

Disclosure of Invasive Cancer Reviews – NHS Cervical Screening Programme

Issue Date	Review Date	Version
February 2018	February 2023	V2

Purpose

The purpose of this procedure is to ensure that patients with cervical cancer, who are part of the cervical screening programme, are given the opportunity to have the results of their audit review. To ensure that this is handled appropriately and that the best practice guidance issued by the NHS Cancer Screening Services providing information about disclosure of such cases to the individuals concerned is followed.

NHS Cancer Screening Series, Publication No 3 "Disclosure of audit results in cancer screening" (2006)

Who should read this document?

All clinicians responsible for patients diagnosed with cervical cancer

Key Messages

In accordance with the NHS Cancer Screening Programme guidance, at Plymouth Hospitals NHS Trust (PHNT) the screening history of every woman who develops cervical cancer should be audited over a period of ten years prior to diagnosis. These results should be offered to each patient at their hospital appointment.

Core accountabilities

Owner	Hospital Based Programme Coordinator
Review	Clinical Lead Colposcopy / Gynecology Oncology lead
Ratification	Clinical Director
Dissemination	Gynecological Oncology Consultants, Clinical Lead Colposcopy
Compliance	Cervical Cancer Screening Services

Links to other policies and procedures

Version History

V1	December 2014	Initial Document
V1.1	February 2015	Transferred to Trust template and ratified
V2	February 2018	Reviewed and Revised

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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Standard Operating Procedure (SOP)

Disclosure of Invasive Cancer Reviews – NHS Cervical Screening Programme

1 Introduction

The purpose of cervical cancer audit is to monitor the effectiveness of the screening programme within PHNT and to identify areas of good practice and where improvements can be made. Audits yield information at a national, local and personal level, and the findings consist of the patterns that emerge when the results of the audits of individual cases are analysed together. In addition, the review of events and specimens from previous years can highlight valuable learning points for health professionals which can lead to improvements in the effectiveness of cancer screening.

Women who develop invasive cervical cancer despite participating in the programme often wish to know why this has happened. Audit of their personal history can yield such information and can provide valuable information on population and operational aspects of the programme. In addition, review of events and specimens from previous years can highlight valuable learning points for the health professionals

Information for the audit is obtained from the Laboratories, Colposcopy, Screening Call/Recall centre and is collated by the Hospital Cervical Screening Co-ordinator at PHNT. The information is anonymised and sent via the South West Quality Assurance Reference Centre to Cancer Research UK.

2 Definitions

Disclosure of cervical cancer audit review

Offering to provide the results of the review to the patient

3 Regulatory Background

The objective of cancer screening is to reduce the incidence of mortality from, malignant neoplasia. In order to ascertain whether cancer screening programme is achieving its objectives, various evaluations are carried out. In particular, the incidence and mortality rates are monitored closely. Incidence and mortality alone, however, do not give the complete picture about the effectiveness of the programme. They depict how effective the programme is, not how effective it could be if its activities were well optimised. Audit of a programme can help generate this further information.

4 Key Duties

The key duties are to :

- Give patient audit information leaflet at appointment when diagnosis given
- HBPC to inform treating clinician of audit review
- Treating Clinician to offer results of review at follow-up appointment following treatment if patient wishes
- Treating clinician records any discussion in notes and informs the GP

5 Procedure to Follow

It is the responsibility of the Hospital Based Programme Coordinator (HBPC) to initiate and oversee the review of all patients diagnosed with Cervical Cancer. The HBPC submits a summary report of review finding to the treating clinician (see template, appendix 1). Summary reports are based on the findings documented on the national audit templates incorporating cytology, histology and colposcopy review. If a woman consents to be briefed on the outcome of her review (see appendix 2 – patient info). Patients may have different information needs. All discussions should be documented in patient notes. An outline of the discussion is forwarded to the patient's GP.

The disclosure should ideally take place after treatment has been completed and should be undertaken by the clinician responsible for treating the patient.

