EMBARGOED UNTIL MEETING

Greater Glasgow NHS Board

Board Meeting

Tuesday 17 August 2004 **Board Paper No. 04/52**

DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH ISSUE - GGNHSB CERVICAL SCREENING PROGRAMME - ANNUAL REPORT 2002/2003

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 outcomes of the GGNHSB cervical screening programme. Cervical cancer is a relatively uncommon cancer but it is easily detected in a pre-malignant stage when pre-cancerous cells can be treated, 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 reporting and timely recall of women who may have unsatisfactory or suspicious results.

2 Current Report

This 13th annual report of the GGNHSB cervical screening programme presents information about all the different components of the programme. During the financial year 2002-2003, 74631 women between 20 and 60 years old were screened. The overall 5.5 year screening uptake was 82% (uptake is measured 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). As in previous years, uptake varied by deprivation category, falling from 89% in deprivation category 1 to 78% in deprivation category 6. Seventy three percent NHSGG general practices had a 5.5 year screening uptake of at least 80%.

3 Programme Overview

Three major issues dominated the cervical screening programme during the period April 2002 and March 2003: the review of the screening programme by the NHS Quality Improvement Scotland, the introduction of Liquid Base Cytology, and the work carried out to improve uptake of screening in specific areas of GGNSHB. These are all discussed in the report.

NHS GREATER GLASGOW

CERVICAL SCREENING PROGRAMME

ANNUAL REPORT

APRIL 2002 -MARCH 2003

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SUMMARY

- The cervical screening programme invites **all women aged between 20 and 60 years** to attend for screening, on a three-yearly basis.

- This is the thirteenth 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 2002 to 31st March 2003.

- During the financial year 2002/03, 74131 women (all ages, all NHS Boards) had a smear test recorded on the cytology sub-module of the Community Health Index (CHI). Ninety seven percent (71849/74131) were Glasgow residents.

- **In total 69678 Glasgow women between 20 and 60 years old were screened .** This represents 27% of the eligible women.

- **3 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 82%.**

- **The 5.5 year screening uptake varied by deprivation category**, falling from 89% in deprivation category 1, to 78% in deprivation category 6 (second most deprived area).

- Seventy-three percent (158) 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 73.4% 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 79071**. Ninety per cent of them were processed at the two NHSGG laboratories, 9% at other NHS Boards and 0.5% at a private laboratory.

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

- Eighty-four percent of the smears for Glasgow residents were taken in general practice, followed by colposcopy (7%) and family planning and community clinics (6%).

- There were 2178 women for whom a new record was open on the Abnormal Smear Register (ASR).

- Only 3% of women with a new record in the ASR were overdue at 1st April 2003 and reminder letters to the smear takers had been sent.

- The total number of new attenders to the colposcopy clinics in the year was 4810.

- There were 7010 return visits to colposcopy for either treatment or review.

- The colposcopy non-attendance rate was 29%.

- The most up to date information on cancer registration shows that there were 51 new invasive cervical cancers in Glasgow residents during 2000.

- In 2002 there were 12 deaths from cervical cancer in Greater Glasgow.

1. INTRODUCTION

This is the thirteenth 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 2002 to 31st March 2003.

2. PROGRAMME OVERVIEW

Three major issues dominated the cervical screening programme during the period April 2002 and March 2003: the review of the screening programme by the NHS Quality Improvement Scotland, the introduction of Liquid Base Cytology, and the work carried out to improve uptake of screening in specific areas of GGNSHB.

NHS Quality Improvement Scotland Review

The NHS Quality Improvement Scotland was established as a Special Health Board on January 2003. The purpose of NHS QIS is to improve the quality of health care in Scotland by setting standards, monitoring performance, and providing NHS Scotland with advice, guidance and support on effective clinical practice and service improvements.

Clinical Standards for Cervical Screening were published in September 2002. These standards were used by the NHS QIS, in their visit to GGNHSB to assess the quality of cervical screening services provided by GGNHSB in both hospital and community settings. The review took place on 19 March 2003 and the final report was published in November 2003. The report called, "NHS Quality Improvement Scotland, NHS Greater Glasgow, Cervical Screening Local Report, November 2003" is available on the NHS Quality Improvement Scotland website.

In general, the review team observed a good cervical screening programme in NHS Greater Glasgow and pointed out some initiatives as major strengths of the Board. For example:

- The existing services for women not registered with a GP or on the Community Health Index (CHI);
- The use of drama workshops as a method of communicating with women in local communities and to encourage them to attend for a smear test;
- The Sandyford Initiative in- house courses to train smear takers;
- The opening of a Learning Disability Unit in the Primary Care Division that offers information and support to ensure that women have access to sexual health services;
- The monitoring of the uptake of cervical screening in all GP practices;
- The variety of information available to the women attending Colposcopy.

There were however, two major issues that the service had already started to address and which were identified as major challenges for GGNHSB by the Review team. These are:

- The functionality of the Template IT system which, supports the colposcopy clinics in Glasgow.
- The transfer of the remaining general practice based call/recall systems to the National Cervical Cytology System (CCS) based at the Primary Care Division.

