study. This study was reported to NSS as part of Quality Audits Standards.

Natasha Farron Mahon

## 7. Improving sanitary pads in the out-patient setting

### Background

The advice given by dermatologists and gynaecologists regarding care of vulval skin is to avoid chemicals, irritants, daily use of panty liners and sanitary pads.

When tasked with the project to update the leaflets given to patients regarding vulval care, it was apparent that the sanitary products we provided in the colposcopy and gynaecology departments did not follow best practice [ 1, 2 ].

Analysis of the products used showed that they contained chemicals that were not only bad for vulval skin but could potentially cause infections such as bacterial vaginosis [3] and recurrent vulvitis [4].

Further investigation showed that the pads used also had social and environmental implications. The company producing the product had suppliers that were known to use child labour [5].

In addition, pads contain almost 90% plastic, taking up to 800 years to decompose and playing a large part in the environmental problem of microplastics [6]. It was clear that we, as women's health care providers, needed to provide the best available product for our patients and by doing so, make a change to a more environmental and socially responsible product.

### Aim

To change the sanitary pad provided to patients to a healthier, more sustainable and socially conscious product.

### Method

- Numerous sanitary pad providers were reviewed with the Riley company being the most appropriate.
- Senior hospital management were approached, and the change of product proposal was pitched. This was met with a resounding approval.
- Purchasing and tendering department was engaged. Riley company was contacted, and their proposal reviewed.
- New product was ordered in June 2024 and was utilised by July 2024.

### Outcome/Result

The new sanitary pads being used in the NMH are European made and Irish owned. The pads are 100% compostable and contain zero chemicals. The new product is a positive step for both patient health and the environment.

### Conclusion

The outcome for patients is to yet be assessed but as the pads now used are 100% compostable the environmental impact is immediate. Further plans to change the maternity pads used are to be considered when an appropriate product can be sourced.

*Kellyann Moore* CNS Sexual Assault Forensic Examiner.

## **8. Donegal Sexual Assault Treatment Unit (SATU) Cervical Screening Quality Assurance Audit**

### **Background:**

In Donegal SATU, we recognize that women/people with a cervix who have experienced sexual violence face barriers participating in Cervical Screening tests due to lack of self-worth, embarrassment, shame, guilt or fear of disclosure. Therefore, we offer Cervical Screening to all patients who present to our service and are eligible for a cervical screening test. I completed the 'Cervical Screening Practice Protocol and Quality Assurance Audit' earlier this year which allowed me to critically analyse our practice and documentation in detail.

### **Aims/Objectives:**

Our aim when completing this audit was to assess the implementation of the Cervical Screening Protocol within the Donegal SATU, assuring a high standard of quality aligned to the established policy, procedure, protocol and guidelines for Cervical Screening.

### **Methods:**

Findings are based on Cervical Screening practices in the Donegal SATU from January 2023 to December 2023. 23 patients met the inclusion criteria, and all participated in the programme.

### **Outcome/Results:**

10 of the 12 criteria met 100% of the quality standards prescribed, the remaining 2 criteria were partially met.

### **Areas for improvement:**

- 83% of the sample takers handwritten notes did not document the informed consent process.
- Clear documentation of the conversation had when results were being given to patients was documented accurately in 92% of cases.
- In 57% of cases, the results of the Cervical Screen were documented accurately.

### **Conclusion:**

The Cervical Screening Practice Protocol and Quality Assurance Audit has allowed us to critically analyse both our practice and documentation in detail. The sample takers in Donegal SATU have identified both our strengths and our short-comings when it comes to best practice in Cervical Screening from conducting this audit. We have since made changes to improve our practice including updating our SATU Cervical Screening checklist (see attached). We will re-audit the partially met criteria 6 months' time to re-evaluate.

*Louise McKee, Debbie Ramsbottom, Rachael Comer, Mary Cashen, Laura Tobin Grainne Gleeson*

**9. Empowering Clinical Trainers to work remotely : Enhancing professional growth and team cohesion through structured supervision**

**Background:**

The Screening Training Unit (STU) is committed to fostering a workforce culture characterised by compassion, transparency, and accountability. Our Clinical Trainers work remotely across Ireland to support sample takers, which means they do not work in an office together. This geographical separation makes it challenging to provide mutual support. In response, the STU introduced Clinical Peer-to-Peer supervision to address the challenges of working in isolation and foster a more supportive and connected team environment.

**Aims/Objectives:**

The initiative aims to support Clinical Trainers working remotely by introducing Clinical Peer-to-Peer supervision. This structured framework provides a platform for Clinical Trainers to engage in mutual support, reduce work-related stress, and promote professional growth in a collaborative setting.

**Methods:**

A structured Clinical Peer-to-Peer supervision programme was launched to provide support for Clinical Trainers who often work in isolation. The program, facilitated by a Senior Training Coordinator with expertise in Clinical Supervision, involved monthly peer group supervision meetings. These meetings coincided with regular team sessions to maximise participation. An audit was conducted to evaluate the impact of this initiative on team cohesion, stress reduction, and overall satisfaction among the Clinical Trainers.

**Outcomes/Results:**

The audit included 10 Clinical Trainers and indicated high levels of participation and satisfaction among Clinical Trainers, with unanimous agreement on the positive impact of Clinical Peer-to-Peer supervision. Clinical Trainers reported a significant reduction in work-related stress and a stronger sense of team cohesion, despite working remotely. There was also feedback on meeting frequency, with some suggesting the possibility of more face-to-face meetings.

**Conclusion:**

The introduction of Clinical Peer-to-Peer supervision has successfully addressed the challenges of remote working by fostering a supportive, collaborative environment for Clinical Trainers. This initiative has reduced professional isolation, alleviated stress, and strengthened team cohesion. Moving forward, the STU will consider feedback to further refine and enhance this initiative, ensuring it continues to meet the evolving needs of the team.

*Debbie Ramsbottom, Heather Helen*

**10. Knowledge and awareness of Irish cervical screening sample takers regarding HPV, the HPV Vaccine, and CervicalCheck**

**Background:**

Cervical screening is a population-based public health initiative designed to reduce the incidence and mortality of cervical cancer by detecting pre-cancerous cellular changes in asymptomatic women. In March 2020, Ireland transitioned to a primary HPV screening programme. It is essential that sample takers are well-informed about HPV infection, HPV vaccination, and CervicalCheck, the national screening programme, to ensure high-quality service delivery.

