

Cervical screening: quality assurance process

SQAS activity key

Provider functions are reviewed by screening quality assurance service (SQAS)

* - public health system leadership and commissioning function (please refer to pre visit questionnaire for complete list of functions for peer review)

** - under development

Pathway element: Identifying cohort	SQAS activities	Frequency
Call and recall functions	National call/recall SQAS activities **Methodology under development	Under development
e-Prior notification lists	National ceasing audit (if implemented by NHS England) and reporting process, including informed consent withdrawal	
Ceasing	Links with quality assurance (QA) of public health (PH) system leadership and commissioning	
General practitioner (GP) list cleansing	Links with QA of PH system leadership and commissioning	
Failsafe/e-Final non-responders	Links with QA PH system leadership and commissioning	
Nonregistered women (ZZZ GPs)	Not applicable (N/A)	
*Prisons		
*Travellers		

Pathway element: Identifying cohort	SQAS activities	Frequency
*Asylum seekers		
Information governance		
Ministry of Defence (MoD) screening a. National call/recall b. Local MoD activities (see later sections)	QA of Ministry of Defence (MoD) call/recall functions Regional QA: QA of local MoD arrangements (see later sections)	

Pathway element: Invitation and reminders	SQAS activities	Frequency
Next test due (NDT) dates	National call/recall SQAS activities ** Methodology under development Regional SQAS activities Next test due date – check links to laboratory and colposcopy elements at QA visits/via ongoing QA work	Under development
Letters to women (invitations, reminders) and use of national leaflets	Monitor quarterly and data provided to NHSE as part of key performance indicator (KPI) monitoring; discussed at programme boards	Quarterly
Coverage data		At QA visits
Out-sourced providers of letters, including information governance issues with data transfer and information handling		

Pathway element: Primary screening	SQAS activities	Frequency
Training of staff: basic and update	Specific questions as part of QA visits to the screening and immunisation team (SIT) and laboratory	At QA visits
Sample taker database and management, reporting to sample takers	Covered at QA visits	At QA visits
Open Exeter access	National call/recall QA function at QA visits	At QA visits
Checking of identification (ID)	N/A	N/A
Eligibility for screening	Annual ceasing audit via call/recall (if implemented by NHS England); checked by national call/recall QA function	Annual
Recording of signs and symptoms	N/A	N/A
Taking the sample	Laboratory rejection rates/sample acceptance policies	Rejection rates quarterly. Acceptance policies at visits
Informed consent withdrawal	National call and recall QA function visits	At QA visits
Exception reporting	N/A	N/A
Consumable management	N/A	N/A
Specimen transport arrangements and chain of custody	Laboratory transport arrangements reviewed at visits. Proportion of tests reaching the laboratory within 3 days of being taken	At QA visits/quarterly

Pathway element: Primary screening	SQAS activities	Frequency
*Reducing health inequalities a. Special needs b. Information for women for whom English is not a first language c. Coverage rates and initiatives to improve attendance	Quarterly and annual coverage rates covered in QA of commissioning	At visits/ Quarterly and annual

Pathway Element: Screening test reporting	SQAS activities	Frequency
Leadership of cytology service	Appropriate staff in place	At QA visits
Appropriately trained and registered staff a. Permanent b. Locums	Are processes in place to ensure staff are appropriately trained	At QA visits/annual staff data
Accommodation and equipment a. Use of approved liquid based cytology (LBC) technologies b. Use of approved HPV testing technologies c. United Kingdom accreditation service (UKAS) accreditation compliance	a) and b) Collection via KC61/Annual review/QA attendance at programme boards (PBs) check non-conformance re UKAS assessment	Annual
Minimum laboratory workload (35,000)	Annual KC61 Staffing appropriate for workload	At QA visits
Specimen management in line with national guidelines	Review relevant SOPS as part of QA visits	At QA visits

Pathway Element: Screening test reporting	SQAS activities	Frequency
Sample acceptance policy	Review relevant standard operating procedures (SOPs) as part of QA visits/rejected sample rates	At QA visits/annual/quarterly
Minimum individual staff workloads (3,000 screeners, 750 checker, 750 pathologist/consultant biomedical scientist (CBMS))	Annual individual data reports	Annual
External quality assurance (EQA) participation (individuals, laboratory, human papilloma virus (HPV) testing))	National EQA team runs EQA scheme for gynaecology, cytology (individuals) and laboratory technical EQA (TEQA); participation of all schemes including HPV EQA checked annually and at visits	6/12 monthly, quarterly and annually
Rapid review/pre-screening: sensitivity	Annual sensitivity data collection via SQAS annual return	Annual
HPV testing arrangements and reporting, including appropriate service level agreements (SLAs) if not provided directly	Checking at QA visits	At QA visits
Positive predictive value/abnormal predictive value (PPV/APV)/referral value	Annual PPV/APV/RV data collection via KC61 and individual performance via SQAS annual return	Annual
Reporting turnaround times	Quarterly data collection	Quarterly
Direct referral for colposcopy arrangements	Checking at QA visits	At QA visits
Failsafe of colposcopy referrals made/women lost to follow up	Checking at visits and annually KC61 part C1/C2	At QA visits/annual

Pathway element: Issuing results	SQAS activities	Frequency
Results letters to women and use of national leaflets	National text and leaflets used; checks by national call/recall QA function	Under development
Failsafe for women requiring follow up action	Covered via national call and recall QA function (needs further work on methodology), laboratory and colposcopy review at visits (see relevant sections)	6 monthly and annual
** Out-sourced providers of letters, including information governance issues with data transfer and information handling	See above in invitation and results section	At QA visits

