Royal College of Obstetricians & Gynaecologists | FSRH | bsccp The British Society for Colposcopy and Cervical Pathology | Jo's cervical cancer trust

RCOG, BSCCP, FSRH and Jo's Cervical Cancer Trust Joint Position Statement: Cervical Cancer Screening

18 April 2019

The Royal College of Obstetricians & Gynaecologists (RCOG), the British Society of Colposcopy & Cervical Pathology (BSCCP), the Faculty of Sexual and Reproductive Healthcare (FSRH) and Jo's Cervical Cancer Trust welcome the timely review of cancer screening programmes in England led by Sir Mike Richards. Below is a joint position statement relating to cervical screening to be considered by the review.

Key points

1. The RCOG, Jo's Cervical Cancer Trust, BSCCP and FSRH strongly recommend that there is an integrated holistic approach to commissioning and governance of cervical screening. Cervical screening is commissioned by NHS England under its Public Health functions agreement, but it is delivered in a variety of clinical settings such as GP practices and sexual and reproductive healthcare services, which are commissioned by local authorities. The fragmentation of governance and commissioning responsibilities has created much confusion and barriers for women to access cervical screening.

2. We are calling for more availability and flexibility of screening times and locations to make it as easy as possible for women to attend a screening. This includes increasing access to out-of-hours and weekend screenings and greater provision through sexual and reproductive healthcare services, GP practices and community services. Providers need to enable women to attend at more flexible locations, for example nearer their workplace or home.

3. We would welcome the introduction of HPV self-testing kits as part of the cervical screening programme. In countries where this is already offered there has been significant success and has increased the screening uptake amongst all women.

4. The move to HPV primary screening is welcomed. Yet this should not be at the expense of the NHS cytologist workforce and cytology service capacity. We need to recruit and retain staff to maintain this vital service and we must ensure that there is enough capacity to manage demand and provide high-quality patient care, especially if we meet the national target for cervical cancer screening of 80%.

5. We consider that there is an urgent need to address and modernise the IT systems that support screening, which are not fit for purpose or equipped for future needs.

Uptake of the cervical cancer screening programme

The cervical screening programme has been shown to be extremely effective and is able to prevent 70% of cervical cancer deaths in England. If all women eligible attended their screening, this figure could rise to 83%.[1] Yet uptake of UK's cervical screening programme is at a 20-year low.[2] This is the 4th consecutive year that uptake has declined[3] and is far below the government target of 80%.[4] There is also considerable regional

[1] BMJ, Screening programmes miss coverage targets because of complex and outdated IT systems (2019)
[2] Public Health England, PHE launches 'Cervical Screening Saves Lives' Campaign (2019)
[3] NHS Digital, Cervical Screening Programme England, 2017-18 (2018)
[4] PHE, Health matters: making cervical screening more accessible (2017) and PHE, Blog on Health Matters (2017)

variation in uptake. Coverage of the full target age group at 31 March 2018 ranged from 64.7% in London to 74.5% in the East Midlands and no local authority was able to achieve the national target.[5] There is an urgent need to address the issues surrounding the overall decline and variation in uptake amongst regions and groups of women.

There are a plethora of reasons why women do not access cervical screenings, including the fragmented commissioning of this service, past negative experiences, a lack of female sample takers and feelings of embarrassment.

The availability and flexibility of screening times and locations has been shown to be a significant factor affecting a women's decision to attend. Many women would benefit from more flexible appointments at GP surgeries, while others would be more encouraged to attend if they could access a GP drop-in service, attend a walk-in appointment at a sexual and reproductive healthcare service, visit a community clinic, or could go to a mobile screening clinic.[6] However, workforce issues and pressures on general practices contribute to avoidable delays during cancer screening and diagnosis. These workforce constraints coupled with an increase in demand and diminishing budgets mean that some patients are unable to get a timely appointment.[7]

The decline in cervical screening uptake has been compounded by a 73% drop in samples taken in community and sexual and reproductive healthcare services since 2009-10.[8] This is a result of increased pressure on public health budgets meaning that screening is not a commissioned service at many clinics. Additionally, cervical screening is not a mandated requirement for local authority commissioning, which means that it is not always included in service specifications for sexual and reproductive healthcare services. This is despite the fact that 12.3% of abnormal cervical smears are identified at sexual and reproductive healthcare services compared to only 5.2% via general practices.[9] A lack of access to screenings in community services means that women who are at greater risk of cervical cancer could be missed.

