Public Health England

NHS

Screening Quality Assurance visit report

NHS Cervical Screening Programme
Wirral University Teaching Hospital NHS Foundation Trust

25 January 2017

Public Health England leads the NHS Screening Programmes

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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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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 Wirral University Teaching Hospital NHS Foundation Trust screening service held on 25 January and 26 April 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 West regional SQAS as part of the visit process

Description of local screening service

The Wirral University Teaching Hospital NHS Foundation Trust provides a range of medical services to more than 400,000 patients per year from an area covering Wirral, Ellesmere Port, Neston and North Wales.

The local cervical screening programme has an eligible population of approximately 82,097 (England registered women aged 25-64 excluding ceased).

Colposcopy and histology cervical screening services are provided by Wirral University Teaching Hospitals NHS Trust (WUTH). Cytology and HPV testing cervical screening services are provided by the laboratory within WUHT. NHS England – North (Cheshire and Merseyside) is the contract holder for the local cervical screening programme with a joint commissioning arrangement in place with Wirral Clinical Commissioning Group (CCG) for colposcopy services.

Findings

Immediate concerns

The QA visit team identified 2 immediate concerns. A letter was sent to the Chief Executive (or equivalent) on 26 January 2017, asking that the following items were addressed within 7 days:

- the poor performance protocol needs to be implemented for all screening staff inclusive of locums
- the cervix visualisation recording needs to be removed from the laboratory paper work/databases to prevent samples from being rejected under the zero tolerance policy

A response was received within 7 days which assured the QA visit team the identified risks have been mitigated on an interim basis. With an agreed action plan to fully meet the recommendation within 3 months.

High priority

The QA visit team identified 14 high priority findings as summarised below:

- formal appointment of a hospital based programme co-ordinator (HBPC) with a defined job description, time allocation and administrative support with direct reporting to the Chief Executive Officer
- Trust policy for reporting and managing incidents to be revised and make explicit reference to and comply with ‘Managing safety incidents in NHS screening programmes’
- job plan for the lead colposcopist role to include dedicated programme activity allowance and administrative support
- implement changes in laboratory processes and working practices to support achievement of cytology performance indicators
- pre-processed SurePath samples to be undertaken in accordance with the manufacturer’s package insert
- review the administrative function to build resilience and reduce the reliance on the nurse colposcopist undertaking administrative duties
- all colposcopy clinics (including nurse led colposcopy clinics) to be supported by a trained member of staff
- a formal process for informing colposcopy of changes made to the IT Cerner system
- the Cerner database to have image capture and digital image storage from the colposcope in line with the Trust paperless policy
- the Cerner database to include the date of first appointment for colposcopy patients

- the review, amendment and dissemination of colposcopy guidelines in line with NHSCSP 20. In particular, the following guidelines require amendment:
    - referral of test of cure samples into the community
    - managing patients <50 years old who have undergone a loop excision
    - managing patients with incomplete excision of CIN
- action plan for achieving and maintaining colposcopy key performance indicators
- all colposcopists should achieve the minimum standard of 50% attendance at MDT meetings per year
- revision of the MDT protocol to include the frequency of the meetings, minimum attendance requirements and to remove the ‘incidental finds’ from the inclusion criteria

Shared learning

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

- good access to continued professional development for all histopathologists
- access to bar code tracking system for slides within the laboratory

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1.0	Formal appointment of a hospital based programme co-ordinator (HBPC) with a defined job description, time allocation and administrative support with direct reporting to the Chief Executive Officer	NHSCSP 20 National service specification 25	3 months	H	Job plan and confirmation of accountability
1.1	Trust policy for reporting and managing incidents to be revised and make explicit reference to and comply with 'Managing safety incidents in NHS screening programmes'	National service specification 25	6 months	H	Revised Trust incident policy
1.2	Job plan for the lead colposcopist role to include dedicated programme activity allowance and administrative support	NHSCSP 20 National service specification 25	3 months	H	Job plan approved by Trust

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1.3	Develop a Trust wide audit plan for the colposcopy service	National service specification 25	6 months	S	Submission of audit plan

Cytology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
2.0	Revise cytology policies to clarify and develop standard operating procedures to describe associated processes	NHSCSP publications No 1, 14 & 21 BAC Code of Practice 2015	6 months	S	Revised policies and SOPs
2.1	Implement the poor performance protocol for all screening staff, inclusive of locums, failing to achieve performance standards for sensitivity	NHSCSP publications No 1, 14 & 15 BAC Code of Practice 2015	7 days	I	Confirmation from Trust
2.2	Remove the ‘cervix visualisation’ box and requirement to record this from the laboratory paper work/databases	Not part of HMR101/5 request form. Not a criteria for sample acceptance listed in the national policy	7 days	I	Confirmation from Trust

