

Director of Public Health

**NHS Greater Glasgow Cervical Screening Programme
Annual Report: April 2005 – March 2006**

Recommendation:

Members are asked to note the attached annual report of the NHS Greater Glasgow Cervical Screening Programme for the period April 2005 – March 2006

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 sixteenth 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 2005 to 31st March 2006.

During the financial year 2005/06, 66975 out of 257368 women between 20 and 60 years old resident in NHS Greater Glasgow were screened during this financial year. This represents 26% of the eligible population

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

Women aged 30 to 39 years had the highest percentage of abnormal smears.

The overall NHSGG 5.5 year screening uptake (eligible women 20-60 years old who had a smear test within this period) was 81.7%.

The 5.5 year screening uptake varied by deprivation category, falling from 86.2% in deprivation category 1, to 73.8% in deprivation categories 6 and 7 (the most deprived areas).

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

Uptake by CHCP/CHP varied from 90.6% to 76.1%.

The number of smears recorded on the NHSGG cytology sub-module of the Community Health Index in the year was 73462. Ninety-one per cent of them were processed at the two NHSGG laboratories, 8.6% at other NHS 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%) and colposcopy (6%).

During the financial year 2005/06, 2375 women had a new record open on the Abnormal Smear Register.

Following an abnormal smear result, the follow up can take up to 18 months. For the period 1st April 2004 and 31st March 2005 for which complete data is available:

- 1758 women were required to be referred to have repeat tests or colposcopy. Of these 1655 (94%) had further tests or attended colposcopy. 103 (6%) did not attend for colposcopy and are actively being followed up in writing by the smear takers. Part of the Failsafe protocol, all women who did not attend are recalled automatically for cervical smear.

The most up to date information on cancer registration shows that there were 50 new invasive cervical cancers in Glasgow residents during 2003.

In 2005 there were 21 deaths from cervical cancer in Greater Glasgow.

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NHS GREATER GLASGOW
CERVICAL SCREENING PROGRAMME
ANNUAL REPORT
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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 sixteenth 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 2005 to 31st March 2006.
- ❑ During the financial year 2005/06, 66975 out of 257368 women between 20 and 60 years old resident in NHS Greater Glasgow were screened during this financial year. This represents 26% of the eligible population
- ❑ 3.3 per cent of the Glasgow women aged 20-60 years screened had a dyskaryotic smear.
- ❑ Women aged 30 to 39 years had the highest percentage of abnormal smears.
- ❑ The overall NHSGG 5.5 year screening uptake (eligible women 20-60 years old who had a smear test within this period) was 81.7%.
- ❑ The 5.5 year screening uptake varied by deprivation category, falling from 86.2% in deprivation category 1, to 73.8% in deprivation categories 6 and 7 (the most deprived areas).
- ❑ Seventy-three percent NHSGG general practices had a 5.5 year screening uptake of at least 80%.
- ❑ Uptake by CHCP/CHP varied from 90.6% to 76.1%.
- ❑ The number of smears recorded on the NHSGG cytology sub-module of the Community Health Index in the year was 73462. Ninety-one per cent of them were processed at the two NHSGG laboratories, 8.6% at other NHS 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%) and colposcopy (6%).
- ❑ During the financial year 2005/06, 2375 women had a new record open on the Abnormal Smear Register.

- Following an abnormal smear result, the follow up can take up to 18 months. For the period 1st April 2004 and 31st March 2005 for which complete data is available:
 - 1758 women were required to be referred to have repeat tests or colposcopy. Of these 1655 (94%) had further tests or attended colposcopy. 103 (6%) did not attend for colposcopy and are actively being followed up in writing by the smear takers. Part of the Failsafe protocol, all women who did not attend are recalled automatically for cervical smear.
- The most up to date information on cancer registration shows that there were 50 new invasive cervical cancers in Glasgow residents during 2003.
- In 2005 there were 21 deaths from cervical cancer in Greater Glasgow.

1. INTRODUCTION

This is the sixteenth 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 2005 to 31st March 2006.

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.

Primary care

Complete transfer of all General practice based call/recall systems to the Board's based call/recall system has been, as in previous years, a priority. The result is that, at the time of writing this report, all but seven practices in Glasgow have transferred to the Board's call/recall system.

The Board continues to strongly encourage those seven practices to transfer to the Board's based 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 and or high deprivation. 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. Cervical screening services providers have been informed and encouraged to attend the Race Equality Training Programmes for Staff 2005 organised by the PCD.
2. The results from the systematic review commissioned by the Board to examine the factors surrounding attendance/non-attendance for cervical and breast screening will inform new interventions to increase uptake.

Laboratories

Over the financial year the two NHSGG cytology laboratories have seen the benefits of the implementation of Liquid Based Cytology (LBC) technology introduced in Glasgow in September 2003.

The introduction of LBC in NHSGG has been very successful. Smear reporting times at the laboratories and the number of unsatisfactory smears have both decreased substantially.

