EMBARGOED UNTIL DATE OF MEETING.

Greater Glasgow NHS Board

Board Meeting

Tuesday 15 April 2003 **Board Paper No. 03/27**

DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH ISSUE - GGNHSB CERVICAL SCREENING PROGRAMME - ANNUAL REPORT 2001/2002

Recommendation:

Members are asked to note and comment on this report which outlines the performance of the screening programme within the Board's area.

1 Background

Each year we present a report to members outlining the activity and outcome noted within the cervical screening programme in the Board's area. Cervical cancer is a relatively uncommon cancer but it is easily detected in a pre-malignant stage when dangerous cells can be destroyed, preventing the subsequent development of an invasive malignancy. Over the years a progressive decline in cervical cancer mortality has been noted in Scotland, confirming the success of the cervical cancer screening programme.

Effective programmes have a high uptake amongst the target population, accurate pathology and timely recall of women who may have unsatisfactory or suspicious results.

2 Current Report

The 12th annual report of the screening programme shows steady progress in improving uptake. Women are sent invitations to be screened at least every five years although in practice it is usually within three years. We measure uptake within sequential 5.5 year periods since this is agreed as the time limit within which women should be invited and should attend for smears. Within the 5.5 year period to 31 March 2002, the screening uptake was 83%. Within the period leading up to 31 March 2001, uptake was 81%. Uptake is often dependent on deprivation status. It improved in each deprivation category this year, reaching 88% in DepCat 1 and 80% in DepCat 7. The number of GP practices reaching over 80% uptake has improved from 69% last year to 78% this year.

3 Future Developments

Recent review of the screening programme has suggested ways in which we can improve the effectiveness of our reporting arrangements. There are also national programmes for the introduction of a new technology for assessing the results of smears. This should lead to a reduction in the number of unsatisfactory smears when women are required to attend for a second examination. We also await a national call/recall system which will standardise processes and protocols across Scotland to develop a single national IT system. We hope that this will be introduced within the next year.

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A

Report

From

The

Department

Of

Public Health

GREATER GLASGOW
NHS BOARD

GGNHSB

CERVICAL

SCREENING

PROGRAMME

ANNUAL REPORT 2001/2002

NHS GREATER GLASGOW

CERVICAL SCREENING PROGRAMME

ANNUAL REPORT

APRIL 2001 -MARCH 2002

CONTENTS **Page**

SUMMARY

- This is the twelfth year of the NHS Greater Glasgow cervical screening programme. This annual report presents information about all the different components of the programme and covers the financial year 1st April 2001 to 31st March 2002. The cervical screening programme invites **all women aged between 20 and 60 years** to attend for screening, on a three-yearly basis.

- During the financial year 2001/02, 79607 women (all ages, all Health Boards) had a smear test recorded on the cytology sub-module of the Community Health Index (CHI). Of these, **77213 (97%) were Glasgow residents.**

- **74631 women between 20 and 60 years old were screened** during the financial year 2001/02. This represents 30% of the eligible women.

- **3.6 per cent** of the Glasgow women aged 20-60 years screened **had a dyskaryotic smear**.

- Women aged 20 to 29 years had the highest percentage of abnormal smears.

- **The overall GGHB 5.5 year screening uptake** (eligible women 20-60 years old who had a smear test within this period) **was 83%.**

- **The 5.5 year screening uptake varied by deprivation category**, falling from 88% in deprivation category 1, to 84% in deprivation category 6 (second most deprived area).

- Seventy-eight percent (168) NHSGG general practices had a 5.5 year screening uptake of at least 80%.

- Uptake by LHCC varied from 88.7% in the most affluent area of NHSGG to 75.8% in a very deprived area of the city.

- **The number of smears recorded on the NHSGG cytology sub-module of the Community Health Index in the year was 88333**. Ninety-one per cent of them were processed at the four NHSGG laboratories, 9% at other Health Boards and 0.4% at a private laboratory.

- Ninety-seven per cent of the smears processed in the NHSGG laboratories were for Glasgow residents.

- Eighty-five percent of the smears for Glasgow residents were taken in general practice, followed by family planning and community clinics (6.3%) and colposcopy (6.7%).

- There were 2484 women for whom a new record was open on the Abnormal Smear Register.

- The total number of new attenders to the colposcopy clinics in the year was 5190.
- There were 6943 return visits to colposcopy for either treatment or review.
- In 2000 there were 16 deaths from cervical cancer. In 1998 there were 26 deaths from cervical cancer in Greater Glasgow.
- The most up to date information on cancer registration shows that there were 72 new invasive cervical cancers in Glasgow residents during 1998.

1. INTRODUCTION

This is the twelfth year of the GGNHSB cervical screening programme. This annual report presents information about the different components of the programme and covers the financial year 1st April 2001 to 31st March 2002.

2. PROGRAMME OVERVIEW

A number of activities have been carried out during the period 2001-2002, with the aim of improving the effectiveness of the screening programme.

NHSGG Cervical Call/Recall System

Last year's report mentioned the introduction of some changes and the implementation of new procedures in the call/recall system. During 2001-2002 we continued to monitor very closely the administrative procedures involved in the running of the local Primary Care Trust (PCT) call/ recall system, and in particular, those call/recall systems entirely run by general practices which do not participate in the local PCT call/recall system . As a consequence, among other activities, we developed, in partnership with the Local GP Medical Committee the PCT and GPASS, a series of workshops for GPs, practice nurses and practices managers. The aim was to increase awareness of the way in which the GGNHS cervical screening programme works, and of the importance of proper training for those using the GPASS IT system for call/recall, to ensure that collection and storage of data on cervical screening is reliable and accurate. Feedback from the Primary Care professionals was very positive and it is envisaged that similar workshops will be organised periodically.

Scottish Cervical Call/Recall System

In 1999, following a series of incidents in the way in which cervical screening call-recall operated across Scotland , the Minister of Health commissioned a Quality Improvement Review of the arrangements in place. A report was published in March 2000 with the results of this review. The review confirmed that, although the call-recall was working well, there were some aspects which could be strengthened. In particular, there was a need to standardise processes and protocols across Scotland to reflect current practice and to develop a single national IT system.

The Health Minister accepted the recommendations of this report and a Working Group was established to develop a specification for the national cervical screening call-recall system and to consider how to introduce, manage and further develop a standard approach across Scotland.

