The British Association of Gynaecological Pathologists

bsccp | The British Society for Colposcopy and Cervical Pathology

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Basic Cervical Histopathology Course

- Introduction to screening and relevance of pathology
- Tony Williams
- UHS / BWCH NHSFT
- Wednesday 4 February 2026

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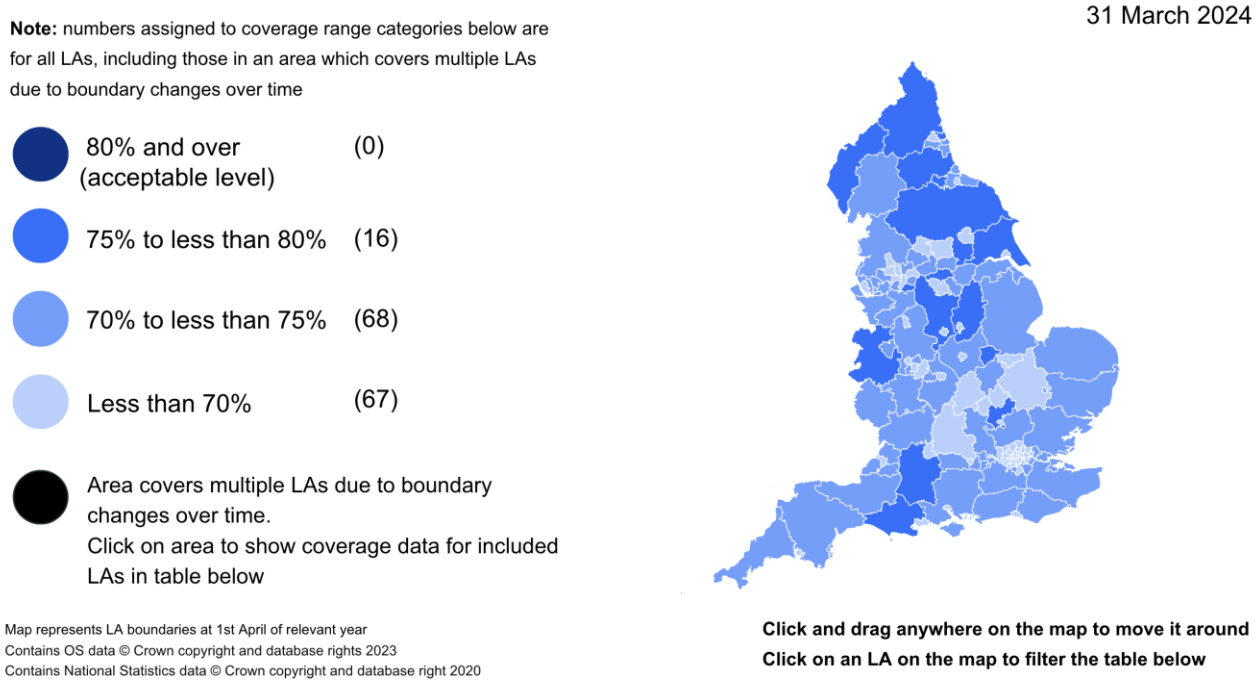
Speaker disclosures

- ❑ I have no financial conflicts of interest to disclose

- Describe where histopathology fits within the NHS Cervical Screening Programme
- Understand minimum reporting and performance standards
- Recognize how histology data are used for QA and audit
- Identify when issues constitute screening incidents

