

Quality Assurance in Cervical Screening

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Armed Forces Cervical Cytology Workshop

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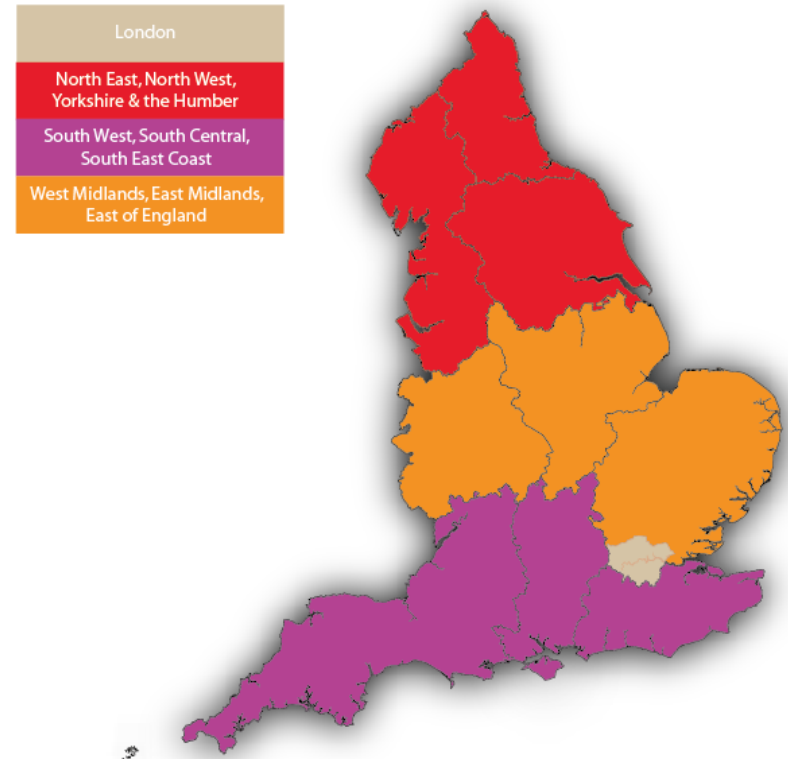
Website: www.wmciu.nhs.uk

Overview

- Quality assurance and governance of screening
- Arrangements for overseas work
- Key programme guidelines and standards
- Programme failsafe
- Incident management arrangements

QA and geography

- 9 QA Reference Centres across England
- Scotland, Wales and Northern Ireland have separate arrangements
- QA and commissioning can be together or separate depending on country



QA arrangements

- quality assure all aspects of programme
- monitor quality
- raise issues if sub standard quality
- service/programme visits
- laboratory External Quality Assessment (EQA)
 - gynae and technical EQA
- initiatives to improve quality
- study days, workshops, audit & research
- provision of advice
- incident management

Clinical advice for QA

- Professional QA leads:
 - represent relevant professional groups
 - provide expertise to QA and professionals working in the programmes
 - attend regional and national meetings
 - work with screening programmes and QA to develop and interpret national policy
 - undertake QA visits to services

Hospital Trust arrangements

- Key staff
- Responsible for quality of screening services provided by Trust
- Link to Trust senior management
- Co-ordinate screening services in a Trust
 - Cytology
 - Histology
 - Colposcopy

Local Programme

Boards

- Usually chaired by local screening programme lead eg screening & imms lead/screening co-ordinator or equivalent
- Multi-disciplinary - representatives from all professional aspects local programme
- Assesses programme performance and agrees action plans
 - National screening specification No. 25
- Identify areas for escalation if performance issues continue
- Agrees how new national/QA guidance will be implemented locally

Overseas work

- Samples still sent to University Hospitals Coventry and Warwickshire
 - ThinPrep LBC
- Commissioning via NHS England Arden, Herefordshire & Worcestershire Team
- QA via West Midlands QA Team
- QA & governance arrangements to be finalised
 - Roles and responsibilities
 - Incident management

