Colposcopy Service

Version 7

Lead Person(s)	:	Mr Martyn Underwood, Consultant for Obstetric and Gynaecology/ Colposcopy Lead
Care Group	:	Women and Children's
First implemented	:	April 2014
This version implemented	:	20th May 2024
Planned Review	:	May 2027
Keywords	:	*Colposcopy service*
Written by	:	Mr Underwood & Sister Claire Carr
Comments	:	References to SaTH Guidelines in the text pertain to the latest version of the Guideline on the intranet. Printed copies may not be the most up to date version.

Version	Implementation Date	History	Ratified By	Full Review Date
1	01.04.2014	New		
2	01.10.2016	Reviewed	Dr Jill Blackmore Mr Martyn Underwood	01.10.2017
3	01.10.2017	Reviewed Sept 2017	Dr Jill Blackmore Mr Martyn Underwood	01.10.2018
4	February 2018	Reviewed February 2018	Mr Underwood & Dr Blackmore	February 2023
5	October 2019	Reviewed for Primary HPV screening introduction		
6	5th November 2020	Reviewed after document 20 updated	Gynae & Fertility Clinical Governance	5th November 2023
7	20th May 2024	Full review	Gynae & Fertility Clinical Governance	May 2027

C O N T E N T S

1.0 Introduction

These guidelines describe the clinical principles that underpin the SaTH Colposcopy Department. They are evidence-based wherever possible and are greatly influenced by the NHSCSP guidelines. Wherever we differ from national guidelines the reason for this is explained. In addition to the recommendations, clinical standards for assessing performance are presented.

1.1 The Colposcopy Service

The Colposcopy Service has approximately 4500 clinical episodes each year, including approximately 1800 new patients. Services are based at Royal Shrewsbury Hospital and Princess Royal Hospital (Women and Children's Centre).

- Patients are managed under the care of Mr Underwood, Dr Panikkar, Mr Reed and Dr Sahu and Prof Parry-Smith
- Lead Colposcopy Nurse Sister Claire Carr,
- Nurse Colposcopist Sister Heidi Davies
- The lead Colp lead is Mr Underwood 01952 641222 ext 5958
- The CSPL is Sister Claire Carr 01952 641222 ext 5967: claire.carr7@nhs.net
- From September 2019 Royal Wolverhampton NHS Trust is our local cytology laboratory

1.2 Colposcopy clinics

- At Shrewsbury & Telford NHS Hospital Trust there are two colposcopy units.
  - The clinic in The Royal Shrewsbury Hospital is situated in clinic 6.
  - The clinic in The Princess Royal Hospital is situated in GATU part of the Women's and Childrens Centre.
  - Both sites are equipped with adjustable examination couches, colposcopes and appropriate equipment for diagnosis and treatment.
- Resuscitation equipment is available in both clinics and written emergency guidelines are in place with which all clinic staff should be familiar.
- Staff should receive regular updating of BLS skills as per mandatory training. Only colposcopists with BSCCP certification or BSCCP registered trainees under supervision perform colposcopy.
- There should be no more than one trainee per clinic.
- Clinic records for colposcopy patients should be made on the clinic KC65 proforma or entered directly into the colposcopy database.
- Clinic records for PCB patients should not use the KC65 but should use the PCB proforma as these do not need to go on to the colp database
- KC65's should be fully completed as far as possible and be filed in the hospital records for later transcription onto the electronic database by the admin staff.
- Up to date details of clinic scheduling is available via the colposcopy nursing operational guidelines.

Link to Document 20
www.gov.uk/government/publications/cervical-screening-programme-and-colposcopy-management

2.0 Referral of women for colposcopy

Referrals are made as per NHSCSP guidelines from Shropshire patients.
From April 2013 Cervical Screening Wales no longer refers CSW patients but Powys women may be seen if referred clinically by Welsh GPs.
Primary HPV screening was introduced in September 2019

3.0 DNA policy

Patients who have been referred under the 2ww pathway will be offered a further appointment if they DNA. The patients will be contacted by phone at the time of the DNA to ensure they received the appointment and advised verbally the need to come. The colposcopy admin team are informed by phone of the DNA and a further appointment rebooked.

Patients referred with low grade smears who DNA are sent the standard DNA letter inviting them to ring and make a further appointment.

If the patient does not reply to the first DNA letter they then receive the second letter which discharges them back to the care of their GP. Unfortunately, we are unable to re-set call /recall so they remain on suspend until returned to recall at the end of that period.

4.0 Documentation

- Clinical notes are recorded on paper KC65 forms which are filed in the patient's hospital notes.
- The data is manually transferred to the colposcopy database by the colposcopy administrators after every clinical episode.
- Currently individual clinic letters are dictated and sent to the GP.
- Accurate recording of colposcopic finding as per Document 20

- Written or verbal consent for examination, investigation and treatment should be recorded.
- The nature of any procedure undertaken should be recorded.
- All results of any tests cervical cytology (smear), biopsy etc should be recorded onto the clinical sheet when these results become available.
- Management plan should be recorded.
- Date of discharge must be recorded along with the recommended date for their next cervical sample to be taken
- Results are seen on a daily basis by the colposcopists and appropriate result letters written. Appropriate management is decided and recorded on the KC65 and subsequently on the colposcopy database.
- Future cytology management is relayed to call/recall via the monthly electronic download.

4.1 Audit

Audit is a vital part of the Colposcopy Management Programme. In addition to the regular audit of waiting times which are captured by the KC65 the following audits are recorded:

- Where excision is used, biopsy specimens removed in a single sample? Standard: >80%
- Primary haemorrhage requiring additional haemostatic technique? Standard: <5%
- Proportion of patients admitted as inpatients owing to treatment complications? Standard: <2%
- Colposcopist PPV of high grade lesions should be 75% and 35% for all other referrals

- Proportion of first visit excision biopsies that contain CIN2+ : standard >90%
- GA rates < 20%
- Where excision LLETZ < 7mm depth Standard > 90%
- Where destructive treatment is performed biopsy must be available prior to treatment Standard 100%
- Patients with persistent dyskaryosis 12 months after treatment Standard <5%

All colposcopists must see at least 50 new referrals from the NHSCSP.