**Objectives:**

The primary objective of this study is to assess the knowledge and awareness of Irish cervical screening sample takers regarding human papillomavirus (HPV), HPV vaccination, and CervicalCheck. The study also evaluates sample takers' self-perceived confidence in answering HPV-related questions and managing women's care. A secondary objective is to investigate the impact of cervical screening education on these factors.

**Methods:**

An online anonymous questionnaire was distributed to 2,275 Irish cervical screening sample takers, including GPs and GPNs, in November 2023. Data was analysed using the Statistical Package for the Social Sciences (SPSS), Version 27 (IBM, 2020).

**Results:**

A total of 202 respondents participated, including 177 nurses and 25 GPs. Of these, 193 had completed the cervical screening education programme, with 79 having done so after the introduction of HPV as the primary screening tool. These 79 respondents scored higher across all three knowledge domains compared to those who completed the education prior to 2020 or had not completed it at all. It is important to note that in Ireland 70% of sample takers are nurses, so the sample was reflective of the targeted total population.

Despite the overall response rate of 8.9%, the data showed strong knowledge levels among Irish sample takers on general HPV and HPV vaccination topics. However, there were gaps in knowledge regarding specific aspects of CervicalCheck. Nevertheless, 96% of participants felt adequately informed to answer HPV-related questions in practice, and 94% expressed confidence in managing women's care—likely due to the fact that 88% had completed a CervicalCheck clinical update since the transition to HPV primary screening. Additionally, 53 respondents provided suggestions for improving cervical screening education, such as more regular updates, greater availability of online training, and making cervical screening education mandatory for all sample takers.

**Conclusion:**

This study underscores the importance of comprehensive cervical screening education in ensuring sample takers are confident when discussing HPV infection with their patients. While knowledge levels were generally strong, the identified gaps highlight areas where targeted education could

enhance the quality of service. These findings will inform the development of future cervical screening education initiatives, ensuring the ongoing delivery of a high-quality screening service in Ireland.



Sinéad Cleary RANP

**11.** An audit of the clinical indication referral rate following the development of an ANP suspicious symptoms clinic

**Background:**

The HSE's Director for Screening Services requested the National Women and Infant's Health Programme to undertake an impact assessment on colposcopy services with regard to capacity to support a primary based screening programme. One of the recommendations was to develop an alternative appropriate management of clinical indicated referrals. All clinical indication non urgent referrals were redirected to the gynaecology service. In November 2021 a quality improvement initiative was undertaken to develop an Advanced Nurse Practitioner clinic for the management of women with post coital bleeding, intermenstrual bleeding and a suspicious appearance of the cervix.

**Aims/Objectives:**

The aim was to determine the clinical indication referral rate in the colposcopy unit between 2017 and 2023 and highlight how the development of the ANP Suspicious Symptoms Clinic impacts on the gynaecology waiting list.

**Method:**

We used the Mediscan dataset to give us the clinical indication referral rate and the patients management system IPIMS to find out the impact on the waiting times for women referred to the gynaecology clinic with suspicious symptoms following the implementation of the ANP clinic.

**Outcome:**

This clinic was developed in line with the Sláintecare 'one stop' approach including consultation, diagnostics and treatment or referral to a specialist care pathway.

**Conclusion:**

There has been positive impact on both the clinical indication rate for colposcopy and the waiting times for women referred with suspicious symptoms.

*Debbie Ramsbottom, Louise McKee, Rachael Comer, Laura Tobin, Grainne Gleeson*

## 12. Targeted education interventions: Enhancing cervical screening quality through collaboration and focused training in the clinical setting

### Background:

In 2023, the Screening Training Unit (STU) within CervicalCheck strengthened its collaborative efforts with the Primary Care Coordination and Quality departments to enhance the cervical screening programme's operational efficiency. This collaboration allowed for a more streamlined division of tasks, with the STU focusing on escalated Training Interventions (TIVs) that required clinical expertise, while non-clinical/contractual queries were managed by the Primary Care Coordination team and programme management.

A key component of the STU's role is addressing Training Requests (TIRs), which document inquiries from healthcare professionals (HCPs) or administrative staff regarding various aspects of the screening programme.

### Aims/Objectives:

This initiative aimed to improve the management of cervical screening quality issues in both primary care and non-primary care settings, reduce errors related to Tests processing queries, and enhance overall compliance with CervicalCheck standards..

### Methods:

An analysis of 101 TIVs conducted from January to December 2023 revealed common themes related to screening issues, particularly in women over 50, colposcopy referral management, and Tests in Question (TIQ) cases.

### Outcomes/Results:

- **Screening Issues (27%):** The CervicalCheck age extension project led to an increase in queries related to cervical screening in the over 50s age group. Specific issues included cervix visualisation challenges, sample collection on older women, and management of post-menopausal screening.
- **Colposcopy Issues (23%):** Colposcopy referral errors, incomplete referral information, and poor discharge recommendation adherence emerged as significant concerns. Despite prior webinars on colposcopy quality assurance, further interventions are planned for 2024.
- **Test processing queries (7%):** These included issues such as form mismatches, blank vials, and samples taken too soon.
- **Eligibility Issues (15%):** Several TIVs were related to eligibility criteria, with samples received from overage or underage women, as well as issues with timing for recall eligibility.
- **Miscellaneous Issues (27%):** Other clinical queries included sample spillage, private referrals, incorrect letters, and healthlink errors.

### Response to the 2023 audit findings:

the Screening Training Unit (STU) implemented several key initiatives aimed at enhancing cervical screening education and addressing system gaps:



Lunchtime webinars were organised on all identified themes. These webinars were well-attended, with participants providing highly positive feedback, underscoring their value and relevance. Recorded demonstration presentations were developed, offering practical, step-by-step guidance on how to respond to CervicalCheck Failsafe letters. These presentations cover both online and written responses, ensuring sample takers are well-equipped to manage these important communications. A new clinical update for administrative staff was launched, aimed at enhancing their role in supporting the screening process and ensuring smoother operational flow. Electronic referrals between GPs and colposcopy clinics via Healthlink were introduced by CervicalCheck. This initiative aims to streamline referrals, reduce delays for screening participants, strengthen the referral process, and optimise resource use. Additionally, new clinical updates and resources on cervix visualisation and cervical screening in women over 50 were developed

#### **Conclusion:**

The initiatives implemented by the Screening Training Unit (STU) in response to the 2023 audit findings demonstrate a commitment to enhancing cervical screening education, streamlining processes, and improving the quality of care. By organising targeted webinars, providing practical resources, and launching clinical updates on critical areas such as cervix visualisation and screening in women over 50, the STU has addressed key challenges identified through feedback. The introduction of electronic referrals between GPs and colposcopy clinics further strengthens the referral pathway, ensuring timely follow-up and more efficient use of resources. Collectively, these efforts aim to reduce Failsafe incidents in 2024 and contribute to a more robust, responsive cervical screening programme.

