**EMBARGOED UNTIL MEETING**

## Greater Glasgow NHS Board

## Board Meeting

**Tuesday 15 November 2005** **Board Paper No. 05/72**

**DIRECTOR OF PUBLIC HEALTH**

# PUBLIC HEALTH ISSUE - GGNHSB CERVICAL SCREENING PROGRAMME - ANNUAL REPORT 2003/2004

### 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 14th annual report of the GGNHSB cervical screening programme presents information about all the different components of the programme. During the financial year 2003-2004, 69073 Glasgow 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 91% in deprivation category 1 to 79% in deprivation category 7. The number of GP practices reaching over 80% uptake has improved from 73% last year to 76% this year.

## 3 Programme Overview

Over the period April 2003 to March 2004 a number of issues have dominated the activity within the programme: the transfer of the remaining call/recall practice based systems to the Primary Care Division based system, the work carried out to improve uptake of screening in specific areas of GGNSHB, the monitoring of the final implementation phase of liquid based cytology, and the continue development of the Colposcopy IT system. These are all discussed in the report.

## 4 Future developments

In 2000 the Health Minister accepted the recommendations of the report "Quality Improvement Review of Cervical Screening Call/Recall Arrangements in Scotland". As a consequence, the Scottish Cervical Call-Recall Project Group was set up to develop and manage a new IT system (The Scottish Cervical Call/Recall System (SCCRS)) to support the Scotland-wide cervical screening programme.

It is expected that the new system will commence implementation at the beginning of 2006 in a phased roll out. Pre-implementation work has already started to ensure that all appropriate resources are in place within the required time scale.

As part of the pre-implementation stage, Boards have been requested by the SCCRS Project Group to provide information on staff training needs and IT infrastructure including capacity of networking connections available across NHSGG. Training for call-recall, laboratory and colposcopy staff will be provided by the SCCRS Project Office in partnership with the Boards.

# NHS GREATER GLASGOW

# CERVICAL SCREENING PROGRAMME

# ANNUAL REPORT

# APRIL 2003 -MARCH 2004

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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 fourteenth 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 2003 to 31st March 2004.

- With a three-yearly screening programme and coverage of 100%, it would be expected that 33% of women would have a smear in any one year. During the financial year 2003/04, **69073 out of 256343** women **between 20 and 60 years old** resident in NHS Greater Glasgow were screened during this financial year. This represents 27% of the eligible population

- **The overall NHSGG 5.5 year screening uptake** (eligible women 20-60 years old who had a smear test within this period) **was 82%.**

- **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 5.5 year screening uptake varied by deprivation category**, falling from 91% in deprivation category 1, to 79% in deprivation category 7 (the most deprived area).

- Seventy-six percent NHSGG general practices had a 5.5 year screening uptake of at least 80%.

- Uptake by LHCC varied from 90% in the most affluent area of NHSGG to 73% 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 77681**. Eighty-nine per cent of them were processed at the two NHSGG laboratories, 10% 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-five percent of the smears for Glasgow residents were taken in general practice, followed by family planning and community clinics (7%) and colposcopy (6%).
- During the financial year 2345 women had a new record open on the Abnormal Smear Register.

- The total number of new attenders to the colposcopy clinics in the year was 4559.
- There were 6037 return visits to colposcopy for either treatment or review.
- There were 3483 DNAs to colpscopy, representing 33 per cent non attendance rate
- The most up to date information on cancer registration shows that there were 61 new invasive cervical cancers in Glasgow residents during 2000.
- In 2003 there were 16 deaths from cervical cancer in Greater Glasgow.

## 1. INTRODUCTION

This is the fourteenth 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 2003 to 31st March 2004.

## 2. PROGRAMME OVERVIEW

As in previous years a number of activities have been undertaken in order to ensure and maintain the effectiveness of the NHSGG cervical screening programme.

The following are the major issues which dominated the activity within the programme for the period April 2003 to March 2004.

### Primary care

Complete transfer of all General practice based call/recall systems to the Primary Care Division (PCD) based call/recall system is a priority. Therefore, as in previous years, GPs who still use their practice based call/recall systems have continued to be strongly encouraged to transfer to the PCD based system. Currently, only 25 out of 216 practices still need to be transferred to the PCD.

The new GP contract has helped this transition as GPs feel that the targets they have to achieve with the new contract are more readily achieved if the administrative side of the screening programme is transferred to the PCD system.

### Improving uptake of screening

Another major priority for the programme is to improve the uptake of cervical screening in particular, in areas where there is a high percentage of minority ethnic population. The Improving Uptake Multidisciplinary Group has continued to monitor the rate of uptake of screening in Glasgow practices and to develop initiatives to improve uptake.

During the financial year different activities have been carried out.

1. Information regarding cervical screening was targeted towards women from black and minority ethnic (BME) communities. Two focus groups were set up in April 2003 to discuss cervical screening. Feedback from these sessions suggested that there is generally a lack of knowledge about the purpose of the smear test even among women who have attended for screening. It was also found that the most popular medium for delivering information and provoking discussion was through drama. As a result, a short sketch was developed with a local women's health group and this was performed at each of the information road shows carried out in three communities where there was a large BME population.