The Working Group produced a report which described the development of a national framework for cervical screening in Scotland. The Health Minister accepted the report's recommendations and gave her approval for the development of a new IT system to support the Scotland-wide call/recall programme. As a consequence, a Call-Recall

Project Board was set up to control the project and a Core Working Group was also established with the remit of defining the business requirements of the SCSP. In order to carry out their task, the Core Working Group have been consulting with representatives from all relevant areas of the cervical screening programme.

It is expected that the Scotland-wide database will:

- 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.
- Allow access to the screening history to smear takers, laboratories that process smears, call-recall offices, colposcopy clinics and NHSScotland Screening parameters.
- Incorporate national standard guidelines and protocols to ensure that fail-safe follow up procedures are in place so that women should not be excluded inappropriately from screening.
- Ensure that, starting from when they become eligible for cervical screening, women are prompted to attend on a regular basis until they become ineligible.

It is expected that the new system will be implemented in 2003 and thereafter a roll out programme will commence and it will become the only system to be used in Scotland to administer the call-recall for cervical screening.

NHSGG Cervical Cytology Laboratories

During 2001-2002, Glasgow's reorganisation of the cervical cytology laboratories was completed and currently only the Glasgow Royal Infirmary and the Southern General Hospitals report cervical smears. Since the reorganisation, the consultant cytopathologists have been working very closely to agree common methods of working and to ensure compliance with national quality standards.

Liquid Base Cytology (LBC)

Since 1987, when the national cervical screening programme was introduced in Scotland, the method and technology used for taking and reporting cervical smears has remained unchanged. However, pilot studies carried out in England and in Scotland during 2001 demonstrated that the LBC technique offers an effective alternative to the current one. In particular, the results showed that LBC will reduce the number of inadequate and borderline smears which will in turn reduce the number of women that may require a repeat smear.

The LBC differs from the current technique in that the cervical sample taken by spatula or brush is placed into preservative fluid and sent to the laboratory where an automation process produces a layer of cells on a slide for examination.

The report from the Scottish pilot is available on the SHOW web site www.show.scot.nhs.uk

The National Advisory Group for Cervical Screening considered the findings of the pilot and recommended that LBC should be introduced across Scotland. The Minister accepted the recommendations and a subgroup of the NAG assessed the laboratory processing options and training implications for the roll-out of LBC across Scotland.

Training for all smear takers/laboratory staff will begin in January 2003 and be completed by around April 2004. It is expected that LBC will be fully introduced into the SCSP by April 2004.

Clinical Standards Board for Scotland

The Clinical Standards Board for Scotland (CSBS) is a statutory body, established as a special Health Board in April 1999. The CSBS develops and runs a national system of quality assurance and accreditation of clinical services.

It is also developing national standards for cervical screening services. These standards will be used by the CSBS to assess cervical screening services throughout Scotland. Cervical screening issues covered by these standards include call-recall and fail-safe, smear-taking, laboratory reporting, and colposcopy. The performance of all these components of the screening programme will be assessed by a self-assessment exercise followed by a visit of external peer reviewers.

On 1 January 2003, the Clinical Standards Board for Scotland (CSBS) became part of a new organisation called NHS Quality Improvement Scotland. NHS Quality Improvement Scotland brings together CSBS, the Clinical Resource and Audit Group, Health Technology Board for Scotland, Nursing and Midwifery Practice Development Unit and Scottish Health Advisory Service.

Audit Project

The Achievable Standards, Benchmarks for reporting and Criteria for Evaluating Cervical Cytopathology (J Johnson, J Patnick, NHS Cancer Screening Programmes, May 2000) states that "Mild dyskaryosis should be an indication for referral on its second occurrence and not the first, since most cases resolve spontaneously". However, in Glasgow some laboratories have been advising referral to colposcopy after a first mild dyskaryotic smear.

After discussion with the Quality Assurance Director of the SCSP, it was decided that GGNHSB and LanarkshireNHSB would start a collaborative audit project to identify the outcomes of women referred to colposcopy after a first or second mild dyskaryotic smear.

The audit project started in November 2001. Collection of data for the audit has proved to be a very time consuming and arduous exercise due to a) confidentiality issues which prevented us from obtaining the data in the required format and b) to a series of IT problems. However, we expect that the study, will eventually throw new light regarding the appropriate timing for referral to colposcopy after a mild dyskaryotic smear.

Improving Uptake Group

While Greater Glasgow NHS Board as a whole exceeds the national target for screening uptake, it is acknowledged that there are practices who fall short of this target. In response to this and as a means of meeting the requirements of the Performance Assessment Framework, a multidisciplinary Group, led by the Primary Care Trust has recently been set up to look at the reasons for poor uptake in some areas and to identify ways of supporting these practices to improve their uptake.

3. PROMOTING THE CERVICAL SCREENING PROGRAMME

The Greater Glasgow NHS Board (GGNHSB) Health Promotion Department provides information and support on any health education issue relating to the cervical screening programme and organises awareness campaigns when required.

The Public Education Resource library, at Dalian House, 350 St. Vincent Street, Glasgow G3 8YU has the following health education materials available:

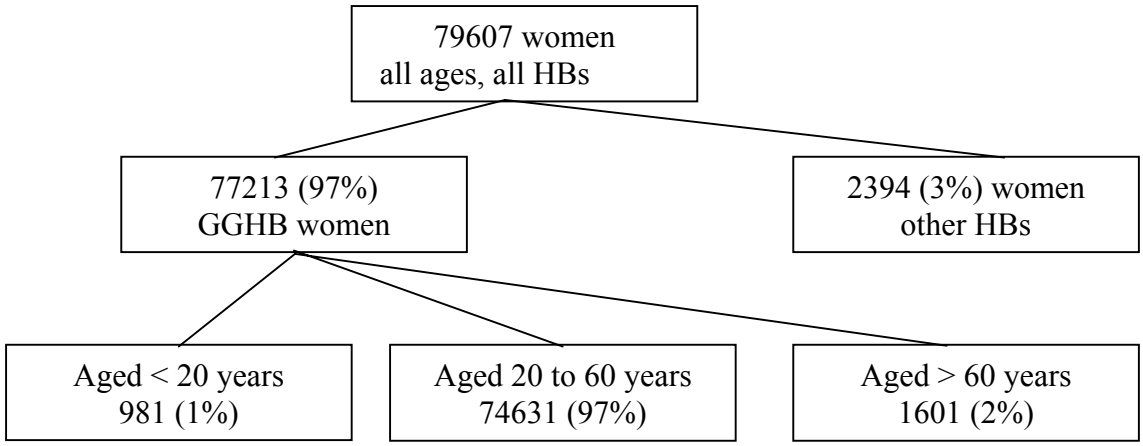
- Cervical Smears
- Your Cervical Smears Test Results
- Flower Power - Posters and "credit cards"
- Having a Smear - Women Talking
- Colposcopy and Treatment of Abnormal Smears
- Calling all Women (available in English, Urdu, Punjabi and Chinese)
- A Testing Time: Coping with an Abnormal Cervical Smear and Colposcopy (Video)
- A Simple Check (Video) available in BSL with subtitles
- Cervical Smear Test (available in English and 5 Asian languages) (Video)
- Taking Cervical Smears - video for professionals

