



Sgrinio Serfigol Cymru
Cervical Screening Wales



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CERVICAL SCREENING WALES

PROGRAMME MANAGEMENT MANUAL

V2.0 January 2022

ABOUT THIS PUBLICATION

Cervical Screening Wales (CSW) Disclaimer

This publication is a reference document intended for use within Wales.

The information provided in this guide contains standards, policies and practice, and links to other reference documents used within Wales and across the United Kingdom.

About Public Health Wales

Public Health Wales (PHW) is a National Health Service (NHS) organisation that exists to protect and improve the health and wellbeing and reduce inequalities for people in Wales.

The organisation aims to enhance quality, equity and effectiveness of healthcare services by working to achieve a happier, healthier and fairer future for Wales.

Version and Draft **2.0**

Draft Finalised January 2022

Next Review **January 2023**

This document is regularly updated. If you print this document, please ensure that you always refer to the most up-to-date version, which is found at: -

<http://www.cervicalscreeningwales.wales.nhs.uk/home>

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Section One: Introduction

Cervical Screening Wales was created to ensure that all individuals in Wales who are eligible for cervical screening receive the same standard of care, wherever in Wales they live.

Cervical Screening Wales is a part of the Screening Division of Public Health Wales NHS Trust.

On 1st April 1999, Cervical Screening Wales was formed, and took over the responsibility for the cervical screening programme throughout Wales.

Cervical Screening Wales is responsible for:

- Identifying individuals who are eligible for screening
- Sending invitation and reminder letters to eligible individuals when screening is due
- Sending result letters to individuals and ensuring that their recall is correct
- Failsafe of screening pathways for individuals at all stages in the screening process
- Correctly ceasing individuals from the screening programme
- Commissioning laboratory services to undertake cervical screening tests
- Procurement of cervical screening testing equipment and reagents
- Commissioning of colposcopy services from health boards in Wales
- Directly referring individuals to colposcopy services when required
- Ensuring correct management of individuals within colposcopy services
- Commissioning laboratory services to undertake the reporting of cervical histology specimens
- Undertaking a review in every case where an individual is diagnosed with cervical cancer
- Providing training to cervical screening sample takers
- Monitoring and quality assurance of all elements of the screening programme
- Provision of public information

Cervical Screening Wales' Aims and Objectives

Aims

The aims of all cervical screening programmes are:

- To reduce the incidence of invasive cervical cancer
- To reduce morbidity caused by invasive cervical cancer and its treatments
- To reduce the mortality from invasive cervical cancer

Objectives

In order to achieve these aims, Cervical Screening Wales needs to provide: -

- A high quality, sensitive screening test
- A high uptake of screening
- Timely provision of screening results and onward referral where necessary

These objectives are reflected in the Cervical Screening Wales Programme Performance Indicators.

Section 2: Context of the Organisation

Cervical Screening Wales (CSW) is one of the adult population screening programmes managed by the Screening Division of Public Health Wales NHS Trust (PHW).

The Cervical Screening Programme is an all-Wales programme, which is administratively managed by three cervical screening administration departments (CSADs) across Wales. These are: -

