

Quarterly Monitoring Report 16
National Cervical Screening Programme

July to September 2004

Technical Report No. 8
Centre for Public Health Research
Massey University
Wellington

2005

**The National Cervical Screening Programme
Independent Monitoring Group (IMG)**

Ms Naomi Brewer

Dr Gary Fentiman

Dr Mona Jeffreys

Mr Abed Kader

Dr Margaret Lovell-Smith

Ms Fiona McKenzie

Dr Ate Moala

Dr Reena Ramsaroop

Assoc Professor Mihi Ratima

Ms Judi Strid

Dr Christine van Dalen

National Screening Unit, Ministry of Health ex-officio representatives

Dr Hazel Lewis, Clinical Leader, National Cervical Screening Programme

Ms Jane McEntee, Manager, National Cervical Screening Programme

Technical terms are used throughout this report, and an understanding of these terms may be necessary to interpret some parts of this report.

Contents

1. Executive Summary	6
2. Background.....	8
3. Abbreviations.....	9
4. Recommendations.....	10
4.1 General issues	10
4.2 Data issues	10
4.3 Service issues	10
4.4 Previous recommendations	10
5. Methods.....	12
6. Results	13
6.1 Follow-up of women with high grade cytology.....	13
6.2 Laboratory smear reporting	24
6.3 Laboratory cytology turn around time.....	29
6.4 Laboratory histology turn around time.....	32
6.5 Satisfactory but limited and unsatisfactory smears by laboratory	37
6.6 Satisfactory but limited and unsatisfactory smears by laboratory	42
6.7 Waiting time for colposcopic assessment for HSIL or ASCUS possible high grade	48
6.8 Waiting time for colposcopic assessment for LSIL or ASCUS.....	51
Appendix 1: Summary of the Revised Bethesda Coding Standard (1998).....	53

List of Tables

Table 1: Timeliness of a histology report after a high grade cytology result for enrolled 20 to 69 year old women	17
Table 2: Timeliness of a histology report after a high grade cytology result for enrolled 20 to 69 year old women by ethnicity	18
Table 3: Timeliness of histology report after a high grade cytology result for enrolled 20 to 69 year old women by NCSP region.....	19
Table 4: The number of women with high grade cytology but no histology result recorded, by NCSP Register status and source of any subsequent smear.....	20
Table 5: The number and proportion of satisfactory or satisfactory but limited smears in broad cytological categories for each laboratory.....	26
Table 6: Timeliness of the reporting of smears by laboratory	30
Table 7: Timeliness of the reporting of histology by laboratory.....	35
Table 8: The number and proportion of satisfactory but limited and unsatisfactory smears by laboratory	39
Table 9: The number and proportion of satisfactory but limited and unsatisfactory smears for each smear taker group.....	44
Table 10: Waiting time for colposcopic assessment of HSIL or ASCUS possible high grade by DHB colposcopy service.....	50
Table 11: Waiting time for colposcopic assessment of LSIL or ASCUS by DHB colposcopy service	52

List of Figures

Figure 1: Timeliness of a histology report after a high grade cytology result for enrolled 20 to 69 year old women	21
Figure 2: Timeliness of a histology report within 12 weeks of a high grade cytology result for enrolled 20 to 69 year old women by ethnicity	22
Figure 3: Timeliness of a histology report within 52 weeks of a high grade cytology result for enrolled 20 to 69 year old women by ethnicity	22
Figure 4: Timeliness of histology report within 12 weeks of a high grade cytology result for enrolled 20 to 69 year old women by NCSP region.....	23
Figure 5: Timeliness of histology report within 52 weeks of a high grade cytology result for enrolled 20 to 69 year old women by NCSP region.....	23
Figure 6: The proportion of satisfactory or satisfactory but limited smears reported as negative for dysplasia or malignancy for each laboratory	27
Figure 7: The proportion of satisfactory or satisfactory but limited smears reported as HSIL for each laboratory.....	27
Figure 8: The proportion of satisfactory or satisfactory but limited smears reported as total abnormalities for each laboratory	28
Figure 9: Proportion of smears reported on within seven working days	31
Figure 10: Laboratory histology turn around time	36
Figure 11: Satisfactory but limited smears by laboratory.....	40
Figure 12: Unsatisfactory smears by laboratory.....	40
Figure 13: Satisfactory but limited smears by smear taker.....	46
Figure 14: Unsatisfactory smears by smear taker.....	46

1. Executive Summary

This report provides data on performance indicators of the National Cervical Screening Programme (NCSP) for the period 1 July 2004 to 30 September 2004. For reasons described, not all indicators are included in this report. For the indicators used, there has been little change, for better or worse, in any of the indicators. Where changes have occurred, these are described in the text.

Since Independent Monitoring Group (IMG) quarterly reports 15 and 16 were both considered together at the September 2005 meeting of the IMG, recommendations are made for both reports together. These are presented in detail in Report 16 only.

Follow-up of women with high grade cytology

In total, 4,543 women had a high grade cytology result recorded on the NCSP Register between 1 October 2002 and 30 September 2003. More than three-quarters (79.7%) of these women were recorded as having had a histology specimen taken within 12 weeks of their high grade smear being taken. This was less than the target of 90%. The proportion of women who had a histological specimen taken within 52 weeks of the high grade cytology was also below the 99% target (93.2%). For 257 (5.7%) of the 4,543 women, a subsequent histology result was not recorded on the NCSP Register. This is similar to the proportion reported in the last quarter (6.2%). The proportions of women who had no histology recorded on the NCSP Register varied widely amongst the NCSP regions and by ethnicity.

Laboratory smear reporting

Eleven laboratories reported cervical cytology during this quarter. Overall, of the 98,348 satisfactory or satisfactory but limited smears processed during the quarter, 7.7% were reported as abnormal, which was within the target of not more than 10%. Four laboratories (including two hospital-based laboratories) reported abnormalities outside this target, with the highest reporting abnormalities in 25.6% of smears read. The overall proportion of smears reported as negative for dysplasia or malignancy was 92.3%, and all except two of the laboratories, met the target of not more than 96%. The overall proportion of smears reported as high grade squamous intra epithelial lesion (HSIL) was 1.3%, which was within the target of not less than 0.6%. Two laboratories were outside this target, and both reported 0.4% of the smears they read as HSIL.

Laboratory cytology turn around time

All eleven laboratories reporting cervical cytology met the seven-day cytology turn around time target (90%) in this reporting quarter. Five laboratories met the 14-day turn

around time target of 100%, and the other six laboratories all reported over 99.9% of smears read within 14 days.

Laboratory histology turn around time

Twenty-eight laboratories reported cervical histology during the quarter. Four laboratories did not meet the five-day histology turn around time target of 90%, and all four have consistently fallen below this target over the previous year. Seventeen laboratories reported 100% of histology results within 10 working days of the specimen arriving at the laboratory.

Satisfactory but limited and unsatisfactory smears

The proportion of smears reported as satisfactory but limited varied considerably among the laboratories. One laboratory exceeded the target of not more than 20% of smears being satisfactory but limited. One laboratory reported below the 0.5 to 2.0% target range for unsatisfactory smears, and two reported above the target range.

All smear taker groups (lay, medical, nurse, specialist and midwife) met the target for satisfactory but limited smears. When split by annual smear taking volume, smear taker subgroups who took greater volumes of smears appeared to do better in terms of satisfactory but limited smears compared to those with a low annual volume. Almost all smear taker groups and subgroups split by annual smear volume met the target for the proportion of unsatisfactory smears.

Colposcopic assessment

The colposcopic service indicators were unable to be calculated because the data required were not available. Four colposcopy units did not provide any data for this reporting period. The highest reported number of women with a HSIL or ASCUS-HG cytology abnormality waiting longer than 4 weeks at the end of each month was 23. The highest reported number of women with a low grade cytology abnormality waiting longer than 26 weeks at the end of each month was 55.

2. Background

The Independent Monitoring Group (IMG) of the National Cervical Screening Programme (NCSP) has been responsible for providing independent quantitative monitoring of the NCSP since 2001. Part of this responsibility is to produce quarterly reports of the national indicators for the NCSP. These indicators were established in 2000.

In 2005 the Centre for Public Health Research (CPHR) was appointed through an open tender process to carry out the independent monitoring. The current report, Quarterly Report 16, is the third to be produced under this contract. The raw data from which the indicators included in these reports are calculated were provided to the CPHR by the National Screening Unit (NSU), with the exception of the colposcopy data. The colposcopy data were provided by the NSU and reformatted by the CPHR.

3. Abbreviations

The following abbreviations are used in this report:

ASCUS:	Atypical squamous cells of undetermined significance
ASCUS-HG:	Atypical squamous cells of undetermined significance, possible high grade
CIN:	Cervical intra-epithelial neoplasia; I: low grade; II, III: high grade
DHB:	District Health Board
HPV:	Human papilloma virus
HSIL:	High grade squamous intra-epithelial lesion
LSIL:	Low grade squamous intra-epithelial lesion
MoH:	Ministry of Health
NCSP:	National Cervical Screening Programme
NSU:	National Screening Unit of the Ministry of Health
SCL:	Southern Community Laboratories

4. Recommendations

4.1 General issues

Since Independent Monitoring Group (IMG) quarterly reports 15 and 16 were both considered together at the September 2005 meeting of the IMG, recommendations are made for both reports together. These are presented in detail in Report 16 only.

4.2 Data issues

There are concerns with the non-reporting and with the accuracy of reported colposcopy data. The NSU should investigate this as a matter of urgency.

4.3 Service issues

1. The NSU is to investigate women with no subsequent histology result recorded on the NCSP register following a high grade cytology, prioritising regions from the lowest to the highest % of follow up histology after a high grade smear within 12 weeks.
2. The NSU is to investigate reasons for ethnic disparity in histology follow up time and look at the extent to which this contributes to inequality in outcomes.
3. The NSU is to seek an explanation for MedLab Wellington and SCL Christchurch as to why HSIL rates were below target.
4. The NSU is to investigate why Auckland Hospital, MedLab Central and Canterbury Health Laboratories are above the total abnormalities target.
5. The NSU is to investigate individual explanations why 22 smears were not reported on within 14 days (Report 16).
6. The NSU is to investigate the histology turnaround time of Auckland, Hutt, Rotorua and Wellington hospital laboratories, and to clarify why any lab still has outstanding specimens to report on at 11 or more working days. Note that this recommendation is only for the 49 specimens in Report 16.
7. No recommendations were made regarding “satisfactory but limited” smears, since this category is no longer in use. This indicator will continue to be reported on, since the proportion of unsatisfactory smears is still of interest.

4.4 Previous recommendations

Recommendations made at the 27 June 2005 meeting based on discussions about Report 14, January to March 2004:

- All service providers are to routinely provide explanations when a target is not being met.
- The NSU is to arrange for the development of a background paper on the target for unsatisfactory smears to monitor the introduction of Bethesda 2001 (NZ modified).
- The NSU is to analyse the trend data with respect to laboratory cytology turnaround time, and follow up consistent trends outside the target.
- The NSU is to investigate why 269 women with a high grade cytology have no subsequent histology result recorded on the NCSP register, prioritising Canterbury region.

