

**CERVICAL SCREENING PROGRAMME
IN FORTH VALLEY**



JUNE 2005

SUMMARY

The Cervical Screening Programme in Forth Valley continues to offer optimum service to all eligible women in the age band 20 to 60 years.

The high uptakes for the year 2003/2004 (81% in 3.5 years and 87% in 5.5 years) has been maintained through the concerted efforts of the Primary Care Teams and Health Promotion Officers.

In the year ending 31st March 2004, Stirling Royal Infirmary Cytopathology Laboratory handled a total of 27,337 smears. 25,050 (92%) of these smears were from General Practices.

In total 611 recommendations were made for referral to Colposcopy Services on the basis of cervical cytology. 262 of those referred with a smear showing moderate dyskaryosis or worse.

As at 31/10/04 histology or clinical follow-up was recorded for all but 7 of these referrals.

During the same period, 5 cases of invasive squamous carcinoma, 1 case of adeno-carcinoma and 3 cases of micro invasive carcinoma (i.e. invasion less than 3mm) and 1 case of small cell carcinoma were diagnosed in Forth Valley.

Liquid Based Cytology has been successfully running throughout Forth Valley.

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CERVICAL SCREENING PROGRAMME IN FORTH VALLEY

EPIDEMIOLOGY OF CERVICAL CANCER IN FORTH VALLEY

INTRODUCTION

Cervical cancer or cancer of the cervix means the growth of cancerous cells in the neck of the womb (cervix). Pre-cancer of the cervix is a change in the cells of the cervix which appear similar to true cancer but do not invade the body as cancer does. It can last for some years giving time for early detection by the cervical smear test.

The cervical smear test checks for changes in the neck of the womb. It is a screening test to find early warning signs that cancer might develop in the future. If abnormal changes are found at screening, further tests will be done to see whether or not treatment is needed. The cervical smear test is not for diagnosing cancer but rather for finding early changes that might become cancer later.

Cancer of the cervix represented 2.3% of malignant tumours in females in 2001 with 307 new cases diagnosed in Scotland. Cancer of the cervix was the 11th most common cancer diagnosed in females in 2001 in Scotland. Over the most recent 10 year period there has been a fall in incidence (32.0%) and mortality (38.6%) Source: ISD Online¹.

A significant risk factor is early sexual experience, which may be related to infection with human papilloma virus². Certain types of Human Papilloma Virus (HPV) are linked with around 95% of all cases of cervical cancer.

Women in lower socio-economic groups are at a higher risk of developing cervical cancer. The biggest risk factor is non-attendance to the screening programme. Women who have not had a recent smear test make up a disproportionately high number of those who develop cervical cancer.

Cigarette smoking is also linked to developing cervical cancer^{3, 4}. The screening test allows the earlier diagnosis and treatment of both CIN (Cervical Intraepithelial Neoplasia i.e. cell growth within the cellular tissue lining the cervix. CIN I - mild dysplasia, CIN II - moderate, CIN III - severe and early stage cancer of the cervix⁵. If left untreated CIN may progress to invasive cancer^{6,7}. Women who smoke are about twice as likely to develop the disease as non-smokers.

The main way of tackling cervical cancer at present is secondary prevention to permit earlier detection by population screening using the cervical smear test. Through the early detection of abnormalities in the pre-cancer and curable stage, invasive cancer can be prevented.

MORBIDITY AND MORTALITY OF CERVICAL CANCER FOR THE PERIOD 1991 TO 2003 IN FORTH VALLEY

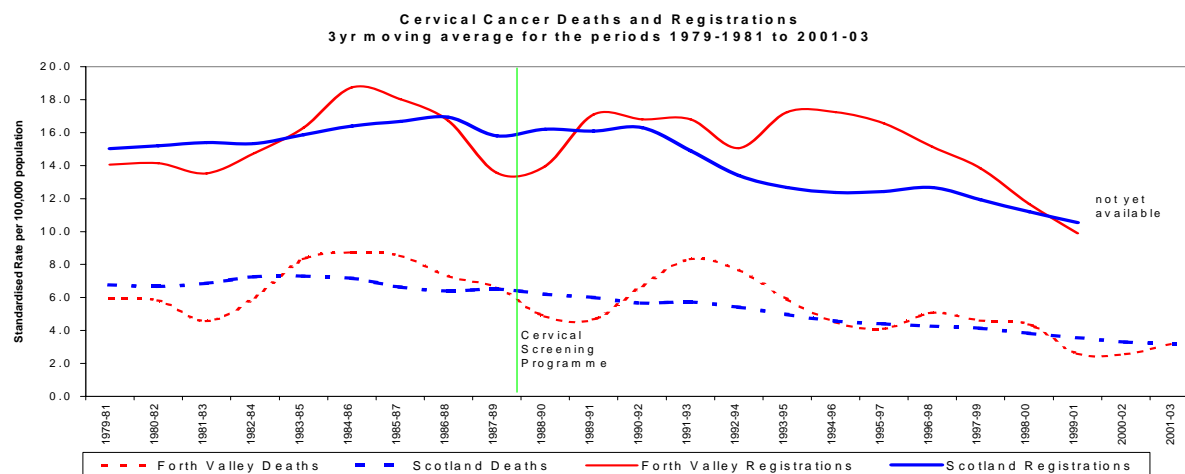
Table 1 gives information for the 12 years up to 2003. In 2003, the latest available data show that the age-standardised death rate per 100,000 females was 4.9 and incidence rate of 9.0 per 100,000.