Different activities have been set up in order to address those standards that GGNHB did not meet in the review and in particular, in particular those two mentioned above.

A new multidisciplinary group, similar to the long established Cervical Screening Monitoring and Evaluation Group but with strong representation of management from the Acute Divisions, was set up to ensure that proper measures at Divisional level are taken in order to progress the work required to meet the NHS QIS standards. This group is known as the QIS Action Group.

This group stressed the importance of appointing a system/data manager to sort out the problems experienced with the Template Colposcopy system in the first instance and to oversee the system in the long term. As a result, a member of staff from the North Acute Division was appointed to work with Template representatives and the colposcopy secretaries in order to improve the system.

In recent months there have been some positive results but more developmental work is still needed. It is of paramount importance that long-term monitoring of this system is maintained through a system administrator. Management at the North and South Division will have to agree how best to achieve this objective.

The enhancement of the IT system will allow the collection and retrieval of reliable and accurate colposcopy data. This will facilitate routine and mandatory audits of the colposcopy service and therefore, to meet the required Colposcopy NHS QIS standards.

The QIS Action Group also stressed the need for General Practitioners to transfer their practice based call/recall systems to the PCD based National System. Representatives from the Local Medical Committee (GP) and the medical director from the PCD are playing a key role in helping to achieve this goal. Also, the new GP contract has encouraged a great number of GPs to transfer their systems to the PCD.

In the last months, an average of eight practices are transferring to the PCD CCS every month. Currently, the PCD runs the call-recall for 173 (80%) out of 216 GGNHSB general practices. The transfer of the 43 remaining general practice call/recall systems to the PCD CCS will allow for Glasgow-wide monitoring of the call-recall system and the smear taking procedures. The achievement of such integration is fundamental if GGNHB is to meet all the NHS QIS Standards regarding these two components of the screening programme. Moreover, it is expected that by 2006 the new Scottish Cervical Call/Recall System will be introduced. This system will replace all existing practice based call-recall systems and participation of general practitioners will be mandatory.

Liquid Base Cytology (LBC)

Liquid Base cytology is a new technique to collect cervical smears. It differs from the current cervical smear technique in that the cervical sample is placed into preservative fluid and sent to the laboratory where an automated process produces a layer of cells on a slide for examination.

Pilot studies carried out in England and in Scotland during 2001 demonstrated that the LBC technique offered an effective alternative to the traditional one (The report from the Scottish pilot is available on the SHOW web site www.show.scot.nhs.uk). The results showed that LBC will improve the effectiveness of the cervical screening programme. In particular, it will identify more accurately women who are at risk of cervical cancer and it will reduce the need to take repeat smears in those women whose smears are not satisfactory (inadequate or borderline smears). This will reduce stress and discomfort in women. After considering the findings of the pilot studies The National Advisory Group for Cervical Screening recommended that LBC should be introduced across Scotland by 2004.

In Glasgow, LBC was introduced in September 2003 and by March 2004 all practices and hospital clinics had been transferred to LBC. All around Scotland and despite of every effort by the laboratory's staff, the introduction of LBC has produced delays in the reporting of cervical smears. This has been due to the fact that staff at the laboratories had to undergo training and to implement all the changes required for the new technique. Currently, reporting times are within the recommended standards.

Improving Uptake Group

The Improving Uptake Multidisciplinary Group set up in 2002, to look at the reasons for poor uptake in some areas continues working. The group has developed a strategy and as a result, members of this group have visited a number of general practices in order to identify ways of supporting these practices to improve their uptake. Some improvements in uptake have been identified recently in some practices, but it is still too soon to see the overall results of this strategy.

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:

Leaflets

The cervical smear test explained
Your Cervical Smear Test Results

Flower Power cedit cards
Having a smear – women talking
Colposcopy and treatment for abnormal smears

Videos
A testing time: Coping with an abnormal cervical smear and colposcopy
A simple check (available in BSL with sub titles)
Cervical smear test (available in English and 5 Asian languages)
Taking cervical smears – (for professionals)
Mrs Malik goes for a cervical smear test (Punjabi, Hindi,Urdu)