Widespread health inequalities also impact awareness and uptake of screening. These include, but are not limited to, women who are older in age,[10] BAME women[11] and survivors of sexual violence.[12] Commissioners and providers need to work together to improve the availability of screening services out-of-hours and at weekends and create strategies to target specific populations of women who are underrepresented at screening to increase uptake of this vital service.

Workforce and capacity concerns

The move to human papillomavirus (HPV) primary testing at the end of 2019 is welcomed. However, any initiative to improve screening rates must take into consideration the NHS workforce, system and capacity issues.

Accompanying the move to HPV primary testing is the automated examination of samples which has led to difficulties in the recruitment and retention of vital cytology staff.[13] In October 2018, there was a backlog of

[5] NHS Digital, Cervical Screening Programme England, 2017-18 (2018)
[6] Jo's Cervical Cancer Trust, Computer Says No (2018)
[7] R. Swann et al., National Cancer Diagnosis Audit: initial results on avoidable delays (2018)
[8] Jo's Cervical Cancer Trust, Computer Says No (2018)
[9] Ibid.
[10] BMC Women's Health, Barriers to cervical screening among older women from hard-to-reach groups (2019)
[11] Jo's Cervical Cancer Trust, Barriers to cervical screening amongst Ethnic Minority women in north Manchester (2018)
[12] Jo's Cervical Cancer Trust, Three quarters of sexual violence survivors feel unable to go for life-saving test (2018)
[13] PHE, Cervical Screening Mitigation Statement (2017)

97,628 samples awaiting analysis.[14] Capacity in colposcopy clinics has also been steadily declining for a number of years. In three years' time there are expected to be only nine centralised testing laboratories for the whole of England.[15] However, HPV testing is expected to result in a significant increase in referrals to colposcopy clinics initially. These current difficulties suggest that there might not be sufficient capacity and staff to accommodate any further increase in demand.

An integrated, holistic approach to commissioning across NHSE, CCGs and local authorities is vital so that sexual and reproductive healthcare services have the right incentives to provide this service and train the workforce. This would help ease the pressure on GP practices and increase access and choice for women.

It is vital that screening services are resourced sufficiently - both in terms of funding and workforce - to manage any welcome increase in demand.

Technology and innovation

There is an urgent need to address the outdated IT systems that support cervical screenings. The programme's IT infrastructure was deemed 'not fit for purpose' by a 2011 Department of Health report[16] and can hamper the quality of services. Since then little progress has been made. It is estimated that there are around 350 systems underpinning the programme across both the primary and secondary care setting.[17] Seamless and timely transfers of patient data between services and screening programmes is therefore challenging. The system should also be able to robustly record demographic data so that certain groups can be targeted to increase attendance and address inequalities.

The screening programme must become more flexible and able to adapt to the changing needs of women. For example, modernising the way in which the service communicates with women, by using text, the internet and emails to invite and enable booking, might help to increase uptake.

Furthermore, the HPV self-testing kit has the potential to increase uptake, especially among underprivileged and vulnerable groups who are less represented at screening. Around 80% of women would prefer to have an alternative, non-speculum test in the comfort of their own home.[18] The self-testing pilot scheme recently funded by the UCLH Cancer Collaborative in North and East London[19] is welcomed and we expect this scheme to mirror the results of a self-testing trial in Denmark where there was an increase in uptake in non-attending women.[20] If results are positive, self-sampling must be implemented as soon as possible in the UK.

Conclusion

The RCOG, Jo's Cervical Cancer Trust, BSCCP and FSRH are calling for strategies that increase uptake in cervical screening, including amongst underprivileged and vulnerable groups, whilst resolving workforce and infrastructure issues. If strategies to increase uptake are not developed in conjunction with plans to retain workforce and modernise the screening's infrastructure then we can expect to see continued decline in cervical cancer screening uptake and recurrent health inequalities.

