



Public Health  
England



# Screening Quality Assurance visit report

NHS Cervical Screening Programme  
Northern Lincolnshire and Goole NHS  
Foundation Trust

19 and 20 March 2019

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## About PHE Screening

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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 Northern Lincolnshire and Goole NHS Foundation Trust screening service held on 19 and 20 March 2019.

### 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:

- 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

The area served by Northern Lincolnshire and Goole NHS Foundation Trust has an eligible population for cervical screening of approximately 80,900 women. The trust serves North and North East Lincolnshire and parts of the East Riding of Yorkshire. The population is predominantly White British, with the second largest ethnic group being White Other. The trust covers a largely rural population with much of the population in North Lincolnshire and the East Riding of Yorkshire living in rural settlements or hub towns.

NHS England North (Yorkshire and the Humber) North Yorkshire and Humber Locality Team has the commissioning responsibility for the NHS Cervical Screening Programme at Northern Lincolnshire and Goole NHS Foundation Trust. North and North East Lincolnshire Clinical Commissioning Groups (CCGs) are the contract holders for colposcopy services.

Colposcopy services are provided at Diana, Princess of Wales Hospital, Grimsby, Goole and District Hospital and Scunthorpe General Hospital. Histopathology services are provided by Path Links at Lincoln County Hospital.

Cytology screening and human papillomavirus (HPV) testing are provided by York Teaching Hospital NHS Trust at York Hospital.

There are 6 GP practices in the East and South Lincolnshire CCGs for which the cytology screening and human papillomavirus (HPV) testing are provided by University of Derby and Burton NHS Trust. The laboratory sends NHSCSP referrals to Diana, Princess of Wales Hospital, Grimsby and Scunthorpe General Hospital.

## Findings

This is the fifth visit to the Northern Lincolnshire and Goole NHS Trust cervical screening service. The service has experienced a number of changes since the last QA visit in 2014. There have been several leadership changes for the cervical screening provider lead (CSPL) and lead colposcopist roles. The provision of cytology screening and HPV testing has changed following contract procurement. The cytology screening and HPV testing services for the East, West and South Lincolnshire population was transferred from Path Links to the University of Derby and Burton NHS Trust in April 2016. The services for North and North East Lincolnshire population were transferred from Path Links to York Teaching Hospitals NHS Trust in April 2017. There is good communication with the York laboratory.

Whilst there have been no changes to the provision of histology services, there are delays in histology specimen turnaround times, which are affecting the timely notification of colposcopy results to patients.

All recommendations from the previous visits in 2014 have been addressed.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team identified 11 high-priority findings, with 8 summarised below.

1. The CSPL has not been formally appointed, the draft job description has not been agreed and does not detail specific dedicated time for the role.
2. A lack of formalisation of roles and sessional commitments for lead NHSCSP histopathologist and for lead nurse colposcopist.

3. The nurse colposcopist is not currently working as an independent clinician.
4. Histopathology service is not meeting key performance indicators for turnaround times for cervical histology specimens.
5. No formal schedule of audits across the cervical screening services.
6. Colposcopy clinical guidelines do not reflect current practice and NHSCSP 20 guidance.
7. The key performance indicator for women to have definitive treatment for high grade CIN within 4 weeks of the colposcopy clinic receiving the diagnostic biopsy report is not being achieved.
8. Inadequate audit of multidisciplinary team (MDT) meeting attendance and the MDT case selection criteria are not clearly defined

### Shared learning

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

- the commissioners have a proactive approach to health promotion, including work with the behaviour insights team and CCGs to engage local population
- lean management of laboratory processing workstreams, which includes pathologist electronic workload requests
- high quality histopathology tracking system for cervical specimens
- effective use of cervical screening promotional leaflets and posters in the Goole clinic

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Cervical screening provider lead should ensure that the lead histopathologist is linked into the agenda and receives feedback from the North Yorkshire and the Humber cervical screening programme board	National Service Specification 25	3 months	Standard	Confirmation of dissemination of agenda and minutes
2	Formally appoint a cervical screening provider lead (CSPL) with an agreed job description that includes reference to the role and responsibilities of the CSPL, accountability to the chief executive officer, with dedicated time and administrative support	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	High	Confirmation of appointment, job description, and job plan
3	Implement an annual audit schedule across the cervical screening service that details the audits to be undertaken, and provides outcomes and actions resulting from the audits	National Service Specification 25	6 months	High	Annual audit schedule to cover colposcopy and histopathology with confirmatory evidence of actions taken

