

Report of the Board of the National Cancer Screening Service January 2008-March 2010

The National Cancer Screening Service
will develop and provide quality
cancer screening programmes for
people in Ireland



National
Cancer
Screening
Service

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Introduction from the Chairperson

On behalf of the Board of the National Cancer Screening Service (NCSS) it is my pleasure to provide a final update of developments during the reporting period, January 2008- March 2010.

The role of the NCSS Board (NCSSB) is to:

- Carry out or arrange to carry out a national breast screening service for the early diagnosis and primary treatment of breast cancer in women
- Carry out or arrange to carry out a national cervical cancer screening service for the early diagnosis and primary treatment of cervical cancer in women
- Advise on the benefits of carrying out other cancer screening programmes where a population health benefit can be demonstrated
- Advise the Minister, from time to time, on health technologies, including vaccines, relating to the prevention of cervical cancer
- Implement special measures to promote participation in its Programmes by disadvantaged people

The overall aim of the NCSSB is to maximise expertise across programmes and improve efficiency by developing a single governance model for cancer screening.

The NCSS encompasses BreastCheck – The National Breast Screening Programme and CervicalCheck – The National Cervical Screening Programme.

During the reporting period huge progress has been made in both the BreastCheck and CervicalCheck programmes. BreastCheck has been introduced to all remaining counties in Ireland. CervicalCheck, Ireland's first quality assured, population-based national cervical screening programme has received an incredible response from women aged 25 to 60 nationwide, with uptake of screening exceeding expectations.

The Board of the NCSS has also had a mandate that includes a policy development and advisory role to the Minister for Health and Children relating to other potential cancer screening programmes.

Following extensive research and validation, the NCSS Expert Group on Colorectal Cancer Screening made its recommendations to the Minister for Health and Children, Ms Mary Harney TD, for the introduction of a national population-based colorectal cancer screening programme in Ireland. In December 2009, approval was received from the Minister to proceed with the implementation of a national programme and preparatory work is underway.

Since its establishment, the NCSS has been instrumental in a number of significant public health policy developments. At the request of the Minister for Health and Children, the NCSS undertook a thorough evaluation of the role of the Human Papilloma Virus (HPV) vaccine in the prevention and control of cervical cancer.



*Dr Sheelah Ryan
Chairperson*

The outcome of the review led to the NCSSB recommending the introduction of the vaccine and I am delighted that the vaccine will be made available to teenage girls in the coming months.

The NCSS has also been responsible for the establishment of an Expert Group on Hereditary Cancer Risk, a Scientific Advisory Group on HPV Testing and has hosted the first ever interagency Lung Cancer Research Forum.

From 1 April 2010 the National Cancer Screening Service will be amalgamated with the National Cancer Control Programme (NCCP), part of the Health Service Executive (HSE). Since its establishment in January 2007, it has been my great pleasure to act as Chairperson of the NCSSB. I am immensely proud of our achievements in bringing world class quality assured screening programmes to women in Ireland.

I would like to take this opportunity to thank Minister for Health and Children, Ms Mary Harney, TD for her ongoing support of the work of the NCSS. In addition I wish to thank my fellow Board members for their expertise, professionalism and commitment to the National Cancer Screening Service. On behalf of the Board, I thank our Chief Executive Officer, Tony O'Brien, his management team and all members of the NCSS for their work and dedication and I wish them every success as they take the work of the NCSS forward.

Lastly I would like to thank the women who participated in the programmes, for their attendance and their feedback, both of which serves to benefit all women and keeps our efforts at quality improvement to the forefront.



Dr Sheelah Ryan
Chairperson
National Cancer Screening Service Board

Introduction from the Chief Executive Officer



*Tony O'Brien
Chief Executive Officer*

The creation of the National Cancer Screening Service (NCSS) was an integral component of the National Cancer Strategy 2006. The NCSS Board has been responsible for the governance of BreastCheck – The National Breast Screening Programme and CervicalCheck – The National Cervical Screening Programme and for the development of Ireland's first national colorectal cancer screening programme.

The Board of the NCSS has also had an advisory role to the Minister for Health and Children relating to the development of other potential cancer screening programmes.

The reporting period (January 2008-March 2010) has proven to be very successful for the NCSS. When the BreastCheck service was initially extended to the southern and western regions in December 2007 it was anticipated that it would take between 24 and 27 months to reach all 13 counties in the expansion area. In October 2009, BreastCheck had reached all remaining counties in the expansion area, within 22 months of initial expansion. I wish to acknowledge the effort and commitment of all staff involved in delivering BreastCheck to eligible women nationwide.

The aim of BreastCheck is to detect breast cancer at the earliest possible stage. From the beginning of the BreastCheck programme in 2000 up to 31 January 2010 almost 600,000 screening appointments have been provided to almost 289,000 women and over 3,800 breast cancers have been detected. Further details of the BreastCheck programme and activities can be found on pages 13 to 16 of this report.

Recent consumer research has shown that BreastCheck has established a very prominent and respected profile among women aged 50 to 64 and that there are increasing positive attitudes towards the service. The service is considered vital among women aged 50 to 64 and perceived as both efficient and reliable. Of all women questioned, 100 per cent were aware of BreastCheck and 92 per cent of women found the TV advert to be reassuring. Further details of this research are available on page 15 of this report.

The pioneering, clinical-led model developed for the BreastCheck programme has been adapted and applied to CervicalCheck – Ireland's first national cervical screening programme.

CervicalCheck was launched to over 1.1 million women in Ireland, with the full support of the medical community, within just 21 months of the establishment of the NCSS.

Since launch on 1 September 2008 CervicalCheck has received an overwhelming response from women aged 25 to 60. Full Programme details will be available in the first CervicalCheck Programme Report published later this year however from 1 September 2008 to 31 December 2009 over 340,000 women had availed of a free CervicalCheck smear test. In addition, results are being received from the cytology laboratory within just 10 days of receipt.

The advertising and marketing campaign developed to promote CervicalCheck has received one Irish and two international awards for its effectiveness and creativity. The CervicalCheck TV advert was commended with two awards at the prestigious Shark Awards 2009, in Irish and international categories. The campaign was further recognised on a global platform with a second international award recently bestowed at the Global Awards in the US. The Global Awards are awards dedicated to the best in worldwide healthcare communications and the CervicalCheck advert was the only Irish submission to receive recognition. Further details of the CervicalCheck programme can be found on pages 17 to 21.

The National Cancer Screening Service (NCSS) has been preparing for the introduction of a national population-based colorectal cancer screening programme, for men and women aged 55 to 74 for some time. In exercising its policy, development and advisory role, the Board of the NCSS provided recommendations for the introduction of a national, population-based colorectal cancer screening programme to the Minister for Health and Children.

Each year in Ireland approximately 1,900 new cases of colorectal cancer are diagnosed and approximately 930 people die from the disease. One of the key advantages of colorectal cancer screening is that it can detect pre-cancerous adenomas.

Having received permission to proceed with the implementation of a national programme, the NCSS is working towards the introduction of a programme for men and women in January 2012. Detailed plans are available on pages 23 and 24.

During the reporting period, the Board established an Expert Group on Hereditary Cancer Risk and introduced Ireland's first Lung Cancer Research Forum. Details of these and other policy advice provided can be found on pages 24 to 26.

The NCSS is subject to the public sector recruitment moratorium except certain roles that are crucial for the provision of screening, such as medical consultants. Other roles and grades are now being recruited from within the health sector. This is at times a challenging environment for staff and I appreciate their ongoing dedication.

