

Cervical Screening **Wales**
Sgrinio Serfigol **Cymru**



Report
of the
Director

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Foreword

It is a great pleasure to present the first report of Cervical Screening Wales, which was established in April 1999.

The cervical screening programme in Wales has, of course, been in existence for much longer and has been well served by dedicated staff in laboratories, colposcopy clinics and administrative offices throughout Wales. Their commitment to improving the quality of the cervical screening programme for all women in Wales has played a major role in the achievements to date of Cervical Screening Wales. We are grateful for their generous support and hard work over the past two years.

Cervical Screening Wales is a unique organisation, which crosses organisational and professional boundaries. The smooth implementation of the National Service Framework for the Cervical Screening Programme in Wales would not have been possible without the co-operation of the NHS Trusts and Health Authorities. I am personally grateful to the Directors of Public Health in Wales for their help and advice.

We are also grateful to colleagues in the National Assembly for Wales and to colleagues in the NHS Cervical Screening Programme Co-ordinating Office in England for their support. Dr John Pritchard, the National Assembly for Wales' Chief Scientific Officer, who chaired the National Service Framework's Steering Board, has helped to guide us through the uncharted waters of our first two years and has been one of our main links with developments in relevant services throughout the UK. We continue to be grateful for the encouragement of the Chief Medical Officer for Wales, Dr Ruth Hall.

Cervical Screening Wales encompasses an integrated model of quality assurance and management; public scrutiny of the programme is therefore essential. We welcome the interest shown by our elected representatives in Wales, as well as by the Community Health Councils, and look forward to more opportunities to engage with these and other groups in the next year. We also hope to strengthen our links with local government, particularly in their role as a major employer in Wales, as well as with other employers.

The implementation and development of the National Service Framework has been overseen by an All-Wales Management Group, whose membership is detailed in the report. They have been assisted by the network of lead cervical cytology managers, pathologists and colposcopists throughout Wales. I would like to take this opportunity to thank them all for their commitment to ensuring the success of the cervical screening programme in Wales.

Dr Cerilan Rogers
Director

Introduction

What is cervical screening?

Cervical screening is not a test for cancer. It detects possible precancerous abnormalities in cells, called dyskaryosis, which may develop into cancer if not treated. Almost all abnormalities detected by screening are successfully treated.

Like most medical tests, screening is not 100% accurate. However, having regular cervical screening means that an abnormality is less likely to remain undetected.

Aims of cervical screening programme

The aims of the programme are to reduce the incidence of, and morbidity and mortality from, invasive cervical cancer. Screening has the potential to cause both physical and psychological harm to women invited. A balance must be struck between maximising effectiveness and minimising harm.

History of cervical screening in Wales

Cervical screening in Wales has developed incrementally over 30 years. Individual health authorities began to introduce cervical screening in the 1960s. In 1967, the UK NHS Cervical Screening Programme offered five yearly screening to women over 35 years from a national recall register. This was extended in 1973 to women under 35 years who had been pregnant three or more times. In 1981, the Welsh Office announced the national scheme was to be replaced by local call and recall systems run by the health authorities, often on a manual basis.

Concerns about the lack of impact on the number of deaths from cervical cancer led to a Welsh Office directive in 1988 extending screening to all women from the ages of 25 to 64 years with recall at least every five years. Call and recall systems were computerised.

In 1995 an Expert Advisory Group made recommendations to improve standards and the management of the service. By 1998 full implementation of the report had not taken place and concerns were further highlighted following the review of screening services at Kent and Canterbury NHS Trust in 1997.

The National Service Framework for the Cervical Screening Programme in Wales (NSF) led to the establishment of Cervical Screening Wales (CSW) on 1 April 1999, which has overall responsibility for the programme. This has provided a real opportunity to address the variations in organisation and performance and to work to national published standards.

The National Service Framework

The decision to develop the NSF for the Cervical Screening Programme in Wales was announced in the 1998 NHS White Paper Quality Care and Clinical Excellence and

developed during 1998/99 as a Welsh Office/Breast Test Wales/Velindre NHS Trust Project.

Its aims are:

- To ensure that cervical screening is delivered in a consistent manner across Wales, according to national published standards;
- To ensure that all eligible women receive the same level of service and quality of care for the same level of need.

The NSF covers the whole of the cervical screening programme provided to women resident in Wales, including:

- Programme management and coordination
- Call and recall arrangements
- Smear taking
- Cervical cytology services
- Cervical histology services
- Colposcopy services

The management of non invasive disease (cervical intraepithelial neoplasia - CIN), detected through screening, is included, whilst the management of invasive cervical cancer is not.

The NSF sets out not only **what** should be provided, but also **how** the programme should be organised and managed.

Key features of NSF

- An all-Wales organisation, Cervical Screening Wales, **responsible** for the **delivery** and **quality** of the cervical screening programme provided for women in Wales
- Clear lines of **direct accountability**
- All-Wales Cervical Screening **Policy**
- All-Wales Cervical Screening **Standards**
- All-Wales Cervical Screening **Protocols**, documented in **Quality Manuals**
- The development of **information systems** to **monitor** the **performance** of each element of the programme
- **Clear information** for the **public** and **health professionals**

The process of cervical screening

Cervical screening requires a coordinated, multidisciplinary approach. Many individuals are involved, at different sites and with differing roles and responsibilities. Good communication, clear lines of responsibility and accountability, quality assurance and common agreed standards are essential.

There are three main aspects of the programme, administration, clinical and laboratory. The elements within these areas are shown in Table 1.

Table 1

Administration	Clinical	Laboratory
<ul style="list-style-type: none">• Maintaining the screening population database• Sending invitations, reminders and results• Failsafe co-ordination• Referral for colposcopy	<ul style="list-style-type: none">• Smear taking• Colposcopic assessment and treatment• Explanation and reassurance	<ul style="list-style-type: none">• Reporting smears and histological specimens• Data collection



Cervical Screening Administration Departments (CSADs)

There are five CSADs in Wales corresponding to the five health authorities in Wales. They are central to the operation of the Cervical Screening Programme. They maintain the register of eligible women and operate the call and recall system and elements of the failsafe system.

