The Royal College of Pathologists
Pathology: the science behind the cure

UK National Screening Committee Cervical Cancer Consultation

The Royal College of Pathologists' written submission

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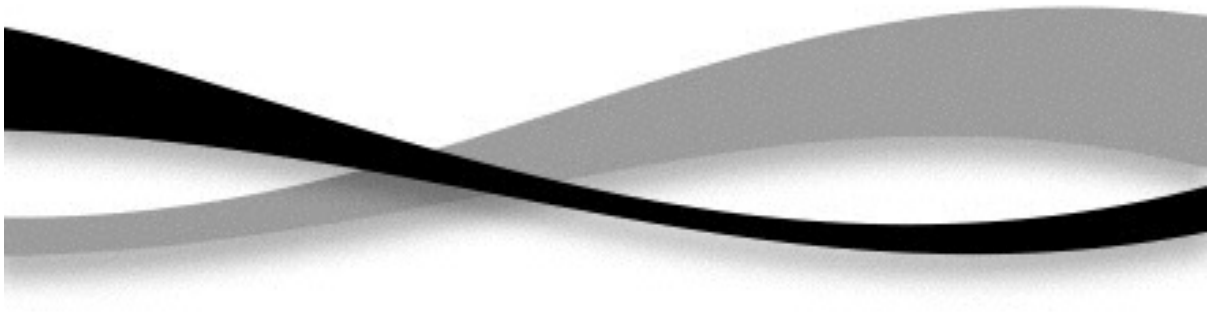

1 About the Royal College of Pathologists

1.1 The Royal College of Pathologists (RCPath) is a professional membership organisation with charitable status. It is committed to setting and maintaining professional standards and to promoting excellence in the teaching and practice of pathology. Pathology is the science at the heart of modern medicine and is involved in 70 per cent of all diagnoses made within the National Health Service. The College aims to advance the science and practice of pathology, to provide public education, to promote research in pathology and to disseminate the results. We have over 10,000 members across 19 specialties working in hospital laboratories, universities and industry worldwide to diagnose, treat and prevent illness.

1.2 The Royal College of Pathologists comments on the UK National Screening Committee Cervical Cancer Consultation. The following comments were made by Fellows of the College during the consultation which ran from 21st August until 18th September 2015 and collated by Dr Thomas Giles, Chair of the Cytopathology Specialty Advisory Committee and Dr Rachael Liebmann, Registrar.

2 General consultation responses:

2.1 The RCPath mission statement recognises the need to adapt to a changing health service and is always happy to consider proposals for change that benefit patients. Accordingly, the proposal from the National Screening Committee to adopt HPV testing as the primary screening test of the NHS Cervical Screening Programme has been circulated for comment to all College fellows. 89% of responses explicitly support the proposal and no responder has objected. The positive responses have been received from laboratories that are not part of the current sentinel site pilot, as well as those that are. The evidence regarding the performance of HPV testing as a primary screening test are clearly compelling.

2.2 In order to achieve successful adoption of HPV primary screening, transitional arrangements are critical. The details of a proposed transition from cytology to HPV primary screening are not provided in the included documents. Communication of timelines and the timely dissemination of protocols are essential in this process. A major reconfiguration of cervical cytology services will be driven by the change. Laboratories have, to an extent, anticipated this through natural wastage and a marked reduction in recruitment into training. This provides an urgency to transition as it will not continue to be viable to deliver the current liquid based cytology service in the near future. Despite this the reduction in workload in cervical cytology is anticipated to result in demand for primary screening dropping below the current capacity resulting in an opportunity to utilise skilled cytology staff to support non-cervical cytology services. Contraction of cervical cytology laboratories will increase separation of histopathology and colposcopy services. As cervical screening is a multi-agency process, ensuring the working relationships between these separated components is maintained during transition and remains functional in the reconfigured service is critical.

2.3 In order to deliver cervical screening safely, up to date information needs to be available to multiple agencies. The current 'Exeter' IT system does not record all of the information necessary to manage patients and is widely recognised as being not fit for purpose for a HPV primary screening service. For instance HPV vaccination status, colposcopy findings and histopathology results cannot be recorded. An appropriate IT system is considered essential for the safe delivery of the cervical screening programme.

2.4 The consolidated virology/cytology service will result in laboratories crossing established commissioning boundaries. The separation of virology/cytology services from other components of the screening programme will also challenge historic commissioning arrangements. Historically there has been a lack of clarity over the funding streams for various components of the programme delivered through a single trust. Given the small number of laboratories anticipated in the reconfigured model, the College recommends serious consideration of a robust national commissioning process.

2.5 In order to maintain an effective screening programme following transition to HPV primary screening, appropriate and effective training programmes must be in place. The college strongly recommends that support of training for both medical and non medical staff is seen as a core function of cytology and virology laboratories and this is reflected in commissioning arrangements and funding. The main reduction in cytology workload will be in primary screening. There will only be a small impact on the number of abnormal samples requiring assessment, thus continued development of pathologists and advanced biomedical scientist practitioners will be needed.

2.6 Whilst the evidence clearly indicates that the performance of HPV as a primary screening test is superior to the current cytology based programme, it is also clear that it is not perfect. The College remains happy to see further research, both on the HPV tests available and the potential use of further molecular tests, to further improve the cervical screening programme and maintain its position as one of the best cervical screening programmes in the world.