4. WOMEN SCREENED

4.1 All Women Screened

During the financial year 1st April 2001 to 31st March 2002, 79607 women of all ages and from all areas of residence had a smear test recorded on the GGNHS cytology sub-module of the Community Health Index (CHI). Of these 77213 (97%) were Glasgow residents and 74631 (97%) of these were between 20 and 60 years old (Figure 1).

Figure 1. All women screened



Women under the age of 20 years are not recommended for cervical screening as the incidence of cervical cancer in this group is low. The percentage of women under 20 years old who had a smear taken has dropped slightly from 2% in the previous three years to just over 1% in this financial year for the first time.

4.2. NHSGG Women Eligible for Screening

The Community Health Index (CHI) is the source from which the number of eligible women for cervical screening is calculated.

The number of women eligible for the screening programme was calculated by subtracting the number of women who have had a total hysterectomy (15237) and therefore, should not be called for screening, from the number of women aged 20-60 years registered with a Glasgow general practitioner (267508). In total 252271 women were eligible for screening (Table 1).

Table 1. NHSGG eligible women by age group

Age group	All women	Hysterectomies	Eligible women
20-24	35215	7	35208
25-29	35276	30	35246
30-39	78124	1096	77028
40-49	63865	5124	58741
50-60	55028	8980	46048
Total	267508	15237	252271

Source: GGHB Information Services.

With a three-yearly screening programme and coverage of 100%, it would be expected that 33% of women in each age group would have a smear in any one year. Table 2 shows the distribution of women within the eligible age range for screening who had at least one smear in the financial year 2001/2002. Slightly more women in the 30-39 age group and the 40 - 49 years age group were screened than in any other group. As in previous years, the lower percentage of women screened was in the oldest age group.

Table 2. NHSGG residents (aged 20-60) screened during 2001/2002

Age group	Total eligible women	Total women screened	% Women screened
20-29	70454	19925	28.3%
30-39	77028	23920	31.1%
40-49	58741	18343	31.2%
50-60	46048	12443	27%
Total	252271	74631	29.6%

Sources: Greater Glasgow NHS Board Information Services / S.E.M.A.

4.3 Smear Results For NHS Greater Glasgow Women

In the financial year April 2001 to March 2002, NHS Greater Glasgow 77213 women (all ages) had at least one cervical smear. For women who had more than one smear reported in the financial year the "worst smear" result was used for this calculation. Table 3 shows the "worst smear" result by severity of smear. Overall, 88% had a negative smear and 3% had a dyskaryotic smear. Women in the 20–29 year age group had the highest rate (6%) of dyskaryotic smears and the women in the 50–60 year age group had the lowest rate (1%).

Table 3. Worst smear result for Greater Glasgow residents (all age groups) screened

during financial year 2001/2002 by severity of smear. Numbers and (percentages*)*

Age group	Unsatisfactory	Negative	Borderline	Dyskaryotic	Total
<20	55(6)	746(76)	127(13)	53(5)	981
20-29	897(4)	16104(81)	1786(9)	1138(6)	19925
30-39	745(3)	20954(88)	1410(6)	811(3)	23920
40-49	414(2)	16652(91)	902(5)	375(2)	18343
50-60	286(2)	11585(93)	421(4)	151(1)	12443
61+	59(4)	1450(91)	54(3)	38(2)	1601
Total	2456(3)	67491(88)	4700(6)	2566(3)	77213

Source: S.E.M.A

Table 4 gives the rates for different categories of smear by age. The women aged 20-29 years had the highest abnormal smear rate.

Table 4. Rate of smears per 100 eligible Glasgow women by age group

Age group	Unsatisfactory	Negative	Borderline	Dyskaryotic
20-29	1.3	22.9	2.5	1.6
30-39	1.0	27.2	1.8	1.1
40-49	0.7	28.3	1.5	0.6
50-60	0.6	25.2	0.9	0.3

4.4 Women with a Dyskaryotic Smear

In the financial year 2475 (3%) NHSGG women (20-60 years old) had a dyskaryotic smear result. Table 5 shows the distribution of the worst dyskaryotic smear for each woman by smear result.

Table 5. Worst Dyskaryotic smear result for Glasgow women. Numbers and percentages.

Smear result	Women (20-60 years)	Percentage
Mild	1614	65.2
Moderate	436	17.6
Severe	364	14.7
Severe/Invasive	0	0.0
Glandular abnormality	41	1.7
Adenocarcinoma	4	0.2
Other/Unspecified	16	0.6
Total	2475	100

Table 6 shows the percentages of dyskaryotic smears by severity of smear result. The largest percentages of mild and moderate smears were in the 20–29 year age group, while the most severe results (i.e. severe/invasive and glandular abnormalities) were in the women aged 30-39 years, similar to last year.

Table 6. Dyskaryotic smear results of Greater Glasgow residents aged 20 to 60 years screened during financial year 2001/2002 by severity of smear – percentages

Age group	Mild	Moderate	Severe	Severe/ Invasive	Glandular	Adeno-carcinoma	Unspecified	Total
20-29	50.4	46.8	30.8	0	17.1	0.0	6.2	46.0
30-39	30.6	35.1	40.4	0	31.7	25	18.8	32.8
40-49	14.2	14.0	19.2	0	31.7	0	12.5	15.2
50-60	4.8	4.1	9.6	0	19.5	75	62.5	6.1
Total %	100	100	100	100	100	100	100	100
N	1614	436	364	0	41	4	16	2475

5. FAIL-SAFE AND FOLLOW UP: THE ABNORMAL SMEAR REGISTER

The Abnormal Smear Register (ASR) is the basis of the fail-safe follow up system in Glasgow.

