

INTRODUCTION OF HPV AS PRIMARY TEST WITHIN THE NHS CERVICAL SCREENING PROGRAMME (NHSCSP)

NHS England has been considering how it will implement the recommendation made in July 2016 by the National Screening Committee that the NHSCSP should replace cytological screening with the Human Papilloma Virus (HPV) test as the primary screen within the programme.

We understand that it has been a challenging time for providers of cytology services within the NHSCSP and want to confirm our commitment to maintain the current programme until this change is nationally rolled out before the end of 2019.

Earlier this year, Public Health England (PHE), with representation from NHS England and other key stakeholders, led an Options Appraisal that considered how the service change could be delivered safely, effectively and sustainably on a national level. A number of options were considered against criteria that included service quality and linkage to local services. The option for the centralisation of HPV testing and cytology testing as a single seamless service was deemed to be above the quality threshold for service delivery and was recommended for either of the two sub options:

- Option 4a a minimum number of centralised services (between 4-6 sites)
- Option 4b a maximum number of centralised services (between 10-15 sites)

Following this, due diligence was carried out by NHS England on the financial viability and workforce implications of each of these options. A series of engagements were also carried out with representatives from the local commissioning teams around the current position relating to pathology reforms, contracting and laboratory configuration within the regions. This was to determine whether the options were feasible and operationally deliverable.

Decisions have now been made on the commissioning and procurement strategies for laboratory services to support this change in the NHSCSP. Key national stakeholders have been informed of these decisions by the Central Public Health Commissioning Team of NHS England. Current providers of laboratory services have been informed of these decisions by their commissioners in NHS England's local teams.

Commissioning Strategy

The recommendation for the commissioning strategy is option 4b. This is the centralisation of between 10 to 15 laboratories, although we have identified (based on initial feedback from the local commissioning teams) that **up to a maximum of 13 laboratories** will be the optimum number to procure in order to provide HPV Primary screening across England before the end of 2019.

The footprint that laboratories will cover will be determined following further discussions within NHS England's regional teams and clarity from PHE regarding the minimum number of cytological samples each laboratory would need to undertake. This will be confirmed in due course within documentation relating to the procurement.

Procurement Strategy

The recommendation for the procurement strategy is that a national provider framework is procured and will involve a national programme of work which will entail a consistent market engagement approach, standardised tender documentation and a national service specification. A national provider framework will ensure that all existing providers will be treated equally throughout the procurement process. Providers successful at this stage will then be invited to participate in regional procurement processes.

Next Steps

Planning has now commenced between the national Public Health Commissioning team, the regional commissioning teams and colleagues from the central Commercial Team/Commissioning Support Units for the agreed National Framework procurement process.

We anticipate running some market engagement events early in 2018 where we will be able to give clarity on timescales and footprints for the commissioning of laboratory services to support this change.

Local providers of services should in the first instance, contact their local commissioners with any queries. We will provide further updates on progress and timescales for the different stages in the procurement as we move further into the planning and preparation stages via PHE's Screening Blog.