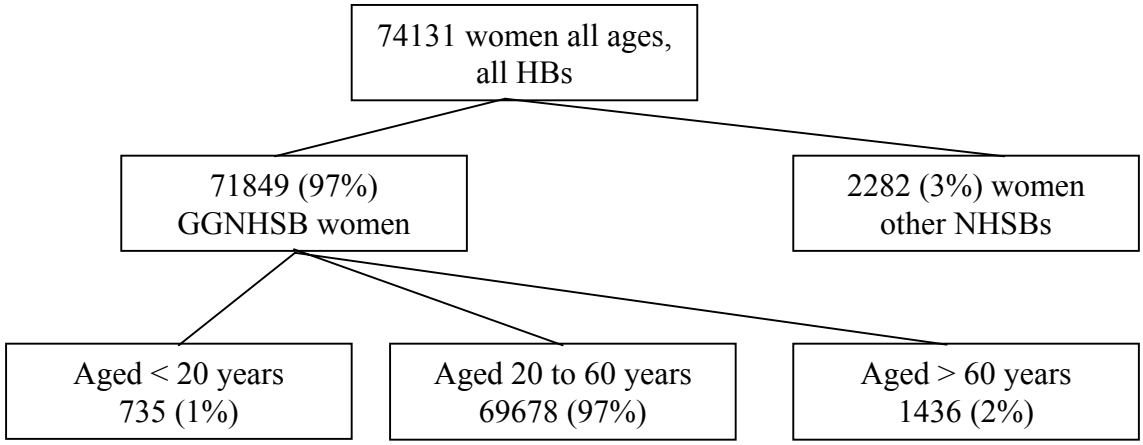
Packs
Woman to Woman

4. WOMEN SCREENED

4.1 All Women Screened

During the financial year 1st April 2002 to 31st March 2003, 74131 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 71849 (97%) were Glasgow residents and 69678 (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 Cervical Screening Monitoring and Evaluation Group have been reiterating this to all GPs in the last year and once again the numbers of women under 20 who had a smear continues to drop slightly to just 1%.

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 obtained. The number of women eligible for the screening programme is calculated by subtracting the number of women who have had a total hysterectomy (14288) and therefore, should not be called for screening, from the number of women aged 20-60 years registered with a Glasgow general practitioner (269808). In total 255520 women were eligible for screening (Table 1).

Table 1. NHSGG eligible women by age group

Age group	All women	Hysterectomies	Eligible women
20-24	36174	3	36171
25-29	33667	19	33648
30-39	76612	818	75794
40-49	67402	4440	62962
50-60	55953	9008	46945
Total	269808	14288	255520

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 2002/2003. Slightly more women in the 30-39 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

Age group	Total eligible women	Total women screened	% Women screened
20-29	69819	18896	27.1
30-39	75794	21989	29.0
40-49	62962	17188	27.3
50-60	46945	11605	24.7
Total	255520	69678	27.3

Sources: Greater Glasgow NHS Board Information Services / Schlumberger Sema

4.3 Smear Results For NHS Greater Glasgow Women

In the financial year April 2002 to March 2003, 71849 women (all ages) resident in NHS Greater Glasgow 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, 90% 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 by severity of smear. Numbers and (percentages)

Age group	Unsatisfactory	Negative	Borderline	Dyskaryotic	Total
<20	22(3)	580(79)	95(13)	38(5)	735
20-29	443(2)	16059(85)	1351(7)	1043(6)	18896
30-39	397(2)	19878(90)	1001(5)	713(3)	21989
40-49	253(2)	15979(93)	633(4)	323(2)	17188
50-60	187(2)	11022(95)	273(2)	123(1)	11605
61+	27(2)	1353(94)	27(2)	29(2)	1436
Total	1329(2)	64871(90)	3380(5)	2269(3)	71849

Source: S.E.M.A

Table 4 gives the rates for different categories of smear by age. As in previous years 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	0.6	23.0	1.9	1.5
30-39	0.5	25.9	1.3	0.9
40-49	0.4	23.7	0.9	0.5
50-60	0.3	19.7	0.5	0.2

4.4 Women with a Dyskaryotic Smear

Three percent (2202/69678) 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	1369	62.2
Moderate	456	20.7
Severe	318	14.4
Severe/Invasive	17	0.8
Glandular abnormality	27	1.2
Adenocarcinoma	3	0.1
Other/Unspecified	12	0.5
Total	2202	100

Table 6 shows the percentages of dyskaryotic smears by severity of smear result and by age. Similar to previous years 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.

Table 6. Dyskaryotic smear results of Greater Glasgow residents aged 20 to 60 years by severity of smear. Numbers and (percentages).

Age group	Mild	Moderate	Severe	Severe/ Invasive	Glandular	Adeno-carcinoma	No specified	Total
20-29	710 (52)	223 (49)	106 (33)	2 (12)	0 (0)	1 (33)	1 (8)	1043
30-39	414 (30)	152 (33)	124 (39)	8 (47)	12 (44)	0 (0)	3 (25)	713
40-49	184 (13)	58 (13)	65 (20)	4 (23)	10 (37)	0 (0)	2 (17)	323
50-60	61 (4)	23 (5)	23 (7)	3 (18)	5 (18)	2 (67)	6 (50)	123
Total	1369	456	318	17	27	3	12	2202
%	100	100	100	100	100	100	100	

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 Division) 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 PCD 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 makes 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 laboratories and send them to the original smear takers. 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 2178 women (all ages, all areas) for whom a new record was opened in the ASR (Figure 2). 1374 (63%) of these had a mild dyskaryotic smear, 429 (20%) moderate dyskaryosis and 323 (15%) severe dyskaryosis. There were also 26 women whose smear showed glandular abnormality, 6 adenocarcinoma and 20 women were recorded for other reasons. Eight hundred and thirty six (38%) out of 2178 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, 81 of them due to various reasons (transferred to other Health Board area etc.) and 6 of them because the women had died.