The data on the screening population is held on the 'Exeter' standard computerised registration system.

A medically qualified Programme Co-ordinator provides clinical advice to the CSAD.

CSAD responsibilities

- Sending the Prior Notification List (PNL) to practices on a monthly basis (names and details of women eligible to be invited for a smear)
- Sending invitations:
 - First invitation
 - Reminder: at 6 months if no response to first invitation
 - Non-responder card: sent to GP if no response at 12 months
- Processing smear results:
 - Results coded and 'management suggested' checked against screening history on CSAD database
 - Data entry and checking
 - Result letters issued and checked

Smear taking

Smears may be taken at a variety of locations, including GP practices, family planning clinics and well woman clinics, by trained medical and nursing staff. They should only be taken in response to an invitation from CSW, as part of colposcopy follow up protocols, or when a woman is over the age of 20 and has never had a smear or was last screened more than three years previously.

Role of smear taker

- Obtain an adequate sample of cells, including cells from the transformation zone, apply these to a slide, fix them and forward the smear to the laboratory
- Ensure the woman is fully informed about the nature, benefits and limitations of the test
- Keep their smear taking skills and knowledge up to date
- Check that all results are received
- Take appropriate action on receipt of an 'abnormal' smear
- Provide post-result support for women with abnormal smear results

Cytology Laboratory

There are 13 Welsh and 3 English laboratories screening CSW slides and following CSW protocols.

Cervical cytology is a screening test, used to microscopically identify abnormal cells, which may indicate CIN. The definitive diagnosis is made by colposcopic and histological assessment.

Each laboratory has consultant pathologists accountable to CSW and responsible for reporting abnormal smears and histological specimens. The screening is undertaken by biomedical scientists and cytoscreeners.

Laboratory responsibilities

- Identifying and matching slides and request (HMR 101) forms
- Preparing slides for screening
- Primary screening of slides with rapid review of all slides deemed to be negative or inadequate by another screener
- Checking of all cases not deemed negative or inadequate on primary screening
- Reporting on abnormal cases
- Sending results to smear taker, GP and CSAD
- Liaison with colposcopy services over biopsy results



Colposcopy units

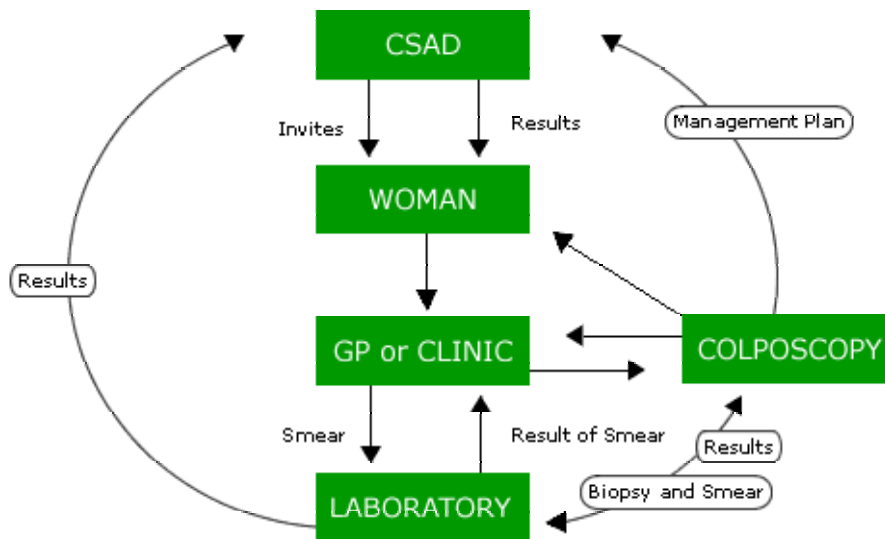
Colposcopy is the visual examination of the cervix and enables both the diagnosis and treatment of CIN. Colposcopy is undertaken in Wales by consultant gynaecologists and other trained medical staff.

Referral for colposcopic assessment and treatment is usually made by the GP or smear taker, following recommended management protocols.

In some areas the referral of women needing colposcopy is made directly from the laboratory or the CSAD. Direct referral from CSADs will be introduced throughout Wales during 2001.

- There is a named lead colposcopist in each unit
- Appropriate information and support is given to women referred for colposcopy
- Colposcopic assessment and treatment are carried out according to CSW protocols and standards
- Liaison with the General Practitioner and the CSAD over individual management plans and non-attenders

Figure 1 gives a summary of the screening process.



Development of failsafe systems

The success of the screening programme depends on achieving a high level of coverage of the eligible population. Women who do not attend for their smear or default from repeat smears, colposcopy or follow-up should be given further opportunities to attend, as they may be at higher risk of developing cervical carcinoma. The term 'failsafe' includes all the arrangements to ensure this happens.

In the past, failsafe procedures have been developed on a regional, laboratory or colposcopy clinic basis. CSW has developed national policies to ensure that appropriate action is taken at each step of the screening process.

Safety Net

The original 'Safety Net' computerised failsafe system for women referred for colposcopy was developed in Dyfed Powys before the establishment of CSW.

The system is used to check that women are being referred for colposcopy when recommended, and are not lost to follow-up during treatment and subsequent surveillance. General Practitioners are automatically alerted by letter at 6 and 10 months if women have not been referred to colposcopy or have not attended their appointment. The Programme Co-ordinator is provided with regular lists of non-attenders to take action as appropriate.



Safety Net has been installed in all Cervical Screening Administration Departments, with appropriate IT support and staff training, and will significantly contribute to the integrity of the screening programme.

The role of General Practices

General Practices play a central role in encouraging women to attend for screening and colposcopy when required.