Data for the majority of these audits can be obtained from the colposcopy database. These will be extracted on an annually calendar basis by the colposcopy data manager. Validation of the data is performed by named individuals on an audit forward plan. Concerns identified must be addressed by the Lead Colposcopist.

Over and above these, ad hoc audits may be undertaken as part of the training programme.

5.0 Patients on Anti coagulation

5.1 Guidelines for loop diathermy excision in patients on oral anti-coagulants

Patients receiving oral anticoagulation treatment should be discussed with the consultant responsible for the patient.
Oral anticoagulants may need stopping. INR should be checked if the patient is on Warfarin.
Liaise with haematology if necessary.

5.2 Patients within 3 months of venous thromboembolism

- Loop diathermy should be avoided unless cancer suspected
- If cancer suspected consult surgical guidelines and confirm arrangements with a consultant

5.3 Antibacterial prophylaxis for patients having loop diathermy excision

- **Indications**
  - Prosthetic metal heart valve
  - H/o endocarditis
- **Drugs to be prescribed**
  - As per SATH surgical guidelines available intranet

6.0 Infections and Colposcopy

Chlamydia
There is no indication to test routinely for Chlamydia and other infections for asymptomatic patients when attending colposcopy.
If a patient complains of vaginal discharge or soreness, then high vaginal and endocervical sampling is indicated after gaining verbal consent for Chlamydia / gonococcal testing.
All women presenting with PCB should be offered chlamydia screening.

Incidental infections may be detected in cervical cytology (smears). Some may require specific treatment or defined management.

Standard letters are available for patients with infections found on testing

Bacterial Vaginosis;
if the patient does not complain of a vaginal discharge and is not pregnant then treatment is not required.

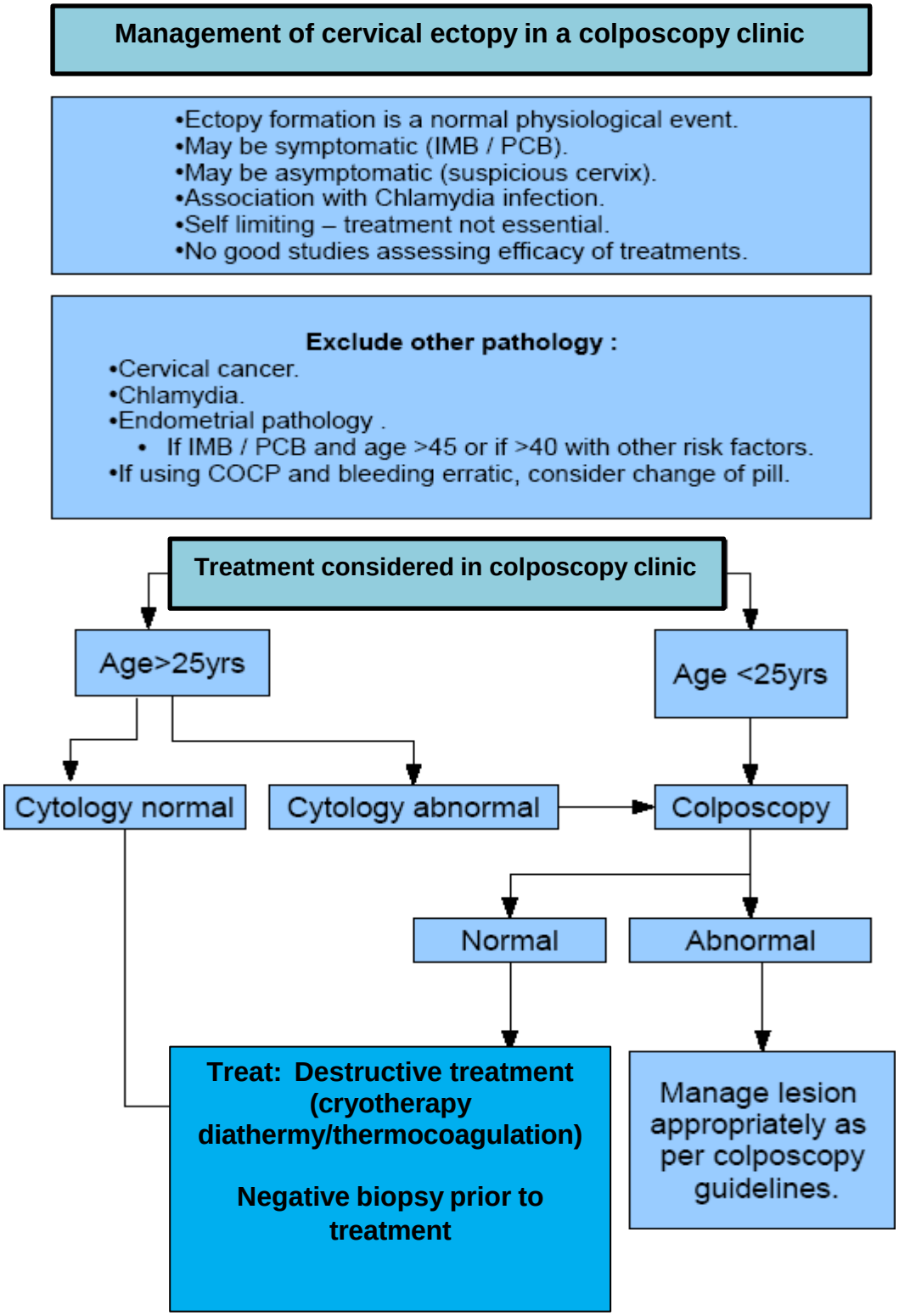
Candidiasis
Should be treated only if symptomatic.

Herpes Simplex :
patients with a Herpes Simplex Virus infection may present with symptoms long before the cervical cytology (smear) report will be available
all patients should be referred to a local genitourinary clinic

Trichomonas Vaginalis (TV)
Asymptomatic detection of this protozoon merits treatment in all
cases All patients should be referred to a local genitourinary clinic
Cervical cytology (smear) with Trichomonas present may often be unsatisfactory due to the marked inflammation. TV should be first treated if a repeat cervical cytology (smear) is required.
It is a notifiable disease.

