



SCOTTISH EXECUTIVE

Health Department
Directorate of Service Policy and Planning

NHS
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St Andrew's House
Regent Road
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Dear Colleague

CERVICAL SCREENING PROGRAMME – LIQUID BASED CYTOLOGY (LBC)

Summary

1. In line with commitments in *Our National Health* to develop screening programmes, the Scottish Executive has accepted the recommendations of the National Advisory Group for Cervical Screening that Liquid Based Cytology (LBC) should be introduced into the Scottish Cervical Screening Programme. The Cervical Screening Programme in Scotland was introduced in 1987 and is now well established with around 400,000 women a year accepting an invitation for a cervical smear. Women in the age group 20-60 years are invited for a cervical smear at least once every 5 years. LBC is an alternative way to prepare a cervical smear for examination. This method is expected to reduce the number of unsatisfactory smear results which in turn will reduce the number of women who may have to have a repeat smear.

Action

2. NHS Board and Trust Chief Executives are asked to ensure that the contents of this letter and Annex are drawn to the attention of all appropriate managers and staff, including Directors of Laboratory and Colposcopy services, Scottish Cervical Screening Programme Clinical Directors, General Practitioners and Practice Nurses.

3. NHS Boards and appropriate Trusts should work with the NHSScotland Screening Programmes, National Services Division, Common Services Agency, to ensure the effective introduction of LBC into the Cervical Screening Programme by spring 2004 at the latest.

4. A copy of this guidance is available on the SHOW website:
<http://www.show.scot.nhs.uk>

Yours sincerely

GODFREY ROBSON
Director of Service Policy and Planning

2nd April 2002

Addresses

For action

Chief Executives, NHS Boards
Chief Executives, NHS Trusts
Chief Executive, Clinical Standards
Board for Scotland
National Co-ordinator, NHSScotland
Screening Programmes, NSD
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For information

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CERVICAL SCREENING PROGRAMME – LIQUID BASED CYTOLOGY (LBC)

Background

1. The development of screening programmes is a commitment in *Our National Health*. The Cervical Screening Programme in Scotland was introduced in 1987 and is now well established with around 400,000 women a year in the eligible age group 20-60 years, accepting an invitation for a cervical smear. The method and technology for taking and reporting cervical smears has remained largely unchanged over the last 30 years. However, the Liquid Based Cytology (LBC) technique offers an alternative way to prepare cervical material for examination. The LBC method uses either a plastic spatula or brush sampler to collect the cells from the cervix, which is similar to the method used in the conventional smear-taking process. Thereafter, the process differs in that the LBC sample is then immediately placed into preservative fluid and sent to a laboratory where an automation process produces a layer of cells on a slide for examination.

LBC Pilot

2. While the effectiveness of this alternative smear-taking method was confirmed by the National Institute for Clinical Excellence, further evidence was required on its feasibility and cost-effectiveness and a pilot was established in Scotland in 2001 to evaluate this. The LBC pilot, which was undertaken at selected General Practices in Grampian, Highland, Lanarkshire and Tayside, was evaluated by a steering group which was set up under the auspices of the National Advisory Group on Cervical Screening. The main findings of the pilot were:

- Smear-takers found LBC simpler, convenient, easy to use and the workload for all members of the primary care team involved in cervical screening was reduced.
- LBC reduced the workload and increased productivity in laboratories. While there was a small increase in processing time, this was compensated for by a faster smear reading time.
- The pilot demonstrated a 6% reduction in the unsatisfactory smear rate. This would mean that around 24,000 women a year would not be required to undergo a repeat smear.
- LBC will result in more appropriate referrals for colposcopy in the future. There will be a reduction in referrals of women with unsatisfactory smear results and quicker and more appropriate referrals of women with high grade lesions (between 1,200-3,600 women a year).
- LBC will assist with further automation of the cervical screening process in the future.
- LBC provides scope for further developments to the screening programme in the future as the residual sample can be used for other screening tests such as Human Papilloma Virus.

A copy of the pilot findings is available on the SHOW website at www.show.scot.nhs.uk in the publication section.

3. Evaluation of the cost-effectiveness data was complex and the Report concludes that the introduction of LBC would result in additional costs to the Service of around £5.60 per woman tested. These costs, which might be reduced by factors which are not covered in the evaluation or are the subject of conservative assumption, need to be set against the benefits which are not quantifiable in money terms:

- reduced anxiety to women from undergoing repeat smears/inappropriate referral for colposcopy;
- improvements in morale for both general practice staff and laboratory staff from reduced workload;
- possible future benefits arising from using the LBC sample for other tests such as HPV.

National Advisory Group for Cervical Screening

4. The National Advisory Group for Cervical Screening considered the findings of the Liquid Based Cytology pilot and recommended that LBC should be introduced across Scotland. Ministers have accepted the Group's recommendations.

5. A sub-group of the National Advisory Group are currently looking at the laboratory processing options and training implications for the roll-out of LBC across Scotland. The information from the sub-group's work will be shared with NHS Boards/Trusts when this is available around the late summer of 2002.

Next Steps

6. The NHSScotland Screening Programmes, National Services Division, CSA, will be responsible, in conjunction with NHS Boards and Trusts, for the implementation of this development as part of their co-ordination and monitoring role of the screening programme. The proposed timescale for the introduction of LBC into the Cervical Screening Programme is as follows:

- Further guidance will issue to the Service about the findings of the sub-group who are looking at the laboratory processing and training issues – **late July/August**;
- NHS Boards/Trusts to consider laboratory processing options within their regional planning networks and to advise the NHSScotland Screening Programmes, NSD, of requirements – **end September**;
- NSD/Scottish Healthcare Supplies to undertake tender exercise for processing machines on behalf of NHS Boards/Trusts – **October/end December**;
- NHSScotland Screening Programmes to develop training implementation plan – by **December**;

- Training of all smear-takers/laboratory staff begins in **January 2003** to be completed by around **April 2004**.

7. To assist with the introduction of this development up to £2.75m will be provided for the set-up costs which consists of either the capital or first year leasing costs of the processing machinery and the associated training and proficiency costs. These funds have been provided to NSD and are ring-fenced for the introduction of LBC. The ongoing costs associated with the introduction of LBC thereafter remain the responsibility of NHS Boards/Trusts.

8. It is expected that LBC will be fully introduced into the cervical screening programme by April 2004.