Northern Ireland Breast Screening Programme

External Quality Assurance Visit 2006

In October 2006 the Northern Ireland Breast Screening Programme underwent its third external quality assurance visit since September 2000. This time the visiting team were from the East Midlands Breast Screening Quality Assurance Reference Centre with consultant radiologist, Dr Robin Wilson, overseeing the two-day visit.

In addition to Dr Wilson, the visiting team comprised: QA Surgeon, Pathologist, Radiographer, Breast Nurse, Medical Physicist, Administrative Co-ordinator and NHS BSP Performance Manager.

The team visited all four of the Northern Ireland Breast Screening Programme’s screening units, beginning with Altnagelvin in the Western Board on the morning of 5th October. Each visit started with uni-disciplinary meetings between individual QA team members and unit staff followed by a management meeting between representatives of the visiting team and unit staff. A tour of the unit was included in the programme and Dr Wilson concluded each visit by giving a verbal report to the Chief Executive of each Trust, screening commissioners and unit staff.

The team concluded their two-day visit with a visit to Craigavon Hospital and screening services in the Southern Board.

Dr Wilson indicated that the team had no major concerns with regard to the delivery of screening services in Northern Ireland but that a number of recommendations would be made in the formal reports.

A key concern was the necessity of implementing computer software to facilitate the collation and analysis of programme data.

The team complimented the region on the setting up of a QA Health Promotion Group and initiatives in development for encouraging uptake amongst ethnic minorities and individuals with learning and physical disabilities.

A comprehensive report on the visit’s findings is expected imminently.

Breast Cancer Cases Have Soared

The number of breast cancer cases has rocketed in the last three decades, but death rates are falling, figures show. Source BBC News Fri 29th Sept 2006

The data from the Office for National Statistics showed that from 1971 to 2004 the number of cases of the disease rose by 81% to 36,939 cases in England.

But deaths from the disease have fallen by a fifth since 1989 to 12,417 due to better treatment and earlier detection.

Experts said the rise in cases was being fuelled by lifestyle changes and the start of national screening. Factors such as obesity and drinking alcohol are known to increase the risk of a woman getting breast cancer.

The ageing population is also a factor, but this was taken into account by ONS statisticians when compiling the figures.

But Mark Matfield, scientific consultant for the Association for International Cancer Research, said the fact that women were having smaller families and breast-feeding less also played a part.

"It is hard to pin down exactly what has caused this rise. These lifestyle factors are having a significant impact, but so has the introduction of the national screening programme in the late 1980s.

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Case Numbers</th>
<th>Death Rate</th>
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</thead>
<tbody>
<tr>
<td>Breast</td>
<td>36,939 cases</td>
<td>31.9%</td>
</tr>
<tr>
<td>Bowel</td>
<td>13,020 cases</td>
<td>11.2%</td>
</tr>
<tr>
<td>Lung</td>
<td>12,337 cases</td>
<td>10.7%</td>
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</tbody>
</table>
I was devastated. The family gathered and we talked and cried a lot, however the next step was to tell my family. My husband, 5 grown children and a 90 year old mother as well as an extended family and close friends which helped me so much, I wouldn't have got this far without them. Diagnosis I had my mastectomy. I recovered well and was supported all the way by the breast care nurses. 5 weeks after the surgery and aftercare. I was very reassured by him. One week after things have moved swiftly from that day. I met my consultant, discussed the main thoughts going through my mind that night was, I need to get rid of this floor of the shower covered in my hair. I cried and cried. Since then I have come to terms with hair loss and my sisters and daughters all bought me lovely coloured scarves to match my clothes.

Surely there has been a mistake, I don’t have breast cancer, don’t even have a lump – but no, I had breast cancer. The screening staff were very good. The breast care nurse gave me an appointment to see the surgeon, as well as names and phone numbers in case we had any questions when we got home. The nurses were so sympathetic and understanding and my opinion of the girls was reinforced as treatment progressed.

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The main thoughts going through my mind that night was, breast as soon as possible and, what legacy am I passing. I was devastated. The family gathered and we talked and things have moved swiftly from that day. I met my surgery and aftercare. I was very reassured by him, diagnosis I had my mastectomy. I recovered well and was supported all the way by the breast care nurses. 5 weeks later I started chemotherapy. My Oncologist was great. The treatment and side effects were discussed in great detail - sickness, tiredness and hair loss. For me the most distressing was hair loss. I wasn’t quite prepared seeing the floor of the shower covered in my hair. I cried and cried. Since then I have come to terms with hair loss and my sisters and daughters all bought me lovely coloured scarves to match my clothes. My family set up a rota to accompany me to the chemotherapy treatment centre. It was really nice to have family support. Chemotherapy is not pleasant. The tiredness was all enveloping. I felt washed out both physically and emotionally for about a week after the treatment. The lethargy was unbelievable. On the 2nd and 3 weeks I picked up but as treatment has progressed I feel worse after each one. The breast care nurses continue to be a great support.

