



Gloucestershire Cervical Screening Programme

Annual Report

April 2001-March 2002

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Further copies of the report

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1. Introduction

The aim of this report is to provide information on the performance of Gloucestershire Cervical Screening Programme for the year 2001-2002. The Gloucestershire Programme operates as part of the national screening programme. The aim of the NHS cervical screening programme (NHSCSP) is to reduce both the incidence of and mortality from invasive cervical cancer. It does this by detecting pre-cancerous changes in the cervix, to enable early treatment aimed at preventing the development of invasive cervical cancer. All eligible women aged 20-64 years are invited for screening by cervical cytology at regular intervals. In Gloucestershire this is every three or five years depending on age (see paragraph 4.2). The programme aims to achieve at least 80% coverage within the eligible population.

The Gloucestershire programme needs to comply with national guidance and achieve agreed standards. A Regional Quality Assurance Team monitors these standards annually. Overall, the Gloucestershire programme achieves national standards. Gloucestershire has one of the lowest rates of invasive cervical cancer in the country, and the cervical cancer mortality rates remain well below the national average.

2. Delivery of the Gloucestershire cervical screening programme

Delivery of the programme involves many and health professionals from a range of health agencies. The following local providers have a major role in the delivery of the programme:

- Primary Care - all Gloucestershire's general medical practices participate in the programme
- Gloucestershire Hospitals Trust - laboratory services at Gloucestershire Royal Hospital and Cheltenham General Hospital; clinical services (colposcopy); Genito-Urinary Medicine (GUM) clinics and Family Planning clinics
- Primary Care Trusts - patient data management, including call and recall, and the overall co-ordination of the programme.

2.1 Where smears are taken

The vast majority of women have their smears taken in primary care, either by a GP or a practice nurse. The relative proportions of smears taken in different settings remains unchanged. There has been an increase of 4328 smears taken since the previous year.

Table 1 Source of smear taking, Gloucestershire 2001/2002

	GP	FP clinics	GUM clinics	NHS hospital	Private	Total
% of smears	91.7%	3.6%	1.1%	3.1%	0.6%	100%
Number of smears	41570	1624	484	1408	267	45353

Source: KC 61

3. Cervical cancer epidemiological data

It is difficult to assess the impact of individual screening programmes on reducing cervical cancer incidence and mortality, since the numbers involved are relatively small. Also no randomised controlled trials have been conducted nationally to assess the impact of cervical screening on incidence and mortality. However, the NHSCSP reports important declines since the call and recall system was introduced. It estimates a 42% reduction in incidence between 1988-1997, and a saving of approximately 1300 lives a year nationally.

3.1 Incidence of invasive cancer

Although invasive cervical cancer is the fifth most common cancer in women, it is still relatively rare. On average, 24 new cases diagnosed in Gloucestershire each year. Cervical cancer in women under 20 is extremely rare. The most recent data available is up to the year 2000. Three-year totals and annual averages are shown to take account of the yearly fluctuations in cases.

Table 2 Number of registrations for cervical cancer, Gloucestershire, 1993-2000

Age group	1993 - 1995	1994 - 1996	1995 - 1997	1996 - 1998	1997 - 1999*	1998 - 2000
20-64	47	40	43	50	46	45
65+	30	28	24	28	26	24
Total	77	68	67	78	72	69
Yearly average	26	23	22	26	24	23

Source: South and West Cancer Intelligence Service

Standardisation takes account of the age structure of Gloucestershire women. It can be seen that the registration rate in Gloucestershire, at fewer than 7 women per 100,000, remains below average for the South and West region.

Table 3: Age-standardised registration rates for cervical cancer, per 100,000 women, 1991-2000

Area	1991 - 1997 (95% CI)	1992 - 1998 (95% CI)	1993 - 1999 (95% CI)	1994 - 2000 (95% CI)
Gloucestershire	6.9 (5.8 - 8.0)	7.6 (6.4 - 6.8)	7.6 (6.4 - 6.8)	6.8 (5.7 - 7.9)
South & West	10.6 (10.2 - 11.0)	9.9 (9.2 - 10.0)	9.8 (9.4 - 10.2)	9.5 (9.0 - 9.9)

Source: South and West Cancer Intelligence Service

3.2 Mortality

On average, 8 women a year in Gloucestershire die from cervical cancer. Gloucestershire has a lower standardised mortality ratio (SMR) for cervical cancer than average for the South and West. The age standardised rate for Gloucestershire has a wide confidence interval, reflecting the small number of deaths. Therefore, the true rate may be below average or similar to the regional and national average mortality rates.