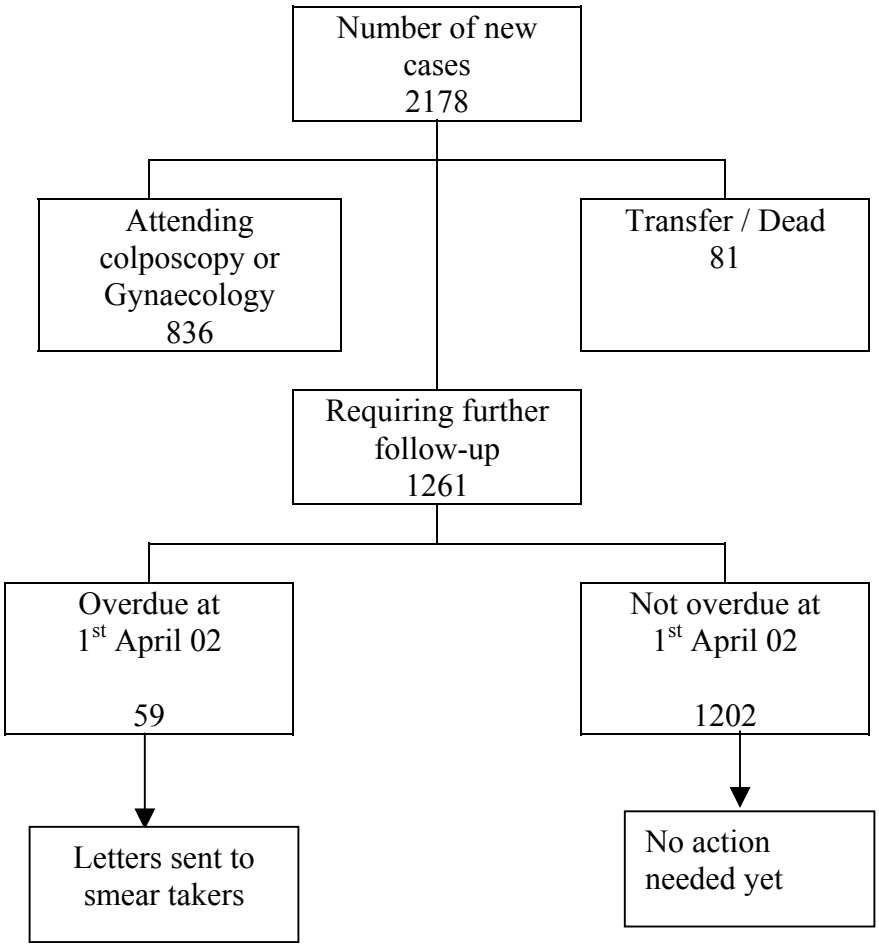
At the time of the audit 1261 out of the 2178 (58%) records were not yet closed indicating that these women had still to attend for a follow-up action (Figure 2). These cases were examined further to identify if the women were 3 or more months "overdue" for their follow-up action. We considered the 1st of April 2003 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 2003 were "not overdue" as the recommended date for the follow-up action was still to come.

For 59 (3%) out of the 2178 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 59 cases were as follows: 7 mild dyskaryosis, 16 moderate dyskaryosis, 32 severe dyskaryosis, 2 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 Overall 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 2003 was 82%. This figure takes account of hysterectomies. This percentage is above the acceptable value (80%) recommended in the Scottish Clinical Standards for Cervical Screening. Screening uptake in the 3.5 year period to 31st March 2003 was 73%.

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 (85%) was in the 30 - 39 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	36171	24041	66	27020	75
25-29	33648	24662	73	27712	82
30-39	75794	58608	77	64591	85
40-49	62962	46126	73	49904	79
50-60	46945	33894	72	39668	84
All	255520	187331	73	208895	82

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.

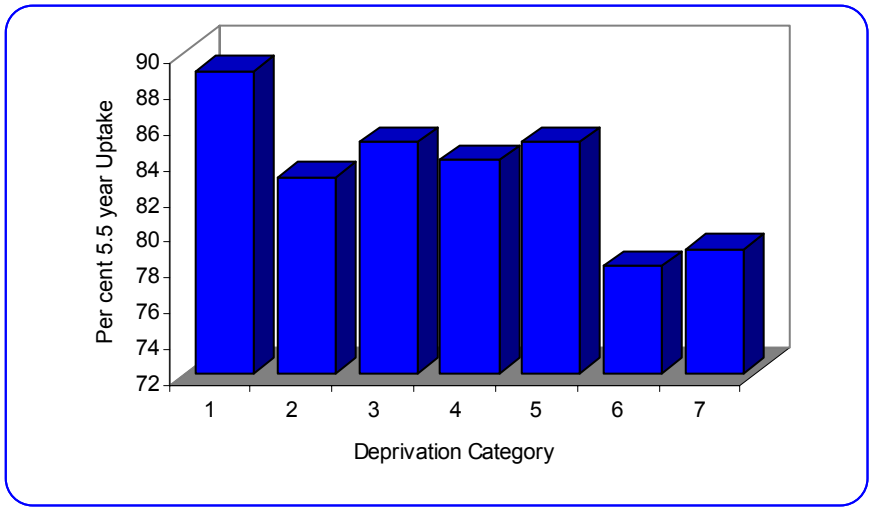
Table 8 and figure 3 show that screening uptake varied with deprivation category (DEPCAT). Eighty-nine percent of the women in DEPCAT 1 had at least one smear taken in the last 5.5 years compared with 79% of the women in DEPCAT 7 (most deprived area).