South East based at 18 Cathedral Road, Cardiff

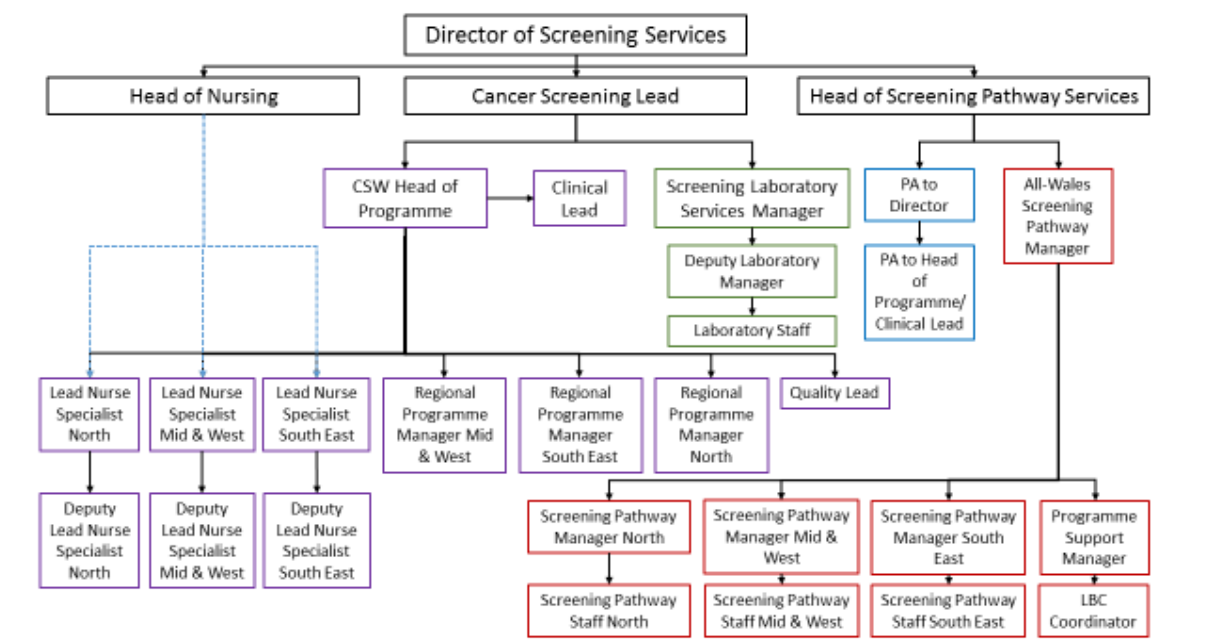
Mid and West based at Matrix House, Swansea

North based at Preswylfa, Mold

The central management of the programme is based at PHW Headquarters in Capital Quarter, Cardiff.

The cervical screening laboratory is at Magden Park, Llantrisant.

PHW Screening Division/CSW Staffing Structure



CSW Programme Board

This board is accountable for the operational and strategic management of the Cervical Screening Programme.

The board is responsible to the Director of Screening Division and provides advice and support to them on policy, strategic and programme-wide operational management.

The board meets on a bi-monthly basis.

Board members:

- CSW Head of Programme (Chair)
- CSW Clinical Lead
- Consultant in Public Health (Cancer Screening Lead)
- Laboratory Operations Manager
- Regional Programme Managers
- Regional Lead Nurse Specialists
- CSW Quality Lead
- Programme Support Manager
- All Wales Screening Pathway Manager
- Screening Engagement Team representative
- Informatics representative
- Screening Division Business Manager
- Jo's Cervical Cancer Trust Representative
- Welsh Government Screening Committee representative

The Divisional Director, Screening will attend as required.

Clinical Governance and Quality Assurance Board

The role of this Board is:

- To be accountable for ensuring clinical governance and quality assurance are a key component across the Cervical Screening Programme.
- To undertake a decision making role, based on provision of evidence based recommendations and reports
- To provide advice, guidance and a quality assurance role to the CSW Programme Board.

This board meets on a bi-monthly basis.

Board Members:

- CSW Clinical Lead (Chair)
- CSW Head of Programme
- Consultant in Public Health (Cancer Screening Lead)
- Head of Nursing
- Lead Nurse Specialists
- All-Wales Screening Pathway Manager
- QA Colposcopist
- QA Pathologist
- Laboratory Manager
- Regional Programme Managers
- Screening Engagement Team Representative
- CSW Quality Lead
- Primary Care Representative

Attend as required

- Divisional Director, Screening
- Training Representative
- Screening Division Risk Lead

Section 3: CSW Quality Assurance Processes

The Cervical Screening Programme is a 'quality-based' programme, and is subject to constant monitoring.

CSW has multiple quality assurance processes for all areas of the cervical screening programme: -

- Strategic operating policies and procedures (SOPPs)
- Screening performance activity reports (SPARs)
- Quality Assurance and Clinical Governance Board
- Quality Assurance teams for colposcopy and pathology
- Incident reporting and investigation processes
- CSW Audit of Cervical Cancers (CSWACC) and the Cervical Cancer Review Group (CCRG)
- Annual statistical report for the Cervical Screening Programme
- Monthly timeliness reports for sample takers, result turnaround times and colposcopy services
- Annual individual reports for sample takers and colposcopists
- Annual QA colposcopy reports for Health Boards
- Laboratory External QA
- Management and delivery of sample taker training across Wales

These processes are all used to ensure that the programme is of the highest quality.

