



South West London
Kingston Borough Team
Richmond and Twickenham Borough Team

NHS Cervical Screening Programme in Kingston and Richmond

ANNUAL REPORT 2010-12

1. Introduction

All women between the ages of 25 and 64 are eligible for a free cervical screening test. The NHS Cervical Screening Programme now offers screening at different intervals: 3 yearly for women aged 25-49 and 5 yearly for women aged 50-65. Cervical Screening in NHS Kingston is commissioned from Kingston Hospital Trust (KHT) and primary care (see Appendix 1). In 2010/11 the laboratory at Kingston Hospital examined approximately 12,000 samples collected at NHS Kingston (NHSK) GP Practices and Community Clinics and approximately 10,000 from NHS Richmond and Twickenham (NHSRT). It processed 35,575 samples in that year.

2. Targets and quality standards

There are two main national targets related to coverage and cytology turnaround times. There are additional targets for laboratory, colposcopy and call-recall services and these can be found at <http://www.cancerscreening.nhs.uk/>.

3. Performance in 2010/11 – 2011/12

Over the past year the Kingston and Richmond Cervical Screening Programme continued to deliver a high quality service for local women. An increasing proportion of eligible women are accessing the service and the majority of women receive their cytology results within the recommended two weeks. A major effort has been made to reduce DNA ('did not attend') rates within the colposcopy clinic with marked improvements.

3.1. Screening coverage – performance maintained.

Until recently the national target for Cervical Screening was 80% of 25-64 year old women screened within the past 5 years. NHSK's overall coverage performance was 76% in 2010/11 and it was 78.8% in NHSRT - similar to previous years' performance.

Table 1. Screening coverage of women aged 25-64 years

SWL PCT	2007/08	2008/09	2009/10	2010/11
KINGSTON	76.0%	76.1%	76.1%	76.0%
RICHMOND & TWICKENHAM	77.2%	77.6%	78.3%	78.8%
WANDSWORTH	71.2%	71.5%	73.5%	73.8%
CROYDON	75.5%	75.9%	76.3%	76.6%
SUTTON & MERTON	75.4%	76.0%	76.1%	76.3%

The Care Quality Commission (CQC) divides the coverage performance measure into two categories:-

- (1) % of 25-49 year old women screened within the past 3.5 years
- (2) % of 50-64 year old women screened within the past 5 years

Using the CQC performance framework (see key below), this means that, NHSK and NHSRT achieved both cervical screening targets for coverage in 2010/11 and the overall performance was 'green'.

The overall coverage was maintained in NHSK and in NHSRT. Coverage in the 25-49 years age group improved in both PCTs and it reduced in the 50-64 years group.

Table 2. Performance in 2009/10 and 2010/11 (coverage of women aged 25-49 and 50-64 years)

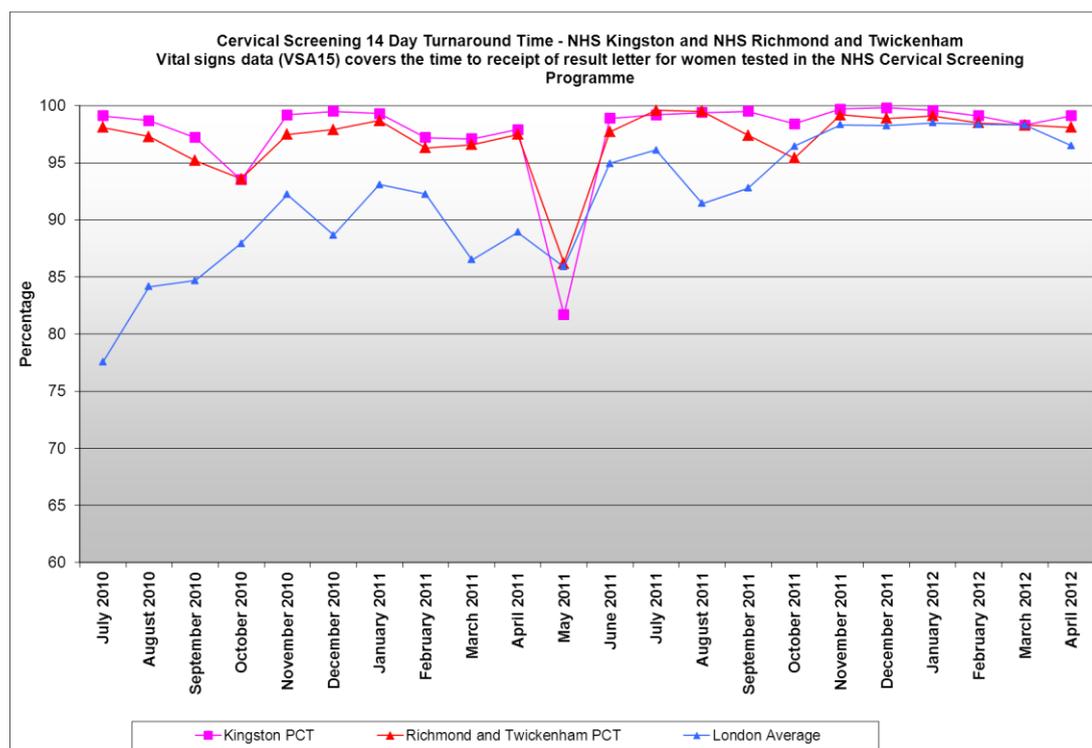
2009/10			2010/11		
Part 1	Part 2		Part 1	Part 2	
25-49 (less than 3.5 yrs since last adequate test) (%)	50-64 (less than 5 yrs since last adequate test) (%)	25-64 (less than 5 yrs since last adequate test) (%)	25-49 (less than 3.5 yrs since last adequate test) (%)	50-64 (less than 5 yrs since last adequate test) (%)	25-64 (less than 5 yrs since last adequate test) (%)
<i>Kingston</i> 70.4	78.3	76.1	70.8	76.7	76.0
<i>R&T</i> 73.4	78.4	78.3	74.4	77.3	78.8