Colposcopy: IT system

As in the previous year, development of the Colposcopy clinics IT system (National Clinical Colposcopy Information Audit System (NCCIAS)) has continued to be a priority. Currently, all the IT system developmental work has been carried out and data collection and data entry protocols have also been agreed. The enhancement of the IT system has allowed the collection 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.

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

It is expected that by the end of the year NCCIAS system, which has the support of Quality Improvement Scotland and will be supported by ISD, will be rolled-out to all the colposcopy clinics in Scotland. Divisions will have to ensure that they have the IT support required for this new development.

Scottish Cervical Call/Recall System

In last year report we described the development of the new Scottish Cervical Cytology Call Recall System (SCCRS). 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 inappropriately excluded 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 in the Spring 2007 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

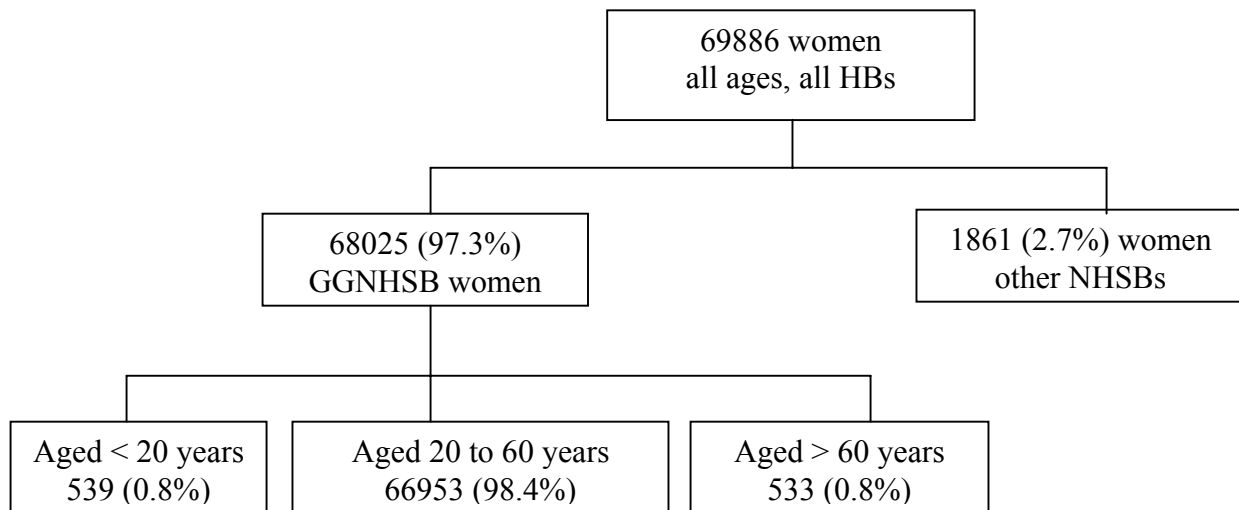
Woman to Woman

4. WOMEN SCREENED

4.1 All Women Screened

During the financial year 1st April 2005 to 31st March 2006, 69886 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 68025 (97.3%) were Glasgow residents and 66953 (98.4%) 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 has increased slightly. In the current financial year 539 women had a smear taken and 362 for the previous financial year. The Cervical Screening Programme Monitoring and Evaluation Group continue to advise 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 (13559) and therefore, should not be called for screening, from the number of women aged 20-60 years registered with a Glasgow general practitioner (270927). In total 257368 women were eligible for screening (Table 1).

Table 1. NHSGG eligible women by age group

Age group	All women	Hysterectomies	Eligible women
20-24	36812	5	36807
25-29	35154	13	35141
30-39	69831	546	69285
40-49	71254	3936	67318
50-60	57876	9059	48817
Total	270927	13559	257368

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 2005/2006. More women in the 20-29 and 30-39 years age groups 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 2005/2006

Age group	Total eligible women	Total women screened	% Women screened
20-29	71948	19182	28.6%
30-39	69285	19279	28.8%
40-49	67318	17249	25.8%
50-60	48817	11265	16.8%
Total	257368	66975	26.0%

4.3 Smear Results For NHS Greater Glasgow Women

In the financial year April 2005 to March 2006, NHS Greater Glasgow 69886 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, 89.9% had a negative smear and 3.3% had a dyskaryotic smear. Women in the 20-29 year age group had the highest rate (1.9%) of dyskaryotic smears and the women in the 50-60 year age group had the lowest rate (0.1%). This mirrors results in previous years.

Table 3. Worst smear result for Greater Glasgow residents (20-60) screened during financial year 2005/2006 by severity of smear. Numbers and percentages.

