Healthcare Improvement Scotland

Cervical Screening

Standards

March 2019

NHS SCOTLAND

We are committed to advancing equality, promoting diversity and championing human rights. These standards are intended to support improvements in health and social care for everyone, regardless of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, socio-economic status or any other status. Suggested aspects to consider and recommended practice throughout the standards should be interpreted as being inclusive of everyone living in Scotland.

We carried out an equality impact assessment to help us consider if everyone will experience the intended benefits of these standards in a fair and equitable way. A copy of the equality impact assessment is published on our website.

Healthcare Improvement Scotland is committed to ensuring that our standards are up to date, fit for purpose, and informed by quality evidence and best practice. We consistently assess the validity of our standards documents, working with stakeholders across health and social care, the third sector and those with lived experience. We encourage you to contact the standards and indicators team at hcis.standardsandindicators@nhs.net to notify us of any updates that the cervical screening standards project group may need to consider.

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Introduction

Background to the cervical screening standards

Cervical screening is an effective method of reducing the incidence and mortality of cervical cancer. The screening process is designed to pick up any changes in cervical cells at an early stage so that they can be simply and effectively monitored or treated. Without treatment, cells can sometimes develop into cervical cancer.

Cervical screening is routinely offered:

- every 3 years to eligible individuals (that is, anyone with a cervix, including women, trans men and non-binary people) between 25 and 49 years of age, and
- every 5 years to eligible individuals between 50 and 64 years of age plus 364 days.

Individuals on non-routine screening (where screening results have shown changes that require further investigation/follow-up) will be invited up to 70 years of age.

Cervical screening saves around 5,000 lives in the UK every year and the resulting treatment prevents 8 out of 10 cervical cancers from developing[1]. Uptake of cervical screening across the Scottish population was 72.8% as of 31 March 2018. Regular attendance, within the principles of informed choice, may result in a reduction in mortality from cervical cancer[2].

Policy context

The Scottish Government's *Detect Cancer Early*[3] programme aims to improve outcomes from cancer through early diagnosis and treatment. Part of the programme supports data collection to monitor progress and to raise awareness of national cancer screening programmes.

National Services Division (NSD) provides national co-ordination for the Scottish Cervical Screening Programme (SCSP). Healthcare Improvement Scotland (HIS) supports NHSScotland's six screening programmes through developing new and, where appropriate, revising existing standards. HIS received a request to revise the 2002 *Clinical Standards for Cervical Screening*[4] from the Scottish Government and NSD in summer 2017.

High Risk Human Papilloma Virus (Hr-HPV) has been identified in the majority of cervical cancers. Hr-HPV testing is a more sensitive and effective test for identifying women at risk of cervical cancer. It will help ensure the early signs of cervical cancer are identified and treated earlier. NSD is currently facilitating the implementation of Hr-HPV primary testing throughout Scotland. Hr-HPV testing will replace cervical cytology as the primary screening test. People who test positive for Hr-HPV will receive subsequent cytology testing.

As part of the implementation of Hr-HPV Primary Testing, the Scottish Government has approved plans to move from the current model of seven processing laboratories to two processing laboratories by January 2020. These will be hosted by NHS Greater Glasgow and Clyde and NHS Lanarkshire.

These standards should be read alongside other relevant legislation, standards and guidance[5-8].

Quality of care framework and approach

The cervical screening standards are a key component in supporting the SCSP approach to quality assurance. Monitoring and improving performance against these standards, at a local and national level, aims to improve the quality of the SCSP.

External quality assurance (EQA) of screening programmes will be delivered using the HIS quality of care approach and the quality framework[9]. This approach specifies how HIS will design and deliver EQA activity to support improvement in healthcare.

The approach emphasises the importance of regular open and honest programme self-evaluation using the quality framework as a basis and combined with other relevant data and intelligence, including performance against these standards. More information about this approach is available on the HIS website.

Scope of the standards

These standards apply to the services providing cervical screening within NHSScotland and cover the following areas[10]:

- leadership and governance
- information and support
- call-recall
- attendance and uptake
- screening processes
- laboratory service, and
- colposcopy.

Who the standards apply to

These standards apply to territorial NHS boards where cervical screening is provided. There are elements of the standards that will also apply to other special health boards where appropriate.

While territorial NHS boards work in partnership with a range of organisations, each has responsibility and accountability for the delivery of a high quality, safe and effective cervical screening service to its resident eligible population.