- The NSU is to investigate reasons for ethnic disparity in histology follow up time and look at the extent to which this contributes to inequality in outcomes. Investigate whether Māori/Pacific health expertise would make a difference.
- The NSU is to undertake a review of the signed in/signed out policy for women undergoing treatment.
- The NSU is to investigate why MedLab Bay of Plenty are above the total abnormalities target.
- The NSU is to investigate why Auckland Hospital Laboratory are above the total abnormalities target.
- The NSU is to follow up MedLab Central with respect to their cytology turnaround time.
- The NSU is to investigate the histology turnaround time target of Auckland Hospital Laboratory, Hutt Hospital, Rotorua Hospital, and Wellington Hospital.
- The NSU is to investigate persistent outliers, starting with a breakdown of unsatisfactory smears by reason, and then looking at smear taker volumes.

5. Methods

The NSU of the Ministry of Health (MoH), through a committee of experts and a consultation process, established national indicators for the NCSP in 2000. Where it was considered appropriate and feasible, the NSU set targets for the indicators. Each indicator is described in the results section under separate headings that identify the specific indicators. The results for each indicator are discussed in relation to the set targets. For indicators with and without a target, changes over time are described.

To calculate the indicators for this report anonymised data, provided by the NSU, of women enrolled on the NCSP Register were used. This report includes results for Māori and Pacific women. Both the National Kaitiaki Group and the Pacific Women's Data Advisory Group approved the use of data for enrolled women recorded as identifying with Māori and Pacific ethnic groups, respectively, on the NCSP Register. For the purposes of the monitoring reports, women recorded on the NCSP Register as being not Māori or Pacific were grouped together as the non-Māori, non-Pacific group. This group includes women whose ethnic group was unknown, estimated as 9% of the total number of women on the NCSP Register.

Unless otherwise stated, a woman's age at the end of the reporting quarter was used when calculating the indicators. The registration status and demographic details of each woman at the time of the data download were used for all calculations. Women were assigned to both a NCSP region and a District Health Board (DHB) area by the NCSP Register. Each woman was allocated to the NCSP region and DHB area in which they lived, with two exceptions. Women whose address was unknown were allocated to the NCSP region according to their last known smear taker, or according to the NCSP regional service office if the smear taker has indicated that the woman is no longer a patient there. Women who usually had their smears in a NCSP region other than the one where they lived were allocated to the NCSP region where they usually had their smears. For women in either of these situations, if the NCSP regions to which they were allocated had boundaries identical to a DHB area, then they were allocated to that DHB, otherwise the DHB area in which they lived was recorded as unspecified.

6. Results

6.1 Follow-up of women with high grade cytology

Definition

High grade cytology is defined as a cytology result of ASCUS possible high grade (ASCUS-HG), HSIL or more serious abnormality according to the hierarchy of the Revised Bethesda Coding System (1998) (Appendix 1). Follow-up of women with a high grade cytology result is estimated using the timeliness with which a histology specimen is taken following the high grade cytology result.

Targets

The targets for the follow-up of women with high grade cytology are as follows:

- 90% of women should have a histology specimen taken within 12 weeks of the smear being taken

and

- 99% of women should have a histology specimen taken within 52 weeks of the smear being taken.

Calculation

The number of enrolled women aged 20 to 69 years at 30 September 2004 who had a high grade cytology result recorded on the NCSP Register between 1 October 2002 and 30 September 2003 was calculated. For each of these women the time between the date that the smear was taken and the date that the subsequent histology specimen was taken (including specimens taken up to five days before the smear) was calculated. The numbers of women with a histology specimen taken within 12 weeks, between 13 and 26 weeks, between 27 and 52 weeks and more than 52 weeks after their ASCUS-HG, HSIL or more serious cytology result were expressed as proportions of the total number of women with a high grade cytology taken between 1 October 2002 and 30 September 2003. The number and proportion of women with no histology result recorded on the NCSP Register following their high grade cytology were also calculated. Women without a subsequent histology recorded on the NCSP Register were also described in two ways: whether they had been signed back into the programme since their high grade smear and whether they had a subsequent smear taken by either a non-specialist or specialist. This indicator was calculated for women of all ethnic groups, and separately for Māori, Pacific and non-Māori, non-Pacific women. It was also calculated for each NCSP region.

Results

The timeliness with which a histology specimen was taken amongst women who had a high grade cytology result is shown in Table 1. Between 1 October 2002 and 30 September 2003, 4,543 women had a high grade cytology result. Of these, 3,620 (79.7%) had a histological specimen taken within 12 weeks of the abnormal cytology, compared to the target of 90%. This value is similar to that reported in the previous two quarters (79.4% and 79.1%). The proportion of women who had a histological specimen taken within 52 weeks of the high grade cytology was 93.2% (n=4,232). This value is similar to those reported in the previous two quarters (92.6% and 93.0%). There was no histology reported on the NCSP Register for 257 (5.7%) women who had a high grade cytological abnormality.

The timeliness of having a histological specimen taken following a high grade smear differed by ethnicity, as shown in Table 2. Compared to non-Māori, non-Pacific women, Māori and Pacific women were less likely to have a histological specimen taken within the recommended time periods. For example, at 12 weeks, 81.8% of non-Māori, non-Pacific women had a report of a histological specimen, compared to 71.2% of Māori and 64.1% of Pacific women. These figures are similar to those reported in the last quarter (81.9%, 68.4% and 67.1%, respectively). The differences by ethnicity persisted for all time periods following a suspected high grade smear. Statistical tests showed the differences between the groups are unlikely to be due to chance ($P < 0.001$).

The timeliness of having a histological specimen taken following a high grade smear differed by NCSP region, see Table 3. West Coast reported 95.8% (n=23) for women having a histological specimen taken within 12 weeks of the smear, and was the only region to achieve the target of 90%. The poorest performer was Bay of Plenty (74.5%). For all regions combined the proportion of women who had histological reports within 12 weeks of the smear was 79.7%.

In all regions, the proportion of women who had a high grade smear result with a subsequent histology taken within 52 weeks was 93.2%. West Coast reported 100% (n=24) for women having a histological specimen taken within 52 weeks of a high grade smear, and was the only region to reach the target of 99%.

A relatively large number of women (n=257, 5.7%) had no histology report recorded on the NCSP Register following a high grade smear. The absence of such a report was more common in Pacific (9.2%) and Māori (6.2%) women compared to non-Māori, non-Pacific women (5.4%), see Table . There were also differences by region in the absence of a histological report following a high grade smear, see Table . Such an absence was common (above 6%) in Auckland, Canterbury and Waikato. In the last two reports, the absence of a histological report following a high grade smear was also common in Auckland and Canterbury.

Further details of the 257 women who had no histology result recorded on the NCSP Register following a high grade smear are shown in Table 4. Of these, 61 (23.7%) had no subsequent smear recorded and 82 (31.9%) had a follow-up smear taken by a non-specialist. Of these 143 women who had either no follow-up smear or a smear taken by a non-specialist, 62 (43.4%) were recorded on the register as having been 'signed in' following their high grade smear result, indicating that they were being recalled by

the NCSP. The remaining 81 (56.6%) women did not appear to have been signed in, indicating that their follow-up was less clear.

Possible reasons for these women not being signed in include having:

- had further investigations and treatment, but their histology reports were erroneously omitted from the NCSP Register
- moved overseas and had follow-up there
- no indications for biopsy at colposcopic examination
- chosen not to have their histology results recorded on the NCSP Register.

Recommendations

1. The NSU is to investigate women with no subsequent histology result recorded on the NCSP register following a high grade cytology, prioritising regions from the lowest to the highest % of follow up histology after a high grade smear within 12 weeks.
2. The NSU is to investigate reasons for ethnic disparity in histology follow up time and look at the extent to which this contributes to inequality in outcomes.

Table 1: Timeliness of a histology report after a high grade cytology result for enrolled 20 to 69 year old women

Time period	n	Proportion %	Cumulative Proportion %
Within 12 weeks	3,620	79.7	79.7
13 to 26 weeks	434	9.6	89.2
27 to 52 weeks	178	3.9	93.2
More than 52 weeks	54	1.2	94.3
Subtotal	4,286		
No histology recorded on NCSP Register	257	5.7	100
Total	4,543		

Target: 90% with histology report within 12 weeks and 99% within 52 weeks of a high grade smear

Table 2: Timeliness of a histology report after a high grade cytology result for enrolled 20 to 69 year old women by ethnicity

Time Period	Māori women			Pacific women			Non-Māori, non-Pacific women		
	n	Proportion %	Cumulative Proportion %	n	Proportion %	Cumulative Proportion %	n	Proportion %	Cumulative Proportion %
Within 12 weeks	480	71.2	71.2	91	64.1	64.1	3,049	81.8	81.8
13 to 26 weeks	98	14.5	85.8	22	15.5	79.6	314	8.4	90.2
27 to 52 weeks	42	6.2	92.0	11	7.8	87.3	125	3.4	93.6
More than 52 weeks	12	1.8	93.8	5	3.5	90.8	37	1.0	94.6
Subtotal	632			129			3,525		
No histology recorded on NCSP Register	42	6.2	100	13	9.2	100	202	5.4	100
Total	674			142			3,727		

Difference between ethnic groups $P < 0.001$

Target: 90% with histology report within 12 weeks and 99% within 52 weeks of a high grade smear

Note: the follow-up of the 257 women with no histology recorded on the NCSP Register is shown in Table

Table 3: Timeliness of histology report after a high grade cytology result for enrolled 20 to 69 year old women by NCSP region

NCSP region	Time Periods										
	Within 12 weeks		13 to 26 weeks		27 to 52 weeks		Within 52 weeks		No Histology		Total
	n	%	n	%	n	%	n	%	n	%	
Auckland	1,093	76.2	152	10.6	56	3.9	1,301	90.7	115	8.0	1,435
Bay of Plenty	234	74.5	48	15.3	13	4.1	295	94.0	13	4.1	314
Canterbury	471	84.9	33	6.0	10	1.8	514	92.6	34	6.1	555
Hawke's Bay	178	82.8	21	9.8	10	4.7	209	97.2	6	2.8	215
Manawatu / Wanganui	201	83.1	13	5.4	12	5.0	226	93.4	14	5.8	242
Northland	139	80.4	19	11.0	5	2.9	163	94.2	3	1.7	173
Nelson / Marlborough	117	78.5	18	12.1	5	3.4	140	94.0	6	4.0	149
Otago/Southland	402	83.2	40	8.3	18	3.7	460	95.2	20	4.1	483
Tairāwhiti	41	89.1	2	4.4	0	0.0	43	93.5	2	4.4	46
Taranaki	109	83.2	9	6.9	8	6.1	126	96.2	5	3.8	131
West Coast	23	95.8	1	4.2	0	0.0	24	100	0	0.0	24
Waikato	257	78.4	32	9.8	14	4.3	303	92.4	20	6.1	328
Wellington	355	79.2	46	10.3	27	6.0	428	95.5	19	4.3	448
Total	3,620	79.7	434	9.6	178	3.9	4,232	93.2	257	5.7	4,543

Difference between NCSP regions $P < 0.001$

Target: 90% with histology report within 12 weeks and 99% within 52 weeks of a high grade smear

Table 4: The number of women with high grade cytology but no histology result recorded, by NCSP Register status and source of any subsequent smear