Table 4 Number of deaths from cervical cancer and SMRs for cervical cancer in Gloucestershire

Age	19 93	19 94	19 95	19 96	19 97	19 98	19 99	20 00	20 01	20 02
20-64	1	5	5	4	3	7	1	4	6	2
65+	7	6	8	8	5	9	3	4	3	4
All	8	11	13	12	8	16	4	8	9	6

Source: ONS VS3 tables and PHMF

Area	SMR	
	1997-1999	1998-2000
Gloucestershire	72	74
South & West	98	99

Source: CHCI 2000

Table 5 Mortality from invasive cervical cancer: age standardised rates per 100,000 women aged 15-64 years, 1993 - 2000

Area	1993 - 95 (95% CI)	1994 - 96 (95% CI)	1995 - 97 (95% CI)	1996 - 98 (95% CI)	1997 - 99 (95% CI)	1998 - 2000 (95% CI)
Gloucestershire	3.1 (2.0 - 4.2)	3.0 (1.9 - 3.5)	2.5 (1.6 - 3.5)	2.6 (1.3 - 4.0)	2.0 (0.8 - 3.2)	2.1 (0.9 - 3.4)
South & West	3.8 (3.4 - 4.2)	3.7 (3.3 - 4.0)	3.7 (3.4 - 4.1)	3.7 (3.2 - 4.3)	3.0 (2.6 - 3.5)	3.1 (2.6 - 3.6)
England & Wales	4.4 (4.3 - 4.5)	4.2 (4.1 - 4.3)	4.1 (3.9 - 4.2)	3.7 (3.5 - 3.8)	3.4 (3.2 - 3.5)	3.2 (3.1 - 3.4)

Source: CHCI 2000

4. Eligible population and uptake of screening

4.1 Eligible population

A total of 163,571 women in Gloucestershire are within the eligible age range for cervical screening of 20-64 years, comprising more than half of the female population. The call and recall system that supports the cervical screening programme currently operates for the 'resident population' of eligible women, derived from the Exeter database. These are women who live in Gloucestershire and who are registered with a GP.

Table 6 Female population of Gloucestershire

Age group	20 - 34	35 - 64	eligible age range 20 - 64	All ages
Resident population (Exeter Database)	51932	111639	163571	285332

Source: Exeter database June 2001

4.2 Screening coverage of the population

The national programme requires that women be screened at least every 5 years. In Gloucestershire, women aged 20-34 years are invited for screening every 3 years, and those aged 35-64 years are invited for screening every 5 years. Younger women are currently screened more often since they are more likely to have an abnormal smear result. Current guidance from the NHSCSP discourages any smear-taking outside the call and recall programme, particularly from teenagers.

The Gloucestershire programme continues to exceed the national coverage target of 80%, as it has done for a number of years. Coverage is calculated as the proportion of eligible women screened in the past 5 years. Twenty-five is the

starting age for inclusion in coverage calculations, although women are invited to attend screening from age twenty years.

Women can be ceased from the programme for a number of reasons, most commonly following a total hysterectomy. Women will also be ceased at their request, after signing a disclaimer form. They can request to re-enter the programme at any time.

Table 7 Coverage rates for Gloucestershire women aged 25-64, 1997-2002

	1997/98	1998/99	1999/00	2000/01	2001/02	National Standard
Coverage in Gloucestershire	86%	86.5%	85.65%	85.39%	84.2%	>80%

Source KM 53

Table 8 Number of Gloucestershire women eligible and screened aged 25-64, 2001/2002

Laboratory	No of women resident	No of women ceased	No of women to be screened	No tested in last 5 years	% screened
Cheltenham	61367	6005	55362	46904	84.7%
Gloucester	92204	9300	82904	69530	83.9%
Gloucestershire	153571	15305	138266	116434	84.2%

Source KM 53

5. Laboratory performance and the results of smear tests

Laboratory performances were assessed by a Regional Quality Assurance Team (QAT). The main findings of the QAT are included in this section. It should be noted that the national standards for laboratory performance are no longer fixed, but are set by the middle 90th percentile of the previous year's KC61 returns.

