

February 2011 – Issue no. 7

CERVICAL SCREENING – NEWS AND INFORMATION
A quarterly newsletter for all those involved in the cervical screening programme

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RESULTS TO WOMEN

The cytology lab has reported that practices on occasion contact them asking for results to be sent to a different (temporary) address due to holidays or caring responsibilities. Results are **NOT** sent from the laboratory but are sent directly to women from Thames Valley Primary Care Agency (TVPCA). TVPCA use the address of registration on the system so this is where results letters are sent. Therefore if a woman requests that her results are forwarded to a temporary address the practice will need to take responsibility for this.

CYTOLOGY LAB

Success story

The ORH Laboratory has been working extremely hard over the last year and a half to reduce their turn-around-time (TAT). They have managed to gradually reduce this so that now they are routinely reporting the majority (98%) of smear results within 10 days of the test. This is great news for women because they have a much shorter wait for their results.

GP practices may want to update their websites, invitation letters and any relevant patient information to reflect the change in timing to results.

Delays to samples and the importance of forms and pots matching

Below is a summary of samples that were returned to practices in December 2010 for various reasons (detailed in the table). If the lab has to return samples to practices this constitutes a delay in the sample being reported on and therefore a delay in the woman receiving her result, and a woman receiving further investigation or treatment if necessary. A lot of samples were received by the lab where forms did not match the information on the sample pot. **It is important that they match exactly** (e.g. if Sue Watson is used on form then Sue Watson (not Susan Watson) must be used on pot).

Reasons for delay to samples from GP practices in December 2010

	Manual	Electronic request
Incomplete data on form	1	
Incomplete data on pot		1
Pot/form mismatch	2	10
Pot/form mismatch and no record 360 sweep	1	
No record cx seen or 360 sweep	3	
No record of 360 sweep	1	
Totals	8	11

Several of the samples had no record of a 360° sweep and three had no record of the cervix being seen.

The national guidance recommends that samples are discarded if ALL the paperwork relating to a sample is not fully complete. This means in practice that women would need to have a second sample taken because of an administrative error. Locally, a decision has been taken that it is NOT in the best interests of the patient for the lab to follow national recommendations. However, given that it is a national recommendation we want to ensure that all sample takers are aware of the importance of accurate completion of ALL paper work escorting samples to avoid a time delay and potentially in the future, patient inconvenience.

Use of pink bags

Some practices appear to be using the pink plastic bags to transport samples other than cervical LBC samples. **This is a polite reminder that the pink plastic bags are for cervical LBC samples only.**

Electronic requesting

The Cytology lab reports that electronic requesting is now up to 74% (for January 2011) which is great news. Electronic requesting helps to speed up the results process – if the Cytology department receives requests electronically they are able to send electronic reports back. Practices will find this more beneficial as they will have the report before TVPCA is able to post the result to the patient and therefore be in a better position to offer advice to a woman who raises queries when she receives her result.

Since more practices are using electronic requesting several queries crop up repeatedly regarding some of the finer points. Therefore Jill Kozlowski (Lab Manager) has put together some frequently asked questions along with their answers:

Q. Why is there no option to record that this is the first test?

A. There is the option to record 'Call' for the first call that a woman has received for a cervical test. If she is coming back for her second or subsequent tests then she is in the category of 'Recall'.

Q. Where do the sample takers sign and date the form?

A. There is no need to do either, using an electronic system will automatically record the user's ID and the date – this can be used for any audit purposes. The bottom half of the printed form is solely for the use of the laboratory staff, please do not write on this area of the form.

Q. If we write another address to which to send the woman's result could the lab please use that instead of the patient's registered address?

A. The laboratory does not send any results out to the woman, all results are sent by the Thames Valley Primary Care Agency – giving other addresses on the request form is of no use.

