

Update on procurement for the provision of laboratory services to support the delivery of the Human Papillomavirus (HPV) Primary Screening Pathway within the NHS Cervical Screening Programme across England

1. Introduction of HPV Primary Screening within the NHS Cervical Screening Programme

Following UK National Screening Committee recommendations for the NHS Cervical Screening Programme, cytology (which is currently the first test performed on all screening samples) will be replaced by primary Human Papillomavirus (HPV) screening. HPV causes over 99% of all cervical cancers and this process will identify more women at risk of cervical cancer and prevent around 600 additional cancers a year.

Primary HPV screening is an automated test and only HPV positive samples will need to be sent to cytology for further analysis. Therefore, fewer samples will require to be seen in cytology and to maintain quality standards for the programme, laboratory services covering larger geographical areas and populations are required.

It is planned that primary HPV screening will be in place within the NHS Cervical Screening Programme across the whole of England by the end of December 2019. To support this, NHS England and NHS Improvement has recently undertaken an open and transparent national procurement process to secure laboratory services, across 9 lotted areas covering the whole of England.

NHS England and NHS Improvement is now in the final stages of the process of formalising contracts that will commence from 1st July 2019, with the following providers:

Lot	Provider
Lot 1- London	Health Services Laboratories (HSL)
Lot 2- North East	Gateshead Health NHS Foundation Trust
Lot 3- North West	Manchester University NHS Foundation Trust
Lot 4- South Central	Berkshire & Surrey Pathology Services at Frimley Health NHS Foundation Trust
Lot 5- South East	Berkshire & Surrey Pathology Services at Frimley Health NHS Foundation Trust
Lot 6- South West	North Bristol NHS Trust
Lot 7- East Midlands	University Hospitals of Derby and Burton NHS Foundation Trust
Lot 8- East	Norfolk & Norwich University NHS Foundation Trust
Lot 9- West Midlands	The Royal Wolverhampton NHS Foundation Trust

2. Transition and Mobilisation

The above providers are working with existing laboratory service providers and their NHS England and NHS Improvement regional commissioning leads to ensure a safe and well managed transitional phase. This will include agreeing the schedule and the detailed plans for the consolidation of services from existing providers to the new service. We expect this to be an orderly transition and for all existing providers to contribute positively to the process in order to maintain service provision for people who participate in the NHS Cervical Screening Programme.

3. Workforce

We recognise that, while these changes will bring increased benefits and better outcomes for people who take part in the cervical screening programme, it also causes uncertainty for staff currently working within the service. It is important that the new providers fully engage with the current providers and their staff throughout the transition phase, in particular to agree which staff will be transferred over under TUPE (Transfer of Undertakings Protection of Employment) legislation. Through the transition phase the current providers will maintain responsibility for their staff and workload.

We want to retain experienced and skilled staff within the NHS and we are encouraging trusts to work within their ICS (Integrated Care Systems)/STP (Sustainability and Transformation Partnership) and network footprint, for example the Pathology network, to support staff who have been affected by this change. Networks can proactively work with staff impacted by this change and assess where they present an opportunity to support a strategic change or develop new and equivalent roles. This is a chance for the NHS to retain this workforce who have essential and transferable skills. This should be seen as an opportunity for the NHS to demonstrate how it supports change across ICS and networks, supporting transition of services and service redesign.

Regional Pathology Implementation Leads will be able to continue to provide support to cytology laboratories via their identified network. For more information, please contact nhsi.pathservices@nhs.net. If staff have any questions or concerns, in the first instance these should be directed to the provider with which they hold their current contract.

4. IT systems

As part of a national drive to improve all national screening programmes, NHS England and NHS Improvement has made the decision to bring the cervical screening administrative services back under direct NHS control in order to support the better integration of services and improvements in patient care. It will be managed by the NHS North of England Commissioning Support Unit (NECS) and will be called NHS Cervical Screening Administration Services.

Alongside this, NHS England and NHS Improvement are working closely with PCSE and the CSUs to plan the approach and assurance process for the conversion and mobilisation of laboratories to Human Papilloma Virus (HPV) primary screening in order to support the achievement of full geographical coverage by the end of December. A phased work plan with laboratories will commence shortly in order to progress the conversion and assess any technical changes that may be required in order to ensure that this commitment is met.

5. Governance

NHS England and NHS Improvement has established a Cervical Screening Programme Board, to strengthen delivery and assurance of the cervical screening programme within England. The Board is responsible for overseeing the delivery of the business as usual NHS Cervical Screening programme in England, alongside programme transformation (including the implementation of HPV primary screening). Membership of the Programme Board includes national and regional NHS England and NHS Improvement commissioning and finance colleagues, Public Health England, NHS Digital, Cancer Research UK and Jo's Cervical Cancer Trust.

NHS England and NHS Improvement has also established the HPV Consolidation Task and Finish Group. This group is responsible for providing assurance to the NHS England and NHS Improvement Cervical Screening Programme Board that there are robust systems, documentation and risk escalation processes in place on a local and regional basis to assure the safe and effective mobilisation and transition phase of the HPV primary screening procurement process.

6. Conclusion

The developments being made within the NHS Cervical Screening Programme present a period of change and transition, and we would like to acknowledge the resilience, professionalism and dedication existing providers and staff have demonstrated. We are very grateful for their continued support with the wider changes to the programme as we move towards full implementation of HPV primary screening, resulting in better outcomes for women and continuation of an effective NHS Cervical Screening Programme.