Age group	Unsatisfactory		Negative		Borderline		Dyskaryotic		Total	% Total
	Total	%	Total	%	Total	%	Total	%		
20-29	300	0.4%	15950	23.8%	1691	2.5%	1241	1.9%	19182	28.6%
30-39	314	0.5%	17479	26.1%	851	1.3%	635	0.9%	19279	28.8%
40-49	325	0.5%	16112	24.1%	557	0.8%	255	0.4%	17249	25.8%
50-60	335	0.5%	10646	15.9%	191	0.3%	93	0.1%	11265	16.8%
Total	1274	1.9%	60187	89.9%	3290	4.9%	2224	3.3%	66975	100.0%

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	0.4	22.2	2.4	1.7
30-39	0.5	25.2	1.2	0.9
40-49	0.5	23.9	0.8	0.4
50-60	0.7	21.8	0.4	0.2
Total	0.5	23.4	1.3	0.9

4.4 Women with a Dyskaryotic Smear

3.3 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	1491	67.0%
Moderate	429	19.3%
Severe	272	12.2%
Severe/Invasive	5	0.2%
Glandular abnormality	24	1.1%
Adenocarcinoma	2	0.1%
Other/Unspecified	1	0.0%
Total	2224	100.0%

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.

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	40.0%	10.4%	5.3%	0%	0.04%	0.0%	0.0%	55.8%
30-39	17.3%	6.0%	4.6%	0.04%	0.7%	0.0%	0.0%	28.6%
40-49	7.3%	2.0%	1.8%	0.04%	0.3%	0.04%	0.0%	11.5%
50-60	2.4%	0.9%	0.6%	0.1%	0.1%	0.04%	0.04%	4.2%
Total	67.0%	19.3%	12.2%	0.2%	1.1%	0.1%	0.04%	100.0%

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 responsibility 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.

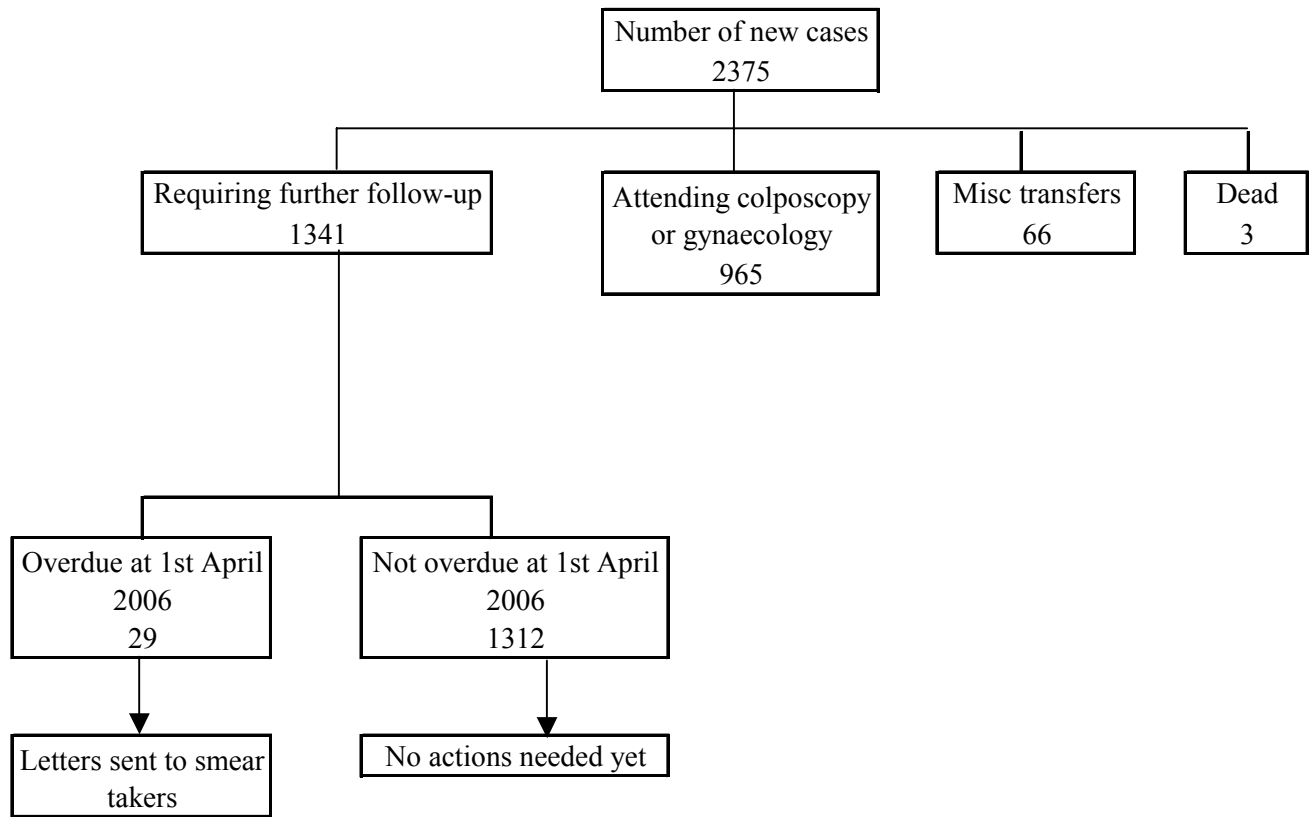
During this financial year there were 2375 women (all ages, all HBs) for whom a new record was opened in the ASR. 1619 (68.2%) of these had a mild dyskaryotic smear, 431 (18.1%) moderate dyskaryosis and 281 (11.8%) severe dyskaryosis. There were also 25 women whose smear showed glandular abnormality, 2 adenocarcinoma and 17 women were recorded for other reasons. Figure 2 shows that 965 (41%) out of 2375 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 69 women were also closed, 66 of them due to various reasons (transferred to other Health Board area etc.) and 3 of them because the women had died.

