Implementation of primary HPV testing in the English Cervical Screening Programme
Joint communication from Public Health England and NHS England

In response to concerns raised to the HPV Implementation Group around communication to service providers, questions were invited from the professional bodies. PHE and NHS England have issued a joint response to the questions posed.

1. Implementing primary HPV testing with cytology triage in England

1.1 The implementation of primary HPV testing is being managed jointly by Public Health England and NHS England with oversight by the HPV implementation board. The HPV implementation board is made up a wide range of stakeholders from across the public and voluntary sector. It is responsible for developing and managing the overall implementation plan and the various work streams identified in order to achieve roll out by April 2019.

1.2 PHE has responsibility for producing the Section 7a Service Specification for primary HPV testing with cytology triage. This will be completed in time for commissioning of the service.

1.3 As part of the implementation plan new standards and guidance for the programme will be published. This will include guidance and standards for cytology, HPV testing, colposcopy, histology and failsafe across the programme. Opportunities to improve practice in areas have also been identified, for example colposcopy MDT meetings and the role of the Hospital Based Programme Coordinator.

2. Model for laboratory implementation of primary HPV testing and cytology triage

2.1 An options appraisal has been undertaken and two recommended models are under active consideration by NHS England. Please see blog posted 31 January 2017 detailing all the options considered; [https://phescreening.blog.gov.uk/2017/01/31/deciding-how-best-to-roll-out-hpv-testing-as-the-primary-cervical-screening-test/](https://phescreening.blog.gov.uk/2017/01/31/deciding-how-best-to-roll-out-hpv-testing-as-the-primary-cervical-screening-test/).

2.2 The recommended options involve provision of high risk (HR) HPV testing and cytology in large centralised laboratories. There will be no specification as to which department (cytology, virology or molecular medicine) should carry out the centralised HR-HPV testing. It is expected that HR-HPV testing and cytology are undertaken as a single seamless service.

2.3 The recommended options suggest between 4-5 and 10-15 centralised laboratories across England.

2.4 There will be no stipulation as to which LBC or HPV platforms are used, as long as they are on the list of approved technologies.
3. Laboratory standards for primary HPV testing with cytology triage

3.1 Maintaining quality in the cervical screening programme is paramount and standards will be set to ensure the quality of cytology is maintained. The current requirement of laboratories to perform cervical cytology on a minimum number of 35,000 samples per year will remain to ensure staffing resilience.

3.2 When developing new standards the Programme and Screening Quality Assurance Service (SQAS) will take the approach of collecting data for a period before applying a standard process to defining outliers.

4. Commissioning of services to provide primary HPV testing with cytology triage

4.1 In order to comply with EU regulations, a procurement process will be required to commission and implement the delivery of primary HPV testing with cytology triage by April 2019. The procurement will be led by NHS England, as the accountable organisation for the delivery of the public health section 7a cervical screening programme. NHS England continues to work closely with PHE to specify the requirements for successful delivery of primary HPV testing with cytology triage in the cervical screening programme.

4.2 Further information about the procurement process will be made available from NHS England in due course, following the assessment of the recommended models from the options appraisal concerning the future laboratory footprint.

4.3 NHS England is committed to following a fair and transparent commissioning process for all services wishing to bid for primary HPV testing with cytology triage. Primary HPV testing pilot sites will follow the same commissioning process as non-pilot sites.

4.4 As a procurement process will be necessary, there is currently no mechanism to allow the early implementation of primary HPV testing with cytology triage in regions or laboratories prepared to implement earlier.

4.5 Throughout the transition process of implementing primary HPV testing with cytology triage there will be extensive support from SQAS, as with previous laboratory service moves. A process for assisting laboratories with current workload management of cytology samples is already underway.

4.6 NHS England will commission services according to the quality criteria detailed in the service specification. A key driver in this will be to ensure the quality of cytology is maintained. The financial viability of the size of the HR-HPV testing element of the service is a matter that potential bidders will need to consider and demonstrate in tender documentation.

4.7 Potential providers of primary HPV testing with cytology triage will need to include plans for slide storage in their tender responses.

5. Laboratory staffing structures and training

5.1 PHE is aware of the challenges in this area and is working closely with professional bodies such as the IBMS, RCPath and BAC. We fully appreciate that the uncertainty over future location of jobs has been extremely difficult for staff and for laboratories trying to recruit staff.

5.2 Guidance on the roles and responsibilities of laboratory staff is under review as part
of the wider development of standards and guidance required for roll out by April 2019. Whilst PHE are not in a position to dictate staffing structure within laboratories, future structure will need to identify resource for all related activity. For example, Quality Management; appraisal and management of performance; and technical management.

5.3 PHE will continue to work with the cervical screening education and training group to ensure standards and guidance are updated in accordance with the programme needs. Re-training and redeployment of staff in laboratories no longer providing services to the NHSCSP are matters for the employing trust.

5.4 Training guidance for Sample Takers is currently in development. This will include an e-learning course for primary HPV testing with cytology triage.

6. Requests for cytology tests (not HPV) from Gynaecology clinics (and other appropriate clinicians)

6.1 All screening and follow up tests in the primary HPV testing pathway, with the exception of some women in follow up after treatment for CGIN, are primary HPV tested.


6.2 Section 6.2 of NHSCSP publication number 20, Colposcopy and programme management states that cervical cytology should not be repeated at the first colposcopy following a referral for cytological abnormality.

7. IT

7.1 NHS England is leading on the replacement to both NHAIS and Open Exeter with Capita supplying the new system. Current expectations are that it will be in place by June 2018. It is our understanding that functionality in the new system will be equivalent to that in existing systems, but implemented in a modern user-interface.

7.2 NHS commissioners are responsible for specifying new services, which will include any required changes to the staffing model relating to data entry and IT for example. This will form part of the tender documentation that applying trusts will be required to answer. Costs would need to be built into bids.

8. Consolidation of services within the NHSCSP

8.1 Whilst the recommended outcomes of the option appraisal support the centralisation of HR-HPV testing and cytology into a single seamless services, there are no plans to consolidate other parts of the programme such as histopathology or colposcopy services. Consolidation of colposcopy services would require movement of patients which is not thought to be in the interests of the women the programme serves.

9. Ongoing communication with the cervical screening workforce

9.1 PHE and NHS England will continue with joint communications to ensure that key information is disseminated to stakeholders in a timely and efficient manner. This will include information being sent via the Screening Quality Assurance Teams and the PHE Cervical Screening Blog, which is updated regularly. NHS England will continue to send information out via Local Commissioning Teams, with clear instructions with regards to the importance of timely communication of this information to key
stakeholders.