Dr Monica Peres Oikeh

### 13. Music therapy to ease anxiety with cervical screening

#### Background:

Music therapy has increasingly been recognised as an effective complementary treatment during medical procedures. Studies have shown that listening to music before surgery reduced some levels of anxiety and lowers stress. Music therapy can and has also been used as an adjuvant therapy for post operative pain, labour and delivery .  
Even though routine cervical screening lasts less than 5 minutes, a lot of women and people with a cervix are quite uncomfortable with the test.

#### Aim:

To reduce anxiety during cervical screening.

#### Method:

After discussing the procedure and consent form is signed, patient is informed about the choice of having music playing – their choice or the sample taker's .

#### Outcome:

Abba music- Dancing queen is usually played, it is a 3 mins 50 secs song , and screening is usually done before the song is over, with the patient still singing on the couch.

#### Conclusion:

Music therapy can ease anxiety and serve as a distraction and should be implemented in all practices offering cervical screening.

Women's Experiences/quotes:

'When my friend told me you played abba, I had to come get my smear'

'That didn't feel half as bad as I thought it would'

'you're the doctor that played ABBA for my smear, thank you for that'

'I will always associate ABBA with my smear test'

*Dr Rachael Comer, Dr Linda Biesty & Dr Elaine Keane*  
*PhD study in NUIG*

#### **14. Spiraling Vulnerabilities: Understanding the Cervical Screening Behaviours of Women over 50 living in the West of Ireland**

##### **Background:**

CervicalCheck have extended the age of cervical screening from 60 to 65 years. In Ireland, 1 in 4 women over 50 do not attend cervical screening.

##### **Aims and Objectives:**

The aim of this study is to construct a theory using a constructivist grounded theory approach, to understand women's cervical screening behaviour by exploring, in a participatory fashion, their understandings and experiences of perceptions and attitudes towards cervical screening.

##### **How you went about the project:**

Data collection involved 74 in-depth semi-structured interviews with 32 participants, representing various ethnic and social groups of the Irish population, which included women who are up to date with screening (n = 16), women who are not up to date (n = 11), and those who have never had a cervical screening test (n = 5).

##### **Outcomes/Results:**

This study provides a theory of 'Spiraling Vulnerabilities', which illuminates our understanding of the cervical screening behaviours of women over 50 years. Underpinning the theory is a process of how women make the decision to attend cervical screening, conceptualised as self-positioning process, and describes women's Overcoming Resistance. The key findings reported that all participants engaged in a self-positioning process to decide if they were 'at risk' of developing cervical cancer or suffering psychological distress. They also emphasised the important role of 'nudges' to help prompt attendance among those who engaged in cervical screening. Participants who never engaged in the cervical screening programme needed improvements in the service to overcome their resistance towards cervical screening; Offering HPV self-testing was a turning point for women who seemed entrenched in their decision not to attend for a cervical screening test. The contextual and social possibilities of resistance to cervical screening drew attention to the role the Church and Irish society in the 1960s and 1970s that caused Irish-born participants to struggle with their sexual selves. In May 2018, while conducting the 18th interview, the cervical screening crisis occurred in Ireland. As a result of the cervical screening crisis, participants distrusted CervicalCheck. Unrealistic expectations of the sensitivity of cytology testing caused feelings of loss of trust in all Health Service Executive (HSE) services and healthcare professionals, and participants became increasingly cynical about the culture of paternalism and the history of cover-up in Irish women's healthcare.

##### **Plan for Sustainability/Future plans**

These findings may have implications for practice and further research for healthcare professionals and policymakers in CervicalCheck and considerations for healthcare professionals in the space of women's healthcare.

*Carmel Finnerty*

## 15. Audit of women over 60 years referred to colposcopy with HPV positive screening test result

### Background:

When HPV cervical screening was introduced in Ireland the programme was extended from 60 to 65 years. Women over 65 who had not had a HPV test were also included from October 2023. In 2023 there were 93 women over 60 referred to the colposcopy clinic. Of these 55 had HPV positive screen result.

### Aims/Objectives:

1. To establish the level of disease in this age group
2. To assess whether HPV screening is of value in women over 60 with previous negative cytology.
3. To address challenges faced by colposcopists in management of these women.

### Methods:

A report was generated from the mediscan computer system. Information collected included age (60+), referral reason, HPV status, cytology. This information was transferred to an excel spreadsheet and additional data was collected from the IT system including, previous colposcopy, previous treatment, previous screening history, colposcopy impression, procedure, histology result and outcome.

### Outcome/Results:

Fifty-five women over 60 were identified with HPV positive screen results. Cytology was negative (16), Ascus (26), ASCH (4), LSIL (7), HSIL (2).

All 55 women had previous negative cytology screening, 5 had 1 negative cytology, 8 had 2 negative cytology screening and 42 had 3-6 negative screening cytology tests. None of them had previous HPV screening.

Of the 55 there were 22 adequate colposcopies and 33 inadequate with TZ type 3.

Procedures at first visit included, LLETZ (2), Loop biopsy (2) and Punch biopsy (40). Punch biopsies reported LSIL (26), CIN2 (5), CIN3 (1), 6 had negative histology and 2 had viral changes.

Outcomes included a high rate of treatment- 21 had LLETZ with histology reported as AIS (1), CIN3 (2), CIN2 (5), CIN 1 (11) and no CIN (2)

Of the treated women 17 have had their test of cure HPV test, of these 10 were HPV not detected.

Of the 55 women 26 have been returned to primary care and the other 29 continue to attend colposcopy.

### Conclusion:



There was a significant level of high grade CIN - 8 out of 55 had CIN2 or higher grade. Prior to the introduction of HPV screening for over 60's these cases would not have been detected.

Colposcopy in this age group is very challenging, it tends to cause discomfort for the women and is also technically difficult for the colposcopist, as assessment of the cervix can be problematic due to atrophic changes. Inadequate colposcopy in over half of the women leads to a large number of LLETZ treatments, these in turn are very likely to have stenotic cervix and difficulty taking screening tests. Only 58% tested HIV negative after LLETZ, this is lower than would be expected for younger cohorts where HPV negative has been reported in 80% of women. As the sample was very small this finding may not have statistical significance. Those with persistent HPV positive screening test continue to need ongoing surveillance and management at colposcopy and they will add to the workload.

Further study is required to determine best practice in managing these women and a national guideline would be useful.