At the time of the audit 1341 out of the 2375 (56.5%) 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 2006 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 2006 were "not overdue" as the recommended deadline for follow-up action was still to come.

For 55 (2.3%) out of the 2375 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 55 cases were as follows: 8 mild dyskaryosis, 8 moderate dyskaryosis, 35 severe dyskaryosis and 3 glandular abnormality, 1 other. At the time of preparing this report these records were checked and action has been taken in all cases.

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 2006 was, as in the last year, 81.7%. 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 2006 was 71.9%.

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 (86.1%) was in the 30-39 year old group while the lowest (75.0%) was in the 25-29 year age range.

Table 7. Cervical screening uptake by age group

Age	Eligible women	3.5 year uptake		5.5 year uptake	
	Total	Total	%	Total	%
20-24	36807	25431	69.1%	29056	78.9%
25-29	35141	23085	65.7%	26358	75.0%
30-39	69285	52918	76.4%	59632	86.1%
40-49	67318	48946	72.7%	53700	79.8%
50-60	48817	34602	70.9%	41412	84.8%
Total	257368	184982	71.9%	210158	81.7%

6.3 Uptake by deprivation category

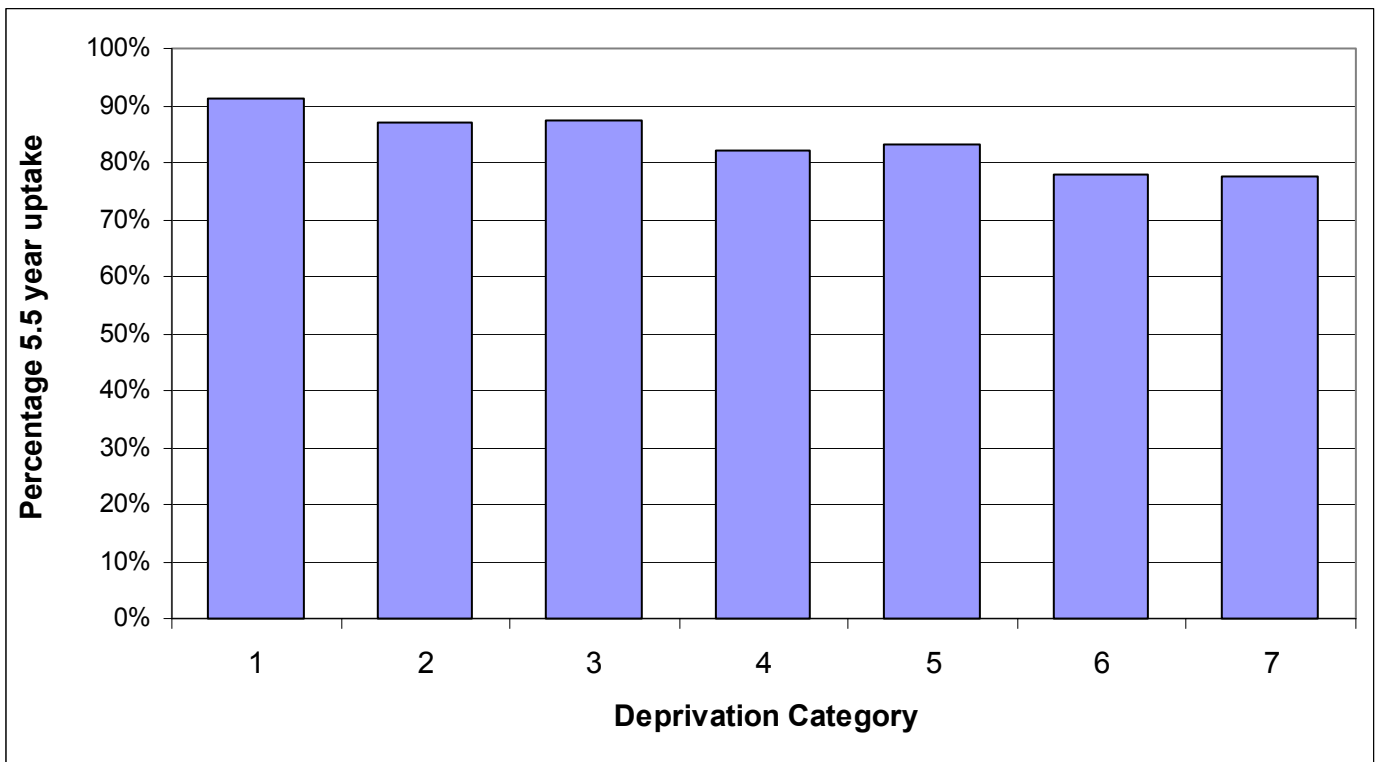
The number of Glasgow women, their distribution by Carstairs deprivation category (DEPCAT) and the number of those who have had a hysterectomy was obtained from the Glasgow CHI.