Table 1: Forth Valley and Scottish Crude Death rates per 100,000 females population from Cervical Cancer 1991 - 2003.

Age Group	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Under 35	0.0	1.5	0.0	1.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.7
35-44	10.3	15.8	10.5	5.2	5.2	0.0	0.0	9.7	4.8	4.6	0.0	4.5	0.0
45-54	6.0	11.6	11.4	5.6	5.5	0.0	0.0	15.9	5.3	5.2	10.1	0.0	10.3
55-64	13.5	13.4	20.0	13.3	6.7	13.3	13.2	6.5	6.4	0.0	6.2	6.0	11.5
65-74	38.4	30.5	22.7	7.5	30.5	23.3	23.3	23.3	0.0	7.9	0.0	22.8	7.5
75-84	11.9	48.5	24.8	37.5	0.0	35.7	11.8	47.1	23.5	23.3	0.0	0.0	32.7
85+	0.0	0.0	72.3	0.0	34.7	33.7	0.0	0.0	0.0	31.7	0.0	0.0	0.0
All Ages	7.8	11.4	9.9	6.4	5.6	6.3	4.2	9.0	3.5	4.1	2.1	3.4	6.2
Scotland	6.6	6.9	6.4	5.8	5.5	5.2	5.5	5.5	4.6	4.4	4.3	3.8	4.6

Source: GRO(S)

Figure 1 below shows the standardised registration and deaths from cervical cancer for all women in Scotland and in Forth Valley for the period 1979-2003.



Source GRO (S), ISD

THE CERVICAL SCREENING PROGRAMME IN FORTH VALLEY

The cervical cytology screening programme in Forth Valley is founded on the 1987 Circular (*SHHD (1987) Cervical cytology Services in Scotland, Departmental Circular DGM (1987) 74 Edinburgh*) and aims to invite women in the age range 20 to 60 years for a cervical smear test and to routinely repeat this process three yearly. The overall aim of the programme is to reduce the number of women who develop invasive cervical cancer (incidence) and the number of women who die from it (morbidity). It does this by regularly screening all women at risk so that conditions, which might otherwise develop into invasive cancer, can be identified and treated. The Scottish Executive policy is that women between the age of 20 and 60 are invited to have a free cervical test every 3 years.

Studies have shown that there is sufficient evidence to commence regular screening for all women from the age of 20 years^{8, 9}. There is no evidence to support smear taking in healthy teenage women. Whilst it is recognised that sexual activity is a risk factor in cervical cancer, on its own it does not constitute justification for screening. Cytological abnormalities in teenagers tend to be low grade and likely to regress spontaneously. Provided they are screened between their 20th and 25th birthdays, cytological abnormalities requiring investigations will be highlighted early enough to prevent mortality from cervical cancer.

Women who are registered with a GP are invited for screening using a computerised call-recall system. This also keeps track of any follow-up investigations and if all is well, recall the women for screening every 3 years.

While a screening programme may identify cancers at an earlier stage and allow treatment of precursor conditions, its real impact is measured by its effect on mortality.

To enable the programme to run effectively, the Cervical Screening Group in Forth Valley meets regularly. The membership of the group involves many professional groups (Appendix 1) and co-operation of all the specialties and professionals facilitate the running and monitoring of the programme.

Systematic screening is offered to all eligible women in the appropriate age range, at least once. The process of identifying and inviting the target group is facilitated by the Community Health Index (CHI). This is a computerised national database with a unique patient identifier number. This system links to a number of other systems including the cytology system. The cytology system is a register of cervical smear test results and underpins the call/recall process.

In Forth Valley, the Online Cervical Cytology Update and Recall System (OCCURS) is used. This system is also used by Tayside and Fife. The OCCURS National User Group meets regularly to monitor quality and also identify and address any problems that may arise within the system. The membership is wide and includes Consultants in Public Health Medicine, Cytopathologists, Laboratory Staff, Call/Recall Staff and Computer Services Staff from Atos Origin. The development of the Scottish Cervical Call/Recall System (SCCRS) is progressing well. Pre implementation work has commenced. Smear taker locations and training needs are being identified.

In a screening programme it is important that all individuals who should be screened are correctly identified and invited and that no one is being missed.