2. Cervical screening services providers have been informed and encouraged to attend the Race Equality Training Programmes for Staff 2004 organised by the PCD.

3. The Board commissioned a systematic review examine the factors surrounding attendance/non-attendance for cervical and breast screening.

4. As part of the "Building a Bridge Project" a BME facilitator has been working in one of the NHSGG general practice identified as having a low uptake of screening and a higher that usual percentage of Asian population.

**Laboratories**

As we reported in the 2002-2003 annual report, Liquid Based Cytology (LBC) was introduced in Glasgow in September 2003 and by the end of March 2004 all practices and hospital clinics had transferred to LBC.

LBC is a new technique to collect cervical smears. It differs from the previous 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.

Over the year, Primary Care staff and staff at the laboratories were all trained in the use of the new technique.

The introduction of LBC in NHSGG has been very successful.

By the end of the financial year, some of the expected positive outcomes from LBC started to become apparent. Reporting times that during the training period have been longer than the QIS recommended standards, started to improve. Also, as expected, the percentage of smears reported as unsatisfactory started to decrease.

Moreover, Primary Care staff found that the new technique saves time at the clinic as they no longer have to prepare the samples before transfer to the laboratory.

**Colposcopy: IT system**

As in the previous year, development of the Colposcopy clinics IT system has continued to be a priority. The enhancement of the IT system will allow the collection and timely retrieval of reliable and accurate data. This is fundamental to facilitate routine and mandatory audits of the Colposcopy service and therefore, to meet the QIS standards and to ensure accreditation of our Glasgow Colposcopy clinics.

The multidisciplinary Colopscopy Data Group was set up to identify the type of developments that the system required and to agree a protocol for data collection and data entry at the different clinics.
Over the last few months, major progress has been made. Most of the IT system developmental work has been carried out and data collection and data entry protocols

have also been agreed. Colposcopy clinics continue testing the system to ensure the availability and accuracy of the data and to identify the need for any further development.

**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. The review, published in March 2000, 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.

As a result, a Working Group was established to develop a specification for the new national cervical screening call-recall system and to consider how to introduce, manage and further develop a standard approach across Scotland. The Health Minister approved the recommendations from this group 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 new Scottish Cervical Cytology Call Recall System (SCCRS).

It is expected that the new 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 NHS Scotland 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 commence implementation at the beginning of 2006 in a phased rollout.

Pre-implementation work has already started to ensure that all appropriate resources are in place within the required time scale.

As part of the pre-implementation stage, Boards have been requested by the SCCRS Project Group to provide information on staff training needs and IT infrastructure including capacity of networking connections available across NHSGG.

The training for call/recall/laboratory and colposcopy staff will be centrally funded and provided by the SCCRS Project Office in partnership with the Boards.

## 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 credit 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)

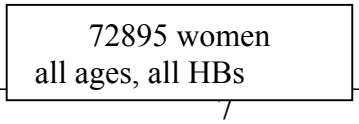
**Packs**
Woman to Woman

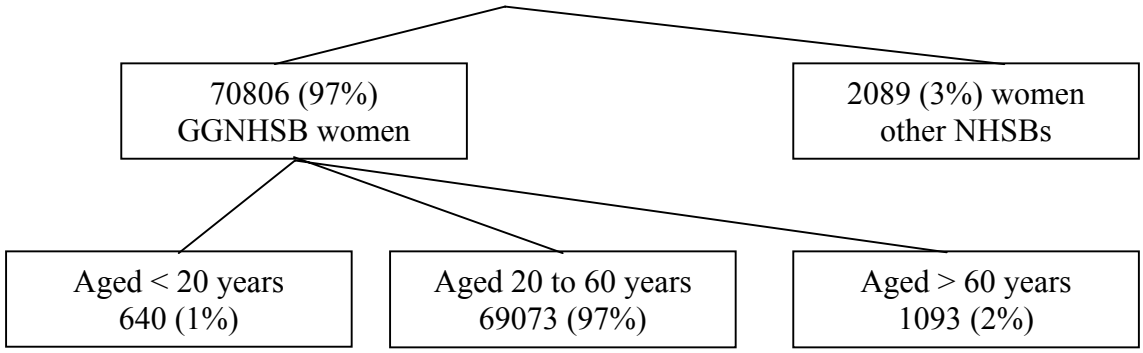
## 4. WOMEN SCREENED

### 4.1 All Women Screened

During the financial year 1st April 2003 to 31st March 2004, 72895 women of all ages and from all Health Boards (HBs) had a smear test recorded on the NHSGG cytology sub-module of the Community Health Index (CHI). Of these 70806 (97%) were Glasgow residents and 69073 (97%) of these were between 20 and 60 years old (Figure 1).

**Figure 1. All women screened**






The number of women under the age of 20 years who had a smear test continues to decrease. In the current financial year 640 women had a smear taken compared to 735 women in the previous financial year. The Cervical Screening Programme Monitoring and Evaluation Group continue to advice GPs that women under the age of 20 should not undergo cervical screening.

### 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 (14018) and therefore, should not be called for screening, from the number of women aged 20-60 years registered with a Glasgow general practitioner (270361). In total 256343 women were eligible for screening (Table 1).