Format of the standards

All our standards follow the same format. Each standard includes:

- a statement of the level of performance to be achieved
- a rationale providing reasons why the standard is considered important
- a list of criteria describing the required structures, processes and outcomes
- what is expected if you are a person receiving care
- what is expected if you are a member of staff, and

- what the standards mean for organisations, including examples of evidence of achievement.

Within the standards, all criteria are ‘essential’ in order to demonstrate the standard has been met. The implementation of these standards will be for local determination.

More information about the development of the standards is set out in Appendix 1.

Terminology

Where possible, generic terminology has been used which can be applied across all health settings.

The term ‘individual’ or ‘eligible individual’ refers to anyone with a cervix, including women, trans men and non-binary people who are eligible for cervical screening. The term ‘carer’ or ‘carers’ is used to refer to the person the individual wishes to be involved in their care.

The term ‘screening service’ is used to refer to the full pathway from the identification of those eligible for screening through to treatment.

The term ‘sample taking’ is used to refer to smear taking. This term supports the move from cervical cytology to Hr-HPV testing as the primary screening test.

Summary of standards

Standard 1: NHS boards demonstrate leadership and effective governance in the delivery of the cervical screening programme.

Standard 2: NHS boards ensure that all eligible individuals receive information and support about cervical screening to enable informed choice and decision-making.

Standard 3: NHS boards participate in the national call-recall system to ensure cervical screening is offered to all eligible individuals.

Standard 4: The number of eligible individuals participating in cervical screening is maximised within the principles of informed choice.

Standard 5: NHS boards provide accessible cervical screening that is safe, effective and person centred.

Standard 6: Screening laboratories provide molecular virology, cervical cytology, related histology and administrative services to support and deliver cervical screening to standards as prescribed by external regulatory bodies. Non-screening laboratories support screening laboratories by providing a subset of these services.

Standard 7: NHS boards ensure high quality, safe and effective colposcopy services are available for all eligible individuals.

Cervical screening standards

Standard 1: Leadership and governance

Standard statement

NHS boards demonstrate leadership and effective governance in the delivery of the cervical screening programme.

Rationale

NHS boards in Scotland are responsible for the availability and equitable delivery of the cervical screening programme for their respective population. Screening co-ordinators within each NHS board are responsible for overseeing the delivery, quality and effectiveness of the programme.

Effective governance arrangements, including accountability, adverse events management[11], escalation procedures and data monitoring, are critical for the delivery and assurance of cervical screening. This covers all aspects of the full pathway from identification to referral for assessment and treatment.

There are a number of clinical and laboratory specialties involved in the delivery and assurance of the cervical screening programme, for example sample takers, cytopathologists, biomedical scientists and colposcopists. Staff should be provided with training appropriate to their roles and responsibilities, including access to continued professional development[12].

Criteria

1.1 NHS boards demonstrate robust governance arrangements across the screening programme, with clear lines of accountability, covering all aspects of the cervical screening pathway.

1.2 NHS boards have a cervical screening multidisciplinary steering group which meets at least annually and is responsible for:

- reviewing cervical screening programme effectiveness, and
- quality improvement activities.

1.3 NHS boards have systems and processes to demonstrate:

- equitable provision and monitoring of the cervical screening programme in line with national guidance and standards[5, 7, 12]
- a multidisciplinary approach to cervical screening, including assessment and referral for treatment
- education and training programmes for healthcare professionals involved in cervical screening, appropriate to roles and responsibilities

  use of national IT systems, consistent documentation and data collection to support benchmarking against quality outcomes, and

- proportionate representation on user groups and participation in the user acceptance testing and disaster recovery processes for cervical screening.

1.4 NHS boards have agreed care pathways to:

- provide timely and person-centred access to cervical screening, referral for further assessment and recall for screening
- ensure timely communication and transfer of information between public health departments, call-recall departments, community clinics (including sexual health), primary care, secondary care and laboratories, and
- ensure that individuals and carers are supported through the screening pathway and signposted to additional areas of support, including the third sector, where appropriate.

1.5 NHS boards have a designated consultant in public health, or registered specialist in public health, acting as the cervical screening co-ordinator[13].

1.6 NHS boards have a designated lead clinician with responsibility for cervical screening.

1.7 NHS boards have a local structured escalation and adverse events process, in line with national policy, which includes:

- accountability and responsibility arrangements for reporting any adverse events
- a standard and consistent approach to reporting
- a documented escalation process for adverse events, and
- a documented incident management process[14].