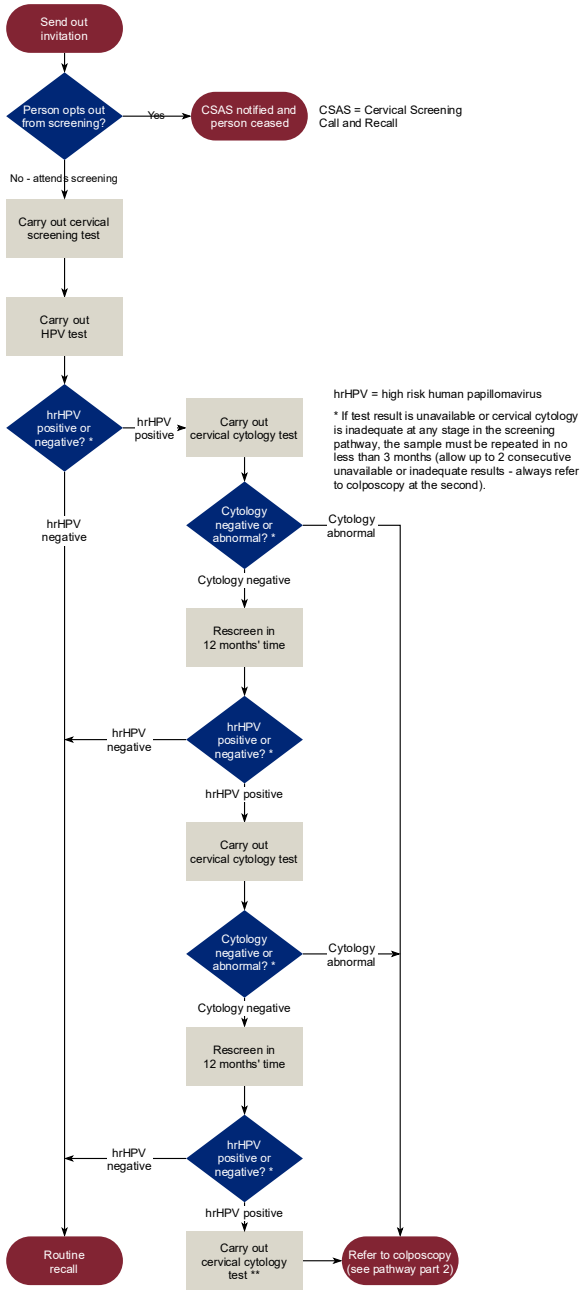
Cervical Screening Programme: Target Population

- women and people with a cervix aged 25 to 64 in England.
- all eligible people who are registered with a GP automatically receive an invitation by mail
- first invitation is sent to eligible people at the age of 24.5 years. People aged 25 to 64 receive invitations every 5 years



https://digital.nhs.uk/data-and-information/publications/statistical/cervical-screening-annual/england-2023-24

Navigate to interactive dashboard



New NHS Cervical Screening Management System

The new NHS Cervical Screening Management System (CSMS) replaces the National Cervical Screening call/recall system NHAIS which was accessed via Open Exeter.

- Invitation
- Book and attend for sample taking
- Sample transport
- HR HPV test
- Cytologic evaluation
- Resulting
- Book and attend colposcopy
- Biopsy or excision to laboratory

https://www.gov.uk/government/publications/cervical-screening-pathway-requirements-specification

CSP Histopathology request

Trends in Pathology Services

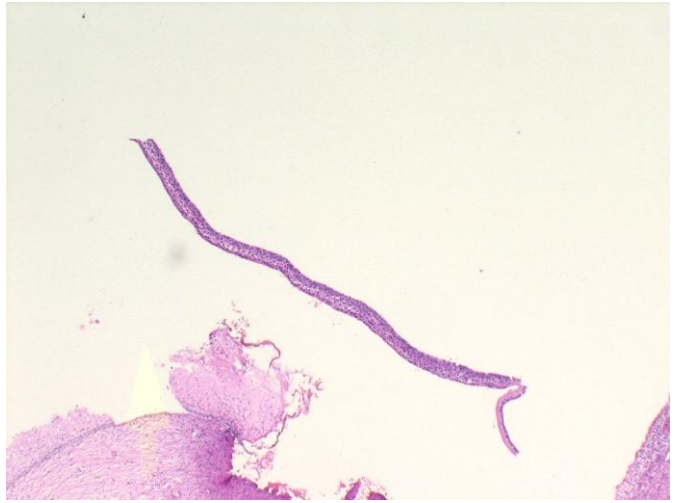
- Few cytology laboratories
- Centralization of histopathology laboratories
- Scanned slides remote reported
- External providers
- Multiple reviews