There are administration processes that keep the register accurate, complete and up-to-date. Lists of women who are due to be invited for cervical screening are generated every month and sent to the woman's registered general practitioner to check the name and address and ask if it is appropriate medically to invite the woman.

Patients not registered with a GP but who are on the cervical cytology system appear on lists sent to the laboratory. They are sent invitation letters directly from the laboratory.

The Health Board has the function of making policies, updating service level agreements, monitoring and enhancing the cervical screening programme. Operational responsibilities are undertaken by General Practitioners, Family Planning Doctors, Stirling Royal Infirmary Cervical Cytology Department and associated services in Stirling Royal Infirmary and Falkirk & District Royal Infirmary.

The Health Board Cervical Screening Co-ordinators meet regularly under the chairmanship of the National Co-ordinator of the NHS Scotland Screening Programmes - Ms Carol Colquhoun. The relevance of the publications by the NHS both in Scotland and England are discussed at these meetings and appropriate recommendations made nationally for Scotland.

Quality Improvement Scotland is also represented and regular items in the agenda includes standards from the reports that are yet to be met.

Many services are involved in providing the cervical screening programme.

The components of the programme can be summarised as follows: -

- Identifying, inviting and encouraging women to have a cervical smear test.
- Smear taking - Doctors and Nurses in GP Surgeries, Community Clinics and special areas such as the women's prison in Corntonvale.
- Smear reading and reporting - Laboratory Staff.
- Investigation and treatment - Colposcopy Service.
- Follow up and fail safe arrangements.
- Co-ordination, monitoring through audit and evaluation of programme.

INVITATIONS FOR SCREENING

Invitations are sent out every month to around 350 women in the Forth Valley area. Each invitation is generated by the result of the last recorded cervical smear test, or if there is no record of a test, to women in the age range 20 to 60 years. Tests may also be taken for clinical reasons or opportunistically if the woman is overdue to have a test.

Women are not invited routinely if: -

- They are outwith the age range 20 to 60 years
- They are deemed medically ineligible for screening
- They are receiving assessment or treatment

If a woman does not respond to the initial invitation, reminders are sent and if she fails to attend, she is automatically invited 3 years later.

The signing of a disclaimer form allows women to opt out if they did not wish to be screened. The debate is still ongoing as to whether the signed disclaimer form is valid after 3 years (the completion of a screening cycle.) National guidance is awaited on this as medical/legal issues complicate this further. In Forth Valley the current practice is to invite the women after 3 years even if she has signed a disclaimer.

The onus is also on her own General Practitioner who is expected to invite her opportunistically.

With the imminent implementation of a national Call/Recall System the exemptions are being finalised so that it is absolutely clear when to call women, when to delay in calling and removing women from the system if appropriate.

HEALTH PROMOTION

Within the screening programme the health promotion activity is in the main twofold. Firstly to address staff training issues and secondly to encourage uptake of screening through the use of appropriate resources and also raising awareness and updating on current developments.

Awareness raising and encouragement are carried out on a one to one basis wherever possible. The Practice Nurse Facilitator visits all new Practice Nurses in post and checks that they are adequately trained to take smears. Appropriate peer support is also arranged.

Adequate information is key to effective health promotion and awareness raising. Resources are updated regularly and the current ones have been tested in focus groups. These include 'The Cervical Smear Test Explained', 'Your Smear Test Results Explained' and a handbook on 'The Cervical Smear Test'

NHS Health Scotland participates fully in the development of appropriate information leaflets. Policies are in place to ensure that the diversity agenda is also met and the leaflets are translated into other languages. Focus groups are also held prior to finalising the leaflets.