7.0 Algorithm for Management and Treatment of Cervical Ectropion

All patients undergoing cryotherapy in colposcopy clinics MUST have a cervical biopsy prior to treatment.



8.0 Concurrent gynaecological problems

Some patients will present in the colposcopy clinic with an abnormal cervical cytology (smear) and a concurrent gynaecological problem. The colposcopy clinic is not the ideal setting in which to undertake general gynaecological assessments. There are of course exceptions to this rule and clinical judgement should be exercised.

There are also circumstances where patients will have been referred to the colposcopy clinic from one of the other clinics as a result of having had an abnormal cervical cytology (smear). In general, these patients should be managed as for any new referral.

One special instance is in those who are awaiting hysterectomy. Colposcopy in this situation is used to define the limits, if any, of vaginal extension of a lesion. Secondly if invasion is suspected, this should be confirmed or excluded prior to proceeding with hysterectomy.

9.0 Other medical problems

If other medical problems are identified whilst patients are being assessed in the colposcopy clinic these should usually be referred back to their general practitioner for appropriate referral or management.

In some situations, the concurrent medical problem may have a bearing on their gynæcological management or be of such severity as to warrant a more urgent hospital referral the woman's General Practitioner contacted as soon as possible or internal referral.

10.0 Colposcopy Training / Teaching

Training quality assurance is the responsibility of Lead Colposcopist. Training is an integral part of providing a clinical service.

- Observers in colposcopy for undergraduate teaching include medical students Junior doctors already working in the trust and Practice nurses on cytology training courses.
- From Keele University Medical School, Nurses and Midwives. Postgraduate trainees attend as observers as part of structured postgraduate training programme include GP VTS ST1/2 Trainees, Foundation FY1 Trainees and ST1-7.
- All colposcopy trainees must be registered as trainees with the BSCCP and be approved by the Lead Colposcopist.
- Trainees under indirect supervision can see patients without the trainer being present in the room during the consultation but are expected to discuss cases with the trainer subsequently. The clinical supervisor's name will be completed on the colposcopy form as the clinician responsible for that particular clinic.
- Training assessment will be undertaken by the trainer after 50 cases (formative assessment) prior to commencing indirect supervision and again after 150 cases. Training progress will be reviewed every six months by the lead colposcopist, and if problems are encountered in training.
- Trainees are encouraged to commence the necessary log book the beginning of training, in order to use them as part of the formative assessment process in conjunction with the OSCE
- There should only be a single trainee present in the colposcopy room at any time. Patients should be told prior to entering the examination room that a trainee is present and given the option of not being seen by a trainee, if they wish.

11.0 Induction Arrangements

- All new Colposcopists must provide a copy of BSCCP certificate to Lead Colposcopist.
- All new Colposcopists must have access to Open Exeter and demonstrate ability to use it. Training includes demonstration of local access (the App on SATH intranet site). Passwords can be obtained from Sister Claire Carr.
- All new Colposcopists receive an electronic copy of SATH colposcopy guidelines and MUST confirm they have read this document.
- All new Colposcopists receive face to face induction with Lead Colposcopist and a colposcopy administrator to ensure knowledge of local referral pathways, administrative duties, discharge arrangements, failsafe and MDT.
- All new Colposcopists will have at least 2 colposcopy clinics with direct supervision with Lead Colposcopist (or deputy).

12.0 Policies

12.1 Whistle blowing.
Please see the relevant trust policies which are available on the Intranet.

12.2 Patient confidentiality
Please refer to the NHS code of practice on Confidentiality (November 2003)

12.3 Information governance – staff to complete annually.

12.4 NHS Cancer Screening Programmes - Confidentiality and disclosure policy

Appendix:

1. **Team Members**
2. **Colposcopy Mismatch MDT**
3. **Mismatch Proforma**
4. **MDT clinical discussion**
5. **CA cervix case report**
6. **MDT attendance register**
7. **MDT checklist**
8. **MDT terms of reference & SOP**
9. **CSPL quarterly meeting**
10. **New patient referral figures**
11. **Lead Colposcopist job description**
12. **Lead Colposcopist management structure and accountability**
13. **Cervical Screening Programme Lead job description**
14. **Cervical Screening Programme Lead job description**
15. **SOP for CA cervix accountability audit**

Appendix 1

Team Members

Colposcopists

Mr Martyn Underwood	Consultant
Dr Jane Panikkar	Consultant
Mr Nicholas Reed	Consultant
Dr Banchhita Sahu	Consultant
Prof Will Parry-Smith	Consultant
Sister Claire Carr	Lead Nurse Colposcopist
Sister Heidi Davies	Nurse Colposcopist

CSPL
Sister Claire Carr

Lead Colposcopist
Mr Martyn Underwood

Gynae Lead Histopathologist

Dr Joanne Williams	Consultant

Colposcopy Administrators

Nicola Insull	Colposcopy Administrator
Marie Evanson	Colposcopy Administrator
Fiona Hand	Colposcopy Administrator

Appendix 2

Colposcopy Mismatch MDT - Terms of Reference & SOP	
Remit	**To coordinate and review cases as below:** ***Indications for mismatch meetings*** ***MDT - Histo/pathology reviews required in:*** ▪ Significant (2 stage) discrepancy between cytological and histological findings where cytology grade is higher than histology grade. ▪ All cases CGIN ▪ All borderline endocervical / HPV positive cytology (smears) ▪ All cancers - histology ▪ All ? invasion Cytology (smears) ▪ Management (e.g. cytological review of difficult cases or histology review) ▪ All conservative management of CIN 2 ▪ HPV testing outside NHSCSP guidelines ▪ Patients >50 with incomplete excision on LLETZ **MDT - Clinical discussions - consider** ▪ Persistent LG changes ▪ Potential withdrawal from screening programme ▪ Interesting or challenging cases **MDT - Others:** ▪ Cervical cancer clinical review (Invasive Review) *See appendix 3,4 & 5 for example template's Also to confirm that the previous months mismatch MDT outcomes and actions have been completed
Chair	CSPL
Vice Chair	Colp Lead
Membership	All colposcopists (doctors and nurses) – 50% attendance per year required Lead Colp Nurse Histopathology lead or designated colleague - 100% attendance Cytologist or designated colleague - 100% attendance * Attendance may be physical or via video conferencing ** trainees and nurses welcome ***Register updated at each meeting (see appendix 6)
Secretary	CSPL or Colp Lead
Quorum	A quorum of at least two consultants (Lead Colposcopist and CSPL) with reviews from the Histopathologist and cytologist are required for each meeting.
Where and When	MS Teams Friday 2-5 pm Weeks 4 & 8
Reporting to	Colp lead reports to the Gynae CD and or CGMD CSPL reports directly to the Medical Director