QA report objective	Laboratory performance		Comments
	Cheltenham	Gloucester	
5.1 To minimise the incidence of invasive cancer of the cervix.	v	v	Both labs are auditing cervical cancer incidence and the programme is exceeding 80% coverage.
5.2 Sampling of the transformation zone for training.	v	v	Both labs are actively involved in training smear takers. CGH records the smear taker; GRH will be implementing in the coming year.
5.3 To ensure accuracy of smear reporting	v	Action required	Not all staff at GRH achieved the standard of 90% total or 95% high grade sensitivity. Action has been taken to improve the monitoring of working practices in this area. GRH staff exceeded the national standard for high grade smears by 0.4%. The QAT team did not feel this was cause for concern. See table 9
5.4 All women receive their smear results in writing - 80% within 4 wks - All within 6 weeks	v	Action required	GRH failed to meet this standard. This was due to experienced staff leaving and being replaced by untrained staff. Overtime working ameliorated the problem but failed to eliminate it entirely.

QA report objective	Laboratory performance		Comments
	Cheltenham	Gloucester	
5.5 Workload levels and staffing	v	Action required	Shortage of staffing remains an on-going problem. The Gloucester laboratory supported two trainee screeners, which inevitably impacted on the time of qualified staff. There was also an increase in the number of smears taken. Some women may have been prompted to attend by a story-line in 'Coronation Street', in which a character developed cervical cancer following a problem with her smears. These factors combined served to increase the backlog in the laboratories, particularly at Gloucester, and contribute to a delay in women receiving their smear results. Both laboratories had a small backlog as of 1 st April 2002. However, the backlogs are shorter than many other laboratories in the South and West and nationally. See table 10
5.6 Measures to reduce backlog	v	Action required	GRH implemented overtime, enabling 4346 smears to be screened. This is equivalent to a full time member of staff.
5.7 To ensure all staff screening or reporting smears are competent	v	v	All staff screening and reporting smears participate in an external EQA scheme and have acceptable performance status.
5.8 To maintain and improve recommended standards and skills	Action required	Action required	A single screener at CGH failed to meet the minimum target of screening 3000 smears due to impingement of other duties on screening time. Working practices have been amended to reduce the risk of a recurrence. 4 out of 6 pathologists in the County failed to meet the standard of 750 smears reported per annum. The labs are amalgamating and a review of working practices is in progress, including the introduction of an Advanced BMS Practitioner grade to report smears at this level.
5.9 To ensure appropriate action is taken for all women screened outside of routine recall.	v	v	There has been a 25% reduction in the number of teenagers screened in 2001-02 compared to the previous year. See table 11
5.10 Equipment	v	Action required	Gloucester has insufficient ergonomic microscopes. Action is in hand to rectify this.
5.11 Laboratory accreditation	Action required	Action required	Both labs were awarded conditional status based on rectification of certain conditions. See table 13
5.12 Training, qualifications and CPD	Action required	Action required	GRH has a single screener without the Certificate in Cervical Cytology. The screener has over 15 years experience, which QAT considered acceptable. All attend relevant in-house training. Some staff are not registered for a programme of continuing education. This will need to be formalised.
5.13 ABC2 The changes	v	v	A countywide guidance document for all smear takers, called the 'Yellow Folders', was distributed in 1999. Following the publication of the new ABC national guidance document, a review has been undertaken and sections have been updated during the year.

Table 9 Results of smear test by Gloucestershire laboratories, 2001-02

	Number of smears examined	Low grade detection rate (borderline/mild dyskaryosis)	High grade detection rate (Moderate dyskaryosis or worse)	Inadequate smear rate
Cheltenham	17984	5.75%	1.49%	7.46%
Gloucester	27369	9.1%	2.2%	11.5%
national standard	>15000 smears p. a.	4.2 – 9.4%	0.9 – 1.8%	6.2 – 13.1%

Source: KC 61

Table 10 Laboratory screening backlogs

Laboratory	1.4.1998	1.4.1999	1.4.2000	1.4.2001	1.4.2002
Cheltenham	2 weeks	1 week	2 weeks	3 weeks	1 week
Gloucester	0	2 weeks	2 weeks	1 week	3 weeks

Source: S&W QAT report

The point prevalence nature of these indicators should be noted

Table 11 Comparison of smear results from women under 20, 2001-02

	No of smears examined		Low grade		High grade		Inadequate	
	<20	20-64	<20	20-64	<20	20-64	<20	20-64
1998-99	927	38557	13.3%	5.3%	1.8%	1.6%	2.8%	10.3%
1999-00	646	36191	16%	6.3%	2.5%	1.7%	9.6%	9.2%
2000-01	539	40457	18%	6.8%	2%	1.6%	11%	10.0%
2001-02	405	41700	16.8%	5.5%	0.5%	1.4%	16.5%	10.8%

Source: KC 61

The downward trend in the numbers of smears from women <20 in recent years has been associated with an increase in the proportion of inadequate smears. However, a likely explanation for this is that increasingly smears are only being taken from teenagers with a presentation of some kind, such as discharge or ectropion, which inevitably gives rise to a higher proportion of unsatisfactory smears. The best action to continue to combat this is to reinforce the message that a cervical smear is not a diagnostic test. If a woman is symptomatic, the correct management is a high vaginal swab if discharge is present, or more rarely, colposcopy in cases with an abnormal looking cervix.