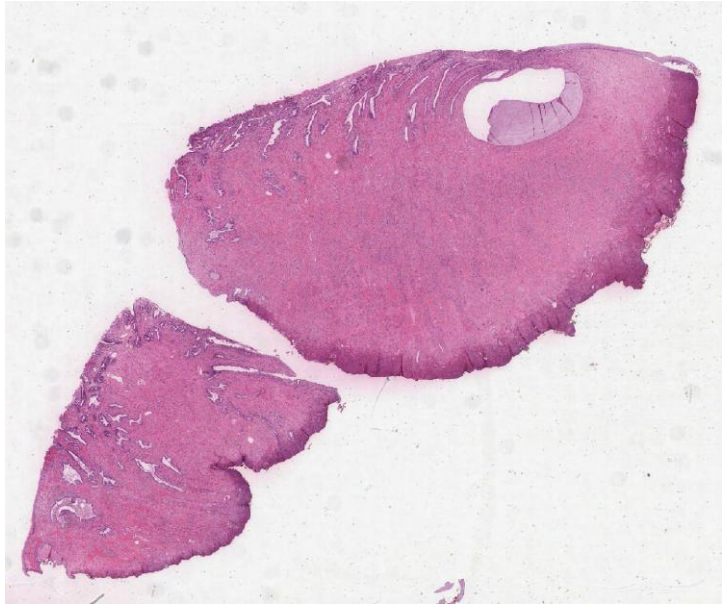
Information With Request

- Patient identifiers
- Identified as CSP case
- Cytology result
- History if follow up
- Impression at colposcopy with a view to the grade of lesion

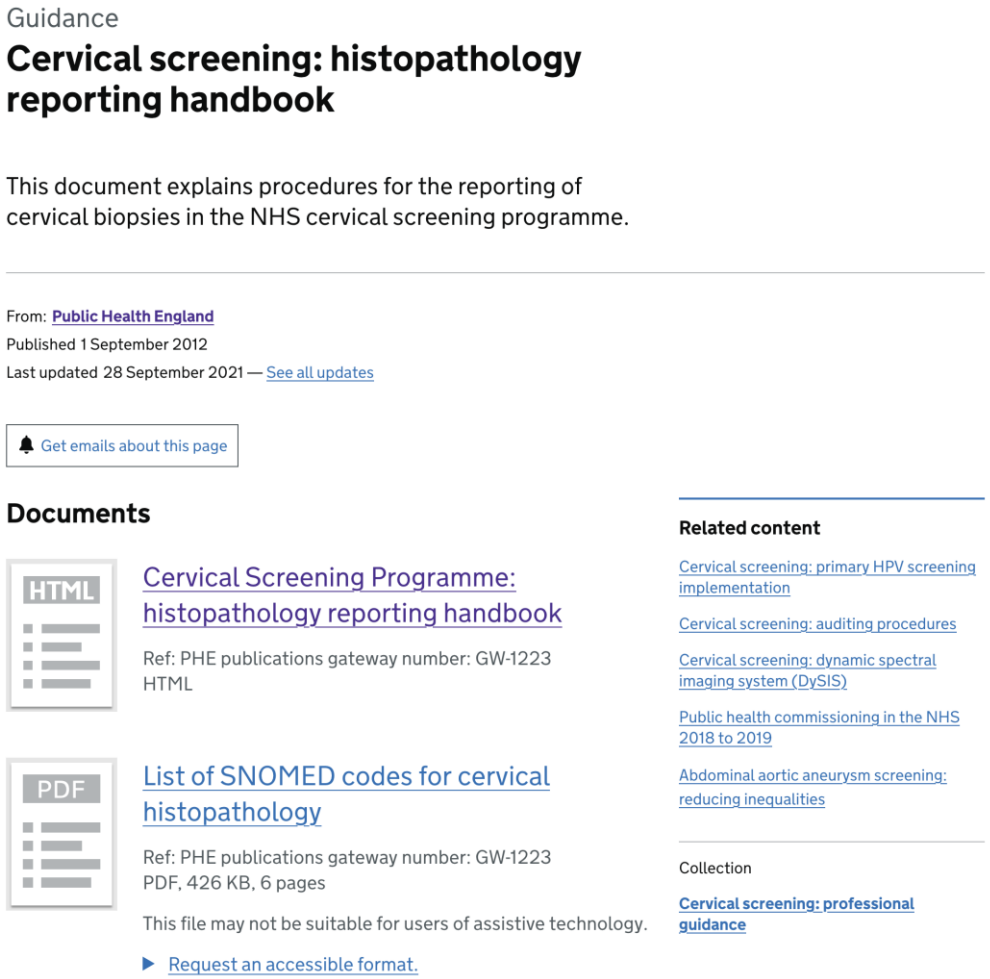
CSP histopathology

- Biopsies and LLETZ
- Diagnosis / confirmation of lesion
- Grading
- Identifying invasive cancer
- Guiding treatment decisions
- Assessing surgical margins
- Quality control in cytology and colposcopy
- Report as medical record





Standards and datasets



Guidance

Cervical screening: histopathology reporting handbook

This document explains procedures for the reporting of cervical biopsies in the NHS cervical screening programme.