Communication	**Prior to meeting** • Cases for the MDT are forwarded to the CSPL (or Colp Lead if CSPL away) • Discussion list is circulated at least one week prior to the meeting • Cases added <1 week to the meeting only in exceptional circumstances

	CSPL confirms eligible cases and compiles final list **List stored on the "Y" drive and circulated to:** • All colposcopists (Doctors and Nurses) • CSPL – Royal Wolverhampton Trust • Dr Williams – Histology or delegated colleague if away • Colp admin staff **During the meeting** • Cases are updated live with management plans • Letters are dictated if needed • Action log is completed (see appendix 7) • Previous action log (which will have been completed already by the admin staff) is checked to confirm all previous actions are now complete. **After the meeting** • Final list of discussed cases is circulated to all • Admin staff are to print hard copies and file these in the patients notes, and store it electronically in SEW/Portal • Admin staff go on to complete the new action log from current meeting **Offer Ca cervix disclosure meetings to all patients with cervical cancer via the SOP and letter in appendix 15**

Appendix 3

Colposcopy MDT mismatch proforma

* text in red to be completed

Meeting Date …

SaTH No DOB / NHS	Cyto No & Date	Cyto Grade	Histo No & Date	Histo report	Cyto review	Histo review	Discussion and Plan
Patient name	Slide no … Date …	i.e. Mild	A,18… Date…	i.e LLETZ 15*10*9mm CIN 3 Margins complete	To be completed during meeting i.e. unchanged	To be completed during meeting i.e. unchanged	i.e. GP TOC 6/12 Letter done
SaTH Unit number							
DOB							
NHS number							

Previous smear history from open Exeter to be pasted here

Any other relevant info i.e. smoking status, parity etc

Test Date Cytology & HPV Result Action
18.12.2017 4 – Mild LG HPV pos
10.11.2014 2 - Negative A
17.09.2012 2 - Negative A

*** copy to be filled in notes and stored electronically in SEW/Portal**

Appendix 4

Colposcopy MDT Clinical Discussion

* text in red to be completed

Meeting Date …

Patient Name ...
Unit Number ...
DOB ...
NHS Number ...

Clinician referring patient ...
Reason for referral: i.e. request to withdraw from screening programme

Previous Cytology:
Paste previous screening history here

Previous histology
Place previous histo results here

Relevant history:

Discussion & Plan
=

*** copy to be filled in notes and stored electronically in SEW/Portal**

Appendix 5

MDT meeting Ca Cervix Case Report 2017/2018

Name. …. DOB: …. Age ….

Case no. …. Stage: ….

Unit Number …. Date of Diagnosis: ….

Cytology

Original Result: ….
Review Result: ….

Histology

Original Result: ….
Review Result: ….

Clinical Review ….

Colp MDT meeting date ….
For disclosure meeting Yes / No

*** copy to be filled in notes and stored electronically in SEW/Portal**

Appendix 6

Attendance register 2024

	26th Jan	23rd Feb												
Consultants														
Mr Underwood (Colp lead)	√													
Dr Panikkar	√													
Mr Reed	√													
Dr Sahu	A													
Mr Parry-Smith														
	√													
	√													
Histopathology SaTH														
Dr Jo Williams	√													
RWH Cytopathology team														
Steve Bird	√													

Appendix 7

Colp MDT Checklist – date …

Page No	Name	Unit Number	Action needed	Completed Yes/No
1				
2				
3				
4				
5				
6				

*Patients to be entered prior to meeting
**Action needed to be completed during the meeting
***Actions completed to be “filled in” by colp admin staff and checked during the subsequent meeting

Appendix 8

Colposcopy Management Meeting - Terms of Reference & SOP	
Remit	To coordinate and review practice within the colposcopy department Review
Chair	Colp Lead
Vice Chair	CSPL
Membership	• All colposcopists – 50% attendance per year required • Lead Colp Nurse • Histopathology lead or designated colleague - 100% attendance • Cytologist or designated colleague - 100% attendance * Attendance may be physical or via video conferencing ** trainees and nurses welcome ***Admin staff welcome **** Register updated at each meeting (see appendix 6)
Secretary	Colp Lead or CSPL
Quorum	A quorum of at least two colposcopy consultants, cytologist, histologist
Where and When	• MS Teams • Friday-2-5pm • Weeks 4 & 8 • Each quarter this is replaced by the CSPL meeting
Reporting to	• Colp lead reports to the Gynae CD and or CGMD • CSPL reports directly to the Medical Director
Communication	**Prior to meeting** • Minutes from previous meeting circulated • New agenda items forwarded to the Colp lead / CSPL • New meeting agenda circulated to all **List stored on the "Y" drive and circulated to:** • All colposcopists (Doctors and Nurses) • CPC – RWH • Dr Williams – Histology or delegated colleague if away • Colp admin staff **During the meeting** • Previous minutes approved (or amended if needed) • Minutes are updated live in the document **After the meeting** • Final document is circulated to all **Agenda items:** 1. Previous meeting minutes approved / amended 2. New Matters Arising. 3. Colposcopy Administrator Update 4. Cytology 5. Histology 6. Research & Audit update 7. Training and Trainees 8. IT Update 9. QA inspection 10. AOB