Table 12 Positive predictive value (PPV) for high grade smears

Laboratory	1999-00	2000-01	2001-02
Cheltenham	74.3%	89.2%	86.7%
Gloucester	95.6%	72.3%	74.3%
National standard	65 – 90%	68 – 87%	67 – 87%

Source: KC 61

This parameter is a measure of the outcome of cervical cytology. It compares the grading of smears with their subsequent histological/colposcopic outcome. The PPVs are within accepted standards for the year 2001-02.

Table 13 Accreditation

<p>The two laboratories providing cytology screening services were re-inspected by the QAT for Clinical Pathology Accreditation during 2001-02. Both were awarded conditional status until the following are improved:</p> <p>Cheltenham (Inspected in Nov 2001)</p> <p>Three recommendations impact on the cervical screening programme:</p> <ul style="list-style-type: none"> • Deficiency in staffing at Consultant level – 2 additional appointments are required • Insufficient ergonomic microscopes • Benching in cytology screening room are not ergonomic <p>A further two areas for improvement are off site storage of archive material and improvements to the mortuary.</p> <p>Gloucester (Inspected in Feb 2002)</p> <ul style="list-style-type: none"> • Deficiency in staffing at Consultant level – 1 additional appointment is required • Insufficient laboratory space in histology
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These issues will be resolved on a split site basis, despite the move to a single acute unit Trust from the 1 April 2002. The laboratories have progressed in moving towards a structure that will best fit the single acute unit Trust. However, progress is being constrained by a lack of progress in information technology and inability to identify a suitable space to locate a combined laboratory.

Table 14 Achievement (%) of 8-week wait by NHS Trust for 2001/02

Missing data does this form part of the QAT report?

	2001								2002			
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Cheltenham General Hospital												
Gloucester Royal Hospital												

The national target of “more than 90% of all patients to be seen within 8 weeks of receiving a GP’s referral letter” has not yet been achieved in Gloucestershire. Waiting times and 'did not attend' rates have been collected throughout the year. There are variations between the two services, and even between different months of the year for each service.

6. Work of the Gloucestershire Cervical Screening Steering Group

6.1 Membership

The Gloucestershire Cervical Screening Steering Group provides professional advice on all aspects of the Programme and is responsible for its monitoring. The Group meets three times a year. There were two chairmen during 2001/02 owing to staff changes. See Appendix for group membership.

6.2 Programme of work

Gloucestershire Health Authority Board accepted an Action Plan in 1998, following the requirements of the EL(97)67. The Action plan is reviewed annually and updated. The following provides an update of the Group's progress in implementing the Action Plan:

Issue	Task	Update
Commissioning, Specification and funding for the programme.	Commissioning agreements in place.	Principles to support specification agreed. Service level agreements will be produced in August 2003
Laboratory provision	To undertake option appraisal for laboratory provision	Countywide review of Pathology services ongoing.
Colposcopy: - waiting time for assessments - other data/information - standards	- purchaser to monitor waiting times for colposcopy - agree minimum dataset for colposcopy	- Regular information received from both EGNHST and GRNHST. - New national form issued in 2000. Both Trusts have submitted KC 65 as required
Failsafe arrangements	Review current policies - to agree a countywide policy.	Local failsafe policy developed and incorporated in revised Yellow Folders. This may be revised when national guidance is published
Training for smear takers	To have a countywide training policy.	Countywide training policy for smear takers in place. See paragraph 6.3 for activity

6.3 Training for smear takers

Nineteen nurses successfully completed training in smear taking in 2001/02. Currently 25 nurses are being trained and an additional training programme for four GUM nurses has been independently commissioned. Most of the nurses work in general practice, with some coming from family planning and colposcopy clinic settings. Doctors are also invited to attend the programme, although none have yet applied. An annual update is offered to all smear takers, and this too has been attended by nurses only. Eighty attended the most recent update.