National guidance

- England <http://www.cancerscreening.nhs.uk/>
- Northern Ireland
<http://www.cancerscreening.hscni.net/>
- Scotland
<http://www.nsd.scot.nhs.uk/services/screening/cervicalscreening/index.html>
- Wales
<http://www.cervicalscreeningwales.wales.nhs.uk/>

Pathway

Call/recall (Preston)

- Generate invitation list via O/E
- Generate FNR list via O/E
- Issue invitations to DMS
- Issue result letters to DMS

DMS

- Check invitation list and advise of changes
- Issue invitations and leaflets to woman
- Issue reminders
- Use O/E to check history and print request forms
- Take test
- Issue result letters to woman

Laboratory

- Issue result to DMS
- **Action direct referral in England TBC**
- Issue result to c/recall
- Check outcomes of referrals with DMS

Colposcopy

- Issue appointment to DMS
- Issue result to c/recall
- Provide outcome of referrals to lab
- Provide discharge information to c/recall

Sample taker training

- Arrangements are locally determined
 - Variety of training providers
 - Different LBC methods – **be sure to check!**
- Personal Identification Numbers (PINs)
 - Vary across the country
 - Will change as sample taker moves
- Sample taker requirements
 - **NO** national minimum number per year
 - NHSCSP publication No 23 gives details
 - May be local policies

Key national standards

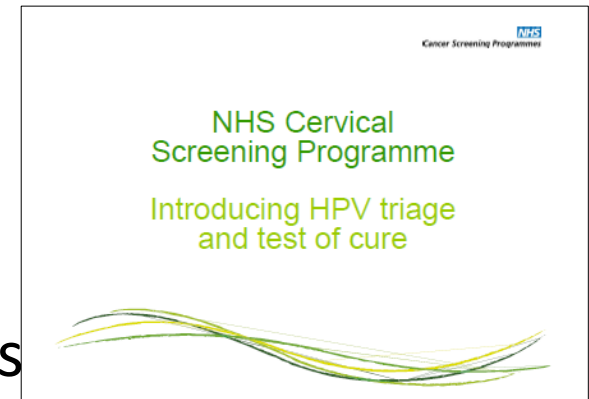
- Attendance
 - >80% of eligible population attend within 3/5 years depending on age
- Prompt screening result
 - >98% sample results issued within 14 days of the screening test
- Prompt referral to colposcopy
 - >90% high grade/?invasive cancer within 2 weeks
 - 90% all referrals seen within 6 weeks (England)
- **Standards may vary slightly across the UK**