Today we operate in a climate that is strongly influenced by the current economic circumstances. As an organisation we have operated within tighter budgetary constraints in recent times. These circumstances and the availability of resources will dictate the pace of a number of planned developments, including the upward extension of the BreastCheck screening age.



Some Staff Members at the Central Office of the National Cancer Screening Service

As a public agency, the NCSS has a duty to ensure best value for money across all suppliers. We have systematically reviewed our relationship with all suppliers and sought and received significant cost saving initiatives, without impacting the screening services delivered to women. Whenever the opportunity has arisen, we have returned to market rather than extend existing contracts.

The NCSS has built and delivers cancer screening programmes that operate in line with the highest international standards. Notwithstanding the economic situation, stringent adherence to quality assurance is key and we will continue to deploy our resources to best effect.

Since its establishment, the NCSS has a statutory obligation to implement special measures to promote participation in its programmes by marginalised or 'harder to reach' persons. Inequalities in health are differences in the experience of health or health services between various groups, whether defined by age, sex, geography, ethnicity or social class. A key issue in screening services is to try to reduce these inequalities.

The NCSS has a team of Screening Promotion Officers whose role is to inform and educate the public about the benefits of screening and to encourage uptake. Further details on the work of the Screening Promotion team are available on pages 27 to 29.

Our Board has strongly supported the work of the National Cancer Control Programme (NCCP) and from 1 April 2010 the NCSS will be formally amalgamated with the NCCP, part of the Health Service Executive (HSE). The NCSS will continue its work as a business unit within the NCCP.

Since January 2007 the Board of the NCSS has contributed to shaping the quality assured cancer screening programmes delivered in Ireland. The Board has overseen the completion of the national expansion of BreastCheck and the introduction of CervicalCheck. In addition, the Board of the NCSS has been responsible for recommending the introduction of the HPV vaccine and the introduction of a national colorectal cancer screening programme.



Some Staff Members of BreastCheck Eccles Unit

Over the last three years the Board of the NCSS has undertaken significant policy development work, including consideration and review of the potential benefit of a national prostate cancer screening programme, a bladder cancer screening programme and a lung cancer screening programme.

I wish to thank the Board and in particular the Chairperson Dr Sheelah Ryan for her invaluable contribution to cancer screening policy in Ireland. The Board's commitment to quality assurance and best practice in screening has helped to ensure that the service delivered to women in Ireland is one in which they can have undoubted confidence.

I wish to thank all members of the NCSS for their professionalism, dedication and expertise. Every member of the NCSS team is committed to our ultimate shared goal – of reducing mortality from breast cancer and incidence of and mortality from cervical cancer among women in Ireland and this goal will remain unchanged.

We look forward to continuing our work as part of the HSE National Cancer Control Programme.

Tony O'Brien
Chief Executive Officer

**National Cancer
Screening Service Board
January 2007 - 31 March 2010**

Members of the Board of the National Cancer Screening Service

The National Cancer Screening Service Board was established on 1 January 2007. On its establishment, Dr Sheelah Ryan was appointed Chairperson and Mr Tony O'Brien was appointed Chief Executive Officer. The Board, appointed by the Minister for Health and Children, consists of 12 members.

Dr Sheelah Ryan, Chairperson

Dr Gráinne Flannelly

Dr Marie Laffoy

Ms Edel Moloney

Mr Jack Murray

Dr Ailís ní Riain

Dr Ann O'Doherty (from July 2008)

Professor Martin O'Donoghue

Professor Niall O'Higgins (January 2007 - June 2008)

Dr Donal Ormonde

Mr Eamonn Ryan

Professor Frank Sullivan

Dr Jane Wilde

Mr Tony O'Brien, Chief Executive Officer

Ms Majella Byrne, Secretary to the Board and Head of Corporate Services

Overview of Screening Programmes

Overview of Screening Programmes – BreastCheck (January 2008-March 2010)

Background

BreastCheck – The National Breast Screening Programme is a Government-funded service that provides mammograms to women aged 50 to 64 on a two yearly cycle.

BreastCheck was established in 1998 as a specialist agency with the sole remit of providing Ireland's first quality assured, population-based breast screening programme for women aged 50 to 64.

BreastCheck provides a clinical-led, evidence based approach to cancer screening that aims to reduce mortality from breast cancer in Ireland by detecting breast cancer at the earliest possible stage.

The Programme is fully audited against a range of quality and client-centred criteria as set out in the BreastCheck Women's Charter (see Appendix 2). Programme performance is continually measured against this Charter to ensure the Programme is performing at optimal level.

The NCSS is an integral element of the National Cancer Strategy. Governance of BreastCheck was transferred to the newly established Board of the National Cancer Screening Service (NCSS) on its establishment in January 2007.

The BreastCheck programme is a world leader in the use of digital mammography. From the beginning of the BreastCheck programme in 2000 up to 31 January 2010, almost 600,000 screening appointments were provided to almost 289,000 women and 3,819 breast cancers were detected.

National Expansion

BreastCheck began offering free breast screening to women aged 50 to 64 in the then Eastern Regional Health Authority, North Eastern and Midland Health Board areas in February 2000. In 2003 approval was given for the extension of BreastCheck to Wexford, Kilkenny and Carlow.

Screening commenced in Wexford in March 2004 and was extended to women in Carlow in 2005 and in Kilkenny in May 2006.

Screening of women in the north east, east, midlands and parts of the south east is managed by the BreastCheck Eccles Unit, located on the campus of the Mater Misericordiae University Hospital and the BreastCheck Merrion Unit, located at St Vincent's University Hospital. These units and an additional eight mobile digital screening units provide the service to approximately 195,000 eligible women aged 50 to 64.

In December 2007 construction was completed on time and within budget of two new screening units – the BreastCheck Western Unit and BreastCheck Southern Unit – to serve women in the southern and western regions. Screening commenced from both units in December 2007.

Screening of women in the western region is managed by the BreastCheck Western Unit located on the campus of Galway University Hospital. Screening of women in the southern region is managed by the BreastCheck Southern Unit located adjacent to South Infirmary Victoria University Hospital.



Some Staff Members of BreastCheck Southern Unit

These units and an additional seven mobile digital screening units provide the service to approximately 157,000 eligible women aged 50 to 64.

On commencement of screening in the southern and western regions in December 2007, BreastCheck estimated that it would take in excess of 24 months to deliver the service to all 13 counties in the expansion area. At the time of publication, screening is either complete or has been commenced in all 13 counties in the expansion area.

Screening Locations

During 2008, of the 121,440 women invited, BreastCheck screened over 92,000 women - the highest number of women screened by the Programme to date. Since the service began in 2000 to 31 January 2010, almost 600,000 BreastCheck screening appointments have been provided to women aged 50 to 64 and in excess of 3,800 breast cancers have been detected and treated.

Typically BreastCheck visits each county every two years however, reflecting the Programme's expansion, during 2009 BreastCheck was active in the following

counties: Carlow, Cavan, Clare, Cork, Donegal, Dublin, Galway, Kerry, Kildare, Kilkenny, Laois, Leitrim, Limerick, Longford, Louth, Mayo, Meath, Offaly, Roscommon, Sligo, Tipperary north and south, Waterford, Westmeath, Wexford and Wicklow. Women were screened at either one of BreastCheck's four static units or 15 mobile digital screening units.

A full 2008-2009 BreastCheck programme performance and statistical report has been published separately.

Public Sector Recruitment

In common with all agencies operating in the public sector, BreastCheck is subject to the general public sector recruitment moratorium. Due to the nature of the screening service provided by BreastCheck, permission was sought to recruit key posts necessary to enable maintenance of quality assured screening and completion of first round screening nationwide. Permission to proceed with the necessary recruitment was received in May 2009. Since then, BreastCheck has been introduced to all remaining counties in the expansion area within schedule and BreastCheck now operates with a full complement of radiography staff.