The aim of the ASR is to ensure that no woman with an abnormal smear 'falls through the net' but is timeously and adequately followed up. The objective is that the proportion of women with abnormal smear results and unknown outcome after 12 months should be less than 5 %.

The ASR is based and managed by the Cytology Office (Glasgow Primary Care Trust) and is maintained by the Cytology Team Leader. The function of the abnormal smear register is to keep a record of all women registered with a GGNHSB general practitioner and women who reside outwith GGNHSB but had a dyskaryotic smear reported by a NHSGG laboratory and therefore require further follow-up. Information on the first abnormal smear (mild, moderate or severe dyskaryosis) together with information on the latest smear result is kept on the register. Details of the women's name, address, general practitioner, source of smear, and laboratory of examination of the smear are also recorded on the register along with the expected date of repeat examination or treatment. With the information held it is possible to keep track of all women who are overdue for a follow-up smear following a previous abnormal smear.

When the woman attends a colposcopy clinic, it is assumed that she is receiving the required treatment and the follow-up cycle is considered to be complete. Once the register has information that the woman has attended the colposcopy clinic the record of that woman can be "closed" on the register. Follow-up is deemed not to have taken place if no information is available after the recommended date for a repeat smear or attendance to colposcopy.

Ultimate responsibility for the follow-up of women with abnormal smears remains with the smear taker. However, regardless of whether a GP participates in the Call/Recall system maintained by the Trust the following protocols are followed:

GP practices are reminded every month when women have had a non-negative test and are now three months overdue their repeat smear. This includes all categories of results that are not coded as Negative. This is a cumulative report and women will remain on it until such time as a repeat smear has been taken or the GP has advised that the recall date for the women should be amended.

The non-negative tests are also transferred to the Abnormal Smear Register where mild dyskaryosis and above are monitored by the Cytology Team Leader. These results are given a failsafe date of between 6 and 18 months from date of examination and they appear on a printout on a monthly basis for action if no intervening smear has taken place.

When the print is produced, the Cytology Team Leader will make arrangements to visit the Laboratories to investigate whether or not any of the patients on the action list have attended Colposcopy. If the Laboratories indicate that women have attended Colposcopy the record is closed as these women are now the responsibility of the Colposcopy Clinics. If there is no indication that the women has attended Colposcopy the Cytology Team Leader will prepare letters that are signed by two named consultant cytopathologists who have responsiblity for the cervical cytology service, and send them to the original smear takers of the non-negative test.

The responses are taken back to the Cytopathologists in the Laboratories in order for them to advise on which follow-up protocol should apply and the Cytology Team Leader will then action this accordingly.

Information held on the register is audited regularly to ensure that the required follow-up has taken place.

During this financial year there were 2484 women (all ages, all areas) for whom a new record was opened in the ASR. 1638 (66%) of these had a mild dyskaryotic smear, 409 (17%) moderate dyskaryosis and 362 (15%) severe dyskaryosis. There were also 44 women whose smear showed glandular abnormality, 8 adenocarcinoma and 20 women were recorded for other reasons. Figure 2 shows that 1016 (41%) out of 2484 new cases, were known to have attended colposcopy or gynaecology and their records were closed in the registry as no further follow-up by the fail-safe system was required. The records of another 86 women were also closed, 84 of them due to various reasons (transferred to other Health Board area etc.) and 2 of them because the women had died.

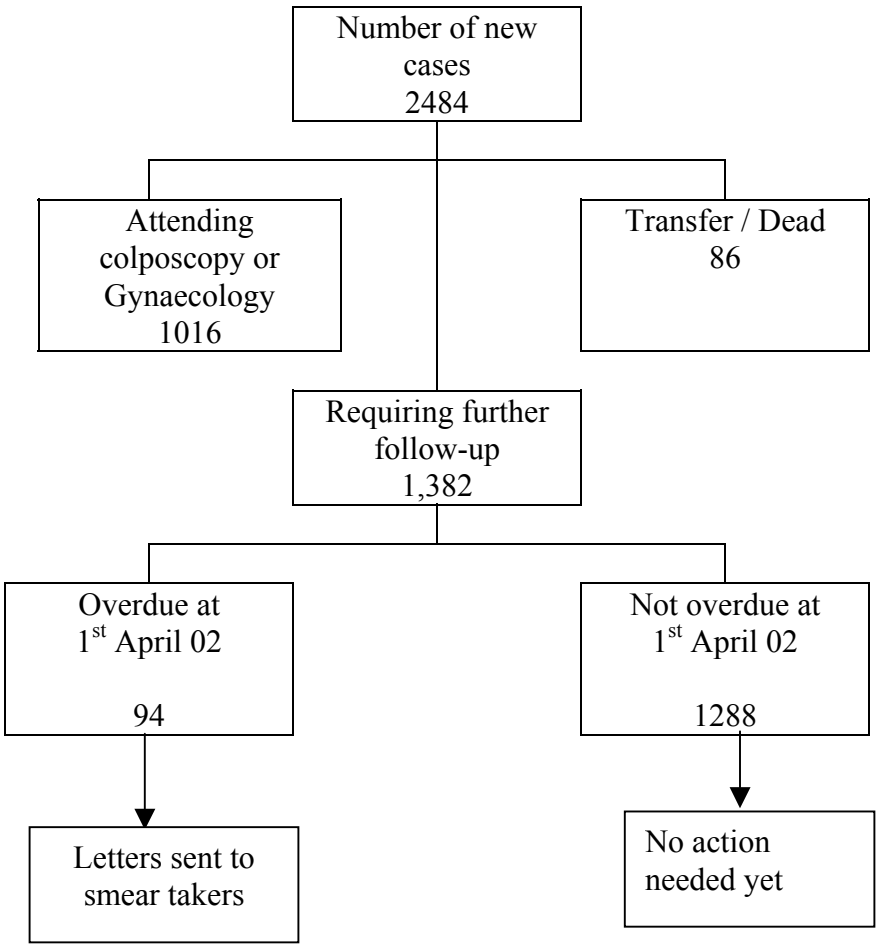
At the time of the audit 1382 out of the 2484 (56%) records were not yet closed indicating that these women had still to attend for a follow-up action. These cases were examined further to identify if the women were 3 or more months "overdue" for their follow-up action. (Figure 2). We considered the 1st of April 2002 as the deadline for attendance for the follow-up action. A woman was considered to be "overdue" at 1st of

April if the date in her record showed that she should have attended for a follow-up action 3 or more months prior to the 1st April. Women for whom the date for a follow-up action was ahead of the 1st April 2002 were "not overdue" as the recommended date for the follow-up action was still to come.