Appendix 9

CSPL Quarterly Meeting - Terms of Reference & SOP	
Remit	To oversee the co-ordination, quality and effectiveness of the cervical screening programme within the Shrewsbury & Telford NHS trust, and to ensure cytology performed at Royal Wolverhampton Hospital complies with national standards.
Chair	CSPL
Vice Chair	Colp lead
Membership	• All colposcopists – 50% attendance per year required • Lead Colp Nurse • Lead nurse for W&C or a delegate • Histopathology lead or designated colleague - 100% attendance • Cytologist or designated colleague - 100% attendance • Business manager or delegate • Admin staff representative • * Medical director – receives a copy of the report * Attendance may be physical or via video conferencing ** trainees and nurses welcome ***All admin staff welcome **** Register updated at each meeting (see annex 6)
Secretary	Colp Lead or CSPL
Quorum	A quorum of at least two colposcopy consultants, histologist, cytologist, admin staff representative, Nursing representative, Business representative
Where and When	• MS Teams • Friday 2-5pm • Each quarter
Reporting to	• CSPL reports directly to the Medical Director • Colp lead reports to the Gynae CD and or CGMD
Communication	**Prior to meeting** • Minutes from previous meeting circulated • New agenda items forwarded to the CSPL / Colp lead • New meeting agenda circulated to all **List stored on the "Y" drive and circulated to:** • All colposcopists (Doctors and Nurses) • CPC – RWH • Dr Williams– Histology or delegated colleague if away • Colp admin staff • Lead nurse • Colp nurse lead • Business manager **During the meeting** • Previous minutes approved (or amended if needed) • Minutes are updated live in the document **After the meeting** • Final document is circulated to all **Agenda items:** 1. Previous minutes approved or amended 2. Recent cervical screening meeting updates

	3. New guidelines 4. KC65 returns 5. Cytology TAT 6. Histology TAT 7. Referral figures 8. Datix a. New b. Old 9. HRCR's 10. SI's 11. Attendance figures (see appendix 10) 12. IGT training and any IG breaches 13. NHS Cancer Screening Programmes Confidentiality and disclosure policy 14. Med Directors report 15. Annual report (when appropriate) 16. AOB

Appendix 10

New patient referral figures 2024

	RSH Colp	PRH Colp	PCB	Total
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

Rolling total are to be kept and discussed at the colposcopy management meetings to identify any trends etc

Appendix 11

Colp Lead - Job Description

Responsibilities of the post:

The Lead Colposcopist is responsible for:

- Ensuring that written protocols are in place for the service and that these include recommended national guidelines.
- Ensuring that the protocols are regularly reviewed so that the needs of the users of the service and the commissioners of the services are met. The Lead Colposcopist will be required to ensure that the defined quality assurance standards are being met. The agreed national minimum data set and the required quarterly KC65 return should be collected.
- Ensuring that regular audit of the service takes place to compare practice with the local protocols and national targets.
- Liaising with the Trust staff responsible for providing the facilities needed to ensure that the service is adequately staffed by appropriately trained individuals (medical and non-medical), so that service needs can be met in a timely and consumer sensitive fashion.
- Co-ordinating training and liaising with the BSCCP Certification and Training Committee as appropriate.
- Facilitating the maintenance of continued certification of practicing colposcopists within the unit working with the Trust management to ensure that procedures are in place to facilitate care and rapid communication with patients, other hospital departments, primary care agencies, cytopathology and histopathology services
- Liaising with the hospital based programme coordinator, convening regular multidisciplinary meetings including cytology and histology services for case discussion and protocol review working with the hospital based programme coordinator to alert the Primary Care Trust screening commissioner to any shortcomings that might compromise the ability of the colposcopy services to respond to issues in primary care conducting regular dialogue with users, providers and purchasers of care to ensure that service and development are both appropriate and meet the needs of the local population.

Time commitment:
1 PA (4 hours)
Additional admin support is available at 4 hours per month if needed

Reporting responsibilities:

- The Lead Colposcopist will have professional responsibility to the relevant Executive Director for their profession.
- The Lead Colposcopist will report to the Clinical Director in Gynaecology and the Care Group Business Manager with reference to internal resource; capacity; communication; facilities; staffing; requirements for standards; training needs; governance.

