From the Chief Medical Officer
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HSS(MD)29/2012

Your Ref:
Our Ref: HSS(MD)29/2012
Date: 5 July 2012

For Action
Chief Executive, Public Health Agency
Chief Executive, Health and Social Care Board
Chief Executive, Business Services Organisation
Executive Medical Director/Director Public Health, Public Health Agency – *for onward distribution to public health screening leads*
Chief Executives of HSC Trusts
Medical Directors of HSC Trusts – *for onward distribution to Consultants in obstetrics and gynaecology, genitourinary medicine and pathology, and family planning doctors.*
All General Practitioners (for onward distribution to practice nurses)

Dear Colleague

INTRODUCTION OF HPV TESTING TO THE NORTHERN IRELAND CERVICAL SCREENING PROGRAMME

1. The purpose of this letter is to request the Public Health Agency to work with the Health and Social Care Board, Business Service Organisation, Health and Social Care Trusts and Primary Care to ensure the necessary arrangements for the introduction of HPV testing to the Northern Ireland Cervical Screening Programme are in place by December 2012.

ACTION REQUIRED

2. **The Public Health Agency should take the lead, working with the Health and Social Care Board, Business Services Organisation, Health and Social Care Trusts and Primary Care, to put appropriate arrangements in place so that, by December 2012 HPV testing is incorporated into the Northern Ireland Cervical Screening Programme. Actions will include:**

   i) **Updating of the cervical screening information materials for both public and professionals to reflect this change in policy. Participation in the Cervical Screening Programme should also be actively promoted.**
   ii) **Developing agreed patient pathways and protocols for HPV testing within the NI Cervical Screening Programme.**
   iii) **Delivery of a comprehensive training programme to all smeartakers.**
   iv) **Revisions to the NI Cervical Screening call/recall system hosted by the Business Service Organisation (BSO) to accept HPV results and the new management pathways.**
   v) **A plan to manage the increase in colposcopy referrals (up to 30%) in the first two years.**

vi) **Identification of a suitable cytology laboratory/ies which can meet the required quality criteria and is/are in a position to deliver HPV testing in a cost effective manner and within the timescales needed.**

Background

3. The aim of the Cervical Screening Programme, introduced in Northern Ireland in 1988, is to reduce the number of women who develop cervical cancer and the number of women who die from it. Each year in Northern Ireland around 80-100 women are diagnosed with cervical cancer and 20-30 die from the disease. Screening is offered to all women aged 25-64 and is carried out via the cervical smear test. Those with abnormal cell changes (dyskaryosis) will either have a repeat smear or be referred to colposcopy for assessment and treatment as required.

Testing for Human Papilloma Virus

4. The link between the Human Papilloma Virus (HPV) and the development of cervical cancer has long been established. There is now robust evidence to support the use of testing for high risk HPV (HR-HPV) in the management of women with low grade cervical abnormalities and following treatment of abnormalities.

5. Following a successful NHS HPV testing pilot scheme, a Sentinel Site Implementation Project across six sites in England was established in 2008 to test the operational aspects of introducing HR-HPV testing for triage and test of cure into the cervical screening programme. Based on the evaluation of the sentinel sites, the Advisory Committee for Cervical Screening recommended that HR-HPV testing be rolled out across England.

6. HR-HPV testing is now recommended at two distinct points within the cervical screening pathway - as triage for those with low grade abnormalities on their smear result and as a test of cure following treatment.

7. Cervical smears which contain cells with borderline or low-grade abnormalities are tested for HR-HPV subtypes and, if positive, the woman is referred to colposcopy. Women with borderline or mildly abnormal smears that are HR-HPV negative will be able to return to routine recall for cervical screening straight away instead of having a number of follow-up smears.

8. Women who have been treated for abnormal cervical cells are currently followed up with annual smears for up to 10 years but if they have a negative or low grade smear result six months after treatment and are negative when tested for HR-HPV at this time they can return to routine recall for screening.