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 78% 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	
	Total	Total	%	Total	%
1	13494	11219	83.1%	12331	91.4%
2	28980	22735	78.5%	25210	87.0%
3	24985	19633	78.6%	21787	87.2%
4	43348	31533	72.7%	35613	82.2%
5	24076	17778	73.8%	20027	83.2%
6	46598	31511	67.6%	36250	77.8%
7	75335	50199	66.6%	58509	77.7%
N/K	552	374	67.8%	431	78.1%
Total	257368	184982	71.9%	210158	81.7%

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



6.4 Uptake by General Practice

Seventy-three percent of the 211 NHS Greater Glasgow General Practices had a 5.5 year screening uptake of 80% or above (Table 9). Fourteen practices had an uptake of less than 65%.

Table 9. 5.5 years uptake by General Practice

Uptake percentage	Number of practices	Percentage of practices
80 and over	154	73.0%
75-79	26	12.3%
70-74	11	5.2%
65-69	6	2.8%
60-64	11	5.2%
<60	3	1.4%

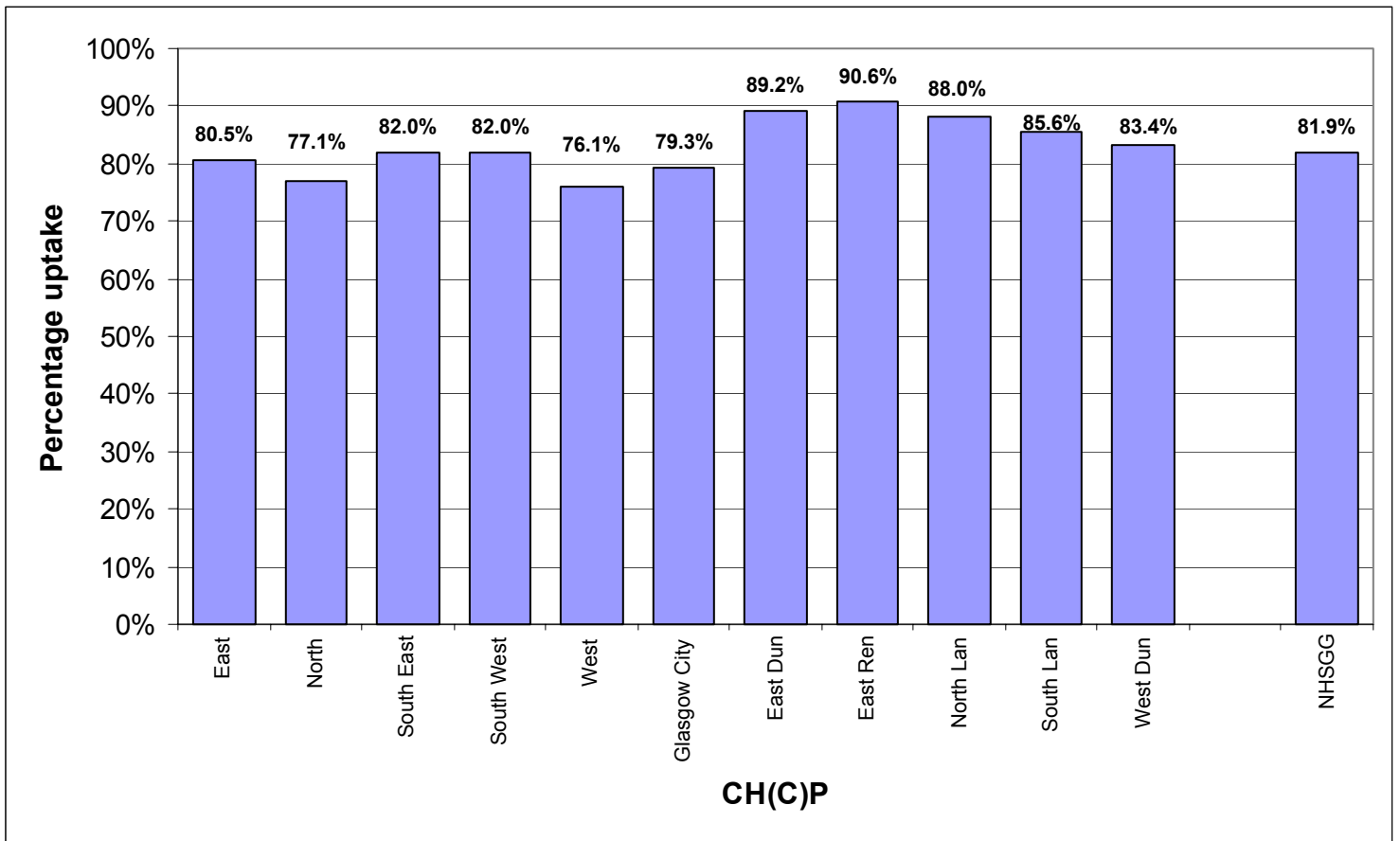
6.5 Uptake by Community Health (Care) Partnerships

