



An tSeirbhís Náisiúnta Scaghástála
National Screening Service

National Screening Service Public Health Activity Report 2023



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Acknowledgements

The activities, achievements and successes described here would not have been possible without the involvement and collaboration with BowelScreen, BreastCheck, CervicalCheck, Diabetic RetinaScreen and the departments within the National Screening Service (NSS).

We would also like to thank our Patient and Public Partnership (PPP) Representatives. Their expertise and insights have been invaluable to us, and we are very grateful to all who have given their time and voice to support our work. We would also like to acknowledge and thank our external stakeholders and partners for collaborating on numerous projects throughout 2023.

We look forward to continuing our work with you all in the future.

NSS Public Health Team

Overview

We deliver four national population-based screening programmes. We screen for bowel, breast and cervical cancer, and for retinopathy in people who have diabetes. In 2023, we launched our [Strategic Plan 2023-2027](#) – Choose Screening – setting out a clear direction over the next five years. The strategic priority areas are:

- Engagement and partnership
- Operational excellence
- Service development
- People and culture
- Governance and quality assurance
- Data and information

Public Health Goals

Throughout 2023, we continued to work with our programmes and departments, and external partners to 1) address equity in screening, 2) improve the quality of the four screening programmes, and 3) improve population health. This report demonstrates the work that has been carried out by the team during 2023.

Table 1: Public Health team priority projects 2023

1 Addressing equity in screening	2 Improving the quality of the Programmes	3 Improving Population Health
1.1 Equity Strategic Framework development	2.1 Patient and Public Partnership Strategy implementation	3.1 Cervical Cancer Elimination partnership
1.2 Targeted Screening Initiatives with Pavee Point Traveller and Roma Centre Primary Health Care for Travellers project	2.2 NSS Patient Reported Experience Measures (PREMs) programme	3.2 Health promotion
1.3 Disability Needs Assessment	2.3 Exploring the role that self-sampling might play in cervical screening	3.2.1 Education and training
1.4 Easy-to-read resource development	2.4 Assisted Decision-Making Act commencement	3.2.2 Partnerships
1.5 Geocoding pilot	2.5 New research collaborations – national and international	3.3 Colposcopy stop smoking project
1.6 HSE Health Regions collaboration		3.4 Horizon scanning methodology framework
1.7 Implementing behavioural science in the NSS		

1: Addressing equity in screening

1.1 Equity Strategic Framework development

In 2023, we published a new strategic framework to address equity in screening. The [Equity Framework](#) was developed in [consultation](#) with a wide range of stakeholders including screening participants, representatives from the community, voluntary and statutory sectors, and our staff. It sets out how we can better understand and improve equity across our four screening programmes: BowelScreen, BreastCheck, CervicalCheck and Diabetic RetinaScreen.

“We know that health is influenced by a range of factors including education, employment, income level, gender and ethnicity. People can experience barriers or inequities at any point on the screening journey. We want to continue to better understand and address these barriers. We want to ensure that people can make an informed choice about whether to have screening. If they choose screening, we want them to be able to carry out that choice.”

Director of Public Health, Dr Caroline Mason Mohan

We've identified five priority areas where action is needed to help us better understand and improve equity:

