



National Health Service in Scotland  
Management Executive

St. Andrew's House  
Edinburgh EH1 3DG

Dear Colleague

CERVICAL SCREENING IN SCOTLAND  
CHANGES TO CENTRAL DATA COLLECTION RETURNS

Summary

1. This letter announces the introduction of a new ISD return which will provide data on the uptake of the cervical screening service, and improvements (and renumbering) to the two existing ISD returns on cervical smears processed. A brief description of the proposed new/revised forms, and the effective dates is appended. Draft copies of the revised forms are also attached.

Background

2. Central collection of data about cervical screening in Scotland was established to monitor the laboratory aspects of cytology service. The data currently collected are laboratory based returns, reporting on cervical smears tested, and are collated by the Information & Statistics Division. Since their introduction steps have been taken to improve the consistency of reporting and to introduce definitions and standards for data collection. These returns now provide valuable performance monitoring data on laboratory workload and reporting times.
3. It has long been recognised that population based data are required to improve the information available for the monitoring and evaluation of all aspects of the cervical screening service. Recommendations on the information required to undertake this were made in "The Strong Report". Development of a national minimum dataset was subsequently initiated by the National Cervical Information Systems Working Group, an SOHHD committee established to consider the data requirements for the monitoring and evaluation of the Cervical Screening Programme in Scotland. The Working Group were assisted by an audit of the programme funded by the

8 March 1994

Circular SHHD/DCM  
is cancelled

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Addressee

For action:

General Managers, Health Board	SENT TO	ACTION TAKEN
General Manager, Common Services Agency		

General Manager, State  
Hospital

Chief Executives  
NHS Trusts  
Chief Executives Designate

For information :

General Manager,  
Health Education Board  
for Scotland

To be copied to Unit  
General Managers

Enquiries to:

Mr Peter Knight  
B018  
Information & Statistics  
Division  
South Trinity Road  
EDINBURGH EH5 3SQ  
Tel: 031-551-8739  
Fax: 031-551-1392

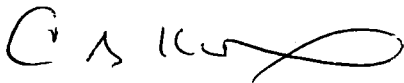
Clinical Resource and Audit Group (CRAG) and carried out with the co-operation of cervical screening co-ordinators in all Health Boards. The report included further recommendations on the collection of data useful for programme monitoring.

4. The introduction of the new/revised ISD returns is the first stage in the development and implementation of a comprehensive dataset which will enhance the monitoring and evaluation of the cervical screening services in Scotland.

**Action**

5. Health Boards and NHS Trusts should now ensure that the required procedures and systems are in place to produce these returns. ISD will contact you in the near future about the practical details of data collection. Should you have any enquiries with regard to the draft forms in the interim, you should contact Mr Peter Knight, Room B018, Information & Statistics Division, South Trinity Road, Edinburgh EH5 3SQ. (Tel: 031-552-5266 Ext: 2739) by 15th March 1994.

Yours sincerely



C B KNOX  
Director of Information Services

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APPENDIX

DESCRIPTION OF NEW/REVISED FORMS

Annual Form ISD(D)4

This new form will collect information on the number and distribution of women on whom smears were taken together with results and population denominators. The form will be introduced with immediate effect and will be used to record data relating to the screening programmes for the year ending 31 December 1994.

Annual Form ISD(D)1A

This form is very similar to and supersedes the current ISD(D)1 form which collects information annually on laboratory based smear tests, and histology information. The revised form, which differs from the current one in respect of the age groups used, will take immediate effect and will be used to record data relating to smears processed during 1994.

Quarterly Form ISD(D)1Q

This form is also very similar to and supersedes the current quarterly ISD(D)1(88) form which collects information on laboratory based smear tests. The revised form differs from the current form only in the collection of greater detail in laboratory reporting times. This form will take effect from 1 April 1994 and the first return will relate to the quarter ending 30 June 1994.

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**Cervical Cytology Screening**

Return for year ending 31 December 1994

Health Board of Residence

**Table 1 Cytology: Number of women with a record of previous smear<sup>1</sup>; by Age Group**

Age group <sup>2</sup>	Smear within previous 5.5 years <sup>3</sup>	Smear within previous 3.5 years <sup>4</sup>
Under 20		
20 - 24		
25 - 29		
30 - 34		
35 - 39		
40 - 44		
45 - 49		
50 - 54		
55 - 59		
60 - 64		
65 and over		
Not known		
<b>Total (All age groups)</b>		

**Table 2 Cytology: Number of women; by Age Group**

Age group <sup>2</sup>	Female population on CHI <sup>5</sup>	Female population on cytology system(s) <sup>6</sup>	Number of females ineligible <sup>7</sup>
Under 20			
20 - 24			
25 - 29			
30 - 34			
35 - 39			
40 - 44			
45 - 49			
50 - 54			
55 - 59			
60 - 64			
65 and over			
Not known			
<b>Total (All age groups)</b>			

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 HEALTH BOARD OF RESIDENCE

**Table 3 Cytology: Age Group of Women with a Record of Smear During 1994**

Age group <sup>2</sup>	Number of women undergoing smear examination
Under 20	
20 - 24	
25 - 29	
30 - 34	
35 - 39	
40 - 44	
45 - 49	
50 - 54	
55 - 59	
60 - 64	
65 and over	
Not known	
<b>Total (All age groups)</b>	

**Table 4 Cytology: Smear results of Women with a Record of Smear During 1994**

Result of cytology <sup>1</sup>	Number of women undergoing smear examination
Unsatisfactory	
Negative	
Borderline changes	
Mild Dyskaryosis	
Moderate Dyskaryosis	
Severe Dyskaryosis	
Severe Dyskaryosis / invasive squamous carcinoma	
Glandular abnormality	
Adenocarcinoma	
Other <sup>3</sup>	
<b>Total (All results)</b>	

**DIVL**

## Notes for Completion

The ISD(D)4 form collects annual information about the cervical screening programmes carried out by health boards in their role as the body responsible for the health of their residents. The information collected should be based on the resident female population of the health board.

