Public Health England

NHS

Screening Quality Assurance visit report

NHS Cervical Screening Programme
East Lancashire Hospitals NHS Trust

15 September 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 to advise and support government, local authorities and the NHS in a professionally independent manner.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG
Tel: 020 7654 8000 www.gov.uk/phe
Twitter: @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 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.

PHE Screening, Floor 2, Zone B, Skipton House, 80 London Road, London SE1 6LH
www.gov.uk/topic/population-screening-programmes. Twitter: @PHE_Screening Blog: phescreening.blog.gov.uk. Prepared by: SQAS North. For queries relating to this document, including details of who took part in the visit, please contact: PHE.NorthQA@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 East Lancashire Hospitals NHS Trust (ELHT) cervical screening programme held on 15 September 2016 to colposcopy service and on the 14 November to histopathology.

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 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 west regional SQAS as part of the visit process

Description of local screening service

East Lancashire Hospitals NHS Trust provides a range of services to a population of more than 500,000 people. The Trust catchment area covers Blackburn with Darwen, Burnley, Pendle and Rossendale, and Ribble Valley. Colposcopy and histology cervical screening services are provided by East Lancashire Hospitals NHS Trust at Burnley General Hospital and Royal Blackburn Hospital respectively. Cytology cervical screening services are provided by Central Manchester University Hospitals NHS Foundation Trust (Manchester Cytology Centre). NHS England – North (Lancashire) is the lead commissioner for the local cervical screening programme with joint commissioning arrangements for colposcopy and histology services between Darwen Clinical commissioning Group (CCG) and East Lancashire CCG.

Findings

The service is well organised with the lead colposcopist providing strong leadership. Team members are engaged and motivated. A systematic and focused approach to quality improvement was evident with engagement in activities to reduce health inequalities and improve community engagement to increase attendance. The team are committed to improving the health of the population served.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified one high priority finding as summarised below:

- formal appointment of Hospital Based Programme Co-ordinator (HBPC) with a defined job description, time allocation and administrative support

Shared learning

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

- colposcopy developed trust induction pack for new colposcopists
- activities to reduce health inequalities and increase community engagement
- clear protocols and guidelines, which comply with national standards
- an active and complete colposcopy audit cycle with presentation of work at national conferences
- commitment to patient experience with routine collection, dissemination and implementation of patient feedback
- good quality colposcopy patient information leaflets including treatment information
- standard operating procedures (SOPs) for clinical and administrative processes

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1.0	Regular attendance at the Pan Lancashire programme board by HBPC or nominated deputy	NHSCSP 20 National service specification 25	3 months	S	Copy of meeting minutes confirming attendance
1.1	Formal appointment of a Hospital Based Programme Co-ordinator (HBPC) with a defined job description, time allocation and administrative support	NHSCSP 20	3 months	S	Written confirmation of formal appointment of HBPC
1.2	Lead histopathologist to have clear lines of communication in to the cervical screening programme board	NHSCSP 20	3 months	S	Evidence of pathway
1.3	Revision of reporting structure to ensuring HBPC is reporting the CEO	NHSCSP 20 National service specification 25	3 months	S	Copy of revised structure
1.4	Invasive cancer audit should be recommenced	NHSCSP 20 National service specification 25	3 months	S	Submission of cases to SQAS

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1. 5	Trust policy for Risk Management to be revised to make explicit reference to and comply with 'Managing safety incidents in NHS screening programmes'	NHSCSP 20 National service specification 25	6 months	S	Copy of ratified policy
1.6	A formal annual audit schedule should be implemented across the service	National Service Specification 25	6 months	S	Copy of annual audit schedule inclusive of histopathology audits

Histology laboratory

No.	Recommendation	Reference	Timescale	Priority	Evidence required
2.0	Dedicated programme activity allocation for the lead histopathologist role with appropriate support	National Service Specification 25	3 months	H	Submission of revised job plan
2.1	Access to be made available to the Open Exeter and histopathology systems for all histopathology staff	National Service Specification 25	3 months	S	Confirmation from programme
2.2	The lead histopathologist to gather the reporting profile data on a rolling quarterly basis and formally discuss with colleagues ensuring minutes are taken of the meetings	RCPath guidance	6 months	S	Evidence from review meetings
2.3	Review of SOPS for histology ensuring inclusion version control and evidence of appropriate ratification	National Service Specification 25	3 months	H	Revised SOPs to be submitted to the SQAS
2.4	The service to implement a process to review and monitor cervical screening KPI's	National Service Specification 25	3 months	S	Submission of Cervical screening waiting times to SQAS

Colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3.0	Formulate plans to ensure registered nurses are available to support the nurse colposcopist in clinic	NHSCSP 20	6 months	S	Submission of SOP to SQAS
3.1	Completion of nurse colposcopist training to include treatment element of pathway	NHSCSP 20	3 months	S	Confirmation from Programme

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3.2	The service should devise a recovery plan to recover and maintain performance indicator for colposcopy waiting times. Additional capacity in colposcopy clinics may be required to achieve this	NHSCSP 20	6 months	S	Submission of KC65 data demonstrating consistent achievement of waiting times
3.3	Implementation of the HR-HPV Test of cure protocol referring all grades of CIN for repeat sampling into the community in line with national guidance	NHSCSP 20	6 months	S	Confirmation from Trust
3.4	The service should conduct an audit of the colposcopic sensitivity for the recognition of high grade CIN against the biopsy rate, both prior to and post the implementation of the new colposcopic imaging equipment	NHSCSP 20 National service specification 25	6 months	S	Submission of audit reports
3.5	Review the eligible populations language groups ensuring appropriate patient literature and translation services are available for local demography	National service specification 25	6 months	S	Confirmation from programme
3.6	Implement a formal plan for the management of more than one patient requiring recovery at a time	NHSCSP 20	6 months	S	Submission of SOP to SQAS
3.7	All colposcopists to attend a minimum of 50% of MDTS	NHSCSP 20	6 months	S	Copy of meeting minutes confirming attendance

I = Immediate
H= High
S = Standard

Next steps

The screening service provider is responsible for developing an action plan to ensure completion of 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 to allow time for at least one response to all recommendations to be made.