Table 8. Cervical screening uptake by Carstairs deprivation category

DEPCAT	Eligible women	3.5 year uptake		5.5 year uptake	
	n	n	%	n	%
1	24078	19658	82	21401	89
2	21491	16095	75	17873	83
3	21056	16099	76	17880	85
4	37783	28612	76	31656	84
5	21653	16508	76	18314	85
6	64679	45054	70	50515	78
7	62597	43722	70	49472	79
N/K	2183	1583	73	1784	82
All	255520	187331	73	208895	82

Source: GGHB Information Services

Figure 3. Cervical Screening 5.5 year uptake by Carstairs deprivation category



6.4 Uptake by General Practice

Seventy-three percent of the 216 NHS Greater Glasgow General Practices had a 5.5 year screening uptake of 80% or above. 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	158 (73)
75-79	32 (15)
70-74	9 (4)
65-69	5 (2)
60-64	6 (3)
<60	6 (3)

Source: GGHB Information Services

6.5 Uptake by Local Health Care Co-operative

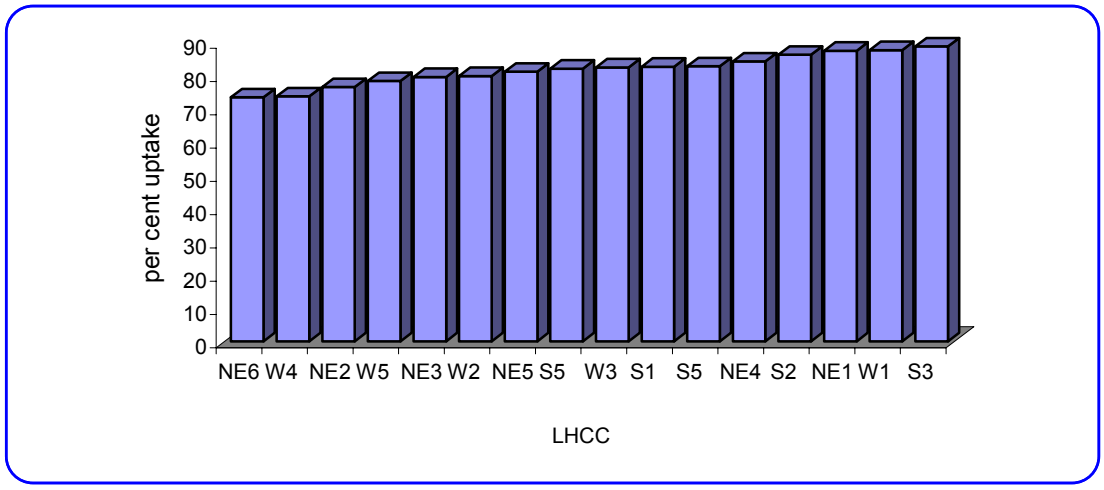
There are sixteen Local Health Care Co-operatives (LHCC) in Glasgow covering most areas of the Health Board**.** Four GP Practices in Glasgow have not been assigned to an LHCC. The 5.5 year screening uptake by LHCC varied from 88.7% in Eastwood, an affluent area of Greater Glasgow NHS Board, to 73.4% 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	18026	14667	1248	87.4
NE2 Maryhill / Woodside	18346	13368	881	76.5
NE3 North Glasgow	14273	10610	925	79.5
NE4 Eastern Glasgow	31867	25441	1655	84.2
NE5 Bridgeton & Environs	7796	6001	396	81.1
NE6 Dennistoun	10108	7146	378	73.4
S1 South East Glasgow	25308	19962	1136	82.6
S2 Camglen	16795	13658	947	86.2
S3 Eastwood	16354	13693	921	88.7
S4 Greater Shawlands	15883	12416	747	82
S5 South West Glasgow	24917	19205	1707	82.7
W1 Annies/Bearsden/Milngavie	12130	9993	723	87.6
W2 Drumchapel	4949	3691	325	79.8
W3 Clydebank	13384	10323	858	82.4
W4 West One	17186	12311	473	73.7
W5 The Riverside	13914	10417	606	78.3
Total for LHCCs	261236	202902	13926	82

Source: Greater Glasgow NHS Board Information Services.