Main step 1

HBPC initiates the review and submits a report of findings to treating clinician (see template, appendix 1)

Main step 2

During follow up appointment, clinician offers results of review to patient (see appendix 2 – patient info).

Document any discussion concerning review in patient records.

6 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Plymouth and Cornwall Cervical Screening Governance Group and ratified by the Clinical Director.

Non-significant amendments to this document may be made, under delegated authority from the Hospital Based Programme Coordinator, by the nominated author. These must be ratified by the Clinical Director and should be reported, retrospectively, to the Plymouth and Cornwall Governance Group.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

7 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Clinical Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8 Monitoring and Assurance

- Hospital based programme coordinator (HBPC) will identify the patients with cervical cancer
- HBPC will identify those who have been participating in cervical screening programme and oversee review
- HBPC will perform the monitoring
- The monitoring will be ongoing
- If any shortfalls are identified an internal review will be undertaken
- The results of the monitoring will be submitted to Quality assurance for Cervical Screening Programme
- The resulting action will be relayed to HBPC who in turn will cascade information to relevant person

9 Reference Material

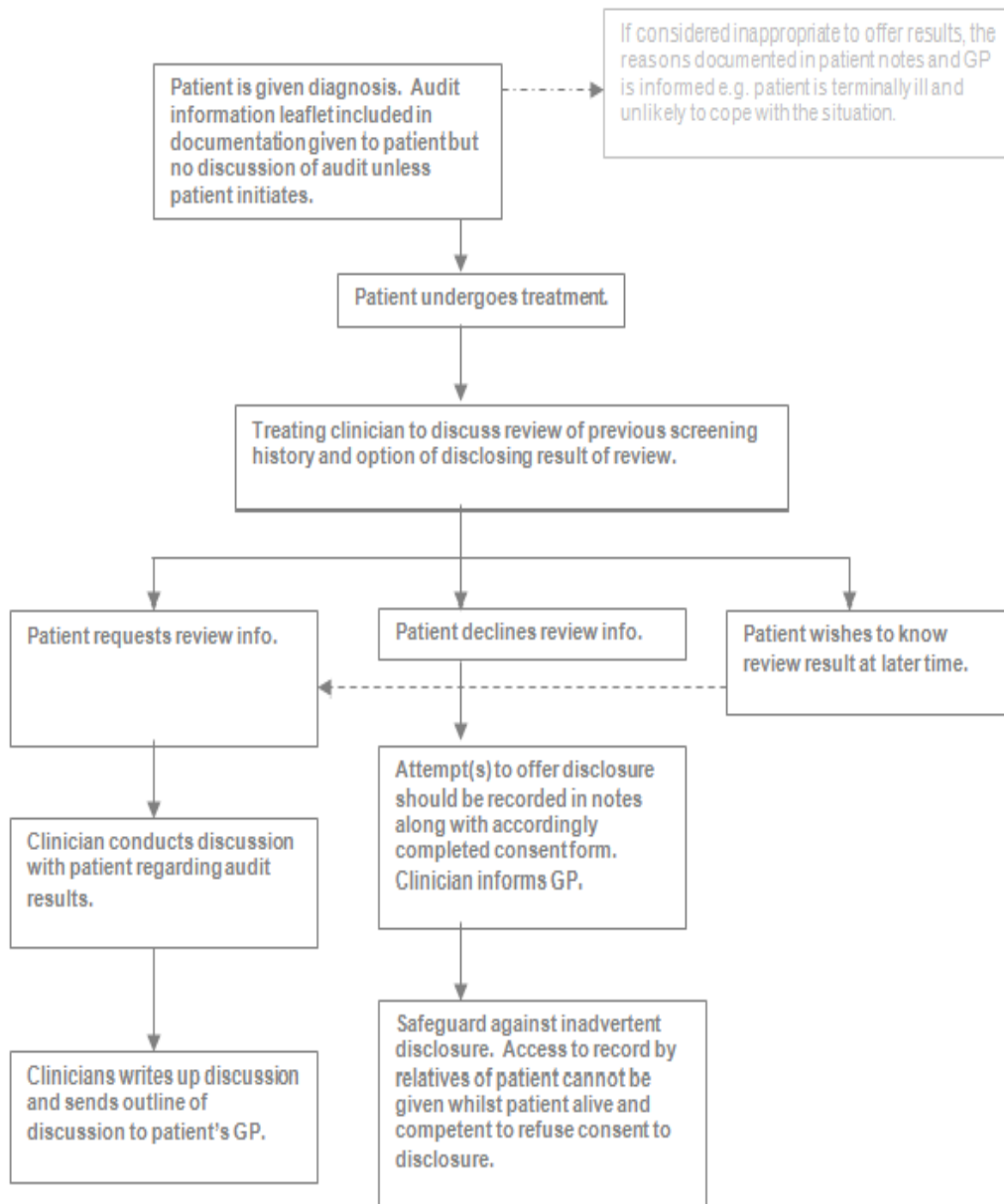
References:

