**BACKGROUND INFORMATION ON THE NHS CERVICAL SCREENING – DIGITAL SOLUTION**

This background document explains:

* the current arrangements for the NHS Cervical Screening Programme in England (Section 1-3)
* the requirements and purpose of the upcoming Cervical Screening Digital Solution, which is the main purpose of this RFI (Section 4)
1. **Background**

The NHS Long Term Plan outlines a commitment t**o improve how the NHS delivers its services in a new and modern way, providing faster, safer and more convenient care**.

The aim of the NHS Cervical Screening Programme (NHS CSP) is to reduce the incidence of and mortality from cervical cancer through a quality assured, population-based screening Programme for women and people with a cervix aged 24.5 to 64.

The NHS Cervical Screening Programme offers screening at different intervals, depending on an individual’s age:

|  |  |
| --- | --- |
| **Age group (years)** | **Frequency of invitation** |
| Under 24.5 | No invitation |
| 24.5 | First invitation (to ensure that women can be screened forthe first time by their 25th birthday) |
| 25 to 49 | Every 3 years |
| 50 to 64 | Every 5 years |
| 65+ | Invitation as required for women who have had recent abnormal tests. Women who have not had an adequate screening test reported since age 50 may be screened on request. |

* 1. Up until December 2019, cervical screening was based on cytology, however, a national Programme of primary Human Papillomavirus (HPV) screening was [fully implemented in England in December 2019](https://phescreening.blog.gov.uk/2020/01/23/significant-landmark-as-primary-hpv-screening-is-offered-across-england/) following a nationally led procurement exercise.

Primary HPV screening is when the first test carried out on the sample looks for high-risk strains (HPV). If HPV is detected, a cytology test is used as a triage, to check for any abnormal cells. For further information please refer to <https://www.gov.uk/topic/population-screening-programmes/cervical>

As a result of the nationally led procurement exercise, Cervical Screening London (CSL) Health Services Laboratories (HSL) were successful in their bid to deliver Primary HPV and secondary cytology to London.

1. **Current service model**

London switched over to Primary HPV in December 2019.

In the lead up to the procurement various working groups were established to support the procurement process. One of those working groups was an IT Working Group which looked at the impact of the new cervical screening pathway on the local automated electronic systems that support the cervical screening programme across London. The time frame imposed, by the national cervical screening programme for the procurement and the complex nature of the local IT systems in place meant that the issues and the associated risks were not fully managed prior to the procurement completion.

The ordering of cervical screening sample tests by Trusts and Sexual Health Clinics, and the returning of results back to the ordering organisation is a manual process. At present, there is no tracking of cervical screening samples.

* 1. Cervical Screening London

Health Services Lab (HSL) was awarded the contract to deliver primary HPV and secondary cytology in London. The cervical screening arm of the organisation is known as Cervical Screening London (CSL).

The contract started on the 1st December 2019. The contract length is 5 years with an option to extend for an additional 2 years.

* 1. Cervical Screening Sample (Sample) Journey
* A sample is taken in a Trust (hosting Colposcopy, gynaecology, and sexual health clinics) or sexual health clinic.
* The sample is prepared with a Sample Request (SR) form, ready to be sent off to CSL. The SR form contains details for patient identification, the sample taker and where the sample was taken. The cervical sample includes a label with minimum details to identify the patient and sample taker identification.
* The sample(s) and SR forms are prepared and made ready to be picked up by the CSL courier.
* Samples are received by CSL, booked in, and undergo the testing process.
* Whilst testing takes places, Trusts and sexual health clinics wait to receive the results, they may contact CSL in the meantime.
* Once the tests are complete and authorised, the results are sent back to the ordering organisation via email.
* The results are manually recorded on the Trust’s or sexual health clinic’s electronic patient record system.
1. **Responsibilities in the current service model are as follows:**
	1. **Organisations**

Trusts (hosting Colposcopy, Gynaecology and Sexual Health Clinics), and Sexual Health Clinics (that are currently providing cervical screening), listed below are the locations where cervical screening takes place outside of primary care. Those Trust that also have sexual health clinics (SHC) that provide cervical screening are identified by the letters SHC.