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[14] NAO, Investigation into the management of health screening (2019)
[15] PHE, Cervical screening: implementation guide for primary HPV screening (2019) and NAO, Investigation into the management of health screening (2019)
[16] Department of Health, An Intelligence Framework for Cancer (2011)
[17] Ibid.
[18] Jo's Cervical Cancer Trust, Computer Says No (2018)
[19] BBC News, Cervical screening: DIY smear test could be 'game-changer' (2019)
[20] J. Lam et al., Human papillomavirus self-sampling for screening nonattenders (2017)

Recommendations

1. To increase the uptake in the cervical cancer screenings by:

    a. Increasing the availability and flexibility of screening times and locations to make it as easy as possible for women to attend a screening. Appointments at GP services should be more flexible out-of-hours and at weekends and women should be able to attend walk-in appointments at a sexual and reproductive healthcare service, a community clinic, or a mobile screening clinic.

    b. Providing an integrated holistic approach to commissioning and the delivery of cervical cancer screening across primary care and sexual and reproductive healthcare services. We call for national funding and greater resource to enable cervical screening to be included in local authorities' service specifications which will improve access for women.

    c. Introducing HPV self-testing kits across England to increase cervical screening uptake amongst all women.

2. To address NHS cytologist workforce recruitment and retention issues and provide sufficient cytology service capacity. The service must ensure there are enough staff and capacity to manage demand and provide high-quality patient care.

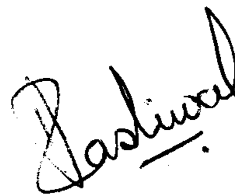
3. To modernise and provide an IT service that is fit for purpose and able to harness innovation. The Department of Health and Social Care, NHS England and Public Health England must urgently conduct a review of the screening programme's IT infrastructure and commit to investing in a system which helps the seamless delivery of screening and cancer services whilst protecting patient data.

Signatures

Professor Lesley Regan
President, Royal College of Obstetricians & Gynaecologists (RCOG)

Mr Robert Music
Chief Executive, Jo's Cervical Cancer Trust

Dr Pierre Martin-Hirsch
President, British Society of Colposcopy & Cervical Pathology (BSCCP)



Dr Asha Kasliwal
President, Faculty of Sexual and Reproductive Healthcare (FSRH)

Notes

Royal College of Obstetricians & Gynaecologists (RCOG)

The Royal College of Obstetricians and Gynaecologists is a medical charity that champions the provision of high quality women's healthcare in the UK and beyond. It is dedicated to encouraging the study and advancing the science and practice of obstetrics and gynaecology. It does this through postgraduate medical education and training and the publication of clinical guidelines and reports on aspects of the specialty and service provision. www.rcog.org.uk

British Society of Colposcopy and Cervical Pathology (BSCCP)

The BSCCP was founded in 1972 and represents a common forum for the discussion and debate of all matters pertaining to the prevention of cancer of the cervix. The balance between basic science, epidemiology, clinical care and service/patient interface is a characteristic of the Society and is typified by the high standard and variety of papers presented at the Annual Scientific Meeting.

Jo's Cervical Cancer Trust

Jo's Cervical Cancer Trust is the only UK charity dedicated to women, their families and friends affected by cervical cancer and cervical abnormalities. Their mission is to see cervical cancer prevented and reduce the impact for everyone affected by cervical abnormalities and cervical cancer through providing the highest quality information and support, and campaigning for excellence in cervical cancer treatment and prevention.

Faculty of Sexual and Reproductive Healthcare (FSRH)

The Faculty of Sexual and Reproductive Healthcare (FSRH) is the largest UK professional membership organisation working at the heart of sexual and reproductive health (SRH), supporting healthcare professionals to deliver high quality care. It works with its 15,000 members, to shape sexual reproductive health for all. It produces evidence-based clinical guidance, standards, training, qualifications and research into SRH. It also delivers conferences and publishes The Journal of Family Planning and Reproductive Health Care. For more information please visit: www.fsrh.org