Signed Employee _____ Print _____

Signed Manager _____ Print _____

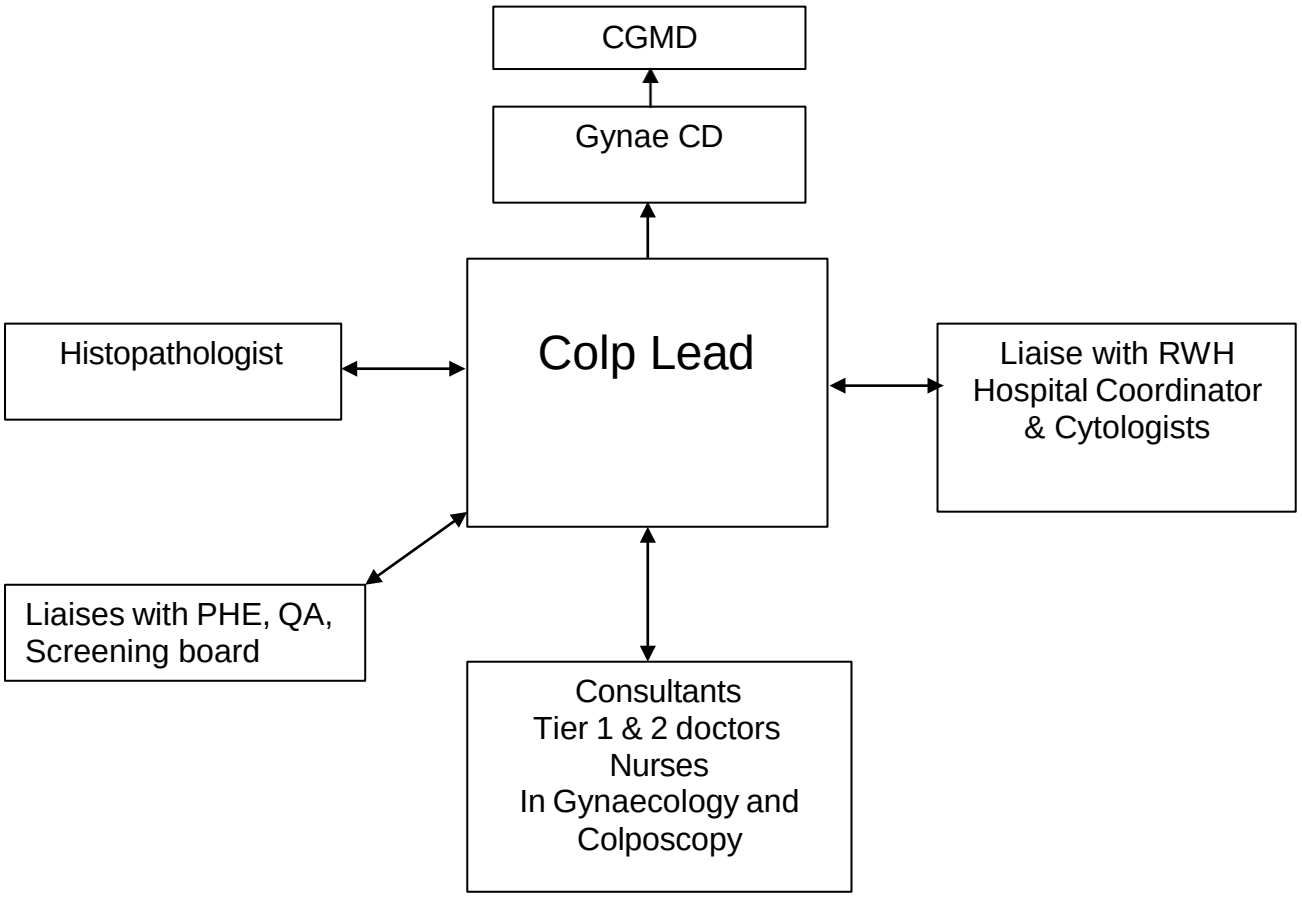
Date _____

Appendix 12

Colp

Lead Management Structure and Accountability

***Colp lead reports directly to the Gynaecology CD or CGMD**



Appendix 13

CSPL - Job Description

Job Title: Cervical Screening Programme Lead **(CSPL)**
Accountable to: Medical Director SaTH
Key Relationships: Screening & Immunisation Leads
Lead Cytopathologist responsible for Cervical Screening - RWH
Lead Colposcopist - SaTH
Lead Histopathologist responsible for Cervical Pathology related to the screening programme
Consultant in Genito-Urinary Medicine
Public Health England

Role Summary

To oversee the co-ordination, quality and effectiveness of the cervical screening programme within the Shrewsbury & Telford NHS trust, and to ensure cytology performed at Royal Wolverhampton Hospital complies with national standards.

Resources

CSPL = 4 hours (1 PA)
Admin support 4 hours per month

Key Areas/Tasks

- Chair the quarterly CSPL meeting
- To oversee the coordination, quality and effectiveness of the cervical screening programme linked to the Trust
- To act as a link for screening commissioners, programme leads and the regional quality assurance service
- To support the QA visit process
- To ensure that all new cases of invasive cervical cancer diagnosed within their Trust are registered and audited in accordance with NHSCSP publication 28 - Audit of Invasive cervical cancers
- To ensure that the cytology/histology laboratory and/or colposcopy department performs in accordance with NHSCSP guidelines
- To monitor standards of all aspects of the programme provided locally, including histology, cytology and colposcopy
- To produce an annual performance report for the Trust on the laboratory and colposcopy based aspects of the service
- To ensure there is timely collection and submission of QA and national data in cytology, histology and colposcopy
- To ensure that cervical screening turnaround times are monitored in relation to NHSCSP guidelines
- To monitor, in conjunction with the lead colposcopist, the colposcopy waiting times and DNA (did not attend) rates in relation to NHSCSP guidelines

- To ensure there is an effective failsafe system in place in accordance with NHSCSP good practice guidance

- To ensure that links are maintained between primary care, laboratory and colposcopy

- To report to Trust clinical governance committees on performance and significant issues related to the cervical screening programme within the Trust

- To meet with the Medical Director every 6 months with a service summary and for this to be presented to the trusts executive committee by the medical director

- To be a member of any incident panel if a 'serious incident' relating to the cervical screening programme is identified.

Personal/Professional Development

- To take every reasonable opportunity to maintain and improve your professional knowledge and competence
- To participate in personal objective setting and review, including the creation of a personal development plan and the Trust's appraisal process.

Standards of Behaviour

- Managers who have responsibility for supervising/managing people must comply with the guidelines that can be found in the "Code of Conduct for NHS Managers"
- The principles of "Improving Working Lives" must be upheld at all times
- To promote and practice customer care and to act in a manner which presents the good image of the trust
- To contribute to improving standards, performance and efficiency.
- To work to the standards set out in the Data Quality Policy and to promote E&D and H&S standards.

Health and Safety

- To take reasonable care for your own Health and Safety and that of any other person who may be affected by your acts or omissions at work
- To co-operate with SaTH (NHS) Trust in ensuring that statutory regulations, codes of practice, local policies and departmental health and safety rules are adhered to

Confidentiality

- To ensure that confidentiality is maintained at all times and that data belonging to the Trust is protected

- **Equality and Diversity**

- To promote equality and diversity in your working life ensuring that all the staff you work with feel valued and treated in a fair and equitable manner