Up until 31 March 2005 there were sixteen Local Health Care Co-operatives (LHCC) in Glasgow covering most areas of the Health Board, these have now been changed to Community Health (Care) Partnerships (CH(C)P), which are listed below. The 5.5 year screening uptake by CH(C)P varied from 90.6% in East Renfrewshire, an affluent area of Greater Glasgow NHS Board, to 76.1% in West CH(C)P which is a more deprived area (Table 10).

Table 10. 5.5 year screening uptake by Community Health (Care) Partnership

CHP/ CHCP	Cytology Count	CHI Count (minus hysterectomies)	Percentage Uptake
East	32674	40591	80.5%
North	18449	23931	77.1%
South East	30742	37492	82.0%
South West	24008	29278	82.0%
West	41952	55116	76.1%
Glasgow City	147825	186408	79.3%
East Dunbartonshire	22910	25689	89.2%
East Renfrewshire (part)	13780	15202	90.6%
North Lanarkshire (part)	4516	5130	88.0%
South Lanarkshire (part)	12665	14789	85.6%
West Dunbartonshire (part)	8462	10150	83.4%
NHS Greater Glasgow	177484	216777	81.9%

Figure 4. 5.5 year screening uptake by Community Health (Care) Partnership



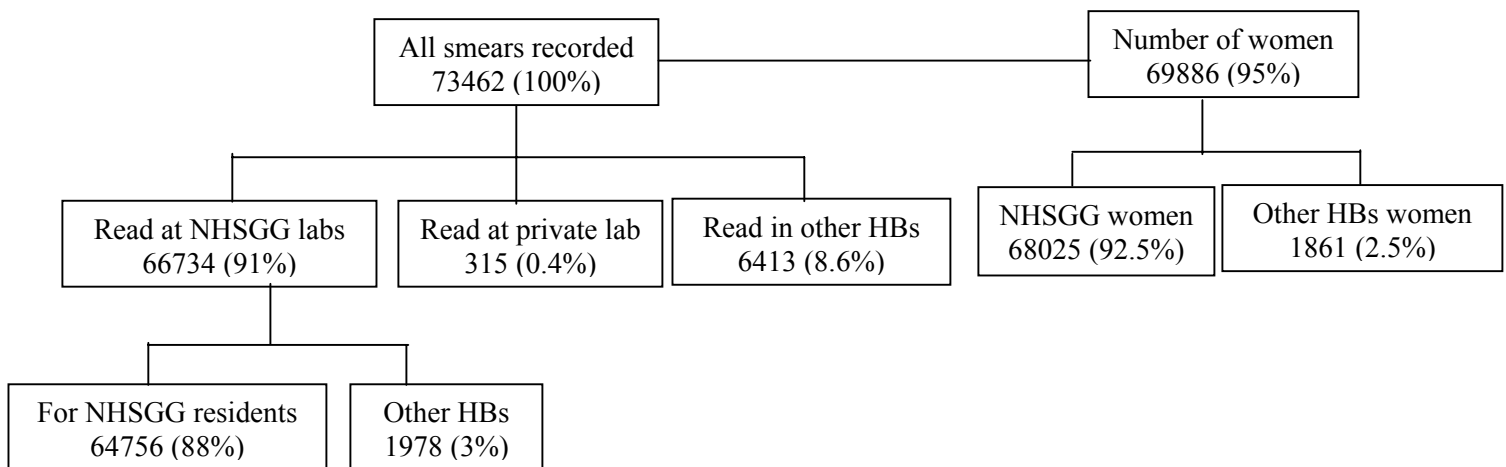
7. CYTOPATHOLOGY LABORATORIES WORKLOAD

7.1 Overall Activity

In the financial year April 2005 to March 2006, a total of 73462 smears were recorded in the cytology sub-module of the CHI for 69886 women, of whom 68025 were Glasgow residents.

Ninety-one percent (66734) of these smears were processed at the two NHS Greater Glasgow laboratories, 8.6% (6413) at other NHS Boards and 0.4% (315) at a private laboratory. The outflow of 6728 smears to other laboratories in 2005/6 is lower than 7681 in 2004/5 (Figure 5).