Subsequent smear	Women's status since high grade cytology result		
	Not signed in	Signed in	Total
	n	n	n (%)
No subsequent smear	28	33	61 (23.7)
Subsequent smear taken by non-specialist	53	29	82 (31.9)
Smear taken by specialist	47	67	114 (44.4)
Total	128	129	257

Figure 1: Timeliness of a histology report after a high grade cytology result for enrolled 20 to 69 year old women

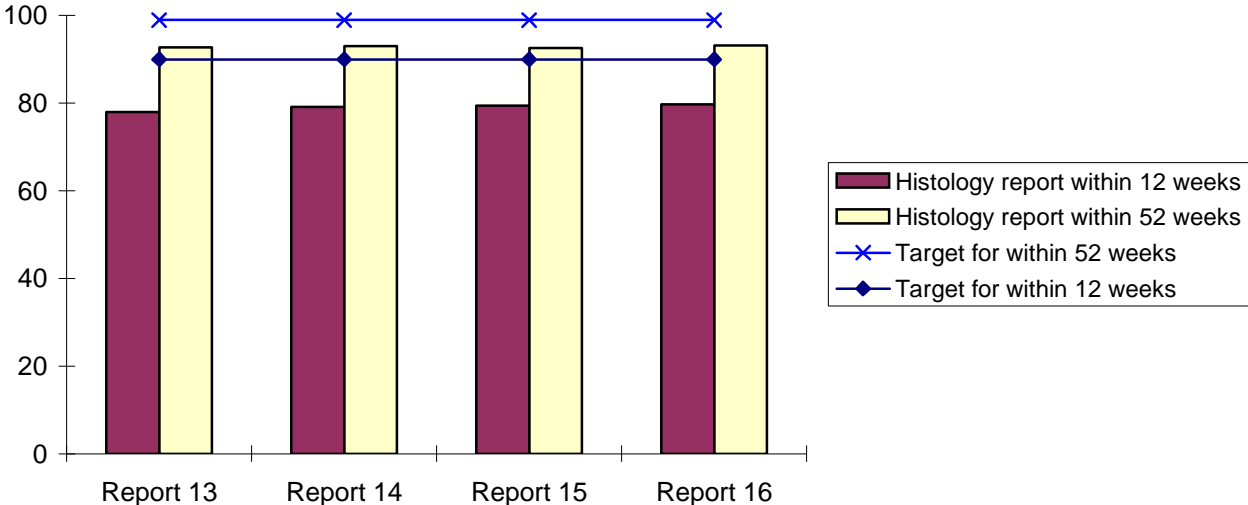


Figure 2: Timeliness of a histology report within 12 weeks of a high grade cytology result for enrolled 20 to 69 year old women by ethnicity

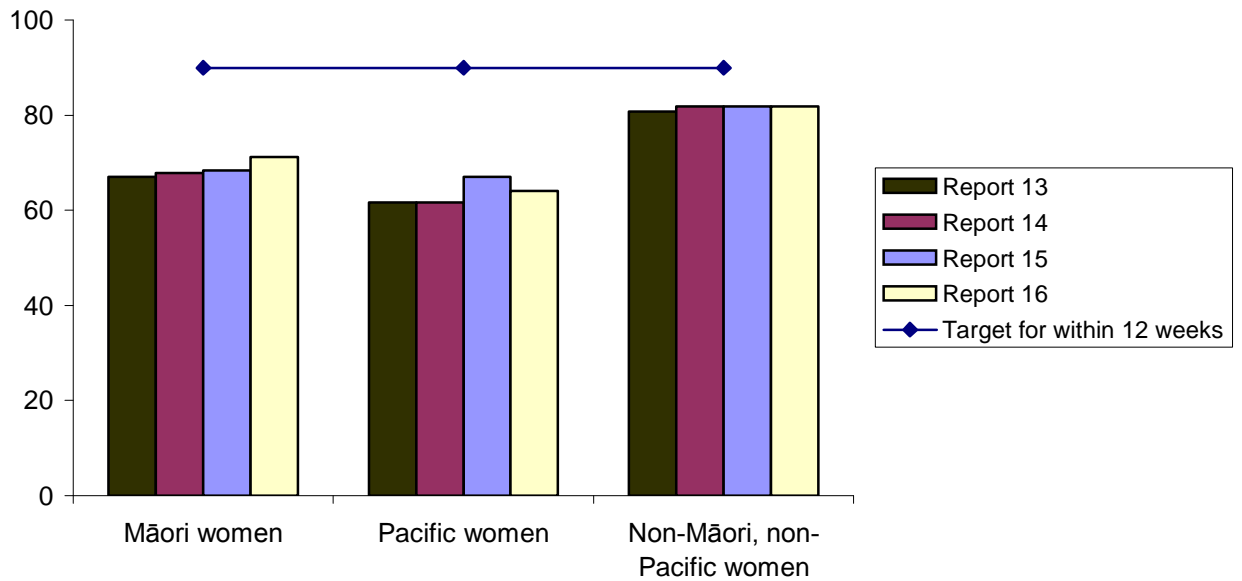


Figure 3: Timeliness of a histology report within 52 weeks of a high grade cytology result for enrolled 20 to 69 year old women by ethnicity

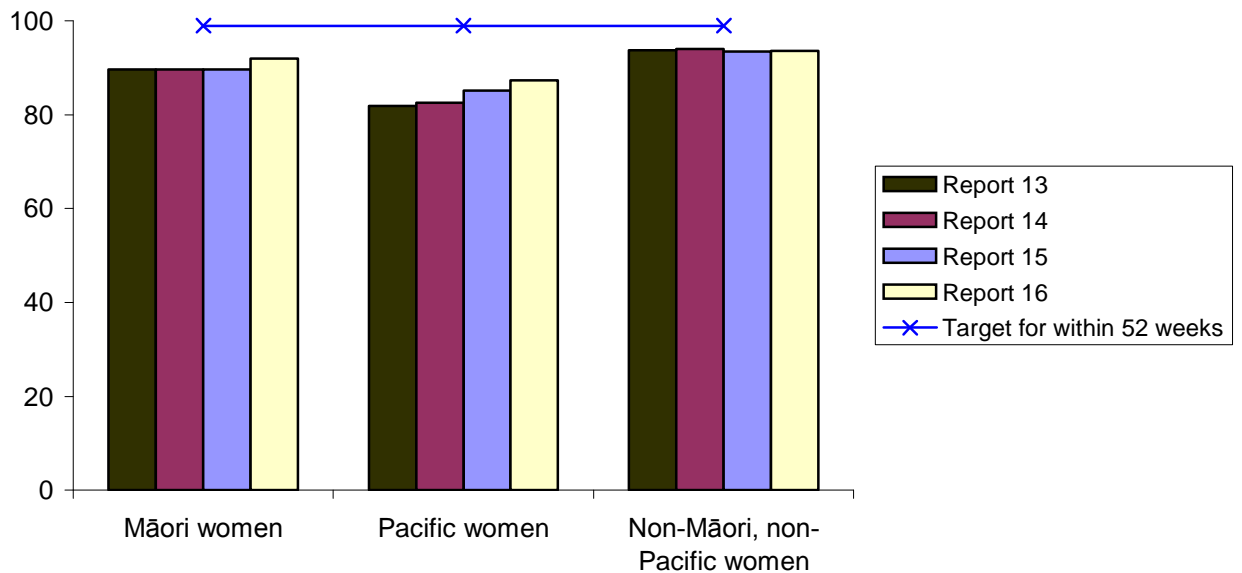


Figure 4: Timeliness of histology report within 12 weeks of a high grade cytology result for enrolled 20 to 69 year old women by NCSF region

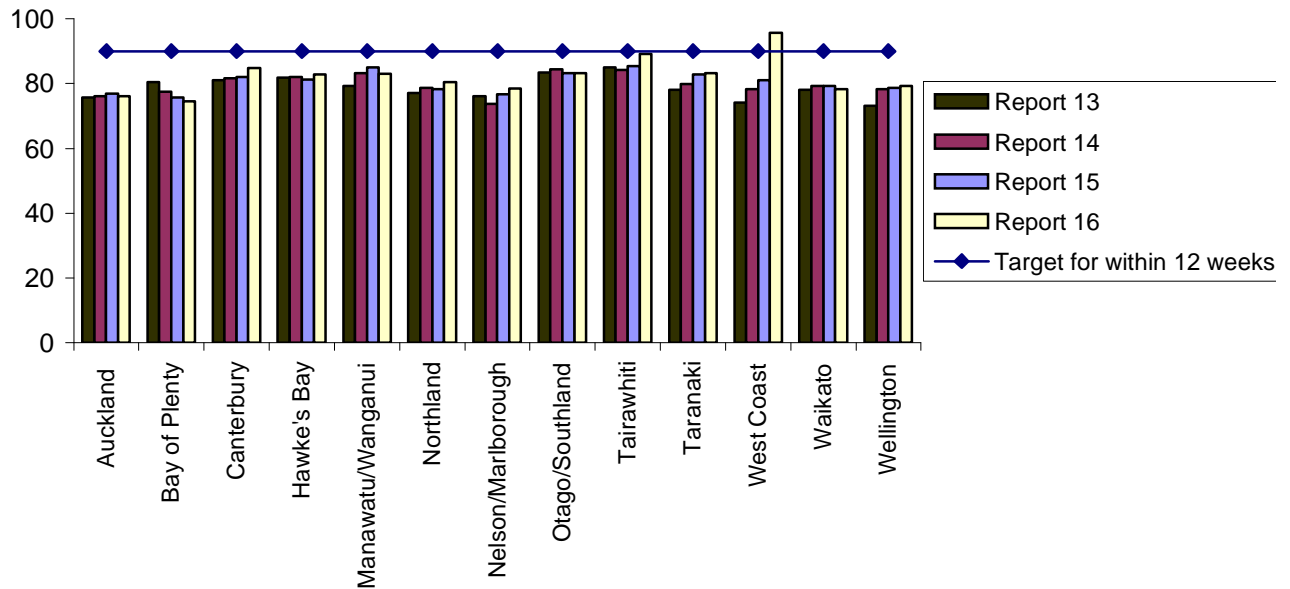
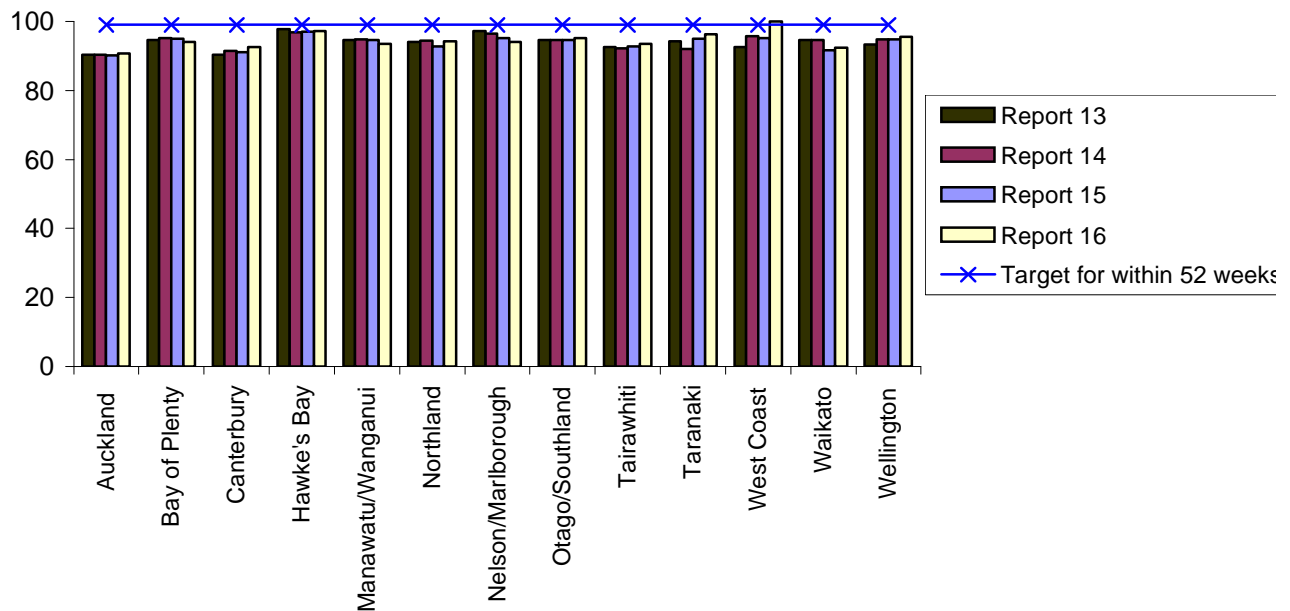