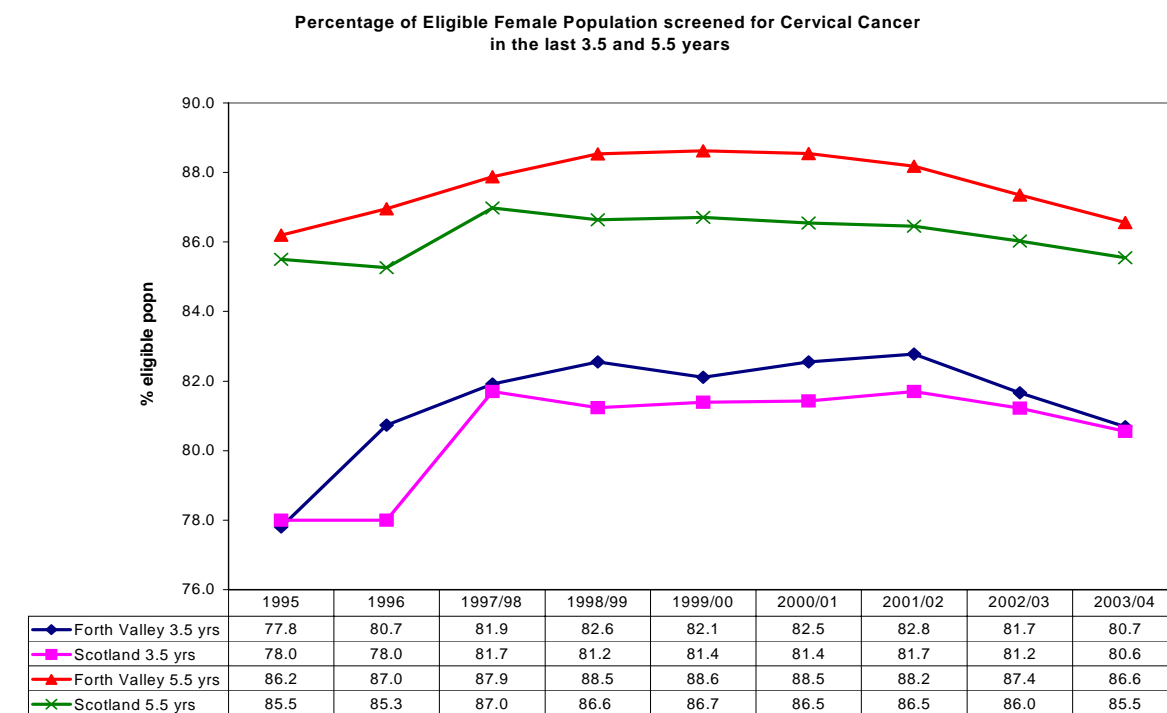
The latest resources include: -

- The Cervical Smear Test - explained
- Your Smear Test Results - explained

Copies of these leaflets and booklets have been sent to all the Primary Care Teams and Laboratories in Forth Valley.

The uptake of cervical screening for the Forth Valley area and Scotland are given in the table below for the period 1995- 2003/2004.

Figure 3 - Percentage of Eligible Female Population having Cervical Screening in 3.5 and 5.5 years for the years 1995 to 2003/2004.



STIRLING ROYAL INFIRMARY CERVICAL CYTOPATHOLOGY DEPARTMENT & ASSOCIATED SERVICES

INTRODUCTION

Cytopathology & Associated Services for Forth Valley Area is co-ordinated and largely provided by the Pathology Department at Stirling Royal Infirmary.

In the year ending 31 March 2004 the Laboratory processed 27,337 smears.

The consultant cytopathologist with managerial authority for the cytopathology and fail safe aspects of the programme is Dr Kathryn Morton, F.R.C. Path. Dr Linda Leonard is programme manager for the call/re-call and fail safe programme and is accountable to Dr Morton.

Laboratory Work Load

The trends for the number of cervical smears processed at the Laboratory at Stirling Royal Infirmary are as follows:

Table 2

Year Ending 31st December	1996	1997	1998	1999	2000	2001	2002	2003
Total Smears Processed	29934	30097	30772	28581	28464	29195	27851	27016

The department also processed 2452 non-gynaecological cytology specimens, serves 3 Breast Clinics, two at Stirling and one at Falkirk and provided an on demand Fine Needle Aspiration Service (FNA).

Staffing

In the year ending 31 March 2004 the service was provided by the following technical staff.

0.25Wte BMS 4

1.0 Wte BMS 3

1.6 Wte BMS 2

3.0 Wte BMS 1

0.5 Wte Cytoscreener

1.2 Wte MLA

4.4 Consultant Histopathologists participate in the cervical cytology service.

3 WTE Clerical staff operates the Occurs computer system and the services of the secretarial staff in the Histopathology /Laboratory pool are used as required.

Source of Cervical Smears

The laboratory receives cervical smear tests from Falkirk Royal Infirmary and Stirling Royal Infirmary, General Practitioners, Community Family Planning and Well Women Clinics and the Genito -Urinary Medicine Clinics. Table 2 shows the percentage of tests received from each source.

Table 3

Hospital	GP	Community Health	G.U.M.
1451	25050	791	45
5.31%	91.63%	2.89%	0.16%

The population coverage is similar to that in previous years and is shown in Table 5.

Results of Cervical Smear Tests

Table A shows the results of the cervical smear tests processed in Stirling Royal Infirmary and compares those with the last available published results for Scotland as a whole.

Smear Results & Population Coverage (01.04.2003 – 31.03.2004)

Table 4: Results

%	Unsatisfactory	Negative	Border line	Mild Dyskaryosis	Moderate Dyskaryosis	Severe Dyskaryosis	? Invasive	Glandular abnormal	Adeno ca.
Forth Valley 1/4/03-31/3/04	3.16%	91.47%	4.6%	2.44%	0.91%	0.43%	0.02%	0.1%	0.01%
Scotland Quarter to 31/3/2003	3.0%	92.2%	4.0%	2.3%	0.8%	0.7%	0.0	0.1	0.0

Percentages are calculated after removing unsatisfactory smears.

