

# **Cervical Screening Annual Report**

**Name of Trust: Whittington Hospital NHS Trust**

**Year: 2004/2005**

Compiled by Dr Richard Bryan

## Cervical Screening Service Leads

There is a named lead responsible for each component of the cervical screening programme.

Name of Hospital Based Programme Co-ordinator	
Dr Richard Bryan	
Name of Lead Cytopathologist	Name of Lead Colposcopist
Dr Su Ramachandra	Ms Theresa Freeman-Wang
Name of Lead Biomedical Scientist	Name of Colposcopy Nurse
Mrs Elaine Pitt, supported by Ms Stephanie Fenton	Ms Dawn Thwaites

## Introduction

This report is based on statistical data and other information gathered by the Hospital Based Programme Co-ordinator with the help of the Laboratory Manager, the BMS 3 Cytology Lead and the Colposcopy Co-ordinator. Regular monthly meetings are held with the HBPC, the Cytology and Colposcopy Leads, the Laboratory Manager, the Cytology BMS 3s, the Colposcopy Co-ordinator, the Divisional Manager for Diagnostic services and Therapies and the Service Manager for Women's and Children's Health, to monitor performance and discuss policy and service issues.

## Overview of Service

The Cytology service is led by Dr Su Ramachandra. Cervical cytology is reported by four consultants. The department received approximately 28 000 cervical smears. Conversion to Liquid Based Cytology (LBC) is planned for autumn 2006. The laboratory staff will be attending for training in July 2006.

The Colposcopy Service is led by Miss Theresa Freeman-Wang.

The cervical screening service has a Hospital Based Programme Co-ordinator following the appointment of Dr Richard Bryan, Consultant Histo/cytopathologist to this post in July 2004.

## Summary of Local Management Arrangements

Cytology is part of the Department of Histopathology and Cytology. The Head of Department until January 2005 was Dr Su Ramachandra and from January 2005 has been Dr Richard Bryan. The Clinical Lead for Cytology is Dr Su Ramachandra. The Histo/cytopathology Laboratory Manager is Ms Stephanie Fenton (BMS4) and the Cytology Lead BMS is Mrs Elaine Pitt (BMS3\*\*).

Pathology services as a whole to the Whittington Hospital NHS Trust are provided by the departments of Biochemistry, Haematology, Histo/cytopathology and Microbiology. The Acting Director of Pathology is Dr Su Ramachandra, who chairs the Board of Pathology. Pathology is within the Division of Diagnostics and Therapies (Divisional Manager Mr Adam Smith, Clinical Director Dr David Grant).

Colposcopy services (Lead, Miss Theresa Freeman-Wang) are within the Women's and Children's Health Division (Divisional Manager Ms Anne Gibbs, Clinical Director Miss Theresa Freeman-Wang, Service Manager Ms Bryony Freeman).

The Director of Operations is Ms Tara Donnelly and the Chief Executive is Mr David Sloman.

## 1. CYTOPATHOLOGY

### 1.1. Accreditation

Following its inspection by CPA in November 2001, the department of Histo/cytopathology had been granted conditional accreditation. The next inspection, against the new standards, was scheduled for June 15/16 2005.

The last NHSCSP Regional Quality Assurance team inspection was carried out in July 2002. The next inspection is scheduled for April 2006.

### 1.2. Adequacy of Staffing

#### 1.2.1. Medical Staff

There are five consultants in the Department of Histo/cytopathology. Four of these report cervical (and non-gynaecological) cytology: Dr Su Ramachandra, Dr Richard Bryan, Dr David Brown and Dr Navidul Khan. The sessional time amounts to 1.3 WTE. There is a further 0.1 WTE for the duties of the HBPC.

The level of medical staffing is adequate for the histo/cytopathology department.