Figure 5: Timeliness of histology report within 52 weeks of a high grade cytology result for enrolled 20 to 69 year old women by NCSF region



6.2 Laboratory smear reporting

Definition

Laboratory smear reporting is measured by the number and proportion of satisfactory or satisfactory but limited smears in the following broad cytological categories:

1. Negative for dysplasia or malignancy
2. Total ASCUS (including ASCUS-HG)
3. LSIL (CIN 1 and/or HPV)
4. ASCUS-HG
5. HSIL
6. Total abnormalities (smears reported as ASCUS or more serious)

Targets

There are targets for laboratory smear reporting for three of the broad categories:

1. Negative for dysplasia or malignancy: not more than 96%
2. HSIL: not less than 0.6%
3. Total abnormalities: not more than 10%

Calculation

The Bethesda diagnosis codes, as recorded on the NCSP Register, of satisfactory or satisfactory but limited smears taken during the reporting quarter were used to calculate the number of smears in each broad cytological category for each laboratory. These were expressed as proportions of the total number of satisfactory or satisfactory but limited smears reported by each laboratory. Where a single smear had more than one diagnosis code, the most serious ranked code was used according to the hierarchy of codes (see Appendix 1). Total abnormalities included all smears with a diagnosis code of ASCUS or more serious abnormality according to the hierarchy of broad cytological categories. Smear results for women of all ages were included. Smears recorded as being unsatisfactory for evaluation were excluded.

Results

During the quarter, 98,348 satisfactory or satisfactory but limited smears were taken. The results of these, by laboratory, are shown in Table 5. The number of such smears reported by each laboratory ranged from 1,245 for MedLab Hamilton to 30,751 for Diagnostic MedLab Auckland. Overall, 90,790 (92.3%) smears were reported as negative for dysplasia or malignancy, which was almost identical to the proportion reported in the last two quarters. Two of the laboratories, SCL Christchurch (96.2%) and Valley Diagnostic (96.1%) did not meet the target of not more than 96% of smears being negative for dysplasia or malignancy. Auckland Hospital Laboratory reported 2,409 (74.4%) smears as negative for dysplasia or malignancy, a lower proportion than the other laboratories.

The proportion of smears reported with a HSIL abnormality was 1.3% for all laboratories combined. This figure met the target of not less than 0.6% and was identical to that reported for the previous reporting quarter. Two laboratories did not

meet this target; MedLab Wellington (n=37) and SCL Christchurch (n=23) reported 0.4% of smears with a HSIL abnormality. Auckland Hospital Laboratory reported 197 (6.1%) smears with a HSIL abnormality, a higher proportion than the other laboratories.

For all laboratories combined, the target of not more than 10% of smears reported as abnormal was not exceeded. This proportion was 7.7%, similar to the previous two quarters (7.9% and 7.5%). Auckland Hospital Laboratory reported 828 (25.6%) smears processed as abnormal, and reported similar high proportions for the previous two quarters (24.5% and 22.8%). The other laboratories to report more than 10% total abnormalities were Canterbury Health Laboratories (12.3%), MedLab Bay of Plenty (10.7%) and MedLab Central (11.4%). Canterbury Health Laboratories and MedLab Bay of Plenty also exceeded the 10% target in the previous two quarters.

The proportion of smears reported as LSIL varied between laboratories, but was between 2.0% and 4.4% for all laboratories, with the exception of MedLab Central (6.1%) and Auckland Hospital Laboratory (9.9%). Auckland Hospital Laboratory also reported a high proportion of LSIL abnormalities in the last two quarters. Note that no target is set for proportion of smears reported as LSIL.

Recommendations

1. The NSU is to seek an explanation for MedLab Wellington and SCL Christchurch as to why HSIL rates were below target.
2. The NSU is to investigate why Auckland Hospital, MedLab Central and Canterbury Health Laboratories are above the total abnormalities target.

Table 5: The number and proportion of satisfactory or satisfactory but limited smears in broad cytological categories for each laboratory

Laboratory	Negative for dysplasia or malignancy ¹		Total ASCUS (ASCUS-HG)		LSIL		HSIL ²		Total Abnormalities ³		Total smears
	n	%	n	%	n	%	n	%	n	%	
Auckland Hospital Lab.	2,409	74.4	290 (15)	9.0 (0.5)	320	9.9	197	6.1	828	25.6	3,237
Canterbury Health Lab.	1,959	87.7	122 (13)	5.5 (0.6)	98	4.4	44	2.0	274	12.3	2,233
Diagnostic MedLab Auckland	28,747	93.5	1,047 (101)	3.4 (0.3)	610	2.0	322	1.0	2,004	6.5	30,751
MedLab Bay of Plenty	7,607	89.3	492 (14)	5.8 (0.2)	301	3.5	95	1.1	914	10.7	8,521
MedLab Central	6,457	88.6	207 (18)	2.8 (0.2)	444	6.1	157	2.2	827	11.4	7,284
MedLab Christchurch	6,164	92.1	254 (40)	3.8 (0.6)	191	2.9	74	1.1	529	7.9	6,693
MedLab Hamilton	1,170	94.0	36 (3)	2.9 (0.2)	30	2.4	8	0.6	75	6.0	1,245
MedLab Wellington	8,603	92.7	380 (32)	4.1 (0.3)	243	2.6	37	0.4	673	7.3	9,276
SCL* Christchurch	5,189	96.2	55 (1)	1.0 (0.0)	124	2.3	23	0.4	205	3.8	5,394
SCL* Dunedin	18,978	94.6	133 (89)	0.7 (0.4)	640	3.2	296	1.5	1,086	5.4	20,064
Valley Diagnostic Lab.	3,507	96.1	36 (6)	1.0 (0.2)	80	2.2	23	0.6	143	3.9	3,650
Total	90,790	92.3	3,052 (332)	3.1 (0.3)	3,081	3.1	1,276	1.3	7,558	7.7	98,348

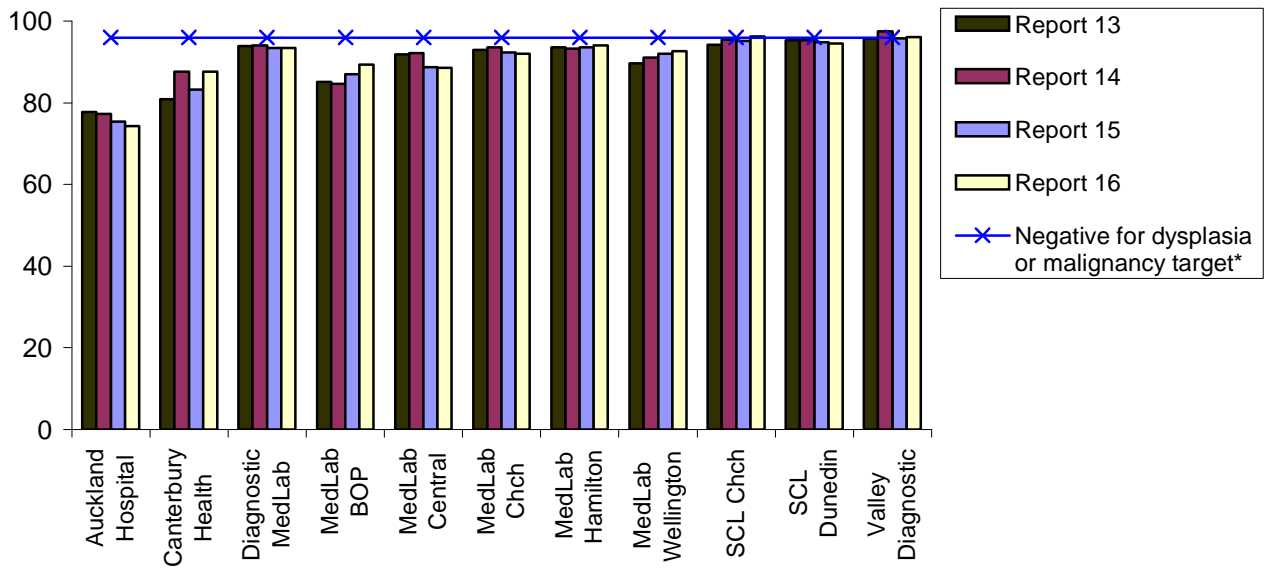
ASCUS-HG values are shown in parentheses because they are a subset of Total ASCUS. The percentages shown for ASCUS-HG are the percentage of ASCUS-HG in the total number of smears.