For 94 (3.8%) out of the 2484 new cases there was no record of the woman attending for the recommended follow-up action. Therefore, reminder letters were produced and sent to the smear takers to remind them of the need to continue the follow-up of these women. The smear results for the 94 cases were as follows: 4 mild dyskaryosis, 37 moderate dyskaryosis, 44 severe dyskaryosis, 7 glandular abnormality and 2 other/unspecified.

It is worth noting that data obtained from the ASR changes daily as new data is transferred or entered daily into the register.

Figure 2. Outcome of the new cases of dyskaryotic smears



6. SCREENING UPTAKE

6.1 Screening Uptake

Screening uptake is expressed in terms of the number of eligible women who have a smear recorded in the cytology sub-module of the CHI in the previous three and a half, or five and a half years.

The overall screening uptake in the 5.5 year period to 31st March 2002 was 83%. This figure takes account of hysterectomies. This percentage is above the acceptable value (80%) recommended in the Quality Standards for cervical screening in the U.K. and shows an improvement in uptake from the previous year. Screening uptake in the 3.5 year period to 31st March 2001 was 74%.

6.2 Uptake by age of woman

Table 7 shows the 3.5 year and 5.5 year uptake by age group.

The highest 5.5 year uptake rate (86%) was in the 50 - 60 year old group while the lowest (75%) was in the 20 - 24 year age range.

Table 7. Cervical screening uptake by age

Age	Eligible women	3.5 year uptake		5.5 year uptake	
	n	N	%	n	%
20-24	35208	23,538	67	26,486	75
25-29	35246	25,725	73	28,814	82
30-39	77028	59,615	77	65,276	85
40-49	58741	45,008	77	48,489	83
50-60	46048	33,582	73	39,478	86
All	252271	187,468	74	208,543	83

Source: GGNHSB Information Services

6.3 Uptake by deprivation category

The number of Glasgow women, their distribution by Carstairs deprivation category and the number of those who have had a hysterectomy was obtained from the Glasgow CHI.

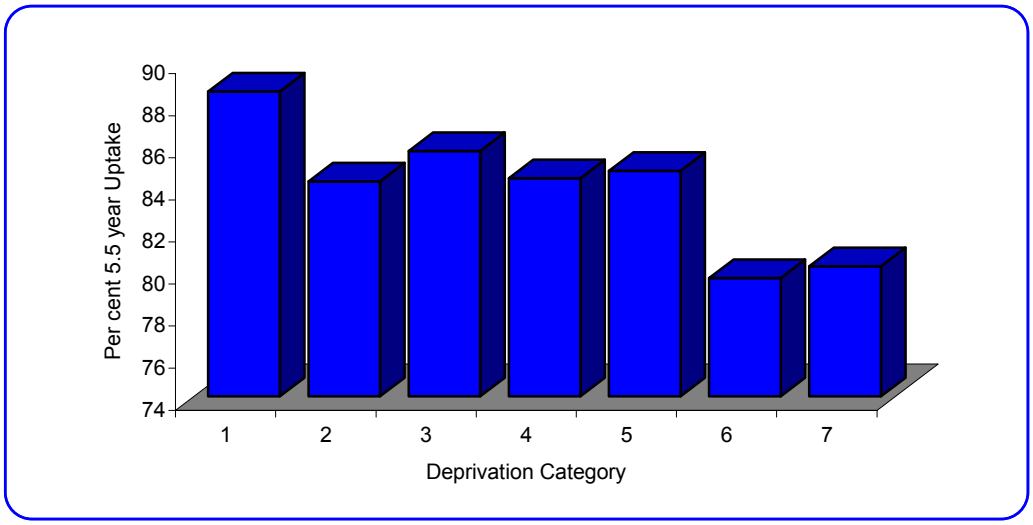
Table 8 shows that screening uptake varied with deprivation category (DEPCAT). Eighty-eight percent of the women in DEPCAT 1 had at least one smear taken in the last 5.5 years compared with 80% of the women in DEPCAT 7 (most deprived area).

Table 8. Cervical screening uptake by Carstairs deprivation category

DEPCAT	Eligible women	3.5 year uptake		5.5 year uptake	
	n	n	%	n	%
1	24130	19605	81	21355	88
2	21332	16180	76	17965	84
3	20613	15952	77	17659	86
4	37371	28581	76	31533	84
5	21511	16500	77	18225	85
6	62627	44603	71	49867	80
7	61875	43943	71	49618	80
N/K	2812	2104	75	2321	83
All	252271	187468	74	208543	83

Source: GGHB Information Services

Figure 3. Cervical Screening uptake by Carstairs deprivation category



6.4 Uptake by General Practice

Seventy-eight percent of the 216 NHS Greater Glasgow General Practices had a 5.5 year screening uptake of 80% or above. This shows an improvement since last year when 69% of the practices had an uptake of 80%. Twelve practices had an uptake of less than 65% (Table 9).

