



Public Health
England



Screening Quality Assurance visit report

NHS Cervical Screening Programme Carcroft Health Centre

21 July 2017

Public Health England leads the NHS Screening Programmes

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Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG

Tel: 020 7654 8000 www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk) Facebook: www.facebook.com/PublicHealthEngland

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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Prepared by: Screening QA Service (North).

For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net



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Published: March 2018

PHE publications

gateway number: 2017754

PHE supports the UN

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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/ recall due in 2017
Workforce	Yes	
IT and equipment	Yes	
Commissioning	No	To be addressed in report due in 2017
Leadership and governance	Yes	
Pathway		
Cohort identification	No	To be addressed in report on call/ recall due in 2017
Invitation and information	No	To be addressed in report on call/ recall due in 2017
Testing	No	Addressed in Sheffield Teaching Hospitals NHS Foundation Trust cervical screening QA visit report 10 May 2017
Results and referral	Yes	
Diagnosis	No	Addressed in Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust cervical screening QA visit report 5 July 2017
Intervention / treatment	No	

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 Carcroft Health Centre colposcopy service held on 21 July 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(s), commissioner and external organisations
- information shared with the North regional SQAS as part of the visit process

Local screening service

Carcroft Health Centre provides a colposcopy service for women registered at 12 general practices in the north of Doncaster. North Doncaster is a largely rural area and the colposcopy service at Carcroft Health Centre negates the need for women to travel to the centre of Doncaster for colposcopy. NHS England North – South Yorkshire and Bassetlaw Locality Team are the responsible commissioners. Doncaster Clinical Commissioning Group (CCG) are the contracting commissioners for colposcopy services

Findings

This is the fourth QA visit to this service. The colposcopy service has received positive patient feedback.

Immediate concerns

The QA visit team identified 2 immediate concerns. The service addressed the required actions.

High priority

The QA visit team identified 8 high priority findings as summarised below:

- develop an organisational accountability structure for the colposcopy service, including detail of escalation routes for governance and performance issues
- ensure consistent attendance at the cervical screening programme board with representation from lead colposcopist or nurse colposcopist
- implement a ratified policy for the offer of disclosure of invasive cervical cancer audit and patient information leaflet
- agree colposcopist cover arrangements to ensure there is service continuity
- develop and implement a workforce plan for the colposcopy service
- complete an audit on the outcomes of the patients treated with cold coagulation by the nurse colposcopist
- complete an audit on the patient management of high grade referrals during April 2016 to March 2017 to include colposcopist, reason for no treatment at first visit, details of any treatment and outcome
- complete an audit to check that all colposcopy cases indicated in national guidelines have been identified and discussed at multidisciplinary team (MDT) meetings during April 2016 to March 2017

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Ensure consistent attendance at the cervical screening programme board with representation from lead colposcopist or nurse colposcopist	3	3 months	High	Attendance, minutes
2	Develop a governance policy to include organisational accountability structure, detail of escalation routes for governance and performance issues for the colposcopy service	3,4	3 months	High	Policy
3	Complete an annual colposcopy report and ensure this is discussed at Carcroft Health Centre governance meeting	3	12 months	Standard	Colposcopy report with circulation list to include submission to NHS England screening and immunisation team
4	Make sure staff working within the NHS Cervical Screening Programme (NHSCSP) are aware of and have signed up to the NHS Cancer Screening Programmes Confidentiality and Disclosure Policy	3	3 months	Standard	Evidence of sign up

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Develop and implement a colposcopy annual audit schedule for cervical screening service; presenting audits at Colposcopy Quality Assurance Group.	3	3 months	Standard	Annual audit schedule; presentation of audits
6	Implement a risk register for colposcopy service delivery and escalation processes	3	3 months	Standard	Copy of risk register, escalation process
7	Implement an incident policy to reference Managing Safety Incidents in NHS Screening programmes	7	6 months	Standard	Submission of revised policy
8	Implement a ratified policy for the offer of disclosure of invasive cervical cancer audit and patient information leaflet	4	3 months	High	Policy and patient information leaflet

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Agree medical colposcopist cover arrangements to ensure there is service continuity	3	3 months	High	Service level agreement
10	Develop and implement a workforce plan for the colposcopy service	3	6 months	High	Workforce plan
11	Cease practice of cold coagulation treatment by nurse colposcopist until registered on BSCCP treatment module	4	7 days	Immediate	Confirmation of cease practice

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Complete an audit on the outcomes of the patients treated with cold coagulation by the nurse colposcopist	4	3 months	High	Completed audit and action plan
13	Ensure that all colposcopy clinics are staffed by one colposcopy nurse	4	3 months	Standard	Confirmation of nurse staffing
14	Ensure colposcopy IT system can produce reliable data for KC65 submission and key performance indicators outlined in National Service Specification 25	3	12 months	Standard	Audit of KC65 and KPIs

Intervention and outcome – colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Update the local colposcopy clinical guidelines to reflect current NHSCSP guidance	4	3 months	Standard	Ratified guidelines with evidence of implementation
16	Implement standard operating procedures (SOPs) for colposcopy administrative processes to include failsafe processes for follow up appointments and histology results	4	3 months	Standard	Standard operating procedures
17	Update SOPs for colposcopy administrative processes for discharge notification to call recall	4	3 months	Standard	Standard operating procedures

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Complete an audit on the patient management of high grade referrals during April 2016 to March 2017 to include colposcopist, reason for no treatment at first visit, details of any treatment and outcome	4	3 months	High	Completed audit and action plan
19	Develop a local patient information leaflet for first visit	6	3 months	Standard	Example leaflet
20	Update patient letters to include clinic times and reason for referral	6	3 months	Standard	Updated example
21	Ensure colposcopy facilities meet NHSCSP requirements	4	7 days	Immediate	Action plan for addressing issues with equipment and recovery area

Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Complete an audit to check that all colposcopy cases indicated in national guidelines have been identified and discussed at multidisciplinary team (MDT) meetings during April 2016 to March 2017	3,4	3 months	High	Completed audit and action plan
23	Update the colposcopy MDT procedure	3,4	3 months	Standard	Ratified standard operating procedure

Next steps

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

SQAS will work with commissioners to monitor activity/progress in response to the recommendations made for a period of 12 months after the report is published. After this point, SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.