* SCL: Southern Community Laboratories

MedLab Taranaki has stopped processing smears and Report 15 was their last reporting period

Targets are: ¹ not more than 96%, ² not less than 0.6%, ³ not more than 10%

Figure 6: The proportion of satisfactory or satisfactory but limited smears reported as negative for dysplasia or malignancy for each laboratory



*Negative for dysplasia or malignancy target is not more than 96% so laboratories should be under the target line

Figure 7: The proportion of satisfactory or satisfactory but limited smears reported as HSIL for each laboratory

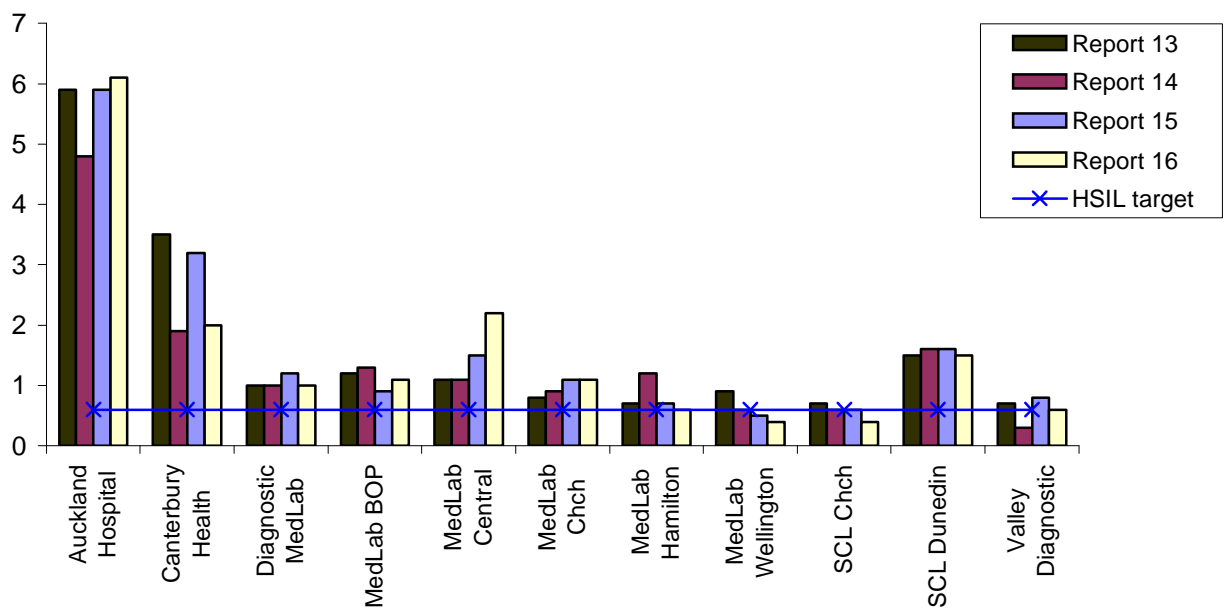
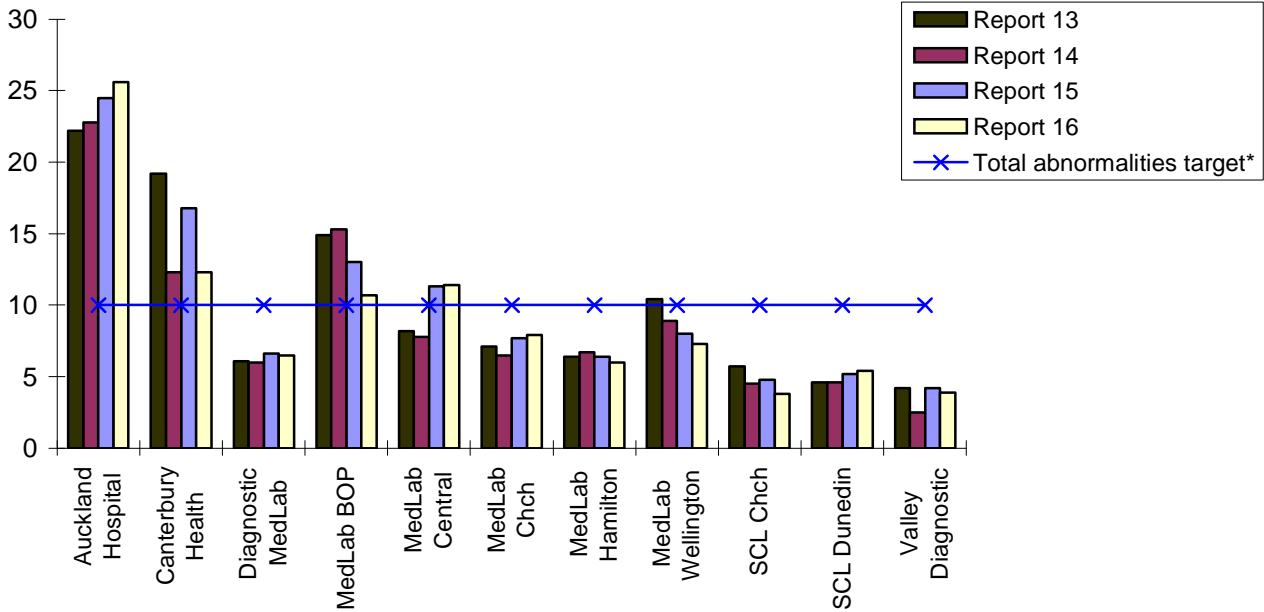


Figure 8: The proportion of satisfactory or satisfactory but limited smears reported as total abnormalities for each laboratory



* Total abnormalities target is not more than 10% so laboratories should be under the target line

6.3 Laboratory cytology turn around time

Definition

Laboratory cytology turn around time is the period of time between a smear being received by the laboratory and the report being issued by the laboratory to the smear taker.

Targets

The targets for the laboratory cytology turn around time are:

- 90% of cytology reports issued to the smear taker within seven working days of the smear being received by the laboratory

and

- 100% of cytology reports issued to the smear taker within 14 working days of the smear being received by the laboratory.

Calculation

The difference between the date that the smear was received and the date that the smear was reported by the laboratory, as recorded by the NCSP Register, was used to measure the laboratory turn around time. The numbers of smears reported within seven working days (Monday to Friday), between eight and 14 working days and more than 14 working days were expressed as a proportion of the total number of smears processed by the laboratory during the quarter. Smears taken from enrolled women of all ages during the reporting period as recorded on the NCSP Register were included.

Results

The proportion of smears received and reports issued within specified time periods during the period 1 July to 30 September 2004 for each laboratory processing cervical cytology are shown in Table 6. Overall, 99.7% of the 99,377 smears received by laboratories were reported within 7 working days. This was greater than the target of 90%, and exceeded the proportion reported in the last two quarters (97.2% and 97.0%). All 11 reporting laboratories achieved the seven-day target of 90%. Overall, the 14-day target of 100% was almost achieved, with 22 smears not reported within 14 working days, compared with 65 smears in the previous quarter. All laboratories were close to the 14-day target and the six that did not meet the target reported over 99% of smears within 14 working days.

Recommendations

1. The NSU is to investigate individual explanations why 22 smears were not reported on within 14 days (Report 16).

Table 6: Timeliness of the reporting of smears by laboratory

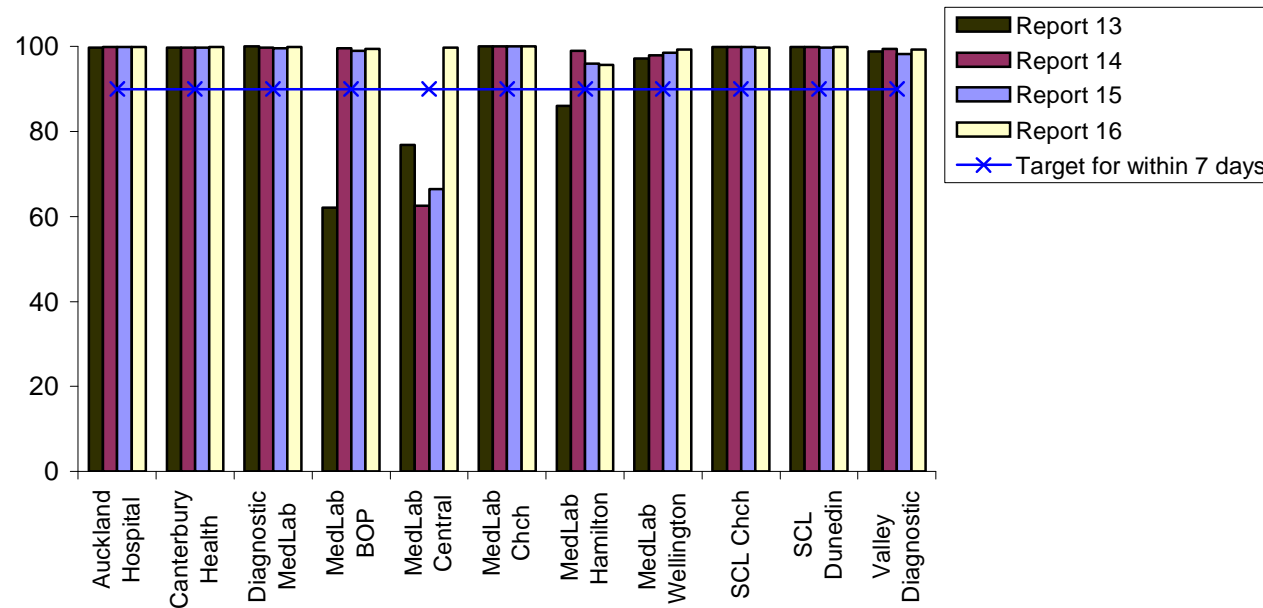
Laboratory	Number of smears processed		Within 7 working days (%)		From 8 to 14 working days (%)		Within 14 working days (cumulative %)		More than 14 working days (%)	
	n		n	%	n	%	n	%	n	%
Auckland Hospital Lab.	3,269		3,268	>99.9	0	0.0	3,268	>99.9	1	<0.1
Canterbury Health Lab.	2,242		2,241	>99.9	1	<0.1	2,242	>99.9	0	<0.1
Diagnostic MedLab Auckland	30,966		30,932	99.9	21	<0.1	30,953	>99.9	13	<0.1
MedLab Bay of Plenty	8,589		8,534	99.4	55	0.6	8,589	100.0	0	0.0
MedLab Central	7,330		7,316	99.8	14	0.2	7,330	100.0	0	0.0
MedLab Christchurch	6,847		6,847	100.0	0	0.0	6,847	100.0	0	0.0
MedLab Hamilton	1,264		1,210	95.7	53	4.2	1,263	>99.9	0	<0.1
MedLab Wellington	9,472		9,404	99.3	68	0.7	9,472	100.0	0	0.0
SCL* Christchurch	5,421		5,413	99.8	6	0.1	5,419	>99.9	2	<0.1
SCL* Dunedin	20,285		20,264	99.9	16	<0.1	20,280	>99.9	5	<0.1
Valley Diagnostic Lab.	3,692		3,665	99.3	27	0.7	3,692	100.0	0	0.0
Total	99,377		99,094	99.7	261	0.2	99,355	>99.9	22	<0.1

* SCL: Southern Community Laboratories

MedLab Taranaki has stopped processing smears and Report 15 was their last reporting period

Targets are 90% within seven working days and 100% within 14 working days

Figure 9: Proportion of smears reported on within seven working days



6.4 Laboratory histology turn around time

Definition

Laboratory histology turn around time is the period of time between a cervical or vaginal histology specimen being received in the laboratory and the report being issued by the laboratory to the clinician. Histology specimens include diagnostic biopsies, treatment biopsies, cervical polyps and cervical tissue of total hysterectomy specimens.

Targets

The targets for the laboratory histology turn around time are 90% of final histology reports issued within five working days of the specimen being received by the laboratory, and 100% of final histology reports issued within “a reasonable time period” of the specimen being received by the laboratory. A reasonable time period is not defined, but the NCSP Operational Policy and Quality Standards (2000) states that “If it is likely to take more than 10 days for the result to be reported, the colposcopist should be informed”.

Calculation

The difference between the date that the cervical histology specimen was received and the date that the histology result was reported by the laboratory, as recorded on the NCSP Register, was calculated for each laboratory that processed cervical histology. For each laboratory, the numbers of cervical histology specimens received during the quarter and reported within five working days, six to 10 working days or more than 10 working days were expressed as proportions of the total number of cervical histology specimens received by each laboratory during the quarter. Cervical histology specimens taken from enrolled women of all ages during the reporting period as recorded on the NCSP Register were included.