If a woman does not attend for a routine, repeat or follow-up smear, the CSAD sends a 'non-responder' card at 12 months. These give an opportunity to check her details and ensure that efforts are made to encourage the woman to attend. The non-responder card filed in the patient records acts as a reminder to offer screening when the woman next visits the practice.

Colposcopy units inform general practitioners when a woman fails to attend an appointment, so the woman can be encouraged to attend.

CSW Nurse Co-ordinators will be working closely with practice nurses, practice administrative staff and other health professionals to raise the profile of cervical

screening, provide education and advice about working with non-responders and encouraging each practice to improve their population coverage.

Managing performance

The development of the NSF revealed that the difficulties facing the programme were not the result of a lack of policies, standards and guidelines, but resulted mainly from deficiencies in its performance management arrangements. There was no single all-Wales programme and responsibility for discrete elements of the programme was divided between numerous individuals and organisations. Individuals, with the responsibility for implementation, often did not have the necessary authority. For most organisations and individuals, cervical screening was also only one of numerous other responsibilities and priorities they had to contend with.

For a successful screening programme, policies, protocols and standards must be successfully implemented, monitored and developed. Appropriate organisational and performance management arrangements are, therefore, central to the NSF and to Cervical Screening Wales.

These arrangements are based on key principles. Many are closely modelled on the approach used by Breast Test Wales.

- **There should be a single All-Wales cervical screening programme with a single individual having overall responsibility for the programme.** CSW is responsible for the provision of the NHS cervical screening programme for all eligible women resident in Wales. Its Director, Dr Cerilan Rogers, has overall responsibility for the delivery, quality assurance and evaluation of the entire programme.
- **Those responsible for setting policies, protocols and standards should also be responsible for the consequences of their implementation.** CSW has responsibility for the clinical governance of all elements of the programme and carries legal liability.
- **There should be a clear management focus on the programme, with those managing the programme having few competing priorities.** The Director of CSW is also responsible for BTW and the two programmes share many common attributes. Most other senior staff involved in the management of the programme either work only for CSW or for both CSW and BTW or work for specified sessions of their time for CSW.
- **There should be clear lines of accountability throughout the programme.** All staff working within the programme, irrespective of their employing organisation, are accountable to the Director of CSW for the work that they undertake within the programme. For staff employed by other organisations, these accountability arrangements are documented in written agreements between CSW and all NHS Trusts involved



in the delivery of the programme. Accountability has also been further clarified through the employment by CSW of the administrative staff which run the call and recall system, local Programme Co-ordinators, Nurse Co-ordinators and other key staff.

- **Quality assurance (QA) should be central to the management of the programme.** All staff within the programme have defined responsibilities for quality assurance. Quality assurance arrangements are further strengthened through the employment of a full time QA Manager and the sessional employment of a Consultant QA Adviser in Pathology and a Consultant QA Adviser in Colposcopy. QA of local administrative, pathology and colposcopy services is centred around the CSW Quality Manual (see below).
- **Management and quality assurance responsibilities should be integrated as far as is practicable.** Wherever possible, line management responsibilities and responsibility for the quality assurance of elements of the programme are identical.
- **Individual and organisational roles and responsibilities within the programme should be clearly defined.** Individual roles and responsibilities are clearly defined in individual job descriptions and in the NSF itself. Organisational responsibilities are documented in the written agreements between CSW and NHS Trusts and health authorities.
- **Mandatory All-Wales policies and protocols should replace recommendations and guidelines.** A mandatory All-Wales Cervical Screening Policy has been developed. Mandatory All-Wales Cervical Screening Protocols have also been developed to replace the previous guidelines. The principle of clinical freedom has been preserved within the protocols by allowing a documented departure from a protocol to be made in exceptional clinical circumstances. Such departures will be monitored closely.
- **Policies, protocols and standards should be amended appropriately in the light of developing evidence and experience.** CSW, through its management groups, provides both the necessary expertise and a structure within which evidence and experience can be considered and policies, protocols and standards devised and amended as appropriate.
- **Policies and protocols should cover all elements of the programme and should be clearly documented.** The All-Wales Cervical Screening Policy and All-Wales Cervical Screening Protocols are documented in the CSW Quality Manual. The Quality Manual contains detailed operational procedures for use in each part of the programme.

All-Wales cervical screening policy

The eligible population

- The target age group for cervical screening is women aged 20 to 64
- Women under 20 must not be screened

Recall interval

- Women for whom normal recall is indicated must be sent their next invitation three years after their normal test

Opportunistic smear taking

Opportunistic smear taking must only be carried out in the following circumstances:

- Women who have reached their 20th birthday and have never been screened
- Women aged over 20 who were last screened more than three years previously

'Clinically indicated' smears

- Cervical cytology is a screening test and is not an appropriate diagnostic test. The taking of a cervical smear is never 'clinically indicated' within primary care
- Decisions about the subsequent management of a woman with symptoms must not wait for, and must not be made on the basis of, a negative cytology result

Smears taken without this policy

- Smears taken without this policy should not be included within the screening programme. For an initial period, such smears will continue to be screened, but will be closely monitored

All-Wales cervical screening protocols

Protocols, in the form of Standard Operating Policies and Procedures (SOPPs), are the basis of the CSW Quality Manuals for Administration, Pathology and Colposcopy. The Quality Manuals are controlled documents and updates are issued periodically.

