



National Screening Service
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Update on issues relating to the national cervical screening programme

Dear Colleague

I recently, on 4 February 2019, took up the post of Clinical Director of CervicalCheck. I am writing to provide you with an update in relation to CervicalCheck – the HSE National Cervical Screening Programme – and a number of issues the service is dealing with.

Overview

We are acutely aware of women's concerns regarding cervical screening over the past years and, in particular, women's anxiety due to the ongoing delays in reporting on their smear test results.

Our key focuses in particular are to:

- 1) Address the delays in getting smear results to women, caused by the backlog of smears
- 2) Plan for introduction of HPV primary screening
- 3) Rebuild public and professional confidence in the programme.

1. Result waiting times

As you are aware, in the past, screening test results would become available within four to six weeks of the test. Currently, results for many of your patients are taking up to 32 weeks from the time the lab receives their smear test sample. In some cases, this is taking longer.

We understand the anxiety this is causing for women and apologise for this delay. We are working tirelessly on solutions to reduce these waiting times.

2. Actions taken to reduce current waiting times

While we continue to pursue additional cytology capacity, this has proved very challenging due to the global shortage of resources in cytology. We have also found it particularly challenging to interest providers globally in the provision of cytology services in Ireland, given the increased insurance costs in Ireland compared to other markets.

Notwithstanding these challenges, we are actively trying to identify solutions that will help reduce result waiting times by working with existing contracted providers, and we continue to work with others to try and find additional capacity.

While there is a medium term plan to develop a national cervical screening laboratory at the Coombe Women and Infants University Hospital, there is no possibility of sourcing additional capacity within the Republic of Ireland in the timeframe required to address the current backlog of smear tests.

We have agreed with the laboratory that processes your patients' samples, MedLab Pathologies, to carry out an ancillary HPV test on smear test samples, prior to cytology.

All samples approaching the test date +6 months point will be tested for HPV before cytology screening. This means that:

- the lab will prioritise samples resulted as HPV positive for cytology screening and reporting the lab will prioritise tests which recommend 'referral to colposcopy'
- women who test positive for HPV with negative cytology will be recommended a repeat test in 12 months as many HPV infections will clear in this time
- women whose samples test negative for HPV will be treated as a second priority for cytology, as they are considered lower risk, and cytology will follow.

While this may result in an initial further delay for women with negative HPV results, it will ultimately reduce the risk associated with the smear test result delays as it allows the HPV positive samples to be prioritised and resulted.

3. Delayed smear test results - risk to women

The natural history of cervical cancer indicates that the disease normally develops over a period of 10 to 15 years. In this context, the current period of up to 33 weeks for the return of cervical screening results in some cases, whilst undesirable, poses a very low risk to women. The same risk threshold also applies in cases where a woman would be required to undergo a repeat smear test three months after the previous test as a result of an unsatisfactory sample.

4. Change to laboratory contracts

A further correspondence will issue to you with information on this upcoming change when details are finalised.

5. Private testing

While some patients may choose to attend for a private cervical screening test and/or private colposcopy, please note that CervicalCheck cannot incorporate these results, or management recommendations, to patient's CervicalCheck record.

6. Increased colposcopy referrals

Colposcopy services have reported an increase in the referral rate based on 'suspicious cervix'. Inappropriate colposcopy referrals lead to overload of the colposcopy service, extended appointment waiting times, and distress to those being referred. A useful guidance note can be found at www.hse.ie/cervicalcheck/management-of-suspicious-cervix/

Smear takers should be familiar with the appearance of normal anomalies, e.g. eversion and nabothian follicles. After clearly visualising the cervix, an assessment as to whether there is cause for concern can be made. It is important to note that screening is not diagnostic.

The cervix image library on www.nssresources.ie is a valuable reference point.

7. Accuracy/completeness of screening forms

Please ensure that cervical screening forms are completed in full and have been checked for accuracy by your patients. When using pre-printed labels please complete all additional fields on the form.

8. Increase in 'unsatisfactory smear' rate

An increase in this rate has been noted by many smearthakers and the programme. This increase is likely due to a number of factors, including:

- A higher number of older women being screened
- Caution on behalf of screeners based on the current climate
- Use of lubrication by smearthakers.

This unsatisfactory rate will be monitored and is currently within accepted standards.

9. HPV primary screening

A HSE Steering Group, Clinical Advisory Group and HPV Project Team are in place and are progressing the planning for the move to HPV primary screening and the implementation process. We remain committed to implementing HPV primary screening as soon as and as safely as possible; in order to achieve this we are focused on stabilising the cervical screening programme and advancing the laboratory tender which will ultimately determine the implementation date.

10. Governance

In addition to my appointment as Clinical Director we have recently appointed a Director of Public Health for the National Screening Service, Dr Caroline Mason Mohan, and a CervicalCheck Laboratory Quality Assurance Lead, Dr Dave Nuttall. We will also be shortly seeking to fill additional key posts in colposcopy.

11. Information resources

We have recently updated the information resources relating to the CervicalCheck programme. These can be viewed on the CervicalCheck website at www.hse.ie/cervicalcheck

I would be grateful if you could share this update with ancillary staff and locums in your practice.

Finally, I wish to acknowledge and thank you for your support and assistance during this difficult and challenging time.

Yours sincerely



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