

**Southampton, Hampshire, Isle of Wight and Portsmouth Cervical Cytology Laboratory Provision**

**Health Overview and Scrutiny Committee Briefing Paper**

**1. Introduction**

1.1. This briefing paper is to inform the health overview and scrutiny committee about plans for cervical cytology laboratory provision in Wessex. The intended outcome is the optimum distribution of cervical samples processed through laboratories within the Wessex area in order to maintain/improve quality and achieve expected performance standards for the whole population in the medium term.

**2. Background**

2.1. The aim of the NHS Cervical Screening Programme is to reduce the incidence of and mortality from, cervical cancer by delivering a systematic, quality assured population-based screening programme to eligible women resident in England. Successful delivery of the cervical screening programme is dependent on a seamless, multi-disciplinary integrated care pathway, which meets quality standards as set out by the national screening committee and national programme service specification<sup>1</sup>.

2.2. The national screening programme service specification requires laboratories to process a minimum of 35,000 cervical cytology samples per year in order to maintain competence/ quality. However, the volume of cervical cytology samples is declining nationally as a result of two main factors:

- a gradual decline in the number of women taking up the offer of cervical screening
- the introduction of Human Papilloma Virus (HPV) 'Triage and Test of Cure'

2.3. Across Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP), cervical samples are processed as follows:

Southampton	University Hospitals Southampton (UHS) NHS Foundation Trust
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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/192976/25\\_Cervical\\_Screening\\_programme\\_service\\_specification\\_VARIATION\\_130415\\_new\\_template - NA.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192976/25_Cervical_Screening_programme_service_specification_VARIATION_130415_new_template_-_NA.pdf)

Hampshire	<ul style="list-style-type: none"> <li>• University Hospitals Southampton (UHS) NHS Foundation Trust</li> <li>• Hampshire Hospitals NHS Foundation Trust (HHFT).</li> <li>• samples from some practices in North East Hampshire are processed in Ashford St Peters to whence they are transported via Frimley Park and the Royal Surrey County Hospital in Guildford.</li> <li>• a single practice in Havant sends samples to St Richards in Chichester for processing.</li> </ul>
Isle of Wight	Portsmouth Hospital NHS Trust (PHT)
Portsmouth	Portsmouth Hospital NHS Trust (PHT)

2.4. Two of the three laboratories within the SHIP area (UHS and HHFT) no longer process sufficient samples to fulfil the minimum requirements of the national cervical screening programme service specification, and another is close to the minimum limit. The table below shows the distribution of samples in laboratories serving Wessex patients in 2013/14. These are total samples processed not just those for the Wessex population

Provider	PHT	UHS	HHFT
Number of Samples	42,848	30,251	32,813

2.5. At the same time, staff recruitment and retention problems have impacted on the ability of providers to meet the standard specified by the programme to process samples and produce results (turnaround times) consistently. In particular, a key performance indicator of the programme is that a minimum of 98% of women should receive their results within 14 days. In order to achieve this, the laboratories must process samples within 9 days. HHFT and UHS have been unable to achieve this indicator consistently in the past 18 months, as have neighbouring laboratories in Surrey and Sussex. Annex 1 shows turnaround times by laboratory and CCG

2.6. The current model of service delivery via three laboratories in the SHIP area is, therefore, unsustainable: whilst resolution of staffing issues would improve turnaround times, it would not address the problem of falling sample numbers. It had been anticipated both by commissioners and providers that a mutually acceptable solution would be reached through a planned provider pathology consortium project led by the previous South Central Strategic Health Authority. Following the breakdown of these plans, the public health team commenced a review of the options for the way forward.

- 2.7. Under the 2014/15 contract, commissioners asked providers to undertake a detailed self-assessment against the service specification and programme standards. As a result both of the self-assessment and the situation described above, University Hospital Southampton NHS Foundation Trust (UHS) concluded that it is no longer able to meet the performance targets of the service and is unable to rectify this position. It therefore took the decision to withdraw from provision to allow another solution to be put in place.
- 2.8. In determining the way forward, the Wessex area team has been guided by the overall aim of maintaining a safe, effective service for the whole eligible population which meets minimum standards in the short to medium term, whilst planning for the longer term.
- 2.9. Consideration was given to a number of options including:
- open procurement to replace UHS capacity
  - reprocurement of both UHS and HHFT laboratories
  - reprocurement of all three laboratories
- 2.10. A key factor is that all GP practices and laboratories in SHIP use the same system for liquid based cytology, whereas those to the east (Surrey/Sussex) and west (Dorset) use a different system: a shift of activity to laboratories outside of SHIP would require a change of system and retraining for all GP practice staff. Significant changes to the process of transporting samples would also be necessary, incurring additional cost.
- 2.11. The preferred option is for all samples currently processed at University Hospitals Southampton Foundation Trust, to be transferred to Portsmouth Hospital Trust and Hampshire Hospitals Foundation Trust. All three providers have committed to pursuing this option. The precise split of activity will be determined by the commissioners as part of the project.
- 2.12. Procurement advice in relation to this project is that, as long as it is made clear to the market that the service will be market tested within a reasonable timescale (e.g. within 5 – 7 years), and have a clear rationale for not doing so immediately, it is acceptable to offer the work to the other local laboratories.
- 2.13. There are TUPE implications with around 7 - 8 staff employed by UHS affected.

### **3. Logistical Issues and Risks**

- 3.1. The key issues to be addressed in changing laboratory provision are:
- GP transport and 'hubbing' of samples – this may lead to additional costs and delays in samples reaching the laboratory
  - information flows and IT including:

- electronic reporting from the 'new' laboratory to GP practices
- access to historical screening systems/records in the 'old' laboratory for comparative purposes
- smooth transfer of referrals back to UHS colposcopy department
- costs particularly in relation to the above
- ensuring adequate staff capacity in the new laboratories and staff retention

3.2. Advice from the QA Reference Team is that there may be deterioration in turnaround times immediately following a laboratory merger.

#### 4. **Key Points of Note**

- 4.1. Women will experience no difference in service. They will continue to attend their GP practice to have their cervical sample taken.
- 4.2. There will be no change to any other pathology activity at UHS nor to colposcopy services. Referrals will continue to be directed to the woman's local provider.
- 4.3. The area team will continue to work closely with partners in CCGs and local authority public health teams with an overall aim of increasing cervical screening take-up in the community.

#### **Conclusion**

The Health Overview and Scrutiny Committee is asked to note the content of this report and support the proposal which will safeguard cervical cytology programme standards for women in Southampton, Hampshire, Isle of Wight and Portsmouth.

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