

SOP11

Invasive Cervical Cancer Disclosure Audit Procedure

Ref: CYT/SOP/29

1.0 Procedure Statement (Purpose / Objectives of the Procedure)

The objective of the NHS Cervical Screening Programme (NHSCSP) is the reduction in the incidence of and mortality from invasive cervical cancer. For women aged 25-64 who are screened in the UK every 3-5 years, it is estimated that cervical screening prevents at least 75% of invasive cervical cancers by the detection and treatment of pre-cancerous cervical abnormalities, which, if left untreated, may develop into invasive disease. In recent years the NHSCSP has been very successful in reducing the incidence of cervical cancer and increasing the fall in mortality compared to levels existing in 1986.

The purpose of the cervical cancer audit is to monitor the effectiveness of the screening programme and to identify areas of good practice and/or areas where improvements can be made. Audit may provide educational feedback to all involved in the screening process. With respect to an individual, the audit of screening data may help to identify possible reasons for occurrence of invasive disease.

2.0 Accountabilities / Responsibilities

- Cervical Screening Provider Lead (CSPL)
- Audit Lead (Cytology Lead Consultant Biomedical Scientist)
- Histopathology & Cytology Lead Consultant Pathologist
- Cytology Consultant Biomedical Scientist
- Lead Colposcopist (Consultant Gynaecologist)
- Consultant Gynaecologist/Oncologist
- Screening Quality Assurance Service Midlands and East (SQAS)

3.0 Procedure/Guidelines Detail / Actions

Followed as per requirements: Ref CYTSOP/29

4.0 Equipment Required

- PC with access to Winpath/patient records

5.0 Training

The Cervical Screening Provider Lead must attend one-off CSPL training, which is provided by the North Of England Pathology and Screening Education Centre (NEPSEC)

6.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

7.0 Equality Impact Assessment

An initial equality analysis has been carried out and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

8.0 Maintenance

The Cervical Screening Provider Lead will ensure that this document is kept up to date.

9.0 Communication and Training

Training of Cervical Screening Provider Lead has been completed.

10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Evaluation
At a minimum needs to reflect monitoring that demonstrates compliance with the document guidelines	Cervical Screening Provider Lead	Review triggered by release of updated NHS E/I Guidance	Not on a regular basis – but perhaps every 2-3 years	All staff involved in Audit process, though this will be initiated and led by the Cervical Screening Provider Lead

11.0 References - Legal, professional or national guidelines

- Guidance. Cervical screening: laboratories providing HPV testing and cytology services in the NHS Cervical Screening Programme. Updated 28 September 2021
<https://www.gov.uk/government/publications/cervical-screening-laboratory-hpv-testing-and-cytology-services/cervical-screening-guidance-for-laboratories-providing-hpv-testing-and-cytology-services-in-the-nhs-cervical-screening-programme>
- Cancer Reform Strategy 2007
chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://data.parliament.uk/DepositedPapers/Files/DEP2007-0203/DEP2007-0203.pdf
- Guidance. National invasive cervical cancer audit. Updated 27th September 2024:
<https://www.gov.uk/government/publications/cervical-screening-auditing-procedures/national-invasive-cervical-cancer-audit>
- Invasive cervical cancer disclosure audit – local policy CP64.
- Patient Information Leaflet
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1027091/Cervical_screening_Reviewing_your_cervical_screening_story_plain_A4_PDF.pdf
- Review results Consent Form
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/963863/Review_results_response_form.pdf
- Invasive Cancer Audits Form, found at
<https://www.gov.uk/government/publications/cervical-screening-auditing-procedures>

Part A - Document Control

Procedure/ Guidelines number and version	Title of Procedure/ Guidelines Invasive Cervical Cancer Disclosure Audit Procedure (previously CP64) V4.0	Status: Final	Author: Cervical Screening Programme Lead For Trust-wide Procedures and Guidelines Chief Officer Sponsor: Chief Medical Officer	
Version / Amendment History	Version	Date	Author	Reason
	V1.0	April 2014	Dr A Bhatnagar	Revised Trust Version
	V1.1	June 2017	Mr R Cooper	Revised Policy WMCIU references updated to SQAS. References section updated. Consultation group members updated Definitions section updated
	V2.0	Nov 2018	Mr R Cooper	Added process flow chart Names removed – roles identified by title Abbreviations updated References updated 'Slide review' definition added CLINICAL PRACTICE PROCEDURE Section 2 Accountabilities updated following recommendations from SQAS visit Section 1, 3 – Duty of Candour details added
	V2.1	Feb. 2021	Cervical Screening Programme Lead	Extension approved

V2.2	January 2022	Cervical Screening Programme Lead	Extension approved
V3.0	May 2022	Cervical Screening Programme Lead	Review Title updated CSPL contact updated References updated
V3.1	May 2024	Karen Kendall CSPL	CSPL contact updated References updated
V4.0	July 2025	Karen Kendall CSPL	Review Title updated Reviewed and updated 1.0 Procedure statement (purpose/objectives of the procedure. Reviewed and updated national guidance.
Intended Recipients: Clinical staff in Gynaecology (Colposcopy) and Cytology (Pathology)			
Consultation Group / Role Titles and Date: December 2021 Cervical Screening Programme Lead (CSPL) Colposcopy Clinical Lead Lead Pathologist for cervical screening Colposcopy Nurse (1) Colposcopy Nurse (2) Consultant Biomedical Scientist (Audit lead) Consultant Biomedical Scientist. Colposcopy AdministratorCSPL Administrative Support			
Name and date of group where reviewed		Trust Policy Group – September 2025	
Name and date of final approval committee(if trust-wide document)/ Directorate or other locally approved committee (if local document)		Trust Policy Group – September 2025	
Date of Procedure/Guidelines issue		September 2025	
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		September 2028 (every 3 years)	

Training and Dissemination: Training requirements will be updated and reviewed at annual CSPL appraisals.	
Publishing Requirements: Can this document be published on the Trust's public page:	
Yes	
If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines , as well as considering any redactions that will be required prior to publication.	
To be read in conjunction with: State the name / s of any other relevant policies / procedures.	
Initial Equality Impact Assessment: Done (OP73) Full Equality Impact assessment [as required]: N/A If you require this documentation in an alternative format e.g., larger print please contact Central Governance Department on Ext 5114	
Contact for Review	Karen Kendall CSPL Ext 88271
Monitoring arrangements	<ul style="list-style-type: none"> • By CSPL, annually as per NHSCSP guidelines via audits and case reviews. • Incident reporting as per trust OP10 Version 17.1 – Protocol 2. April 2021 • Presented at the quarterly cervical screening business meetings. • Exception report to Quality oversight Group (annually).
Document summary/key issues covered. <p>To ensure that all women diagnosed as having cervical cancer will be given the option of being informed of the result of the review on all clinical material reported by or related to Royal Wolverhampton NHS Trust Cytology, Histopathology and Colposcopy Services during the preceding 10 years from diagnosis, via the process where feedback is given to patients where requested.</p> <ul style="list-style-type: none"> • To provide safe mechanisms for the audit process • In addition, to collate this information with all other reviews of cervical smears, histology specimens and Colposcopic findings from all other cervical cancers and to provide an annual audit of results. • To provide all data in an anonymised form to the Midlands and East Screening Quality Assurance Service (SQAS) who will co-ordinate history reviews, for collation of review results and dissemination to the NHSCSP. • To perform annual audit of the compliance with this Clinical Procedure, by means of annual cervical cancer audit, Colposcopy MDT's and quarterly cervical screening business meetings. 	
Key words for intranet searching purposes	Invasive cancer audit