ADVISORY COMMITTEE ON CERVICAL SCREENING (ACCS)

TWENTY FIFTH MEETING –
11am to 3pm, Thursday 21st June 2012

Department of Health, The Olivier Room, Wellington House,
133-155 Waterloo Road, London SE1 8UG

SUMMARY NOTE

Present

Members
Professor Henry Kitchener (Gynaecologist, Manchester; Chair)
Ms Frankie Brown (Practice Nurse, Aylesbury)
Dr Laurence Brown (Consultant Pathologist, Leicester)
Mr Geoff Curran (Biomedical Scientist, Royal London Hospital)
Dr Karin Denton (Consultant Pathologist, Bristol)
Dr Shaun Firth (GP, Essex)
Dr Lindsay Forbes (Clinical Senior Lecturer, King’s College London)
Mrs Moira Morris (Lay Person, Bromsgrove)
Professor Catti Moss (GP, Northants)
Professor Sue Moss (Centre for Cancer Prevention)
Mr Robert Music (Director, Jo’s Cervical Cancer Trust)
Professor Julietta Patnick (Director, NHS Cancer Screening Programmes)
Professor Amanda Ramirez (King’s Health Partnership)
Professor Peter Sasieni (Epidemiologist, Wolfson Institute)
Mr Mahmood Shafi (Gynaecologist, Cambridge)
Dr Christopher Sonnex (Consultant in Genitourinary Medicine, Cambridge)
Dr Jane Woyka (GP, Middlesex)
Mr Richard Winder (Deputy Director, NHS Cancer Screening Programmes)

Observers
Mr Bryan Rose (Welsh Assembly)
Dr Margaret Boyle (Northern Ireland)
Dr Caroline Calderwood (Scottish Executive – by telephone)

Department of Health
Mr Stephen Atkinson (Cancer Policy Team)
Mr Tim Elliott (Cancer Policy Team)

Apologies
Ms Kay Ellis (Cytologist, Sheffield)
Ms Paula Lloyd Knight (Patient Experience - National Cancer Action Team)
Ms Susan Vryenhoef (Cytologist, Nottingham)
1. **Welcome and apologies for absence**
   1.1 Committee members were welcomed to the meeting and apologies were read out as above.

2. **Minutes of the last meeting held on 24\textsuperscript{th} November 2011 and matters arising**
   2.1 The decision to remove the decision in England to remove the HMR101 ‘visualisation of cervix’ box was explained for the benefit of new ACCS attendees.

3. **Update on NHS reforms, including transition of NHS Cancer Screening Programmes into Public Health England (PHE) and the future of the ACCS**
   3.1 The design, content and Quality Assurance of cancer screening programmes would be the responsibility of PHE, as would pilots and extensions. The NHS Commissioning Board (NHS CB) would commission the existing programme to service specifications agreed with the Department of Health.

4. **Screening in women aged under 25**
   4.1 The UK National Screening Committee consultation on the recommendation to raise the age of first invitation for screening to 25 in Scotland and Wales started on 10 May and would run until 9 August.
   4.2 Changes to the NHS Cancer Screening Programmes (NHS CSP) IT system meant that women should now receive their first invitation when they are 24.5 years old, in line with current recommendations.
   4.3 Prospective audit data collection on cervical cancer had been completed and 128 cervical patients were involved. 48 were diagnosed from symptomatic presentation, 80 were diagnosed following routine cervical screening.

5. **HPV issues:**
   5.1 The following points were made:
   - Since roll out began on 1 April 2012, of 109 laboratories, 87 were approved for triage and test of cure and 22 were still working through issues of configuration and meeting turnaround deadlines.
   - On 25 April 2012, the UK NSC had agreed there was enough evidence to suggest that HPV Testing as Primary Screening (HPVTaPS) would be clinically and cost effective and gave support for a pilot to assess using HPVTaPS.
   - HPVTaPS pilot plans were discussed, particularly whether or not to start 25-34 year olds in the HPV pilot in year 1.
   - Protocols on the management of private HPV testing and cytology results by NHS CSP were approved.
   - NHS CSP had permission to undertake an audit of child health records and link the data to EXETER in order to assess the protective value of the HPV vaccination programme.
6. **Consultation on revised NHSCSP information materials**

6.1 The web-consultation on the literature development process would begin in two weeks. An expert panel would be appointed to oversee the development of the literature for each specific screening programme and an expert oversight committee would oversee the these panels and advise on the overall process.

7. **Action to tackle the falling participation of younger women aged 25 to 35, Including an update on the STRATEGIC trial**

7.1 The STRATEGIC Trial had started in February and was ongoing.

7.2 The plans for the introduction of new approaches to screening, such as HPVTaPS, would mean that the NHS CSP IT system would need updating.

8. **Establishing a focus group to test the idea of HIV discussions at cytology appointments**

8.1 It had been decided that a sub-group should be established to test the idea of HIV discussions at colposcopy appointments and resources had been identified to take this work forward.

9. **Updates:**

9.1 The following points were made:

- The target that 98% of women should receive the results of their cervical screening test within 14 days had been consistently met from December 2011 to March 2012, but dipped to 95.1% in April 2012. May data had shown a recovery with the national figure up to 97.3%.

- NHS CSP and Jo’s Cervical Cancer Trust held a Black and Minority Ethnic (BME) cervical screening event in January 2012. Cervical screening had been covered in free supplements produced for the National Cancer Action Team’s *Cancer Does Not Discriminate* initiative for Black African Caribbean, South Asian and Irish communities.

- Revisions had been made to the invasive cervical cancer audit protocol to take effect for cases diagnosed from April 2012.

- Under the guidance and monitoring of a new National Staging Panel, all cancer registries were now recording cancer staging data with the aim that, by December, for the 80% of cancers which are considered to be “stageable”, 90% will have stage recorded, ie 70% of cancers are to be staged.

10. **Any other business**

10.1 There were variations in inadequate sample rates between labs. Some were reporting less than 1% whilst others were reporting more than 7%. This would be discussed at the next QA Directors meeting.

11. **Date of Next Meeting**

11.1 The date of the next ACCS meeting had been set for 26 November 2012.