Key to cervical screening coverage targets:

National priority indicators	Achieve	Underachieve	Fail
Cervical screening	Part 1: >=70% AND Part 2: >=75%	Part 1: >=60% AND Part 2: >=65%	Part 1: <60% OR Part 2: <65%

3.2. **Cytology result delivery turnaround time** – aims to ensure that all women receive their cytology results within two weeks from the time the sample is taken. The laboratory at Kingston Hospital has been improving turnaround times year-on-year for many years and by the end of 2010/11, the national target of 98% was consistently achieved (see Figure 1). General practice and community clinic staff continue to contribute to the delivery of this target and over the past year they transported cytology samples to the laboratory with increasing speed. The PCSS continue to send results letters daily by first class post.

Figure 1. NHSK and NHSRT Cytology Turnaround Times (2010 to 2012)



According to the latest available report Kingston Hospital's result processing times were consistently above the London average except in May of 2011. This dip was due to the higher numbers of number of bank holidays associated with the Royal wedding. The Turnaround Time in February 2012 was 99%.

Appendix 2 summarises all London PCT Turnaround Time performance.

3.3. **Failsafe** – The local failsafe policy was updated in March 2012 to reflect new national guidelines. In addition, a direct referral system (from laboratory to colposcopy) has been successfully implemented over the past 3 years. This care pathway change also improved the failsafe system and made it more straightforward. In addition, direct referrals saved a considerable amount of administrative time within primary and secondary care.

In 2010/11 the electronically generated HMR101 cervical cytology request form was introduced. This form is accessed by smear takers via the Open Exeter database. The advantage of using this form is that it is legible; pre-populated and includes up to 10 previous cytology results.

3.4. **Cytology reporting rates complied with national standards**

Inadequate: 3.16%	[National standard 5.8 – 12.9%] <i>NB target due to be revised to reflect lower inadequate rates expected as a result of Liquid Based Cytology</i>
Low grade cytology abnormalities: 8%	[National Standard 4.1- 9.4%]
High Grade cytology abnormalities: 0.95%	[National Standard 1-2%]
Sensitivity for all abnormalities primarily screened as abnormal: 91%	[National target range \geq 90 %]
Sensitivity for all abnormalities screened as high grade: 95%	[National target range \geq 95 %]
Positive Predictive Value: 70%	[National Standard 65-90%]

3.5. **Colposcopy waiting times** – Additional clinical staff (a nurse colposcopist) has been recruited to increase clinic capacity. Direct referrals from laboratory to colposcopy has also contributed to the improved waiting times during the time period under review.

3.6. **Colposcopy result letters turn around time** – During 2011/12 the target of reporting colposcopy results within 8 weeks was not met. In quarter 3, 88% of results reached patients within the required 8 weeks. Further action is being taken to improve this.

3.7. **Colposcopy DNA ('did not attend') rates** – During 2010/11 the new appointment DNA rate reduced substantially - 18% in 2009/10 and 11% in 2010/11. Follow up DNA rates however remained high at 21%. Most recent data shows that both new and follow up DNA rates have improved during 2011/12 (8% and 13% respectively). This was as a result of an initiative to contact women prior to their appointment.