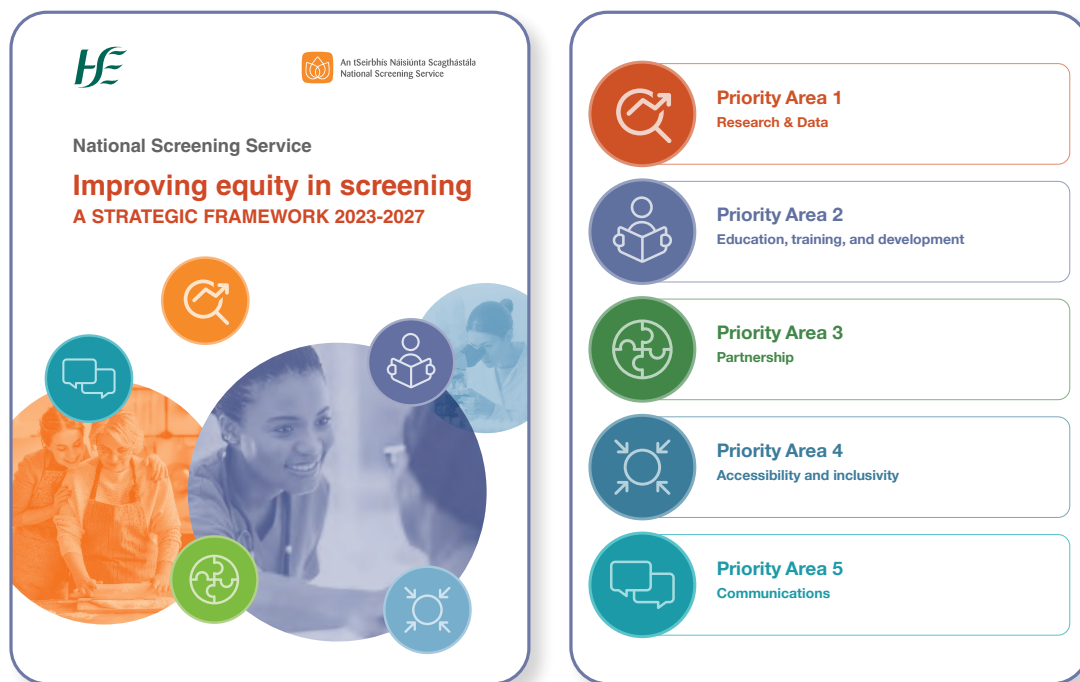


Image 1: Strategic Equity Framework Priority Areas

Next steps:

The framework will help guide the development of action plans focused on each of the priority areas. We've established an Equity Oversight Committee that is made up of our staff, and patient and public representatives and the Committee's role is to oversee the development, monitoring and evaluation of action plans.

The framework is available in [various accessible formats](#): a screen reader accessible version, an Easy read summary, a plain English summary, and an Irish Sign Language video summary.

1.2 Targeted Screening Initiatives with Pavee Point Traveller and Roma Centre Primary Health Care for Travellers project

We worked in partnership with the National Cancer Control Programme (NCCP) and Pavee Point Traveller and Roma Centre on this project..

The aim of [this project](#), which commenced in 2022, was to:

- address cancer prevention, and early detection and provide information on the four screening programmes with the Traveller population in Finglas and Blanchardstown
- assess barriers to the uptake of our services by working with the Traveller Primary Health Care Workers (PHCWs) and provide access to services for those who wanted to participate.

The BowelScreen project was completed in 2022. The BreastCheck and CervicalCheck projects were completed in 2022 and 2023, and followed the same methodology for the BowelScreen project:

- Education sessions were co-produced with the Primary Health Care workers (PHCWs) in advance of training commencing.
- PHCWs conducted fieldwork into their own communities by providing support, information and resources on prevention, early detection, and screening.

- Focus groups after the fieldwork were held with PHCWs to explore how they delivered the information, barriers they identified, and how confident they were with the information. This evaluation approach also included bespoke questionnaires.
- Colleagues in the BowelScreen, BreastCheck and CervicalCheck programmes organised screening for any Travellers eligible and wanting to participate in the programmes.

Mary Brigid Collins, Co-ordinator of the Pavee Point Traveller and Roma Centre Primary Health Care project, described the importance of the CervicalCheck and BreastCheck projects:

“The CervicalCheck and BreastCheck projects with the National Screening Service were very important to do in order to address the health inequalities Traveller women experience due to the racism and discrimination they face in Ireland. By working in partnership with the Pavee Point Primary Healthcare project, the NSS could create culturally appropriate information and target harder to reach women to encourage them to register to attend screening, making this project a great example of the effectiveness of partnership in community work. Traveller women die earlier than women in the general population, so we had to address the fear (particularly around CervicalCheck) and embarrassment, and logistical barriers to attend cancer screening. We’d like to see this important work rolled-out nationally with Traveller primary healthcare projects, and to see an ethnic identifier introduced in screening services to gather data on Traveller usage of the services.”

What did we learn?

PHCWs reported good outreach into communities and use of the information with multiple people. A number of people participated in breast and cervical screening as a result of this work. Barriers were addressed including literacy issues, postal difficulties and fear of the screening process.

Based on the success of this work, it is planned that the Diabetic RetinaScreen (DRS) project will be implemented in 2024.



Image 2 and 3: Graphic drawings of the BreastCheck and CervicalCheck projects processes, developed with PHCWs.

1.3 Disability needs assessment

We worked with researchers from Dublin City University's School of Nursing, Psychotherapy and Community Health to complete the [Breaking Down Barriers](#) report. This study sought to explore the needs of disabled people in accessing national population screening services, to capture their lived experience and to document their barriers and enablers to participation in screening. The research was qualitative in nature, consisting of focus groups and interviews. Twenty disabled people participated in the study, representing those with Intellectual Disabilities, Autism, physical impairment, visual impairment, and the Deaf community. In addition, five healthcare professionals and five family carers were involved in the study.

What did we learn?

