

## Cervical Screening Timeliness of Results:

Basic Information	
<b>1. What is being measured?</b>	Time from screening to availability of result by the PCT
<b>2. Why is it being measured?</b>	Measuring the timeliness of women's screening results informs policy and monitors the quality and effectiveness of the cervical screening programme. The Cancer Reform Strategy made a promise to 'ensure that all women receive the results of their cervical screening tests within two weeks by 2010'. There are many benefits to women having to wait a shorter time for screening results.
<b>3. How is the indicator defined?</b>	The proportion of women screened whose result is available to the PCT within a) 2 weeks b) 4weeks.
<b>4. Who does it measure?</b>	The proportion of screened women aged: <ul style="list-style-type: none"> <li>• 25-64 years old whose results were available to the PCO within 2 weeks</li> </ul>
<b>5. When does it measure it?</b>	The data for the results is from 2007/08 to 2012/13 The timeliness of result values are all as at the 31 <sup>st</sup> March for that financial year
<b>6. Does it measure absolute numbers, proportions or rates?</b>	Proportion of screened women – numerator is number of screened women with result available to the PCO; denominator is number of screened women
<b>7. Where does the data come from?</b>	The data is published by the Health and Social Care Information Centre (HSCIC) The information is collected on the following return: <ul style="list-style-type: none"> <li>• KC53 – part E– information from the call and recall system, collected on all 151 Primary Care Organisations.</li> </ul>
<b>8. How accurate and complete are the data?</b>	<p>The NHS Cervical Screening Programme includes regional Quality Assurance (QA), Reference Centres (QARCs) which are responsible for quality assuring the screening programme including KC53. Data are quality assured by the QARCs on an annual basis. Aggregated data is provided to the HSCIC in a defined format. Further validation and quality assurance checks are carried out at the HSCIC as part of the publication process.</p> <p>These are established collections based on 100 per cent data, i.e. not a sample. Submissions have been made for all PCOs and by all pathology laboratories and colposcopy clinics.</p> <p>Please see the annual cervical screening programme bulletins published by the HSCIC for specific quality assurance and validation processes for each year  <a href="http://www.ic.nhs.uk/statistics-and-data-collections/screening/cervical-screening">http://www.ic.nhs.uk/statistics-and-data-collections/screening/cervical-screening</a> </p>

<p><b>9. Are there any caveats/ problems/ weaknesses?</b></p>	<p>See link in note 8, above</p>
<p><b>10. What methods are used to test the meaning of the data and variation? (Interpretation)</b></p>	<p><b>Count:</b> The 'count' is the number of women screened with a result available in the specified time for that year.</p> <p><b>Lower and Upper Confidence Limits (LCL and UCL):</b> Confidence intervals have not been calculated for the timeliness of results as the availability of results to the PCO within the specified time period is influenced by human processes; the performance of which is being measured. It suffices to say that the proportion of women with their results available to the PCO is higher or lower than the national average.</p> <p><b>Area Profile:</b> Spine Chart: The area profile presents a spine chart which allows a comparison of the local value (represented by a circle) against the national average (represented by a red line in the middle of the chart) and regional average (where available, represented by a diamond), but also where the local area lies in relation to the range of values for all the other local areas. The darker grey shading of the bar represents the 25<sup>th</sup> to 75<sup>th</sup> percentile of the range of values. Map: In the map, the range of values for results is split into five groups (quintiles), and not according to statistical significance. Example interpretation: The symbol in the spine chart is always white as statistical significance has not been calculated.</p> <p><b>Funnel Plot:</b> The screening result rate has not been included in the funnel plot</p> <p><b>Double map:</b> Scatter Plot: The double map option displays a scatter plot of the association between the two chosen rates e.g. cervical cancer coverage and timeliness of result. The correlation coefficient (r) statistic displayed at the top of the scatter plot is Pearson's correlation coefficient, often called the correlation. It measures the degree of 'straight-line' association between the two indicators and can take any value between -1 (perfect negative correlation) and 1 (perfect positive correlation). A value of zero indicates no correlation. Map: In the map, the range of values for timeliness of result is split into five</p>

	<p>groups (quintiles), and not according to statistical significance.</p> <p>Interpretation:</p> <p>If all the points lie very close to the straight line on a slope indicating, that as one variable increases (or decreases) the other increases (or decreases), then it can be said that there is a strong association between the two indicators. If the points are more scattered, but still in a straight line, would indicate that there is a weaker relationship.</p> <p>Interpretation of the relationship between two indicators should be made carefully; it does not mean there is a 'causal' relationship between the two indicators.</p> <p><b>Single map:</b></p> <p>Map:</p> <p>In the map, the range of values for timeliness of result is split into five groups (quintiles), and not according to statistical significance.</p> <p>Time Series:</p> <p>The time series animation allows the user to view how the map changes for each indicator that has time series data.</p>
<b>11. Geography provided in this toolkit</b>	<p>Primary Care Trusts (PCTs) manage the provision of primary care services in a specific area. These include services provided by doctor's surgeries, dental practices, opticians and pharmacies. NHS walk-in centres and the NHS Direct phone service are also managed by the local PCT. There are about 151 Primary Care Trusts in England, each one covering a separate local area.</p> <p>NHS Strategic Health Authorities (SHA) are one branch of the National Health Service in England. Each SHA area contains a range of NHS trusts which either run or commission local NHS services. The SHA is responsible for the strategic supervision of these services.</p> <p>Since April 2013, these organisations and the geographical boundaries they represent no longer exist due to the changes to the NHS commissioning structure. New organisations, such as Clinical Commissioning Groups (CCGs) Local Area Teams and Strategic Clinical Networks, with different boundaries have been created. However, in the absence of established boundaries and data for these new organisations we have only been able to present sub-national data for the old organisations.</p>
<b>12. Further data availability</b>	<ul style="list-style-type: none"> <li>• Coverage and results of results data is also available in the profiles</li> <li>• Other screening metrics can be found on the HSCIC website at the link in note 8</li> </ul>

<b>13. Frequency/ timeliness of data updates</b>	The screening data is published annually in the October/November of the same year.
<b>14. Disclosure control</b>	No rates have been suppressed as the smallest geography at which cervical cancer incidence rates are available is PCT level.
<b>15. Rationale for inclusion</b>	The availability of results within 2 weeks is a target for 2010 onwards. The inclusion in the profiles allows users to see if the PCT/SHA has reached this service improvement target.