Results

The timeliness of histology reporting by the 28 laboratories that provided results to the NCSP Register in this quarter is shown in Table 7. There were a total of 6,530 histology specimens recorded on the NCSP Register, compared to 6,949 in the previous quarter. The number of specimens reported by each laboratory varied considerably, ranging from 24 in MedLab Hamilton to 925 in Diagnostic MedLab Auckland. For all laboratories combined, the proportion of histological specimens reported on within five working days was 94.8%, exceeding the target of 90%, and similar to the figures reported in the last two quarters (94.1% and 94.0%).

Four laboratories did not meet the five-day 90% target: Auckland Hospital Laboratory (72.2%), Hutt Hospital (75.4%), Rotorua Hospital (89.1%) and Wellington Hospital (71.7%). These four laboratories also did not meet this target in the two previous quarters, Auckland Hospital (74.9% and 63.8%), Hutt Hospital (75.2% and 81.2%), Rotorua Hospital (88.4% and 71.4%) and Wellington Hospital (71.2% and 71.9%).

Most laboratories had reported all or almost all histology results within 10 working days of the specimen arriving at the laboratory. Overall, 49 (0.8%) specimens were reported more than 10 working days after the time they were received by the laboratory, a figure similar to that reported in the last quarter (0.7%). Auckland Hospital Laboratory (24.3%), Hutt Hospital (22.5%) and Wellington Hospital (27.6%) reported the greatest proportion of histology results six to 10 working days from the specimens being received.

Recommendations

1. The NSU is to investigate the histology turnaround time of Auckland, Hutt, Rotorua and Wellington hospital laboratories, and to clarify why any lab still has outstanding specimens to report on at 11 or more working days. Note that this recommendation is only for the 49 specimens in Report 16.

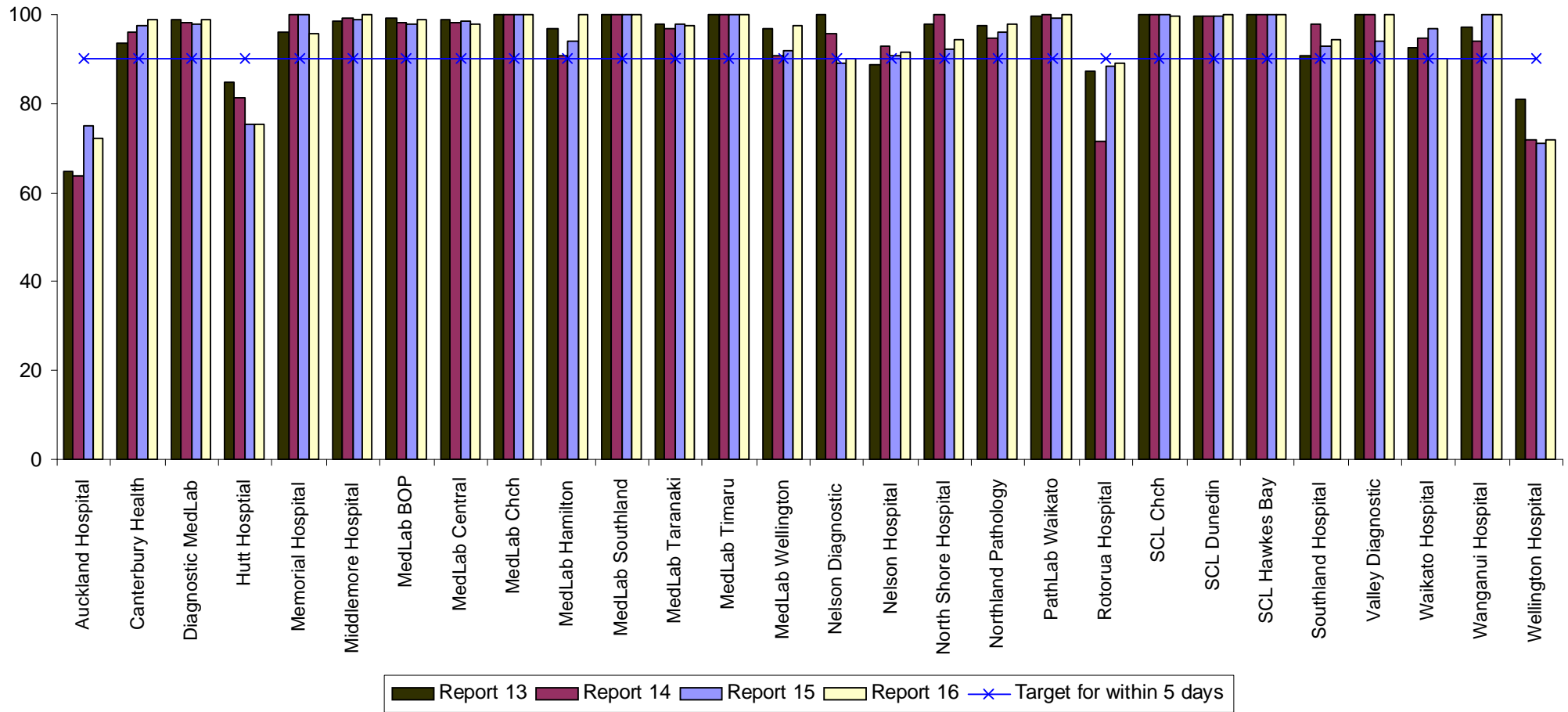
Table 7: Timeliness of the reporting of histology by laboratory

Laboratory	Number of specimens processed n	Within 5 working days		6 to 10 working days		11 or more working days	
		n	%	n	%	n	%
Auckland Hospital Lab.	334	241	72.2	81	24.3	12	3.6
Canterbury Health Laboratories	491	485	98.8	6	1.2	0	0.0
**Diagnostic MedLab Auckland	925	914	98.8	10	1.1	1	0.1
Hutt Hospital	138	104	75.4	31	22.5	3	2.2
Memorial Hospital Hastings	96	92	95.8	4	4.2	0	0.0
Middlemore Hospital	262	262	100.0	0	0.0	0	0.0
MedLab Bay of Plenty	494	489	99.0	4	0.8	1	0.2
MedLab Central	500	489	97.8	11	2.2	0	0.0
MedLab Christchurch	38	38	100.0	0	0.0	0	0.0
MedLab Hamilton	24	24	100.0	0	0.0	0	0.0
**MedLab Southland	42	42	100.0	0	0.0	0	0.0
MedLab Taranaki	162	158	97.5	4	2.5	0	0.0
MedLab Timaru	75	75	100.0	0	0.0	0	0.0
MedLab Wellington	151	147	97.4	4	2.7	0	0.0
Nelson Diagnostic Lab.	60	54	90.0	3	5.0	3	5.0
Nelson Hospital	210	192	91.4	13	6.2	5	2.4
North Shore Hospital	494	467	94.5	17	3.4	10	2.0
Northland Pathology	188	184	97.9	4	2.1	0	0.0
PathLab Waikato	134	134	100.0	0	0.0	0	0.0
Rotorua Hospital	101	90	89.1	6	5.9	5	5.0
SCL* Christchurch	194	193	99.5	1	0.5	0	0.0
SCL* Dunedin	435	435	100.0	0	0.0	0	0.0
SCL* Hawke's Bay	36	36	100.0	0	0.0	0	0.0
Southland Hospital	179	169	94.4	8	4.5	2	1.1
Valley Diagnostic Lab.	64	64	100.0	0	0.0	0	0.0
Waikato Hospital	518	466	90.0	46	8.9	6	1.2
Wanganui Hospital	58	58	100.0	0	0.0	0	0.0
Wellington Hospital	127	91	71.7	35	27.6	1	0.8
Total	6,530	6,193	94.8	288	4.4	49	0.8

* SCL: Southern Community Laboratories

Targets: 90% within five working days and 100% within a reasonable period of time

Figure 10: Laboratory histology turn around time



6.5 Satisfactory but limited and unsatisfactory smears by laboratory

Definition

Satisfactory but limited smears are those smears reported with a Bethesda adequacy code of A2. Unsatisfactory smears are those smears reported with a Bethesda adequacy of A3 (Revised Bethesda Coding System, 1998). It is important to note that the adequacy coding of a smear is influenced by both smear taking technique and laboratory reporting practice. The revised Bethesda System 2001 no longer includes a satisfactory but limited category. When the NCSP adopts the revised Bethesda System 2001 (from July 2005), consideration will be given to changing the current target for unsatisfactory smears.

Targets

The target for satisfactory but limited smears is not more than 20% of all smears reported for a given laboratory. The target for unsatisfactory smears is not less than 0.5% and not more than 2.0% of all smears reported for a given laboratory.

Calculation

All smears taken during the reporting quarter for which there was a result recorded on the NCSP Register were used to calculate these indicators. The number of satisfactory but limited smears and the number of unsatisfactory smears reported were both expressed as a proportion of the total number of smears processed during the quarter by each cytology reporting laboratory.

Results

The number and proportion of satisfactory but limited and unsatisfactory smears taken during the quarter and reported by each cytology laboratory is shown in Table 8. Overall, 99,377 smears were processed, of which 16.8% were reported as satisfactory but limited, a similar figure to that reported for the last quarter (17.5%) and within the target of not more than 20%. Among the laboratories, the proportion of satisfactory but limited smears varied considerably. This proportion ranged from 7.8% for SCL Dunedin to 23.7% for Diagnostic MedLab Auckland, which was the only laboratory to report more than 20% of smears read as satisfactory but limited.

Overall, 1,029 (1.0%) of the 99,377 smears processed were reported as unsatisfactory for evaluation. This is a similar proportion to that reported in the last quarter (1.1%) and is within the target range of 0.5 to 2.0%. Each laboratory reported unsatisfactory smears in this target range with the exception of Canterbury Health Laboratories (0.4%), MedLab Christchurch (2.3%) and MedLab Wellington (2.1%). In the previous quarter MedLab Christchurch (2.1%) was also outside the target range for unsatisfactory smears.

Recommendations

No recommendations were made, since the “satisfactory but limited” category is no longer in use. This indicator will continue to be reported on, since the proportion of unsatisfactory smears is still of interest.