#### 1.2.2. Technical Staff (BMSs, Cytoloscreeners & MLAs)

Technical staff:

- 1 WTE BMS 3\*\* (BMS Lead)
- 1 WTE BMS 3\*
- 3 WTE BMS 2\*\*
- 1 WTE MLA
- 0.5 WTE BMS 2 and trainee (vacancies)

A newly funded BMS 1/ cytoscreener post also remains unfilled.

In order to avoid excessive backlogs, BMS staff had to work overtime at weekends and 3548 slides had to be sent away for primary screening.

#### 1.2.3. Clerical Staff

- 1 WTE A & C grade 4 – responsible for maintaining the laboratory failsafe
- 0.9 WTE A & C grade 4
- 0.2 WTE MLA

### 1.3. Adequacy of Equipment and Working Environment

The cytology screening room is fully air-conditioned and equipped with ergonomic microscopes and ergonomic workstations, each with a computer port for use with a future new computer system. The present CHC Pathology computer is outdated and is due for replacement, subject to contract between the Trust and BT/Connecting for Health. Three consultant microscopes require replacement by ergonomic models, as agreed under the terms of the new Consultant Contract.

#### 1.4. Programme Management

##### 1.4.1. Workload

The Trust carries out an acceptable workload for a NHSCSP screening laboratory with 28,079 requests reported for the year April 2004 – March 2005. Of these 25,725 were from GPs and NHS Community Clinics.

##### 1.4.2. Turnaround Times

The turnaround times for the four quarters are shown in the table below:

	1 <sup>st</sup> quarter April – June 2004	2 <sup>nd</sup> quarter July – September 2004	3 <sup>rd</sup> quarter October – December 2004	4 <sup>th</sup> quarter January – March 2005	Total April 2004 – March 2005
Total number of smears registered	8531	6415	7590	5543	28079
No reported in 0 – 2 weeks (%)	609 (7.1%)	605 (9.4%)	617 (8.1%)	890 (16.1%)	2721 (9.7%)
No reported in 3 – 4 weeks (%)	1086 (12.7%)	18 (0.3%)	2138 (28.2%)	4111 (74.2%)	7353 (26.2%)
No reported in 5 – 6 weeks (%)	3286 (38.5%)	3407 (53.1%)	4392 (57.9%)	514 (9.3%)	11599 (41.3%)
No reported in 7 – 8 weeks (%)	3098 (36.3%)	2326 (36.3%)	427 (5.6%)	28 (0.5%)	5879 (20.9%)
No reported in 9 – 10 weeks (%)	382 (4.5%)	58 (0.9%)	16 (0.2%)	0	456 (1.6%)
No reported in 10+ weeks (%)	70 (0.8%)	1 (0.02%)	0	0	71 (0.3%)
Backlog	2581	1136			
% reported in 4 weeks (National target 80%)	19.9%	9.7%	36.3%	90.2%	35.9%
% reported in 6 weeks (National target 100%)	58.4%	62.8%	94.2%	99.5%	77.2%

It can be seen that the turnaround times improved during 2004/5, being excessive in the early quarters but with National targets virtually attained in the last quarter. In-house

overtime and sending away of some smears (3548 smears to St Peter’s Hospital, Chertsey) for primary screening was essential to achieve this.

### 1.4.3. Sensitivity of Primary Screening

	1 <sup>st</sup> quarter	2 <sup>nd</sup> quarter	3 <sup>rd</sup> quarter	4 <sup>th</sup> quarter	Overall for 2004/5
All grades	95.2%	97.8%	98.6%	98.0%	97.2%
High grade	97.9%	100.0%	98.8%	100.0%	99.1%

These figures all lie within the NHSCSP benchmarks (all grades >90%; high grade dyskaryosis > 95%).

### 1.4.4. Reporting Rates

These figures are taken from the Whittington Hospital KC61 return to the Department of Health for GP and NHS Community Clinic smears reported for women aged 20 – 64 years. The percentage of inadequate smears is based on the total number of smears and the percentage of the other categories is based on the number of adequate smears.