Each SOPP ensures the smooth and consistent operation of a single aspect of the programme and many SOPPs were based on examples of good practice from across Wales. Each SOPP specifies:

- The staff responsible for ensuring compliance and for carrying out the procedure
- Relevant quality standards
- The procedure to be followed
- Quality control and audit arrangements

CSW Administration Quality Manual

Contains SOPPs to be followed within CSADs, including:

- Management of the prior notification list
- Management of invitation letters
- Management of laboratory result forms
- Management of result letters

CSW Pathology Quality Manual

Contains SOPPs to be followed within all pathology laboratories including:

- Specimen reception
- Staining procedure
- Screening, checking and reporting procedures
- Suggested management
- Transferring results to the CSAD

CSW Colposcopy Quality Manual

Contains SOPPs to be followed within all colposcopy services including:

- Assessment and diagnosis
- Treatment
- Follow-up

- **Performance against standards should be closely monitored and appropriate action taken in cases of non compliance.** Through the Cervical Screening Information Project (CSIP), CSW has defined the data that must be collected and the information that must be produced to monitor the performance of each element of the programme. Information will be monitored at a local and all-Wales level, with the Programme Co-ordinators

taking the lead at local level and the QA Manager having a pivotal role as a link between the local and all-Wales levels. Appropriate action will be taken to investigate and, where necessary, resolve cases of non compliance.

- **All relevant professions and disciplines should be involved in the management of the programme and, where appropriate, management should be delegated to a local level.** An All-Wales Management Group is responsible for operational policy, overseeing the performance of all elements of the programme and ensuring that appropriate action is taken when required. Five Local Management Groups, based on health authority boundaries are responsible for problem solving and policy implementation at a local level. Both the All-Wales and Local Management Groups contain members from all relevant professions and disciplines including pathology (medical and technical), colposcopy, general practice, nursing and administration.

All Wales Management Group

- Director (Chairman)
- 5 Programme Co-ordinators
- All-Wales QA Pathologist
- All-Wales QA Colposcopist
- All-Wales QA Manager
- A Cervical Cytology Manager
- Welsh Cytology Training School Director
- A General Practitioner
- Head of Information and Evaluation
- General Manager
- Head of Administration
- A Cervical Screening Administration Manager
- A Cervical Screening Nurse Co-ordinator
- Management Accountant
- Director of Finance
- Director of Personnel

In support: Corporate Support Officer; Project Manager - Health Solutions
Wales/Screening systems support

Local Management Groups

- The local Programme Co-ordinator (Chairman)
- The Lead Cervical Cytology Consultant Pathologist from each local laboratory
- The Cervical Cytology Manager from each laboratory
- Lead Colposcopists from each local service
- The local Cervical Screening Administration Manager
- The local Cervical Screening Nurse Co-ordinator
- An appointed General Practitioner

Although all staff working in the programme have an essential part to play in ensuring its quality, the Programme Co-ordinators, Nurse Co-ordinators, All Wales QA Pathologist and QA Colposcopist and the All-Wales QA Manager have key roles. Their responsibilities are outlined below.

All-Wales QA Pathologist and QA Colposcopist

The All-Wales QA Pathologist and QA Colposcopist are employed by CSW on a sessional basis and are responsible for:

- Providing professional advice to the Director and the AWMG
- Liaising with and supporting all CSW pathologists and colposcopists
- Developing and overseeing cytology, histology and colposcopy QA and audit
- Ensuring that appropriate investigations are carried out where the performance of a service, or individuals working within a service, is questioned

All-Wales QA Manager

A full time All-Wales QA Manager is responsible for:

- Providing professional advice to the Director and the AWMG
- Liaising with and supporting technical staff working in cervical cytology and histology
- Developing, running and overseeing QA and proficiency testing schemes
- Investigating cases where the performance of individuals is called into question

Programme Co-ordinators and Nurse Co-ordinators

Five medically qualified, locally based Programme Co-ordinators are employed on a part time basis by CSW. Each is responsible for:

- Overseeing and co-ordinating the elements of CSW within a single health authority area
- Providing relevant advice to smear takers, laboratories and colposcopy services
- Monitoring the performance of smear takers, laboratories and colposcopy services
- Ensuring the local delivery of initial and update training for smear takers
- Acting as the clinical and medical adviser to the local CSAD
- Ensuring the implementation of failsafe arrangements and a local non-responder scheme

Five locally based part-time Nurse Co-ordinators are employed and are responsible for:

- Facilitating the local delivery of initial and update training for all smear takers
- Providing ongoing advice and support to nurse smear takers
- Organising and participating in a local non-responder scheme

Information for professionals and the public

Information about the screening programme is collected and disseminated by Cervical Screening Wales. There are a number of reasons why this information is needed.

Clinical and epidemiological information is necessary to monitor the performance of each element of the cervical screening programme. Information is used in:

- Clinical management
- Administration
- Quality assurance (using performance indicators)
- Evaluation

Women eligible to be screened must have information to understand the nature, benefits and limitations of the cervical screening programme. The decision whether or not to accept the opportunity to be screened must be an informed one. Eligible women must also be given the opportunity to influence the cervical screening programme. CSW will improve service quality by acting on user comments and undertaking regular satisfaction surveys.

Confidentiality

The Director of Cervical Screening Wales is the Caldicott Guardian for the data held on women in the eligible age group. In order to ensure the confidentiality of these data, CSW has strict protocols for access outlined in its Information Policy. Some administrative data are shared with the health authorities and formal agreements have been made with the Directors of Public Health to ensure that all access to data complies with the recommendations of the Caldicott Committee Report.

CSW will only ever publish information on women as summary statistics and will never publish individual, personal details. If the screening programme identifies a woman with cervical cancer, patient identifiable details are passed to the Welsh Cancer Intelligence and Surveillance Unit, the agency responsible for monitoring the incidence of cancer in Wales.

Information on individual performance within the programme is anonymised. Only authorised CSW staff can access non-anonymised data and then only in clearly defined circumstances.