Table 9. 5.5 years uptake by General Practice

Uptake percentage	Number of practices (%)
80 and over	168 (78)
75-79	25 (11)
70-74	7 (3)
65-69	4 (2)
60-64	6 (3)
<60	6 (3)

Source: GGHB Information Services

6.5 Uptake by Local Health Care Co-operative

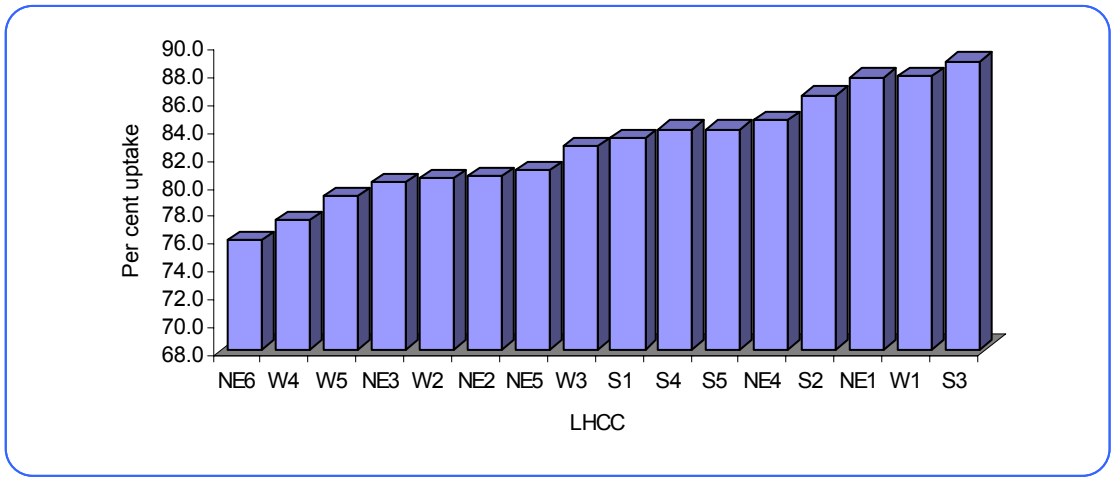
There are sixteen Local Health Care Co-operatives (LHCC) in Glasgow covering most areas of the Health Board**.** Four GP Practices in Glasgow have not been assigned to an LHCC. The 5.5 year screening uptake by LHCC varied from 88.7% in Eastwood, an affluent area of Greater Glasgow NHS Board, to 75.8% in Dennistoun, a deprived area in the centre of the city (Table 10).

Table 10. 5.5 year screening uptake by Local Health Care Co-operative

LHCC	CHI Count	Cytology Count	Hysterectomy Count	Percentage Uptake
NE1 Strathkelvin	19247	15628	1404	87.6
NE2 Maryhill / Woodside	16926	12919	873	80.5
NE3 North Glasgow	13430	10017	908	80.0
NE4 Eastern Glasgow	31773	25392	1725	84.5
NE5 Bridgeton & Environs	7983	6116	418	80.8
NE6 Dennistoun	9853	7146	429	75.8
S1 South East Glasgow	25026	19805	1211	83.2
S2 Camglen	16696	13504	1039	86.2
S3 Eastwood	16371	13618	1016	88.7
S4 Greater Shawlands	17872	14216	911	83.8
S5 South West Glasgow	24681	19171	1816	83.8
W1 Annies/Bearsden/Milngavie	12148	9963	780	87.6
W2 Drumchapel	4915	3700	308	80.3
W3 Clydebank	13412	10292	954	82.6
W4 West One	16280	12187	504	77.3
W5 The Riverside	12609	9464	628	79.0
Total for LHCCs	259222	203138	14924	83.2

Source: Greater Glasgow NHS Board Information Services.

Figure 4. 5.5 year screening uptake by Local Health Care Co-operative


90.0
88.0
86.0
84.0
82.0
80.0
78.0
76.0
74.0
72.0
70.0
68.0
Per cent uptake
NE6 W4 W5 NE3 W2 NE2 NE5 W3 S1 S4 S5 NE4 S2 NE1 W1 S3
LHCC

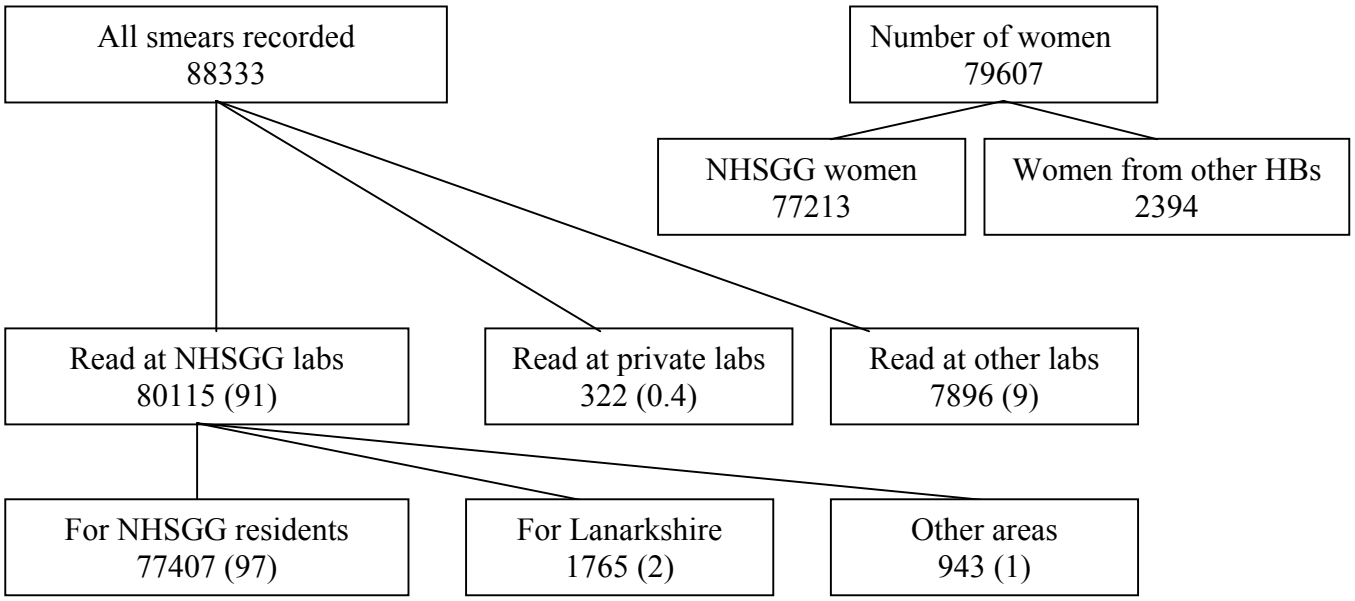
7. CYTOPATHOLOGY LABORATORIES WORKLOAD

7.1 Overall Activity

In the financial year April 2001 to March 2002, a total of 88333 smears were recorded in the cytology sub-module of the CHI for 79607 women, of whom 77213 (97%) were Glasgow residents.