3.8. **Health promotion activity** – Health promotion is an essential part of an effective screening programme. In Kingston considerable promotional work was undertaken over the past year in order to raise awareness about the availability and benefits of cervical screening and to encourage women to access screening. Many promotion activities were targeted: Mental Health groups; Tamil community; Refugee Action Group (with people speaking Tamil, Farsi, Punjabi, Hindi, Korean, Kurdish and Arabic); Korean community group; English as a Second Language groups; women with learning difficulties and their carers

Local community events and PCT health events were also used for promotion. For example this included talks to Malden & Coombe Townswomen's Guild; and Kingston University staff and students. The cancer screening coordinator also worked with Kingston Churches action on Homelessness, providing information on, and access to, screening for homeless people at the winter night shelters.

3.9. **Training for health professionals** – The cancer screening coordinator has continued to offer regular training for general practice and community clinic staff, including an initial 2-day cervical cytology course and update training. These training events aimed to ensure that all sample takers have up-to-date knowledge of the programme. The update training programme provides a reminder of good technique,

to reduce the number of inadequate samples, along with the latest guidance on best practice and associated, relevant topics.

Clinical groups have continued to receive a cancer screening newsletters covering all three cancer screening programmes (cervical, breast and bowel cancer screening).

Cervical screening practice profiles have continued to be shared with all GP surgeries. They provided practice statistics from both QMAS and Open Exeter databases and allowed practices to observe the difference between the Open Exeter statistics (on which PCTs are performance monitored) and QMAS statistics (allowing for exception reporting within individual practices). This information aimed to help practices to improve their screening uptake and coverage by reaching out to those women who either declined their invitations or did not attend their appointments.

The cancer screening coordinator has continued to collaborate with local clinical teams to explore ways in which practice uptake could be improved.

4. Quality assurance and performance monitoring

The local cervical screening programme's performance is reviewed quarterly by the Kingston and Richmond District Cervical Screening Committee.

In addition the screening service is quality assured by the London Quality Assurance Reference Centre (QARC). QARC aims to maintain standards and to improve the performance of all aspects of cancer screening, and to ensure that the population have access to a high quality screening service, wherever they live.

- 4.1. **Serious Incident(s)** - The Kingston and Richmond Cervical Screening Programme reported one Serious Incident to the London QARC during 2011/12. The incident occurred at the Primary Care Support Service (PCSS) call-recall office and it involved a small number of misplaced invitation and result letters. The incident was fully investigated and followed up by the PCSS, stakeholder PCTs and the London QARC.
- 4.2. **Quality Assurance Action Plan** – NHSK and NHSRT were jointly visited by London Quality Assurance Reference Centre (QARC) in June 2009. All but one of the recommendations were implemented following the visit. The outstanding recommendation relates to the HBPCs job plan which has been highlighted on a number of occasions to Kingston Hospital Senior Management Team.

5. Plans for 2012/13

- 5.1. **London Quality Assurance visit** - The local cervical screening programme will be visited by the London QARC in June 2012. Stakeholders are keen to showcase the many examples of good practice and welcome constructive suggestions for improvement.
- 5.2. **Care pathway redesign** – Colposcopy referral following the first mild abnormal sample is planned to be introduced at the beginning of 2012/13. HPV triage will be implemented six months following this.

Appendix 1.

Summary of Cervical Commissioning Screening Programmes in NHS Kingston and South West London, October 2010

Aim	Commissioning arrangements and performance management	Providers	Contract/ SLA	Compliance with QA visit recommendations OR reference to national standards	Outstanding actions	Proposed future PCT Board assurance mechanism
Prevent cervical cancers by screening women aged 25-49 and 50-64 years every 3 and 5 years respectively.	<ul style="list-style-type: none"> - Commissioning services from and Primary Care. - Performance management through stakeholder meetings (quarterly) and the London Quality Assurance Reference Centre 	Kingston Hospital Trust PCSS Independent GP contractors and Community Health Services	Acute Contract: - Gynaecology - Histopathology - Cytopathology Primary care: - NHSK SLA with PCSS - Primary care GMS contract - Your Health Care /Community contract	QA review in June 2009. Overall good compliance with standards.	<ul style="list-style-type: none"> - Further improve coverage. - Implement QA action plan in full (NB very good progress made so far). - Arrangements for commissioning and coordination may pose a risk. This is under review. 	SWL Cancer Screening Commissioner annual report. Cancer Network reports. Kingston Hospital annual report.

Appendix 2.

