



14 April 2023

Deputy Johnny Guirke TD
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Our Ref: GM/Communications

PQ15589.23: To ask the Minister for Health the measures being taken to ensure CervicalCheck participation rates reach 80% compliance, as per the National Cancer Strategy targets; and if he will make a statement on the matter.

Dear Deputy Guirke,

I refer to the above Parliamentary Question.

WHO recommended participation rates

The current rate of cervical cancer in Ireland is around 11 cases per 100,000 people. The World Health Organisation (WHO) defines elimination as fewer than four cases per 100,000. Reaching this milestone would make cervical cancer a rare disease and bring us to a point where there are so few cases that it is no longer a public health problem.

The WHO says every country should reach its '90-70-90' targets by 2030 in order to put the world on course to elimination. These targets are:

- 90% of girls vaccinated against HPV by age 15
- 70% of women screened by age 35 and again by age 45
- 90% of people identified with cervical disease treated

Ireland is routinely exceeding this screening target rate of 70% and has set itself a higher rate of 80% coverage across the entire screened population from age 25 to 65. Our coverage rates for the past five years have remained on or close to our target.

However, in 2020 the change in the age range for cervical screening from 25-60 years to 25-65 years affected this coverage rate. The change in age range led to an immediate increase in the number of women in the population eligible for screening, without a corresponding rise in the number who had taken a screening test. So, while the coverage figure for those aged 25–60 for 2020 and 2021 remains comparable with previous years (78%), the total coverage rate dropped.

Our focus on screening for the 60-65 age range

Over the past two years we have run large-scale communications campaigns targeted at women of menopausal age with the aim of answering their questions and encouraging them to choose screening.

We are focusing on increasing attendance amongst women aged over 60, by providing GPs and community samplers with materials and resources to help encourage screening uptake in women in the 50+ age range who may be under-screened.

We are, this year, conducting a scoping exercise to review the potential to create a targeted invitation letter for those aged 60-65 years, and to pilot a project in primary care to personalise our invitations for under-screened and never-screened women.

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Our CervicalCheck advertising campaigns will continue to run on digital and social media, press and radio. We are tailoring our campaign messages for women aged 50-65 years, to give them the information they need to continue to choose screening over 50.

Information for women of menopausal age is also available on our website, cervicalcheck.ie, and on the [HSE's menopause page](#), and the [Department of Health's menopause page](#).

Equitable focus on screening uptake

Despite our already high cervical screening coverage rates in Ireland, it remains a priority for us that all eligible people can access our services. Ensuring the delivery of a participant-centred service is a central tenet of our upcoming corporate strategy.

Uptake of our screening programme is crucial to ensuring that screening is effective. We are therefore focusing on equity with the aim of increasing general participation rates in cervical screening.

We know from our research that all population screening programmes are inherently inequitable. This occurs because of the overlap of multiple socioeconomic, behavioural and biological risk factors (such as employment status, income level, education, age, sex, ethnicity, gender, or disability status), with a lower likelihood of accessing screening and treatment. The overall effect is to widen health inequalities between populations.

- There is extensive evidence for this effect in Ireland¹, the UK² and beyond³. That delivering screening in a programmatic way, as we do in Ireland, is the first step to addressing equitable access to this healthcare tool.
- The findings in the latest [NCRI report](#) show that deprivation impacts on cancer incidence, stage at diagnosis and outcomes.
- Equity across our four screening programmes is a key priority of the National Screening Service (NSS). It is one of three public health priority goals and is a stated organisational priority for the next five years in our upcoming corporate strategy.
- Improving overall data is also an organisational priority for NSS over the next five years. This includes monitoring factors associated with inequity, including deprivation.

Uptake of screening by socioeconomic groups

We are working to improve our data quality in order to report on uptake of screening by socioeconomic groups, as follows:

- We are partnering with the HSE's Health Intelligence Unit in a pilot scheme to add geographic location to all eligible women on the register and to link the address information to deprivation scores on a small area basis. The aim of the project is to enable us to include screening data in population health profiles. This supports future work with Regional Health Areas under Sláintecare.

¹ Clarke N, McNamara D, Kearney PM, O'Morain CA, Shearer N, Sharp L. The role of area-level deprivation and gender in participation in population-based faecal immunochemical test (FIT) colorectal cancer screening. Preventive medicine. 2016 Dec 1;93:198-203.

²Weller D, Coleman D, Robertson R, Butler P, Melia J, Campbell C, Parker R, Patrick J, Moss S. The UK colorectal cancer screening pilot: results of the second round of screening in England. British journal of cancer. 2007 Dec;97(12):1601

³ Smith D, Thomson K, Bamba C, Todd A. The breast cancer paradox: A systematic review of the association between area-level deprivation and breast cancer screening uptake in Europe. Cancer epidemiology. 2019 Jun 1;60:77-85.



- A new information management system in CervicalCheck is being scoped with the aim of enabling better data capturing and enable improved reporting. Funding has been allocated for the project by the Department of Health.
- The NSS will this year begin work on a Data Improvement strategy, as outlined in our upcoming corporate strategy.

Working to reduce the inequality gap

Work is already under way across the NSS to improve access to our services. Research shows that people who are least likely to attend for screening, are more likely to experience health inequity. We are working with communities to understand what works best for them.

This work includes:

- Completion of an [LGBT+ research](#) study and implementation of its [recommendations](#)
- [Disability needs assessment](#) to identify areas for improvement
- Behavioural science research covering [barriers](#), invitation methods and consent issues
- Increasing health literacy by creating improved materials in easy read, [translated languages](#), video, digital and printed content, and decision-making aids
- Training and education for health professionals on equity priority areas
- Data improvement projects
- Large scale public behaviour and attitudes surveys in [2021](#), that are being repeated in 2023 to better understand people's perception of screening in different age ranges and socioeconomic categories.

The NSS will build upon this work over the next five years. We will cover a range of areas through which we seek to improve research, data collection and utilisation, engagement and communications, and accessibility. A consultation is under way on our Equity Strategic Framework, and we are seeking to gather people's views [here](#).

A summary of work completed on Equity in 2021 can be accessed [here](#) and a report will be published shortly on the NSS website summarising the work completed in 2022.

We have also published an [Equity Tool](#) for community health workers to enable them to advocate for cancer risk reduction, screening and early diagnosis in their communities.

The expectation is that all of these developments will provide the Sláintecare areas with information and evidence to address the inequities and improve their uptake rate; thus supporting population health planning and delivery. I trust this information is of assistance to you, but should you have any further queries please contact me.

Yours sincerely,

Fiona Murphy, Chief Executive