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



7.2 NHS Greater Glasgow Laboratories Workload

In the financial year April 2005 to March 2006, a total of 66734 smears were processed in the Glasgow laboratories. The majority of these smears (64756) 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
	Total	%	Total	%	Total	%	Total	%	
A	695	1.6%	38013	87.8%	2644	6.1%	1925	4.4%	43277
B	699	3.0%	21189	90.3%	893	3.8%	676	2.9%	23457
Total	1394	2.1%	59202	88.7%	3537	5.3%	2601	3.9%	66734

7.3 Source of Smears for Glasgow Residents

Ninety seven percent (64756) smears processed in Glasgow NHS laboratories were for Glasgow residents. The majority of these smears were taken in general practice (84.2%), colposcopy (6.7%) and family planning/community clinics (6.5%) also contributing significant numbers of smears (table 12).

Smears taken at colposcopy or gynaecology clinics represent mainly follow-up smears.

Table 12. Source of smear by smear result

Smear Source	Unsatisfactory		Negative		Borderline		Dyskaryotic		Total	% Total
	Total	%	Total	%	Total	%	Total	%		
A/P Natal	3	2.8%	85	78.7%	11	10.2%	9	8.3%	108	0.2%
Family Planning	158	3.6%	3666	84.3%	312	7.2%	211	4.9%	4347	6.5%
Well woman Clinic	0	0.0%	9	81.8%	2	18.2%	0	0.0%	11	0.0%
Gynaecology	38	5.2%	636	86.6%	39	5.3%	21	2.9%	734	1.1%
GUM	21	2.9%	589	80.1%	68	9.3%	57	7.8%	735	1.1%
GP	1091	1.9%	51036	90.8%	2449	4.4%	1613	2.9%	56189	84.2%
Colposcopy	81	1.8%	3048	68.5%	643	14.5%	677	15.2%	4449	6.7%
Other/NK	2	1.2%	133	82.6%	13	8.1%	13	8.1%	161	0.2%
Total	1394	2.1%	59202	88.7%	3537	5.3%	2601	3.9%	66734	100.0%

8. COLPOSCOPY

8.1 Referrals and Attendance to 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.

Following an abnormal smear result, the follow up can take up to 18 months. For the period 1st April 2004 and 31st March 2005 for which complete data is available:

- 1758 women were required to be referred to have repeat tests or colposcopy. Of these 1655 (94%) had further tests or attended colposcopy. 103 (6%) did not attend for colposcopy and are actively being followed up in writing by the smear takers. Part of the Failsafe protocol, all women who did not attend are recalled automatically for cervical smear.

9. MORBIDITY AND MORTALITY

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

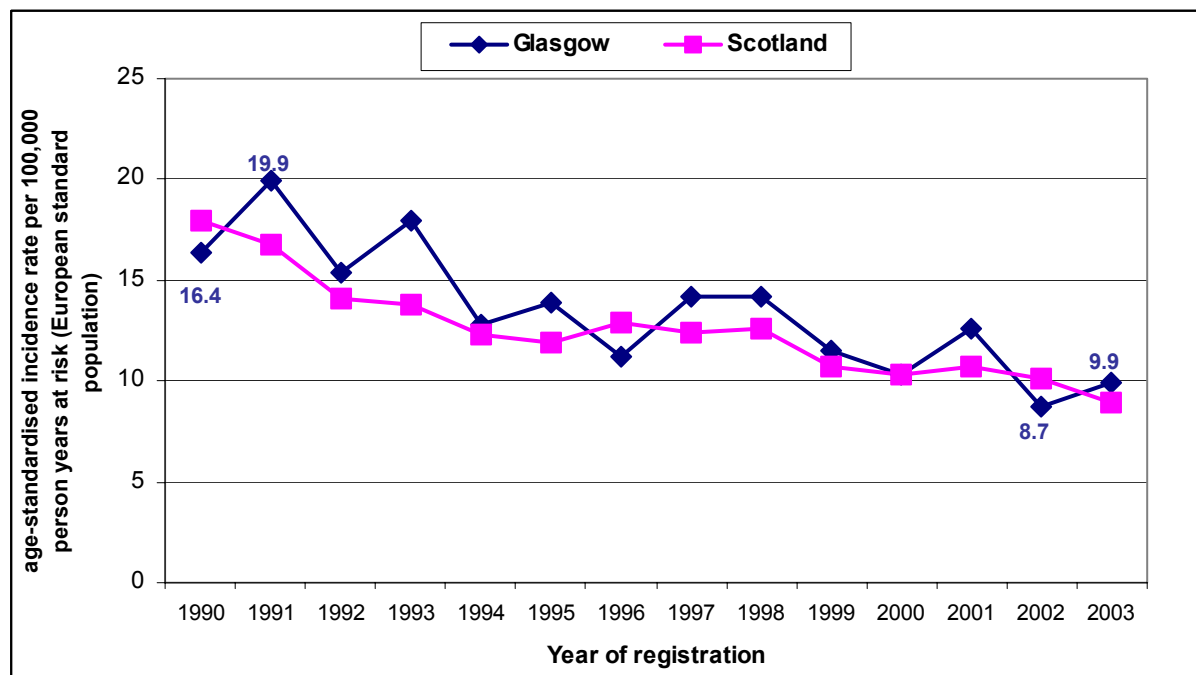
The number of new cases of invasive cervical cancer registered in Glasgow in 2003 (the latest complete figures) was 50. This represents an age standardised incidence rate of 9.9 per 100,000 women. Table 14 shows the age standardised incidence rates for cervical cancer for the years 1990 to 2003 for Glasgow and for Scotland. Figure 7 illustrates the trend in incidence of cervical cancer for Glasgow and for Scotland for the years 1990 to 2003.