*M O'Connor, G Gleeson, CM Martin, T Mooney, P Fitzpatrick, NE Russell*

**16.** Prevalence of HPV among a screened population in Ireland: findings from the first 3 years of primary HPV screening within the national cervical screening programme

**Background:**

HPV as a primary screening test is more effective than screening with cervical cytology. It has a high sensitivity and a high negative predictive value for cervical intraepithelial neoplasia (CIN). Ireland adopted primary HPV screening with cytology reflex in March 2020 after a Health Technology Assessment.

**Aim:**

The aim of this study was to document the prevalence of HPV among screened women in Ireland for the first three years of HPV screening with cytology triage in the CervicalCheck programme.

**Methods:**

Data on the number of primary HPV screening tests performed and the screening results were retrieved for 2020 -2023, with 3 timeframes used: 01/04/2020 -31/03/2021(YR1); 01/04/2021 – 31/03/2022 (YR2) and 01/04/2022 – 31/03/2023 (YR3). Only women in the screening age range (25-65 years) and whose tests were taken in primary care settings were included in this analysis.

**Results:**

HPV prevalence was 12.1% in Yr1 (23,563/195,177), 10.3% (30,096/293,071) in Yr2 and 11.1% (25,736/231,046) in Yr3. Over the three years, HPV prevalence was highest in those aged 25-29 years (33.2%) and lowest in those aged 60-65 years (1.9%). A total of 79,395 (11.2%) women tested positive for HPV over the study time period. Of these, 54.4% had HPV+ / negative cytology, 37.9% had HPV+ / low grade cytology and 7.6% had HPV+ high grade cytology results.

**Conclusion:**

This data provides useful epidemiological insights into HPV prevalence and cytology findings in HPV positive women among attendees at the national cervical screening programme in Ireland. Overall HPV prevalence and HPV prevalence by age are in line with previously reported prevalence rates from a pilot HPV screening research study undertaken in Ireland in 2016-2018, and with international findings.





*M O'Connor, G Gleeson, T Mooney, P Fitzpatrick, NE Russell*

**17.** Outcomes for women with repeat HPV tests 12 months following an initial HPV positive/normal cytology result.

**Background:**

Ireland's national cervical screening programme transitioned to primary HPV screening in 2020. In the current algorithm, women with HPV positive/normal cytology result are recommended a repeat HPV test at 12 months. Those who test negative at repeat HPV test are returned to routine screening while those with persistent HPV are referred to colposcopy.

**Aim:** The aim of this study is to examine the outcomes of women who undergo repeat HPV tests following initial HPV + / normal cytology result.

**Methods:**

Data on follow-up tests and outcomes from 01 April 2021 to 31 March 2023 (Yr1: 01/04/2021–31/03/2022; Yr2: 01/04/2022–31/03/2023) were retrieved from the CervicalCheck database. Data were analysed by Chi-squared test.

**Results:**

88% of women advised to attend for a repeat HPV test in the first year of this protocol (2021/2022) attended within 15 months. In Yr1 and Yr2 9,638 and 15,849 follow-up tests were performed, respectively. Overall, 55% (n=14,035) had persistent HPV infections. The percentage of women testing HPV+ on follow-up was higher in Yr1 (n = 5,516; 57.7%) than Yr2 (n = 8,434; 53.5%; p <0.05). HPV+/low grade cytology results (39% vs 31.2%; p= <0.05) and HPV+/ high grade cytology results (4.9% vs 4.1%; p <0.05) were higher in Yr2. HPV+/negative cytology results were higher in Yr1 than Yr2 (64.7% vs 56.1%; p <0.05). The rates of women testing HPV+ with low grade, high grade or negative cytology declined with age.

**Conclusion:**

This data provides useful insights on follow-up for women who tested HPV+/with normal cytology on primary HPV screening test. In women rescreened after 12 months 55% remain HPV positive and are referred to colposcopy. The programme is monitoring these outcomes with a view to reviewing the optimal recall time interval as evidence from UK shows that waiting for longer leads to increased clearance of HPV.



*Michael Rourke, Therese Mooney, Patricia Fitzpatrick, Noirin Russell, Grainne Gleeson*

**18. Response rates by call type in Ireland's cervical screening programme.**

**Background:**

The Irish cervical screening programme, CervicalCheck, established in 2008 offers screening to 1.3 million eligible women, aged 25-65. Depending on participant age and the date and result of previous screening, if any, different types of invitations are issued by the programme.

**Methodology:**

The CervicalCheck database was analysed to determine the number of invitations issued over a 24 month period (01-04-2020 to 31-03-2022), for new entrants (new calls), women on 3-year recall (call\_3); on 5-year recall (call\_5), on 1-year recall (HPV positive, cytology negative), lapsed attenders (not attended for screening in the 35 months since their last call) and non-responders (have never attended). Data was matched with individual screening attendance date (if any) to determine how many months elapsed between invitation date and screening.

**Results:**

New calls had an average response of 57%, 67% and 75% by 6, 12 and 24 months, respectively. Call\_3 had an average response of 56%, 69% and 77% by 6, 12 and 24 months, respectively. Call\_5 had an average response rate of 61%, 73% and 78% by 6, 12 and 24 months, respectively. 1-year returns had an average response of 66%, 84% and 89% by 6, 12 and 24 months, respectively. Lapsed attenders' average response was 13%, 20% and 27% by 6, 12 and 24 months respectively and non-responders' average response rate was 3%, 5%, 7% by 6, 12 and 24 months, respectively. There was no effect of age-group on response within categories of invitations.

**Conclusions**

The transition to primary HPV screening resulted in fluctuations in the number of women eligible for screening in any given year. This analysis is useful for service planning but demonstrates the challenges to the programme in maximising response and screening coverage along the screening journey. Initiatives to address response rates in lapsed and non-responders will be explored.

*Rachael Comer, Debbie Ramsbottom, Louise McKee Laura Tobin Grainne, Gleeson.*

## 19. Closing the loop: Using staff and sample taker feedback to enhance cervical screening Continuous Professional Development

### Introduction:

This study aimed to identify educational gaps in cervical screening by first surveying National Screening Service (NSS) staff, followed by a second survey of CervicalCheck sample takers. The feedback gathered from these audits was used to inform the development of tailored clinical updates and improvements to the eLearning portal, with the goal of enhancing the knowledge and confidence of healthcare professionals providing cervical screening services.

### Methods:

Two SmartSurvey questionnaires were distributed. The first survey, targeting NSS staff (28 respondents), assessed perceived learning gaps among sample takers, while the second survey was completed by 239 sample takers to evaluate their training needs, clinical update preferences, and eLearning portal usability. The findings from these surveys were used to inform targeted educational interventions.

