



Public Health
England

Screening Quality Assurance Visit Report

NHS cervical screening programme Barnsley Hospital NHS Foundation Trust

16 November 2017

Public Health England leads the NHS screening programmes

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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About PHE Screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or better informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the 4 UK countries. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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Scope of this report

| | Covered by this report? | If 'no', where you can find information about this part of the pathway |
|-----------------------------------|-------------------------|--|
| Underpinning functions | | |
| Uptake and coverage | No | To be addressed in report on call and recall due in 2017 |
| Workforce | Yes | |
| IT and equipment | Yes | |
| Commissioning | Yes | |
| Leadership and governance | Yes | |
| Pathway | | |
| Cohort identification | No | To be addressed in report on call and recall due in 2017 |
| Invitation and information | No | To be addressed in report on call and recall due in 2017 |
| Testing | Yes | |
| Results and referral | Yes | |
| Diagnosis | Yes | |
| Intervention / treatment | Yes | |

Executive summary

The NHS cervical screening programme invites women between the ages of 25 and 64 for regular cervical screening. This aims to detect abnormalities within the cervix that could, if undetected and untreated, develop into cervical cancer.

The findings in this report relate to the quality assurance visit of the Barnsley Hospital NHS Foundation Trust screening service held on 16 November 2017.

Quality assurance purpose and approach

Quality assurance (QA) aims to maintain national standards and promote continuous improvement in cervical screening. This is to ensure that all eligible people have access to a consistent, high quality service wherever they live.

QA visits are carried out by the PHE screening quality assurance service (SQAS).

The evidence for this report comes from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider, commissioner and external organisations
- information shared with the North regional SQAS as part of the visit process

Local screening service

The area served by Barnsley Hospital NHS Foundation Trust has an eligible population of approximately 64,500 women. This population is characterised by a mixed urban and rural setting with pockets of deprivation.

The programme is provided by Barnsley Hospital NHS Foundation Trust. It is commissioned by NHS England North (Yorkshire and Humber) South Yorkshire and Bassetlaw Locality Team. The colposcopy service is contracted by Barnsley Clinical Commissioning Group (CCG).

Colposcopy and histology reporting services are provided at Barnsley Hospital.

Findings

This is the fourth QA visit to this service. The service is well organised and the team members are engaged and motivated. There is a strong focus within the service on regular performance monitoring and audit. All recommendations have been addressed from the previous visit.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified no high priority findings. The key themes from the standard recommendations are summarised below:

- protocol revision
- written patient information and communication
- dedicated professional activity for leadership roles

Shared learning

The QA visit team identified several areas of practice for sharing, including:

- hospital-based programme co-ordinator focused on performance with quarterly reports to cervical screening programme board
- good invasive cervical cancer disclosure policy with clear lines of accountability, roles and responsibilities
- audit and monitoring of individuals' reporting turnaround times within histopathology
- colposcopy digital images available for review at multidisciplinary team meetings
- good administration systems in colposcopy in place with arrangements for staff cross cover

Recommendations

The following recommendations are for the provider to action unless otherwise stated:

Governance and leadership

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|-----------|-----------|----------|---|
| 1 | Trust-level policy for the assessment and acceptance of locum consultants prior to appointment | 4 | 6 months | Standard | Policy |
| 2 | Update trust incident policy to reference 'Managing safety incidents in NHS screening programmes' | 5 | 6 months | Standard | Policy |
| 3 | Make sure the lead histopathologist has sufficient dedicated professional activity for the lead role | 5 | 6 months | Standard | Job description, job plan with dedicated professional activity allocation |
| 4 | Update the lead colposcopist job description to reflect the lead role and dedicated professional activity | 5 | 6 months | Standard | Job description with dedicated professional activity allocation |
| 5 | Review colposcopy service capacity and develop workforce plan | 5 | 6 months | Standard | Workforce plan |

Diagnosis - histology

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|-----------|-----------|----------|---|
| 6 | Make sure that all histopathologists reporting samples for the NHS cervical screening programme evidence the relevant continuing professional development (CPD) | 5 | 6 months | Standard | Confirmation of relevant CPD undertaken |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|-----------|-----------|----------|-------------------|
| 7 | Define a policy on how to incorporate new guidance into laboratory practice | 5 | 3 months | Standard | Policy |
| 8 | Define a process for systematised nomenclature of medicine clinical terms (SNOMED) coding and incorporate into departmental policy | 5 | 3 months | Standard | Procedure |

Intervention and outcome - colposcopy

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|-----------|-----------|----------|--|
| 9 | Update the Compuscope database manual and data entry standard operating procedure and include document control | 7 | 3 months | Standard | Database manual; data-entry standard operating procedure |
| 10 | Update the local colposcopy clinical guidelines to fully detail current trust practice and NHSCSP guidance | 7 | 3 months | Standard | Ratified updated guidelines |
| 11 | Review KC65 data collection to make sure that all patients returning for treatment are correctly identified | 7 | 6 months | Standard | Audit of KC65 |
| 12 | Complete the review of patient information leaflets | 8 | 3 months | Standard | Copies of leaflets |
| 13 | Review the process for issue of patient letters to make sure they are high quality and consistent in content | 8 | 6 months | Standard | Copies of standard letters |
| 14 | Make sure that there are cover arrangements for colposcopy counselling support | 7 | 3 months | Standard | Counselling support cover arrangements |
| 15 | Make sure that there is designated office space to support the administrative and clinical role of the lead nurse colposcopist | 7 | 3 months | Standard | Office accommodation plan |

Multidisciplinary team

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|-----------|-----------|----------|---|
| 16 | Make sure there is suitable videoconferencing equipment in place to enable images to be shared | 5 | 6 months | Standard | Confirmation that videoconferencing issues have been resolved |
| 17 | Update the case selection criteria and meeting frequency in the multidisciplinary team operational policy | 7 | 3 months | Standard | Policy |

Next steps

The screening service provider is responsible for developing an action plan with the commissioners to complete the recommendations in this report.

SQAS will work with commissioners for 12 months to monitor activity and progress in response to the recommendations following the final report. SQAS will then send a letter to the provider and the commissioners summarising the progress and will outline any further action needed.