1.8 NHS boards ensure that all staff delivering any aspect of the cervical screening programme have:

- undertaken training and assessment appropriate to their roles and responsibilities
- access to national professional guidance and standards for cervical screening
- an understanding of governance arrangements, including reporting mechanisms and escalation processes for adverse events, and
- maintained competency through continued professional development and participation in audit and quality assurance[15].

1.9 NHS boards ensure appropriate failsafe mechanisms are in place across the whole screening pathway.

1.10 NHS boards provide a timely electronic return of invasive cervical cancer audit (ICCA) data to Information Services Division using the national reporting mechanism.

1.11 Laboratories providing cervical screening services meet professional standards[16] and are accredited by external regulatory bodies.

What does the standard mean for individuals participating in cervical screening?

- Individuals can be confident that:
  - their local cervical screening service has effective leadership and governance, and is committed to quality improvement, and
  - NHS staff will work together to provide high quality and timely care, and that information will be shared appropriately.

What does the standard mean for a member of staff?

- Staff:
  - can demonstrate knowledge, skills and competencies relevant to their roles and responsibilities
  - have an understanding of, and access to, care pathways, standards and guidance
  - are aware of their role within the multidisciplinary team, and
  - are aware of how to report and escalate adverse events.

What does the standard mean for the NHS board?

- NHS boards will:
  - have governance arrangements in place demonstrating roles, responsibilities and lines of accountability, including escalation routes, adverse events management and incident management
  - ensure co-ordinated, person-centred pathways for access and uptake of cervical screening are developed and implemented
  - have failsafe processes for the purpose of monitoring cervical screening
  - ensure barriers to access and uptake are understood, and action plans and resources are in place to minimise barriers
  - record and monitor data, and undertake quality improvement and assurance to ensure performance against standards and outcomes
  - ensure that staff are provided with suitable training and continued professional development, and monitor this regularly, and
  - ensure that cervical screening laboratories and non-screening laboratories are safe and effective, and comply with recognised professional standards.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Documentation describing, for example, lines of accountability, roles and responsibilities, escalation routes, incident management and adverse events reporting.
- Multidisciplinary working, including involvement of professionals, care pathways, and local and national standard operating procedures.
- Documentation demonstrating evidence of staff and team performance, for example audit activity and Scottish Cervical Call Recall System (SCCRS) audit activity.
- Annual reports.
- Demonstration of engagement with seldom heard groups, including equality impact assessments and action plans to increase uptake amongst protected characteristics groups.
- Action plans demonstrating implementation of the HIS cervical screening standards.
- Improvement work, data collection and review of data, including feedback from service users and national benchmarking.
- A management system for reporting, reviewing and learning from all types of adverse events.
- Reports of mandatory training undertaken by staff.
- Key performance indicators (KPIs)[7].
- Terms of Reference for the multidisciplinary steering group, minutes of their meetings and records of user acceptance testing.
- Regular review of staff skills and training requirements across the whole programme.

Standard 2: Information and support

Standard statement

NHS boards ensure that all eligible individuals receive information and support about cervical screening to enable informed choice and decision-making.

Rationale

The provision of high quality information is essential to support individuals to make an informed choice to participate in cervical screening.

Information should:

- be provided in an accessible format and include the benefits and disadvantages of cervical screening
- adhere to the UK National Screening Committee Guidance[17] for the development, production and review of information to support UK population screening programmes, and
- be guided by NHS Health Scotland's accessible information policy and other relevant documents such as the British Sign Language Action Plan[18].

Criteria

2.1 NHS boards provide individuals with nationally agreed information and support, signposting to other formats and languages appropriate to their needs, at the time of invitation. This information should include:

- why they have been offered cervical screening
- the benefits and disadvantages relating to cervical screening to enable informed choice
- how to make an appointment for cervical screening
- what happens at the cervical screening appointment
- an explanation of what the test looks for and what the results mean
- the processes involved in further colposcopy assessment for diagnosis, and
- who to contact for support or more information.

2.2 NHS boards provide individuals with nationally agreed information and support on their test results and the treatment options offered to them, signposting to other formats and languages appropriate to their needs.

2.3 NHS boards ensure that individuals:

- are fully involved in all decision-making relating to cervical screening, and
- are given an opportunity, at an appropriate time to them, to raise questions or concerns.

2.4 Individuals who decide not to participate in cervical screening are made aware of how to opt back in.

What does the standard mean for individuals participating in cervical screening?