### Results:

- **NSS Staff Survey Findings:**

NSS staff identified several areas where sample takers would benefit from further education, including:

- Effective communication with women
- Informed consent and decision-making
- Differentiating screening from diagnostic tests
- Appropriate speculum selection and trauma-informed care
- Improved administrative handling of sensitive topics

There was also interest in enhancing lunchtime webinars, particularly on HPV vaccination, consent processes, and colposcopy referral pathways.

- **Sample Taker Survey Findings:**

Among the 239 healthcare professionals, the majority (80%) were practice nurses. Key findings included:

- **Engagement with NSS Resources:**
  - 90% had accessed NSS resources, and 75% had completed clinical updates like CervicalCheck in Practice.
- **Clinical Update Preferences:**

Respondents expressed interest in updates covering:

  - Screening women over 50, including tips for managing inadequate samples and post-menopausal care
  - Laboratory processes and understanding colposcopy referrals
  - HPV vaccine effects and strategies for reaching minority groups
  - Screening women affected by Female Genital Mutilation (FGM)

While respondents appreciated the eLearning portal, they suggested improvements, such as additional cervix visuals, better navigation, and practical demonstrations.



### **Next Steps:**

In response to these audit findings, the Screening Training Unit (STU) will launch several educational resources in Q4 2024:

#### **Clinical Updates on eLearning Portal ([www.nssresources.ie](http://www.nssresources.ie)):**

- ❖ Cervix visualisation assessment guide
- ❖ Fundamentals of screening
- ❖ Screening women over 50
- ❖ Supporting participation in Cervical Screenings

#### **New Resources:**

1. Clinical reference chart for visual inspection of the cervix: This resource is a guide for sample takers to help them identify different cervical appearances.
2. Infogram for primary care highlights the steps needed to deliver a high-quality cervical screening service.
3. Step by Step Guide for non-primary care settings which provides clear guidance on delivering a high-quality cervical screening service in non-primary care settings.
4. Updated Cervix and Vulva image Library which features enhanced visuals for education and training purposes.

These new resources will address the identified learning gaps, with continued feedback and evaluation guiding future updates

#### **Next steps in 2025**

Design a Clinical Update on the following topics:

- ❖ Trauma informed Care
- ❖ Laboratory processes
- ❖ Colposcopy

#### **Conclusion**

The insights gained from the NSS staff audit have been instrumental in shaping the sample takers' audit, allowing us to identify key educational gaps and the necessity for specific Clinical Updates. Priorities such as informed consent, trauma-informed care, cervix visualisation, cervical screening for women over 50, and support for diverse populations have emerged as crucial areas for improvement. These insights have directly influenced the development of our Clinical Updates and enhancements to the NSS eLearning portal, ensuring that healthcare professionals are equipped to deliver high-quality and inclusive cervical screening services. Furthermore, they have informed the topics for our 2024 lunchtime webinars, which have seen significant engagement and positive feedback from sample takers.

Through this ongoing work, we are committed to enhancing the quality of cervical screening services, ultimately benefiting women and ensuring they receive the best possible care throughout the screening process.

*Priscilla Fair, Candidate Advanced Nurse Practitioner*

## 20. Integrating Cervical Screening into Ambulatory Gynaecology: Improving Uptake Among Women Over 50 at Mayo University Hospital

### Background

Ambulatory gynaecology was first introduced at Mayo University Hospital in 2002, with a primary focus on investigating women presenting with intermenstrual bleeding (IMB), post-coital bleeding (PCB), and menopausal bleeding. The majority of patients attending ambulatory gynae are women over 50 years. Recognising that only 3 in 4 women attend cervical screening, the nursing staff in ambulatory gynae embraced the free novice cervical screening education course introduced onsite by CervicalCheck in June 2023. In 2024, we encouraged our nursing team (n=4) to become certified cervical screeners, further integrating this important preventive care into our service.

### Aims

The primary aim of this initiative was that all nursing staff were qualified to deliver a cervical screening service to improve cervical screening uptake among women attending our clinic, especially those over 50, by checking the eligibility of every patient for cervical screening. This proactive approach sought to enhance early detection of potential abnormalities and improve women's health outcomes.

### Methods:

A novice workshop was delivered locally at the Mayo Centre of Nursing and Midwifery Education in June 2023, followed by access to complete the theoretical presentation online. Afterward, we were supported in starting to take samples under supervision. From January 2023 to August 2024, we conducted an audit of cervical screening eligibility for all women attending the clinic. During this period, 265 cervical screening tests were performed. Each patient's screening history was reviewed to ensure they were offered testing if eligible. The results of these screenings were tracked and analysed to assess the impact of the initiative

### Results

All of the nursing staff in the ambulatory gynaecology unit (n=4) successfully completed the novice cervical screening education programme, enhancing their ability to perform cervical screenings. From January 2023 to August 2024, a total of 265 cervical screening tests were conducted. Of these, 238 results were negative, while 26 women tested positive for HPV. One test was not processed. Sixteen of the HPV-positive cases required referral to colposcopy for further investigation. This initiative demonstrated both an increase in screening uptake and early detection of HPV-related cases, underscoring the value of staff training in improving patient outcomes.

### Conclusion

This initiative highlighted the importance of integrating cervical screening education and eligibility checks into routine care, particularly for women over 50, a group with traditionally lower screening rates. Our findings underscore the benefit of targeted screening efforts and continued education. Future plans include expanding the role of the ANP in gynaecological care and ongoing monitoring of screening uptake and outcomes to further improve service delivery

*Pheena Kenny*

## 21. Smoking, HPV and cervical cancer – a colposcopy project.

### Background

Colposcopy clinics are a suitable location for targeted smoking cessation programmes due to the association between smoking, Human Papilloma Virus (HPV) and cervical cancer. For women who undergo a colposcopy, the treatment is more likely to be successful if they quit smoking. Smokers have been found to have an increased risk of cervical cancer. Smoking also inhibits an individual's ability to clear HPV infection. Approximately 41.5% of women who attend colposcopy in Ireland are smokers.

### Aims/objectives:

- To conduct a review of systematic reviews on the association of nicotine products & HPV infections and a literature review of quit smoking (QS) interventions & their effectiveness in colposcopy clinics.
- To survey colposcopy clinics on QS referral current practice, needs, gaps and opportunities
- To draft a framework of best practice for smoking cessation in colposcopy clinics, including resources for patients and staff on the association between smoking, HPV and cervical cancer.
- To offer colposcopy clinics opportunities to e-refer patients to quit smoking services.