From: Public Health England
Published 1 September 2012
Last updated 28 September 2021 — See all updates

Get emails about this page

Documents

HTML

Cervical Screening Programme: histopathology reporting handbook

Ref: PHE publications gateway number: GW-1223
HTML

PDF

List of SNOMED codes for cervical histopathology

Ref: PHE publications gateway number: GW-1223
PDF, 426 KB, 6 pages

This file may not be suitable for users of assistive technology.

Request an accessible format.

Related content

Cervical screening: primary HPV screening implementation

Cervical screening: auditing procedures

Cervical screening: dynamic spectral imaging system (DySIS)

Public health commissioning in the NHS 2018 to 2019

Abdominal aortic aneurysm screening: reducing inequalities

Collection

Cervical screening: professional guidance

- Histopathology reporting handbook
- Periodically updated
- Includes minimum datasets and standards for reporting

https://www.gov.uk/government/publications/cervical-screening-histopathology-reporting-handbook

Cervical Screening Programme Standards in Histopathology

Laboratory Quality Standards

- Accreditation /registration with UKAS to ISO15189
- Compliant with recommendations in lab service guide and programme specific operating model for quality assurance
- Relevant EQA schemes
- Follow management of safety incidents processes

Maintenance of clinical skill

- 150 specimens / year
- 3 MDT meetings / year
- Relevant update training / as part of this every 2 years – BAGP cervical e-learning

E-learning in Cervical Histopathology

- Maintenance of clinical skills for histopathologists reporting cervical histology specimens from the CSP
- 5 chapters of reading material and scanned slides
- Up to 5 CPD credits

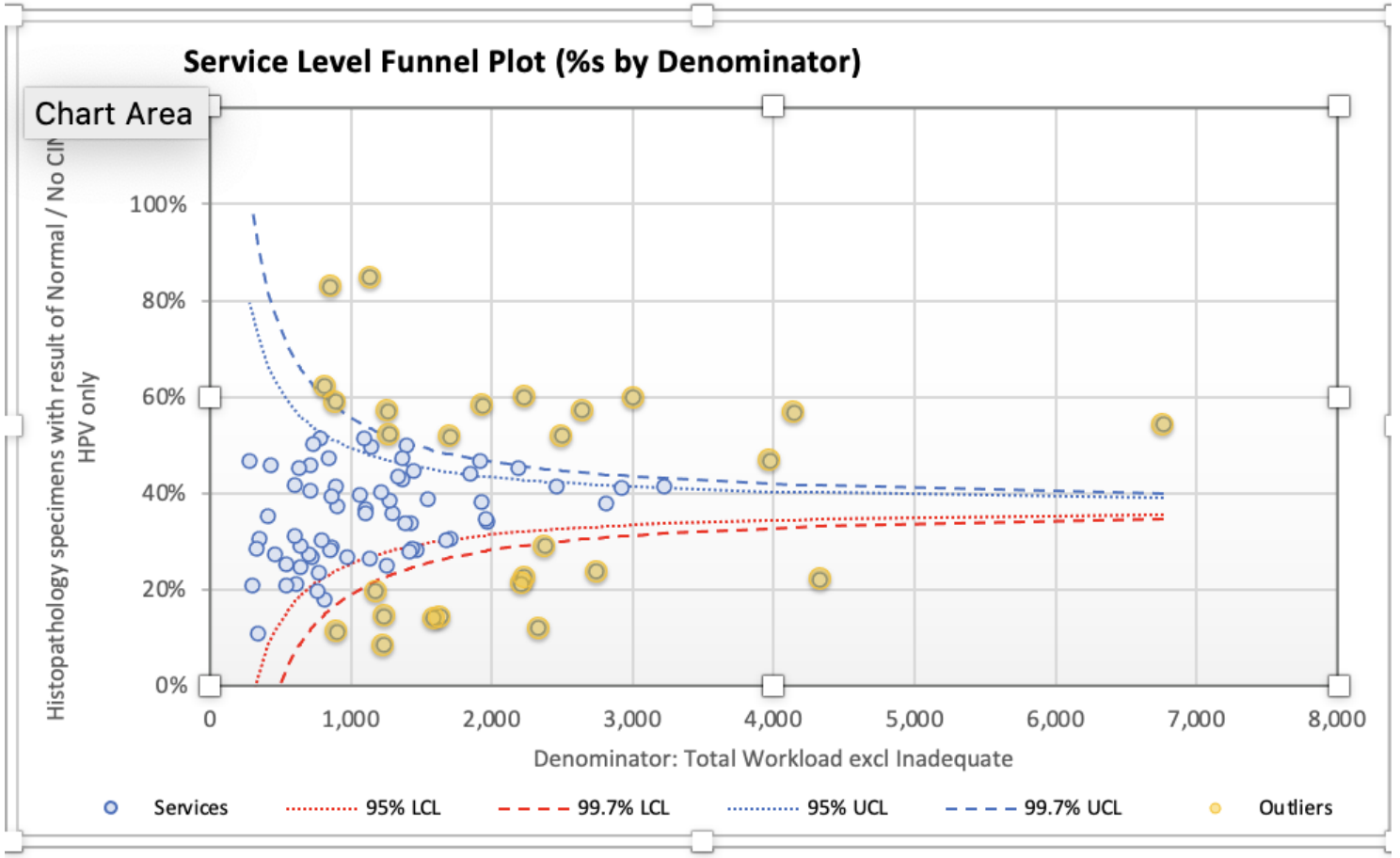
https://www.thebagp.org/course/e-learning-in-cervical-histopathology