- Individuals will:
  - receive an invitation letter and information leaflet, which provides an overview of the cervical screening process, including the benefits and disadvantages to enable them to make an informed choice about making an appointment and attending for screening
  - be signposted to information in other formats and languages where appropriate
  - be given information on their results and support on options available to them
  - be fully informed and involved in decision-making relating to the cervical screening process, including how to opt in or opt out, and
  - be given an opportunity at their screening appointment to discuss any aspect of the cervical screening process, raise any questions or concerns and discuss how the results will be communicated to them.

What does the standard mean for a member of staff?

- Staff:
  - offer a responsive and person-centred service and information for those participating in cervical screening
  - can support individuals and their carer or carers to reach informed decisions, in partnership with the relevant healthcare professionals, and
  - are aware of nationally agreed information and are able to signpost the individual to the most current information sources appropriate to their needs.

What does the standard mean for the NHS board?

- NHS boards have systems and processes in place to ensure:
  - the availability of appropriate and timely information, and
  - access to support resources.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Evidence of nationally agreed information provided in alternative formats and languages (for example easy read versions, British Sign Language versions).
- Documentation relating to decision-making and informed choice for cervical screening.

Standard 3: Call-recall

Standard statement

NHS boards participate in the national call-recall system to ensure cervical screening is offered to all eligible individuals.

Rationale

An effective call-recall system improves uptake and coverage[19].

The aim of an effective call-recall system is to maximise the number of individuals invited for cervical screening and to enable safe tracking and follow-up of those with non-routine results (results which show changes that require further follow-up and investigation).

The Scottish Cervical Screening Call Recall System (SCCRS) automates the process of inviting all those who are registered on the Community Health Index (CHI). Individuals, between 25 and 64 years of age plus 364 days, are routinely offered cervical screening in line with nationally agreed intervals. Those on non-routine screening continue to be invited up to the age of 70 years.

Criteria

3.1 NHS boards ensure that there is sufficient call-recall resource and expertise to safely quality assure the local cervical screening programme.

3.2 NHS boards ensure that nationally agreed protocols (including all failsafe mechanisms) are adhered to by all staff involved in call-recall.

3.3 Arrangements are in place to offer screening to all individuals registered on CHI, including those:

- registered with a general practitioner
- not registered with a general practitioner
- residing in long stay care settings, including prisons, and
- registered in Scotland and living in England.

3.4 NHS boards use SCCRS to:

- routinely invite all individuals for cervical screening in line with nationally agreed intervals, and
- recall all individuals who have not responded to cervical screening invitations.

3.5 There is robust tracking and follow-up of individuals referred to colposcopy.

What does the standard mean for individuals participating in cervical screening?

- Individuals will be invited to attend for cervical screening in line with nationally agreed intervals.

What does the standard mean for a member of staff?

- Staff are fully trained and can demonstrate knowledge and awareness, relevant to their role and responsibilities, of:
  - the cervical screening programme's eligibility criteria, and
  - the call-recall system and pathways.

What does the standard mean for the NHS board?

- NHS boards:
  - have an effective call-recall system in place with standard operating procedures
  - have failsafe arrangements in place
  - monitor routine recall rates for cervical screening
  - have up-to-date correspondence details for all individuals who participate in the programme, and
  - monitor training and competencies of staff.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Monitoring processes and reports detailing routine recall rates within agreed defined reporting period.
- Appropriate national standard operating procedures and version control.
- Protocols for inviting eligible individuals for cervical screening.
- Protocols for the sharing of information between staff which are compliant with General Data Protection Regulation (GDPR).
- SCCRS arrangements for individuals who are in long stay care settings, in receipt of hospital based complex clinical care, and who are not resident at their CHI address.
- Equality impact assessments, audits identifying barriers to accessing screening and action plans to address these.
- KPI uptake data.
- Monitoring and review of exclusions and benchmarking against other NHS boards.
- Non-attender reports and exclusion reports.
- Disclaimer policies.
- Robust failsafe arrangements.
- Reporting against agreed programme failsafe processes.

Standard 4: Attendance and uptake

Standard statement

The number of eligible individuals participating in cervical screening is maximised within the principles of informed choice.

Rationale

Clear information about cervical screening supports individuals to make informed decisions to participate[19]. It is important that awareness of cervical screening is raised with people whose voices are seldom heard and who may be at greatest risk of cervical cancer[20].

Identification and engagement with seldom heard groups is key to addressing health inequalities. Seldom heard groups may include, for example, people in long stay institutions, including prisons, people with learning and physical disabilities, travelling communities, those from areas of deprivation and minority ethnic groups.