**Table 1**. **NHSGG eligible women by age group**

| Age group | All women | Hysterectomies | Eligible women |
|---|---|---|---|
| 20-24 | 37130 | 5 | 37125 |
| 25-29 | 34377 | 13 | 34364 |
| 30-39 | 72078 | 637 | 71441 |
| 40-49 | 70124 | 4228 | 65896 |
| 50-60 | 56652 | 9135 | 47517 |
| Total | 270361 | 14018 | 256343 |

Source: GGNHSB Information Services/Atos Origin.

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 2003/2004. 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 during 2003/2004**

| Age group | Total eligible women | Total women screened | % Women screened |
|---|---|---|---|
| 20-29 | 71489 | 18848 | 26.4 |
| 30-39 | 71441 | 20951 | 29.3 |
| 40-49 | 65896 | 17398 | 26.4 |
| 50-60 | 47517 | 11876 | 25.0 |
| Total | 256343 | 69073 | 26.9 |

Sources: GGNHSB Information Services / Atos Origin

## 4.3 Smear Results For NHS Greater Glasgow Women

In the financial year April 2003 to March 2004, NHS Greater Glasgow 69073 women (20-60 years old) 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 age group. 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 (20-60) screened during financial year 2003/2004 by severity of smear. Numbers and (percentages)**

| Age group | Unsatisfactory | Negative | Borderline | Dyskaryotic | Total |
|---|---|---|---|---|---|
| 20-29 | 378(2) | 15889(84) | 1427(8) | 1154(6) | 18848 |
| 30-39 | 308(1) | 18919(90) | 919(4) | 805(4) | 20951 |
| 40-49 | 185(1) | 16379(94) | 527(3) | 307(2) | 17398 |
| 50-60 | 177(1) | 11351(96) | 231(2) | 117(1) | 11876 |
| Total | 1048(2) | 62538 (90) | 3104(4) | 2383(3) | 69073 |

Source: Atos Origin

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 | 0.5 | 22.2 | 2.0 | 1.6 |
| 30-39 | 0.4 | 26.5 | 1.3 | 1.1 |
| 40-49 | 0.3 | 24.9 | 0.8 | 0.5 |
| 50-60 | 0.4 | 23.9 | 0.5 | 0.2 |

### 4.4 Women with a Dyskaryotic Smear

Three percent of NHSGG women 20-60 years old had a dyskaryotic smear result. This percentage has kept constant over the years. 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 | No. Women | Percentage |
|---|---|---|
| Mild | 1540 | 65 |
| Moderate | 512 | 21 |
| Severe | 281 | 12 |
| Severe/Invasive | 18 | 0.76 |
| Glandular abnormality | 23 | 0.97 |
| Adenocarcinoma | 1 | 0.04 |
| Other/Unspecified | 8 | 0.34 |
| Total | 2383 | 100 |

Table 6 shows the percentages of the different types of dyskaryotic smears by age group. 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 found in the women aged 30-39 years.

**Table 6. Percentage of dyskaryotic smears for Greater Glasgow residents aged 20 to 60 years by severity of smear.**

| Age group | Mild | Moderate | Severe | Severe/ Invasive | Glandular | Adeno-carcinoma | Unspecified | Total |
|---|---|---|---|---|---|---|---|---|
| 20-29 | 52.1 | 49.6 | 32 | 27 | 9 | 0 | 0 | 48.4 |
| 30-39 | 31.7 | 33.6 | 47 | 33 | 30 | 0 | 0 | 33.8 |
| 40-49 | 12.0 | 13.3 | 16.3 | 17 | 17 | 0 | 12.5 | 12.9 |
| 50-60 | 4.2 | 3.5 | 4.6 | 22 | 43 | 100 | 87.5 | 4.9 |
| N | 1540 | 512 | 281 | 18 | 23 | 1 | 8 | 2383 |

## 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 and others) 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:

All GP practices are reminded when a woman has a non-negative test and is three months overdue her repeat smear. This includes all categories of results that are not coded as negative. This is a cumulative report issued monthly 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.

Moreover, dyskaryotic tests are also transferred to the Abnormal Smear Register where mild dyskaryosis and worse 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 printout 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. The letters are then sent to the smear takers of the non-negative test.

The responses are taken back to the Cytopathologists in order for them to advise on which follow-up protocol should be applied 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.