### Methods:

Conduct literature reviews (2023), a survey of colposcopy clinics (2023) and development of a best practice guide and resources through a partnership approach – TFI, NICCIA & NSS (2024).

### Outcome/results:

All stakeholders viewed colposcopy as a suitable setting for smoking cessation services and the survey recognised the need for referral pathways and educational materials. A project team collaborated to develop

- referral pathways in clinics where they are not present already,
- educational materials on the relationship between smoking, HPV and cervical cancer.

### Conclusion:

Colposcopy clinics have a new suite of resources to enable them to communicate with patients the relationship between smoking, HPV and cervical cancer. The best practice checklist sets out steps that can be taken to further enhance capacity of colposcopy clinics in supporting patients that smoke.



*Debbie Ramsbottom, Louise McKee, Rachael Comer, Laura Tobin, Grainne Gleeson.*

## 22. Fostering partnerships to enhance cervical screening services across diverse healthcare settings.

### Background:

The Screening Training Unit (STU) has taken significant steps to expand its reach and foster partnerships across diverse healthcare settings. Recognising the importance of collaboration in delivering a comprehensive cervical screening service, we have actively engaged with clinics not previously involved in cervical screening, while also tailoring our educational offerings to meet the specific needs of various different health care professionals.

### Objectives:

This poster outlines the STU's efforts to build partnerships across various healthcare environments, enhance educational outreach, and deliver tailored cervical screening education. The goal is to demonstrate the value of these collaborations in expanding the scope and inclusivity of cervical screening services.

### Methods:

The STU's outreach initiatives included:

- **Engaging new clinics:** We supported the registration of newly engaged clinics, delivering five bespoke workshops for 27 participants from non-primary care settings. Through one-to-one guidance, we facilitated their registration and tailored education to their specific needs.
- **Expanding to specialised healthcare settings:** Our outreach extended to Sexual Assault Treatment Units, GUM/STI clinics, Prison services, Ambulatory Gynaecology units, and specialised gynaecological roles, reflecting our commitment to diverse healthcare settings.
- **Partnership with the Institute of Obstetricians and Gynaecologists (IOG):** We facilitated an inaugural clinical workshop for 28 Senior House Officers (SHOs) as part of the Basic Specialist Training, expanding education to future specialists.
- **Collaboration with UCD and undergraduate education:** The STU liaised with UCD to integrate cervical screening education into a new graduate Diploma in primary care nursing practice programme for practice nurses, making it mandatory for students who had not completed cervical screening education since 2020. Additionally, lectures were delivered in numerous Higher Education Institutes to undergraduate nursing students on the fundamentals of screening.

### Results:

These initiatives have broadened the reach of the STU's educational programmes, engaging new sample takers across various healthcare sectors and ensuring comprehensive education for all healthcare professionals.

### Conclusion:

By fostering partnerships across multiple healthcare settings and institutions, the STU has successfully expanded the reach and accessibility of cervical screening education. Our ongoing commitment to collaboration and tailored support ensures that the evolving needs of diverse clinical environments are met, contributing to the goal of delivering high-quality, inclusive screening services.



*S. Fitzgibbon, P. White, M. O'Connor, S. Al-Kalbani, S. Woods, R. Comer, P. Fitzpatrick, T. Mooney, A. Le Bonniec, E. McLaughlin, NE. Russell, C. Mason Mohan, L. Heavey*

### 23. HPV Self-Sampling for Cervical Screening in Ireland: a Survey of Sample Takers' Attitudes towards HPV Self-Sampling

#### Background

Human papillomavirus (HPV) self-sampling, recommended by the World Health Organisation (WHO) as an additional cervical screening method, has the potential to increase screening uptake among underrepresented groups. Ireland is considering introducing HPV self-sampling as part of its National Cervical Screening Programme, CervicalCheck. This study aimed to assess the attitudes of sample takers registered with CervicalCheck towards HPV self-sampling.

#### Aims

The study sought to understand healthcare professionals' (HCPs) perspectives on the advantages, disadvantages, and preferred delivery methods of HPV self-sampling, as well as their views on the sample takers' role in the process.

#### Methods

An online, anonymous, 18-question survey, informed by a literature review, was distributed to 1549 CervicalCheck-registered sample takers in July 2023. Quantitative data were analysed using descriptive statistics in microsoft excel, and qualitative data were analysed using thematic analysis. Subgroup analyses were performed based on professional roles (nurses/midwives vs. doctors).

#### Results

A total of 200 HCPs responded, consisting of 175 nurses/midwives and 25 doctors. The main perceived advantages of HPV self-sampling were having more time to spend with other patients (49%) and reducing administrative burdens (31%). However, key disadvantages included the inability to visualise the cervix (76%) and the lack of opportunities to counsel patients about screening (71%). Regarding preferred delivery methods, 49% believed the kits should be delivered directly by CervicalCheck, while 19% were unsure whether it should be introduced. Most respondents (72%) thought self-sampling should occur in participants' homes, while 9% preferred clinical settings.

#### Conclusion

Most respondents supported HPV self-sampling as an additional screening method, with a preference for home-based sampling. However, opinions were divided on the involvement of sample takers, with a significant proportion advocating for their role in providing guidance on self-sampling and explaining test results. These findings offer valuable insights to inform Ireland's decision-making on HPV self-sampling.



## 24. Cervical Screening Onsite in Limerick Prison

### Background:

The implementation of cervical screening & vaccination of the HPV virus has caused a decline in rates of cervical cancer, however disparities still exist. In the case of imprisoned women cervical cancer is found later and has worse outcomes. (Cohen et al., [2023](#)). Women who are in prison are diagnosed with cervical cancer at 4–5 times higher rates than community samples (Binswanger et al., [2009](#)). This is due to a variety of factors which includes lack of access to healthcare & lack of education, or fear of screening. (Hill et al. 2022). Prior to 2023 women in Limerick Prison were sent to an offsite clinic for screening. This increased anxiety due to the fact women were going to unknown healthcare providers and were arriving to clinic with handcuffs & prison officers present. There was no programme for pre-screening education before the appointment. This led to poor compliance/uptake rates for screening and added anxiety and fear for women who were statistically likely to have a history of sexual/physical trauma.

### Aims/Objectives:

- Develop and on site screening service for women of Limerick Prison that is trauma informed.
- Increase education for prisoner population around what screening is, vaccination, and the HPV virus
- Increased education for healthcare staff regarding their role in screening, trauma informed care in screening & health promotion.
- Increased level of screening and further treatment in eligible female prisoners
- Provide training for nurses to facilitate screening.