Before disabled people come to screening, they may receive inaccessible information from us as a service, they are reliant on others to support them to attend for screening and support for travel to screening is also a concern they raised. During the screening appointment several good practices supporting the person to participate in screening were captured. Providing longer appointments, information provided in braille and an empathetic and positive approach to the disabled person were all seen as enablers in this research. Following screening, some disabled people were unable to access their screening results and others wanted an online system to communicate their reasonable accommodations needed. The literature review shows the potential reasons why disabled people may be under screened or never screened and their lived experience back up some of these findings. Understanding the reasonable accommodations that can make screening a person-centred service is vital.

The [report](#) is available in various accessible formats: a screen reader accessible version, an easy read summary, a plain English summary and an Irish Sign Language video summary.

1.4. Easy read project

Throughout 2023, we worked with Diabetic RetinaScreen (DRS) on an easy-to-read project for their programme. This project involved developing easy-to-read, plain English, video, and photo story formats of DRS patient information leaflets. [The resources](#) were developed using a co-design approach, involving experts by experience and user testing materials with people from the disability sector. We undertook all photography for the project with volunteers.

As a result of this work, people who use easy-to-read information now have access to high quality Irish-based materials developed by and for people who use easy-to-read resources for screening.

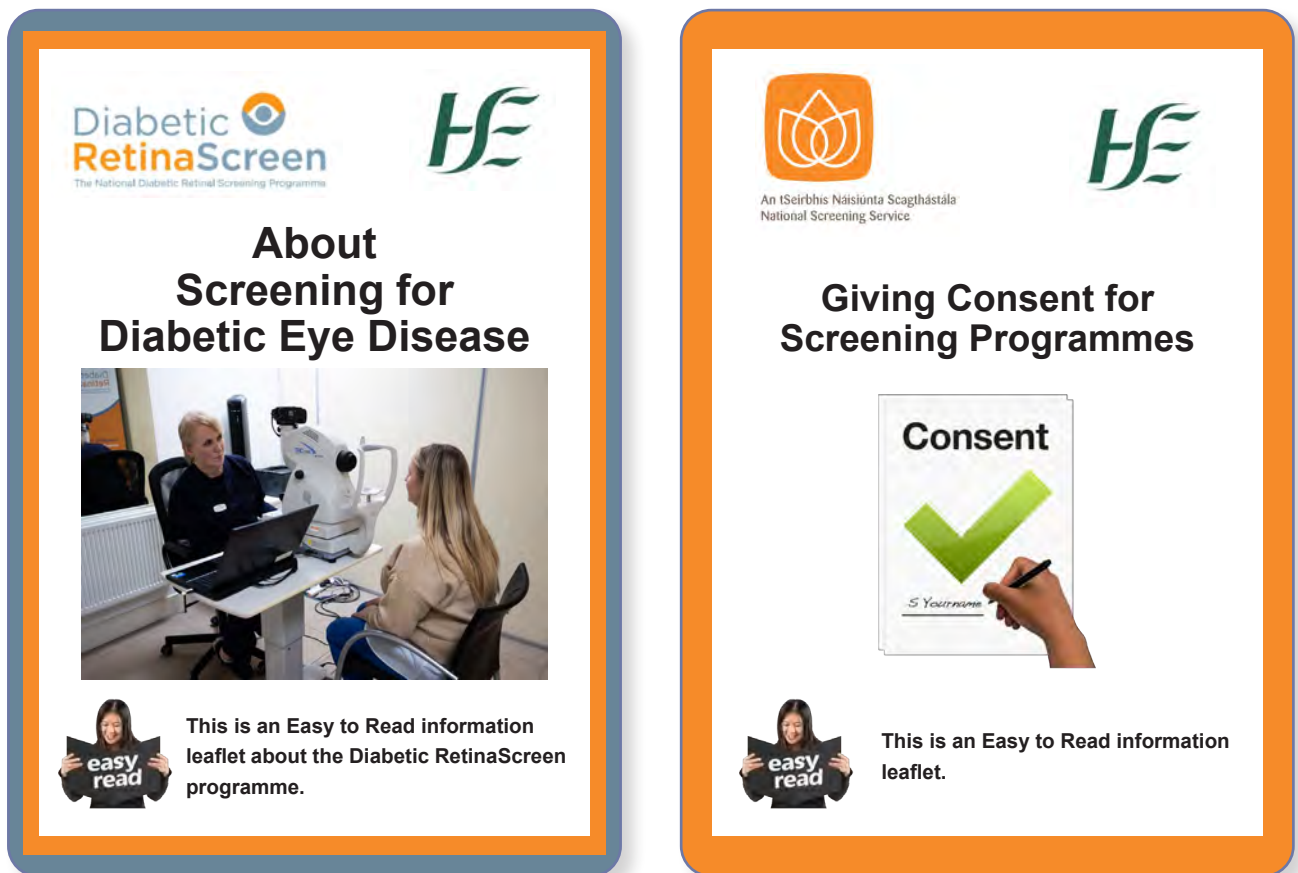


Image 4, 5: Examples of Easy-to-read versions Diabetic RetinaScreen leaflet and consent leaflet

We completed a full review of all easy-to-read resources for [BowelScreen](#) and [BreastCheck](#), and developed [CervicalCheck](#) resources.

