

NHS Highland

Assessment Report ~ *August 2006*

Scottish Cervical Screening Programme 2006 Follow-up

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Introduction

In line with the commitment made by NHS Quality Improvement Scotland (NHS QIS) following the previous Scotland-wide review of cervical screening services in 2003, a follow-up review of services was agreed to be carried out during 2005–2006. Because of the new developments within the Scottish Cervical Screening Programme, it was agreed that a full performance assessment review against the existing NHS QIS cervical screening standards was inappropriate at this time. Instead, a streamlined, high level, paper-based approach was developed to avoid placing undue burden on NHS Boards.

The NHS QIS approach to assessing clinical areas generally follows the patient journey of care. However, the Scottish Cervical Screening Programme includes components that do not form part of the journey for the majority of women, eg failsafe and colposcopy. In discussion with a variety of stakeholders, it was recognised that a different approach was required. The review, therefore, followed the original format of assessing the five major components of the screening programme, recognising the dual importance of communication linkages across the programme and provision of appropriate information for women at all stages of their journey.

Not all of the cervical screening standards are amenable to a paper-based exercise, therefore, only those criteria were assessed where documented evidence could be provided to support performance. A list of the key documents (evidence) requested to assess NHS Board performance against each criterion, and the reasons for requesting this evidence, are provided in Table 1.

Table 1: Evidence in support of assessment

Evidence required	Reason for request	Criteria assessed
Cervical screening annual reports for last 3 years	To provide an overview of cervical screening services in each NHS Board area.	1(a)1 1(d)1 3(d)1 4(b)1 4(b)2 4(b)3 4(e)1 4(g)1
Minutes of the multidisciplinary cervical screening co-ordinating group (last six meetings of the group)	To assess lay involvement and frequency of co-ordinating group meetings, and organisation of the cervical screening programme in each NHS Board.	1(a)1 1(a)2 1(d)1
Service specification	To provide detailed information on the service levels which should be provided, and the monitoring of key performance indicators and outcome measures.	1(b)1 1(b)2

Evidence required	Reason for request	Criteria assessed
Cervical screening action plan following 2003 NHS QIS review	To assess plans for meeting criteria which were assessed as 'not met' in previous performance assessment review.	All criteria assessed as 'not met' for each NHS Board in 2003 performance assessment review
Cervical screening progress report against action plan, if separate from above	To assess progress against action plans following previous performance assessment review.	All criteria assessed as 'not met' for each NHS Board in 2003 performance assessment review
Cytopathology department annual reports for last 3 years	To assess criteria which relate to laboratory reporting.	3(d)1 4(b)1 4(b)2 4(b)3 4(e)1 4(g)1
Correspondence confirming participation in the national proficiency-testing scheme (obtained centrally from chair of scheme)	To confirm participation in the national proficiency-testing scheme.	4(e)2
GP contract monitoring –Quality and Outcomes Framework (QOF) returns for all GP practices for Quality Indicator CS04	To assess degree to which protocols are in place to allow women to be reinstated in call-recall after opting out.	2(e)1
ISD statistics for 2004–2005	To assess the uptake of cervical screening across all NHS Boards and to assess waiting times for reporting of smear results to smear-takers.	2(a)3 4(f)1
Clinical Pathology Accreditation (CPA) report (most recent report)	To assess criteria which relate to laboratory reporting.	4(a)1
Communication and correspondence between NHS Board and clinical pathology accreditation UK (Ltd) following last CPA accreditation report	To assess criteria which relate to laboratory reporting.	4(a)1

Assessment categories

When assessing performance, the categories 'met', 'not met' and 'not met (insufficient evidence)' were used, as detailed below.

- **'Met'** applies where the evidence demonstrates the standard and/or criterion is being attained.
- **'Not met'** applies where the evidence demonstrates the standard and/or criterion is not being attained.
- **'Not met (insufficient evidence)'** applies where no evidence is available for the review team, or where the evidence available is insufficient to allow an assessment to be made.

A final category **'not applicable'** is used where a standard and/or criterion does not apply to the NHS Board under review.

Reports

This report presents the findings from the review of evidence submitted by **NHS Highland**. For further information on the Scottish Cervical Screening Programme, and an overview of the findings of the follow-up review, please refer to the NHS QIS current status report, also published in August 2006. Copies of all reports are available on request from NHS QIS or on the website (www.nhshealthquality.org).