<http://www.londonqarc.nhs.uk/section.php?id=311>

London Cervical Screening Programme

London Quality Assurance Reference Centre

Vital signs data for the NHS Cancer Screening Programme VSA15 covers the time to receipt of result letter for women tested in the NHS Cervical Screening Programme: December 2011 to February 2012

Primary Care Trust	Number in month December 2011		*Percentage with EDD within 14 days*	Number in month January 2012		*Percentage with EDD within 14 days*	Number in month February 2012		*Percentage with EDD within 14 days*
	Letters to women tested (VSA15_02)	EDD within 14 days (VSA15_01)		Letters to women tested (VSA15_02)	EDD within 14 days (VSA15_01)		Letters to women tested (VSA15_02)	EDD within 14 days (VSA15_01)	
Redbridge PCT	1344	1340	↔ 99.7	1380	1375	↓ 99.6	1780	1777	↑ 99.8
Havering PCT	1152	1151	↓ 99.9	1272	1269	↓ 99.8	1435	1432	↔ 99.8
Lewisham PCT	1745	1734	↓ 99.4	1851	1840	↔ 99.4	2257	2251	↑ 99.7
Enfield PCT	1687	1671	↓ 99.1	1788	1778	↑ 99.4	2008	2002	↑ 99.7
Tower Hamlets PCT	1598	1591	↑ 99.7	1607	1598	↓ 99.3	2035	2028	↑ 99.7
Southwark PCT	1925	1908	↑ 99.1	1860	1834	↑ 98.6	2326	2317	↑ 99.6
Barking and Dagenham PCT	874	873	↑ 99.9	991	990	↔ 99.9	1118	1114	↓ 99.6
Westminster PCT	997	979	↓ 98.2	1227	1212	↑ 98.8	1438	1430	↑ 99.6
Waltham Forest PCT	1458	1443	↓ 99.0	1892	1883	↑ 99.5	1807	1800	↑ 99.6
Sutton and Merton PCT	1806	1801	↑ 99.7	2080	2076	↑ 99.8	2581	2569	↓ 99.5
Lambeth PCT	2309	2285	↔ 99.0	2214	2184	↓ 98.6	3050	3033	↑ 99.4
Barnet PCT	2108	2087	↑ 99.1	2084	2028	↓ 98.2	2580	2584	↑ 99.4
Camden PCT	1327	1315	↔ 99.1	1208	1196	↓ 99.0	1797	1784	↑ 99.3
Kingston PCT	1010	1008	↑ 99.8	908	902	↓ 99.6	1172	1162	↓ 99.1
Hammersmith and Fulham PCT	1038	1019	↑ 98.2	1094	1074	↔ 98.2	1318	1305	↑ 99.0
Wandsworth PCT	2275	2255	↑ 99.1	2292	2263	↓ 98.7	2950	2918	↑ 98.9
Islington PCT	1425	1418	↑ 99.4	1394	1384	↓ 99.3	1910	1889	↓ 98.9
Kensington and Chelsea PCT	809	798	↓ 98.4	965	943	↓ 97.7	1196	1182	↑ 98.8
Newham PCT	1988	1957	↑ 99.4	1888	1870	↓ 99.0	2249	2223	↓ 98.8
City and Hackney Teaching PCT	1589	1579	↑ 99.4	1632	1609	↓ 98.6	2100	2070	↔ 98.6
Haringey Teaching PCT	1754	1727	↓ 98.5	1644	1619	↔ 98.5	2225	2194	↑ 98.6
Richmond and Twickenham PCT	972	961	↓ 98.9	1046	1037	↑ 99.1	1343	1323	↓ 98.5
Hounslow PCT	1298	1283	↑ 99.0	1437	1414	↓ 98.4	1898	1886	↔ 98.4
Croydon PCT	1856	1790	↓ 96.4	2043	1942	↓ 95.1	2490	2450	↓ 98.4
Bexley Care Trust	1343	1213	↓ 90.3	1388	1303	↑ 95.2	1599	1588	↓ 98.1
Brent Teaching PCT	1616	1579	↓ 97.7	1580	1565	↑ 99.1	2079	2038	↓ 98.0
Hillingdon PCT	1043	1024	↓ 98.2	1293	1270	↔ 98.2	1497	1463	↓ 97.7
Harrow PCT	875	867	↑ 99.1	959	953	↑ 99.4	1279	1250	↓ 97.7
Bromley PCT	1914	1810	↓ 94.6	2108	2018	↑ 95.8	2437	2375	↑ 97.5
Greenwich Teaching PCT	1724	1546	↔ 89.7	1780	1678	↑ 93.3	2086	2004	↑ 97.0
Ealing PCT	1904	1873	↓ 98.4	2011	1973	↓ 98.1	2376	1945	↓ 81.9

EDD - Estimated Date of Delivery

Cohort - Covers the time to receipt of result letter for women tested in the NHS Cervical Screening Programme. VSA15 will measure the percentage of women with an expected date of delivery for their cervical screening test within 14 days of the test being taken.

"Improving Outcomes: A Strategy for Cancer paper" on page 39, paragraph 4.25 has stated, "as recommended by the Advisory Committee on Cervical Screening (ACCS), the threshold for achieving this has been set at 98%." Please visit the website below for further information:"

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123371