We also completed a number of general screening resources, as detailed below. This work supports our information governance and consent work.

- [Easy-to-read – Benefits and harms of screening](#)
- [Easy-to-read – Giving consent for screening programmes](#)
- [Easy-to-read – Looking after your information](#)
- [Plain English – Benefits and harms of screening](#)
- [Plain English – Giving consent for screening programmes](#)
- [Plain English – Looking after your information](#)

1.5 Geocoding – a pilot

We worked with HSE National Health Information Unit and CervicalCheck on a geocoding pilot in 2022. The pilot involved adding address data (geocoding) to data from the cervical screening register to allow for various forms of geospatial analysis. This approach allows us to use address data to improve service delivery, via improved planning.

The success of the pilot has led to the establishment of a subsequent Health Profiles project to be implemented in 2024. The project will have two phases: Phase 1 will involve assessing the feasibility of geocoding the screening programmes registers and analysing the data outputs to develop population health profiles that will be used by the NSS and will also be shared with the newly established HSE Health Regions to help improve planning and increase equitable access to screening services. Phase 2 will involve working closely with HSE Health Intelligence Unit to explore the feasibility of uploading our geocoded data onto the [HSE Health Atlas Finder](#).

1.6 HSE Health Regions collaboration

We are committed to addressing access and equity in screening and recognise that to do so, we need to build capacity with existing resources and structures. Our health promotion team provides support to Community Health Organisations (CHOs) and community groups across Ireland. This work includes, for example, working in partnership with health and wellbeing teams in CHOs; co-producing and delivering initiatives for groups that are experiencing marginalisation; providing screening data (where possible); delivering training and educational sessions; and providing tools and supports to local teams. We have an Access Officer for each of our screening programmes.

Contact access officers

- access@breastcheck.ie
- access@bowelscreen.ie
- access@diabeticretinascreen.ie
- info@cervicalcheck.ie

We want to ensure that our public health and health promotion supports and expertise are provided equitably across Ireland. The establishment of the new HSE Health Regions gives us an opportunity to review our practices and develop a proposal for how we can work with key stakeholders in Health Regions to improve access and equity in screening.

During 2023, we commenced our engagement with Area Directors of Public Health in the Health Regions. These engagements allowed us to explore how we could collaborate, i.e., to improve access and equity in screening by providing supports to HSE Health Regions across three key areas.

1. Establishing local relationships and strategic arrangements
2. Sharing of data (including screening health profiles)
3. Sharing health promotion/equity tools and supports to Health Regions

Engagements with regional and national leads in the Health Regions will be progressed in 2024 as structures in the regions are established.



Image 6: An outline of progress made with the HSE Health Regions project

1.7 Implementing behavioural science in the NSS

In March 2023, a Behavioural Insights and Change Specialist role was created in the NSS. The purpose of the role is to implement behavioural science principles across our projects and initiatives. Behavioural science is defined as “the scientific study of behaviour – what enables it, what prevents it, and how best to elicit and maintain it”¹. Consequently, behavioural science can help us to explore screening participation challenges and mechanisms of change. In 2023, behavioural science was used to inform some projects using relevant literature, to identify gaps in research, and to use relevant behavioural science concepts and methods to develop new resources and to analyse data. Our behavioural scientist is also working with our Communications, Engagement and Information Development (CEID) team to advise on best practices to apply behavioural science in communication materials.

Plans for 2024 are to conduct behavioural research for the Cervical Cancer Elimination initiative and contribute to the development of Information Hub information and materials with the CEID team.

¹ West, R., Gould, A. (2022). Improving health and wellbeing: A guide to using behavioural science in policy and practice. Available at: https://phwwhocc.co.uk/wp-content/uploads/2022/11/A-Guide-to-Using-Behavioural-Science_ENGLISH.pdf Accessed on 20/10/2023

2: Improving the quality of programmes

2.1 Patient and Public Partnership (PPP) Strategy implementation

In 2023, we came to the end of our [PPP Strategy 2019-2023](#) and an external evaluation was conducted. The evaluation concluded that the processes put in place to support the implementation of the PPP Strategy have been effective in implementing the actions and the evaluators provided a list of recommendations to build on the success of the strategy.