		10 <sup>th</sup> – 90 <sup>th</sup> percentile ranges (National KC61 return - date indicated)
Inadequate	2851 (11.2%)	6.3 – 12.3% (2003-4)
Negative	20776 (92.3%)	
Borderline changes	1142 (5.1%)	
Mild dyskaryosis	416 (1.8%)	
<b>Total low grade abnormalities</b>	<b>1567 (6.9%)</b>	<b>3.9 – 8.5% (2003-4)</b>
Moderate dyskaryosis	100 (0.4%)	
Severe dyskaryosis	67 (0.3%)	
Severe dyskaryosis/?Invasive	1 (0.004%)	
?Glandular neoplasia	4 (0.02%)	
<b>Total high grade abnormalities</b>	<b>172 (0.8%)</b>	<b>0.8 – 1.5% (2003-4)</b>
<b>Total GP/NHS community clinic smears, women aged 20-64</b>	<b>25357</b>	

The reporting rates for inadequate smears and low and high grade abnormalities all lie within the 10<sup>th</sup> – 90<sup>th</sup> percentile ranges.

### 1.4.5. Positive Predictive Value

The prospective PPV for cytological diagnosis of moderate dyskaryosis and worse is 68.1%, compared against histological outcome by 31<sup>st</sup> March 2005 (and is 61.3% when cases not biopsied are included). The 10-90% percentile confidence limits for laboratories in England and Wales for 2003-4 was 65-87%. In making this calculation 3.4% cases were lost to follow-up (National standard <5%).

#### 1.4.6. External Quality Assurance

All BMSs and pathologists taking part in screening and reporting NHSCSP cases are members of the London Regional Gynaecological Cytology EQA Scheme.

#### 1.4.7. Failsafe

Failsafe was carried out according to the London Regional QA guidelines. Day-to-day maintenance of the service was carried out by Mrs Sandy Hill (A&C 4), supported by Ms Stephanie Fenton (BMS 4).

#### 1.4.8. Laboratory IT

The laboratory Information System in use at the Whittington Hospital is the CHC Labcare System. This is due for replacement, probably by the end of 2006 by the Winpath system.

#### 1.4.9. Completion of the KC61

The KC61 return was completed by Ms Stephanie Fenton (BMS 4) and Mrs Elaine Pitt (lead BMS 3).

#### 1.4.10. **Recommended Actions**

Several problems were highlighted when the Department underwent the QA inspection in July 2002.

These included poor accommodation and microscopes for the screening staff. This has been addressed with the construction of a screening room, which is air-conditioned and equipped with ergonomic microscopes and workstations. Each has a computer port for use with the new computer system.

A further BMS/cytoscreener was also required for adequate staffing of the department. Although this new post has been funded, it has remained unfilled.

## 2. COLPOSCOPY

### 2.1. Adequacy of Staffing

#### 2.1.1. Colposcopists (BSCCP accreditation)

BSCCP accredited colposcopists are:

Theresa Freeman-Wang, Narendra Pisal, Albert Singer, Looi Oh, Rachel D'Souza

#### 2.1.2. Nurses

All clinics are attended either by a nurse or a health care assistant.

#### 2.1.3. Clerical

In charge of the Colposcopy Office is Mrs Barbara Driscoll, Colposcopy Coordinator. There is insufficient clerical support for the workload and for providing adequate cover.

### 2.2. Adequacy of Equipment and Clinical Environment

The colposcopy service is carried out in a purpose built, well appointed unit. This has recently been refurbished since the last QA visit. The Mediscan database system was also installed in January 2005.

### 2.3. Programme Management

#### 2.3.1. Workload

The colposcopy workload figures submitted by the Trust for 2004 were inaccurate because the in-house data base was incorrectly configured. The data submitted was an under-representation of the actual workload. From 2005 the Mediscan database system was used and since then the data has been accurate. The London QARC was informed of this situation in a letter sent by Miss Theresa Freeman-Wang.

The following tables are obtained from the data submitted and the above considerations apply.