Cervical Screening Information Project (CSIP)

There has been insufficient information routinely available to monitor all aspects of the cervical screening programme in Wales:

- Different laboratory computer systems are used and differing data items have been collected in different ways
- Few colposcopy services in Wales have been computerised and even basic colposcopy data are difficult to obtain
- Limited information has been available about the individual performance of smear takers, screeners, pathologists and colposcopists

The Cervical Screening Information Project (CSIP) was established by CSW to address these issues and to:

- Validate the information requirements identified in the NSF
- Produce precise definitions for each data item to be collected
- Identify the action required to collect routinely the information that can be produced by existing systems
- Identify the action required to gather, collect and analyse the information that cannot be produced by existing systems

The project was divided into four sub-projects which considered:

- Cervical Screening Administration Department information to be obtained from the 'Exeter' computer used to run the call and recall system, including coverage at health authority and practice level
- Pathology information relating to the performance of laboratories, individuals working within laboratories and individual smear takers against relevant CSW standards
- Colposcopy information relating to the performance of colposcopy services, and of individual colposcopists, against relevant CSW standards
- Content and format of routine reports required by each elements of CSW to monitor the performance of the programme and of individuals within the programme

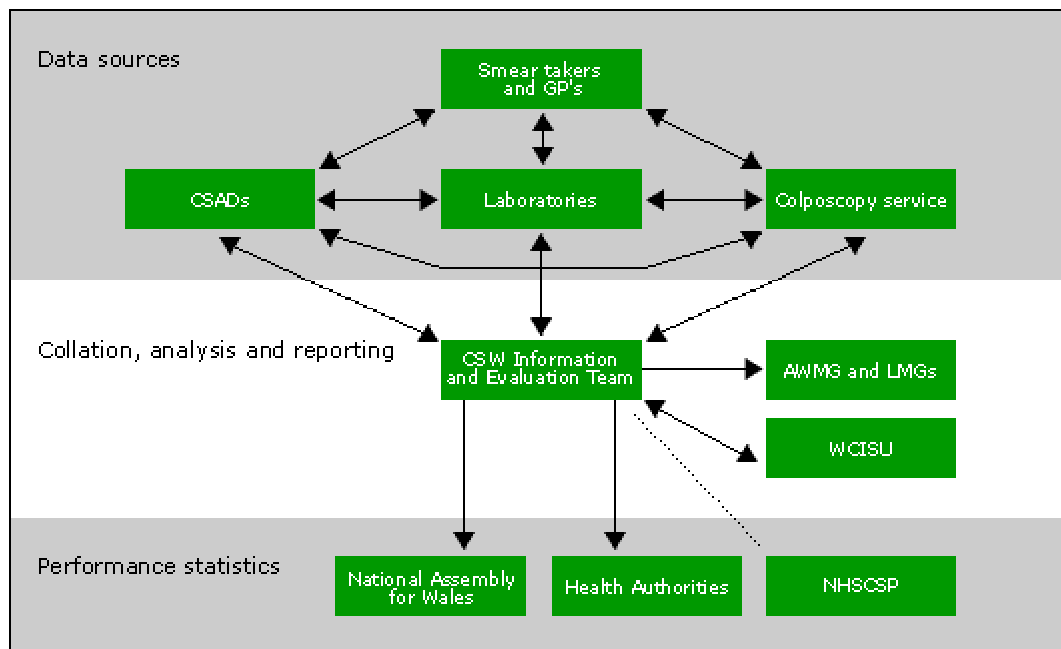
During 2000/01, the actions recommended by CSIP will be implemented, including:

- Appropriate modifications to the 'Exeter' software used within Wales
- Standardisation of the data collected by pathology laboratories and implementation of systems to extract and analyse these data in a consistent manner
- The development of an All-Wales Colposcopy Information System, to be used by all colposcopy services in Wales. This system will not only meet the information requirements identified by CSIP, but will also assist in the management and administration of each colposcopy service
- Register of smear takers to enable CSW to provide individual performance indicators and comparative information to all smear takers in Wales

Data flows and analysis

Collated information will be provided, in the format recommended by CSIP, to each laboratory and colposcopy service and will be distributed to members of the All-Wales Management Group and Local Management Groups. Local Programme Co-ordinators will distribute reports to individual smear takers and practices.

Summary statistics will also be given in Annual Reports, produced by Velindre NHS Trust and in annual KC returns to the Welsh Assembly. Statistics for the year 1999/2000 are included in Appendix 1.



Availability of information

Better Information - Better Health recommended that information should be publicly available on preventative measures and self care, NHS service availability, quality and waiting times. CSW has developed a range of information for women, outlined below.

Information for General Practitioners and smear takers

CSW has developed a comprehensive Guide for General Practitioners and Smear Takers, which is a dynamic document that will be updated periodically. The Guide contains a wealth of useful and practical information, to help general practitioners and smear takers inform women of the screening process, including:

- All-Wales Cervical Screening Policy
- All-Wales Cervical Screening Standards
- The call and recall system
- Taking a cervical smear
- Information for women
- Test results and recommended actions
- Inadequate smears
- Subsequent management
- Cervical Screening Wales contacts

Information for women

CSW has developed a range of bilingual information leaflets for women at different stages of the screening process, from invitation to referral for colposcopy, including:

- Having a cervical smear
- Should women who are virgins have cervical smears?
- The smear that needs to be repeated
- Investigation of an inadequate cervical smear
- Investigation of an abnormal cervical smear

The leaflets present consistent information in a clear way. The key message contained in the leaflets include:

- Cervical screening is not a test for cancer. It detects possible abnormalities, or changes in the cells, which may develop into cancer if they are not treated
- Almost all abnormalities detected by screening are successfully treated
- The examination of cervical smears is a highly skilled process. Like most medical tests, the test is not 100% accurate. However, having a regular smear test means that an abnormality is less likely to remain undetected
- Most results are normal. This means that no abnormal cells were found. No further investigations are needed, although you should continue to attend for routine smear tests, when invited
- A normal smear test means that no abnormality was detected at that time, but it is not a guarantee that no abnormalities exist
- Sometimes the sample of cells is not good enough to be examined properly. This does not mean that abnormal cells have been found and usually means that not enough cells were collected. You will be invited for a repeat smear test
- If you ever have irregular or unusual bleeding or smelly vaginal discharge, please tell your GP, even if you have had a recent negative smear test

A bilingual leaflet, outlining how women's data is stored and analysed, is available on request. All invitation letters contain a reference to the availability of this leaflet.