Table 8: The number and proportion of satisfactory but limited and unsatisfactory smears by laboratory

Laboratory	Smears processed	Satisfactory but limited smears ¹		Unsatisfactory smears ²	
	n	n	%	n	%
Auckland Hospital Lab.	3,269	524	16.0	32	1.0
Canterbury Health Lab.	2,242	200	8.9	9	0.4
Diagnostic MedLab Auckland	30,966	7,336	23.7	215	0.7
MedLab Bay of Plenty	8,589	1,350	15.7	68	0.8
MedLab Central	7,330	1,094	14.9	46	0.6
MedLab Christchurch	6,847	1,268	18.5	154	2.3
MedLab Hamilton	1,264	250	19.8	19	1.5
MedLab Wellington	9,472	1,784	18.8	196	2.1
SCL* Christchurch	5,421	573	10.6	27	0.5
SCL* Dunedin	20,285	1,581	7.8	221	1.1
Valley Diagnostic Lab.	3,692	691	18.7	42	1.1
Total	99,377	16,651	16.8	1,029	1.0

Targets: ¹not more than 20%, ² 0.5 to 2.0%

* SCL: Southern Community Laboratories

MedLab Taranaki has stopped processing smears and Report 15 was their last reporting period

Figure 11: Satisfactory but limited smears by laboratory

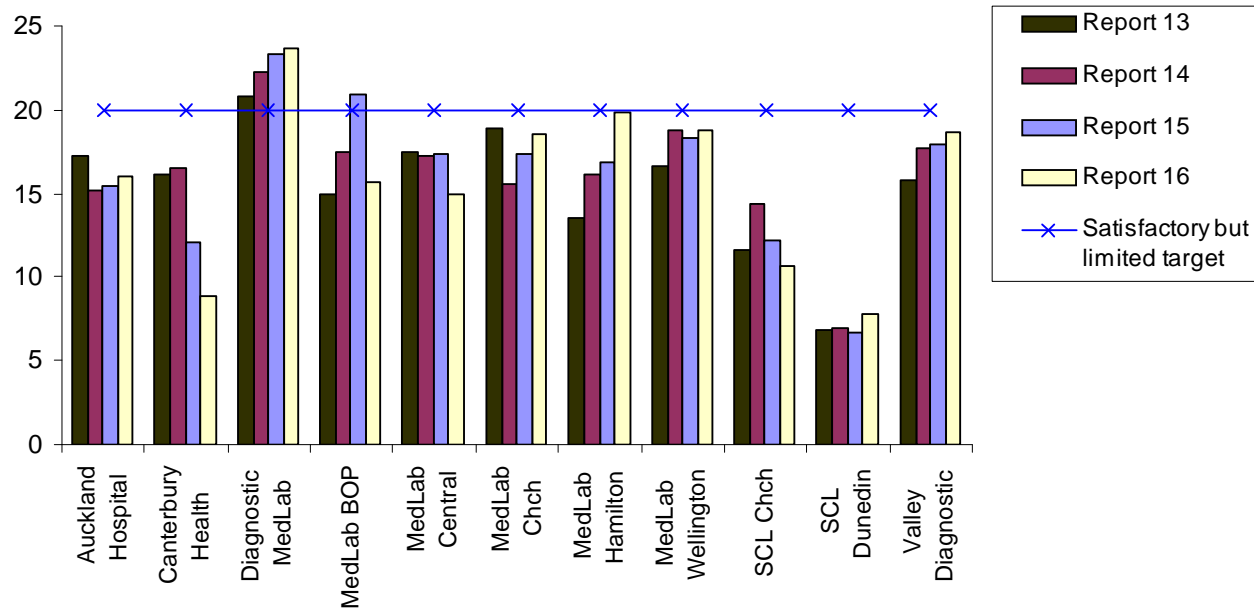
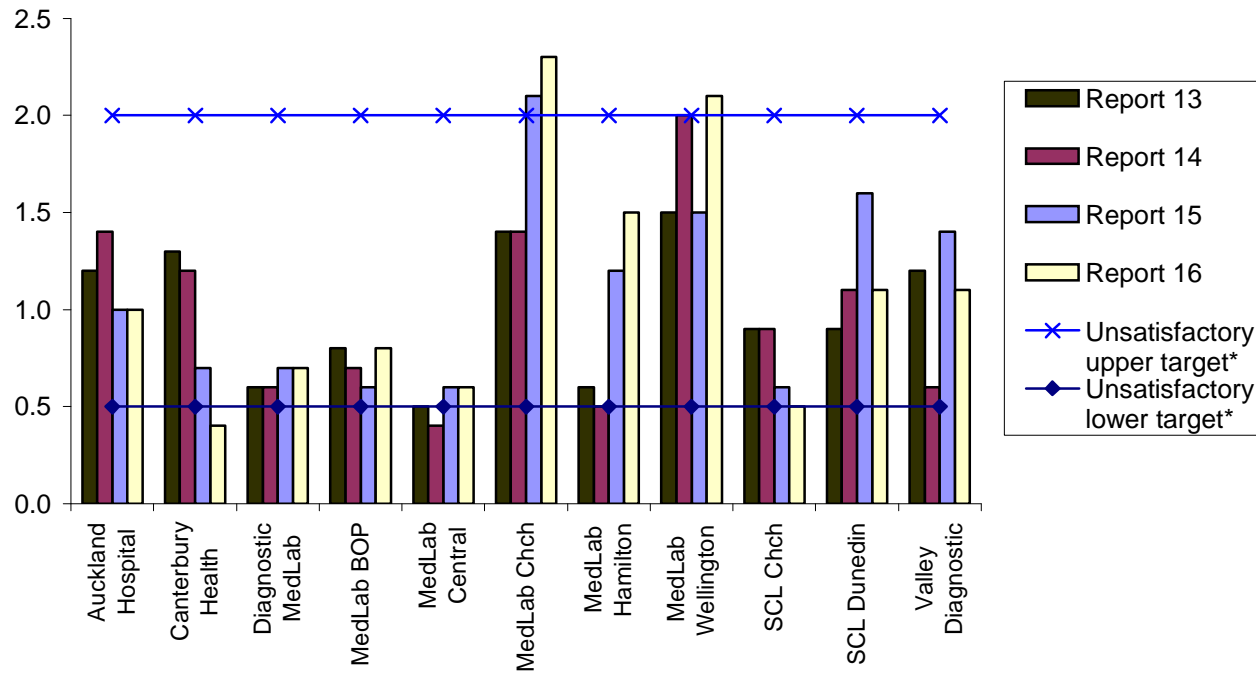


Figure 12: Unsatisfactory smears by laboratory



*Unsatisfactory smears target is not less than 0.5% and not more than 2.0% so laboratories should be between the two target lines

6.6 Satisfactory but limited and unsatisfactory smears by laboratory

Definition

Definitions and a description of the issues surrounding satisfactory but limited and unsatisfactory smears are given on Page 37.

Targets

The target for satisfactory but limited smears is not more than 20% of all smears reported for each smear taker category. The target for unsatisfactory smears is not less than 0.5% and not more than 2.0% of all smears reported for each smear taker category.

Calculation

Smears taken from enrolled women of all ages during the reporting quarter for which there was a result recorded on the NCSP Register were used to calculate these indicators. The total number of smears recorded by each smear taker group for the 12 months prior to the end of the reporting quarter was used to calculate the annual volume of smears taken by each smear taker group. For each group, the number of satisfactory but limited and unsatisfactory smears was expressed as a proportion of the total number of smears taken by that group.

Results

The numbers and proportions of satisfactory, satisfactory but limited and unsatisfactory smears taken in this quarter by annual volume of smears taken by each smear taker group is shown in Table 9. Overall, 99,377 smears were taken during the reporting quarter, of which 21 (<1%) were taken by lay smear takers, 60,586 (61%) by medical smear takers, 29,986 (30%) by nurses, 8,447 (8%) by specialists and 337 (<1%) by midwives. These proportions and volumes are similar to those reported in the last quarter.

The proportion of satisfactory but limited smears was within the target of not more than 20% for each smear taker group as a whole. When smear taker groups were considered by annual volume, the proportion of satisfactory but limited smears was greater than 20% for specialist smear

takers who took fewer than 30 smears in the 12 months prior to 30 September 2004. The numbers of smears in each group, when split by annual volume, is too small for meaningful analyses for some smear taker groups.

The proportion of unsatisfactory smears was within the target range of 0.5 to 2.0% for smear taker groups, with the exception of specialist smear takers with annual volumes of under 30 smears (2.6%), and midwife smear takers with annual volumes of under 30 smears (2.8%) and over 100 smears (2.5%). None of the smears taken by lay smear takers were reported as unsatisfactory for assessment.

Recommendations

No recommendations were made, since the “satisfactory but limited” category is no longer in use. This indicator will continue to be reported on, since the proportion of unsatisfactory smears is still of interest.

Table 9: The number and proportion of satisfactory but limited and unsatisfactory smears for each smear taker group

Smear taker group	Annual volume of smears	Total number of smears	Satisfactory smears		Satisfactory but limited smears ¹		Unsatisfactory Smears ²	
			n	%	n	%	n	%
Lay	<30	0	0	0.0	0	0.0	0	0.0
	30-100	21	20	95.2	1	4.8	0	0.0
	Total	21	20	95.2	1	4.8	0	0.0
Medical	<30	3,843	3,022	78.6	765	19.9	56	1.5
	30-100	17,301	13,905	80.4	3,181	18.4	215	1.2
	>100	39,442	31,791	80.6	7,263	18.4	388	1.0
	Total	60,586	48,718	80.4	11,209	18.5	659	1.1
Nurse	<30	1,919	1,541	80.3	361	18.8	17	0.9
	30-100	12,288	10,401	84.6	1,783	14.5	104	0.9
	>100	15,779	13,764	87.2	1,922	12.2	93	0.6
	Total	29,986	25,706	85.7	4,066	13.6	214	0.7

continued

Targets: ¹not more than 20%, ² 0.5 to 2.0%

Smear taker group	Annual volume of smears	Total number of smears	Satisfactory smears		Satisfactory but limited smears ¹		Unsatisfactory Smears ²	
			n	%	n	%	n	%
Specialist	<30	116	84	72.4	29	25.0	3	2.6
	30-100	767	619	80.7	137	17.9	11	1.4
	>100	7,564	6,269	82.9	1,160	15.3	135	1.8
	Total	8,447	6,972	82.5	1,326	15.7	149	1.8
Midwife	<30	72	57	79.2	13	18.1	2	2.8
	30-100	146	121	82.9	23	15.8	2	1.4
	>100	119	103	86.6	13	10.9	3	2.5
	Total	337	281	83.4	49	14.5	7	2.1
Total		99,377	81,697	82.2	16,651	16.8	1,029	1.0