NHS Highland

Standard 1 – General

Standard Statement 1(a) An effective cervical screening service is available and offered in NHS Boards.

Criterion 1(a)1 Every NHS Board has a multidisciplinary co-ordinating group with lay representation that meets at least annually and contributes to an annual report to the Board.

This group is responsible for ensuring that effective cervical screening is offered and available to eligible women in their area in accordance with current NHSSP/SEHD/NHS QIS (formerly CSBS) guidance.

Evidence assessed:

- Annual reports (2002, 2003 and 2004)
- Minutes of the joint steering group for cervical services

2006 performance: Not met

From the minutes of the joint steering group for cervical services, it was noted that there was lay representation on this group until the end of 2004.

It was noted that possible replacement candidates have been identified and NHS Highland is now awaiting confirmation of the lay representative who will join the group.

The group meets at least annually.

2003 performance: Met

Criterion 1(a)2 There is a designated consultant in public health medicine with responsibility for overseeing and monitoring the provision of cervical screening in their area which meets the NHS QIS (formerly CSBS) standards. (Responsibility may be delegated to key staff as appropriate.)

Evidence assessed:

- Annual report (2004)

2006 performance: Met

Within NHS Highland, there is a consultant in public health medicine who is responsible for overseeing and monitoring the provision of cervical screening in the area.

2003 performance: Met

Standard Statement 1(b) There is a specific specification in place, developed by, and including, all those involved in providing and monitoring cervical screening services in NHS Boards.

Criterion 1(b)1 The service specification includes the following: audit, training, quality assurance, information for women, call-recall, smear-taking, smear reporting, follow-up and treatment.

Evidence assessed:

- Draft service specification (December 2005)

2006 performance: Met

It was confirmed that NHS Highland has a service specification which includes all the information required to meet the criterion.

2003 performance: Met

Criterion 1(b)2 NHS Boards have arrangements to ensure the specification is met and monitored on a regular basis.

Evidence assessed:

- Draft service specification (December 2005)

2006 performance: Met

Information included in the service specification confirmed that there are arrangements in place to ensure the specification is met and monitored on a regular basis.

2003 performance: Met

Standard Statement 1(d) Case review and audit is undertaken to facilitate continuing improvement.

Criterion 1(d)1 Screening histories of women developing invasive cancer are reviewed, and any areas of the programme which require improvement are identified and addressed.

Evidence assessed:

- Annual reports (2002, 2003 and 2004)

2006 performance: Met

Evidence provided confirmed that there is review of screening histories of women developing invasive cancer, and that any areas of the programme which require improvement are identified and addressed.

2003 performance: Met

Standard 2 – Call-Recall & Failsafe

Standard Statement 2(a) Effective call-recall arrangements are in place to ensure all eligible women aged 20–60 are invited for screening at least once every 5 years.

Criterion 2(a)3 A minimum of 80% of women aged 20–60 are screened at least once every 5 years.

Evidence assessed:

- ISD Scotland national statistics release (2004–2005)

2006 performance: Met

Evidence provided indicated that over 80% of women aged 20–60 are screened at least once every 5 years.

2003 performance: Met

Standard Statement 2(e) Women who opt-out of the cervical screening programme remain on the call-recall system and have the opportunity to be reinstated at a later date.

Criterion 2(e)1 A protocol is in place to communicate with women who have opted out of screening during a previous round.

Evidence assessed:

- Quality and Outcomes Framework (April 2004–March 2005)

2006 performance: Not met

The Quality and Outcomes Framework (QOF) for April 2004–March 2005 was used to assess performance against this criterion. More specifically, analysis of the number of nGMS practices achieving full score (ie 2/2) against the QOF indicator CSO4 was used as an indicator of performance. The CSO4 indicator states that women who have opted for exclusion from the cervical cytology recall register must be offered the opportunity to change their decision at least every 5 years. To take account of the small number of practices which do not provide cervical cytology, it was agreed that, where 95% or more of nGMS practices achieve full score against the CSO4 indicator, the NHS Board will be allocated an assessment of 'met'.

From the evidence provided, it was noted that the full score (2/2) was achieved in 93.4% of 61 nGMS practices in NHS Highland; therefore this criterion is not met.

2003 performance: Met

Standard 3 – Smear-taking

Standard Statement 3(d) Women younger than 20 years should not be included in the NHS Scottish Cervical Screening Programme.