### Methods:

Consultant gynaecologist Dr Mary Mc McCaffrey kick-started the programme with her knowledge and expertise. Informal educational 'yard sessions' were utilised to educate prisoners. The Red Cross (prisoner run health promotion) provided peer to peer education. Cervical Screening trainers attended the prison to educate staff on the screening programme. Nurses attended the cervical screening education programme to become competent cervical screen practitioners.

Rape crisis centre counsellors available for referral for prisoners with a history of sexual trauma.

### Outcome/Results:

Samples taken since implementation: 33

- 27% of samples taken were HPV +
- 25% required referral to colposcopy

### Conclusion:

Screening uptake was up 200% on previous years. Even though our sample size was small, the average HPV prevalence in our population was double of that in the general population. Of those who tested positive for HPV, 88% required referral to colposcopy.

Overall, the implementation of onsite screening has reduced the difficulties women have had accessing the service & has increased awareness and reduced stigma. Having on site screening programme is also reported to be less traumatic for many of the prisoners.

*Lucy Bolger, Waleed Khattab, Susan Foley, Mary Hayes Considine Noirin E. Russell*

## 25. A review of postmenopausal women referred to colposcopy

### Introduction / Background:

Cervical screening and colposcopy in postmenopausal women can present challenges. The impact of low oestrogen levels on the cervical epithelium can mimic low grade cytological changes and genitourinary symptoms of the menopause can lead to patient discomfort. Although evidence supports offering cervical screening in this cohort, a type 3 transformation zone leading to unsatisfactory colposcopy is prevalent after the menopause.

### Aims / Methodology

This is a retrospective cohort study of 276 consecutive postmenopausal women who had their first visit to the colposcopy clinic between 2020 and 2023. The aim of this audit was to evaluate the reason for referral and colposcopic and histological findings for these women. Background demographic data and rate of HRT/vaginal oestrogen usage in postmenopausal women attending colposcopy was also collected.

### Results

The mean age of the cohort was 57 (range 43-79). There were 39 referrals requesting screening due to difficulties obtaining a sample in the community and 237 referrals for colposcopy. Reasons for colposcopy referral included HPV positivity on two consecutive screening tests with negative cytology (32% n=76) and HPV positive/ atypical squamous cells of undetermined significance or low grade cytology (35% n=83). HPV positive/ high grade cytology accounted for 6% (n=14) of referrals. Three women were referred for colposcopy due to unsatisfactory screening samples. "Suspicious cervix" at time of screening accounted for 18% of referrals (n=42). HRT and vaginal oestrogen usage was documented in 9% and 2% respectively.

Of those who underwent colposcopy, 80% had a satisfactory colposcopic exam. Histological findings included low grade CIN (n=22), high grade CIN (n= 15) and no CIN (n=78) . A diagnosis of cervical cancer or high grade disease was found in 8% (19/237) .

### Conclusion

This audit provides insight into colposcopy in the postmenopausal population. Whereas screening in this age group can be challenging, this study shows evidence of the presence of significant pathology.

Lynn Swinburne

## 26.The Development of Accessible Information Resources for Cervical Screening

### Background:

All public health efforts are needed to prevent cervical cancer and to diagnose it early. All women in Ireland 25-65 years are invited for free cervical screening every three of five years. Whilst screening participation is an individual choice, as service providers we must ensure that all service users have equal access to information about screening programmes. Many people now have the preferred communication style of easy read/plain English or picture-based information. The onus is NSS as a service providers to ensure information is provided in a format that can be clearly understood to support people to make informed decisions. Accessible information resources should depict the exact service a person will receive and pictorially show step by step what the person can expect to experience in the service.

### Aim:

To developing a suite of accessible materials for cervical screening.

### Objectives

- To develop a robust methodology building on previous screening accessible information projects
- To adhere to the principals of co-design and the NSS information hub process
- To consolidate learning on good practice in developing accessible information resources.

### Methods:

This project was overseen by a project partnership made up of a communication expert in accessibility, representatives from the disability sector and NSS staff. Many different staff members were involved from NSS including a project manager, sample taker trainers, sample takers, colposcopy staff and access officers.

Through rigorous user testing and iterative design processes, we drafted a number of accessible information resources for service users. These resources were reviewed numerous times by experts by experience and the disability sector. We also undertook original photography through the use of volunteers. Photos were used to tell the story of participating in cervical screening from start to finish.

We developed easy read leaflets, plain English leaflets, photos stories about attending for cervical screening, picture videos, templates for personal application and a staff guide.

*Kathryn Meade and Lynn Swinburne, Senior Health Promotion Officers*

## 27. Health promotion intervention to improve equity in cervical screening with Travellers

### Background:

Travellers have complex barriers to cervical screening with the social determinants of health evident. It is likely that Travellers are under screened and a population who warrant support to participate in screening. In 2022 Pavee Point (PP), National Cancer Control Programme (NCCP) and the National Screening Service (NSS) formed a partnership to address the health needs of Travellers in a specific area of Dublin. Pavee Point employ 15 Traveller Primary Health Care Workers (PHCWs) whose role it is to give health information, offer signposting and support people to navigate health systems.

### Aims/Objectives:

To co-design a health promotion intervention to improve cervical cancer screening PHCWs with the Traveller population.

### Objectives

- To provide cervical cancer training to the Traveller primary health care workers including screening and early detection.
- To develop cervical cancer interventions to the Traveller community led by the PHCWs.
- To assess barriers to cervical cancer screening uptake in the community.
- To provide support to access to cervical cancer screening.

### Methods:

The methodology of this co-design health promotion intervention was multi component.

1. Training and education were co-designed with the Primary Health Care workers (PHCWs) taking account of the need for it to be visual, interactive, easy read, containing role-play and story-telling. Multi format materials were used including video, easy read materials, photo stories, visuals, case studies and so on.
2. On review of the Pavee Point database outreach fieldwork was conducted in their own communities by providing support, information and resources on prevention, early detection and screening. All tools used in outreach were co-designed with the PHCW's.
3. Post field work focus groups were held with PHCWs to elicit feedback. Barriers to cervical screening the PHCWs identified to cervical screening in the community were captured. Focus groups also ascertained how confident in providing cervical screening messaging the PHCWs felt. Bespoke questionnaires were developed for the evaluation of the focus group remaining cognisant of the unmet literacy needs of the group.
4. Support for screening for any Travellers eligible and wanting to participate in the programme was provided.