I have two more treatments to go and I can’t wait to finish with chemotherapy. I have got used to wearing my scarves and wig and feel much better with myself since getting a prosthesis.

My family and friends have been a great support to me since I was diagnosed. I now feel I am cured. I have no cancer now. – it was removed with my breast. The chemotherapy and herceptin are backup. I am looking forward to a long cancer free future. One of my daughters is getting married next summer and I am going to be a healthy mother of the bride.
SPRINGVALE WOMEN’S HEALTH FAYRE

On June 23rd 2006 a 1 day Women’s Health Fayre was held at Springvale Training Centre in West Belfast. This event was partly sponsored by the EH&SSB. The event was organised by Louise Logan, a Nurse Practitioner from the EH&SSB, and assisted by members of the North and West Belfast Trust Family Planning Team headed by Dr Olga Elder.

AIM
The aim of the project was to provide a Smear-Taking and Breast Awareness service to women in West Belfast thereby increasing uptake in cervical screening within an area which has consistently had poor uptake rates in both the breast and cervical screening programmes.

Members of the travelling community, the homeless, commercial sex workers and mature students from Springvale Training Centre had been invited to attend the Health Fayre.

THE EVENT
On the day, various health promotion events took place with stands provided by The Northern Ireland Fire and Rescue Service, Action Cancer, The Ulster Cancer Foundation, who promoted ‘Care in The Sun’, and North & West Belfast Podiatry Service.

An holistic approach to the event was adopted. Women were seen on a one-to-one basis by an experienced senior nurse who offered all attendees a smear test, blood pressure recording, body mass index measurement, blood sugar and cholesterol checks. Women were also shown how to check their own breasts to promote breast awareness. Sexual health advice and smear tests were offered by senior experienced nurses along with smoking cessation and dietary advice. Indian head massage was also provided.

The guest speaker, Dr Maureen McFarland, gave a well-received talk entitled ‘Sex in the City’ which covered women’s health in detail. The event was well attended by over 100 women. At least one woman has quit smoking, several elevated levels of cholesterol and blood sugars were detected and, most importantly, 3 severe abnormalities were detected in women who had never had a cervical smear taken previously. Of the three severe abnormalities, one contained cells which suggested a lesion within the endocervical canal. Where appropriate, the client was encouraged to attend her GP for follow-up care regarding the blood results and colposcopy treatment.

As a result of information gained from the event, several clinics have been set aside for women who qualify for mammograms at Action Cancer. Feedback from the event was excellent. One woman, with a severe abnormality detected on her smear test, stated that her GP told her that she did not realise how lucky she was that the abnormality had been discovered in time.

The Chief Executive of Springvale Training Centre has asked for a repeat event as soon as possible. On-going smear clinics for small groups of women who attend the Training Centre have been organised to take place with College Street Family Planning Clinic. New intakes of students to the training centre have requested another event and the three women with the severe abnormalities have expressed sincerest gratitude to the event organisers.

Louise Logan, Nurse Practitioner, Senior Health Development Officer.
Do you have access to the internet? If so, please visit the NI screening website, where you will find a wealth of information at your fingertips. The site is devoted to the Breast and Cervical screening programmes in Northern Ireland, and carries a section on Colposcopy and Gynaecological Oncology.

The website went “live” in May 2006 and is updated frequently. Once inside you will find:

**Search facilities** and FAQ’s for casual browsers wishing to find out more about the screening programme.

The site also has a **Glossary of terms** that a user might find helpful when searching for answers to questions about screening matters.

The site maintains links with similar professional bodies.

Once inside the website there is an archive containing **published documents**, **factsheets** and **reports** from both screening programmes.

A **feedback** feature has been included that allows members of the public to contact the screening service if they wish to make comment or enquire on something they have seen on the website.

If you have any comments, or suggestions on the site content, or would like to contribute an article for publication, please use the contact form.

There has been a lot of interest in the site. To date, it has generated 100,129 hits. In November 2006 alone there were 1095 visitors. This figure has risen steadily since May.

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**Attention: Practice Nurses**

**The facts on HPV and cervical cancer are available at the RCN website**