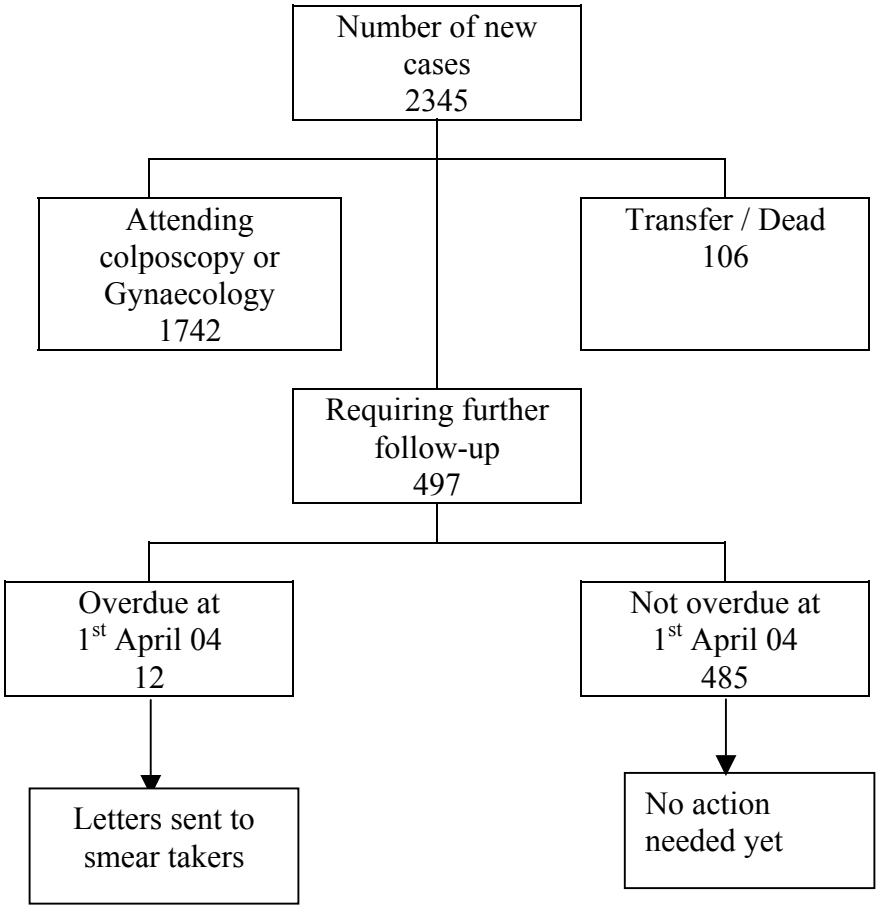
During this financial year there were 2345 women (all ages, all HBs) for whom a new record was opened in the ASR. 1557 (66%) of these had a mild dyskaryotic smear, 474 (20%) moderate dyskaryosis and 270 (12%) severe dyskaryosis. There were also 26 women whose smear showed glandular abnormality, 1 adenocarcinoma and 17 women were recorded for other reasons. Figure 2 shows that 1742 (74%) out of 2345 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 106 women were also closed, 94 of them due to various reasons (transferred to other Health Board area etc.) and 12 of them because the women had died.

At the time of the audit 497 out of the 2345 (21%) 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 1$^{st}$ of April 2004 as the deadline for attendance for the follow-up action. A woman was considered to be "overdue" at 1$^{st}$ 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 1$^{st}$ April. Women for whom the date for a follow-up action was ahead of the 1$^{st}$ April 2004 were "not overdue" as the recommended deadline for follow-up action was still to come.

For 12 (2.4%) out of the 2345 new cases there was no record of the woman attending for follow-up. 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 12 cases were as follows: 2 mild dyskaryosis, 3 moderate dyskaryosis, 6 severe dyskaryosis and 1 glandular abnormality.

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 2004 was, as in the last year, 82%. This figure takes account of hysterectomies. This percentage is above the acceptable value (80%) recommended by Quality Improvement Scotland (QIS) Guidelines on cervical screening. Screening uptake in the 3.5 year period to 31st March 2004 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 (87%) was in the 30-39 year old group while the lowest (77%) was in the 20 - 24 and 25 – 29 year age ranges.

**Table 7. Cervical screening uptake by age group**

| Age | Eligible women | 3.5 year uptake | | 5.5 year uptake | |
|---|---|---|---|---|---|
| | n | n | % | n | % |
| 20-24 | 37125 | 25126 | 68 | 28441 | 77 |
| 25-29 | 34364 | 23376 | 68 | 26513 | 77 |
| 30-39 | 71441 | 55847 | 78 | 62178 | 87 |
| 40-49 | 65896 | 47984 | 73 | 52316 | 79 |
| 50-60 | 47517 | 34433 | 72 | 40952 | 86 |
| All | 256343 | 186766 | 73 | 210400 | 82 |

Source: GGNHSB Information Services

## 6.3 Uptake by deprivation category

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

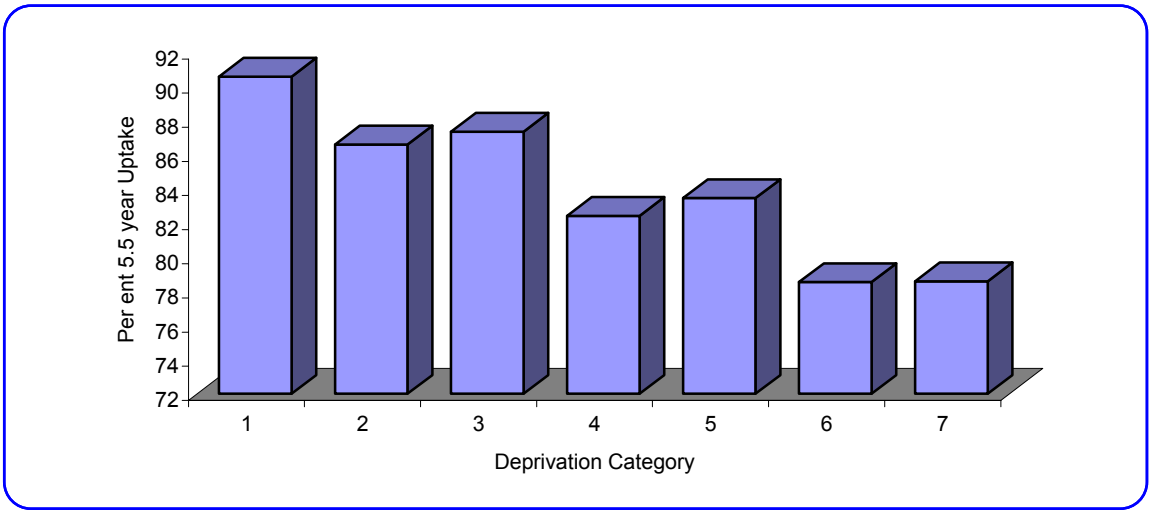
Table 8 and figure 3 show that, as in previous years, screening uptake varied with DEPCAT. Ninety-one percent of the women in DEPCAT 1 had at least one smear taken in the last 5.5 years compared with 79% of the women in DEPCAT 6 and 7 (most deprived areas).