Criteria

4.1 NHS boards maximise uptake by:

- analysing screening uptake in order to identify groups where there are low participation rates
- targeting resources to those groups with low participation rates
- ensuring that appointments are available within a reasonable time frame from receipt of invitation to encourage participation[20]
- regularly gathering and using feedback from different groups of service users to support service improvement and equity of access
- working in partnership with other service providers to target resources and reduce the number of non-attenders, and
- reviewing and monitoring individuals who may be excluded from cervical screening.

4.2 A minimum of 80% of individuals across all deprivation categories are screened in line with nationally agreed intervals.

4.3 Individuals who opt out of cervical screening remain on the recall system and are reminded at regular intervals about how to opt back in should their circumstances or wishes change.

What does the standard mean for individuals participating in cervical screening?

All individuals are:

- provided with opportunities to attend for cervical screening regardless of personal circumstances or where they live
- provided with an opportunity to discuss why they may be excluded from cervical screening, their options for opting in or opting out, and
- able to regularly review their options.

What does the standard mean for a member of staff?

- Staff are:
  - supported to maximise cervical screening attendance and uptake, and
  - confident to support individuals to participate in cervical screening, including opting in and opting out.

What does the standard mean for the NHS board?

- NHS boards ensure:
  - timely access to cervical screening appointments to encourage participation
  - they work in partnership with other service providers to increase participation levels amongst seldom heard groups, and
  - clear information is available for individuals to support them to opt back in, should they wish to.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Needs assessment and audit data on uptake and attendance.
- Action plans to demonstrate how the NHS board is working to maximise uptake, particularly with groups in which attendance is low.
- Use of evidence-based approaches to maximise uptake, for example non-attender protocols, provision of pop-up clinics, use of personalised letters, and provision of specific arrangements to screen HIV positive individuals, trans people, people with learning disabilities and individuals with limited mobility.
- Data sharing with Health and Social Care Partnership colleagues to support targeting of resources to areas or general practices with low participation rates.
- Audit data on waiting times, where available, and complaints, positive feedback and patient experience surveys.

Standard 5: Screening processes

Standard statement

NHS boards provide accessible cervical screening that is safe, effective and person centred.

Rationale

Access to cervical screening appointments should be easy and, to encourage participation, be within a reasonable time frame from receipt of invitation[20, 21].

Timely and convenient access to cervical screening should be optimised by listening to the views of all eligible individuals, including those unlikely to participate[22]. Staff should be trained in communication techniques to explore barriers, discuss the benefits and disadvantages of screening with different groups, and provide support to individuals with abnormal results.

Screening samples should be taken in surroundings that are private and comfortable for both the person and healthcare professional. Staff who are trained in the use of recommended equipment and techniques contribute to safe, effective and person-centred care.

Individuals should receive accurate results of their screening test in a timely manner to ensure those who do or do not require further testing are informed at the earliest opportunity. This minimises anxiety for those waiting for results.

Criteria

5.1 NHS boards ensure that all individuals have easy and timely access to cervical screening.

5.2 NHS boards ensure that staff involved in sample taking and cervical screening are[23]:

- General Medical Council or Nursing and Midwifery Council certified[24], where appropriate
- trained to meet the required standards of competence in sample taking[25]
- able to understand and use SCCRS[25] functions appropriate to their role
- trained in communication and in engagement techniques to support and maximise attendance
- knowledgeable about the benefits and disadvantages of screening and the groups within the population who are most at risk, and
- involved in ongoing quality assurance processes, including 3-yearly update training appropriate to their role, to ensure skills and competencies remain at a high level.

5.3 Sample taking is carried out in an appropriate, safe and private clinical environment.

5.4 Facilities are provided for individuals with limited mobility or disabilities.

5.5 The cervical screening sample is taken using equipment and techniques that comply with current national guidelines[25].

5.6 NHS boards have a process in place to monitor invalid or unsatisfactory screening results and take action where appropriate.

5.7 A minimum of 80% of individuals receive their screening results within 14 days from the date of sample being taken[26].

What does the standard mean for individuals participating in cervical screening?

- Individuals:
  - are placed at the centre of their care and are supported to discuss their individual needs
  - are able to discuss appointments in private and their details treated in confidence
  - are assured that they will experience safe, appropriate and effective cervical screening, and
  - will receive results within an appropriate time frame to provide assurance and reduce anxiety.

What does the standard mean for a member of staff?