* Barking, Havering and Redbridge University Hospitals NHS Trust
* Barts Health NHS Trust + SHC
* Chelsea and Westminster Hospitals NHS Foundation Trust
* Croydon Health Services NHS Trust
* Epsom and St. Helier University Hospital NHS Trust
* Guy’s and St. Thomas’ NHS Foundation Trust
* Homerton University Hospital NHS Foundation Trust + SHC
* Imperial College Healthcare NHS Trust + SHC
* Lewisham and Greenwich NHS Trust + SHC
* London North-West University Healthcare NHS Trust
* King’s College Hospitals NHS Foundation Trust
* Kingston Hospital NHS Foundation Trust + SHC
* North Middlesex University Hospital NHS Trust + SHC
* Oxleas NHS Foundation Trust + SHC
* Royal Free London NHS Foundation Trust
* The Hillingdon Hospitals NHS Foundation Trust
* University College London Hospitals NHS Foundation Trust
* Whittington Health NHS Trust

The following Trust/organisations that provides sexual health clinics, that deliver cervical screening:

* Central and North-West London NHS Foundation Trust
* Your Healthcare CIC

There is a single organisation that provides primary HPV and secondary cytology for all cervical screening samples in the London region:

* CSL
1. **Digital Solution**
	1. The supplier of the Cervical Digital Solution will be responsible for the development implementation and maintenance of a digital solution to automate the Cervical Screening Sample Journey as described in section 2.2

There are two parts to the digital solution.

Messaging:

messaging will be based on the HL7 format.

Currently, there is no automated process for sending Cervical Screening sample test orders to CSL and returning results back into the patient record of the ordering Trust or sexual health centre, and no sample tracking.

Information is currently sent via emails. Checking of information data input into the appropriate systems is carried out manually. The manual processes are time consuming and prone to human error.

A digital solution would automate the processes of ordering a test and for the returning of the results back into the patient record. This should result in quicker processing of samples, improve (Key Performance Indicators) KPIs and reduce human error.

The digital solution will also allow Trusts and sexual health clinics to be kept informed of the status of cervical samples.

Sample Tracking:

Lack of sample tracking, results in no confirmation of successful transfer of cervical samples from the source to the destination. Samples that go missing, or incorrectly labelled take longer to resolve, and are more likely to remain unresolved which increases the risks of screening incidents.

Tracking of samples will improve communication and allow for confirmation of samples arriving at destinations and the identification of missing samples will be improved. Automated process of labelling samples will reduce mislabelling errors. In turn an automated solution will reduce the likelihood of women having to retake their tests.

The digital solution is expected:

* to integrate with existing Trust’s TIE (Trust Integration Engine) or EPRs (Electronic Patient Records) and CSLs LIMS (Laboratory Information Management System)
* Where possible, to use existing interfaces.

Maintenance:

The maintenance of the solution will be provided to all organisations identified in section 3.

The maintenance contracts will be between the supplier of the solution and the organisations identified in section 3.

The terms and condition of the maintenance contract will be the same for all the organisations identified in section 3.

The maintenance contract will include requirements such as:

* + Normal support hours and out of office support.
	+ Method of receiving requests during normal working hours and out of office hours.
	+ How requests are graded and the response times.
	+ Upgrade strategy including backout.

Contract length:

Contract length will align with the CSL contract. Therefore, the maximum possible contract end date is likely be for the period up to 30 November 2026.

* 1. **Cervical Screening Digital Solution Governance Chart**

Cervical Screening Strategic Planning and Oversight Board

Cervical Screening Digital Solution Steering Group

Cervical Screening Digital Solution Reference Group