	1 <sup>st</sup> quarter Apr-Jun 2004	2 <sup>nd</sup> quarter Jul-Sep 2004	3 <sup>rd</sup> quarter Oct-Dec 2004	4 <sup>th</sup> quarter Jan-Mar 2005	Total Apr 2004-Mar 2005
New attendances	261	253	185	474	1173
Return for treatment	2	6	1	40	49
Follow-up	13	13	13	675	714
Total	276	272	199	1189	1936

### 2.3.2. Waiting Times

	National standards	1 <sup>st</sup> quarter Apr-Jun 2004	2 <sup>nd</sup> quarter Jul-Sep 2004	3 <sup>rd</sup> quarter Oct-Dec 2004	4 <sup>th</sup> quarter Jan-Mar 2005	Total April 2004-Mar 2005
? Invasive seen within 2 weeks	>90%	-	1/1 (100%)	-	-	1/1 (100%)
? Glandular seen within 2 weeks	>90%	-	-	-	-	
Urgent referrals seen within 2 weeks	>90%	-	1/1 (100%)	-	-	1/1 (100%)
Moderate/ severe dyskaryosis seen within 4 weeks	>90%	21/45 (47%)	30/37 (81%)	22/24 (92%)	27/60 (45%)	100/166 (60%)
All abnormalities seen within 8 weeks	>90%	111/184 (60%)	110/170 (65%)	75/123 (61%)	138/205 (67%)	434/682 (64%)

### 2.3.3. 'Did not attends'

	1 <sup>st</sup> quarter Apr-Jun 2004	2 <sup>nd</sup> quarter Jul-Sep 2004	3 <sup>rd</sup> quarter Oct-Dec 2004	4 <sup>th</sup> quarter Jan-Mar 2005	Total Apr 2004-Mar 2005
Cancelled by patient	22	42	26	272	362
Cancelled by clinic	3	3	1	56	63
DNA – no advance warning	13	17	14	131	175
DNA – arrived late	0	0	0	0	0
DNA – left without being seen	0	0	0	0	0

### 2.3.4. Failsafe

The following arrangements are in place for “DNAs.” For new patients, after one non-attendance, another appointment is arranged through the post. If the patient fails to attend this appointment, the patient and GP are contacted in writing. The case, in terms of degree of clinical risk, is assessed by the Lead Coloscopist and, depending on this, a third letter may be written to the GP. For “DNAs” a copy of the discharge summary is sent to the Failsafe Coordinator at the Lead PCT. In the case of partial booking for routine appointments, the GPs of non-responders are informed by letter. Since January 2005, a copy of this letter has also been sent to the patient.

### 2.3.5. Colposcopy IT

During 2004, the colposcopy service relied on a stand alone IT system. In January



2005, it transferred to Mediscan.

#### 2.3.6. Completion of the KC65

During 2004, this was completed from the in-house IT system and the data was inaccurate (see above). Since January 2005, the Mediscan database system has been used and this has improved the accuracy of the data. The benefits of this system are therefore only seen in the last quarter of the 2004-5 analysis.

#### 2.3.7. Recommended Actions

At the last QA inspection in 2002 it was recommended the colposcopy suite was refurbished and the outdated equipment replaced. This has been carried out. Further colposcopy sessions were recommended and were provided on a temporary basis, pending a permanent appointment. Further staff were recommended for support for partial booking and cover for the colposcopy co-ordinator, but this remained unresolved as of April 2005.

### 3. Meetings (MDTs, etc)

1) Colposcopy MDT meetings are held every two weeks. The histopathology and cytology of difficult management cases is discussed, together with discrepant histology/cytology and colposcopy findings. The clinical decisions and attendance are recorded. With the introduction of Mediscan in January the colposcopy input into these meetings has increased. Separate Gynaecological Oncology MDT meetings are also held fortnightly, where cancer cases are discussed.