Some Staff Members of BreastCheck Merrion Unit

BreastImaging – National Radiography Training Centre

BreastImaging – Ireland’s National Radiography Training Centre celebrated its second successful year of operation with the awarding of Graduate Certificates in Mammography to 12 students in 2008 and 13 students in 2009. The Centre’s third cohort of students is nearing graduation.

BreastImaging was established in association with University College Dublin (UCD) to assist BreastCheck in its efforts to recruit and train the large number of mammographers required to facilitate national expansion. All BreastImaging students receive training at one of BreastCheck’s four static units in Dublin (two units), Cork or Galway, using state of the art digital mammography equipment.

The current course provides a coherent programme of education for radiographers to extend their professionalism and enhance professional practice in mammography. The qualification of Graduate Certificate in Mammography is awarded following successful completion of three modules (two theory modules and a clinical practice module).

BreastImaging also delivers clinical updates and academic training days to BreastCheck radiographers who hold a qualification in mammography.

Market Research

Millward Brown Lansdowne was recently commissioned to carry out research on behalf of BreastCheck among a sample of over 600 women aged 50 to 64. The purpose of the research was to determine women’s levels of awareness, understanding, attitudes and experience of the BreastCheck service and to ensure that the Programme was effectively communicating with those women it invites for screening.

Key Findings:

- Among the sample, 100 per cent of women were aware of the BreastCheck service
- BreastCheck is seen as a vital service and perceived as both efficient and reliable
- Most aspects of the service are positively endorsed by women who have experienced a BreastCheck mammogram. In particular the efficiency and friendliness of the staff were noted
- The research shows that those with less education are less likely to attend for screening and have greater reservations about the procedure
- A GP or practice nurse’s advice, having a BreastCheck unit in a local location and clear information about the procedure all play a role in helping to overcome women’s fears



Some Staff Members of BreastCheck Western Unit

- 86 per cent of women who took part in the research had seen the BreastCheck TV adverts and 95 per cent of those felt that the advertisement was positive, made having a mammogram seem normal and that the points made in the advert were believable
- 92 per cent of women found the TV advert to be reassuring and 78 per cent of women felt that the BreastCheck advert would make them more likely to have a BreastCheck mammogram

In summary, the research indicated that BreastCheck has established a very prominent and respected profile among women aged 50 to 64 and that there are increasing positive attitudes towards the service.



Managing the Screening IT System

Changes to Symptomatic Cancer Services at the South Infirmary Victoria University Hospital

Although BreastCheck does not provide a symptomatic breast cancer service, the Programme works closely with the symptomatic service at each of its host hospitals. Symptomatic breast services at South Infirmary Victoria University Hospital (SIVUH) transferred to Cork University Hospital in December 2009. The BreastCheck Southern Unit is located adjacent to SIVUH and consequently will be relocated in due course.

BreastCheck is exploring options for the transfer of the BreastCheck Southern Unit. The BreastCheck Southern Unit was designed for multiple potential uses and the value of this facility will be retained for the benefit of the public and its use. Any transfer will be executed in a carefully planned manner without disruption to the screening service.



Members of the Picture Archiving and Communications System (PACS) Team



Some CervicalCheck Staff Members

Overview of Screening Programmes – CervicalCheck (January 2008-March 2010)

Background

CervicalCheck – The National Cervical Screening Programme became available to over 1.1 million eligible women aged 25 to 60 on 1 September 2008. The overall aim of CervicalCheck is to reduce the incidence rate of cervical cancer by detecting cell changes before they become cancerous.

Over time, a successful national, quality assured cervical screening programme in Ireland has the potential to significantly reduce mortality rates in the screened population. In Finland, mortality rates have dropped by 80 per cent over the last four decades.

Free smear tests are provided in primary care settings to women aged 25 to 44 every three years. Following receipt of two 'no abnormality detected' results, women aged 45 to 60 will be screened every five years.

Following extensive consultation in advance of the introduction of CervicalCheck a contract for the provision of smearing services was delivered directly to GPs and medical practitioners nationwide. To date over 4,150 GPs, practice nurses and medical practitioners in over 1,400 locations are registered to take smear tests as part of the Programme.

A woman can choose to have a smear test with any registered smearer, in any location of her choice, such as GP practices, Women's Health, Family Planning and Well Woman Clinics.

Similarly to BreastCheck, the CervicalCheck programme is audited against a range of quality-led criteria as published in the CervicalCheck Women's Charter (see Appendix 3).

'Guidelines for Quality Assurance in Cervical Screening' Published

To achieve maximum public health benefit from a population-based cervical cancer screening programme, every aspect of the service delivered to women must be fully quality assured.

The NCSS Cervical Screening Quality Assurance (QA) Committee was established to review international standards, recommend best practice, monitor and evaluate achievement of the recommended standards and monitor and support adherence by service providers.



Guidelines for Quality Assurance in Cervical Screening



Members of the Cervical Screening International Peer Evaluation Group

Specialty groups of the QA Committee (Smertaker/Primary Care Group, Cytology/Histology Group, Colposcopy/Gynae Oncology Group and Programme Administration) collaboratively developed the guidelines and standards provided. Prior to publication, these standards were thoroughly evaluated and approved by an international panel of experts in the area of cervical screening.

Colposcopy

Most women who undergo cervical screening will have a reassuringly normal smear test result, however up to five per cent of all women screened will receive a result that requires further investigation and possible treatment. It is therefore essential that sufficient high quality colposcopy services are available.

The NCSS has made significant investment in colposcopy services to ensure a standardised, quality assured level of care is delivered, with timely access for all women.

A Service Level Agreement (SLA) was signed between the NCSS and both the Health Service Executive (HSE) and voluntary hospitals for the delivery of quality assured services to a specified quota of new referrals. As part of negotiations, it was agreed that the

NCSS would fund resources to fill gaps in facilities, equipment and staffing (medical, nursing and administrative) to ensure that sufficient resources would be in place to ensure compliance with the SLA.

A computerised management system was implemented by the NCSS with each of the 15 colposcopy services, allowing a bilateral exchange of information.

Measurable standards have been developed in conjunction with the Performance Evaluation Unit of the NCSS to enable audit. It is anticipated that the colposcopy management system will be updated in 2010 to enable local reporting against these standards.

Web-based multidisciplinary clinicopathological (CPC) meetings have been established in many clinics. These meetings use a web-based meeting resource and digitised cytopathology, colposcopy and histopathology images to enable real time discussions on defined cases between cytopathologists, histopathologists and clinicians.

By year end 2009, all colposcopy services provided as part of the CervicalCheck programme were delivered by British Society for Colposcopy and Cervical Pathology (BSCCP) certified colposcopists or by trainee

colposcopists under the supervision of a BSCCP certified colposcopist. Each service now has a defined team led by a clinical lead with responsibility for the clinical governance of the service.

The target for 2010 is to increase colposcopy service capacity from 10,000 new referrals in 2008 to over 17,000 new referrals in 2010.

Call, Re-call System of Invitation

In line with best international practice, on 1 September 2009 CervicalCheck moved to an organised call, re-call and opt-in method of invitation to maximise uptake among eligible women aged 25 to 60. CervicalCheck has a register of eligible women and over each three year screening round, will send women nationwide an invitation for their free smear test by post.

Invitation letters are issued to women evenly across all age ranges. The transition to screening by invitation ensures that an effective and efficient approach to screening is maintained and that the essential target uptake of 80 per cent is achieved.