Training

Cervical Screening Wales is committed to ensuring the highest standards of training for all those involved in cervical screening and regular training is a fundamental part of CSW's commitment to quality. The locally based Programme Co-ordinators and Nurse Co-ordinators are currently working with existing training providers to strengthen the provision of initial and update training undertaken by smear takers. In addition, the training needs of members of other disciplines involved in cervical screening are being addressed.

Appropriate initial and update training will be provided for all staff involved in the process of primary screening, including reception staff and practice managers as well as doctors and nurses. Smear takers will be expected to take advantage of training opportunities and to update their knowledge and skills at least every five years.

CSW requires all laboratory personnel and colposcopists working within the programme to be accredited by their own professional bodies and to be adequately supervised while they are in training. All medical and clinical staff must participate in continuing professional development. Attendance at national conferences and seminars also makes a major contribution to the maintenance and continual improvement of the quality of the service.

The Welsh Cytology Training School

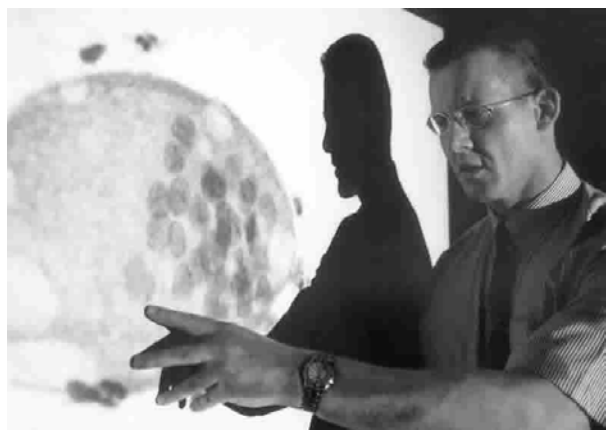
Following the implementation of the NSF, responsibility for the management of the Welsh Cytology Training School was adopted by Cervical Screening Wales. The School provides high quality training and continuing professional development for staff working in the screening programme across Wales and is led by its Director, Dr Margaret Cotter, and managed by Mr Andrew Evered.

The main emphasis is on primary training for new screening staff and up-date training for experienced staff. The school also provides training in non-gynaecological cytology. External speakers are invited to lecture at the school on specialised topics.

A variety of courses are offered including:

- Extensive introductory courses
- Preparatory courses for the NHSCSP Examination in Cervical Cytology
- Short courses
- One day and half day courses
- Peripatetic workshops
- Study days for consultant and senior trainee pathologists

Introductory courses in cervical cytology are provided free of charge to all trainee screening staff in Wales.



A number of free training places are also offered for update courses. Courses are open to laboratories outside Wales, but these places are chargeable.

Considerable investment has been made in the school following its adoption by CSW, incorporating the refurbishment of the school premises in co-operation with Llandough Hospital, and new equipment, including computer hardware and software and digital imaging equipment. CSW has also contributed to the acquisition of equipment for liquid based cytology.

New Technologies

Since the publication of the NSF, a number of key changes and important developments have occurred. The focus of attention has diverted away from the microscopic examination of smears, in particular the automation of this process (computer assisted screening), and is now concentrated on improving the smear collection and preparation process, in particular liquid based cytology (LBC). There remains strong interest in the utility of Human Papilloma Virus (HPV) testing in the screening process.

Computer assisted screening

The choice of technologies currently available to laboratories has reduced considerably, as a consequence of a reduction in the number of companies currently trading in computer assisted screening devices.

Liquid based cytology

The use of liquid based media to collect and preserve cells for cytological examination has been established for some time. Recent developments, however, present the opportunity to automate the process, to simplify and speed up specimen preparation and provide a potential opportunity to improve the reliability of cytological examination.

Liquid based cytology preparation (LBC) differs from conventional cytology in the way the sample is processed; it is designed to improve the sampling procedure. Although the use of LBC for cervical screening is a relatively new concept, it is already an established practice in non-gynaecological cytology.

The major difference is in the way the sample is treated after it has been taken. The basic procedure of sample collection remains unchanged, but requires the use of a type of sample collection device similar to a small soft 'brush'. Following sampling, the brush is immersed in a small container of special preservation fluid. The container is then sealed and transported to the laboratory.

During subsequent processing, a thin layer of cells, no more than a few cells thick, is formed on a microscope slide. The process retains the most interesting cells, whilst removing unhelpful material such as inflammatory cells. This process has the effect of creating a more uniform, representative preparation that may then be stained and examined under the microscope by screening staff in the usual way.



The National Institute for Clinical Excellence (NICE) has recently issued a report entitled *Guidance on the Use of Liquid Based Cytology for Cervical Screening*, which concluded that, although there is evidence that the process may provide benefits to the screening programme, there is insufficient evidence to justify the immediate introduction of LBC across England and Wales. NICE recommended that before the process can be routinely implemented, pilot projects should be undertaken to collect information on the effects, costs and practical implications of its introduction.

The National Assembly for Wales has asked Cervical Screening Wales to undertake its own pilot, arrangements for which are currently under consideration.

Human Papilloma Virus

The ability to use LBC preparations for additional testing which may help in the process of identifying disease, especially for the Human Papilloma Virus (HPV), was a prime consideration for the NICE investigation. In February 2000, the Minister for Public Health in England announced that the use of HPV testing as part of the NHS Cervical Screening Programme will be piloted. The NICE report recommended that the LBC trials should include an assessment of HPV testing; the role of the Hybrid Capture-II system manufactured by Digene is expected to be assessed in the pilot project.

The assessment of a woman's HPV status may have an important role in the screening process, particularly in the management of patients with persistent low grade disease. A Health Technology Assessment report, published by the National Screening Committee in September 1999, supported this view.