Some key findings from our evaluation*:

- 100% of PPP Representatives think the strategy is achieving its objectives.
- 91% of PPP Representatives feel their contributions make a difference to the work of the NSS.
- 65% NSS staff think the Strategy has been successfully implemented.
- 83% report that PPP values are demonstrated across NSS.

*Survey responses: PPP Representatives n=12, NSS staff n=87

“I felt I was listened to; I could see that my suggestions were taken on board.”
PPP Representative quote from PPP Strategy evaluation.

We launched a recruitment campaign in 2023 to encourage new members to join and to increase diversity on our PPP network. We’ve also developed numerous [learning and educational resources](#) to support our PPP work including an eLearning module.

PPP Representatives continued to work on key projects and committees in 2023, including: our Quality Assurance committees and our Equity Oversight Committee.

The PPP transitioned to its permanent position within the Communications, Engagement and Information Development (CEID) department in January 2024, and a new PPP committee met for the first time in January 2024.

The Public Health team would like to thank all the PPP Representatives for their work and guidance over the past four years, and we hope that the findings and recommendations from the PPP evaluation will help the CEID team to further develop and embed PPP in the NSS.



Image 7: PPP Representatives and NSS staff at PPP event in October 2023

2.2 Patient Reported Experience Measures (PREMs) programme

Following the success of our [digital patient experience survey in BowelScreen](#) in 2022, we worked with BreastCheck to [launch the survey in their programme](#).

A similar approach was used, and the first phase of the survey was designed to capture the experience of screening participants with a normal mammogram as they moved through the BreastCheck pathway. Participants with a normal mammogram were invited via text message to complete an online survey that captures and analyses both quantitative and qualitative responses. Innovative AI technology is used to analyse data and develop customisable dashboards that allow for data visualisation. The participants' feedback help to identify what BreastCheck is doing well and where improvements can be made across the programme.

We plan to work with our Diabetic RetinaScreen team to implement the patient experience survey in their programme in 2024.

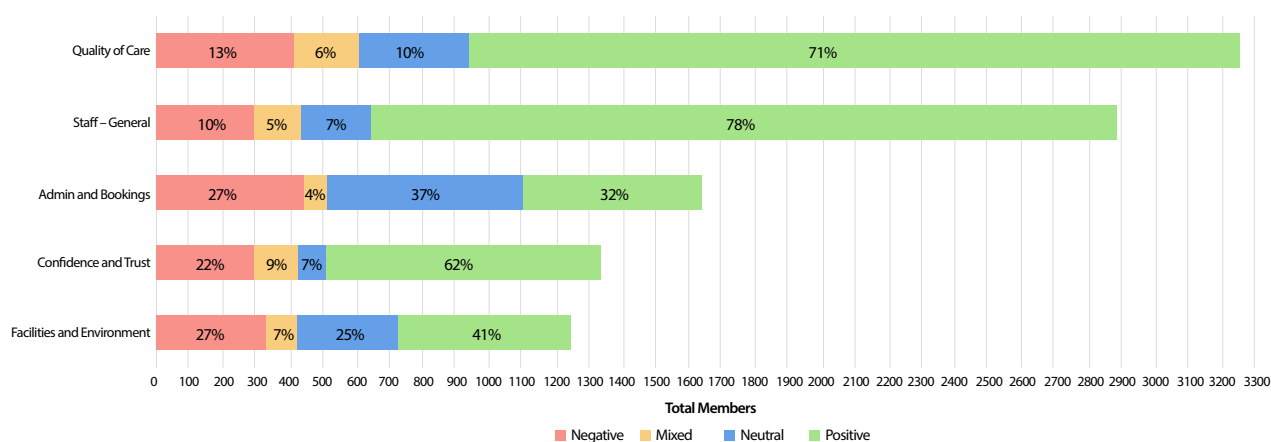


Image 9: BreastCheck PREMs dashboard-thematic analysis of qualitative feedback

2.3 Exploring the role that self-sampling might play in cervical screening

In 2023, we worked with CervicalCheck, our Communications team, our Programme Evaluation Unit (PEU) and our PPP Representatives to complete [research](#) to better understand the potential role of HPV self-sampling for cervical screening in Ireland.

Over 2,000 women responded to our survey. The survey asked women about their preferences for self-sampling before and after being shown additional information on how to take a self-collected sample. This enabled us to capture women's initial thoughts on a self-sampling option, and then a more informed choice after being shown how to take a self-collected sample.

We found little difference between the preferences of survey participants before and after being shown the additional information. There was a small increase in women who would choose a self-sampling option (from 51% to 54%). The percentage of those who would continue to attend screening as normal remained unchanged at 42%.