Criterion 3(d)1 Smears are not taken from women younger than 20 years as part of the cervical screening programme. If a smear is taken, the reasons for this are clearly documented on the request form.

Evidence assessed:

- Action plan update (November 2005)
- Correspondence from consultant pathologist

2006 performance: Met

In order to ensure a fair and consistent approach to assessment of this criterion, it was agreed that where data confirm that less than 1% of the total smears taken were from women under the age of 20, the NHS Board will be allocated an assessment of 'met'.

From the evidence available, it was confirmed that 79 smears out of a total of 18,733 (0.42%) were taken from women younger than 20 years of age during 2005.

2003 performance: Met

Standard 4 – Laboratory Reporting

Standard Statement 4(a) Laboratories providing cervical screening services (cytology and histology) meet recognised professional standards.

Criterion 4(a)1 Evidence of current Clinical Pathology Accreditation (CPA) (or equivalent).

Evidence assessed:

- CPA accreditation certificate (2002)

2006 performance: Met

Evidence provided confirmed that this criterion is met.

2003 performance: Met

Standard Statement 4(b) Laboratories monitor cervical cytology reporting profiles.

Criterion 4(b)1 The laboratory reporting profiles conform to the ranges given in current guidelines.

Evidence assessed:

- Annual reports (2002, 2003 and 2004)

2006 performance: Met

Evidence provided confirmed that this criterion is met.

2003 performance: Met

<p>Criterion 4(b)2 Sensitivity of primary screening conforms to standards recommended in the Achievable Standards, Benchmarks for Reporting, and Criteria for Evaluating Cervical Cytopathology document.</p> <p>Evidence assessed:</p> <ul style="list-style-type: none"> Annual reports (2002, 2003 and 2004)
<p>2006 performance: Met Evidence provided confirmed that this criterion is met.</p>
<p>2003 performance: Met</p>

<p>Criterion 4(b)3 Positive Predictive Value conforms to standards recommended in the Achievable Standards, Benchmarks for Reporting, and Criteria for Evaluating Cervical Cytopathology document.</p> <p>Evidence assessed:</p> <ul style="list-style-type: none"> Annual reports (2002, 2003 and 2004)
<p>2006 performance: Met Evidence provided confirmed that this criterion is met.</p>
<p>2003 performance: Met</p>

Standard Statement 4(e) There is evidence of internal quality control and external quality assurance.

<p>Criterion 4(e)1 Rapid review is carried out for all normal and inadequate smears prior to issuing the final report.</p> <p>Evidence assessed:</p> <ul style="list-style-type: none"> Annual reports (2002, 2003 and 2004)
<p>2006 performance: Met Evidence provided confirmed that this criterion is met.</p>
<p>2003 performance: Met</p>

<p>Criterion 4(e)2 All staff reporting cervical cytology participate in the national proficiency-testing scheme.</p> <p>Evidence assessed:</p> <ul style="list-style-type: none"> Correspondence from chairman of proficiency testing scheme
<p>2006 performance: Met Evidence provided confirmed that this criterion is met.</p>
<p>2003 performance: Met</p>

Standard Statement 4(f) There is a timely issue of laboratory results of smear-takers.

Criterion 4(f)1 A minimum of 80% of smears are reported to smear-takers within three weeks (15 working days).

Evidence assessed:

- ISD quarterly statistical releases (2nd quarter, 2005–2006)

2006 performance: Met

Evidence provided confirmed that a minimum of 80% of smears are reported within 14 days in NHS Highland.

2003 performance: Not met

Standard Statement 4(g) There is evidence of comprehensive correlation of colposcopic biopsies and subsequent histological specimens with cervical smears.

Criterion 4(g)1 Cytology laboratories have a system in place for pursuing the outcome of all patients with abnormal smears referred to colposcopy.

Evidence assessed:

- Annual reports (2002, 2003 and 2004)

2006 performance: Met

Evidence provided confirmed that this criterion is met.

2003 performance: Met

Summary

NHS Highland continues to demonstrate that it offers an effective cervical screening programme co-ordinated at Board level by a multidisciplinary group. The Board action plan identifies that progress is being made, eg increased use of cervical screening system by general practices and cytology/pathology/colposcopy meetings run quarterly.

Areas of challenge

- Lay representation on multidisciplinary steering group, despite efforts to achieve this, and
- four nGMS practices did not achieve CSO4.

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