

# Cervical cancer screening – improved efficiency

Provided by: NHS Cancer Screening Programmes

## Summary

Efficiency in screening has been used in 13 regions to improve detection of cervical cancer. Quality is improved by the optimal treatment of patients with suspected cervical cancer, thereby reducing the risk of death. Productivity is increased by the reduction in costs associated with duplication of work and centralised laboratory services reduce overhead costs.

## Evidence summary

- Yes** The intervention has been successfully implemented
- No** The intervention has been successfully replicated
- Yes** The intervention is linked to standards or guidance
- Yes** The intervention is supported by one or more national organisations
- No** An evaluation of the effects of the intervention has been carried out
- Yes** There are publications relating to this intervention

## The proposal

<b>Proposal description</b>	Give clear direction from DH to address gaining national achievement of the recommendations from the following initiatives:  'Option Appraisal Review of the Administration of the NHS Cervical Screening Programme 27 July 2005  ScHARR 'Option Appraisal: Assessment of seven day turnaround for the reporting of cervical smear results' February 2006
<b>Purpose of change</b>	Opportunity for service improvement to: Reduce waiting times Improve quality and safety Increase staff productivity and efficiency
<b>Pathway group</b>	Opportunity in other clinical service
<b>Type of change</b>	Service re-design
<b>Related standards and guidance</b>	NHS Cervical Screening Programme achieving a 14 day turnaround time for results by 2010.

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Cancer Reform Strategy - December 2007

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**Other information**      Improve efficiency and productivity  
'Scharr report'

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## Evidence of implementation

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**Organisations where the proposal has been implemented**

Leeds PCT and Leeds Teaching Hospitals NHS Trust  
Hull Royal Infirmary and Hull and East Ridings PCT  
Pennine Acute Trust  
Norfolk & Waveney Cellular Pathology Network and Norfolk & Norwich University Hospital NHS Trust  
West Anglia Cellular Pathology Laboratory  
Cambridge University Hospital NHS Trust  
Barts and The London NHS Trust  
Somerset and West Dorset Cervical Screening Service  
Taunton and Somerset Hospital NHS Trust  
Ashford & St Peters Hospital NHS Trust  
North West London NHS Trust  
Central Manchester University Hospital NHS Trust

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**Effect on quality of care**

Improvements in Quality

Improved data quality

- Improved ability to monitor and evaluate service
- Improved links between different parts of service
- Groundwork laid for HPV triage and cytology automation over next 5 years

Improved safety

- Implementation of zero tolerance of defects at each stage of the pathway by visual management

Improvements in patient experience

- Provided guaranteed and predictable turnaround times.
- Improved opportunity for early detection of potential cancers
- Improved the time from diagnosis to presentation for treatment

Improved communication with women

- Improved turn round times (14 days should be the maximum, less should be achievable)
- Safer call/recall with move away from NHAIS
- Reduced risks in call/recall offices due to improved ability to train and retain staff

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# Quality and Productivity

Improved effectiveness  
Centralised laboratories reduces need for:

- Movement of specimens
- Provision of overheads (eg number of EQA sites)
- Reliance on consultant medical staff - work can be undertaken by advanced BMS staff
- Improved productivity of all staff and utilisation of equipment
- Improvement in IT systems reduces need for duplicate manual systems eg failsafe

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<b>Effect on productivity</b>	Improved staff productivity <ul style="list-style-type: none"><li>• Eliminated non value added time of staff walking, duplication of duties</li><li>• Eliminated need for over time</li><li>• Eliminated need to contract out services</li><li>• Improvement opportunities up to £100k in some sites</li> <li>• Reduced 4 million days of waiting times</li> <li>• Up to £18 million revenue saving per annum if applied throughout England</li></ul>
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<b>Timescales for realisation of benefits</b>	12 months
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<b>Additional costs</b>	£5 million for IT £2 million for structural changes including redundancy
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<b>Evidence for the effect on quality and productivity</b>	Increased staff productivity by 25% Reduced over 4 million waiting days saved
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## Evidence of replication

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<b>The proposal has been replicated</b>	<b>No</b> In the NHS <b>No</b> Other UK <b>No</b> International
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**Details of replication**

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<b>Results of replication</b>	<b>Yes</b> A consistent cash-releasing saving or productivity gain was achieved <b>Yes</b> A consistent gain in the quality of services was achieved
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<b>Supporting evidence</b>	All 10 sites reduced turnaround times to 14 days or less, some achieving in 7 days
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## Further evidence

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### Evaluations

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**Related publications** NHS improvement  
Cytology improvement guide - achieving a 14 day turnaround time  
Hard copies and on NHS Improvement website  
[www.improvement.nhs.uk](http://www.improvement.nhs.uk)

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**Support from national organisations** NHS Improvement

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### Other evidence

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## Implementation advice

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**Implementation guidance** A second phase of sites will adopt the learning over the next 6 months ( Nov - May 2010) and attempt to accelerate the pace of change.

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**Further considerations** Need support of all organisations involved in the pathway.  
PCT, Acute Trust, Call / Recall agency  
First class postage system

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**Contacts and resources** NHS Improvement  
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