



Public Health
England

Screening Quality Assurance visit report

NHS Cervical Screening Programme Tameside and Glossop Integrated Care NHS Foundation Trust

23 February 2017

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.

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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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www.gov.uk/topic/population-screening-programmes Twitter: [@PHE_Screening](https://twitter.com/PHE_Screening)
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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 Tameside and Glossop Integrated Care NHS Foundation Trust screening service held on 23 February 2017.

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 North SQAS as part of the visit process

Description of local screening service

Tameside and Glossop Integrated Care NHS Foundation Trust serves a population of 250,000 people across Tameside and Glossop. NHS England - North (Greater Manchester) has the lead commissioning responsibility for the cervical screening programme at Tameside and Glossop Integrated Care NHS Foundation Trust. NHS Tameside and Glossop Clinical Commissioning Group (CCG) are the contract holders for colposcopy services.

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

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

- regular attendance at the Manchester programme board by the Hospital Based Programme Co-ordinator (HBPC) or nominated deputy
- appoint a HBPC with an agreed job description that includes accountability to the Chief Executive Officer, dedicated time and administrative support
- revision of Trust incident policy to include relevant terminology and specific reference to the managing screening incident policy
- revised job description for lead colposcopist nurse
- revision of nurse staffing to ensure that clinics are staffed with the appropriate nursing staff for each clinic
- update electrical safety guidelines to include the manufacturers recommendations for diathermy and cold coagulation settings
- review of patient letters to include details of anesthetic, possible side effects and complications
- patient information leaflets to be updated with correct terminology

Shared learning

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

- good administrative and clerical process for following up patients who fail to attend appointments, resulting in a low DNA rate
- comprehensive colposcopy protocols which have good version control

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1.0	Regular attendance at the Manchester programme board meeting by the HBPC or nominated deputy	NHSCSP 20	3 months	H	Meeting minutes confirming attendance
1.1	Appoint a HBPC with an agreed job description that includes accountability to the Chief Executive Officer, dedicated time and administrative support	National Service specification 25	3 months	H	Confirmation of appointment, job description and job plan
1.2	Complete an annual HBPC report and ensure that this is discussed formally at the appropriate Trust governance meeting	National Service specification 25	6 months	S	HBPC report with circulation list
1.3	Develop and implement a whole Trust annual audit schedule for cervical screening services including audit schedules for cytology, colposcopy and histopathology	National Service specification 25	6 months	S	Annual audit schedule
1.4	Revision of Trust incident policy to include relevant terminology and specific reference to the managing screening incident policy	NHSCSP 20	6 months	H	Submission of revised policy

Colposcopy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
2.0	Revised job description for lead colposcopist nurse	NHSCSP 20	6 months	H	Submission of revised job description
2.1	Revision of nurse staffing to ensure that clinics are staffed with the appropriate nursing staff for each clinic	NHSCSP 20	6 months	H	Confirmation from lead colposcopist
2.2	The Compuscope database should be installed on all colposcopists office computers	National Service specification 25	6 months	S	Confirmation from lead colposcopist
2.3	Update electrical safety guidelines to include the manufacturers recommendations for diathermy and cold coagulation settings	NHSCSP 20	6 months	H	Submission of revised guidelines
2.4	Revision of treatment protocols removing the duplication	NHSCSP 20	6 months	S	Submission of revised protocols
2.5	Develop processes for colposcopy performance monitoring	NHSCSP 20	6 months	S	Submission of revised process/governance structure for monitoring the service performance
2.6	Review of patient invitation letters to include details of anesthetic, possible side effects and complications	NHSCSP 20	6 months	H	Submission of revised patient letters
2.7	Patient information leaflets to be updated with correct terminology	NHSCSP 20	6 months	H	Submission of revised patient information

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.