Any woman who has not had a smear test in the last three years can opt-in to the Programme simply by registering online at www.cervicalcheck.ie, by completing and returning a form by Freepost, or by calling CervicalCheck on Freephone 1800 45 45 55 to fast-track an invitation.

Certain women are eligible for a free smear test without a CervicalCheck invitation letter. These include women aged over 60 who have never had a smear test and women of any age post colposcopy.

Any woman that has availed of a CervicalCheck smear test since 1 September 2008 will automatically be re-called when her next smear test is due.

Registered smertakers were notified of the transition in July 2009, allowing time to accommodate appointments scheduled in July and August.

The next phase will be the introduction of direct programme entry (by smertakers) of eligible women to supplement call, re-call as a means of recruiting eligible women and in particular 'harder to reach' women. It is likely that direct programme entry will be required as CervicalCheck enters the final year of the first three year screening round.

Uptake

Since launched on 1 September 2008, CervicalCheck has proved very successful. The response from women nationwide to the Programme has been exceptional, with uptake remaining consistently high. Throughout the first year of operation, 1 September 2008 to 1 September 2009, the Programme processed on average 1,000 smear tests per day.

From 1 September 2008 to 31 December 2009, over 340,000 women had been screened. In 2009 alone, almost 281,000 women received a CervicalCheck smear test.

Provision of Cytology Laboratory Services

The original contract for the provision of cytology laboratory services to CervicalCheck was awarded for two years (until 31 July 2010), with an option to extend for a further two years or return to market. As economic and market conditions have changed since the original tender process was undertaken, the NCSS commenced a fresh public tender process to ensure it continues to receive best value for money.

The procurement process was conducted in an open and competitive manner, under EU procurement guidelines, with submissions invited from local and international laboratories. The decision to return to the market does not invalidate or remove the option to extend the existing contract by another two years.

Following completion of the tender process, Clinical Pathology Laboratories Ltd. (CPL) through its company Sonic Healthcare Ireland Ltd. was awarded a contract to provide cytology laboratory services for CervicalCheck. In addition, the existing contract with Quest Diagnostics Inc. was extended for a further two years.

Public Information Campaign

The National Cancer Screening Service launched a national CervicalCheck public information campaign encompassing television, outdoor, convenience and print advertising in February 2009.

The aim of the first phase of the campaign was to raise awareness of the CervicalCheck brand, the availability of the service to eligible women aged 25 to 60 and to highlight the recommended screening intervals.

The creative concept demonstrated the subtle exterior changes a woman's appearance will experience over time, as she ages from 25 to 60. This exterior change reflects the potential inner changes a woman's body may be experiencing if there are pre-cancerous cervical cancer cells present.

Targeting women aged 25 to 60, the TV advertisement aired in rotation across RTE 1, RTE 2, TV3, Living, Sky, MTV, E4, Paramount and 3e. Outdoor advertising was carried out nationally and incorporated a range of advertisement posters (large 48 sheets, 6 sheets at bus shelters and city lights posters on bins and in supermarkets) and advertisements in washrooms.

The CervicalCheck TV creative idea was commended with two advertising awards at the prestigious Shark Awards 2009, picking up a Silver Shark in the Irish TV category and a Gold Shark in the International Craft category. The advert was the only Irish submission to receive recognition at the Global Awards ceremony in the US. The Global Awards are dedicated to the best in worldwide healthcare communications and the CervicalCheck advert was awarded a Finalist Certificate for Television.

The CervicalCheck website – www.cervicalcheck.ie was developed to provide information to women about the Programme, cervical screening and having a smear test. In addition, the site contains a list and contact details for all registered smartakers. There is a dedicated section for

*Image removed due to copyrights



Some Staff Members of the Smertaker Training Unit

health professionals containing evidence papers, information materials, registration information and details on the Smertaker Training Unit.

In addition a suite of information leaflets for women was developed in conjunction with the National Adult Literacy Agency (NALA) and made available through all registered smertakers.

Smertaker Training Unit

The Smertaker Training Unit has responsibility for the co-ordination and delivery of all education and training initiatives.

The Unit facilitates learning through the delivery of accredited smertaker training modules in partnership with the Irish College of General Practitioners, the Royal College of Surgeons in Ireland, and the National University of Ireland Galway. The Unit also facilitates learning through the organisation of clinical updates, and the development of related educational resources, including a 'Guide for Smertakers', 'A Simple Guide to the Language Used in Cervical Screening' and a training DVD.

The Smertaker Training Unit has been extremely busy since the launch of CervicalCheck in September 2008, providing

training programmes and clinical updates to in excess of 800 smertakers nationwide. The Unit also facilitates information sessions for non-medical clerical and administrative practice staff.

Consultation Process

The NCSSB has had a statutory remit to implement special measures to promote participation in its screening programmes by marginalised or 'harder to reach' populations.

Recognising the unique knowledge base of community networks and smertakers, the NCSS invited their submissions for participation in a consultation process to help develop initiatives for CervicalCheck to maximise and sustain uptake amongst these 'harder to reach' women.

Submissions were sought from interested parties and a workshop consultation process took place in March 2010. Information was sought on existing healthcare initiatives that are effective in reaching these populations, in addition to international models of best practice that could be adapted and implemented as part of BreastCheck, CervicalCheck and the future colorectal cancer screening programme.

Overview of Policy Advice

Overview of Policy Advice (January 2008-March 2010)

Population-based Colorectal Cancer Screening Programme

Population screening for colorectal cancer has the potential to be one of the most effective public health interventions in the history of the Irish healthcare system.

In Ireland, colorectal cancer is the second most commonly diagnosed cancer and the second most common fatal cancer among both men and women. Approximately 930 people die from colorectal cancer each year, 525 men and 405 women. Over the last 15 years the number of cases of colorectal cancer diagnosed in Ireland has risen by approximately 20 per cent in both sexes. By 2020 the number of new cases of colorectal cancer diagnosed each year in Ireland is projected to increase by 79 per cent in men and 56 per cent in women. This projected growth is primarily attributable to an increasing and ageing population.

Following a request by the Minister for Health and Children, the Board of the NCSS



CEO Tony O'Brien Launching the NCSS Recommendations for a Colorectal Cancer Screening Programme, June 2009

established an Expert Advisory Group on Colorectal Cancer to explore the potential benefits of introducing a colorectal cancer screening programme in Ireland. On completion of this evaluation in December 2008, the Board of the NCSS recommended a national, population-based, colorectal cancer screening programme for men and women aged 55 to 74 using the faecal immunochemical test (FIT) as the screening test, in its 'Recommendations for a Colorectal Cancer Screening Programme'.

In June 2009 the Minister asked the Health Information and Quality Authority (HIQA) to explore means of delivering a high quality colorectal cancer screening programme within existing resources based on the advice offered in both reports. The NCSS played a central role in this process through the provision of detailed briefings, interviews and discussions.

In January 2010, the Minister for Health and Children, Ms Mary Harney, TD gave approval to the NCSS to commence preparation and implementation of Ireland's first colorectal cancer screening programme.

In order to develop capacity to implement a screening programme for the full 55 to 74 population, the programme begins with screening of men and women aged 60 to 69 in January 2012. The programme will be extended to include the full age group (55 to 74) as soon as possible to ensure maximum clinical and cost effectiveness can be achieved.

Over time the programme will be expanded to include younger and older individuals until the full 55 to 74 age group is reached. This phased approach is based on a clear commitment to reaching the full target population as soon as possible.