**Table 8. Cervical screening uptake by Carstairs deprivation category**

| DEPCAT | Eligible women | 3.5 year uptake | | 5.5 year uptake | |
|---|---|---|---|---|---|
| | n | n | % | n | % |
| 1 | 13658 | 11266 | 82 | 12371 | 91 |
| 2 | 29207 | 22795 | 78 | 25294 | 87 |
| 3 | 24723 | 19534 | 79 | 21597 | 87 |
| 4 | 42782 | 31453 | 74 | 35262 | 82 |
| 5 | 24094 | 17951 | 75 | 20110 | 83 |
| 6 | 46087 | 31828 | 69 | 36200 | 79 |
| 7 | 75188 | 51537 | 69 | 59092 | 79 |
| N/K | 604 | 402 | 67 | 474 | 78 |
| All | 256343 | 186766 | 73 | 210400 | 82 |

Source: GGHB Information Services

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




## 6.4 Uptake by General Practice

Seventy-six percent of the 213 NHS Greater Glasgow General Practices had a 5.5 year screening uptake of 80% or above (Table 9). This compares with 73% in the previous financial year. Twelve practices had an uptake of less than 65%.

**Table 9. 5.5 years uptake by General Practice**

| Uptake percentage | Number of practices (%) |
|---|---|
| 80 and over | 162 (76) |
| 75-79 | 22 (10) |
| 70-74 | 9 (4) |
| 65-69 | 8 (4) |
| 60-64 | 9 (4) |
| <60 | 3 (1) |

Source: GGNHSB Information Services

## 6.5 Uptake by Local Health Care Co-operative

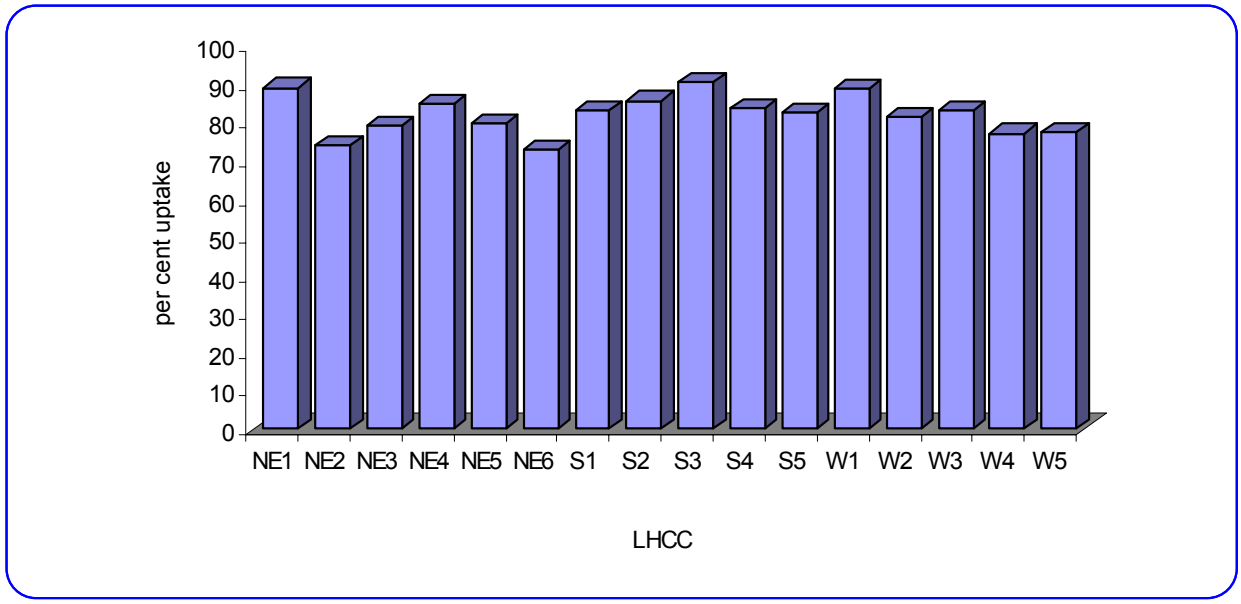
Up until 31 March 2004 there were sixteen Local Health Care Co-operatives (LHCC) in Glasgow covering most areas of the Health Board. The 5.5 year screening uptake by LHCC varied from 90% in Eastwood, an affluent area of Greater Glasgow NHS Board, to 73% in Dennistoun, a deprived area in the centre of the city (Table 10).