9. HPV testing will allow approximately a third of all women with borderline and low grade abnormalities and about 75% of those who have been treated for an abnormality to be returned to routine recall thus reducing the number of repeat smears and unnecessary procedures, as well as the anxiety that these tests may cause for women.

Benefits and Impact of HPV Testing

10. The main benefits of HPV testing for triage and test of cure are:

    i. the number of repeat smear tests is reduced – reducing patient anxiety;
    ii. women with abnormal results have a markedly shorter patient journey time to a definitive outcome;
    iii. colposcopy resources are targeted at women who are most likely to have significant disease;
    iv. faster return to routine recall for women who have undergone treatment.

11. The HPV pilots and sentinel sites in England have demonstrated that the introduction of HR-HPV triage and test of cure is feasible, acceptable to women and cost-effective. Significant savings can be accrued in the medium term at primary care and laboratory level from the reduction in the number of repeat smear tests carried out. They also showed a large initial increase in the number of referrals to colposcopy services. This peaked during the first 6-12 months of implementation. In the longer term, while the level of new referrals to colposcopy did not completely return to baseline levels, the number of review appointments reduced as a result of test of cure.

HPV Testing in the Northern Ireland Cervical Screening Programme

12. The Public Health Agency prepared a report "Proposals for introducing HPV Testing into the NI Cervical Screening Programme" for the Northern Ireland Screening Committee (NISC). This report has been endorsed by NISC who have recommended that HPV testing be incorporated into the Northern Ireland Cervical Screening Programme. DHSSPS have accepted this advice.

13. The report recommends that the introduction of HPV testing is phased over a two year period. It is estimated that referrals to colposcopy services will increase significantly (by up to 30%) in the first two years and will then fall to around 10% above the baseline This phased approach will allow the additional capacity to be planned for and use of existing capacity to be maximised and also ensure that waiting times are not compromised.

14. Currently four laboratories located in the Belfast City, Antrim Area, Craigavon Area and Altnagelvin Hospitals participate in the NI Cervical Screening Programme. HPV testing should be preferably delivered by one laboratory or at the most two to maximise cost savings and turnaround times for results.

15. Additional work will be required to support the introduction of HPV testing including revisions to public information leaflets, training of smear takers and changes to the IT system.

Resource Implications

16. The resource requirements for the introduction of HPV testing has been costed at £436k over two years; £314k in year one and £122k in year two.

These one-off costs will be met from within the Public Health Agency's current budget allocation.

17. Based on findings from the sentinel sites in England the savings for Northern Ireland have been estimated to be £190,000 by year 5 of implementation of HPV triage and £504,000 per annum for the HPV test of cure. These savings will be mainly in staff time and consumables at primary care and laboratory level as a result of the reduction in the number of repeat and follow up cervical smears.

Further Information

18. Further information can be obtained from Dr Margaret Boyle, Senior Medical Officer, DHSSPS. E-mail Margaret.Boyle2@dhsspsni.gov.uk or telephone (028) 9052 0713.

Yours sincerely

Dr Michael McBride
Chief Medical Officer

For information

Director of Integrated Care
Director of Nursing, Public Health Agency
Professor Patrick Johnston, Head of School of Medicine, Dentistry and Biomedical Science, QUB
Mr Keith Gardiner, Post Graduate Dean Northern Ireland Medical and Dental Training Agency
Dr Claire Loughrey, Director of Postgraduate General Practice Education, NIMDTA
Professor Hugh McKenna, Dean of Life and Health Sciences, University of Ulster
Professor Linda Johnston, Head of School of Nursing and Midwifery, QUB
Dr Owen Barr, Head of School of Nursing, University of Ulster (UU)
Dr Anna Gavin, Director, Northern Ireland Cancer Registry
Chief Executive, Cancer Focus
Chief Executive, Action Cancer
Chief Executive, Brook Clinic
Director, Family Planning Association

This letter is available on the DHSSPS website at
www.dhsspsni.gov.uk/index/phealth/professional/cmo_communications.htm