Colposcopy QA

Colposcopy Quality Assurance Visits

Each Health Board is visited every four years as a minimum, and assessed against CSW Colposcopy standards. Visits may be arranged at shorter intervals, or at short notice, if there are concerns with the level of service being provided by the health Board.

Recommendations may be made and a report will be produced for the Health Board, with a timescale for recommended changes.

Follow-up meetings with the regional CSW management team will be arranged.

The QA Colposcopy Team will consist of:

- CSW QA Colposcopist
- CSW Clinical Lead
- CSW Head of Programme or Regional Programme Manager
- Regional Lead Nurse Specialist
- Programme Support Manager
- CSW Quality Lead

Other members of the CSW Regional Team may attend if appropriate.

Colposcopy QA meetings

These meetings are held approximately quarterly and are chaired by the CSW QA colposcopist.

The purpose of the meetings is to:

- Discuss and plan for forthcoming QA visits
- Discuss outcomes of previous QA visits and follow-up meetings
- Review QA standards and monitoring data
- Review the performance of colposcopy services and individual colposcopists across Wales

Pathology Quality Assurance (QA)

Pathology QA and External Assessment

Public Health Wales' laboratory is accredited to ISO 15189:2012, and is externally assessed against these standards by the United Kingdom Accreditation Service (UKAS).

These assessment visits take place annually, or when processes change (e.g. a change of test, or introduction of a new test).

The laboratory also participates in the Public Health England NHS Cervical Screening Programme external quality assurance (EQA) schemes for Technical EQA and Gynaecological EQA (individual cytology screener assessment), and EQA for HPV testing.

There is a programme of internal QA including regular audits, screener performance monitoring, analyser and assay performance monitoring and the use of rapid review for cytology.

Pathology laboratories in Welsh Health Boards that provide histology services to CSW are assessed annually by UKAS and the Human Tissue Authority.

Pathology QA meetings

These meetings are held approximately quarterly and are chaired by the CSW QA pathologist.

The purpose of the meetings is to:

- Discuss and plan for forthcoming QA visits
- Discuss outcomes of EQA visits and follow-up meetings
- Review QA standards and monitoring data
- Review the performance of pathology services and individual screeners/checkers/pathologists across Wales

Cervical Screening Wales Audit of Cervical Cancers (CSWACC)

Approximately 160 cervical cancers are diagnosed each year in Wales. Each of these cases is subject to a standardised review, the aim of which is primarily educational.

The review encompasses:

- Capturing the type, stage and treatment of the cervical cancer
- Designating the cancer as screen detected or non-screen detected, and if the latter, which category
- Reviewing any cytology reported as low grade or less within the 10 years prior to the cancer diagnosis
- Reviewing any colposcopy episodes occurring between 18 weeks and five years prior to the cancer diagnosis
- Reviewing any cervical biopsies taken within the 10 years prior to the cancer diagnosis (except for those giving the cancer diagnosis)
- Reviewing the screening administration history of the individual in the 10 years prior to the cancer diagnosis

It is the responsibility of the CSWACC Lead to ensure that these reviews are requested and completed.

Once a review is complete, the CSWACC Lead writes to the individual's treating clinician to request that they advise the individual that the review results are available, should they wish to have them. A meeting will be arranged with CSW representatives to disclose review results if these are requested.

All cases where reviews are undertaken are discussed at a quarterly cancer case review group (CCRG) meeting, chaired by the CSWACC Lead.

Information about the CSWACC process is available on the CSW website, at: -

<http://www.cervicalscreeningwales.wales.nhs.uk/beth-fydd-yn-digwydd-os-byddaf-yn-cael-d>

<http://www.cervicalscreeningwales.wales.nhs.uk/what-happens-if-i-am-diagnosed-with-cerv>

Section 4: All Wales Cervical Screening Policy

Eligible population

Individuals with a cervix, within the screening age range of 25 to 64 years, who are resident in Wales.

Due to limitations of the current cervical screening database, Cervical Screening Wales (CSW) can only invite individuals who:

- Are registered with a GP
- Are registered as female (or indeterminate gender)

Individuals who are registered as male but have a cervix are eligible to have screening, but this will need to be arranged with their GP/clinic. It will be the responsibility of the sample taker to advise the individual of their results, and arrange referral for colposcopy if necessary.

