Dear Ms Hillier,

Re: Public Accounts Committee – Cervical Screening

Following the Public Accounts Committee meeting on 20th March 2019, I am writing to update you on cervical cancer reporting in the local areas the committee enquired about.

I would like to reassure you that the clinical advice is that a short delay in receiving these screening results will not affect clinical outcomes because in most cases cervical cancer takes many years to develop. It should also have no implications for a woman’s subsequent treatment if required.

As set out at the hearing, we are aiming to have 100% coverage of HPV as primary screening within the NHS Cervical Screening Programme by December 2019. This will benefit patients due to the earlier identification of those women at a higher risk of developing cervical cancer and has a longer protected negative result, meaning that women can be further assured in the time between their screens and they may not be required to attend for screening as regularly in the future.

Evidence from the HPV primary screening pilot sites has indicated that this change may see up to an 85% reduction in cytology workload. Understandably, this has made it increasingly more difficult to recruit to and retain staff to fill the posts for which the requirement will be significantly less following the implementation of primary HPV screening, and in the meantime some laboratories are using agency and locum staff to fill staffing gaps wherever possible at particularly busy periods or during holidays. This has impacted on the 14-day Turnaround Time (TAT) across England (a standard used to measure performance of the time from the sample being taken to the result being sent).

NHS England and Public Health England have been working together to manage service delivery during this transition period. In particular, we focused on:

a. Establishing a national process to extend HPV primary screening within the HPV pilot sites in order to create additional cytology screening capacity and to use this to support laboratories across the country which are struggling to meet the turn-around time targets;

b. Allowing laboratories to convert to primary HPV screening prior to the outcome of the national procurement process in order to ensure an improvement in the TAT performance across the country and to support women in receiving their results in a timely manner

Derbyshire

The committee specifically asked about performance in Derbyshire in 2017/18. For Derbyshire, Nottinghamshire and East Staffordshire, cervical screening is conducted by the laboratory provided by Royal Derby Hospital. The laboratory at University Hospitals North Midlands covers the remainder of Staffordshire and Shropshire.
The TAT performance across North Midlands in 2017/18 was attributable to the laboratory in Derby taking on additional work from another laboratory with constrained workforce capacity. As part of the national mitigation process, the laboratories piloting primary HPV screening made some of their excess screening capacity available to support Derbyshire, and the Royal Derby Hospital laboratory was one of the first laboratories to convert to primary HPV outside of the initial piloting phase.

The 14- and 21-day TAT performance has since improved significantly following the conversion of the Derby laboratory in June 2018. Samples from women in the Derbyshire and Nottinghamshire areas are now screened first for HPV, meaning a smaller amount of activity needs to be seen in cytology. The latest results (February 2019) show that 14-day performance is now at 52% and 21-day performance at 98.4%. Converting the East Staffordshire and Lincolnshire areas to primary HPV by June 2019 will further support performance improvement in the Derby laboratory.

**Oxfordshire**

In Oxfordshire, the average 14-day TAT performance across the CCG area in 2017/18 was 85.1%, but fell sharply in quarter 1 of 2018/19, due to a combination of factors including the training of new staff, a surge in activity from primary care, and the impact of staff absences on a small team. This position has since improved, and by August 2018 the 14-day TAT performance was up to 97.8%.

A number of laboratories across the South region will be converting to primary HPV as part of the resilience plan from May 2019 and it is expected that the TAT performance across this area will improve along with the rest of England.

**Hackney**

In Hackney, the average TAT performance across this area in 2017/18 of 9.8% was primarily the result of staff not taking on additional hours. This issue was addressed by the Trust, which changed the basis on which overtime was paid and since October 2018 performance has stabilised. This area was also impacted by the national cervical screening letters incident which led to increased workloads since November 2018. It is expected that 14-day TAT performance will improve significantly once the laboratory converts to primary HPV after April 2019.

I hope this provides the additional context and information you requested.

Yours sincerely,

[Signature]

Professor Stephen Powis  
National Medical Director  
NHS England and NHS Improvement