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

| LHCC | CHI Count | Hysterectomy Count | Cytology Count | Percentage Uptake |
|---|---|---|---|---|
| NE1 Strathkelvin | 18326 | 1311 | 15140 | 89 |
| NE2 Maryhill / Woodside | 19057 | 862 | 13438 | 74 |
| NE3 North Glasgow | 14451 | 847 | 10760 | 79 |
| NE4 Eastern Glasgow | 31746 | 1633 | 25557 | 85 |
| NE5 Bridgeton & Environs | 7680 | 372 | 5828 | 80 |
| NE6 Dennistoun | 10303 | 374 | 7201 | 73 |
| S1 South East Glasgow | 25310 | 1085 | 20132 | 83 |
| S2 Camglen | 17151 | 928 | 13878 | 86 |
| S3 Eastwood | 16144 | 888 | 13756 | 90 |
| S4 Greater Shawlands | 15689 | 762 | 12504 | 84 |
| S5 South West Glasgow | 24980 | 1683 | 19262 | 83 |
| W1 Annies/Bearsden/Milngavie | 11928 | 706 | 9944 | 89 |
| W2 Drumchapel | 3735 | 220 | 2866 | 82 |
| W3 Clydebank | 12347 | 801 | 9609 | 83 |
| W4 West One | 16712 | 485 | 12501 | 77 |
| W5 The Riverside | 14239 | 566 | 10552 | 77 |
| Total for LHCCs | 259798 | 13523 | 202928 | 82 |

Source: Greater Glasgow NHS Board Information Services.

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



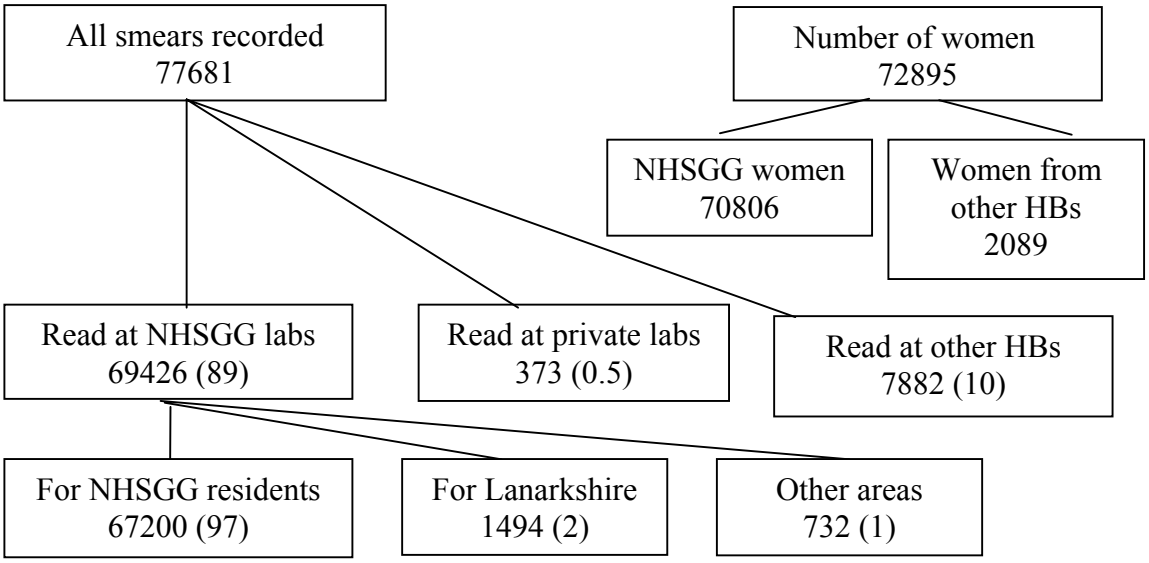

## 7. CYTOPATHOLOGY LABORATORIES WORKLOAD

## 7.1 Overall Activity

In the financial year April 2003 to March 2004, a total of 77681 smears were recorded in the cytology sub-module of the CHI for 72895 women, of whom 70806 (97%) were Glasgow residents.

Eighty nine percent (69426) of these smears were processed at the two NHS Greater Glasgow laboratories, 10% (7882) at other NHS Boards and 0.5% (373) at a private laboratory. The outflow of 8255 smears to other laboratories compares with 7566 in 2002/2003 (Figure 5).