Screening age range

Eligible individuals (as above) are aged 25-64 years inclusive. Individuals are invited for their first screening test at 24 years and 8 months, to allow them to access screening by their 25th birthday.

Those aged 65 years or over are eligible for screening if: -

- They have never previously been screened
- They have not returned to routine recall following a result recommending early repeat or referral to colposcopy

Routine screening interval

The routine (standard) screening interval recommended for a normal screening test result (no high risk HPV detected) is: -

- 5 years for individuals aged 24.5 to 59 years at the time of taking the screening test
- 'cancel recall' for individuals aged 60 years and over at the time of taking the screening test

The cervical screening test

Cervical Screening Wales uses two tests for cervical screening.

The **primary** screening test is applied to all acceptable screening samples submitted.

The **secondary** test is only used for those samples which test positive on the primary test.

The primary screening test

All acceptable screening samples (as defined by the CSW sample acceptance policy) will undergo a primary screening test for the presence or absence of any of 14 high risk types of human papillomavirus (hrHPV).

Samples not deemed as acceptable will be rejected without testing.

For those samples where no high risk HPV is found, cytology will not be performed and a 'negative' result will be issued.

In a small proportion of samples, a result may be unavailable or unreliable. In these cases no cytology is performed and an 'HPV unavailable' result is issued.

The secondary screening test (triage test)

A secondary screening test will only be performed for those samples where hrHPV is found. The secondary test is cervical cytology.

This test will determine: -

- Whether the participant requires immediate referral to colposcopy, or surveillance after a 12 month period
- If referral to colposcopy is recommended, how soon the participant will need to be seen based on the severity of any cell changes seen and what is the likelihood of treatment being required

Referral for colposcopy

All individuals resident in Wales requiring referral for colposcopy due to a cervical screening test result will be directly referred by CSW.

CSW will failsafe these individuals following referral to ensure that: -

- They are offered an appointment in the colposcopy service within an appropriate time period
- They are managed correctly within the colposcopy service
- They are contacted if they default from the colposcopy clinic
- They are correctly managed on discharge from the colposcopy clinic

Cervical Screening Wales: Programme and Colposcopy Management

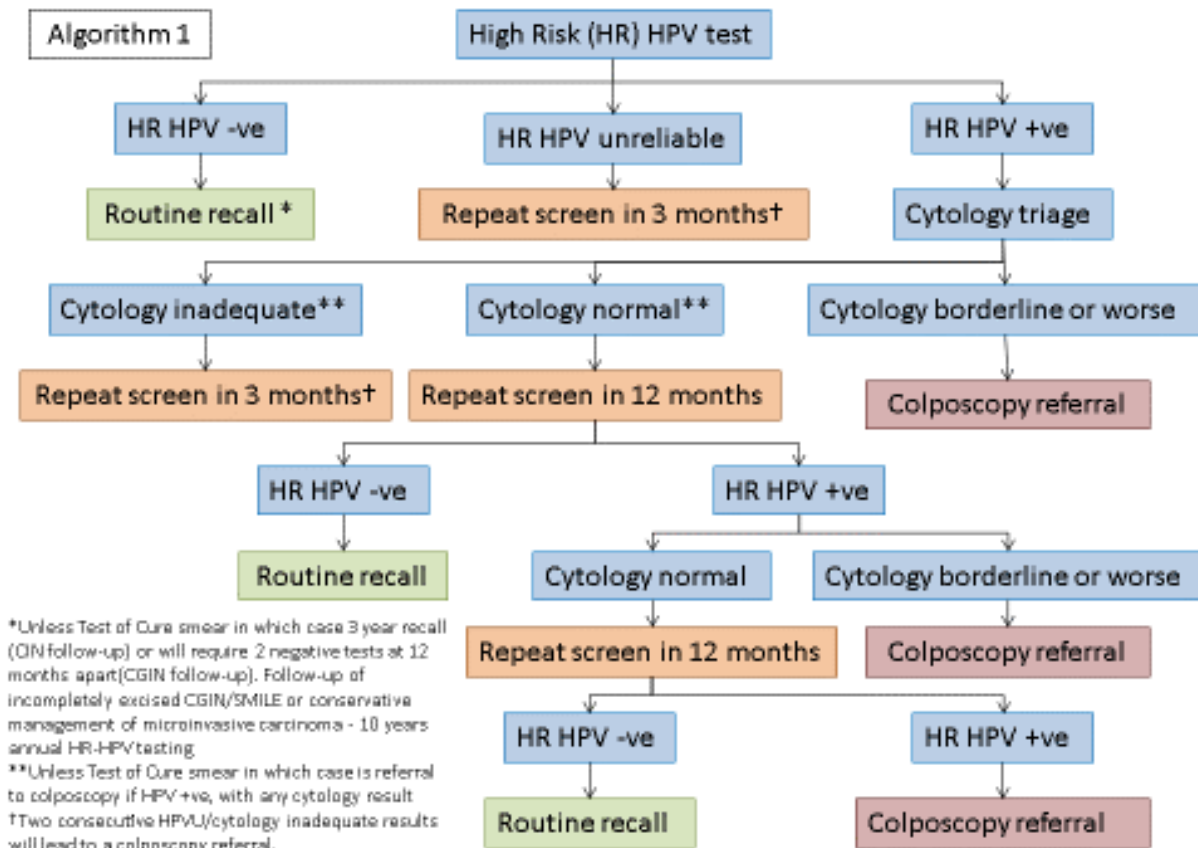
This document is an addendum produced by Cervical Screening Wales to the Public Health England (PHE) 2020 publication '**Cervical screening: programme and colposcopy management**'