- NHS publication 28 & addenda
- Cancer Screening Series No 3, April 2006. Disclosure of Audit Results in Cancer Screening
- Cytopathology 2013, Vol 24, p77-80, The Invasive Cervical cancer Review

Appendix 1 –1 Summary Report (template) for Cervical Cancer review Findings

INFORMATION FOR CLINICIANS UNDERTAKING DISCLOSURE

Disclosure Pathway Diagram



SECTION A - CANCER DETAILS

Date of diagnosis of cancer	
Histology type	
Clinical stage of tumour (FIGO)	
Treatment received	

SECTION B + B1 - CYTOLOGY HISTORY

	Date	Report	HPV/Infection	Comments e.g. ceased/postponed
Laboratory database				
Open Exeter database				

SECTION C + C1 - COLPOSCOPY HISTORY

Date	Report

**SECTION D - HISTOLOGY HISTORY****Section D1 - Cancer Diagnosis**

Date	Spec ID	Spec type	Pathological Diagnosis	Preliminary FIGO stage

Section D2 – Pre Diagnostic Colposcopy Specimens History

Date	Spec ID	Spec type	Pathological Diagnosis

SECTION E – CYTOLOGY REVIEW

Date	Specimen ID	Original test result	Review test result

SECTION F – HISTOLOGY REVIEW - PRE-DIAGNOSTIC SPECIMEN

Date	Sample No.	Original Pathological Diagnosis	Review Pathological Diagnosis

Appendix 2 patient information leaflet

PHNT INFORMATION LEAFLET
REVIEWING YOUR CERVICAL SCREENING HISTORY
FOR PATIENTS DIAGNOSED WITH CERVICAL CANCER

Cervical screening reduces the risk of developing cervical cancer. Regular screening is the best way to detect changes to the cervix early on, but like other screening tests it is not perfect. We therefore carry out regular reviews of our services.

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

We have provided you with this information leaflet because you have recently been diagnosed with (or treated for) cervical cancer. You may wish to know more about some of the tests you have had under the Cervical Screening Programme.

If you want to know the results when they are available you are able to come and discuss the results with your doctor at your follow up appointment.

FREQUENTLY ASKED QUESTIONS

What does the review involve?
We review all records connected to cervical screening tests and any previous medical investigations related to cervical screening. A group of professionals then look again at your previous tests, your medical notes related to cervical screening, and also examine whether your screening history meets national guidelines.

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

What happens if I want to know the results of the review?
If you want to know the results of the review, the results can be discussed with you at your follow-up appointment or with your oncologist.

What if I don't want to know the results of the review?
We understand this is a difficult time and it is completely up to you to decide whether or not you want to know the results of the review.

References

1. Cancer screening Series No 3, April 2006. Disclosure of Audit Results in Cancer Screening.