“This research highlights that a self-sampling option would appeal to our never, and under-screened, populations. Our priority remains ensuring that everyone who is eligible for screening has the opportunity to attend.”

Director of Public Health, Dr Caroline Mason Mohan

What's next?

This research is part of our work to increase uptake in cervical screening and make it more equitable. Research on cervical self-sampling has also been listed on our Roadmap to [Cervical Cancer Elimination](#). We're considering the survey findings alongside the results of our survey on [the attitudes of sample takers towards self-sampling](#). This second piece of research shows that GPs and general practice nurses support the introduction of self-sampling.

We're also considering additional research that would further inform how self-sampling could be introduced in Ireland; the CervicalCheck programme is considering options for implementing self-sampling, including what areas of the screening pathway would be affected.

2.4 Assisted Decision Making (Capacity) Act

The [Assisted Decision Making \(Capacity\) Act 2015](#) was signed into law in December 2015, however it was not commenced at that time. The Act is about supporting decision-making and maximising a person's capacity to make decisions. The Act was amended by the Assisted Decision Making (ADM) Capacity(Amendment) Act 2022 and commenced on 26 April 2023.

The ADM project team, led by Public Health and the four programme Access Officers successfully delivered and evaluated an email tutorial series for our staff in 2023. Each email from the series comprised two elements (a) a learning/theoretical topic and (b) a top tip or case study.

The aim of the tutorial series was to support and enable each programme to be self-sufficient in handling most assisted decision-making capacity issues that may arise. The email series is based on the full suite of HSE resources which is available at [HSE Assisted Decision Making Resources](#). The ADM team also completed and circulated an updated risk assessment on the ADM Act and acted as an advisory forum for individual patient and staff queries that arose.

2.5 New research collaborations

[Europe's Beating Cancer Plan](#) has called for a new EU-supported cancer screening scheme (EUCanScreen) to assure high performance of cancer screening programmes across all member states. The general objective of EUCanScreen is to assure sustainable implementation of high-quality screening for breast, cervical and colorectal cancers, as well as implementation of the recently recommended screening programmes for lung, prostate, and gastric cancers.

Twenty-nine partnering countries are represented in the consortium, including 25 EU member states (including Ireland), alongside Ukraine, Moldova, Norway and Iceland. The project will be coordinated by the University of Latvia and will also involve 28 competent authorities (the Department of Health in Ireland), 59 affiliated partners (the NSS), and 10 associated partners. The duration of the EUCanScreen will be 48 months. The total budget is greater than €38million.

During 2023, we worked with the Department of Health as they negotiated the budget for Ireland in this EU-wide initiative. It is intended that Ireland will lead on Task 2 (Classification and Reporting of Interval Cancers) under work package 7. European approval of EUCanScreen is awaited.

3: Improving population health

3.1 Cervical Cancer Elimination Partnership



Image 8: Minister Stephen Donnelly announcing Ireland's estimated date of Cervical Cancer Elimination

The Cervical Cancer Elimination (CCE) Partnership comprises the Department of Health, the National Screening Service, the National Immunisation Office, National Cancer Control Programme, National Women and Infants Health Programme, National Cancer Registry of Ireland, the 221+ group, patient advocates, Marie Keating Foundation and the Irish Cancer Society.

On 17 November 2023, Minister for Health Stephen Donnelly, announced Ireland's target to eliminate cervical cancer by 2040. The announcement was made at [an event to mark Cervical Cancer Elimination Day of Action](#).

“I cannot think of a better way to mark the day than to be one of the first countries in the world to announce our target date. We are now in a strong position to exceed the WHO global targets by announcing 2040 as the date on which we expect to achieve elimination in Ireland.....Thank you to all involved in the delivery of screening, vaccination, and treatment services, to our passionate patient advocates, and to all the partnership stakeholders.”

Minister for Health Stephen Donnelly.

The projected target date of 2040 is the result of a detailed modelling project with Australian experts using HPV vaccination rates, screening coverage and population data from Ireland.

“This is a milestone that you’re achieving today. It’s built on the back of the progress that’s been made in HPV vaccination and its roll-out in Ireland, as well as the move to primary HPV screening. It’s these two sets of interventions together, combined with your access to cancer treatment services, that will position Ireland to be on the path to cervical cancer elimination within 17 short years.”

Prof Karen Canfell, Cervical Cancer Director at the Daffodil Centre [commending Ireland](#) on our progress to date.

To reach our goal to eliminate cervical cancer in Ireland by 2040 we must all continue to work together to:

- increase HPV vaccination rates for girls by age 15 from 80% to 90% by 2030
- maintain cervical screening coverage above 70% (currently at 73%)
- maintain the number of women receiving treatment above 90% (currently at 97%).