In preparation for the introduction of a programme in 2012, the NCSS has identified a number of work streams, namely:

- Colonoscopy capacity, accreditation and training – the NCSS will focus on immediately identifying and building sufficient capacity in colonoscopy services nationwide to sustain the implementation of the programme, while also maintaining and enhancing the symptomatic service capability
- Quality assurance framework development and implementation – developing a full suite of quality assurance standards from a multidisciplinary perspective
- Procurement of FIT service – tendering for the provision of FIT service including procurement of FIT kits, supply, distribution, receipt logging, result analysis and related data events
- Development of population communications – developing communications channels and materials to inform, educate and encourage participation in the programme
- Creation of client support system – provision of support and assistance to those willing to take part in the programme
- Enhanced organisational capacity – appointing appropriate clinical leadership within the NCSS to effect change in the operation of colonoscopy services
- Creation of data and programme evaluation systems – ensuring clinical data systems at each colonoscopy service are linked to NCSS systems and investigate the potential for developing an integrated screening register for all NCSS screening programmes

The NCSS is focusing immediately on colonoscopy capacity. Accordingly, expressions of interest have been invited from all publicly funded hospitals that wish to be considered as a screening centre as part of a national programme.

The NCSS is undertaking a baseline analysis of those endoscopy facilities that have expressed interest. This is being conducted in partnership with the Royal Colleges, the Irish Society of Gastroenterology and the National Endoscopy Team who have acted as advisors to the Joint Advisory Group on Gastroenterology (JAG) in the UK.

Professor Diarmuid O'Donoghue, Consultant Gastroenterologist has been appointed as interim Clinical Director of the national colorectal cancer screening programme.

NCSS Expert Group on Hereditary Cancer Risk

In 2008 the NCSS established an Expert Advisory Group on Hereditary Cancer Risk to review and evaluate international evidence regarding best practice in the assessment and management of a hereditary cancer risk. The Group also advised on a framework for the organisation and development of an integrated service with current screening and cancer control services (identification, assessment, counselling, screening and follow-up) for those with an inherited familial pre-disposition to breast and colorectal cancer covering primary, secondary and tertiary care.

The Expert Advisory Group met on six occasions and a report of its final recommendations has been submitted to the National Cancer Control Programme for consideration.

NCSS Scientific Advisory Group on HPV testing

The NCSS has established a Scientific Advisory Group on HPV Testing. Chaired by Professor Ciaran O'Neill, Economist and Professor of Health Technology Assessment, National University of Ireland Galway the Group will evaluate appropriate HPV testing strategies that could be adopted and implemented by CervicalCheck – The National Cervical Screening Programme.

Members of the Group represent experts in the fields of women's health, obstetrics and gynaecology, cancer epidemiology and histopathology.

The Group's findings will inform the future direction of CervicalCheck.

Lung Cancer Research Forum

Lung cancer is the most frequent cause of cancer death in Ireland with approximately 1,600 deaths per year.

Following a policy discussion on screening for lung cancer, the Board of the NCSS recommended exploring the potential for a research idea to look at early diagnosis and treatment of lung cancer.

Accordingly, in February 2009 the NCSS hosted and facilitated the first ever multidisciplinary, interagency, Lung Cancer Research Forum. Participants included the Health Research Board, Science Foundation Ireland, Irish Thoracic Society, Irish Cancer Society, National Cancer Registry Ireland, National Cancer Control Programme, Office for Tobacco Control, Proactive Lung Cancer Assessment and Detection Study Group, Department of Health and Children and the All-Ireland Cooperative Oncology Research Group.



NCSS Scientific Advisory Group on HPV Testing

The aim of the meeting was to discuss whether there was an innovative and unique research question in the diagnosis, treatment and prevention of lung cancer and to allow research funders to discuss the merits of funding such a research project.

Although some very interesting research ideas were shared and discussed during the meeting, potential funders attending felt that it was insufficient at this time to warrant a 'lung cancer specific' research call for proposal.

However the research forum proved a worthwhile exercise in terms of raising the profile of lung cancer research, sharing current research activities and ideas and providing an opportunity for interdisciplinary and interagency networking.

BreastCheck Age Range Extension

The priority for BreastCheck remains the completion of national expansion, to deliver the screening service to all women aged 50 to 64.

In Ireland over 70 per cent of breast cancers occur in women over 50 years of age. BreastCheck invites women aged 50 to 64 for regular screening as the incidence of breast cancer is highest in women over 50 years. While the incidence of breast cancer in women aged 40 to 49 is increasing, the incidence is still approximately 50 per cent lower than that for the 50 to 59 age range.

On completion of national expansion and subject to the availability of resources, the Board of the National Cancer Screening Service has recommended extending the

upper screening age limit to women aged 69, in accordance with the European Council's recommendation. This is in line with Government policy and the National Cancer Control Strategy (2006).

As a national, population-based screening service, the NCSS continually assesses new and emerging evidence in screening benefits, including the optimum age range for screening.

In 2008 the Board of the National Cancer Screening Service (NCSS) commissioned an internal review to examine the evidence for reducing the lower screening age limit.

Despite lower mortality from breast cancer at younger ages, the effectiveness of screening below age 50 remains an issue of debate. Several randomised controlled trials in screening have included younger age groups but have not confirmed significant reduction in mortality in the 40 to 49 age group.

The review concluded that while a reduction in screening age might be of some benefit to some younger women, the merits of extending the programme age range downwards from a population-based screening perspective is still a matter of debate.

The review did not change the overall view that while the case for extending the screening age downwards is now stronger than it used to be, the case for extending the Programme to older women is still stronger in terms of providing proven benefit to women in this older age range.

Additional Updates

Mission Statement

The Board of the NCSS adopted the mission statement “The NCSS will develop and provide quality cancer screening programmes for people in Ireland” (see Appendix 1).

Communications and Screening Promotion

The NCSS implements an extensive communications approach aimed at informing, educating and encouraging women to participate in the BreastCheck and CervicalCheck programmes. This approach includes public relations, advertising and screening promotion.

It is a priority for the NCSS to ensure that its programmes are accessible to all eligible women in the population. Some women, particularly those considered ‘harder to reach’ experience barriers that hinder their access to screening services for varied reasons including fear, anxiety, intellectual and physical disabilities, literacy difficulties and language barriers.

The NCSS has a designated team of Screening Promotion Officers based in Cork, Dublin, Galway and Limerick that operate on a national basis. The overarching objective of the screening promotion strategic framework is to maintain and further develop an equitable, quality assured, innovative and women-centred approach to increasing awareness and uptake of the programmes of the NCSS, particularly among ‘harder to reach’ women.

Throughout the reporting period the team implemented specific initiatives to reduce barriers and encourage eligible women to participate in both the BreastCheck and CervicalCheck programmes.

The team worked closely with groups as varied as regionally-based partnerships, RAPID co-ordinators, community development projects, the social inclusion department at the HSE, the Irish Countrywomen’s Association, family resource centres, women’s networks, traveller primary healthcare projects, community network groups, charities and representative groups for asylum seekers and refugees, women with special needs and migrant women’s groups.

Such collaboration provides invaluable platforms for the delivery of focused screening promotion and peer education to women in general, and particularly to those considered marginalised and ‘harder to reach’. In the mid west, a pilot cervical screening peer education training programme was developed for community development workers. This programme has proven successful in encouraging women to attend for cervical screening and the team is currently developing a similar programme on a national level.