Ninety-one percent (80115/88333) of these smears were processed at the four NHS Greater Glasgow laboratories, 8.9% (7896/88333) at other Health Boards and 0.4% (322/88333) at a private laboratory. During 2001 the service was reconfigured with the four laboratories reading smears changed to two, The Southern Laboratory and Glasgow Royal Infirmary The outflow of 8218 smears to other laboratories compares with 7700 in 2000/2001 (Figure 3).

Figure 5. Cytopathology laboratory workload. Numbers and (percentages*)*



7.2 NHS Greater Glasgow Laboratories Workload

In the financial year April 2001 – March 2002, a total of 80115 smears were processed in the Glasgow laboratories. The majority of these smears (77407; 97%) were for Glasgow residents. Table 11 shows the workload of the three NHS Greater Glasgow laboratories, by smear result. As mentioned previously smears from the Victoria Infirmary were incorporated in the workload of the Southern General in July 2001.

Table 11. Greater Glasgow Laboratory workload by smear result, number and (percentage)

Laboratory	Unsatisfactory	Negative	Borderline	Dyskaryotic	Total
A	5164 (10.5)	38867 (79)	3703 (7.5)	1681 (3.4)	49415
B	1745 (7.3)	20587 (86)	931 (3.9)	795 (3.3)	24058
C	558 (8.4)	5550 (84)	335 (5)	199 (3)	6642
Total	7467 (9.3)	65004 (81)	4969 (6.2)	2675 (3.3)	80115

7.3 Source of Smears for Glasgow Residents

77407 out of 80115 smears processed in Glasgow NHS laboratories were for Glasgow residents. The majority of these smears were taken in general practice (85%), with family planning/community clinics (6%) and colposcopy (7%) also contributing significant numbers of smears. (Table 12).

The proportion of smears taken in general practice was again slightly higher than the previous year. Smears taken at colposcopy or gynaecology clinics represent mainly follow-up smears.

Table 12. Source of smear by smear result

	Unsatisfactory		Negative		Borderline		Dyskaryotic		Total	Per cent smears by source
	No.	%	No.	%	No.	%	No.	%	No.	%
A/P Natal	14	10.5	96	72.2	13	9.8	10	7.5	133	0.2
Family Planning	490	10.1	3845	79.3	324	6.7	188	3.9	4847	6.3
Well woman Clinic	9	12.5	59	81.9	3	4.2	1	1.4	72	0.1
Gynaecology	170	13.6	971	77.9	55	4.4	50	4.0	1246	1.6
GUM	36	10.7	223	66.0	51	15.0	28	8.3	338	0.4
GP	6243	9.5	54064	82.5	3525	5.4	1711	2.6	65543	84.7
Colposcopy	263	5.1	3574	69.2	780	15.1	548	10.6	5165	6.7
Other/NK	6	9.5	50	79.4	4	6.3	3	4.8	63	0.1
Total	7231	9.3	62882	81.2	4755	6.1	2539	3.3	77407	100

8. COLPOSCOPY

8.1 Attendance at Colposcopy clinics

The reviewed Greater Glasgow NHS Board Cervical Screening Policy Guidance states that women should be referred to colposcopy following:

- no more than three consecutive unsatisfactory or borderline smears
- one mild dyskaryotic smears
- a moderate or severe dyskaryotic smear

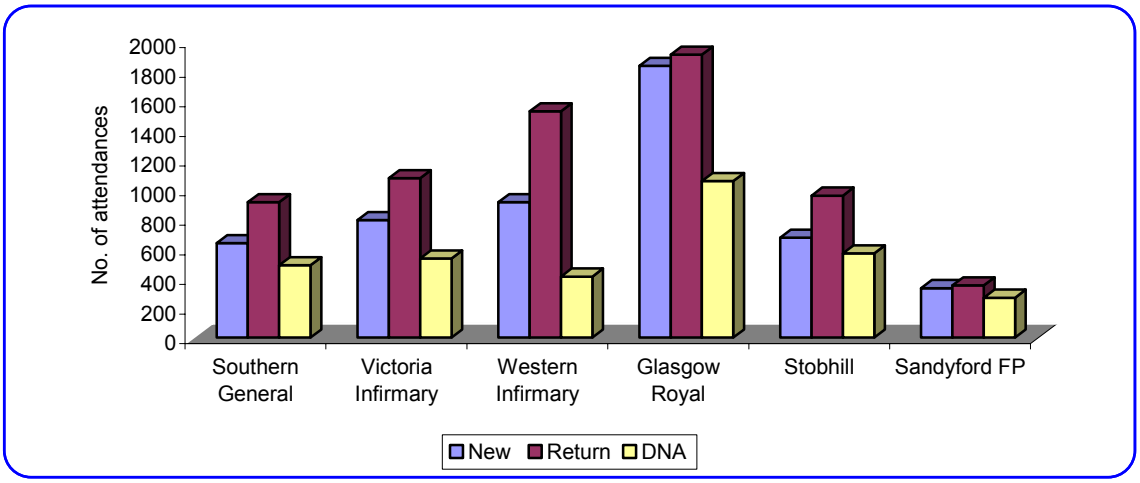
There are six colposcopy clinics in Glasgow, at the Western Infirmary, the Royal Infirmary, the Southern General Hospital, Stobhill Hospital, the Victoria Infirmary and the Family Planning Clinic at the Sandyford Initiative.

In the financial year April 2001 to March 2002, a total of 5190 women attended one of the six colposcopy clinics in Glasgow as new patients. There were 6743 return visits recorded on the colposcopy computer systems, for either treatment or review. The DNA rate for all attendances was 28%.

Table 13. Colposcopy Activity by Trust 2001/2002

Hospital	New	Return	DNA
Southern General	637	915	489
Victoria Infirmary	794	1077	534
Western Infirmary	914	1529	412
Glasgow Royal	1836	1911	1057
Stobhill	675	959	568
Sandyford FP	334	352	269
Total	5190	6743	3329

Figure 6. Coloposcopy Activity by Trust 2001/2002



9. MORBIDITY AND MORTALITY

9.1 Incidence of Cervical Cancer (Cervix Uteri (ICD 10 Code C53))

The number of new cases of invasive cervical cancer registered in Glasgow in 1998 (the latest complete figures) was 72. This represents an age standardised incidence rate of 13.8 per 100,000 women. Table 13 shows the age standardised incidence rates for cervical cancer for the years 1989 to 1998 for Glasgow and for Scotland.