Prompt results

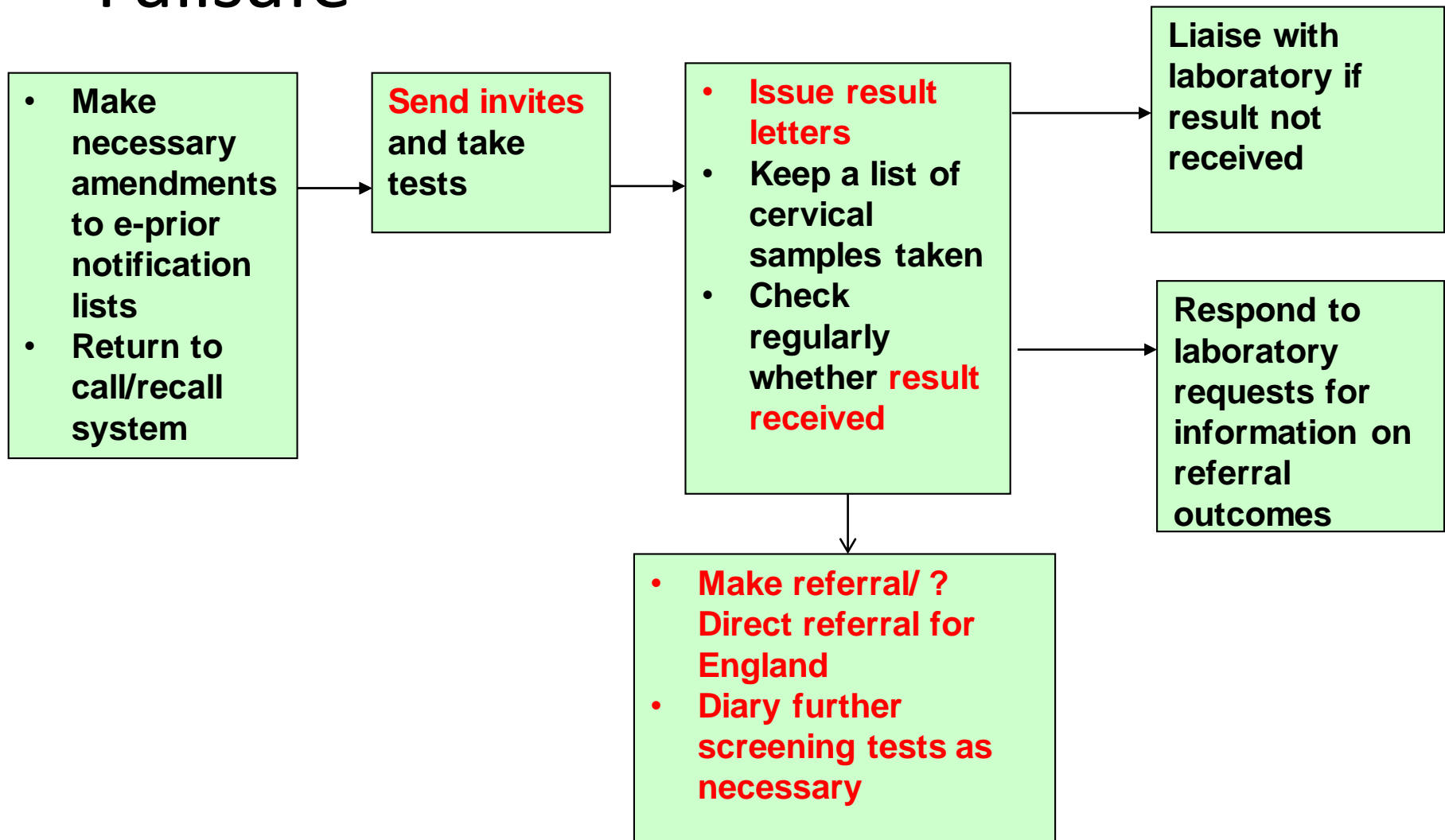
- Avoid delays by:
 - Ensuring sample requests are complete and accurate
 - Use Open Exeter pre-populated HMR101 sample request forms
 - Include PIN on form – will be local PIN
 - Use Open Exeter to check a woman's screening history
 - Send samples to laboratory promptly
 - Do not take out-of-scope samples
 - If non-routine and about to be deployed, could bring forward
 - MUST be clear on the request form reason for early test
 - No other reason to bring forward
- NHS Screening Programme sample acceptance policy in final draft

HPV Triage and Test of Cure

- More specific risk assessment
- Triage (England and NI only)
 - Women with low grade abnormalities
- Test of cure
 - Identifies whether colposcopy treatment has removed high risk HPV
- National clinical management protocols/flowcharts
- Patient information/counselling essential
- Important to understand principles to avoid unnecessary tests



Failsafe



Incident management

- Relevant interim guidelines available
 - <http://www.screening.nhs.uk/incidents>
 - Final version due soon
- Notify as soon an issue is identified
 - QA and commissioners where separate
- Different severity of issues
- Investigation/initial fact findings
- Formal incident or serious incident declared and managed
 - May or may not need to recall women

Example incidents

- Qualifications and training of sample takers
- Insufficient/incorrect information on tests taken
- Sample mix ups
- Samples lost in transit
- Invitations and result letters not issued/issued incorrectly
- Colposcopy referrals not made
- Repeat tests not taken