Population Coverage

In the last 5.5 years, 81% of the eligible screening population have a record of a satisfactory smear test, 75.5% of eligible women have a record of a satisfactory smear test in the last 3.5 years. Table B in Appendix A shows this broken down by age band.

Table 5: Population Coverage (31.03.2004)

%	Under 20	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	Over 65	20 to 60
Smear in last 5.5 yrs	1	66.7	81.3	87.2	88.6	86.6	83	78.1	72.7	62.7	6.8	81
Smear in last 3.5 yrs	1	63.0	74.4	80.8	82.7	80.9	77.4	72.8	68.3	43.8	3.3	75.5

Smear Reading and Reporting

Nine permanent members of staff were involved in screening, 6 part time and 3 full time. Smears are screened and reported using BSCC terminology + standards.

Quality Assurance

Quality assurance measures outlined within ABC, document and the NHS CSP document on quality assurance guidelines for the cervical screening programme form the basis of the quality assurance activities within the department, which are as follows.

1. All negative and unsatisfactory smears undergo rapid re-screening before leaving the department.
2. The first follow-up smears after a borderline abnormality or mild dyskaryosis are double screened.
3. All negative smears taken within 5 years of a severely abnormal smear are reviewed and the results recorded.
4. Any histology/cytology discrepancies are reviewed at the time of reporting, by the reporting pathologist or shortly thereafter by Dr Morton and if necessary a recommendation is made regarding follow-up.

External Quality Assurance

Members of the Department underwent proficiency testing during 2002. The laboratory achieved a sensitivity of 99.5% and a specificity of 99.4% for this cycle. Since the introduction of LBC the department has taken part in a pilot proficiency test and achieved excellent results.

Referral to Colposcopy

611 women had a recommendation for referral to colposcopy made on the basis of cervical cytology. 262 of those were referred with a smear showing moderate dyskaryosis or worse. As at 31/10/2004 histology or clinical follow-up was recorded for all but 7 of these, the results appear below.

Table 6: Histology/Cytology Correlation April 2003 - March 2004

Cytology	Less than Cin 2	Cin 2 or worse
Mod & severe	65	190

Positive Predictive Value (PPV)

The positive predictive value is calculated for women who were referred to colposcopy with a cytological diagnosis of moderate dyskaryosis or worse, who had a histological diagnosis recorded by 31/10/2004

PPV 74.5 (recommended acceptable range 65-85%)

Cervical Cancer Year Ending 31/3/2004

In the year ending March 31st 2004 there were 5 cases of invasive squamous cancer. 1 case of adenocarcinoma 3 cases of microinvasive squamous cancer, and 1 case of small cell carcinoma.

Table 7: Age Bands

	20-29	30-39	40-49	50-59	60-69	70+
Invasive Squamous Cancer	0	1	3	0	1	0
Adenocarcinoma	0	0	0	1	0	0
Microinvasive Squamous Cancer	0	3	0	0	0	0
Small Cell Carcinoma	0	1	0	0	0	0

Of the patients who had invasive **squamous** cancer:

- 2 had no previous smear history.
- 1 had defaulted from follow up of a low grade abnormality.
- 2 had a negative smear history.

Of the patients who had **micro-invasive** cancer:

- 2 had a negative smear history.
- 1 was being followed up for CIN 1.

1 woman with **adenocarcinoma** had a short history of a low grade abnormality.

1 woman with **small cell carcinoma** had a negative smear history.

On-going Training and Continuing Education

The department has a structured programme covering external and internal on-going training.

All screening staff are required to attend a major course or scientific meeting once every three years and are required to attend at least one Scottish meeting each year {i.e. SACC, EQA}. In addition there is a regular monthly update and training session held within the department. Every member of the screening staff is required to attend these to which approximately two and a half-hours is allocated each month.

In addition to this all members of screening and medical staff successfully underwent training in Liquid Based Cytology, between April and August 2003.

Table 8: Course/Meetings Attended 01/04/2003 - 31/03/2004

Date	Title	Place	Duration	No. Attending
April-August	LBC training	Edinburgh	3 day	9
May 2003	Technical QA	Perth	1 day	1
May 2003	SACC	Aberdeen	1	2
November 2003	SACC	Stirling	1 day	8
January 2004	Clinical effectiveness	Stirling	2 hours	4
February 2004	Training Officer Meeting	Edinburgh	1 day	1
March 2004	Cyttec Training	Edinburgh	1	2
March 2004	Cyttec Training	Dublin	2	2

All screening staff maintains a personal record of in-house and external training.

Information to Smear Takers

Throughout the year, General Practitioners were kept informed about the implementation of LBC.

In April 2003 Dr Morton spoke at a locality meeting in Aberfoyle about the service. In September 2003, Practices were sent their annual reporting profile.