Table 14. Age standardised incidence rates - Glasgow and Scotland

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Glasgow	15.6	16.4	19.9	15.2	17.8	12.8	13.9	11.2	14.4	13.8
Scotland	13.6	18	16.8	14.1	13.7	12.5	11.9	12.9	12.5	12.6

Figure 7. Age Standardised Age standardised incidence rates-Glasgow and Scotland

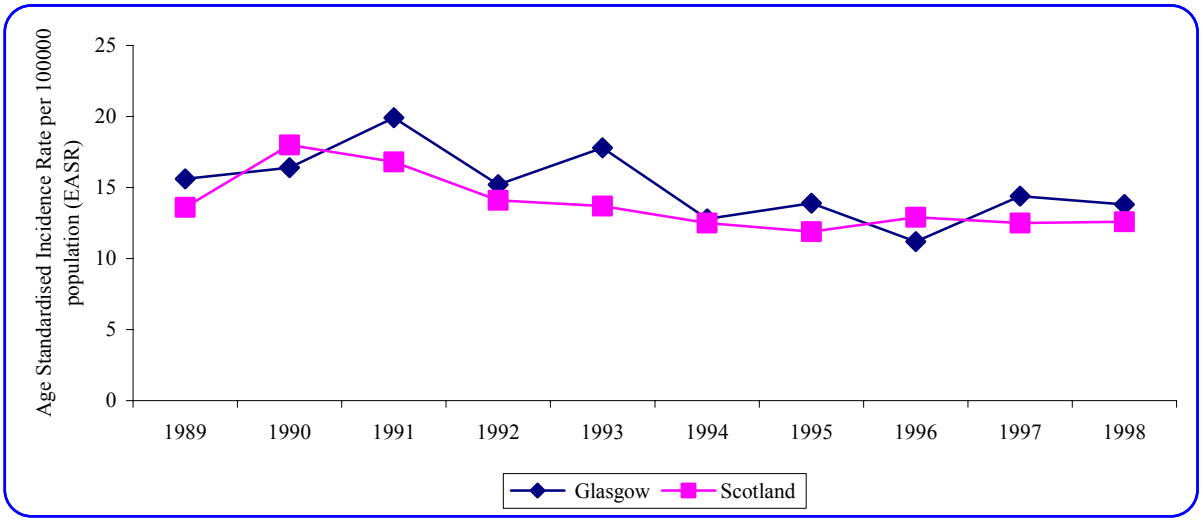


Figure 7 illustrates the trend in incidence of cervical cancer for Glasgow and for Scotland for the years 1989 to 1998.

9.2 Mortality from Cervical Cancer(Cervix Uteri (ICD 10 C53))

The number of Glasgow resident women who died from cervical cancer in 2000 was 16. The following table (Table 15) shows the trends in mortality from cervical cancer for Glasgow and Scotland from 1979 to 2000. Figure 8 illustrates the decline in deaths from cervical cancer over this period.

Figure 8 Cervical cancer mortality, NHSGG and Scotland 1979-2000

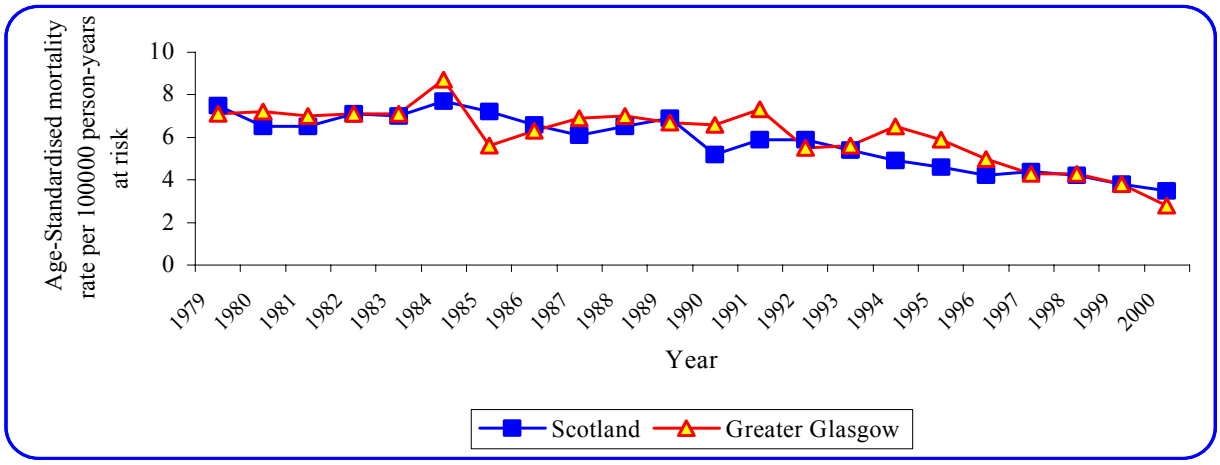


Table 15 Age-Standardised Mortality rate per 100,000 person-years at risk (European Standard population) Scotland and Greater Glasgow

	EASR	
Year	**Scotland**	**Greater Glasgow**
1979	7.5	7.1
1980	6.5	7.2
1981	6.5	7.0
1982	7.1	7.1
1983	7.0	7.1
1984	7.7	8.7
1985	7.2	5.6
1986	6.6	6.3
1987	6.1	6.9
1988	6.5	7.0
1989	6.9	6.7
1990	5.2	6.6
1991	5.9	7.3
1992	5.9	5.5
1993	5.4	5.6
1994	4.9	6.5
1995	4.6	5.9
1996	4.2	5.0
1997	4.4	4.3
1998	4.2	4.3
1999	3.8	3.8
2000	3.5	2.8

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We are grateful to all those who work for the NHS Greater Glasgow Cervical Screening Programme and therefore, are the originators of all this information, for their continued commitment to quality.

The raw data used to produce this report was provided by the Greater Glasgow NHS Board Information Services Department and by Schlumberger Sema and was extracted from three different databases: the Glasgow Community Health Index (CHI), the Cytology Sub-module of the CHI and the Abnormal Smear Register. The Scottish Cancer Intelligence Unit and the General Register Office for Scotland provided information on incidence and mortality of cancer of the cervix.

Any comments about this report will be very welcome and should be addressed to Dr Kate McIntyre or Irene MacKenzie at the address below, or email irene.mackenzie@gghb.scot.nhs.uk:

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APPENDIX 1

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