The Cervical Cancer Elimination Partnership will develop a national action plan in 2024.



Image 9: Representatives of the Cervical Cancer Elimination Partnership

3.2 Health Promotion

3.2.1 Training and education

Community champions training programme

In 2023, we developed the concept of community champions. The aim of this project is to empower community health workers and others who have a health brief to take on the role of screening champions.

To support screening champions in the community we have created screening training tools including:

- structured training presentations
- a screening training video
- a community interventions toolkit.

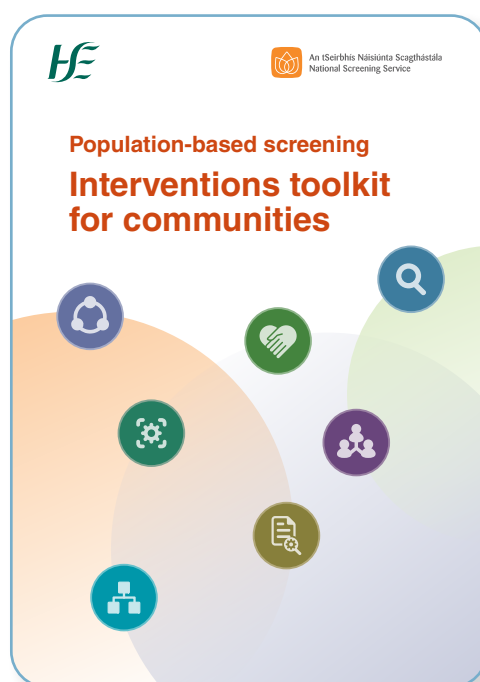


Image 10: NSS Population-based screening Interventions toolkit for communities

These community training tools have been developed, user-tested (with community health workers, HSE Health Promotion and Improvement staff and NCCP cancer prevention officers) and designed to suit the needs of community workers in their roles as screening champions. We hope to pilot these resources with different communities to test their usability and acceptability.

New e-learning modules

We worked with Diabetic RetinaScreen (DRS) to develop a [new eLearning module](#) for health and social care staff. It is primarily for GPs, diabetes nurses, practice nurses, HSE health promotion and improvement officers, etc. The course is available on HSeLanD, and it will complement the NCCP/NSS cancer screening e-learning module.



Image 11: DRS eLearning module on HSeLanD

Throughout its development, we consulted with our public health specialist, relevant stakeholders such as a GP, a community ophthalmologist, diabetes nurse, and our Communications and Public Health colleagues to help inform the key messages.

Screening Training Unit (STU)

We work with our colleagues in the Screening Training Unit (STU) and support their training of sample takers annually. We aim to ensure that sample takers have the knowledge and skills to respond to community needs for those who may find screening challenging. We do this by contributing to sample taker training whenever necessary and supporting our colleagues in the STU.

In 2023, we supported lunchtime webinars on:

- Providing cervical screening services to women with intellectual disabilities. This webinar was delivered by our colleagues in COPE in Cork. <https://www.cervicalcheck.ie/health-professionals/webinars-and-updates.16316.html>
- Assessing barriers and best practice in providing cervical screening to autistic people. This webinar was delivered by our colleague Dr Mary Doherty, researcher and clinician. <https://www.cervicalcheck.ie/health-professionals/webinars-and-updates.16316.html>

Breast health collaboration

In October 2023, we delivered a staff webinar with our BreastCheck team on breast density and the BreastCheck PREMs programme. We provided useful resources and facilitated a questions and answers session for attendees.

Undergraduate training

We provide ongoing support to several undergraduate healthcare training programmes by contributing to the health promotion modules covering screening. We work with Irish universities, and provide training to intellectual disability nurses, general nurses, public health nurses, GP trainees, pharmacy students, and public health students.

Postgraduate training

Higher Specialist Training (HST) in public health medicine is a four-year programme completed in specialist registrar (SpR) posts, overseen by the Faculty of Public Health Medicine at the Royal College of Physicians of Ireland.

On satisfactory completion of HST, the SpR receives a Certificate of Satisfactory Completion of Specialist Training (CSCST) which then allows them to enter the Specialist Division of the Register with the Medical Council.

During 2023, we welcomed Dr Philippa White as our SpR and Dr Salma Rashid Al Kalbani as our International Fellow in Public Health, both of whom contributed to various projects across the screening programmes and successfully completed their end of year assessments. The interaction with and support of the screening programmes and Department staff was mutually beneficial to Dr White and Dr Al Kalbani's work.

3.2.2 Partnerships

Advocacy groups

In 2023, we continued to build our relationships with the Irish Cancer Society (ICS) and the Marie Keating Foundation (MKF). We collaborate on training for the community and corporate sectors, and ICS and MKF support, promote and advocate for screening in their work.