Signed Employee _____ Print _____

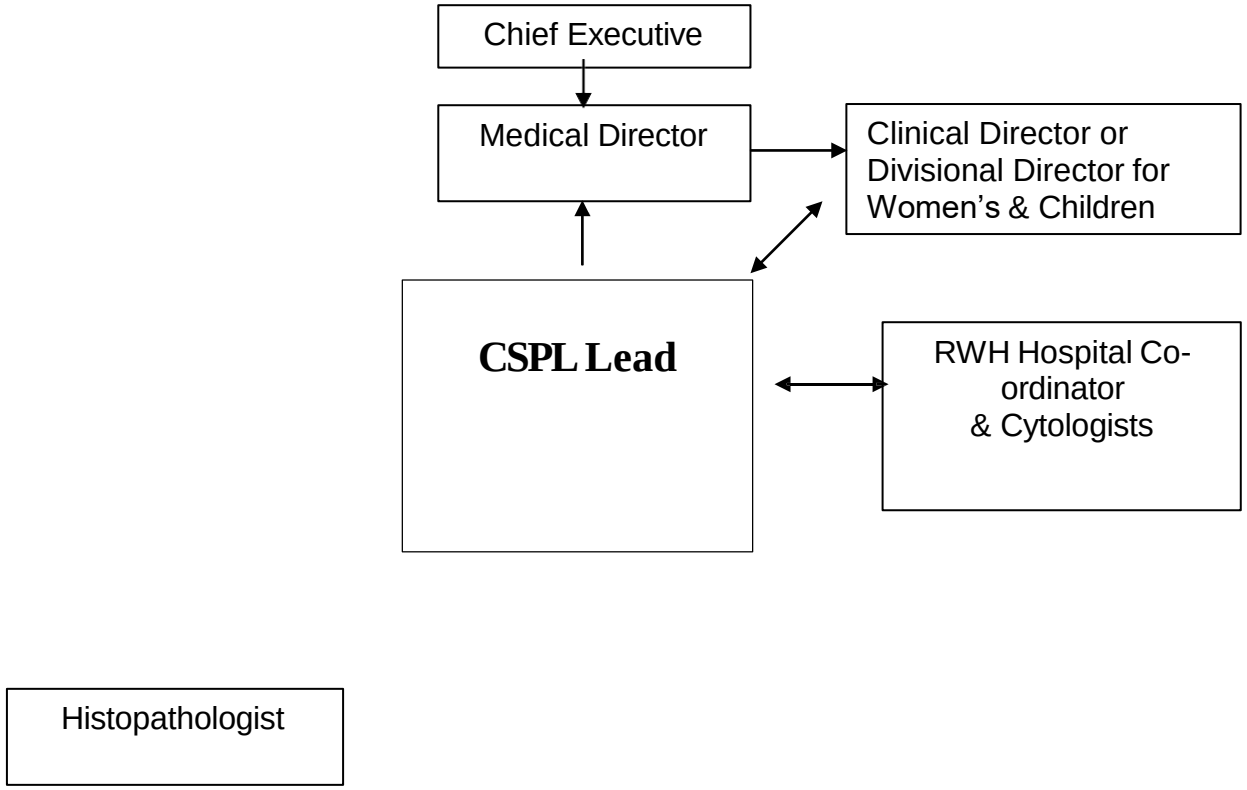
Signed Manager _____ Print _____

Date _____

Appendix 14

CSPL Management Structure and Accountability

***CSPL reports directly to the trust medical director**



Appendix 15

Standard Operating Procedure (SOP)

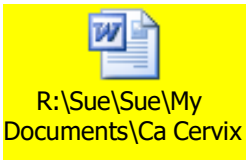
SOP Title	Ca Cx Audit		
SOP Number	To be allocated once agreed		
Care Group	Women and Children's		
Version Number	Version 1		
Effective Date	8th January 2018	Review Date	8th January 2023
Reviewed	12th April 2024		
Author	Mr Underwood, Lead Colposcopist		
Approved by	Mr Underwood & Gynaecology/Fertility Governance		
Approval date	12th April 2024		
Distribution	Tbc		
Location	Women's Services		

Document Control				
Version	Date	Author	Status	Comments
1	8th January 2018	Mr Underwood	Draft	
1.1	12th April 2024	Mr Underwood	Final	

SOP Objectives	The CSPL is responsible for the audit of all cases of Ca Cx within the Trust. The procedure is stipulated in the NHSCSP document 28 (and amendments) which should be followed closely. The process has been amended several times since its introduction in 2007 and the year of diagnosis will dictate what happens to the case. The audit is regulated by the WMQA who will also offer assistance in the interpretation of cases so the correct audit procedure is followed (Reena Mistry). NHSCSP Document 28.pdf

1	The CSPL automatically gets a printed copy of any relevant Histology report of a Ca Cx (Claire Spawart, Histology RSH). This initiates the audit of Ca Cx. There is also a list of all cervical cancers sent to the Lead Colposcopist at the end of each month from the same source, which acts as a failsafe.	
2	Using the templates provided by the WMQA, create a new case record. Y:\WomensAndChildrens\CervicalScreeningProgramHBPC\Ca Cervix\2017-2018\WMQARCInvasiveAuditReviewFormAll v4.1.xlsx Latest.xlsx ***(see template at Appendix A)*** Use details from Open Exeter to complete the details required and get a list of the screening history. It has proved easier to print hard copies of these details for this purpose.	
3	• Create a folder in the correct year of Ca Cx using "SURNAME Forename" to store the electronic records. • Scan the Histology notification result to the file.	
4	• Using PHE.wmcervixqarc@nhs.net notify Reena Mistry at WMQA (see contacts) of the new case. • **ONLY** nhs.mail accounts must be used as patients details are involved. • Complete the notification (NF Out) sheet with demographic details, date of diagnosis, MDT date and initial Ca Cx stage, Consultant in charge and email as above with copy of the histology report. • If you are notifying more than one case, ask for these to be kept in date of diagnosis order.	
5	• Create a hard copy file of any documents with a print-out of the NF Out sheet and the original histology document. • Store in the Ca Cx folder.	
6	• Completed notifications are returned by email having had a cancer registry number allotted to them. • The file should be saved in the patient's Ca Cx file. • Inform the patient of the Ca Cx audit process by sending below letter. Y:\WomensAndChildrens\CervicalScreeningProgramHBPC\Ca Cervix\2017-2018\E1m Leaflet Reviewing your Cervical Screening Histor PRH - JB March 16.doc	