Rapid Re-screening Results April 2003 - March 2004

All smears initially thought to be negative or unsatisfactory were rapidly re-screened prior to leaving the department. This identified 33 false negative

smears of which 3 showed a significant abnormality. The results of re-screening are shown below:

Table 9

Total Smears Screened	27337
Total Reported To BNA/Mild	1905
Total Missed BNA/Mild	30 (98.4% sensitivity)
Total Reported Mod/Severe/Invasive	369
Total Missed Mod/Severe/Invasive	3 (99% sensitivity)

Sensitivities are calculated using the formula given in the ABC document.

Table 10: Target Times/Achieved Times

Variable	Target	SRI
Smear reporting to women	4 weeks	98.7% in 4 weeks
Unsatisfactory smears	7.0%+/-2.09%	3.18
Moderate & Severe Dyskaryosis	1.6%+/-0.4%	1.35%
Mild & Borderline	5.5%+/-1.5%	7.1%
Positive Predictive Value	65-85%	75%
Sensitivity for Moderate and severe Dyskaryosis	85-95%	99%
Staff Proficiency Test	6 monthly	See report
All cases of Invasive Cancer	Review of screening history and report to purchaser	See report

COLPOSCOPY OUTPATIENT SERVICES IN FORTH VALLEY

Outpatient Colposcopy Services in the Forth Valley are provided on two sites, Stirling Royal Infirmary and Falkirk & District Royal Infirmary.

Criteria for referral to colposcopy clinic are: -

- A clinical suspicion of cervical carcinoma (urgent referral).
- A smear suggestive of invasive disease(urgent referral).
- A single smear showing moderate or severe dyskaryosis.
- Two consecutive smear showing mild dyskaryosis.
- Three consecutive unsatisfactory smears.
- Any three smears over a ten year period showing borderline change.
- Absence of endocervical cells in smears following treatment for glandular intraepithelial neoplasia.
- Difficulty taking a smear for any reason that cannot be resolved in the community.

A large number of women (approx. 200 per annum across Forth Valley) have traditionally been referred to colposcopy with postcoital bleeding, although only a minority of these women will transpire to have cervical cancer. These referrals are now triaged. Those women with post coital bleeding and a clinically suspicious cervix or a high grade smear are still seen urgently. Those with a clinically normal cervix and a normal smear history are seen in a 'paracolposcopy' clinic where other gynaecological problems such as menstrual dysfunction, contraceptive problems or infection can be assessed and treated appropriately, usually as a 'one stop' visit. This development has reduced the waiting times for

women with abnormal smears whilst avoiding deflecting problems to the general gynaecology outpatients.

The aim is to see urgent referrals within 2 weeks, referrals with moderate or severe dyskaryosis within 4 weeks and all other referrals within 8 weeks according to national guidelines. The targets are met on the majority of occasions but not consistently. There are no national targets for 'paracolposcopy' patients but the waiting time is consistently lower than that for general gynaecology outpatients.

All women are given relevant written information prior to their first attendance at colposcopy clinic. The aim of colposcopy is to reliably identify and treat significant or high-grade lesions (CIN 2 and 3) whilst avoiding unnecessary treatment of low grade lesions or lesions that may regress spontaneously. Lesions are more likely to regress if women stop smoking and this is discussed with all patients who smoke. Women at risk of chlamydial cervicitis are screened accordingly.

Where appropriate women are offered treatment at their first visit and approximately 90% of treatments are carried out under local anaesthetic in the outpatients setting. Women are informed of all results of biopsies, treatment and any abnormal smears in writing. Normal smear results are communicated directly from the laboratory but may be followed up by a further letter from the colposcopist. Written information is given to the patients following treatment, together with advice regarding contacting the hospital in the event of any problems.

Both clinics now operate a nurse led smear clinic. Colposcopy nurses who are trained in smear taking perform selected smears at the discretion of the colposcopist on: -

- Women attending for follow up after treatment.
- Women with unsatisfactory smears.
- Women undergoing cytological surveillance for low grade lesions.

This is helping to reduce waiting times for new patients.

There are written protocols in place for the management of all patients, including those with abnormal smears in pregnancy or after the menopause and women with suspected invasion, microinvasive disease or glandular abnormalities. The nurse led clinics are run according to written protocols, with review and audit by the lead colposcopists. There is a written policy for the management of women who default and good channels of communication with local GPs, practice nurses and health visitors (including those staff working at HMP Cornton Vale) together with a rolling programme of continuing education for those taking smears in the community and referring patients for colposcopy.

Routine data collection is hampered by the lack of a robust database. This has been addressed at national level. The introduction of a Scottish wide colposcopy database that is currently being piloted is awaited and should be operational in 2006. This should allow the clinics to meet national targets in terms of auditing outcomes of treatment.

FUTURE OF THE CERVICAL SCREENING PROGRAMME - UPDATE ON DEVELOPMENTS

Commissioning of Cervical Screening Programme

The programme will continue to be commissioned locally. As the Scottish programme's success depends on several providers across the NHS in Scotland, the national service level specification has set the quality and safeguard requirements.