We are also active participants on the Irish Cancer Prevention Network and the Men's Health Forum where we represent the interests of screening, and share knowledge and health promotion expertise.

Activity for International Men's Health Week

The theme for the week which ran from 12-18 June was The Picture of Health, and our messages raised awareness of how screening fits into that picture. We ran a social media campaign (#MHW2023) featuring BowelScreen and Diabetic RetinaScreen.

Partnership with Carers Alliance Ireland

In 2023 we developed a collaborative project with Carers Alliance Ireland, a group that works with organisations to provide better information and supports to family carers. This project included an education session for their family carer online group, meeting with their staff to outline how we could collaboratively support carers, [a blog for Carers Week](#), and ongoing liaison with their staff on our equity framework development.

3.3 Colposcopy stop smoking project

We worked with CervicalCheck, colposcopy staff, and Tobacco Free Ireland in 2023 to scope a project that focuses on smoking cessation supports in a colposcopy setting.

Colposcopy clinics have been identified as a suitable location for targeted stop smoking programmes because of the association between smoking, Human Papilloma Virus (HPV) and cervical cancer.

For women who smoke and undergo a colposcopy, the treatment is more likely to be successful if they quit smoking.

During 2023, we completed a review of systematic reviews on the association of nicotine products and HPV infections, and a literature review of stop smoking interventions and their effectiveness in colposcopy clinics. We surveyed all colposcopy clinics in Ireland to determine current practice, needs, gaps and opportunities regarding stop smoking referrals.

The next steps are to complete a best practice framework for stop smoking initiatives in colposcopy clinics to implement e-referrals to quit smoking services, and to publish educational resources for patients and staff.

3.4 Developing a horizon scanning methodology framework

In 2023, the Public Health Department drafted a methodology to support an approach to horizon scanning within the NSS.

Horizon scanning is a systematic method that is used to identify potential, emerging, and early signals of change, uncertainty, and opportunities. It uses a structured evidence-gathering process that focuses on the external strategic environment and brings together perspectives from different sources and expertise. There are many definitions of horizon scanning but typically they fall under one of the following approaches:

1. A formal process of gathering, analysing, and sharing information to support decision making
2. An examination of information to identify potential threats, risks, emerging issues, and opportunities, allowing for better preparedness and to take them into consideration in the policy making process
3. An exploration of what the future might look like to understand uncertainties better and to analyse whether the organisation is adequately prepared for potential opportunities and threats

We will now progress the design of an implementation plan so that we can maximise the potential uses of a formal horizon scanning process that include:

1. deepening our understanding of the driving forces affecting future development of population cancer screening
2. identifying gaps in our understanding and bring into focus new areas of research required to understand the driving forces better
3. building consensus amongst our stakeholders about the emerging issues and how to tackle them
4. identify and make explicit some of the difficult policy choices and trade-offs that may need to be made in the future
5. ensuring our Strategic Plan (2023-2027) is resilient and adaptable to changing external conditions; and
6. mobilising our stakeholders to action.

The Year Ahead

The Public Health team welcomes the publication of the [NSS Choose Screening Strategic Plan 2023-2027 End of Year Report 2023](#). Our projects and work in 2024 will align to our strategic priority areas and we will continue to focus on working in line with our values of care, compassion, trust and learning.

For further information please contact publichealth.support@screeningservice.ie

Appendix 1: The 2023 National Screening Service Public Health Team

Director of Public Health	Dr Caroline Mason Mohan
Specialist in Public Health Medicine	Dr Alan Smith
Specialist in Public Health Medicine	Dr Laura Heavey
Specialist in Public Health Medicine	Dr Catherine Lynch
Specialist Registrar (SpR) in Public Health Medicine	Dr Phillipa White
RCPI International Fellow in Public Health	Dr Salma Rashid Al Kalbani
Public Health Strategy and Development Manager	Pheena Kenny
Public Health Strategy and Development Manager	Estelle McLaughlin
Senior Public Health Officer	Caroline Walsh
Senior Public Health Officer	Sinead Woods
Senior Health Promotion Officer	Lynn Swinburne
Senior Health Promotion Officer	Kathryn Meade
Senior Health Promotion Officer	Dr Aoife Collins
Behavioural Insights and Change Specialist	Dr Alice LeBonniec
Personal Assistant to Clinical Director	Michelle Reid
Personal Assistant to Clinical Director	Catherine Clifford
Public Health Support Officer	Lena Smyth
Public Health Assistant Staff Officer	Adrian Alejandro



An tSeirbhís Náisiúnta Scagthástála
National Screening Service

National Screening Service

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