Evidence suggests that theatre can overcome literacy barriers and has proven to be an effective and entertaining strategy for the dissemination of health information and reinforcement of positive health messages. In 2008 the NCSS partnered with the Irish Cancer Society for a nationwide tour of a play highlighting the importance of breast awareness for women. ‘Unravelling the Ribbon’ was seen in 14 different locations throughout the country. In 2009 the partnership was continued to provide interactive information sessions for women’s groups in advance of Breast Cancer Awareness Month.

Targeted Screening Promotion and Community Action

The NCSS Screening Promotion team works closely with local community health initiatives nationwide to raise awareness of the benefits of screening and to encourage those women considered 'harder to reach' to attend their appointments when invited.

The Screening Promotion team has worked in partnership with community health initiatives Northside Community Health Initiative (NICHE) and Health Action Zone (HAZ) in Cork's north inner city. This collaborative work was then evaluated through one to one interviews with women to examine its influence on their decision to attend their BreastCheck appointment when invited.

The result concluded that a partnership approach to screening promotion with local community network groups yielded an increase in attendance to screening. When questioned, the majority of women cited their attendance at information sessions co-hosted by NCSS Screening Promotion Officers with NICHE and HAZ as one reason they ultimately attended their appointments when invited.

In line with international evidence, this evaluation has confirmed that a partnership approach to delivering quality health education and information, in a sensitive manner, alleviates some of the traditional barriers to screening.

During 2009, the Screening Promotion team provided information sessions, peer education and information stands at myriad events nationwide including:

- 131 information stands at strategic locations such as supermarkets, pharmacies, community events and festivals nationwide
- 84 workplace information sessions at organisations including Intel, EMC, Schering Plough, national and regional hospitals and several universities
- 42 information sessions to traveller support groups
- Information stands at targeted events including The Over 50s Show, Women's World Show, Rose of Tralee, Puck Fair, Dublin Horse Show and the Tullamore Show
- Information stands at health fairs and local community events nationwide in areas including Dolphins Barn, Tralee, Artane, Portlaoise, Donegal town, Blanchardstown, Ballaghadereen, Erris, Ballyshannon, Mallow, Ballyduff, Ragoonane, Ennis and others
- Education evenings for GPs and practice nurses at regional Continuing Medical Education (CME) and Irish Practice Nurses Association (IPNA) branch meetings
- 13 information sessions with intercultural groups in collaboration with the social inclusion section of the HSE
- Information stands at several healthcare professional conferences including the Irish Nurses Organisation, the Irish College of General Practitioners, Public Health Nurses and the Annual Scientific Meeting of the British Society for Colposcopy and Cervical Pathology (BSCCP)



Presenters at the Royal College of Physicians of Ireland (RCPI) 'Promoting a Healthy Nation' with Chair Olivia O'Leary and Leo Kearns, CEO of the RCPI (middle of photograph)

Social Inclusion

The Board of the NCSS has a specific remit to implement special measures to promote participation in its programmes by marginalised or 'harder to reach' people.

Public health initiatives in all western jurisdictions show some degree of disparity in participation rates between different socioeconomic groups.

The Programme Evaluation Unit (PEU) of the NCSS is working with the Health Atlas in the processing of data to assist the Screening Promotion team to target its efforts more effectively into precise geographical areas. This enables more targeted, focussed promotion of the screening programmes among those women who are otherwise less likely to attend for screening.

RCPI Public Meeting

As part of the Royal College of Physicians in Ireland (RCPI) 'Promoting a Healthy Nation' public meeting series, the NCSS hosted a meeting in February 2009 to explain population cancer screening, its benefits, limitations and its role in detecting different cancers. Entitled 'Cancer Screening – Is It for You?' the meeting was attended by 250 members of the public and featured NCSS presentations by Dr Patricia Fitzpatrick, Epidemiology/Director of Programme Evaluation, Dr Ann O'Doherty, Lead Clinical Director, BreastCheck, Dr Marian O'Reilly, Head of Cervical Screening and Dr Alan Smith, Consultant in Public Health Medicine. Journalist and broadcaster Olivia O'Leary chaired the meeting.

General information on population-based cancer screening was provided in addition to an overview of the BreastCheck and CervicalCheck programmes. The question of potential population cancer screening programmes for men was also addressed.

Following each of the presentations, the floor was opened to members of the public for a question and answer session that brought extensive questions and suggestions from the public about population cancer screening.



The Pearl of Wisdom, Symbol of European Cervical Cancer Prevention Week

European Cervical Cancer Prevention Week

The NCSS supported European Cervical Cancer Prevention Week (January 2009 and January 2010) by partnering with the Irish Family Planning Association (IFPA) to promote European Cervical Cancer Prevention Week in Ireland.

The Europe-wide initiative is organised by the European Cervical Cancer Association (ECCA) and aims to raise awareness of cervical cancer, how it can be prevented and the importance of having regular smear tests.

The Pearl of Wisdom is the international emblem of cervical cancer prevention. Twenty thousand Pearl of Wisdom pins were distributed together with information about CervicalCheck. The purpose of the campaign was to encourage discussion about cervical cancer and to remind women to make an appointment for a free smear test when they receive their letter of invitation from CervicalCheck.

In January 2010 the IFPA received a Pearl of Wisdom Award from the ECCA for its commitment to raising awareness about cervical cancer prevention in Ireland.

Access Officers

In accordance with the Disability Act (2005), the NCSS has authorised two members of staff to act as Access Officers. The Access Officers will provide assistance and guidance to people with disabilities in accessing services provided by the NCSS and generally act as a point of contact for individuals with a disability wishing to access information and services provided.

NCSS Culture Development

The Executive Management Team of the NCSS has identified and developed a culture on which to continue to build the organisation, and the skills and behaviours required to support ongoing quality assured population-based screening. A competency framework of behaviour standards and a group of related behaviours that drive its effectiveness has been developed. The core behaviours identified represent the key cultural values required in screening including teamwork, relationship building, communication, innovation and response to change.

The HR and Training team developed management and staff workshops to communicate the desired culture to all members of staff across the NCSS.