<https://www.gov.uk/government/publications/cervical-screening-programme-and-colposcopy-management>

In general, the Cervical Screening Programme (CSP) is aligned with the programme in England. The purpose of this document is to provide an addendum describing exceptions to the PHE document that are applicable to the CSP in Wales.

This document should therefore be used in conjunction with and as a supplement to '**Cervical screening: programme and colposcopy management**'

The Cervical Screening Pathway



Section 5: CSW Programme Performance Indicators

These programme performance indicators are monitored on a monthly basis, and are reviewed at the CSW Programme Board meetings.

These figures are supplied to Welsh Government on a monthly basis.

Indicator	Description
CSW-002C	Cervical Screening Age Appropriate Coverage
CSW-003A	Laboratory turnaround time for cervical screening test results (3 weeks)
CSW-004A	Waiting time for cervical screening test results (4 weeks)
CSW-004B	Waiting time for cervical screening test results (3 weeks)
CSW-005A	Waiting time for colposcopy appointment – all CSW direct referrals (8 weeks)
CSW-005B	Waiting time for colposcopy appointment – all CSW direct referrals for high grade dyskaryosis (moderate or severe) (4 weeks)
CSW-005C	Waiting time for colposcopy appointment – all CSW direct referrals for ? invasive squamous carcinoma or ? glandular neoplasia (2 weeks)
CSW-006A	Cervical Cytology positive predictive value
CSW-006C1	Colposcopist positive predictive value – low grade cytology or less
CSW-006C2	Colposcopist positive predictive value – high grade cytology
CSW-008A	High grade cytology detection rate
CSW-011A	Laboratory turnaround time for colposcopy histology specimens – 2 weeks
CSW-011B	Laboratory turnaround time for colposcopy histology specimens – 3 weeks

Each indicator has a **Standard**, an **Operational Target** and an **Action Threshold**

The Standard is the level that the programme is expected to meet

The Operational Target is the level at which the programme should be aiming to operate

The Action Threshold is the level at which action must be taken to improve performance against the standard

Descriptions of Individual Performance Indicators

CSW-002C

Cervical Screening Age Appropriate Coverage

Description

The proportion of eligible individuals adequately screened within a defined time period prior to the date of the report.

For eligible individuals aged 25-64 years, this defined time period is 5.5 years.

These figures are combined to provide an 'age appropriate' coverage figure.

This figure is updated on a quarterly basis.

Standard

$\geq 80\%$

Operational Target

80%

Action Threshold

$\geq 70\%$

CSW-003A

Laboratory turnaround time for cervical screening test results (3 weeks)

Description

The proportion of screening samples having an authorised result within 3 weeks of receipt at the screening laboratory.

