



Public Health  
England

Protecting and improving the nation's health

# Screening Quality Assurance visit report

NHS Cervical Screening Programme  
Central Manchester University Hospitals  
NHS Foundation Trust

19 and 20 October 2016

**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.

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

Tel: 020 7654 8000 [www.gov.uk/phe](http://www.gov.uk/phe)

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

[www.gov.uk/topic/population-screening-programmes](http://www.gov.uk/topic/population-screening-programmes)

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Prepared by: Cervix PLs. For queries relating to this document, please contact:

[PHE.NationalQA@nhs.net](mailto:PHE.NationalQA@nhs.net)



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## 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 (QA) visit of the Central Manchester University Hospitals NHS Foundation Trust screening service held on 19 and 20 October 2016.

### Purpose and approach to quality assurance (QA)

Quality assurance 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 of 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 South regional SQAS as part of the visit process

### Description of local screening service

Central Manchester University Hospitals NHS Foundation Trust provides a range of services to a local population of over 600,000 people. As provider of tertiary and specialist healthcare services in Greater Manchester and the North West, the Trust treats more than one million patients each year. The Trust catchment area covers Central Manchester and Trafford. Colposcopy services are provided at Trafford General Hospital and St. Mary's Hospital. Histology services are provided at Manchester Royal Infirmary. The Manchester Cytology Centre provides population cytology for a population of nearly 1.2 million women within Greater Manchester, Lancashire and Cumbria areas.

## Findings

### Immediate concerns

The QA visit team identified 2 immediate concerns. A letter was sent to the Chief Executive on 21 October 2016 asking that the following items were addressed within 7 days:

1. The service should revise the next test due date for call/recall time for women after negative test of cure result to 3 years for all ages.
2. The service should revise the action plan required to address the current delay of cytology turnaround times. Steps need to be taken to reduce the inequity in provision for the population served.

A response was received and actions have been taken to mitigate the immediate risks within the programme. The Trust are working with commissioners to revise the recovery plan for cytology turnaround times.

### High priority

The QA visit team identified 16 high priority findings as summarised below:

- Hospital Based Programme Coordinator job description and sessional commitment to be revised to include all aspects of the service
- Trust wide operational meetings should be continued, supported with approved Terms of reference and documented minutes
- Trust to develop and ratify an invasive cervical cancer audit disclosure policy
- reinstate Invasive cancer audit histology reviews
- implementation of a lead colposcopist at Trust level, with appropriate job description and PA allocation
- immediate implementation of same day rapid review and reporting of No Further Review cases from Focal Point
- implementation of the sample taker register by the laboratory
- ensure maintenance of achievement of turnaround times for cervical histopathology samples
- review of cross site nursing and administrative capacity to prevent the cancellations of clinics
- revision of colposcopy protocols in line with NHSCSP 20. The revised documents should be ratified through the appropriate governance structures and circulated
- revision of colposcopy standard operating procedures (SOPs) in line with NHSCSP 20

- implement an action plan to ensure that all colposcopists are meeting the standard of seeing a minimum of 50 new abnormal referrals and are accredited by the BSCCP
- action plan for the achievement and maintenance of colposcopy key performance indicators
- adherence to national triage and test of cure protocol
- revision of pathway for women who require out of hours support following colposcopy treatment
- escalate colposcopy equipment replacement (colposcope and couch) up the Trust risk register

### Shared learning

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

- comprehensive patient information leaflet at St. Marys

## Table of consolidated recommendations

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1.0	Hospital Based Programme Coordinator job description and sessional commitment to be revised to include all aspects of the service	National Service Specification	3 months	H	Copy of job description
1.1	Trust wide colposcopy operational meetings should be continued, supported with approved terms of reference and documented minutes	National Service Specification NHSCSP 20	3 months	H	Terms of reference and meeting minutes
1.2	Trust to develop and ratify an invasive cervical cancer audit disclosure policy	NHSCSP 28	6 months	H	Invasive Cervical Cancer Audit Policy submission
1.3	Reinstate Invasive cancer audit histology reviews	NHSCSP 28	3 months	H	Confirmation of reviews being undertaken
1.4	A formal annual audit schedule should be developed and implemented across the service	National Service Specification	6 months	S	Submission of audit schedule and completed audits
1.5	Trust policy for reporting and managing incidents to be updated to include a reference to the national screening incident guidance	NHSCSP 20 & National Service Specification	6 months	S	Amended policy submitted