NCSS Staff Listing

National Cancer Screening Service Staff Listing as at 1 March 2010

Surname, First Name

Ahern, Ms Clare	Crean, Ms Annilese	Gleasure, Ms Geraldine
Babatunde, Dr Rowaiye	Crean, Ms Geraldine	Gleeson, Mr John
Barrett, Ms Josie (Nora)	Cronin, Ms Karen	Glynn, Ms Caroline
Barry, Ms Lucia	Crowley, Ms Christine	Gopinathan, Ms Preetha
Barry, Dr Mitchell	Crowley, Ms Kay	Goti, Ms Marie
Behardien, Ms Roshan	Cummins, Mr Paul	Graig, Ms Kathleen
Bennett, Ms Coleen	Cusack, Ms Maeve	Greally, Ms Siobhan
Bennett, Dr Michael W	Cusack-Fox, Ms Bernadine	Griffin, Ms Ann
Bennis, Ms Alison	Daly, Ms Laura	Grimes, Ms Joanne
Benson, Ms Janice	Davey, Ms Maria	Habbett, Ms Jill
Bhati, Ms Mamta	Dawson, Ms Frances	Hammond, Ms Joanne
Boland, Ms Julieann	Denieffe, Ms Liz	Hanratty, Ms Niamh
Bolongaro, Ms Sandra	Donnelly, Dr Dearbhile	Hargaden, Dr Gormlaith
Booyesen, Ms Karin	Donnelly, Mr Donal	Harte, Mr David
Bosonnet, Ms Aideen	Donovan, Dr Aislinn	Healy, Ms Amanda
Bourke, Ms Siobhan	Dooley, Ms Christina	Heffernan, Ms Liz
Boylan, Mr Gerry	Doran, Ms Mary-Louise	Henderson, Ms Fiona
Brady, Ms Elaine	Downes, Ms Anne	Hill, Dr David
Bramley, Ms Paula	Doyle, Ms Paula	Hogan, Ms Stella
Breathnach, Ms Emma	Duane, Ms Mairead	Hollowed, Ms Agnes
Breen, Ms Neasa	Duff, Ms Rita	Homova, Ms Jana
Breslan, Ms Tracey	Duggan, Ms Diana	Hopkins, Ms Sandra
Buckley, Ms Elaine	Duignan, Ms Andrea	Horan, Ms Linda
Buggy, Dr Donal	Duncan, Ms Daphne	Hurley, Ms Sally
Burlacu, Dr Crina	Dunne, Ms Lisa	Hyland, Ms Christine
Burns, Dr Criona	Earls, Ms Sheelagh	Hynes, Ms Edel
Byrne, Ms Majella	Egan, Ms Anna	Hynes, Ms Marie
Cafferty, Mr Patrick	Egan, Ms Eithne	Jeffery, Ms Heather
Cahill, Ms Nicola	Egan, Ms Gillian	Jenkinson, Ms Sandra
Carroll, Ms Belinda	English, Ms Roma	Jolly, Ms Lifina C
Carroll, Mr Donal	Evoy, Mr Denis	Jordan, Ms Eleanor
Carroll, Ms Seana	Fagan, Ms Mairead	Kane, Ms Claire
Carty, Ms Jane	Faherty, Ms Evelyn	Kavanagh, Ms Roisin
Casey, Ms Deborah	Fattah, Dr Nariman	Keane, Ms Gail
Caulfield, Ms Sheila	Feeley, Ms Allison	Kearney, Mr Paul
Chambers, Ms Mary T	Fenlon, Prof Helen	Kearns, Ms Evelyn
Chelliah, Dr Adeline	Fennell, Ms Audrey	Keavey, Ms Elizabeth
Claffey, Ms Katherine	Fitzgerald, Dr Thomas	Keegan, Ms Josephine
Cleary, Ms Joan	Fitzpatrick, Dr Patricia	Keely, Ms Hilary
Clegg, Ms Valerie	Flanagan, Ms Anne	Kell, Mr Malcolm
Coffey, Dr Louise	Flanagan, Dr Fidelma	Kelleher, Ms Gerarda
Coleman, Ms Niamh	Flanagan, Dr Louise	Kelly, Ms Jennifer
Collins, Dr Aoife	Flannelly, Dr Grainne	Kelly, Ms Leahna
Collum, Ms Monica	Flavin, Ms Maureen	Kelly, Ms Mairin
Conboy, Ms Ruth	Fleming, Mr Padraic	Kelly, Mr Simon
Connor, Ms Gillian	Ford, Dr Stephanie	Kennedy, Dr Margaret
Connors, Dr Alissa	Fox, Ms Josefa	Kennedy, Ms Marion
Cooney, Ms Catherine	Gadiot, Ms Linda	Kenny, Ms Maria
Corcoran, Ms Fiona	Gaetsewe, Ms Boipelo	Keohane, Ms Marie
Corcoran-Baxter, Ms Sheila	Gallagher, Ms Marie	Keville, Ms Annette
Corrigan, Mr Patrick	Gallen-Davies, Ms Patricia	Kiernan, Mr Donal
Coulson, Ms Yvonne	Garvey, Ms Carol	Kutilova, Dr Regina
Courtney, Ms Sarah	Gavin, Ms Bernadette	Laird, Ms Orla
Coyle, Ms Jackie	Geoghegan, Ms Catherine	Larke, Dr Aideen
Coyle, Ms Jean	Geraghty, Mr James	Lawless, Ms Elma

Surname, First Name

Lefimil, Ms Louise	Ni Mhuircheartaigh, Dr Neasa	Reidy, Ms Gerardine
Lerefolo, Ms Matsie	Nolan, Ms Marina	Rigney, Ms Grainne
Lewis, Ms Maura	Noone, Ms Moira	Robertson, Ms Margaret
Lombard, Ms Kerry	O'Brien, Ms Lisa	Rodriguez, Ms Iria
Lowery, Dr Aoife	O'Brien, Ms Patricia	Rose, Ms Muriel
Lynagh, Ms Laura	O'Brien, Mr Tony	Ross, Mr Derek
Lynch, Ms Roisin	O'Callaghan, Ms Gillian	Ross, Ms Paula
Lynch, Ms Suzanne	O'Callaghan, Ms Maria	Rupping, Ms Brigitte
Lyons, Ms Veronica	O'Carroll, Mr Brian	Rush, Ms Elizabeth
Mahony, Ms Edel	O'Connell, Dr AnnaMarie	Ryan, Ms Louise
Makaza, Ms Noeline	O'Connor, Ms Claire	Ryan, Ms Deirdre
Manning, Ms Clare	O'Connor, Ms Eileen	Ryan, Ms Mary
Martin, Ms Ruth	O'Connor, Ms Laura	Ryder, Ms Lynsey
Mashigo, Ms Francina	O'Connor, Ms Mary	Salvador, Ms Cristina
Mathews, Ms Nithin	O'Connor, Mr Simon	Scanlan, Ms Michelle
Matson, Ms Claire	O'Doherty, Dr Ann	Scanlon, Ms Joan
Matthews, Ms Rosemary	O'Donnell, Dr Brian	Sheehan, Dr Margaret
McAuley, Ms Danielle	O'Donnell, Ms Geraldine	Sheehan, Ms Vivienne
McBarron, Ms Karen	O'Gorman, Ms Marion	Sheehan-Burke, Ms Caroline
McCollam, Ms Niomh	O'Grady, Ms Lisa	Shortt, Ms Theresa
McCoubrey, Ms Siobhan	O'Hara, Ms Colette	Sisk, Ms Yvonne
McCullagh, Mr James	O'Hara, Mr Phil	Smith, Dr Alan
McDonnell, Ms Annette	O'Kelly, Ms Mary	Stoddart, Ms Aoife
McDonnell, Dr John	O'Neill, Ms Claire	Stokes, Mr Maurice
McGloin, Ms Pauline	O'Neill, Ms Marian	Sweeney, Mr Karl
McGuire, Dr Genevieve	O'Neill, Ms Sinead	Sweeney, Ms Margaret
McKee, Ms Nessa Louise	Opeoluwa, Ms Patricia	Swinburne, Ms Lynn
McKeown, Dr Ciara	O'Reilly, Ms Jacinta	Tan, Dr Michael
McMahon, Ms Anne	O'Reilly, Dr Marian	Taylor, Ms Barbara
McNally, Dr Sorcha	Ormiston, Ms Paula	Teape, Ms Anne
McNamara, Ms Carol	O'Rourke, Ms Karen	Thwaites, Ms Ellen
McNamara, Ms Edel	O'Shea, Ms Breda	Treacy, Ms Fiona Mary
McNamee, Mr Ciaran	O'Sullivan, Ms Claire	Treacy, Ms Fiona Una
McNicholas, Dr Michelle	O'Sullivan, Mr Martin	Treacy, Ms Rosaleen
Mimnagh, Ms Louise	O'Sullivan, Ms Mary	Treanor, Ms Marie
Molloy, Ms Anne	O'Sullivan, Ms Sinead	Tuttle, Ms Sinead
Molloy, Ms Laura	Pearson, Ms Amy	Vaughan, Ms Catherine
Mooney, Ms Emma	Pender, Dr Susan	Waldron, Ms Maeve
Mooney, Dr Marie Therese	Phelan, Ms Mary	Walsh, Ms Breda
Morrissey, Ms Fidelma	Phelan, Mr Niall	Walsh, Ms Orla
Morrogh, Dr Mary	Phillips, Mr Mark	Walsh, Dr Sinead
Mpinda, Ms Bonnie	Phiri, Ms Liya	Ward, Dr Emily
Murphy, Ms Aileen	Pidgeon, Ms Sheila	Ward, Ms Marita
Murphy, Ms Colette	Powles, Ms Carrie	Waters, Ms Irene
Murphy, Ms Rosaleen	Purcell, Ms Tracey	Watt, Ms Lorna
Murphy, Dr Rosemary	Purtill, Ms Marian	Whelan, Mr Declan
Murphy, Dr Seamus	Queally, Ms Bernadette	White, Ms Patricia
Murtagh, Ms Janet	Quigley, Ms Sophia	Williams, Ms Suzanne
Murtagh, Mr Simon	Quinn, Dr Cecily	Wilson, Ms Linda
Myers, Ms Clara	Raftery, Ms Joan	Woulfe, Ms Kathrina
Neary, Mr Shane	Raleigh, Ms Fidelma	Wright, Ms Fiona
Neely, Ms Beverley	Rearden, Ms Denise	Wynne, Ms Lorna
Ni Ealaithe, Ms Maighread	Reardon, Ms Barbara	Young, Ms Elma
Nicholson, Ms Aoife	Reid, Ms Dearbhla	