Performance and audit:
Data items for everyone reporting CSP histology

- overall **number** of cervical histopathology samples from a cervical screening programme referral
- specimen type (**biopsy and or LLETZ**) and numbers reported by type
- time from cervical histology sample taken to report authorisation: NHS CSP standards are:
  - cervical histology specimens reported within **7 days of being taken ≥ 80%**
  - cervical histology specimens reported within **10 days of being taken ≥ 90%**
- **classification or grade of abnormality as numbers and percentages** of total cases reported
- SQAS analyses 12 months of data (collected quarterly) and determines what standards to apply and identify any outliers.
- Analysis by department and by individual (? random distribution of workload to facilitate interpretation)

Quarterly Histology Report

- Classification / grade
  - Normal/No CIN/ HPV only
  - CIN1
  - CIN2
  - CIN3
  - CGIN
  - Cervical cancer
  - Inadequate



NHS Cervical Screening Programme Data touching cervical histology

KC61 (labs)

Cervical sample testing & outcomes

- Counts and results of screening samples examined in pathology laboratories
- Used for programme monitoring and published annually
- Includes analysis by biopsy referral outcomes (histology taken at colposcopy)

KC65 (colposcopy)

Referrals, procedures, biopsies & outcomes

- Colposcopy referrals, appointment timeliness and attendance
- Biopsy activity and time to result letters (sample months)
- Outcome categories for diagnostic vs treatment biopsies

Histology report

Specimen-level detail

- Diagnosis: CIN1/2/3, CGIN, cancer, benign/inflammation
- Adequacy and key features (e.g., margins in excisions)
- Coding: SNOMED topography/morphology enables retrievable data for returns

Audit: Annual cross specialty audit programme

- **Histopathology reports** against the minimum data set items to check for compliance (cases at random, no percent recommended)
- **Colposcopy standards**
  - Use the content of histopathology loop excision reports to monitor colposcopic standards for excisional treatment of cervical lesions.
  - The specimen should be removed as a single sample in at least 80% of cases. Measure and record the depth of excision in line with programme guidance.
- **Invasive cervical cancer (national audit process)**
- **Maintaining professional performance through audit review of practice / monitor and improve quality**
  - eg inadequate biopsies, use of p16 immunochemistry, specimen transport times, inclusion of cases in MDT meetings,

