Quality Assurance in Cervical Screening

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Armed Forces Cervical Cytology Workshop

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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

- Make necessary amendments to e-prior notification lists
- Return to call/recall system

Send invites and take tests

- Issue result letters
- Keep a list of cervical samples taken
- Check regularly whether result received

Liaise with laboratory if result not received

Respond to laboratory requests for information on referral outcomes

- Make referral/?
- Direct referral for England
- Diary further screening tests as necessary
Incident management

• Relevant interim guidelines available
  – 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