- Staff:
  - can demonstrate knowledge and skills when carrying out cervical screening in line with professional competency frameworks
  - have appropriate knowledge and skills in the use of national IT systems, and
  - are supported to attend regular training, continued professional development and assessment.

What does the standard mean for the NHS board?

- NHS boards ensure that:
  - facilities for cervical screening are safe and private, and provision is made for groups with special needs, including those with limited mobility
  - screening is carried out by appropriately trained staff
  - screening is carried out in line with national policies and guidance
  - recall for repeat screening for incomplete or unsatisfactory screens is monitored and minimised, and
  - results are available in a timely manner.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- SCCRS log-in request forms.
- Evidence of appropriate professional registration.
- Evidence of sample taker introductory training.
- Evidence of participation in 3-yearly cervical screening updates[23].
- Use of 2018 handbook[25] for healthcare professionals carrying out cervical screening.
- Evidence of using personalised letters for non-attenders, providing regular pop-up clinics supported by health improvement colleagues, and protocols for supporting individuals with learning disabilities and other vulnerable groups.
- Patient feedback.
- Evidence of audit of unsatisfactory rates and any follow-up actions taken.
- Fail-safe protocols for abnormal results.
- Turnaround times for screening processes.

Standard 6: Laboratory service

Standard statement

Screening laboratories provide molecular virology, cervical cytology, related histology and administrative services to support and deliver cervical screening to standards as prescribed by external regulatory bodies. Non-screening laboratories support screening laboratories by providing a subset of these services.

Rationale

There is good evidence that formally accredited and monitored laboratories that work to agreed standards support a high level of quality and reporting accuracy[27].

Criteria

6.1 Laboratories are accredited by an external body (UK Accreditation Service) to standard ISO15189[28], or equivalent, to deliver laboratory services required for cervical screening.

6.2 Laboratories processing cervical samples have a designated clinical lead and non-screening laboratories have a designated point of contact for cervical screening.

6.3 The screening laboratory service ensures the correct skills mix of staff with expertise in cervical cytology, pathology, virology and molecular virology[29].

6.4 Screening laboratories demonstrate participation and satisfactory performance in the quality assurance framework of the SCSP and/or UK Cervical Screening Programme (UKCSP). This includes:

- participation in relevant approved interpretive and technical EQA schemes
- adherence to SCSP/UKCSP nationally agreed standards and procedures for reporting samples
- adherence to SCSP/UKCSP nationally agreed standards and procedures for quality monitoring
- regular reporting of Internal Quality Control (IQC) information and screening test performance
- reporting of screening-related histopathology to Royal College of Pathologists/SCSP guidelines
- regular reporting of laboratory process turnaround times, and
- procedures to detect, report and manage developing or acute issues relating to quality which occur between reporting intervals.

6.5 Non-screening laboratories have processes in place to:

- order and deliver sample-taker consumables
- accurately enter biopsy and hysterectomy information onto SCCRS
- identify and send slides for multidisciplinary team and National Invasive Cancer Audit (NICA) review to the screening laboratories
- review histology material for multidisciplinary team meetings and NICA, and
- report screening-related histopathology to Royal College of Pathologists/SCSP guidelines.

6.6 All laboratory staff are trained to the required standards of competence and undertake ongoing training, supervision and assessment, appropriate to their roles, to ensure skills and competencies remain at a high level.

6.7 Laboratories work collaboratively with histopathology, colposcopy, gynaecology and other clinical departments to enable appropriate laboratory staff participation in:

- NICA
- multidisciplinary team meetings, and
- other relevant forums such as local working groups[30].

6.8 Laboratories ensure that individuals receive their screening results within the timelines set out in Criterion 5.7.

What does the standard mean for individuals participating in cervical screening?
• Individuals: - are confident that cervical screening laboratories are safe and effective, and comply with recognised professional standards - are confident that cervical screening samples are analysed by well-trained staff and under robust leadership, and - receive timely results.
What does the standard mean for a member of staff?
• Staff: - have an understanding of, and work within, national standards relating to laboratory processes and procedures that support the programme - can demonstrate knowledge and skills required in line with professional competency frameworks - are supervised appropriately, and - are supported to attend regular training, continued professional development and assessment.

What does the standard mean for the NHS board?