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




## 7.2 NHS Greater Glasgow Laboratories Workload

In the financial year April 2003 – March 2004, a total of 69426 smears were processed in the Glasgow laboratories. The majority of these smears (67200; 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 | 1685 (3.8) | 37990 (86.2) | 2557 (5.8) | 1843 (4.2) | 44075 |
| B | 1547 (6.1) | 22579 (89.1) | 638 (2.5) | 587 (2.3) | 25351 |
| Total | 3232 (4.7) | 60569 (87.2) | 3195 (4.9) | 2430 (3.5) | 69426 |

`

## 7.3 Source of Smears for Glasgow Residents

Ninety seven percent (67200/69426) smears processed in Glasgow NHS laboratories were for Glasgow residents. The majority of these smears were taken in general practice (85%), colposcopy (6%) and family planning/community clinics (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** | **Percentage** |
| | **No.** | **%** | **No.** | **%** | **No.** | **%** | **No.** | **%** | **No.** | **%** |
| **A/P Natal** | 9 | 6.3 | 114 | 79.7 | 8 | 5.6 | 12 | 8.4 | 143 | 0.2 |
| **Family Planning** | 206 | 4.7 | 3778 | 85.7 | 259 | 5.9 | 165 | 3.7 | 4408 | 6.6 |
| **Well woman Clinic** | 1 | 2.2 | 37 | 80.4 | 2 | 4.3 | 6 | 13.0 | 46 | 0.1 |
| **Gynaecology** | 76 | 9.8 | 637 | 81.9 | 2.4 | 3.1 | 41 | 5.3 | 778 | 1.2 |
| **GUM** | 15 | 2.3 | 487 | 75.9 | 85 | 13.2 | 55 | 8.6 | 642 | 1.0 |
| **GP** | 2684 | 5 | 50594 | 89 | 2205 | 4 | 1425 | 2.5 | 56908 | 84.7 |
| **Colposcopy** | 126 | 3.0 | 2996 | 71.1 | 483 | 11.5 | 609 | 14.5 | 4214 | 6.3 |
| **Other/NK** | 6 | 9.8 | 45 | 7308 | 4 | 6.6 | 6 | 9.8 | 61 | 0.1 |
| **Total** | 3123 | 4.6 | 58688 | 87.3 | 3070 | 4.6 | 2319 | 3.5 | 67200 | 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

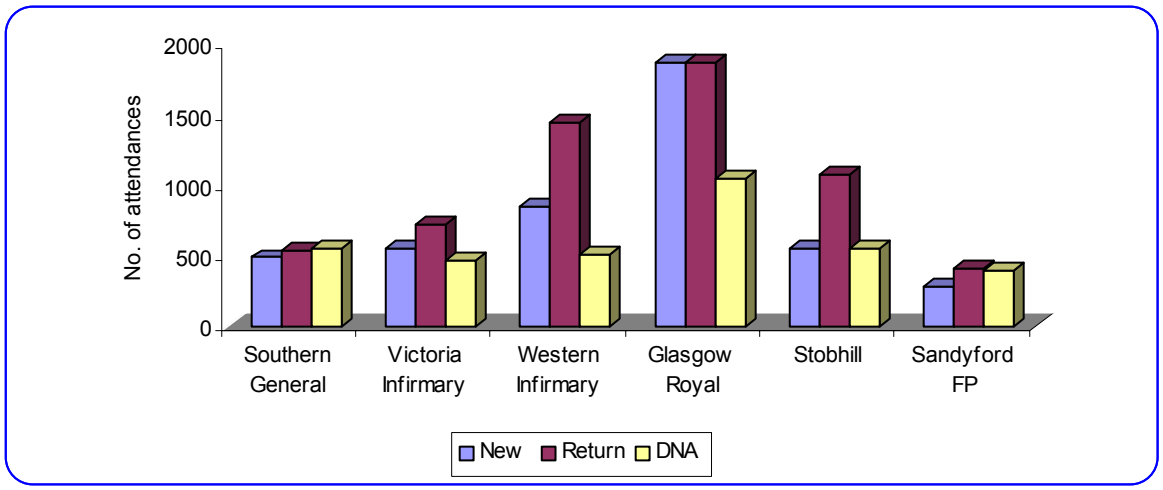
There are six colposcopy clinics in Glasgow, at the Western Infirmary, the Royal Infirmary, the Southern General Hospital, Stobhill Hospital, the Victoria Infirmary and the Family Planning Clinic at the Sandyford Initiative.

In the financial year April 2003 to March 2004, a total of 4559 women attended one of the six colposcopy clinics in Glasgow as new patients. There were 6037 return visits recorded on the colposcopy computer systems, for either treatment or review. The DNA rate for all attendances was 33%. This has risen from 29% in the last financial year.

**Table 13. Colposcopy Activity by Colposcopy Unit 2003/2004**

| Hospital | New | Return | DNA |
|---|---|---|---|
| Southern General | 484 | 528 | 542 |
| Victoria Infirmary | 549 | 721 | 467 |
| Western Infirmary | 839 | 1438 | 499 |
| Glasgow Royal | 1864 | 1868 | 1046 |
| Stobhill | 546 | 1072 | 541 |
| Sandyford FP | 277 | 410 | 388 |
| Total | 4559 | 6037 | 3483 |