Once the new Call/Recall System is in place, the service level specification will be reviewed and updated.

National Scottish Cervical Call/Recall System (SCCRS)

The Information Technology System, which will support the Scottish Cervical Screening Programme (SCSP), will be a Scotland - wide database designed to: -

- Replace all existing call/recall systems.
- Allow all eligible women to be prompted when they are ready for call/recall.
- Create a series of cervical screening episodes containing all relevant details for all women.
- Ensure a woman's complete cytology screening history will be available to help with diagnosis and recall advice.
- Be available to all smear takers, laboratories that process smears, the call/recall offices, colposcopy clinics and NHS Scotland Screening Programmes if access is allowed.

- Incorporate national standard guidelines and protocols to ensure that failsafe follow up procedures are in place so those women should not be excluded inappropriately from the cervical screening cycle.
- Ensure that, starting from when they become eligible for cervical screening, women are prompted to attend on a regular basis until they become ineligible.

Prompt/reminder and result letters will be produced and distributed at NHS Board level. Their content will be set by national guidelines.

Cytology laboratories, such as ours in Stirling Royal Infirmary will continue to exist as long as the laboratory system communicates any relevant cervical cytology data to Scottish Cervical Screening Programme.

When successfully set up, no other system will be used to administer call/recall for cervical screening. Ultimately the single national system, which will be driven by standard guidelines, will allow the provision of the same level of service for all irrespective of their location. There will be comprehensive integrated follow-up/failsafe procedures and smear results will be notified in writing. All correspondence and information leaflets will be nationally defined.

Internal Quality control is expected to be part of the whole package when a national system is in place.

User Acceptance Testing (UAT) of the Call/Recall functionality components of the SCCRS application has been carried out. Testing of other components such as smear takers, laboratories and colposcopy have also commenced. The SCCRS application will commence implementation at the beginning of 2006, in a phased roll out. To ensure that the implementation is successful work has started to ensure that all appropriate resources are in place well within the required timescales.

Training is a key element and will be provided to: -

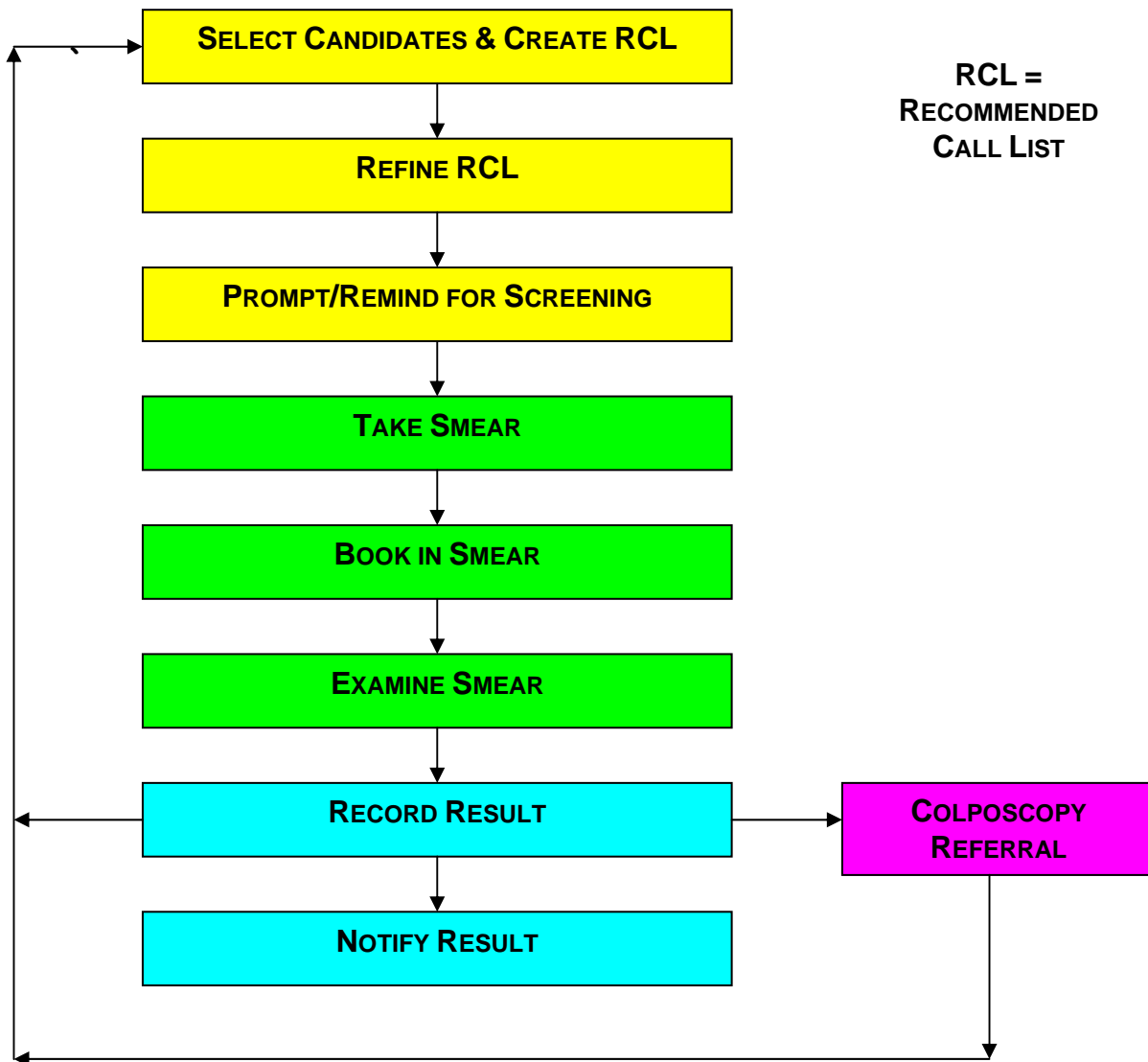
- Call/Recall users
- Smear takers (GP Practices, Family Planning, GUM etc)
- Laboratory staff
- Colposcopy