- NHS boards:
  - are clear about the commitments and obligations of the laboratory service for their population
  - review internal and external monitoring and quality reports of screening laboratories to help ensure quality and to identify issues in a timely manner, and
  - review non-screening laboratories' processes to ensure supporting duties and activities are carried out.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- UK Accreditation Service (UKAS) accreditation to ISO15189 or equivalent.
- Stratified turnaround times.
- Reports on positive and abnormal rates.
- Scores and reports relating to internal and EQA exercises.
- Reports on clinical and operational performance which do not meet the agreed standards.
- Publications in the public domain on performance and activities of the service.
- Evidence of staff qualifications, competencies signed off and continued professional development.
- Evidence of cancer audit activity.
- Analysis of instances of non-conformities.

Standard 7: Colposcopy

Standard statement

NHS boards ensure high quality, safe and effective colposcopy services are available for all eligible individuals.

Rationale

An effective cervical screening programme requires a high quality colposcopy service to assess and treat abnormalities in the cervix and lower genital tract to reduce the incidence and mortality from cervical cancer. The colposcopy service supports identification of individuals who would benefit from effective treatment.

Individuals are referred for assessment in the colposcopy service following abnormal screening test results or where there is clinical concern about the appearance of the cervix[31].

Criteria

7.1 NHS boards ensure that high quality colposcopy services are available for the assessment and treatment of eligible individuals.

7.2 NHS boards have a robust referral process for those requiring colposcopy assessment following abnormal screening results.

7.3 All staff in colposcopy services:

- are trained in the use of SCCRS, and
- accurately complete the relevant data on SCCRS, in a timely manner, to ensure that individuals are placed on the correct care pathway.

7.4 NHS boards ensure that clear information is provided to individuals referred to the colposcopy service explaining:

- the reasons for referral to colposcopy
- what to expect from the colposcopy appointment
- how to make contact with the clinic for appointments, and
- details of any potential treatment plans.

7.5 NHS boards ensure that individuals referred to the colposcopy service with an abnormal screening test are seen within nationally agreed time frames[32]:

- no later than 2 weeks for urgent referrals (glandular, suspicion of invasion)
- no later than 4 weeks for high grade referral, and
- no later than 8 weeks for low grade referrals that do not require urgent assessment.

7.6 Colposcopy clinics provide a safe environment with private consultation, changing and assessment areas.

7.7 NHS boards participate in the National Colposcopy Clinical Information and Audit System (NCCIAS) to quality assure colposcopy services.

7.8 NHS boards ensure robust processes are in place for the follow-up of individuals who do not attend their colposcopy appointment.

7.9 Colposcopy services provide a mechanism to allow:

- multidisciplinary discussion of complex cases and cancer cases
- a risk reporting system to allow investigation of issues that arise in colposcopy, and
- regular protected time for colposcopy staff to attend multidisciplinary team meetings.

7.10 NHS boards have a designated clinical lead with protected time for identification and review of NICA cases.

7.11 NHS boards ensure staff undertaking colposcopy are certificated (or are training towards certification) and have maintained accreditation with the British Society of Colposcopy and Cervical Pathology.

7.12 Individuals, and referring clinicians, receive results and treatment plans within 4 weeks of the individual's colposcopy appointment[26].

What does the standard mean for individuals participating in cervical screening?

- Individuals:
  - have confidence that colposcopy services are safe and effective, and comply with recognised professional standards
  - receive information explaining what to expect from a colposcopy appointment
  - are referred to and seen by colposcopy services in a timely manner
  - are confident that colposcopy clinics have a safe and private environment for consultation, changing and assessment, and
  - receive timely results.

What does the standard mean for a member of staff?

- Staff:
  - can demonstrate knowledge and skills involved in colposcopy in line with professional competency frameworks
  - are supported to attend regular training, continued professional development and assessment, and
  - have appropriate knowledge and skills in the use of national IT systems.

What does the standard mean for the NHS board?

- NHS boards:
  - have a safe and effective colposcopy service which performs to current standards
  - ensure facilities for cervical screening are private, and provision is made for groups with special needs, including those with limited mobility
  - have follow-up services for individuals who default from the colposcopy service
  - have an identified lead clinician, and
  - ensure colposcopy staff are appropriately trained for their role.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- NCCIAS audit/benchmarking.
- NICA.
- Waiting times for access to the colposcopy clinic.
- Waiting times for outcomes letter.
- Named colposcopy lead.
- Information leaflets.
- Evidence of appropriate professional certification.
- Evidence of staff training in the use of SCCRS.

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Appendix 1: Development of the cervical screening standards

The cervical screening standards have been informed by current evidence, best practice recommendations and developed by group consensus.