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



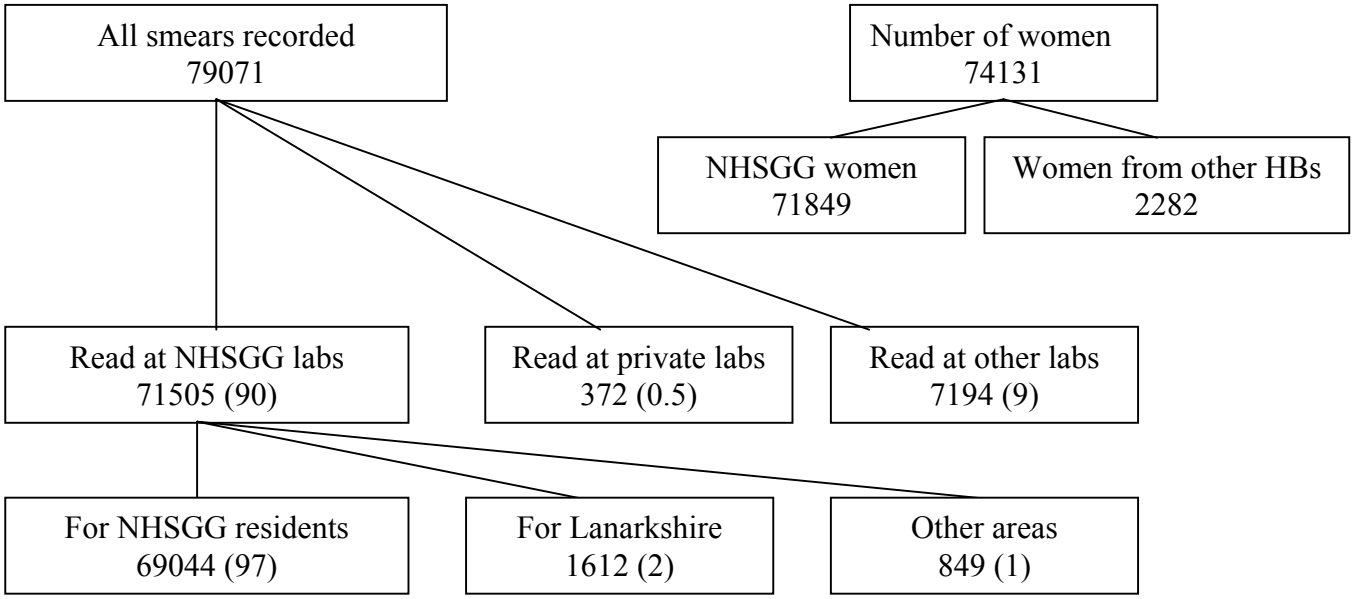
7. CYTOPATHOLOGY LABORATORIES WORKLOAD

7.1 Overall Activity

In the financial year April 2001 to March 2003, a total of 79071 smears were recorded in the cytology sub-module of the CHI for 74131 women, of whom 71849 (97%) were Glasgow residents.

Ninety percent (71505) of these smears were processed at the tow NHS Greater Glasgow laboratories, 9% (7194) at other NHS Boards and 0.5% (372) at a private laboratory. The outflow of 7566 smears to other laboratories compares with 8218 in 2001/2002 (Figure 5).

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



7.2 NHS Greater Glasgow Laboratories Workload

In the financial year April 2002 – March 2003, a total of 71505 smears were processed in the Glasgow laboratories. The majority of these smears (69044; 97%) were for Glasgow residents. Table 11 shows the workload of the two NHS Greater Glasgow laboratories, by smear result.

Table 11. Greater Glasgow laboratory workload by smear result, numbers and (percentages).

Laboratory	Unsatisfactory	Negative	Borderline	Dyskaryotic	Total
A	1688 (3.7)	38925 (86.4)	2767 (6.1)	1651 (3.7)	45031
B	1576 (5.9)	23438 (88.5)	737 (2.8)	723 (2.7)	26474
Total	3264 (4.6)	62363 (87.2)	3504 (4.9)	2374 (3.3)	71505

7.3 Source of Smears for Glasgow Residents

69044 out of 71505 smears processed in Glasgow NHS laboratories were for Glasgow residents. The majority of these smears were taken in general practice (84%), seven percent were taken at colposcopy clinics (7%) and 6% at family planning/community clinics (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	
	n	%	n	%	n	%	n	%	n	%
A/P Natal	8	8.1	75	75.8	8	8.1	8	8.1	99	0.1
Family Planning	220	5.1	3710	86.4	215	5.0	147	3.4	4292	6.2
Well woman Clinic	5	5.2	72	74.2	16	16.5	4	4.1	97	0.1
Gynaecology	76	7.6	840	83.7	38	3.8	49	4.9	1003	1.5
GUM	33	7.3	328	72.1	51	11.2	43	9.5	455	0.7
GP	2699	4.6	51570	88.7	2417	4.2	1466	2.5	58152	84.2
Colposcopy	119	2.5	3625	74.5	593	12.2	529	10.9	4866	7.0
Other/NK	1	1.3	62	77.5	5	6.3	12	15	80	0.2
Total	3161	4.6	60282	87.3	3343	4.8	2258	3.3	69044	100

8. COLPOSCOPY

8.1 Attendance at Colposcopy clinics

The 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.

