



Public Health  
England



# **Screening Quality Assurance visit report**

## **NHS Cervical Screening Programme Littlefield**

**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](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 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](mailto:phe.screeninghelpdesk@nhs.net)



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## Executive summary

The NHS Cervical Screening Programme (NHSCSP) 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 Littlefield colposcopy screening service held on 19 March 2018.

### 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

Littlefield provides a colposcopy service for women registered at 2 general practices in Grimsby. NHS England North – North Yorkshire and the Humber Locality Team are the responsible commissioners. North East Lincolnshire Clinical Commissioning Group (CCG) are the contracting commissioners for colposcopy services.

### Findings

This is a small stand-alone colposcopy service provided within a primary care setting with positive patient feedback and engaged staff. There are no formal governance arrangements in place with North Lincolnshire and Goole NHS Foundation Trust, despite reliance on this hospital trust for many essential elements of the screening pathway.

## Immediate concerns

The QA visit team identified 5 immediate concerns. Following discussion with the NHS England commissioner and Clinical Commissioning Group (CCG) contract holder, Littlefield decided that they could no longer provide a service with immediate effect. The existing contract expires on 31 March 2018. A full service decommissioning plan is in place which includes transfer of care for women under follow-up within the service.

## High priority

The QA visit team identified 6 high priority findings as summarised below:

- no modelling to check the financial viability of the service for the planned change from block contract to payment by results (PBR) tariff from 1 April 2018 by the CCG contract holder
- lack of formal governance and accountability arrangements for the colposcopy service
- clinical guidelines do not reflect NHSCSP guidance or current practice
- no process to make sure all patients' GPs are informed of the treatment undertaken
- individual data on depth of loop excision does not meet NHSCSP standards
- multidisciplinary team meeting case discussion criteria does not meet NHSCSP standards

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
01	Service should no longer see symptomatic referrals as there is no contract in place for the provision of this service	1	3 months	High	Confirmation that symptomatic referrals are no longer received
02	Review the service model for sustainability of service under payment by results tariff contract and capacity planning for the future introduction of HPV primary screening	1	3 months	High	Financial modelling colposcopy capacity plan
03	Ensure lead colposcopist consistently attends local cervical screening programme board meetings	1	6 months	Standard	Attendance, minutes
04	Complete an annual colposcopy report and ensure this is discussed at the organisation's governance meeting	1	12 months	Standard	Colposcopy report with circulation list to include submission to NHS England Screening and Immunisation Team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
05	Scope and appoint a cervical screening provider lead with an agreed job description that includes accountability to the chief executive officer, dedicated time and administrative support	1	6 months	High	Confirmation of appointment, job description, job plan
06	Develop and implement an annual audit schedule and present audits in an external peer review forum	1	12 months	Standard	Annual audit schedule for colposcopy, presentation of audits
07	Implement an incident policy that includes reference to managing screening incidents in accordance with 'Managing Safety Incidents in NHS Screening Programmes'	6	6 months	Standard	Policy ratified at programme board
08	Put in place a risk management process for colposcopy risks	2	3 months	Standard	Confirmation of process
09	Develop an organisational accountability structure for colposcopy service, including detail of escalation routes for governance and performance issues	1	3 months	High	Copy of the structure and escalation routes

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Ensure the lead colposcopist has an agreed job description that includes accountability arrangements	1	6 months	Standard	Job description, job plan with dedicated professional activity allocation
11	Ensure lead colposcopist attends regional Screening Quality Assurance Service meetings	1	12 months	Standard	Attendance
12	Formalise interface arrangements with Northern Lincolnshire and Goole NHS Foundation Trust	1	7 days	Immediate	Confirmation of provider to provider service level agreement and date(s) of signatures

### Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Update colposcopy administration standard operating procedures to include process for referrals to Northern Lincolnshire and Goole	1	3 months	Standard	Standard operating procedures

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Audit offered appointments for high grade referrals to check that the offered appointment is recorded, that the women referred on to Northern Lincolnshire and Goole are offered an appointment within 2 weeks, and that patients who wish to wait additional time to be seen at Littlefield are documented	1, 5	6 months	Standard	Completed audit and action plan
15	Update the local colposcopy clinical guidelines to reflect current NHS Cervical Screening Programme guidance	1, 5	3 months	High	Ratified guidelines with evidence of implementation
16	Put in place a process for ratification of guidelines, including version control and page numbers	1	3 months	Standard	Confirmation of process
17	The service should no longer see women with cervical screening results glandular neoplasia (endocervical) and possible invasion	1	7 days	Immediate	Confirmation of change

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Review service provision and agree local pathway for women with glandular neoplasia of non-cervical origin	1	7 days	Immediate	Confirmation of pathway
19	Update standard operating procedure for use of diathermy	1, 5	3 months	Standard	Standard operating procedure
20	Put in place a process to make sure patients' GPs are informed of treatment undertaken	1, 2	3 months	High	Confirmation of process
21	Implement a colposcopy standard operating procedure referring women for treatment under general anaesthetic	1, 5	3 months	Standard	Standard operating procedure
22	Implement the National Safety Standards for Invasive Procedures (NatSSIPs)	3	7 days	Immediate	Standard operating procedure
23	Complete an audit on depth of loop excision	5	6 months	High	Audit results and action taken

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Implement a policy to offer women the choice of seeing female colposcopist at invitation and ensure that there is a documented process for women to be seen in alternative service if this is requested	1	3 months	Standard	Confirmation of process, standard operating procedure
25	Implement a protocol to make sure there is a recovery room available	5	3 months	Standard	Ratified standard operating procedure
26	Implement a standard operating procedure for emergencies	1, 5	3 months	Standard	Ratified standard operating procedure
27	Conduct an infection control risk assessment and health and safety review of damaged colposcope	1, 2	7 days	Immediate	Outcome of assessments and action plan
28	Add replacement of colposcopy equipment to service risk register	1, 5	3 month	Standard	Confirmation of addition
29	Address IT issues relating to image capture and television equipment in colposcopy	5	6 months	Standard	Confirmation issues resolved

## Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
30	<b>Develop and implement a standard operating procedure for case selection for the MDT meetings</b>	1, 5	3 months	High	Ratified standard operating procedure