- Q. Why does the report come back without my sample taker name on, I do give my code?**
A. All sample taker codes need to be entered precisely, or our system will not match them to the linked name. The codes need to be entered using capital letters and no spaces e.g. ABC123 or ABCDEF. If any other information is put into that specific field the laboratory system will not be able to find a match.
- Q. Why do we need to give you the date and place of the last test?**
A. Although a lot of women have had all previous tests within Oxfordshire, and therefore the laboratory has a record of these, this is not the case for all women. By giving us the date and place of the last cervical test the woman had, previous to the one currently being taken, it helps enable the laboratory to ensure we have the correct patient.
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TRAINING

Training dates

The **next available dates** for Introductory and Update training for sample-takers are shown in the tables below. Courses are booked through the Learning & Development Team using the booking form in the Learning Directory available via Oxfordshire PCT Intranet.

To access the Learning Directory, go to the PCT Intranet – select Learning & Development (from the left-hand side), hover over Training Opportunities then select Learning Directory from the drop-down list. This will open another page with links to the Learning Directory and the Booking Form.

Contact details within Learning & Development:

Email: kaye.hewer@oxfordshirepct.nhs.uk Tel: 01865 421466 / Fax: 01865 421500

Introductory training

Date	Time	Venue
11 March 2011	0930 – 1630	Stratfield Brake Sports Ground, Freize Way, Kidlington OX5 1UP
18 October 2011	0930 – 1630	Littlemore Mental Health Centre

NB: Lunch is not provided

Update training

Date	Time	Venue
10 May 2011		Abingdon Guildhall
22 Sept 2011		Littlemore Mental Health Centre

Training review

Discussions are still underway with colleagues at Berkshire East, Berkshire West, Buckinghamshire and Milton Keynes PCTs, the aim of which is to provide face-to-face training of a common standard across the Thames Valley area.

LATEST COVERAGE DATA

KC53 coverage data is what the PCT is measured on in terms of performance of cervical screening. These data differ from QOF data due to the use of different numerators and denominators (which have been detailed in previous newsletters).

PLEASE DISSEMINATE WIDELY ACROSS YOUR PRACTICE OR CLINIC

Quarter ending	Age group	Population eligible for screening	Screened in last 5 years	Percentage screened	Change on previous quarter
31/03/2010	25-64	167,416	129,104	77.1%	-0.1%
30/06/2010	25-64	166,233	128,677	77.4%	0.4%
30/09/2010	25-64	166,871	129,533	77.6%	0.2%
31/12/2010	25-64	167,445	129,783	77.6%	0.0%

For younger women the screening period the PCT is measured on is 3.5 years. Coverage in this age group was rising steadily so it is a little disappointing to see it drop slightly, in the latest quarter.

Although the percentage of women aged 50-64 years who attend for screening is generally higher than the younger age group overall, data for last year showed a slight downward trend – unfortunately this quarter also shows a downward trend.

Quarter ending	Age group	Population eligible for screening	Screened in last 3.5 years	Percentage screened	Change on previous quarter
31/03/2010	25-49	118,816	85,416	71.9%	0.5%
30/06/2010	25-49	117,354	85,245	72.6%	1.0%
30/09/2010	25-49	117,582	85,607	72.8%	0.2%
31/12/2010	25-49	117,785	85,660	72.7%	-0.1%

Quarter ending	Age group	Population eligible for screening	Screened in last 5 years	Percentage screened	Change on previous quarter
31/03/2010	50-64	48,600	38,165	78.5%	-0.9%
30/06/2010	50-64	48,879	38,207	78.2%	-0.5%
30/09/2010	50-64	49,289	38,551	78.2%	0.1%
31/12/2010	50-64	49,660	38,629	77.8%	-0.5%

Increasing uptake

One of the health advocates is working at Bartlemas surgery with the aim of increasing uptake among South East Asian women. This is still underway and an update on its progress will be included in the next newsletter.

The sending of additional letters to women who have not attended for screening is now complete. Just over 10,000 letters were sent to women aged 25-29 years and initial analysis indicates that approximately 18% (almost 2,000) attended as a result of the additional reminder. Added to this over 500 were identified as having moved or were no longer at the address registered.

Work is also underway to identify the profile of women who do not attend for screening, particularly those registered with practices with a low uptake overall. Mosaic profiling enables us to get a better understanding of the characteristics of citizen(s) or a geographical area compared to another group and/or area. This is still work in progress and results will be made available as soon as they are complete.

If there is any topic related to cervical screening that you would like to see included in future quarterly newsletters please contact us to let us know.

Contact details at NHS Oxfordshire:

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