7	Previous cytology is listed on the returned NF document along with the patient's registration number. • Complete the cytology sheet(s) of the NF document with the appropriate smear details of the ones that need reviewing and send electronically to UHNM (Angela Mohring or Angela Snead) -	

	nhs.net only. This is usually any smears taken in the 10 years prior to the diagnosis, but not the referring smear. • They will request the slides if required. • When completed document returned, save into the master NF Out document so you have one complete copy to send to WMQA.	
8	• Manage upgraded smears as per NHSCSP Document 28. • Usually UHNM or WMQA will inform you of the need for external review. This is done by Maureen Frost at the Cytology Training School at Birmingham Women's Hospital. The slides are usually sent straight from UHNM. • Again, save the completed external review as a page of the final NF document.	
9	• Check Clinical Portal for the histology specimen reports. • Any previously reported relevant histology will need to be reviewed by a Histo-pathologist (Dr Jo Willaims unless she reported the original specimen). • Dr George Powell deputises. • Using the templates on the NF form, request reviews of appropriate histology samples from the SATH histology department. This can be done electronically by **nhs.net** email. The diagnosing sample does not require review. • Should external review be required, contact Reena Mistry to ask where these should be sent. • Add the results to the NT document along with hard copies of these reports and reviews.	
10	• Complete the template(s) for any Colposcopy clinic visits to be reviewed. • This is usually any visits between 5 months and 5 years prior to diagnosis. • This is done by the Lead Colposcopist at SaTH from the clinical notes and Clinical Portal. • DNA's should be recorded.	
11	• If the patient did not come via Colposcopy complete the template form for gynaecology/ rapid access. This does not require review.	
12	• When the reviews have been returned, collate the results onto the report page and advise of presentation at the next colposcopy MDT meeting. • Print a copy of the report page to be filed in the patient's notes and a further copy to remain with the paper copy of the patient's file on record.  R:\Sue\Sue\My Documents\Ca Cervix	

13	• After presentation of the case at MDT, send electronic copies of all the reviews, reports and histology results to the WMQA via nhs.net. • Disclosure consultations should be offered to all patients deemed appropriate at the colposcopy MDT. • These are usually done by Mr Martyn Underwood and Dr Jill Blackmore but may be by the patient's Gynae-oncologist. • **Offer disclosure to:** • Any patients who had a smear in the 10 years prior to diagnosis • Any patient who has any cervical histology taken in the 5 years prior to diagnosis	

	• Any patient who has been through the colposcopy service within five years of their diagnosis • All patients with a diagnosis of cervical cancer to receive the "Reviewing your cervical screening history" letter (Example below)	
14	• Staple all the hard copies together with the report sheet on the front. • Put case completed and the date the final copy was sent to WMQA on the front, and file in the appropriate folder. • These are kept for 30 years.	

NOTES

- The CSPL should be on the email list of proposed and discussed cases from the weekly Gynae MDT.
- Each week check the "Outcome of Gynaecology MDT" list for cases of Carcinoma cervix (CaCx).
- This is a good failsafe if the copy pathology reports (1) have not been received.

Reviewing your Cervical Screening History

We know that this is a difficult time for you and naturally you will be concerned about your treatment and future health. However, you may also be wondering why you have developed cervical cancer, especially if you have had screening tests (often known as smear tests) in the past.

Cervical screening reduces the risk of developing cervical cancer. Regular screening is by far the best way to detect changes to the cervix early on, but like other screening tests, it is not perfect.

The cervical screening process involves many different steps which aim to identify and treat abnormal cells on the cervix to prevent cervical cancer. It may be that all steps have been followed efficiently and that a cervical cancer has developed despite the screening programme working properly. Or, it could be that at one or more of these steps, something may not have worked as well as it should. Reviewing your case history and previous tests will help identify what has happened in your case and if anything should have been done differently.

Reviews are an essential part of every high-quality screening programme and are a routine part of the cervical screening process. Information we gather from individual cases helps to improve the programme and also helps us to learn more about how cancers develop and how they are diagnosed.

Once we have completed the review we will contact you and invite you to arrange a convenient time for you to come and discuss the results with your doctor if you wish to do so.

What does the review involve?

We review all records connected to the letters inviting you to come for screening, your cervical screening tests, result letters and any previous medical investigations you have had related to cervical screening. A group of professionals will look again at your previous tests, your medical notes related to cervical screening, and also examine whether your screening history meets national guidance.

What will the review show?

In most cases, the review will show that the correct procedures have been followed and that you received appropriate care. Occasionally, the review may find that one or more steps in the process have not worked as well as they should and may highlight where we could make improvements.

Could my cancer have been found earlier?"

In most cases the cancer will have been detected at the earliest possible stage. **Although cervical screening prevents about 75% of cervical cancers, it cannot prevent all of them**. The review process aims to highlight any possible areas of weakness so we can make improvements for everyone. Some examples are given below:

- Screening cannot always identify abnormal cells on a cervical sample slide because:
  - sometimes the cells do not look much different from normal cells
  - there may be very few abnormal cells on the slide
  - consequently, the person reading the slide may miss the abnormality (this happens occasionally, no matter how experienced the reader is).

- Colposcopy (a visual examination of the cervix) cannot always identify abnormal areas of the cervix because:

- the abnormal area might not be visible during the examination
- the abnormal area might not be taken as a sample in a biopsy as it did not appear to be abnormal on Colposcopy
- the abnormal cells might be hidden higher up inside the cervix
- some types of abnormality are simply not easy to identify on colposcopy

How will I find out the results of the review?

Your doctor will let you know when the outcome is available and invite you to make an appointment to come in and discuss the results, if you wish to do so.

What if I don't want to know the results of the review?

It is completely up to you to decide whether or not you want to know the results of the review. It will not make any difference to your care.

What if I don't want to know the results of the review now, but change my mind later?

We understand this is a difficult time and you may not want to receive the results of the review now. If you decide that you do want to know the results in the future, please contact your hospital doctor who will discuss the review with you.

Can my family ask for the results if I don't want to know?

No, unless you give permission; we cannot give your relatives access to any details of your medical records.

What happens to the information collected for my review?

We collect screening information as part of an ongoing process. Your information (without your name) goes towards improving the systems of the programme, and to help discover more about how cancers develop and how they are diagnosed and treated. This is done whether or not you want to know the results of the review.

Your notes or questions

Please write down any questions you have and bring them with you to your next appointment.

More information

If you have any more questions about your referral, treatment or the review process,

Please phone the Colposcopy department on **01952 565969 / 565968 / 565967.**