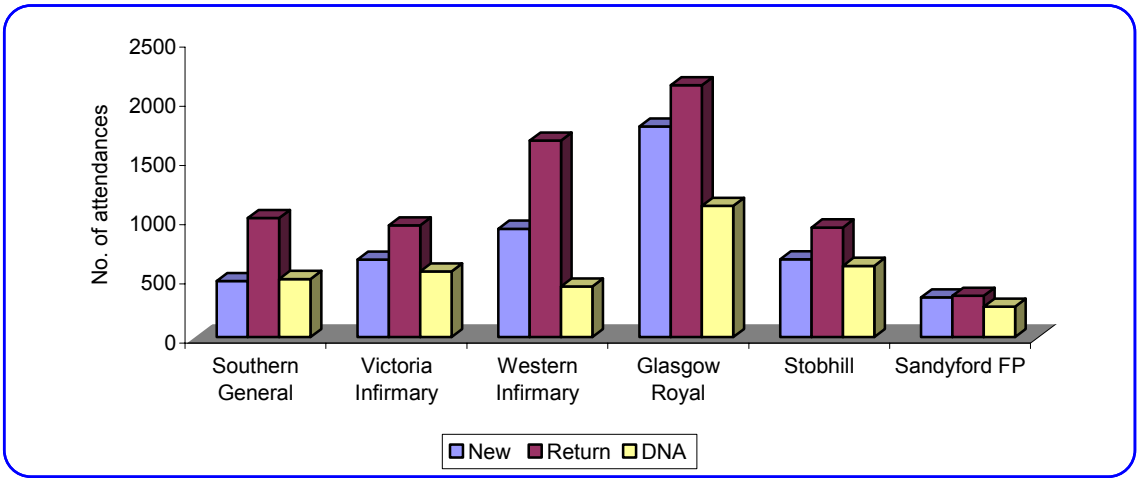
In the financial year April 2002 to March 2003, a total of 4810 women attended one of the six colposcopy clinics in Glasgow as new patients. There were 7010 return visits recorded on the colposcopy computer systems, for either treatment or review. The non-

attendance (DNA) rate for all attendances was 29%. This has risen from 28% in the last financial year.

Table 13. Colposcopy Activity by Trust

Hospital	New	Return	DNA
Southern General	472	1006	490
Victoria Infirmary	653	943	554
Western Infirmary	915	1660	427
Glasgow Royal	1779	2127	1109
Stobhill	657	926	601
Sandyford FP	334	348	257
Total	4810	7010	3438

Figure 6. Coloposcopy Activity by Trust



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 2000 (the latest complete figures) was 51. This represents an age standardised incidence rate of 10.1 per 100,000 women. Table 14 shows the age standardised incidence rates for cervical cancer for the years 1990 to 2000 for Glasgow and for Scotland.

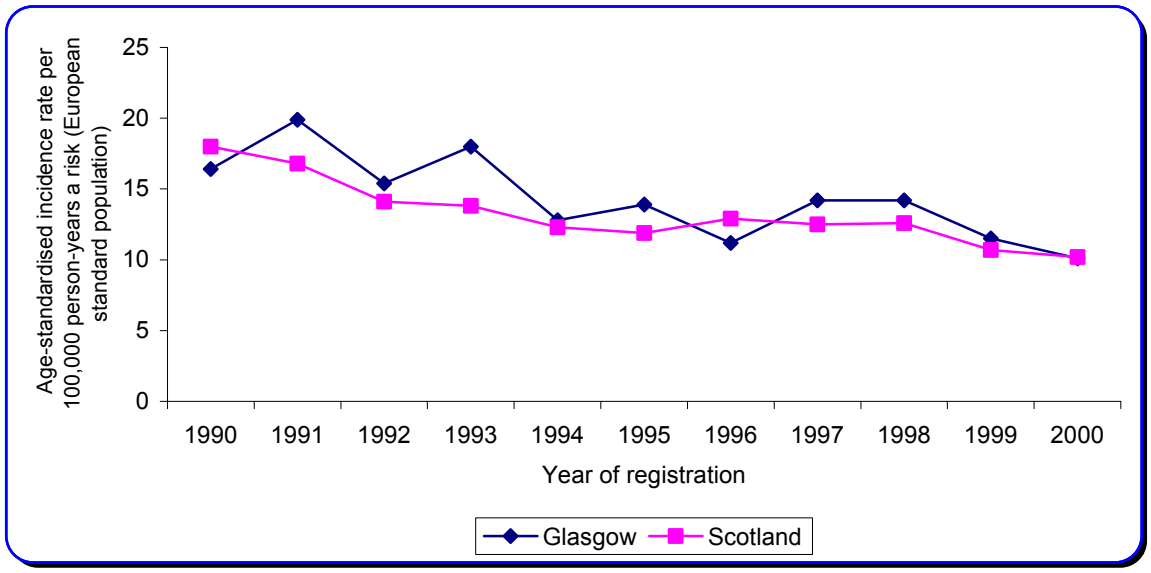
Table 14. Age standardised incidence rates - Glasgow and Scotland

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Glasgow	16.4	19.9	15.4	18.0	12.8	13.9	11.2	14.2	14.2	11.5	10.1
Scotland	18	16.8	14.1	13.8	12.3	11.9	12.9	12.5	12.6	10.7	10.2

Age-standardised incidence rate per 100,000 person-years a risk (European standard population)

Figure 7 illustrates the trend in incidence of cervical cancer for Glasgow and for Scotland for the years 1990 to 2000.