Development activities

To ensure each standard is underpinned with the views and expectations of both health and social care staff, third sector representatives, individuals and the public in relation to cervical screening, information has been gathered from a number of sources, including:

- a scoping meeting in March 2018 with a subset of development group members
- a scoping engagement exercise held in April 2018
- a literature review and equality impact assessment, and
- two standards development group meetings between June and August 2018.

A development group, chaired by Dr Jennifer Darnborough, Consultant in Public Health, NHS Lanarkshire was convened in June 2018 to consider the evidence and to help identify key themes for standards development.

Membership of the development group is set out in Appendix 2.

Consultation

We engaged with service users and the general public, third sector organisations, NHS boards and staff, and professional bodies using a variety of approaches, including:

- focus groups, and
- an online survey.

A full consultation report is available on Healthcare Improvement Scotland's website **(www.healthcareimprovementscotland.org).**

Quality assurance

All development group members were responsible for advising on the professional aspects of the standards. Clinical members of the group were also responsible for advising on clinical aspects of the work. The chair was assigned lead responsibility for providing formal clinical assurance and sign-off on the technical and professional validity and acceptability of any reports or recommendations from the group.

All development group members made a declaration of interest at the beginning stages of the project. They also reviewed and agreed to the project group's Terms of Reference. More details are available on request from hcis.standardsandindicators@nhs.net

Healthcare Improvement Scotland also reviewed the standards document as a final quality assurance check. This ensures that:

- the standards are developed in line with agreed Healthcare Improvement Scotland methodologies
- the standards document addresses the areas to be covered within the agreed scope, and
- any risk of bias in the standards development process as a whole is minimised.

For more information about Healthcare Improvement Scotland's role, direction and priorities, please visit:
www.healthcareimprovementscotland.org/drivingimprovement.aspx[1].

Appendix 2: Membership of the cervical screening standards development group

Name	Position	Organisation
Jennifer Darnborough (Chair)	Consultant in Public Health	NHS Lanarkshire
Uzma Aslam	Programme Manager	Healthcare Improvement Scotland
Jerusalem Barnabas	Third Sector Representative	Waverley Care
Joan Benson	Team Manager, Cytology/Training Manager, Pathology	NHS Forth Valley
Julieann Brennan	Screening Coordinator	NHS Borders
Celia Briffa Watt	Public Health Specialist Health Improvement/Public Health	NHS Lanarkshire
Kevin Burton	Consultant Gynaecological Oncology	NHS Greater Glasgow and Clyde
Teresa Cannavina	Scottish GP Committee Representative	Meeks Road Surgery, Falkirk
Maggie Cruikshank	Honorary Consultant	NHS Grampian/University of Aberdeen
Kate Cuschieri	Director, Scottish HPV Reference Laboratory	NHS Lothian
Tracey Curtis	Senior Programme Manager	NHS National Services Division
Shona Daly	Practice Nurse	NHS Lanarkshire
Karen Grant	Programme Manager	Healthcare Improvement Scotland
Francesca Gray	Macmillan GP	NHS Greater Glasgow and Clyde
Nuala Healy	Organisational Lead, Screening & Immunisation	NHS Health Scotland
Belinda Henshaw	Senior Programme Manger	Healthcare Improvement Scotland
Rachel Hewitt	Project Officer (from September 2018)	Healthcare Improvement Scotland
Ruth Holman	Consultant in Sexual & Reproductive Health	NHS Ayrshire & Arran

Name	Position	Organisation
Lynne Innes	National Coordinator for General Practice Nursing	NHS Education for Scotland
Sarah Manson	National Screening and Vaccination Programmes	Scottish Government
Ann McGinn	Project Manager, AAA/Cytology CRO/Sexual Health	NHS Ayrshire & Arran
Paula O'Brien	Administrative Officer (until August 2018)	Healthcare Improvement Scotland
Jane Oliver	Senior Health Improvement Officer (Screening)	NHS Health Scotland
Tim Palmer	Consultant Pathologist	NHS Highland
Aileen Primrose	Programme Manager Screening & Immunisation	NHS Dumfries & Galloway
Kevin Pollock	Lead Healthcare Scientist	Health Protection Scotland
John Quinn	Senior Information Analyst	NHS National Services Division
Louise Smart	Consultant Cytopathologist	NHS Grampian
Fiona Wardell	Standards & Indicators Team Lead	Healthcare Improvement Scotland
Stuart Waugh	Administrative Officer (from October 2018)	Healthcare Improvement Scotland
Allan Wilson	Senior Chief Biomedical Scientist – Pathology	NHS Lanarkshire

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