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Make sure that all staff, including those in histopathology working within the NHS Cervical Screening Programme, are aware of and have signed up to the NHS Cancer Screening Programmes Confidentiality and Disclosure Policy	National Service Specification 25	3 months	Standard	Evidence of sign up
5	Make sure the failsafe protocol is updated to remove incorrect wording in low grade did not attend letter	Cervical screening: cytology reporting failsafe	3 months	Standard	Updated protocol
6	Make sure that the NHS Cervical Screening Programme lead histopathologist has a job description with defined sessional allocation within the job plan for the role	National Service Specification 25	3 months	High	Job description and sessional allocation in job plan
7	Make sure that the lead colposcopist has sufficient time within the job plan to undertake all elements of the role across the 3 colposcopy sites	National Service Specification 25	3 months	High	Sessional allocation in job plan
8	Make sure that the nurse colposcopist has a job description, and sufficient time within their job plan to complete administration tasks and attend external meetings to support professional development	National Service Specification 25	3 months	High	Job description and sessional allocation in job plan

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Make sure that there is equitable access to television monitoring facilities for women in all colposcopy clinic areas	National Service specification 25, NHSCSP 20	6 months	Standard	Email confirmation of television monitoring facilities in all clinics

## Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Develop a recovery plan to sustainably meet turnaround times for NHS Cervical Screening Programme samples across the provider footprint	NHSCSP 10	12 months	High	Recovery plan, improvement in key performance indicator for histopathology reporting
11	Clarify access to Open Exeter for the histopathology department	NHSCSP 10	3 months	Standard	Confirmation of access
12	Histopathology to work with lead colposcopist to support the review of approaches to biopsy in low grade referrals	NHSCSP 20	12 months	Standard	Support with re-audit plan
13	Implement quarterly review of performance monitoring data on cervical screening work for individual histopathologists	NHSCSP 10	6 months	Standard	Anonymised monitoring data



## Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Support the nurse colposcopist to recommence their role as an independent clinician, including undertaking treatments, review of own results and involvement in audit	National Service specification 25, NHSCSP 20	6 months	High	Agreed action plan
15	Document and agree the colposcopy administration work instructions for Grimsby site	NHSCSP 20	3 months	Standard	Administration work instructions
16	Make sure that staff identified as cross cover for colposcopy administration staff are adequately trained	NHSCSP 20	6 months	Standard	Confirmation of cross cover administration staff are trained
17	Update the local colposcopy clinical guidelines to reflect current NHS Cervical Screening Programme guidance	NHSCSP 20	6 months	High	Ratified guidelines with evidence of implementation
18	Implement a plan to act on the recommendations from the low grade referral biopsy audit and re-audit to demonstrate consistent practice	NHSCSP 20	12 months	Standard	Agreed action plan with evidence of re-audit
19	Audit use of ablative treatment for cervical intraepithelial neoplasia (CIN) 2 and develop local guidelines for follow-up, including a post-procedure leaflet	NHSCSP 20	6 months	Standard	Audit outcomes, actions taken and ratified guidelines, including post-procedure leaflet

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Audit practice of see and treat for high grade referrals and implement a plan to reduce variation in practice	NHSCSP 20	12 months	Standard	Audit outcomes and actions taken
21	Implement and monitor a plan to ensure that 90% women have definitive treatment for high grade disease within 4 weeks of the colposcopy clinic receiving the diagnostic biopsy result	National Service specification 25, NHSCSP 20	6 months	High	Agreed action plan with evidence of regular monitoring
22	Audit depth of loop excisions with the histopathology service to ensure that NHS Cervical Screening Programme standards are met	NHSCSP 20	12 months	Standard	Audit outcomes and actions taken
23	Ensure all colposcopists meet the annual requirements for 50 new NHS Cervical Screening Programme referrals a year	NHSCSP 20	12 months	Standard	Data submission showing number of new NHSCSP referrals for each colposcopist in the period April 2019 to March 2020
24	Update the colposcopy patient information leaflets and include translated guidance on how to access leaflets in the main languages suitable for the local population	National Service specification 25, NHSCSP 20, NHSCSP 27	6 months	Standard	Updated example
25	Update local post-treatment leaflets to reflect NHS Cervical Screening Programme advice for patients	NHSCSP 20	6 months	Standard	Updated example

## Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Update the case inclusion criteria in the multidisciplinary team (MDT) protocol to reflect local practice	NHSCSP 20	3 months	High	Revised policy
27	Verify the reported attendance at MDT meetings to clarify whether members attended or submitted written input, and audit attendance records to ensure this meets national guidance	NHSCSP 20	3 months	High	MDT attendance audit April 2018 to March 2019
28	Make sure MDT meeting produce formal minutes with documented actions	NHSCSP 20	3 months	High	Minutes with documented actions

## 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 and 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.