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
2.3	Implement changes in laboratory processes and working practices to support achievement of cytology performance indicators	National service specification 25 NHSCSP Cytology improvement guide – achieving the 14 day TAT	3 months	H	Cervical screening test laboratory turnaround times sustained over a 3-month period that support achievement of 14 day turnaround standard

HPV testing

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
3.0	Implement annual verification of HPV assay as per NHSCSP guidelines and ISO15189 standards	NHSCSP Quality Control and Assurance Relevant for Human Papillomavirus Testing document	12 months	S	Confirmation from Trust
3.1	Implement system of pre-processing SurePath samples in accordance with the manufacturer's package insert	PHE Gov.UK Cervical Screening: approved HPV tests for HPV triage and Test of Cure guidance	3 months	H	Confirmation from Trust

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
3.2	Establish appropriate internal quality control (IQC) procedures for the laboratory and perform, log and monitor IQC	NHSCSP Quality Control and Assurance Relevant for Human Papillomavirus Testing document	3 months	S	IQC procedures and performance data
3.3	Carry out regular environmental swabbing of the testing areas, documenting results and recording any associated issues or actions	NHSCSP Quality Control and Assurance Relevant for Human Papillomavirus Testing document	3 months	S	Environmental swab log

Histology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
4.0	Appoint a lead histopathologist with an agreed job description and a job plan including dedicated professional activities administrative support and appropriate governance structures	National service specification 25	6 months	S	Confirmation of appointment and submission of job description and job plan
4.1	Revise organisational structure within the department to ensure that any histopathology issues are escalated outside of the department	National service specification 25	6 months	S	Revised escalation structure

4.2	Develop a formal process for the dissemination and sign off the histopathology protocols	National service specification 25	6 months	S	Submission of revised policy
4.3	Develop a formal meeting structure within histopathology to discuss sensitive issues. These should have formal agendas and minutes	National service specification 25	6 months	S	Submission of evidence of meetings
4.4	Revision of cut up policy to include relevant language, inclusion of BMS cut up and detail when levels are requested	National service specification 25	6 months	S	Submission of revised policy
4.5	Develop a formalised process for the monitoring of individual histologist performance	RCpath guidance	6 months	S	Submission of revised policy
4.6	Provision of a data extraction tool for the minimum dataset	National service specification 25	6 months	S	Confirmation from lead colposcopist

Colposcopy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5.0	Review the administrative function to build resilience and reduce the reliance on the nurse colposcopist undertaking administrative duties	NHSCSP 20	6 months	H	Submission of revised process with persons responsible identified
5.1	All colposcopy clinics (including nurse led colposcopy clinics) to be supported by a trained member of staff	NHSCSP 20	6 months	H	Confirmation from lead colposcopist

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5.2	Implement a formal notification process for informing the colposcopy service of system amendments to the Cerner IT system	National service specification 25	6 months	H	Confirmation from lead colposcopist
5.3	The colposcopy element of the Cerner IT system should be upgraded to enable image capture and digital image storage from the colposcope in line with the Trust paperless policy	National service specification 25	6 months	H	Confirmation from lead colposcopist
5.4	The Cerner database should be amended to enable the data capture of the date of first appointment for colposcopy patients	National service specification 25	6 months	H	Confirmation from lead colposcopist
5.5	Revise and implement colposcopy guidelines	NHSCSP 20	6 months	H	Audit of women over 50 with suspected incomplete excision detailing loss to follow up rate for cohort Revised guidelines
5.6	Implement an action plan for achieving and maintaining colposcopy key performance indicators	NHSCSP 20 National service specification 25	3 months	H	Submission of action plan
5.7	Revise the patient results letter in line with national guidance	NHSCSP 20	6 months	S	Submission of revised letters

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5.8	Improve signage to the colposcopy unit	NHSCSP 20 National service specification 25	6 months	S	Confirmation from the HBPC of improved signage
5.9	Develop patient information leaflets for women post biopsy which include version control, date of issue and a revision date	NHSCSP 20	6 months	S	Trust ratified patient information leaflet

Multi-disciplinary team

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
6.0	Ensure that all colposcopist should achieve the minimum standard of 50% attendance at MDT meetings per year	NHSCSP 20	12 months	H	Report from annual audit of attendance
6.1	Revision of the MDT protocol to include the frequency of the meetings, minimum attendance requirements, and to remove the 'incidental finds' from the inclusion criteria	NHSCSP 20 National service specification 25	6 months	H	Submission of revised protocol

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.