

# Journal of Medical Screening

## Leader

### Cervical screening programme, England: 1997–98

The 1997–98 statistical bulletin on the NHS cervical screening programme in England was published at the end of January 1999 by the Department of Health.<sup>1</sup> In many ways, the bulletin portrays a steady state in the programme, but new statistical returns were used for the first time, which provided more information about the programme. Each health authority and cytology laboratory is required to return a KC53 or KC61 form respectively. These returns are reviewed every three years and this was the first bulletin produced on this cycle.

Coverage of the target population by the programme was again around 85% as it has been since 1994. Of the 100 health authorities, all but 13 had coverage of over 80% and only one remains under 70% compared with two last year. There are 13.6 million women in the target age group in England, and the bulletin reports for the first time why women are taken out of the programme. For one million of the 1.4 million in this category, there is a “clinical reason”, usually hysterectomy. This proportion increases rapidly with age, with only 1700 women aged 25–29 in this category, but rising to 270 000 in the age group 50–54. Better analysis is also provided of women leaving the programme at the upper age range.

Analysis of the reasons why women are invited for early repeat smears has also improved. Almost three million women in the target age group were invited for a smear, 370 000 of them after an interval of less than three years for surveillance or after a previously abnormal smear or a previously inadequate smear. However, there is a difference between the women invited and those tested. Thus 3.9 million women had a smear test, 3.7 million of whom were in the eligible age group 20–64. A total of 1.4 million of these women in the target age group had a smear which was recorded as “opportunistic”. These women may have been responding to an invitation from a general practitioner, or may have asked for a smear before their health authority invitation was due.

The 3.9 million women of all ages generated 4.4 million tests as in 1996–97. Of these, just under four million might be considered true screening programme smears as they came from general practitioners and community clinics. The remainder came mostly from genitourinary medicine departments and hospital clinics and the private sector.

Of the four million smears, 9.1% were inadequate. The screening programme has seen the proportion rise steadily each year since it began. Inadequate smears were first reported in 1989–90, when 5.7% were in this category. Despite the difficulties in taking good quality smears from post-menopausal women, the highest proportion of inadequate smears (10.8%) is seen in those women first entering the programme aged 20 to 24. The inadequate rate then falls with each five year age group. We suggest that the rising rate of inadequate smears may be related to

the rate of sexually transmitted diseases, which is rising in England.<sup>2</sup>

For the second year running a laboratory by laboratory breakdown of numbers and classification of smears is given. Although there is still variation in reporting, the range is narrowing. For the first time general practitioner and community clinic smears can be separated. The figures for this year were validated by regional quality assurance teams and are thus of much better quality. The screening programme is now using these data to revise the “achievable standards” first devised in 1995.<sup>3</sup>

A completely new category of information given this year is the positive predictive value of smears. As data collection was expected, and proved, to be difficult, laboratories were asked to report on the year’s first quarter only. A total of 16 544 women were referred after a persistently non-negative result (inadequate, borderline nuclear change, or mild dyskaryosis). A total of 10 523 had a known result—22 of these proved to be cancer and 2544 were CIN II, III or cervical glandular intraepithelial neoplasia (CGIN).

Of the 14 000 women referred after a single smear showing a high grade of abnormality, almost 12 000 had a known result and 358 of them had cancer. A further 8391 had CIN II, III, or CGIN.

The statistical bulletin this year reflects a much deeper understanding of the NHS cervical screening programme, and much better quality of data collection. This will enable the managers and policy makers of the programme both locally and nationally to make better quality decisions and should assist health authorities and laboratories in understanding how their local situation compares with the national picture. Of course, more questions are raised which will have to wait for the next generation of revised returns.

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- 1 Department of Health. *Cervical screening programme, England: 1997–98*. London: Department of Health, 1999. (Bulletin 1999–92.)
- 2 Hughes G, Simms I, Rogers PA, *et al*. New cases seen at genitourinary medicine clinics: England 1997. *Communicable Disease Report*, 1998; 8(suppl 7).
- 3 Herbert A, Johnson A, Patnick J, *et al*. *Achievable standards, benchmarks for reporting and criteria for evaluating cervical cytopathology*. Sheffield: NHS breast screening programme, 1995: No 1.