Standard

$\geq 95\%$

Operational Target

98%

Action Threshold

85%

CSW-004A

Waiting time for cervical screening test results (4 weeks)

Description

The proportion of individuals who are sent their cervical screening test result within 4 weeks of the sample being taken

Standard

$\geq 95\%$

Operational Target

98%

Action Threshold

85%

CSW-004B

Waiting time for cervical screening test results (3 weeks)

Description

The proportion of individuals who are sent their cervical screening test result within 3 weeks of the sample being taken

Standard

$\geq 80\%$

Operational Target

80%

Action Threshold

60%

CSW-005A

Waiting time for colposcopy appointment – all CSW direct referrals (8 weeks)

Description

The proportion of individuals directly referred to colposcopy clinic by CSW who are offered an appointment within 8 weeks of referral. Includes appointments offered within 8 weeks where the individual has failed to attend, or has cancelled and rebooked an appointment. Does not include appointments cancelled by the hospital where these are not rebooked within the 8 weeks.

Standard

>=90%

Operational Target

90%

Action Threshold

85%

CSW-005B

Waiting time for colposcopy appointment – CSW direct referrals with high grade (moderate or severe) dyskaryosis (4 weeks)

Description

The proportion of individuals directly referred to colposcopy clinic by CSW with high grade dyskaryosis (moderate or severe) who are offered an appointment within 4 weeks of referral. Includes appointments offered within 4 weeks where the individual has failed to attend, or has cancelled and rebooked an appointment. Does

not include appointments cancelled by the hospital where these are not rebooked within the 4 weeks.

Standard

>=90%

Operational Target

90%

Action Threshold

85%

CSW-005C

Waiting time for colposcopy appointment – CSW direct referrals with ? invasive squamous carcinoma or ? glandular neoplasia (2 weeks)

Description

The proportion of individuals directly referred to colposcopy clinic by CSW with abnormal cytology suggestive of possible invasive squamous carcinoma or glandular neoplasia who are offered an appointment within 2 weeks of referral. Includes appointments offered within 2 weeks where the individual has failed to attend, or has cancelled and rebooked an appointment. Does not include appointments cancelled by the hospital where these are not rebooked within the 2 weeks.

Standard

100%

Operational Target

100%

Action Threshold

90%

CSW-006AC

Cervical cytology positive predictive value

Description

The proportion of cervical screening samples reported as showing high grade dyskaryosis or worse that result in histologically confirmed CIN 2+ at colposcopy.

Standard

76.2% - 92.3%

Operational Target

N/A

Action Threshold

<76.2% or >92.3%

CSW-006C1

Positive predictive value of colposcopist opinion (low grade referrals or less)

Description

The proportion of cases with low grade cytology or less, where colposcopist opinion is high grade or worse, and the outcome is confirmed as at least CIN 2.

Standard

$\geq 35\%$

Operational Target

N/A

Action Threshold

$< 35\%$

CSW-006C2

Positive predictive value of colposcopist opinion (high grade referrals)

Description

The proportion of cases with high grade or worse cytology, where colposcopist opinion is high grade or worse, and the outcome is confirmed as at least CIN 2.

Standard

$\geq 75\%$

Operational Target

N/A

Action Threshold

$< 75\%$

CSW-008A

High grade cytology detection rate

Description

The proportion of all samples screened that are reported as high grade cytology (moderate dyskaryosis or worse)

Standard

0.7 – 1.3%

Operational Target

N/A

Action Threshold

<0.5% or >1.5%

CSW-011A

Laboratory turnaround times for colposcopy histology specimens – 2 weeks

Description

The proportion of all cervical biopsies taken in colposcopy that are reported and authorised within 2 weeks

Standard

>=80%

Operational Target

80%

Action Threshold

60%

CSW-011B

Laboratory turnaround times for colposcopy histology specimens – 3 weeks

Description

The proportion of all cervical biopsies taken in colposcopy that are reported and authorised within 3 weeks

Standard

100%

Operational Target

98%

Action Threshold

85%

Section 6: Documents used by Public Health Wales

CSW Exception documents

[Managing Safety Incidents in NHS Screening Programmes](#)

[Cervical Screening: programme and colposcopy management](#)

[Cervical screening: call and recall administration best practice](#)

[Cervical screening: removing individuals from routine invitations](#)

[Cervical screening: acceptable HPV tests](#)