



Public Health  
England



# **Screening Quality Assurance visit report**

## **NHS Cervical Screening Programme Salford Royal NHS Foundation Trust**

6 June 2017

**Public Health England leads the NHS Screening Programmes**

# About Public Health England

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## 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.

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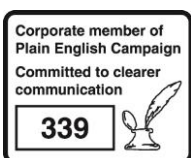
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## Executive summary

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 Salford Royal NHS Foundation Trust screening service held on 6 June 2017.

### Quality assurance purpose and approach

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 North SQAS as part of the visit process

### Local screening service

Salford Royal NHS Foundation Trust serves a population of 240,000 people across Salford and the surrounding areas of Greater Manchester. NHS England commission the cervical screening programmes under Section 7A. In Greater Manchester this responsibility is devolved to Greater Manchester Health and Social Care Partnership as part of the Greater Manchester Combined Authority. This partnership includes the NHS England North, Greater Manchester public health commissioning team which incorporates the Greater Manchester Screening and Immunisation Team. Salford Clinical Commissioning Group are the contract holders for colposcopy services.

### Findings

This visit to the colposcopy service is a follow-up to the visit carried out in February 2016.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

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

- revise the hospital based programme co-ordinator (HBPC) job description to reflect current roles and responsibilities, supported by dedicated administrative support
- develop a service level agreement for the histology services provided by Warwick pathology services
- revise the current accountability structure ensuring that the HBPC reports directly to the Chief Executive Officer
- update trust incident policy to include reference to NHSCSP managing screening incidents guidance
- develop a process for colposcopy performance monitoring
- expedite the installation of the new database system
- amend the current failsafe system ensuring that there is a consolidated process across the administrative and clinical pathways
- revise current colposcopy guidelines ensuring that they are in line with national guidelines and reflect clinical practice

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1.0	Maintain regular attendance at the Greater Manchester cervical programme board meeting by hospital based programme co-ordinator (HBPC) or nominated deputy	National service specification 25	12 months	Standard	Submission of the minutes
1.1	Develop formal documentation for the colposcopy service meeting including a terms of reference, formalised minutes and action log	National service specification 25	6 months	Standard	Ratified terms of reference, minutes and action log
1.2	Revise the HBPC job description to reflect current roles and responsibilities, supported by dedicated administrative support	British Society for Clinical Cytology (BSCC) code of practice 2010 National service specification 25	6 months	High	Revised job description
1.3	Develop a service level agreement (SLA) for the histology services provided by Warwick pathology services	National service specification 25	3 months	High	Agreed SLA

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1.4	Revise the current accountability structure ensuring that the HBPC reports directly to the Chief Executive Officer	BSCC code of practice 2010  National service specification 25	3 months	High	Revised accountability structure
1.5	Formal ratification of the draft invasive cancer audit policy	National service specification 25	6 months	Standard	Revised invasive cancer audit policy
1.6	Develop a trust wide colposcopy audit schedule	National service specification 25	6 months	Standard	Audit schedule, encompassing all aspects of the service (ie histology)
1.7	Submission of the HBPC annual report for 2016/17	BSCC code of practice 2010  National service specification 25	3 months	Standard	Annual report 2016/17
1.8	Update trust incident policy to include reference to NHSCSP managing screening incidents guidance	NHSCSP managing screening incidents  National service specification 25	3 months	High	Revised and ratified policy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1.9	Develop a process for colposcopy performance monitoring	NHSCSP 20	6 months	High	Submission of revised process/governance structure for monitoring the service performance

## Colposcopy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
2.0	Develop a colposcopy specific induction policy	NHSCSP 20	6 months	Standard	Colposcopy induction policy
2.1	Expedite the installation of the new database system	National service specification 25	6 months	High	Confirmation from lead colposcopist
2.2	Amend the current failsafe system ensuring that there is a consolidated process across the administrative and clinical pathways	NHSCSP 20 National service specification 25	6 months	High	Revised failsafe policy
2.3	Revise current colposcopy guidelines ensuring that they are in line with national guidelines and reflect clinical practice	NHSCSP 20	6 months	High	Revised and ratified guidelines

## 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.