At this stage, a test for HPV alone cannot be used as a screening tool to detect pre-malignant changes as there are a number of confounding factors involved. For example, a woman who tests positive for HPV may not have developed cervical intra-epithelial neoplasia (CIN) and will therefore have a negative cervical smear, or a woman identified to have a low risk HPV strain may later be re-infected with a high risk strain and acquire an increased risk. Viral load (amount of virus present) which is not measured in the current test, may be an important factor in the development of CIN.

Interest, therefore, remains centred around tests to determine not only the presence of HPV, but also the risk-type of the virus identified.

Research

The annual statistical returns for cervical screening have given limited information about service delivery and the new reports for the NSF will provide a more detailed analysis of the programme. The central collation of the data required for the NSF reports will facilitate further research on service delivery such as the assessment of equitable uptake and coverage of the eligible population, not only by defined geographical areas such as health authorities but also by age and by measure of deprivation. Improved knowledge of patterns of coverage will help direct health promotion activity appropriately.

In the new year CSW will be considering how best to seek women's views on aspects of the service and where possible, to act on suggestions to improve the service.

New tests for Human Papilloma Virus offer the opportunity for research into the aetiology of cervical cancer and improved screening strategies. CSW, in collaboration with clinical and academic colleagues, is developing a research proposal to assess the role of the various types of HPV, the viral load and viral persistence in the development of CIN and invasive cancer at different ages.



Appendix 1

This statistical summary for the cervical screening programme has been based mainly on data collated by the Health Statistics and Analysis Unit at the National Assembly for Wales and published in January 2001. From January 2001 Cervical Screening Wales will assume responsibility for producing the information required for monitoring the programme.

Table 1 presents the numbers of women invited and tested (most recent test) and the total number of smears examined in the last screening year. Of the 250,746 women invited: 192,123 were on call or routine recall and 58,623 were invited for early repeat smears.

Table 1

Results of cervical screening for women aged 20-64 years April 1999 - March 2000

	Numbers	%
Total women invited	250,746	
Total women tested	206,369	
Women on call/routine recall invited	192,123	
Women on call/routine recall after invite	105,199	
Of those women who were tested:		
Call	6,092	(3.0%)
Routine recall	99,107	(48.0%)
Repeat smears for surveillance	16,610	(8.0%)
Repeat smears for abnormality	8,230	(4.0%)
Repeat smears for inadequate	12,581	(6.1%)
While recall suspended	13,690	(6.6%)
Opportunistic screening	50,059	(24.3%)
Total tests	233,072	
Number of women whose smear was positive*	1,657	(0.8%)

Source: KC53 and KC61 data

Note: This looks at the women's most severe result in the year. Positive includes results reported as 'severe dyskaryosis', 'severe dyskaryosis / ?invasive carcinoma', or 'severe dyskaryosis/?glandular neoplasia'.

The programme achieved the target coverage of at least 80 percent over five years. At 31 March 2000, 81.3 per cent of women aged 20-64, resident in Wales, had been screened at least once in the previous five years. Figure 1 shows the coverage over three and five year periods in the last decade. Coverage was calculated, for the years 1989/90 - 1996/97, as women tested as a percentage of the eligible population, that is the resident population less those women whose recall was ceased. For the years 1997/98 - 1999/00, the definition changed to women tested as a percentage of the resident population less those women whose recall was ceased for clinical reasons.

The work load of the various laboratories in Wales is shown in figure 3.

Figure 3

Total number of smears examined by pathology laboratory 1999/00

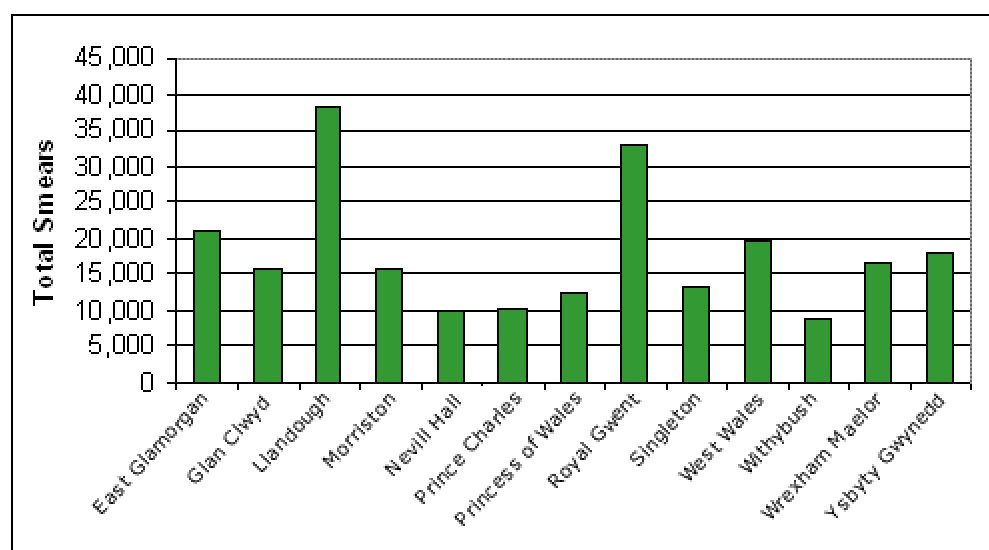


Table 2 shows the numbers and proportion of results from all adequate smear examinations over the last six years. During this time the number of smears with severe dyskaryosis or invasive cancer has fallen, an expected result of an organised screening programme.