2) Cervical Screening Management Group meetings have been held on a monthly basis since September 2004. This is chaired by Dr Richard Bryan and minutes are kept. The group includes the HBPC, the Cytology and Colposcopy Lead Clinicians, the Divisional manager for Diagnostics and Therapies, the Service manager for Women's and Children's Health, the Colposcopy Coordinator, the Nurse Colposcopist, the Histo/cytopathology Laboratory manager, the Cytology Technical Lead.

#### 4. Invasive Cervical Cancer Audit

Nine histological diagnoses of invasive carcinoma of the cervix were made during the period April 2004 – March 2005. Details of these are summarised below.

	DOB	Age (yrs)	Mode of presentation	Category of smear history	Histology	Stage
1	22/5/74	30	Screen detected	1	CIN 3 and microinvasive squamous cell carcinoma	1B1
2	26/5/65	39	Screen detected	1	CIN 3 and microinvasive squamous cell carcinoma	1B2
3	28/4/73	32	Screen detected	1	CIN 3 and invasive squamous cell carcinoma	1B1
4	5/5/63	42	Screen detected	2b	CIN 3 and microinvasive squamous cell carcinoma	1B1
5	24/08/34	71	symptomatic	1	Squamous cell carcinoma	1B
6	15/03/64	40	Screen detected		adenocarcinoma	
7	7/09/56	48	symptomatic	1	adenocarcinoma	1B1
8	7/03/64	40	Screen detected		CIN 3 and invasive squamous cell carcinoma	
9	4/11/69	35	Screen detected		CIN 3, high grade CGIN and invasive squamous cell carcinoma	1A2

#### 5. QA Visit Recommendations

The report following the last QA visit in July 2002 made several recommendations, most of which have been addressed, as summarised below.

There was a requirement for a HBPC. This role was taken on by Dr Richard Bryan in July 2004. Clerical support has been provided on an *ad hoc* basis.

#### CYTOLOGY

A screening room has been built with individual workstations with ergonomic microscopes and ports for the new computer system.

The post of BMS 1/ cytoscreener has been funded but there has been a failure to recruit to this post.

## COLPOSCOPY

The colposcopy suite has been refurbished, with replacement of outdated equipment. A further colposcopist and a replacement colposcopy nurse have been recruited. The lack of sufficient support for partial booking, and cover for the colposcopy co-ordinator was highlighted but this remains an unresolved issue.

## 6. Implementation of LBC

It has been decided that LBC processing should be centred at Barnet/Chase Farm for the north end of the sector and The Doctors' Laboratory (TDL) in partnership with UCLH will provide processing for the Whittington, Royal Free and UCLH laboratories in the South. LBC training for the Whittington will begin in July 2006.

## 6. Section 60

All laboratory, clinical and medical staff are Section 60 compliant.

## 7. Research & Development

The Colposcopy Department is investigating the use of Brn3a, a marker of high grade cervical disease and is looking at this in the normal population. The Colposcopy Department runs internationally acclaimed annual colposcopy courses and is actively involved in training medical and nurse colposcopists. To date, the Cytology Department has successfully trained two BMS 3s to Advanced BMS Practitioner level.

A copy of the annual report should be submitted to the following:

Chief Executive of Acute Trust David Sloman
Medical Director of the Acute Trust Celia Ingham-Clark
Screening Commissioner Catherine Brogan (Director of Public Health, North Central London SHA)
PCT Screening Leads Helen O’Keefe (Screening Co-ordinator, Islington PCT) Khadidja Bichbiche (Screening Co-ordinator, Enfield PCT) Maggie Luck (Screening Lead, Camden PCT) Ugo Okali (Consultant in Public Health, Enfield PCT) Debra Harris (Screening Lead, Haringey PCT) Cynthia Folarin (Screening Lead, Barnet PCT)
Lead Biomedical Scientist Stephanie Fenton
Lead Cytopathologist Su Ramachandra
Lead Colposcopist Theresa Freeman-Wang
Gynae Manager Anne Gibbs
Pathology Manager Adam Smith

**Richard Bryan 20/03/06**