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DEPARTMENT OF HEALTH AND SOCIAL SECURITY  
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From the Parliamentary Under Secretary of State for Health

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Free Murks:

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You will recall that  
the BMA wanted to extend  
special fees to all smear tests.

25 APR 85

JM 26/4

Dear Mark

John Patten thought it may be of use to the Prime Minister to have an up-to-date picture of cervical screening in England.

Government's screening policy, as advised by the independent Committee on Gynaecological Cytology, is that all women who have been or are sexually active should have a smear test every five years; this advice is kept under review.

In recent years, the numbers of deaths from cancer in this form have been declining and the number of screenings have gone up considerably. 1,959 women died in 1983, the most recent year for which confirmed figures are available. Deaths occurred as follows:

Aged 20-24	3
" 25-29	43
" 30-34	78
" 35-74	1,415
" 75+	420

Thus, 6 per cent of deaths occur in younger women who have over half the total number of smear tests each year. There have been recent suggestions that cervical cancer might progress more rapidly in younger women who should therefore have more frequent tests. There is no clear resolved medical evidence for this but the Committee on Gynaecological Cytology is again keeping the matter under review.

The priority group remains women over the age of 35, who experience 94 per cent of the deaths from cervical cancer; 60 per cent of these have never been screened. It is for this reason that a special item of service payment is made to general practitioners for every five yearly smear test they take from women over 35, in order to induce them to do more to bring women in the priority group into this screening programme. Payment for cervical screening for women under 35 is covered by the generality of fees and allowances paid to general practitioners.

**E.R.**

The Minister for Health will be making a further announcement next week on what health authorities should do to improve their call and recall systems, how they can benefit from computerisation in this area, etc.

A copy of this letter goes to David Willetts in the Policy Unit.

*Yours ever*

*Jane*

JANE MCKESSACK

Further to my letter of 25 April



Jane McKessack

MA

*With the Compliments of  
the Private Secretary to  
the Parliamentary Under Secretary*

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MCA

Department of Health  
and Social Security

**PRESS  
RELEASE**

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85/113

29 April 1985

GOVERNMENT PLANS FOR IMPROVEMENTS TO NHS CERVICAL SMEAR ARRANGEMENTS

Kenneth Clarke, Minister for Health, today announced plans for further improvements to health authorities' arrangements for cervical cancer screening. All authorities are being told to report back urgently on their progress.

Mr Clarke is asking all health authorities to:

- o Install computerised call and recall systems where they have not already done so.
- o Introduce a system for telling all women how to get the results of their tests.
- o Improve the effectiveness of the laboratories which process cervical smear tests.
- o Develop more ways of offering tests to older women.

Mr Clarke said: "There is no doubt that many health authorities and individual doctors up and down the country are providing women with a first class service and preventing many unnecessary deaths. We must make sure that all authorities match the best."

Mr Clarke, who was replying to a written parliamentary question from Mr David Knox, MP for Staffordshire Moorlands, said: "Screening for cervical cancer can save the lives of many women. The Government recognises the importance of an efficient screening programme as a vital preventative health measure. We are satisfied with the present advice on age and frequency of screening and we intend to continue to improve its effective implementation."

"The biggest single problem is that the service is still not reaching sufficient numbers of older women. Many women who are no longer sexually active may believe they are no longer at risk. The vast majority of deaths, many avoidable, take place among these older women. All women of whatever age, who have at any time been sexually active should seek cervical smear tests at regular intervals.

"All district health authorities (DHAs) should already have systems for recalling women patients for tests at 5-yearly intervals. These systems do not, however, contact women who have never been tested at all. We now wish to see greater use of computers to contact women who have never been screened. The Government has financed the development of standard computer software and the hardware needed to operate this system is not costly. We are therefore telling all DHAs to arrange with their corresponding family practitioner committees (FPCs) to implement such a system on their behalf. Already over one-third of FPCs are using computers for call or recall, or have firm plans to do so. We are now saying that all should do so. We shall want to know the date by which each authority proposes to implement full computerised call and recall.

"In addition, we want other available methods of reaching women most at risk to be used more extensively. Older women make considerable use of the primary care and hospital services. Their visits to doctors for any purpose provide opportunities for them to be offered a test. We shall be discussing with the profession and health authorities how GPs and hospitals should take advantage of these visits so that women who have not had a test during the past five years can be offered one. In this way, a steady increase in the number of women reached will be achieved.

"We also intend to improve the effectiveness of laboratory facilities for processing smears. We must ensure that in the longer term the right number of suitably trained and qualified staff such as histopathologists become available. In the shorter term, improvements may be possible if priority can be given to smears from women most at risk. We shall be discussing with the professions involved and with health authorities how we can best achieve these objectives.

"Finally, health authorities must ensure that there is effective follow-up of abnormal results. We believe that the possibility of error leading to tragic events can be considerably reduced by a simple administrative reform. We therefore want all authorities to move to a system where all women are notified that their test has been done and told who to contact for the result. We shall be discussing the details of this with the professions and authorities concerned.

"The recent adverse publicity has obscured the fact that many health authorities and individual doctors are, by implementing our policy, providing a good service to women of all ages and preventing unnecessary deaths. We want all authorities to match the best. In addition to the measures outlined above, we are therefore telling all authorities to review again the effectiveness of their programme and to inform us of the outcome. We will insist that any authority which is not adequately protecting women in its area takes immediate steps to do so."



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