### Outcome:

Traveller primary healthcare workers provide an ideal partner in delivering for cervical screening interventions. They reported good outreach into their communities and use of cervical screening information with multiple people. A number of people participated in cervical screening as a result of the intervention. A number of barriers were addressed including, literacy issues, postal difficulties and fear of the screening process.



### **Conclusion**

NSS should build more partnerships with other community health workers. These have the potential to improve equity in cervical screening by acting as patient navigators.



*Mairead O'Connor, Therese Mooney, Patrica Fitzpatrick, Noirin Russell.*

**28. Examining views on, and knowledge of cervical screening in Ireland in women aged 25-65 years: findings from a new online national survey**

**Introduction:**

CervicalCheck data shows screening coverage decreases with age; the upper limit of screening has recently been extended to 65 years. Understanding views and knowledge of eligible women is important to improve coverage.

**Methods:**

Online survey examining views/knowledge of cervical screening completed by 808 women aged 25-65. Chi-square test was used for age group comparisons in SPSS.

**Results:**

50% (n=405) were aged 25-44, 22% (n=176) 45-54 and 28% (n=227) 55-65. Women aged 55-65 were more likely than women aged 45-54 and 25-44 to agree "it is very important to attend for regular screening" (82%, 78% and 73% (p=0.003) and it is "very likely they will attend next screening appointment" (81% versus 73% and 78% (p=0.002)). Women aged 55-65 were more likely than those aged 45-54 and 25-44, to feel it is very important to continue to go for regular screening post-menopause ((60%) versus 48% 41%; p<0.001). 27% aged 25-44 disagreed that cervical screening is for women who do not have symptoms of cervical cancer versus 21% in both 45-54 and 55-65 (p<0.001). 80% of women aged 45-54 years disagreed you don't need to go for screening if you have had the HPV vaccine, compared to 76% and 75% aged 25-44 and 55-65 respectively (p=0.005). Those aged 55-65 years were more likely to disagree that cervical screening diagnoses cancer in other areas versus 45-54 and 25-44 years (26%, 24%, 22% respectively; p=0.013). 55+ years were more likely to disagree you don't need to attend cervical screening if you are not sexually active (88% 55-65 years, 86% 45-54 years, 76% 25-44 years; p<0.001).

**Conclusion:**

Although attendance at CervicalCheck is lower in those >50 years, knowledge and awareness about cervical screening was higher in this age group. We need to maintain the high uptake in younger women alongside improving their cervical screening knowledge.

*Shirley Ross GPN*

## 29. Improving the Cervical Screening experience for clients facing cultural differences and language barriers

### **Background:**

Post covid-19 pandemic, as we restarted our cervical screening clinic, we took the opportunity to improve our care for clients from diverse communities and cultures, to enhance inclusivity. With the increasing numbers of clients from around the world, language barriers have become a significant challenge.

### **Aims and Objectives:**

To provide a more inclusive and welcoming environment for all, ensuring that every client feels understood and cared for regardless of their language and cultural background.

### **Methods:**

We implemented several improvements at the time of restarting our cervical screening clinic. These measures included initiating a text SMS reminder 24 hours prior to the clinic appointment, expanding the use of multilingual resources, introducing interpreter services, and training staff to be more culturally aware and sensitive to the needs of diverse clients. We engaged with a local volunteer group and encouraged eligible clients to attend.

### **Outcome/Results:**

Our cervical screening clinic is a smoothly run operation with consistently high attendance rates, reflecting the trust and engagement we have built in our community. We see an increase in clients from diverse cultural backgrounds, making almost every clinic a reflection of this diversity. The changes implemented ensure that all clients, regardless of language barriers, or cultural backgrounds, receive the same level of care.

### **Conclusion:**

Continuous education for all participants of the screening process is key to its ongoing success. By encouraging an environment of learning and adaptation in both medical practices and understanding the evolving needs of the community we serve.

*Bridin Bell RANP Women's Health Ambulatory Gynaecology Service*

**30. Integrating Trauma-Informed Cervical Screening into Ambulatory Gynaecology: Addressing Barriers and Improving Access for Vulnerable Populations**

**Background**

The Ambulatory Gynaecology Unit was initiated on October 12th, 2023, within the Colposcopy Unit, later moving to a dedicated space in September 2023, with an official opening by Minister Donnelly in February 2024. The unit primarily investigates women presenting with intermenstrual bleeding (IMB), post-coital bleeding (PCB), and menopausal bleeding. During patient assessments, it became apparent that several women were either overdue for cervical screening or had never undergone the procedure. Many expressed fear of speculum insertion, which raised concerns, particularly for those with a history of trauma. Disparities in screening uptake were noted, with women from poorer backgrounds experiencing lower rates of screening, delayed diagnosis, and barriers to treatment. Roland (2021) found that women are more likely to attend screening when symptomatic, particularly with vaginal bleeding or PCB. This presents an ideal opportunity to offer cervical screening while conducting a speculum examination.

**Aims and Objectives**

This initiative aimed to integrate cervical screening into the Ambulatory Gynaecology Unit's services, especially for women who were overdue for screening or had never been screened, with a focus on those who have experienced trauma. The objective was to improve screening uptake, identify eligible patients, and provide trauma-informed care during intimate examinations.

**Methods**

Eligibility for cervical screening was assessed as part of the routine history-taking process for all women attending the Ambulatory Gynaecology Unit. Drawing on prior experience from working in a Sexual Assault Treatment Unit (SATU), trauma-informed care was offered to ensure a supportive environment. Emphasising safety, trustworthiness, and peer support, the screening service was seamlessly integrated into the clinic flow. All staff were trained to address patient anxieties sensitively, with a strong focus on collaboration, empowerment, and awareness of cultural and gender issues, creating a more inclusive and supportive space for every patient.

**Results**

Since the introduction of this service, 19 women who were overdue or had never had a screening test received cervical screening. The trauma-informed approach acknowledges the need to understand a patient's life experiences to deliver effective care. It has the potential to improve patient engagement, treatment adherence, health outcomes, and provider and staff wellness. This approach also alleviates fears surrounding speculum insertion, enabling more women to access potentially life-saving screening services.

**Conclusion**

The integration of cervical screening into the Ambulatory Gynaecology Unit has provided an essential service to a vulnerable population, particularly survivors of sexual trauma. By embedding trauma-informed care into routine practice, the unit has been able to address barriers to screening and promote a more inclusive, patient-centred approach to women's health. Continued efforts are





needed to ensure all eligible women, especially those with histories of trauma, are screened. Additionally, it is important to address the disparities that prevent women from poorer backgrounds from accessing timely screening and treatment.