**Table 1** should show the total number of women with a record of a previous smear in the past 5.5, and 3.5 years cross-tabulated by the period group from the last smear and the age group of the woman from which the smear was taken.

**Table 2** should show, cross-tabulated by age group, the number of women on the health board's community health index (CHI); the number on the cytology system(s) register(s) and the number defined as ineligible (see note 7 below).

**Table 3** should show the number of women undergoing smear examination in the past calendar year categorised by age group.

**Table 4** should show the number of women undergoing smear examination in the past calendar year categorised by result of the smear examination.

- 1 The previous smear is defined as the most recent satisfactory examination.
- 2 Enter, in the appropriate category, the current, ie at 31 December 1994, age group of the woman from whom the smear was taken.
- 3 Enter, against the appropriate age group, the number of women with a record of a previous smear within the last 5½ years, ie between 1 July 1989 and 31 December 1994.

4 Enter, against the appropriate age group, the number of women with a record of a previous smear within the last 3½ years, ie between 1 July 1991 and 31 December 1994.

5 Enter, against the appropriate age group, the number of female health board residents who are recorded on the board's community health index (CHI).

6 Enter, against the appropriate age group, the number of female health board residents who are recorded on the board's cervical cytology call/recall System

7 Enter the number of health board resident women against the appropriate age group who are ineligible for cervical screening. Such women are defined as those women who have had a total hysterectomy. Please note that this definition may differ from that used locally.

8 The cytological test results classification corresponds to the nomenclature recommended by the British Society for Clinical Cytology (BSCC).

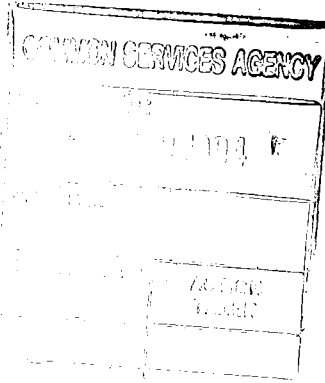
The result of the last smear or the severest case should be recorded if more than one test during the calendar year.

9 The 'Other' category should only be used to report entities not covered by the terminology or the cases which involve multiple pathology. Laboratories should, however, continually review such cases, and where appropriate, reallocate them to a BSCC classification.

Please complete all boxes, indicating nil by '-'.  
\_\_\_\_\_

### Comments

include any factors which may account for significant variations from previous years



Health board contact regarding this form

Name ..... ext .....  
tel ..... ext .....

Please return this form to

Unit 2  
Room B 023  
Information & Statistics Division  
Trinity Park House  
South Trinity Road  
Edinburgh EH5 3SQ

Enquiries

Phone 031-552 6255 ext 2011/2208







# Notes for Completion

The ISD(D)1Q form collects quarterly information about cervical smears examined in NHS laboratories in Scotland and should be completed by each individual laboratory undertaking such work.

Table 1 should show the total number of smears processed by the laboratory in the reporting quarter categorised by the result of cytology. The total of Table 1 should equal that of Table 3.

Table 2 should show the reporting times for cervical smears.

Table 3 should show the total number of smears processed by the laboratory in the reporting quarter categorised by the health board of residence of the woman from which the smear was taken. The total of Table 3 should equal that of Table 1.

1 Enter in the appropriate category the total number of each cytological result in the quarter.

2 The cytological test results classification corresponds to the nomenclature recommended by the British Society for Clinical Cytology (BSCC).

3 The 'Other' category should only be used to report entities not covered by the terminology or the cases which involve multiple pathology. Laboratories should, however, continually review such cases, and where appropriate, reallocate them to a BSCC classification.

4 The reporting time is defined as the time from the date the smear was taken to the date the report was issued by the laboratory.

5 The reporting percentiles reflect the number of days that, eg the "best" 50% of the smears were reported, ie the 50th percentile.

6 Enter in the appropriate category the total number of each health board of residence of the woman from whom the smear was taken in the quarter.

Please complete all boxes, indicating nil by '-'.  
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**Comments**  
include any factors which may account for significant variations from previous quarters

Health board contact regarding this form

Name .....  
tel ..... ext .....

Please return this form to

Unit 2  
Room B 023  
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Enquiries

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# DRAFT

## Cervical Cytology

Return for quarter ending 31 March/30 June/30 September/31 December\* 1994  
 \* delete as appropriate

Laboratory

Table 1 Examinations by Result <sup>1</sup>

Result of Test <sup>2</sup>	Number of Smears Processed
Unsatisfactory	
Negative	
Borderline changes	
Mild Dyskaryosis	
Moderate Dyskaryosis	
Severe Dyskaryosis	
Severe Dyskaryosis / invasive squamous carcinoma	
Glandular abnormality	
Adenocarcinoma	
Other <sup>3</sup>	
<b>Total (All results)</b>	

Table 3 Number of Tests by Health Board of Residence <sup>4</sup>

Health Board of Residence	Number of Smears Processed
Argyll & Clyde	
Ayrshire & Arran	
Borders	
Dumfries & Galloway	
Fife	
Forth Valley	
Grampian	
Greater Glasgow	
Highland	
Lanarkshire	
Lothian	
Orkney	
Shetland	
Tayside	
Western Isles	
Scotland	
Outwith Scotland	
<b>Total (All areas)</b>	

Table 2 Reporting Time of Examinations <sup>4</sup>

Reporting percentiles <sup>5</sup>	Time(days)
50% of tests	
80% of tests	
90% of tests	

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