Programmes for the teaching and assessment of smear takers have been available in Gloucestershire since 1989. The University of Gloucestershire delivers the programme, which is approved by the South West Regional QAT. Performance exceeds the national recommendation for an 80% adequate smear rate by consistently demonstrating adequate smear rates of 90% and above.

6.4 5-year survival rates

Gloucestershire was identified as an outlier in the High Level Performance Indicators for 2000. A short-life working group was set up to assess whether 5-year survival was lower than expected. Problems with quality of data recording were found, which may have given rise to the apparent poor survival. However, the group found survival was better than reported nationally and the ONS have been informed of the discrepancies.

6.5 NHS Cancer Plan

The national NHS Cancer Plan was published in September 2000, shortly after the NHS Plan. The Cancer Plan sets out a comprehensive strategy to tackle cancer over a five year period by linking prevention, screening, diagnosis, treatment, care and research. The new Cancer Task Force leads national implementation and funding is available to support the Plan.

The former South West Regional Office co-ordinates the local Cancer Network Plans. Gloucestershire is a member of the Three Counties Cancer Network. The following are the tasks and local action for cervical cancer screening programme:

Implementation of Cancer Plan by Gloucestershire Cervical Screening Programme

Cancer Plan	National timescale	Local action
All women to receive national information leaflet on cervical screening	2001	<p>Current practice Following publication of national leaflets, all GP practices and other clinics were supplied with free leaflets.</p> <p>Future action Ensure adequate stocks of leaflets are maintained and distributed.</p> <p>Action by Cervical Screening Steering Group (CSSG), GP practices and clinics.</p>
National guidance on screening for women with learning disabilities (LD)	Published 20/11/00	<p>Current practice the issue was raised at the Gloucestershire LD Moving Forward Group. Leaflets were made available to all GPs and others in contact with women with LD.</p> <p>Future action ???</p> <p>Action by CSSG, General practices, other smear takers and LD services.</p>
Pilot sites to trial new workforce arrangements	started 2001	<p>Current practice Results of pilots published.</p> <p>Future action Gloucestershire is likely to be in the second wave of sites to implement changes.</p> <p>Action by DoH/ NHSCSP</p>
Pilot sites for liquid based cytology and the HP Virus	Results due 2003	<p>Current practice Await results of pilots and national policy for implementation. Interim report of LBC pilots showed reduction in rate of inadequate smears, cost savings resulting from fewer smears taken and increased lab productivity.</p> <p>Future action Await NICE guidance. Review options for sharing facilities with Bath and Swindon</p> <p>Action by NICE/DoH/ NHSCSP</p>
All women to receive their results in writing	2001	<p>Current practice This is already a local policy. members of the group undertook an audit of compliance. Satisfactory performance was found.</p> <p>Future action Maintain current practice.</p> <p>Action by CSSG, GP practices and other smear takers</p>
Review screening coverage rates by PCTs. Where necessary draw up plans to increase the accessibility of screening among deprived & minority ethnic groups.	2002	<p>Current practice Coverage rate exceeds national target. No targeted programme for women in disadvantaged groups at present.</p> <p>Future action Review coverage by PCTs and general practices to identify whether further work is needed</p> <p>Action by CSSG, PCTs</p>
Maximum one month wait from diagnosis to treatment	2001	<p>Current practice Compliant</p> <p>Future action Maintain current practice.</p> <p>Action by. CSSG, Gloucestershire Hospitals Trust, 3 Counties Cancer Network</p>

**Gloucestershire Cervical Screening Steering Group
Membership 2001/02**

Severn NHST

Dr Pauline Allen Consultant in Family Planning

EGNHST

Mr P Bullock Laboratory Manager, Histopathology

Dr G James Head of Family Planning

Mr R Kerr-Wilson Consultant Obstetrician & Gynaecologist

Dr K McCarthy Consultant Pathologist

GRNHST

Professor N Shepherd Consultant Pathologist

Mr G Swingler Consultant Obstetrician & Gynaecologist

Dr M Sulaiman Consultant in Genito-Urinary Medicine

Gloucestershire Health Authority

Helen Farmer Screening Co-ordinator

Kevin Jones Registration & Screening Manager

Julia Maclean Primary Care Operational Manager

Ljuba Stirzaker Screening Commissioner. Chair until 10/01

Ann Shelley Screening Commissioner. Chair until 03/02

SW Region

Margaret Stoddart Cervical Cytology QAT member

General Practitioner, Gloucestershire LMC representative

Dr N Taylor GP, Gloucestershire LMC representative

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Adrienne Willcox Senior Lecturer (Nursing)