Pathway element: Colposcopy	SQAS activities	Frequency
Leadership of colposcopy service	Job description review at QA visit	At QA visits
Right woman comes to colposcopy a. Direct cytology referrals b. Clinical and symptomatic (non-screening) referrals c. Screening referrals from within the hospital	a) direct referral processes, b) referral acceptance processes	At QA visits
Timely offer of appointment a. Patient information and letters	Monitoring via KC65 at QA visits	Quarterly/annual
Did not attend (DNAs) and cancellations including failsafe arrangements a. Access arrangements for women	Monitoring via KC65. Review processes in place for decreasing DNAs and improving access	Quarterly/annual/at QA visits
Clinical workload	Monitoring via KC65	Quarterly/annual

Pathway element: Colposcopy	SQAS activities	Frequency
Induction of staff a. Locums b. New substantive staff c. Returners from long absence	Check processes in place	N/A
Maintenance of skill set a. Colposcopists	Individual workload, accreditation status; individual performance data against national standards. **Needs further work on methodology.	Annually
Clinic staffing arrangements a. Colposcopists b. Nursing staff c. Administration and data support	Check at QA visits	At QA visits
Clinic accommodation and equipment, including resuscitation arrangements	Check at QA visits	At QA visits
Clinic information technology (IT) systems and data quality	Annual data review/quarterly data returns	Annually/quarterly
Effective colposcopy practice	Annual data on activity and performance against national standards of individual colposcopists. Compliance with HPV triage protocol assessed via audit	Annually
Prompt treatment where required	Monitoring via annual data review	Ad hoc based on risk assessment
Provision of timely results a. Patient information and letters b. Discharge information to call/recall	Monitoring via KC65 a. At QA visits	At QA visits
Right result assessment	**Right results review process to be developed based on existing tools available	At QA visits/ad hoc based on risk

Pathway element: Colposcopy	SQAS activities	Frequency
Multi-disciplinary team (MDT) case discussion and criteria	Check at QA visits	At QA visits/annual review
Patient experience	Patient journey and review of patient survey findings at QA visits	At QA visits/annual review

Pathway element: MDT	SQAS activities	Frequency
Referral criteria and case selection by cytology, histology, colposcopy	QA visits, SOPs	At QA visits
Cytologist/histologist/colposcopists present	MDT attendance sheets	At QA visits
Appropriate equipment including monitors and video conferencing	At QA visits	At QA visits
Frequency meets national guidance	At QA visits/MDT notes	At QA visits
Appropriate record keeping of attendance	At QA visits/MDT notes	At QA visits
MDT discussion a. Mismatch cases b. Glandular/cervical glandular intra-epithelial neoplasia (CGIN) c. Outside protocol HPV testing use d. Other cases as defined by national guidance	At QA visits	At QA visits
Outcomes in line with national guidance principles and reported to the appropriate clinician	Local MDT audit on risk assessed basis	

Pathway element: Histopathology Diagnosis - histology	SQAS activities	Frequency
Leadership of cervical histology service	QA visit	At QA visit
Workload	Routine data collection. **methodology under development. At QA visit	Annual
Safe transfer of biopsy specimens	QA visit, SOPs	At QA visit
SOPs for use of additional testing	QA visit, SOPs	At QA visit
Evidence of standard use of appropriate minimum data set items	QA visit, SOPs	At QA visit
Routine use of levels a. Biopsy b. Large loop excision of the transformation zone (LLETZ)	QA visit, SOPs	At QA visit
Clear communication of results, supplementary reports and changed reports	QA visit, SOPs	At QA visit
Clear process for getting second opinion/discussion of difficult cases	QA visit, SOPs	At QA visit
Turnaround times a. Biopsy b. Treatment specimens	Routine data collection (**methodology under development). At QA visit	Annual
Reporting ranges	Routine data collection (**Methodology under development). At QA visit	Annual
Participation in a national EQA scheme encompassing gynaecological specimens and required screening-	QA visit; SOPs; MDT records	At QA visits

Pathway element: Histopathology Diagnosis - histology	SQAS activities	Frequency
specific continuous personal development (CPD)		
Participation in colposcopy MDT		

Pathway element: Programme management	SQAS activities	Frequency
Identified cervical screening provider lead with time and job description (JD) to cover the role; appropriate SLAs in place if not provided by host organisation	At QA visits	At QA visits
Lines of accountability to host organisation board	At QA visits	At QA visits
Organisational chart for the programme	At QA visits	At QA visits
Risk assessment and management a. Business continuity and succession plans	At QA visits	At QA visits
Clinical Governance, escalation processes and integration into organisational systems	At QA visits	At QA visits
MDT management meetings a. Terms of reference and frequency b. Appropriate representation c. Recording and follow up of actions	At QA visits	At QA visits

Pathway element: Programme management	SQAS activities	Frequency
Invasive cervical cancer audit a. Case of ascertainment/prompt notification b. Level of completeness c. Policy and process for audit and disclosure of results d. Agreed assignment of responsibility shared with other providers (for example regional cancer centre)	QA visit a) and b) ongoing data monitoring/annual review	At QA visits/annual/ongoing
Information governance	N/A	N/A
Staffing current and projected	N/A	N/A
Population current and projected changes a. Approach to service capacity	N/A	N/A
Annual report to commissioners a. Presentation to the Trust(s)	Annual review/QA visit	Annual QA visit
Equipment replacement programmes	N/A	N/A
Maintenance contracts	N/A	N/A
Serious incidents	Ad hoc reporting & QA visit	Ongoing/QA visit
Patient safety incidents	Ad hoc reporting & QA visit	Ongoing/QA visit
Complaints and compliments received	At QA visit	At QA visit
Relationship with (SQAS) office	Ongoing	Ongoing