Table 2

Results of all adequate smears (%) 1994/95 to 1999/00

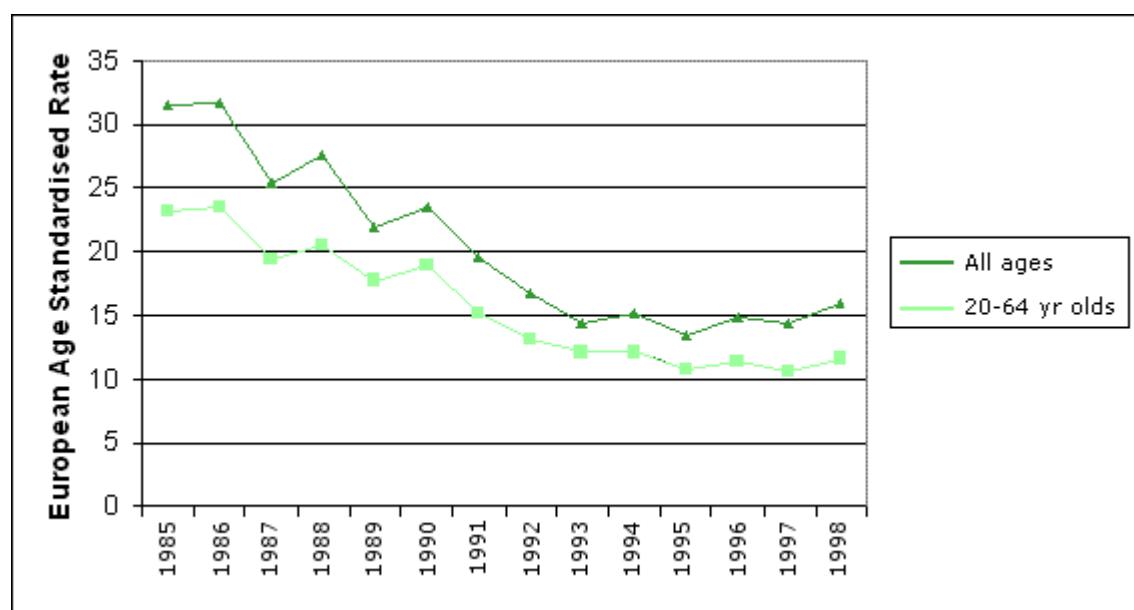
Result of test	1994/95 n (%)	1995/96 n (%)	1996/97 n (%)	1997/98 n (%)	1998/99 n (%)	1999/00 n (%)
Negative	224176 (90.9)	223762 (90.9)	209891 (91.5)	187457 (92.2)	185154 (92.0)	179064 (91.5)
Borderline changes	11742 (4.8)	11256 (4.6)	9390 (4.1)	8165 (4.0)	8432 (4.2)	8700 (4.4)
Mild dyskaryosis	5667 (2.3)	5723 (2.3)	5250 (2.3)	4465 (2.2)	4627 (2.3)	4678 (2.4)
Moderate dyskaryosis	2824 (1.1)	2704 (1.1)	2809 (1.2)	1912 (0.9)	1910 (0.9)	1959 (1.0)
Severe dyskaryosis	1696 (0.7)	1804 (0.7)	1588 (0.7)	943 (0.5)	986 (0.5)	982 (0.5)
?invasive carcinoma	189 (0.1)	167 (0.1)	132 (0.1)	86 (0.03)	81 (0.04)	85 (<0.01)
?glandular neoplasia	301 (0.1)	270 (0.1)	293 (0.1)	183 (0.1)	148 (0.1)	174 (0.1)
Result not known		488 (0.2)	42 (<0.01)			

Source: KC61 data

The annual European age standardised incidence rates of invasive cervical cancer has fallen from 23.3 per 100,000 population in 1985 to 11.6 in 1998 - the latest year for which data is available (Figure 4).

For the 20-64 year age group the figures are 31.4 and 15.9 respectively. Further decline in incidence can be expected if the coverage of the screening programme improves and new technology is developed for the early detection of pre-cancerous disease.

Figure 4
European age standardised incidence rates of invasive cervical cancer, 1985-1998



Source raw data for invasive cancers: Welsh Cancer Intelligence and Surveillance Unit
Population estimates: National Assembly for Wales

Table 3 shows the fall in the numbers of women dying each year from cervical cancer. The European age standardised rates show that mortality from cervical cancer has halved since 1985.

Table 3
Cervical Cancer Mortality Figures and Rates, 1985-1998

Year	85	86	87	88	89	90	91	92	93	94	95	96	97	98
Total deaths	139	135	129	124	122	120	129	105	103	100	80	86	72	77
Crude rate per 100,000	9.6	9.3	8.9	8.5	8.3	8.1	8.7	7.1	6.9	6.7	5.4	5.8	4.8	5.2
EASR	8.3	8.1	7.8	7.2	6.6	6.4	7.5	5.8	5.5	5.4	4.5	4.4	4.1	4.0
WASR	6.2	6.2	5.9	5.4	4.9	4.7	5.7	4.3	4.1	4.1	3.5	3.2	3.1	3.0

Source raw data: National Assembly for Wales
EASR = European Age Standardised Rate
WASR = World Age Standardised Rate

Appendix 2

All-Wales Management Group

Dr Cerilan Rogers	Director (Chairman)
Dr Ann Cattell	Programme Co-ordinator
Dr Rosemary Fox	Programme Co-ordinator
Dr Anne Hauke	Programme Co-ordinator
Dr Helen Pack	Programme Co-ordinator
Dr Janet Thomas	Programme Co-ordinator
Dr Rod Denholm	All-Wales QA Pathologist
Mr Simon Leeson	All-Wales QA Colposcopist
Mr Bryan Rose	All-Wales QA Manager
Mr David Nuttall	Cervical Cytology Manager
Dr Margaret Cotter	Welsh Cytology Training School Director
Dr Patricia Dryden	General Practitioner
Dr Hilary Fielder	Head of Information and Evaluation
Mr Mark Dickinson	General Manager
Miss Alison Jenkins	Head of Administration
Mr Keith Dicks	Cervical Screening Administration Manager
Miss Christine Owen	Cervical Screening Nurse Co-ordinator
Mrs Margaret Krawiecka	Management Accountant
Mr Paul Miller	Director of Finance
Mr Ian Sharp	Director of Personnel
In support:	
Miss Lisa Heydon	Corporate Support Officer

Mr Phil Walters

Project Manager – Health Solutions Wales/Screening
systems support