Another essential element is the infrastructure within NHS Board to meet the minimum standard to support the implementation of SCCRS application and includes the IT components.

Liquid Based Cytology (LBC)

The LBC conversion was completed in September 2003. Results to date show an increase in the detection of severe abnormalities of 0.3%. A decrease in unsatisfactory smears 1.5% (as predicted in the pilot study). Turn around time is almost instantaneous at present with very little backlog. There are intermittent problems with the machine. There is no consensus yet as to what constitutes an unsatisfactory smear. The General Practitioners were reminded that specimens should be labelled. For example Stirling Royal Infirmary's laboratory is reporting on an average 13 unlabelled specimens a month. This results in additional work for all those who are involved in the running of the programme and has a psychological impact on the women who are called back for a repeat smear.

Diagram 1 is a schematic representation of the cervical cytology screening process.



Source: SCCRS Project Office

CONCLUSION

The Cervical Screening Programme is currently the most effective way of reducing the impact of cervical cancer available. The Scottish Cervical Screening Programme is delivering on its objectives. Cases and deaths from cervical cancer are dropping fast.

Whilst cervical screening cannot be 100% effective, it has been shown to reduce the incidence of cancer in a population of women.

The programme can only be successful if women who are eligible take up the service. Every woman in the target group has a responsibility to attend and being registered with a General Practitioner will facilitate this.

Developments in the past year are a clear indication that the Scottish Cervical Screening Programme is dynamic, adopting changes if and when necessary. In Forth Valley both the epidemiology of cervical cancer and the current uptake rates are measures of the success of the programme.

In addition the cervical screening service is carefully monitored both locally through the local area cervical screening group and nationally by the Quality Improvement Scotland (QIS).

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Please send comments to: -

Dr Rani Balendra
Consultant in Public Health Medicine
/Screening Co-ordinator
Forth Valley NHS Board
33 Spittal Street
Stirling, FK8 1DX
Tel: 01786 457262
rani.balendra@fvhb.scot.nhs.uk

Dr Kathryn Morton
Consultant Pathologist
Cytology Laboratory
Stirling Royal Infirmary
Livilands
Stirling, FK8 2AU
Tel: 01786 434000
kathryn.morton@fvah.scot.nhs.uk

This report can also be accessed at our website: -

<http://www.show.scot.nhs.uk/nhsfv>

APPENDIX 1

MEMBERSHIP OF THE LOCAL AREA CERVICAL SCREENING GROUP

- Dr Sheena Anderson, General Practitioner, Health Centre, Bonnybridge
- Dr Rani Balendra, Consultant in Public Health Medicine, Forth Valley NHS Board (chair)
- Mrs Margo Biggs, Local Health Council, Stirling
(Mrs Lyn O'Donnell, 114 Ochil View, Denny, FK6 5NJ - Deputy for Margo Biggs)
- Mrs Nan O'Hara, Practice Nurse, Group Medical Practice, Grangemouth
- Dr Janina Harvey, Consultant Genitourinary Medicine, Orchard House Health Centre, Stirling
- Dr Chris Kelt, Head of Services, Family Planning Services, Stirling Royal Infirmary
- Dr Linda Leonard, Screening Programme Manager, Stirling Royal Infirmary
- Ms Aileen MacLennan, Clinical Services General Manager, OP Department, Forth Valley Acute Hospitals NHS Trust, Falkirk
- Dr Kathryn Morton, Consultant Pathologist, Stirling Royal Infirmary
- Dr Wendy McMullen, Lead Clinician for Colposcopy, Stirling Royal Infirmary
- Dr Douglas Steven, Lead Clinician for Oncology, Stirling Royal Infirmary
- Dr Klara Ekevall, Lead Clinician for Colposcopy, Falkirk Royal Infirmary