Targets: ¹not more than 20%, ² 0.5 to 2.0%

Figure 13: Satisfactory but limited smears by smear taker

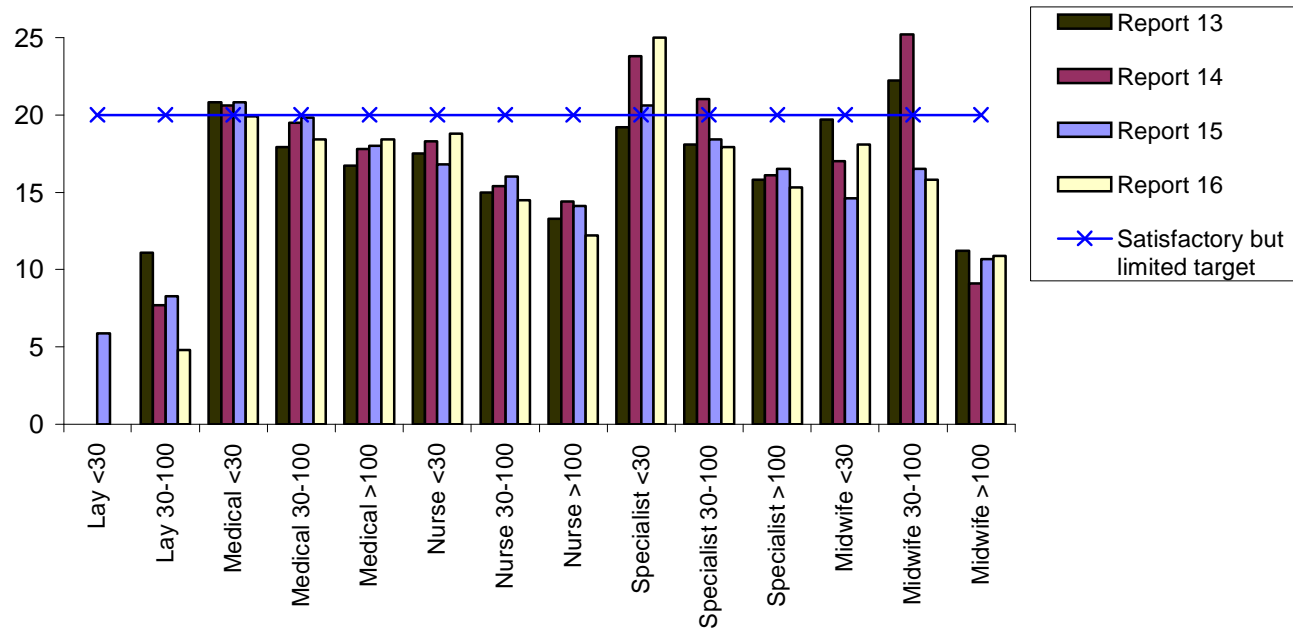
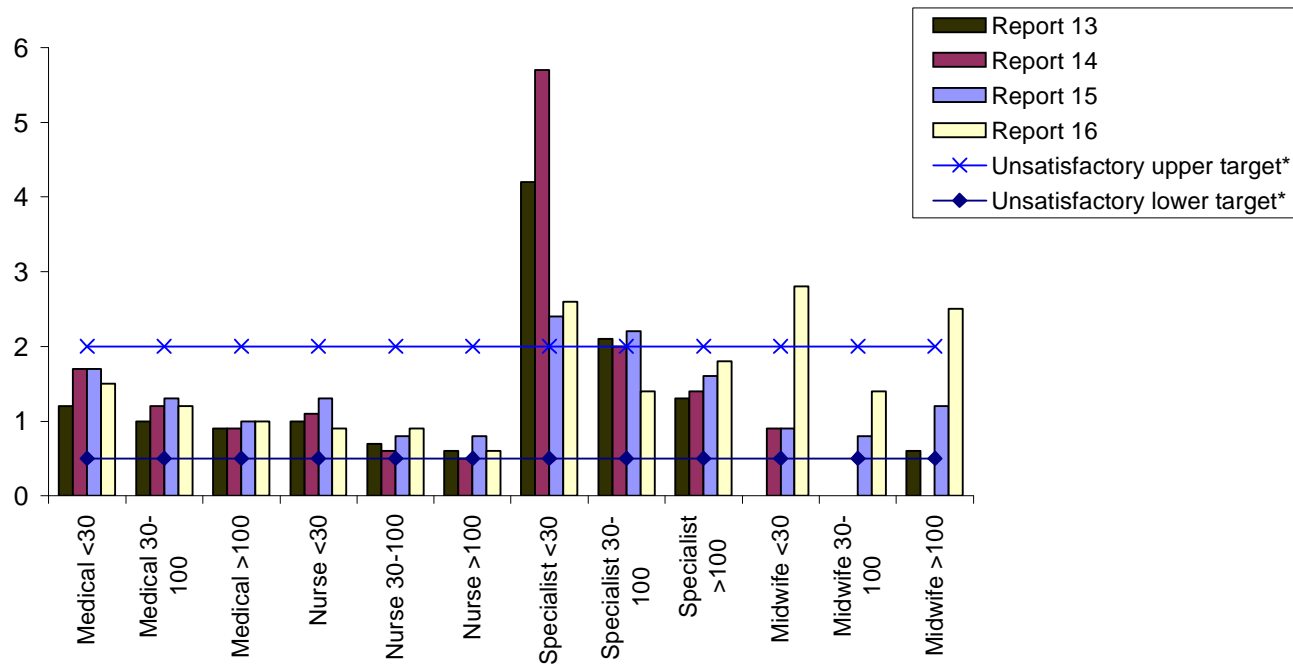


Figure 14: Unsatisfactory smears by smear taker



*Unsatisfactory smears target is not less than 0.5% and not more than 2.0% so smear takers should be between the two target lines. Lay group is not shown here because of the limited numbers of unsatisfactory smears.

6.7 Waiting time for colposcopic assessment for HSIL or ASCUS possible high grade

Definition

The waiting time for colposcopic assessment for HSIL or ASCUS-HG is the time from the receipt of a referral to a DHB colposcopy service for women with a high grade cytology result to the time of the first colposcopic assessment.

Targets

The target for colposcopic assessment of women with a high grade cytology result is 95% of women having assessment within 4 weeks of referral.

Calculation

The data required for the calculation of the waiting time for assessment for HSIL or ASCUS-HG indicator are supposed to be collected by DHB colposcopy clinics and reported to the NSU. The indicator was unable to be calculated with the available data. Nevertheless, the number of women with HSIL or ASCUS-HG cytology results who were referred to DHB colposcopy clinics each month, and the number of women with HSIL or ASCUS-HG cytology results who were waiting longer than four weeks for colposcopic assessment at the end of each month, reported by DHB colposcopy services were provided by the NSU.

Results

The reported number of women with a HSIL or ASCUS-HG cytology result referred each month for colposcopic assessment to each DHB colposcopy service, and the reported number of women referred for colposcopic assessment of a HSIL or ASCUS-HG cytology result waiting longer than four weeks at the end of each month is shown in Table 10. Four colposcopy units, Hawke's Bay, Nelson Marlborough, Northland and Waitemata, did not provide any data for this reporting quarter. Nelson Marlborough and Waitemata did not provide any data for the previous reporting quarter.

Among those colposcopy units that provided data to the NSU, the highest reported number of women with a HSIL or ASCUS-HG cytology abnormality waiting longer than 4 weeks at the end of each month was 23. This was reported by Counties Manukau, which reported a total of 57 women waiting longer than four weeks for this reporting quarter. Nine of the colposcopy units reported that no women waited longer than four weeks, compared with 7 units in the previous quarter.

Recommendations

1. There are concerns with the non-reporting and with the accuracy of reported data. The NSU should investigate this as a matter of urgency.

Table 10: Waiting time for colposcopic assessment of HSIL or ASCUS possible high grade by DHB colposcopy service

DHB Colposcopy Reporting Unit	Number of women referred for assessment of HSIL or ASCUS-HG			Number of women referred waiting longer than 4 weeks at the end of each month		
	July	August	September	July	August	September
Auckland	42	37	22	0	0	0
Bay of Plenty	42	27	32	0	0	0
Canterbury	65	22	19	0	0	0
Capital and Coast	7	10	6	2	2	1
Counties Manukau	17	23	24	23	18	16
Hawke's Bay	NR	NR	NR	NR	NR	NR
Hutt Valley	7	12	18	1	2	7
Lakes	10	8	4	4	0	0
MidCentral	21	17	22	0	0	0
Nelson Marlborough	NR	NR	NR	NR	NR	NR
Northland	NR	NR	NR	NR	NR	NR
Otago	31	23	28	0	0	0
South Canterbury	0	2	0	0	0	0
Southland	0	0	0	0	5	0
Tairāwhiti	8	8	5	4	4	0
Taranaki	16	15	16	6	4	0
Waitemata	NR	NR	NR	NR	NR	NR
Waikato	27	24	31	2	2	0
Wairarapa	2	2	4	0	0	0
Whanganui	3	0	4	0	0	0
West Coast	1	2	3	0	0	0
Total	299	232	238	42	37	24

NR: data not reported

Target: 95% within four weeks (unable to calculate with available data)

6.8 Waiting time for colposcopic assessment for LSIL or ASCUS

Definition

The waiting time for colposcopic assessment for LSIL is the time from the receipt of a referral to a DHB colposcopy service for women with a low grade (LSIL or ASCUS) cytology result to the time of the first colposcopic assessment.

Targets

The target for colposcopic assessment of women with a low grade cytology result is 95% of women having assessment within 26 weeks of referral.

Calculation

Data required for the calculation of the waiting time for assessment for LSIL indicator are supposed to be collected by DHB colposcopy clinics and reported to the NSU. The indicator was unable to be calculated with the available data. Nevertheless, the number of women with low grade cytology results who were referred to DHB colposcopy clinics each month, and the number of women with low grade cytology results who were waiting longer than 26 weeks for colposcopic assessment at the end of each month, reported by DHB colposcopy services were provided by the NSU.

Results

The reported number of women with low grade cytology results referred each month for colposcopic assessment to each DHB colposcopy service, and the reported number of women referred for colposcopic assessment of a low grade cytology result waiting longer than 26 weeks at the end of each month is shown in Table 11. Four colposcopy units, Hawke's Bay, Nelson Marlborough, Northland and Waitemata, did not provide any data for this reporting quarter. Nelson Marlborough and Waitemata did not provide any data for the previous reporting quarter.

Among those colposcopy units that provided data to the NSU, the highest reported number of women with a low grade cytology abnormality waiting longer than 26 weeks at the end of each month was 55. This was reported by Lakes, which reported a total of 109 women waiting longer than 26 weeks for this reporting quarter. Eight of the colposcopy units reported that no women waited longer than 26 weeks, compared with four colposcopy units in the previous quarter.

Recommendations

1. There are concerns with the non-reporting and with the accuracy of reported data. The NSU should investigate this as a matter of urgency.

Table 11: Waiting time for colposcopic assessment of LSIL or ASCUS by DHB colposcopy service

DHB Colposcopy Reporting Unit	Number of women referred for assessment of LSIL or ASCUS			Number of women referred waiting longer than 26 weeks at the end of each month		
	July	August	September	July	August	September
Auckland	31	58	46	3	0	0
Bay of Plenty	70	66	55	0	0	0
Canterbury	41	45	35	1	1	1
Capital and Coast	37	36	31	0	0	0
Counties Manukau	54	41	38	12	12	12
Hawke's Bay	NR	NR	NR	NR	NR	NR
Hutt Valley	11	13	15	0	0	0
Lakes	40	25	41	55	0	54
MidCentral	28	27	23	0	0	0
Nelson Marlborough	NR	NR	NR	NR	NR	NR
Northland	NR	NR	NR	NR	NR	NR
Otago	19	26	14	0	0	0
South Canterbury	3	0	2	5	0	3
Southland	11	11	14	0	8	14
Tairāwhiti	3	3	4	4	4	0
Taranaki	17	20	10	1	1	0
Waitemata	NR	NR	NR	NR	NR	NR
Waikato	44	44	39	25	19	20
Wairarapa	17	7	11	0	0	0
Whanganui	13	20	18	0	0	0
West Coast	3	3	3	0	0	0
Total	442	445	399	106	45	104

NR: data not reported

Target: 95% within 26 weeks (unable to calculate with available data)

Appendix 1: Summary of the Revised Bethesda Coding Standard (1998)

The hierarchy of broad cytological categories is:

- (a) Negative for dysplasia or malignancy
- (b) Abnormal not otherwise specified
- (c) Atypical squamous cells of undetermined significance (ASCUS), excluding ASCUS possible high grade
- (d) Low grade squamous intra epithelial lesion (LSIL)
- (e) Atypical glandular cells of undetermined significance (AGUS) favouring a reactive process
- (f) Atypical glandular cells of undetermined significance (AGUS) favouring a dysplastic or neoplastic process
- (g) ASCUS possible high grade
- (h) High grade squamous intra epithelial lesion (HSIL)
- (i) Adenocarcinoma-in-situ (AIS)
- (j) Adenocarcinoma
- (k) Cancer not otherwise specified
- (l) Invasive squamous carcinoma of the cervix