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1.6	Clarify of management structure for the laboratory including responsibilities for performance management	NHSCSP 12 & BAC recommended code of practice 2015	3 months	S	Revised organisational structure and job descriptions for Lead BMS staff
1.7	Implementation of a lead colposcopist at Trust level, with appropriate job description and PA allocation	NHSCSP 20 and National Service Specification	3 months	H	Confirmation of Lead colposcopist and Job description

### Cytology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
2.0	The service should revise the action plan required to address the timeline expected for performance recovery, steps need to be taken to reduce the inequity in provision for the population served	National Service Specification	3 months	I	Revised action plan, evidence of improved turnaround times
2.1	Clarity around screening workload is required and a process of internal performance review needs to be implemented	BAC recommended code of practice 2015	3 months	S	Submission of revised screening workloads for screeners and checkers including all locum staff.
2.2	Immediate implementation of same day rapid review and reporting of No Further Review cases from Focal Point	BAC recommended code of practice 2015	3 months	H	Confirm implementation of same day rapid review and reporting



## HPV testing

No recommendations

## Sample taker register

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
3.0	Implementation of the sample taker register by the laboratory	National Service specification	3 months	H	Confirmation that the sample taker register is operational

## Histology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
4.0	Revision of job description for lead histopathologist ensuring adequate PA allocation	NHSCSP 10	3 months	S	Evidence of revised job description
4.1	Ensure maintenance of achievement of turnaround times for cervical histopathology samples	NHSCSP 10 National service Specification	3 months	H	Data evidence of Turnaround times
4.2	Development of histopathology audit plan linked with the HBPC Trust wide audit schedule	NHSCSP 10 National service specification	6 months	S	Evidence of audit plan
4.3	Lead histopathologist to gather reporting profile data on a rolling quarterly basis and formally discuss with colleagues ensuring this is formally documented	NHSCSP 10	6 months	S	Confirmation of data gathering of reporting profile data and process for discussion with colleagues

## Colposcopy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5.0	Review of cross site nursing and administrative capacity to prevent the cancellations of clinics	NHSCSP 20	3 months	H	Review of clinic data
5.1	Revision of colposcopy protocols in line with NHSCSP 20. The revised documents should be ratified through the appropriate governance structures and circulated.	NHSCSP 20	3 months	H	Revised colposcopy protocols
5.2	The service should revise the next test due date for call/recall time to 3 years for women of all ages after negative test of cure result	NHSCSP 20 National Service Specification	3 months	I	Evidence of revised process
5.3	Revision of colposcopy standard operating procedures (SOPs) in line with NHSCSP 20	NHSCSP 20	3 months	H	Evidence of revised SOPS
5.4	Implement an action plan to ensure that all colposcopists are meeting the standard of seeing a minimum of 50 new abnormal referrals and are accredited by the BSCCP	NHSCSP 20 BSCCP	6 months	H	Work profile from lead colposcopist Evidence from BSCCP
5.5	Action plan for the achievement and maintenance of colposcopy key performance indicators	NHSCSP 20 National Service Specification	3 months	H	Evidence of action plan
5.6	Adherence to national triage and test of cure protocol	NHSCSP 20	3 months	H	Evidence of referral to community

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5.7	The leaflets for colposcopy and post treatment information leaflet should be revised and disseminated for use Trust wide	NHSCSP 20	6 months	S	Submission of revised leaflets
5.8	Revision of pathway for women who require out of hours support following colposcopy treatment	NHSCSP 20	3 months	H	Confirmation of revised out of hours pathway
5.9	Escalate colposcopy equipment replacement (colposcope and couch) up the Trust risk register	NHSCSP 20	6 months	H	Confirmation from Trust

### Multi-disciplinary team (MDT)

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
6.0	Review current MDT arrangements ensuring the meeting format and detail of cases selected for discussion adhere to national guidance	National Service Specification	3 months	S	Audit of MDT attendance and submission of MDT minutes
6.1	Improve attendance at MDT meetings to meet national standard with consideration of the use of video conferencing link	NHSCSP 20 National Service Specification	6 months	S	Evidence of attendance and minutes

I = Immediate.

H= High.

S = Standard.

## 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 following the issuing of the final report. 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.