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



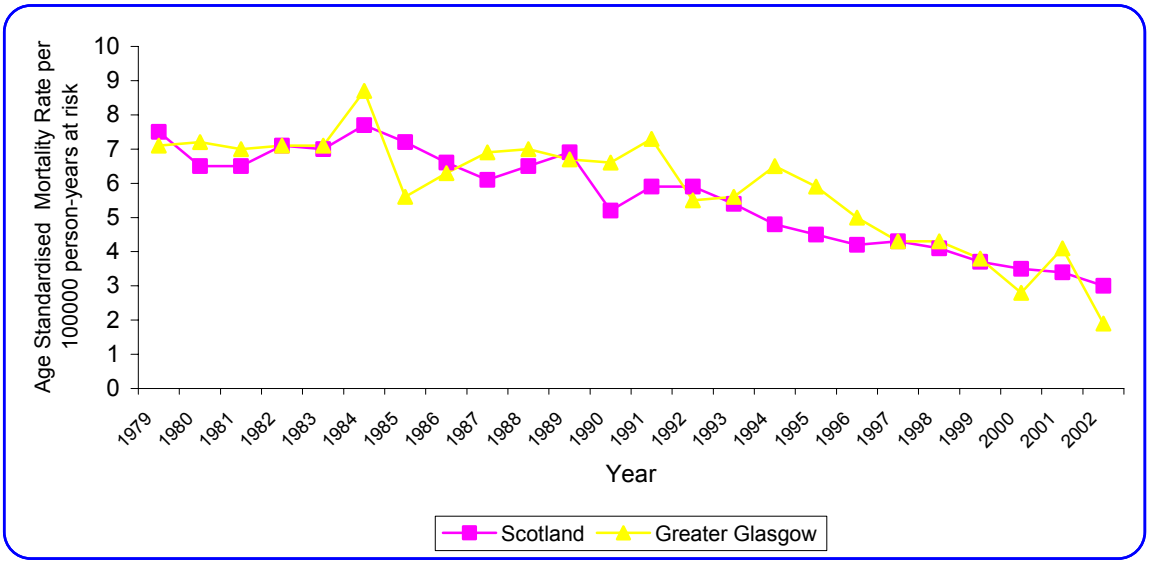
9.2 Mortality from Cervical Cancer(Cervix Uteri (ICD 10 C53))

The number of Glasgow resident women who died from cervical cancer in 2002 was 12. Table 15 shows the trends in mortality from cervical cancer for Glasgow and Scotland from 1987 to 2002. Figure 8 illustrates the decline in deaths from cervical cancer from 1979 to 2002.

Table 15. Age-Standardised Mortality rate per 100,000 person-years at risk (European Standard population) Scotland and Greater Glasgow 1987 – 2002

EASR	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Scotland	6.1	6.5	6.9	5.2	5.9	5.9	5.4	4.8	4.5	4.2	4.3	4.1	3.7	3.5	3.4	3
Glasgow	6.9	7	6.7	6.6	7.3	5.5	5.6	6.5	5.9	5	4.3	4.3	3.8	2.8	4.1	1.9

Figure 8. Cervical cancer mortality, NHSGG and Scotland 1979-2002



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Any comments about this report will be very welcome and should be addressed to Dr Mar Soler-Lopez or Ms Irene MacKenzie at the address below:
mar.soler-lopez@gghb.scot.nhs.uk or irene.mackenzie@gghb.scot.nhs.uk:

Public Health Directorate (Women's Health)
Greater Glasgow NHS Board
Dalian House
305 St Vincent Street
Glasgow G3 8YU

APPENDIX 1

MEMBERS OF THE MONITORING AND EVALUATION GROUP OF THE NHSGG CERVICAL SCREENING PROGRAMME

Dr U Bankowska, Consultant in Family Planning and Reproductive Health

Dr M Burgoyne, Consultant Cytopathologist Southern General Hospital, South Glasgow Trust

Ms Jackie Wright, Practice Nurse

Dr J Davis, Consultant Gynaecological Oncologist, Stobhill Hospital (Chairman)

Dr J Bell, General Practitioner

Dr James Kennedy, Consultant Gynaecologist, Glasgow Royal Infirmary

Ms I MacKenzie, Research, Monitoring and Audit Officer, GGNHSB

Mr C McGillivary, Cytology Team Leader, Cytology Office, Primary Care Trust

Ms F McGuire, Senior Health Promotion Officer, GGNHSB

Ms Janet Mair, Regional Registration Manager, Practitioner Services

Ms E Rennie, Manager, Cytology Office, Primary Care Trust

Dr M Soler-Lopez, Senior Clinical Medical Officer, GGNHSB Breast & Cervical Screening Co-ordinator

Dr M Stephen, Consultant Cytopathologist, Glasgow Royal Infirmary, North Glasgow Trust

Nic Zappia, Primary Care Trust