**Figure 6. Coloposcopy Activity by Colposcopy Unit 2003/2004**



## 9. MORBIDITY AND MORTALITY

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

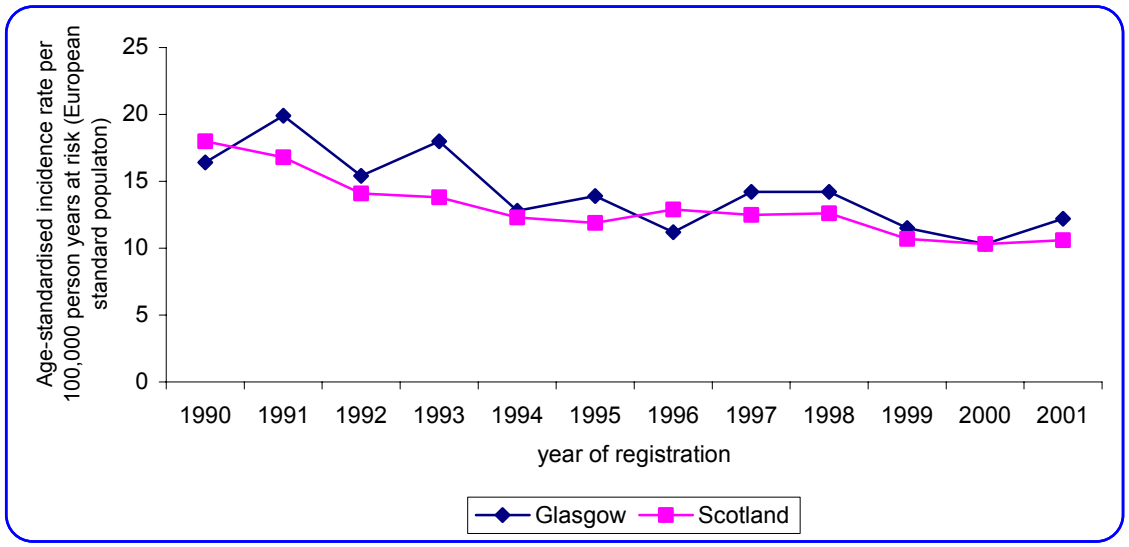
The number of new cases of invasive cervical cancer registered in Glasgow in 2001 (the latest complete figures) was 61. This represents an age standardised incidence rate of 12.2 per 100,000 women. Table 14 shows the age standardised incidence rates for cervical cancer for the years 1990 to 2001 for Glasgow and for Scotland. Figure 7 illustrates the trend in incidence of cervical cancer for Glasgow and for Scotland for the years 1990 to 2001.

**Table 14. Age standardised incidence rates - Glasgow and Scotland**

| | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Glasgow** | 16.4 | 19.9 | 15.4 | 18.0 | 12.8 | 13.9 | 11.2 | 14.2 | 14.2 | 11.5 | 10.3 | 12.2 |
| **Scotland** | 18 | 16.8 | 14.1 | 13.8 | 12.3 | 11.9 | 12.9 | 12.5 | 12.6 | 10.7 | 10.3 | 10.6 |

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

**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 2003 was 16. Table 15 shows the trends in mortality from cervical cancer for Glasgow and Scotland from 1987 to 2003. Figure 8 illustrates the decline in deaths from cervical cancer from 1979 to 2003.

**Figure 8 Cervical cancer mortality, NHSGG and Scotland 1979-2003**

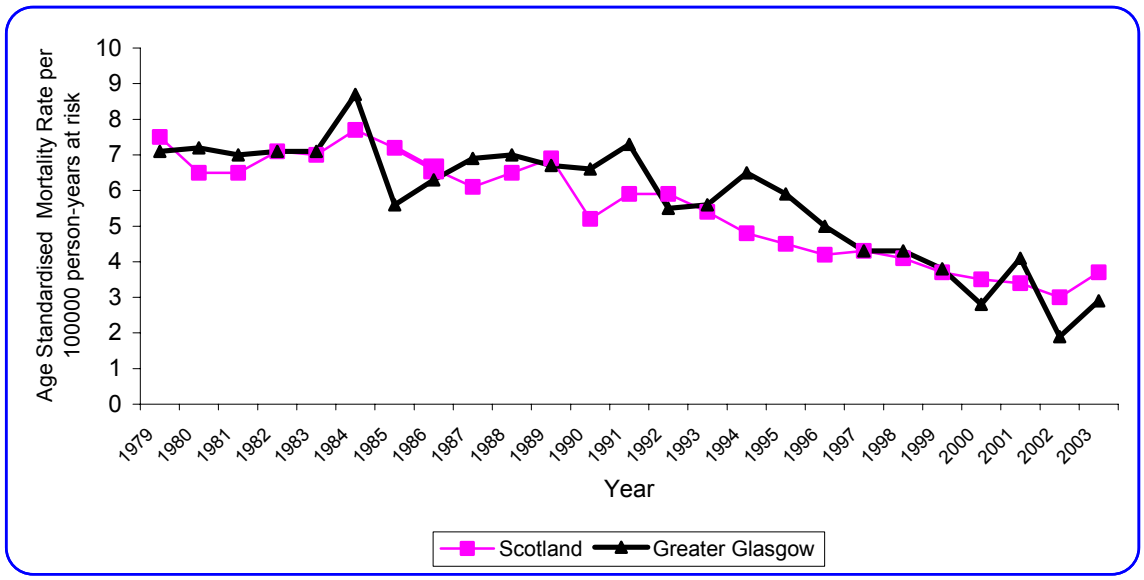



**Table 15 Age-Standardised Mortality rate per 100,000 person-years at risk (European Standard population) Scotland and Greater Glasgow 1987 – 2003**

| EASR | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **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 | 3.7 |
| **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 | 2.9 |

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