Table 14. Age standardised incidence rates¹ - Glasgow and Scotland

EASR ¹	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Glasgow	16.4	19.9	15.4	18	12.8	13.9	11.2	14.2	14.2	11.5	10.3	12.6	8.7	9.9
Scotland	18	16.8	14.1	13.8	12.3	11.9	12.9	12.4	12.6	10.7	10.3	10.7	10.1	8.9

1. EASR: age-standardised incidence rate per 100,000 person-years at 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))

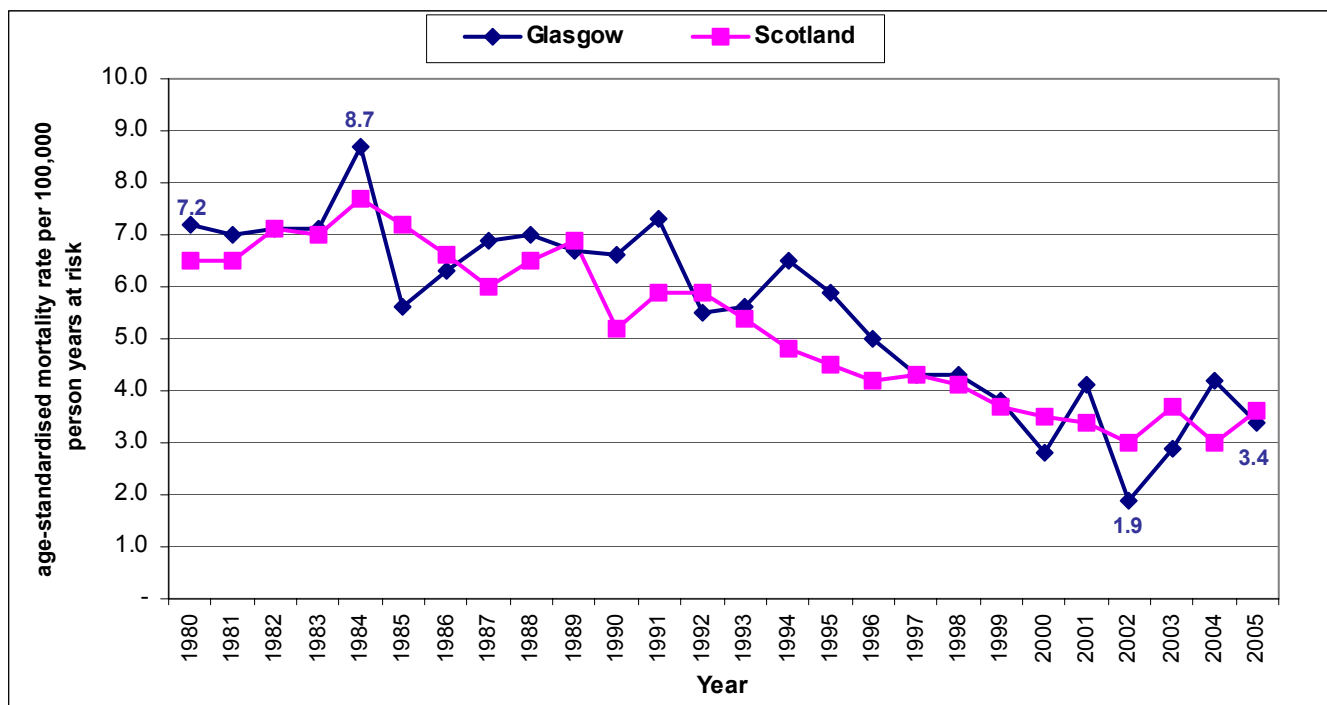
The number of Glasgow resident women who died from cervical cancer in 2005 was 21. Table 15 shows the trends in mortality from cervical cancer for Glasgow and Scotland from 1990 to 2005. Figure 8 illustrates the decline in deaths from cervical cancer from 1980 to 2005.

Table 15 Age-Standardised Mortality¹ rate per 100,000 person-years at risk (European Standard population) Scotland and Greater Glasgow 1990– 2005

EASR ¹	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Scotland	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	3	3.6
Glasgow	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	4.2	3.4

1. EASR : age-standardised mortality rate per 100,000 person-years at risk (European standard population)

Figure 8 Cervical cancer mortality, NHSGG and Scotland 1980-2005



ACKNOWLEDGEMENTS

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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 the data presented here, for their continued effort and commitment to quality.

The raw data used to produce this report was provided by the Greater Glasgow NHS Board Information Services Department and by Atos Origin 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 Communications Team at the address below:

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APPENDIX 1

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