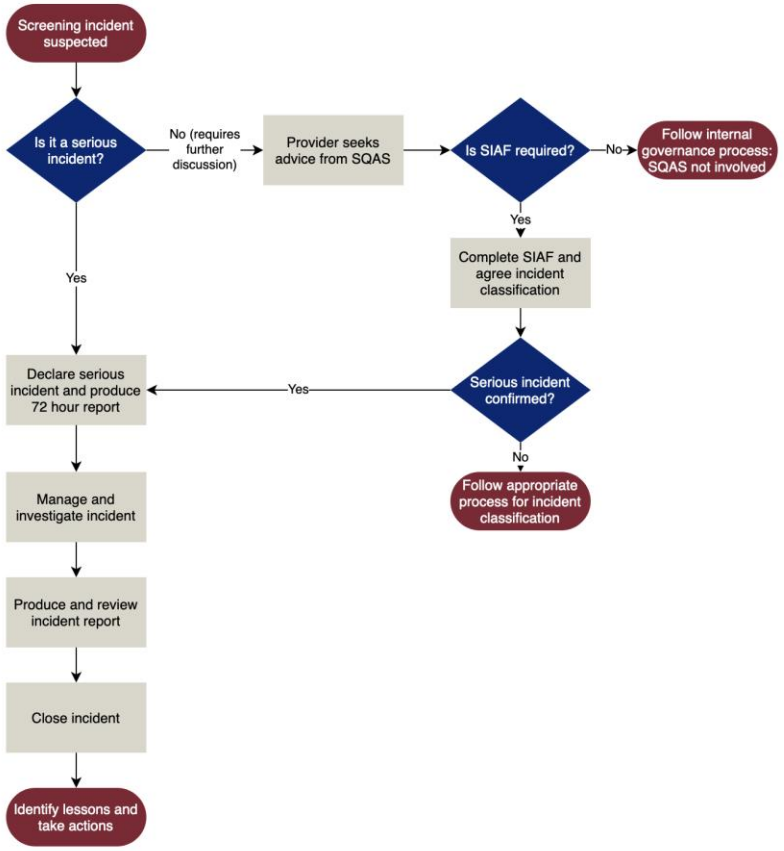
Patient Safety Incident Response Framework

What is a screening incident?

• ***Any unintended or unexpected incident(s) that could have or did lead to harm to one or more persons who are eligible for NHS screening; or to staff working in the screening programme***

Characteristics are:

- they occur at a particular point of the screening pathway, at the interfaces between parts of the pathway or between screening and the next stage of care
- they can affect **populations as well as individuals**. Although the level of risk to an individual may be low, because of the large numbers of people offered screening, this may equate to a high population risk
- **the root cause can be an individual error or a failure of a system(s), or equipment or IT**
- there is a systematic **failure to comply with national guidelines or local screening protocols** that has an adverse impact on screening quality or outcome
- due to the **public interest in screening**, the likelihood of public concern is potentially high even if no harm occurs (examples include breach of patient confidentiality or data security)



https://www.gov.uk/government/publications/managing-safety-incidents-in-nhs-screening-programmes

If you suspect an incident

Discuss with the discipline lead / cervical screening provider lead promptly

Screening Incident Assessment Form (SIAF)

Timescales for completion:

- Provider 3 days
- SQAS 1 day
- Commissioners 2 days
- Total **5 days** for completed form to go back to provider with advice

UK Home Nations: Programme and quality oversight links

- **England – NHS Cervical Screening Programme (NHSCSP)**
  - https://www.gov.uk/health-and-social-care/population-screening-programmes-cervical
  - https://www.england.nhs.uk/screening-quality-assurance-service/
- **Scotland – Scottish Cervical Screening Programme (SCSP)**
  - Public Health Scotland: https://publichealthscotland.scot/
  - Healthcare Improvement Scotland: https://www.healthcareimprovementscotland.org/
- **Wales – Cervical Screening Wales (CSW)**
  - Cervical Screening Wales: https://phw.nhs.wales/services-and-teams/cervical-screening-wales/
  - Public Health Wales: https://phw.nhs.wales/
- **Northern Ireland – Northern Ireland Cervical Screening Programme (NICSP)**
  - Public Health Agency NI: https://www.publichealth.hscni.net/