Appendices

Appendix 1



National
Cancer
Screening
Service

The National Cancer Screening Service will develop and provide quality cancer screening programmes for people in Ireland

Established by the Minister for Health and Children in 2007, the NCSS endeavours to provide quality assured cancer screening programmes for the people of Ireland. The NCSS will maximise expertise across programmes and improve efficiency by developing and implementing a single governance model for cancer screening.

As set out in the Statutory Instrument, the Board will:

- Advise on the benefits of carrying out other cancer screening programmes where a population health benefit can be demonstrated

- Advise the Minister for Health and Children, from time to time, on health technologies, including vaccines, relating to the prevention of cervical cancer
- Implement special measures to promote participation in its Programmes by disadvantaged people

The National Cancer Screening Service (NCSS) currently encompasses BreastCheck – The National Breast Screening Programme and CervicalCheck – The National Cervical Screening Programme

NCSS-POL-PM-1 Rev 1

BreastCheck Women's Charter

Screening commitment

- ★ All staff will respect your privacy, dignity, religion, race and cultural beliefs
- ★ Services and facilities will be arranged so that everyone, including people with special needs, can use the services
- ★ Your screening records will be treated in the strictest confidence and you will be assured of privacy during your appointment
- ★ Information will be available for relatives and friends relevant to your care in accordance with your wishes
- ★ You will always have the opportunity to make your views known and to have them taken into account
- ★ You will receive your first appointment within two years of becoming known to the Programme
- ★ Once you become known to the Programme you will be invited for screening every two years while you are aged 50 to 64 years
- ★ You will be screened using high quality modern equipment which complies with National Breast Screening Guidelines

We aim

- ★ To give you at least seven days notice of your appointment
- ★ To send you information about screening before your appointment
- ★ To see you as promptly as possible to your appointment time
- ★ To keep you informed about any unavoidable delays which occasionally occur
- ★ To provide pleasant, comfortable surroundings during screening
- ★ To ensure that we send results of your mammogram to you within three weeks

If recall is required

We aim

- ★ To ensure that you will be offered an appointment for an Assessment Clinic within two weeks of being notified of an abnormal result
- ★ To ensure that you will be seen by a Consultant doctor who specialises in breast care
- ★ To provide support from a Breast Care Nurse
- ★ To ensure you get your results from the Assessment Clinic within one week
- ★ To keep you informed of any delays regarding your results

If breast cancer is diagnosed

We aim

- ★ To tell you sensitively and with honesty
- ★ To fully explain the treatment available to you
- ★ To encourage you to share in decision-making about your treatment
- ★ To include your partner, friend or relative in any discussions if you wish
- ★ To give you the right to refuse treatment, obtain a second opinion or choose alternative treatment, without prejudice to your beliefs or chosen treatment
- ★ To arrange for you to be admitted for treatment by specialised trained staff within three weeks of diagnosis
- ★ To provide support from a Breast Care Nurse before and during treatment
- ★ To provide you with information about local and national cancer support groups and self-help groups

Tell us what you think

Your views are important to us in monitoring the effectiveness of our services and in identifying areas where we can improve

You have a right to make your opinion known about the care you received

If you feel we have not met the standards of the Women's Charter, let us know by telling the people providing your care or in writing to the Programme

We would also like to hear from you if you feel you have received a good service. It helps us to know that we are providing the right kind of service - one that satisfies you

Finally, if you have any suggestions on how our service can be improved, we would be pleased to see whether we can adopt them to further improve the way we care for you


You can help by

- Keeping your appointment time
- Giving at least three days notice if you wish to change your appointment
- Reading any information we send you
- Being considerate to others using the service and the staff
- Please try to be well informed about your health

Let us know

- If you change your address
- If you have special needs
- If you already have an appointment
- Tell us what you think - your views are important.

Freephone 1800 45 45 55
www.breastcheck.ie



WOMEN'S CHARTER

Screening commitment:

- CervicalCheck – The National Cervical Screening Programme offers a free complete quality assured programme of care
- You choose your smearer from a wide range of eligible service providers registered with the Programme
- You may change your preferred provider for subsequent Programme screening
- All Programme staff will respect your privacy, dignity, religion, race and cultural beliefs
- Your screening records will be treated in the strictest confidence
- You will always have the opportunity to make your views known and to have them taken into account
- Once you become known to the Programme you will be invited every three years for screening while you are aged 25 to 44 and every five years while you are aged 45 to 60
- Your smear test will be screened in an accredited quality assured laboratory
- Your result and any treatment recommendation will be provided to you and your nominated smearer by the Programme within four weeks.

We aim:

- To ensure pleasant and comfortable surroundings during screening.

If you require further treatment, we aim:

- To ensure that you will be offered an appointment at a quality assured colposcopy clinic (*within four weeks for high grade cell changes and within eight weeks for low grade cell changes*).

Tell us what you think:

- Your views are important to us in monitoring the effectiveness of our services and in identifying areas where we can improve
- You have a right to make your opinion known about the care you received
- If you feel we have not met the standards of this Charter, let us know by telling the people providing your care or in writing to the Programme
- We would also like to hear from you if you feel you have received a good service. It helps us to know that we are providing the right kind of service – one that satisfies you
- Finally, if you have any suggestions on how our service can be improved, we would be pleased to see whether we can adopt them to further improve the way we care for you.


Ways you can help us:

- Please make your appointment with a registered smearer on receipt of your invitation letter from the Programme
- Please bring your PPS number with you to your appointment
- Please read any information we send you
- Please try to be well informed about your health.


Let us know:

- If you change your address
- What you think – your views are important.

Freephone 1800 45 45 55
www.cervicalcheck.ie



THE NATIONAL CERVICAL SCREENING PROGRAMME



National
Cancer Screening
Service

The National Cancer Screening Service encompasses BreastCheck – The National Breast Screening Programme and CervicalCheck – The National Cervical Screening Programme.

CS/PUB/CC-6 Rev 3



National
Cancer
Screening
Service

The National Cancer Screening Service encompasses BreastCheck – The National Breast Screening Programme and CervicalCheck – The National Cervical Screening Programme

Seirbhís Náisiúnta Ailse-Scrúdaithe, National Cancer Screening Service
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