



Public Health
England



Screening Quality Assurance visit report

NHS Cervical Screening Programme

Pennine Acute Hospitals NHS Trust

21 and 22 February 2018

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-class 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 are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG

Tel: 020 7654 8000 www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk) Facebook: 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.

www.gov.uk/phe/screening Twitter: [@PHE_Screening](https://twitter.com/PHE_Screening) Blog: phescreening.blog.gov.uk

Prepared by: Screening QA Service (North).

For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net



© Crown copyright 2018

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.nationalarchives.gov.uk/ogp/) or email psi@nationalarchives.gsi.gov.uk. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published: December 2018

PHE publications

gateway number: 2018651

PHE supports the UN

Sustainable Development Goals



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 to the Pennine Acute Hospitals NHS Trust cervical screening service held on 21 and 22 February 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 SQAS as part of the visit process

Local screening service

Pennine Acute Hospitals NHS Trust serves the communities of North Manchester, Bury, Rochdale and Oldham, along with the surrounding towns and villages. This area is collectively known as the North-East sector of Greater Manchester and has a population of around 820,000. NHS England North (Greater Manchester) has the lead commissioning responsibility for the cervical screening programme at Pennine Acute Hospitals NHS Trust. The contact holders for the colposcopy services are NHS Heywood, Middleton and Rochdale, NHS Bury, NHS Oldham and NHS Manchester Clinical Commissioning Groups (CCG).

Findings

The previous QA visit to the programme was in February 2014. Since the visit, the Trust has appointed a proactive Hospital Based Programme Coordinator (HBPC), who is focussed on auditing and education. The histopathology service is achieving turnaround times, despite, workforce capacity issues.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 10 high priority findings related to 3 main themes: policy, future reconfiguration of service provision, and staffing within the service. Further detail is provided below:

- policies for the service do not fully reflect current practice and in line with the national NHSCSP guidelines
- screening incidents are not all managed as per the NHSCSP policy for incident management
- services at this transitional stage are not equal in their service offers
- there are vacancies in defined NHSCSP roles

Shared learning

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

- clear governance arrangements within a complex service footprint in the Northern Care Alliance NHS group
- proactive approach to health promotion, including work with primary care
- reducing 'did not attend' rates by amended wording in colposcopy invitation letter
- cervical screening programme education events for all colposcopy staff
- comprehensive pathway for completion of invasive cancer audit

Recommendations

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

Governance and leadership

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|-----------------------------------|-----------|----------|---|
| 1 | Ensure future service delivery footprints meet the national service specification for HBPC, lead colposcopy roles and KC65 production | National Service specification 25 | 12 months | Standard | Organisational structure and confirmation from senior trust management via the HBPC |
| 2 | Work with the commissioners to review and mitigate the potential impact on patient attendance for any service move from the Rochdale site | National Service specification 25 | 3 months | High | Action plan for Rochdale site |
| 3 | Ensure quarterly cervical business meetings chaired by the Hospital Based Co-ordinator are attended by all cervical screening service leads | National Service specification 25 | 3 months | Standard | Meeting schedule |
| 4 | Update the invasive cervical cancer audit policy to ensure the patient's disclosure decision is recorded | NHSCSP 20 | 3 months | Standard | Formally ratified policy |
| 5 | Develop and implement a whole trust annual audit schedule for cervical screening services, including histopathology audits | National service specification 25 | 6 months | Standard | Annual audit schedule including histopathology |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|--|-----------|----------|---|
| 6 | Implement, and adhere to, guidance for the assessment, acceptance and use of locum staff, including those working in histology, ensuring appropriate audit trail is included in the process | NHS employers: Guidance on the appointment and employment of NHS locum doctors | 3 months | High | Ratified policy with evidence of implementation |
| 7 | Update the trust incident policy to include reference to managing screening incidents in accordance with "Managing Safety Incidents in NHS Screening Programmes" | Managing Safety Incidents in NHS Screening Programmes | 3 months | High | Trust incident policy. Evidence from Datix and confirmation from the HBPC |
| 8 | Appoint a lead histopathologist for cervical screening with an agreed job description and a job plan including dedicated time and administrative support | National service specification 25 | 3 months | High | Job description including accountability, job plan |
| 9 | Ensure all staff working in the cervical screening programme sign up to, and adhere to, NHSCSP Confidentiality and Disclosure policy | National service specification 25 | 3 months | High | Confirmation from the HBPC for all staff including histology |
| 10 | Finalise job plan for new lead nurse colposcopist | NHSCSP 20 | 3 months | Standard | Job plan |
| 11 | Complete the implementation of the workforce plan for histopathology cervical screening services | National Service specification 25 | 6 months | Standard | Workforce plan |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|-----------------------------------|-----------|----------|---|
| 12 | Document how programme histopathology performance issues are escalated and managed within the trust governance system | RCPATH guidance | 3 months | Standard | Confirmation of process and updated organisational chart and escalation pathway |
| 13 | Ensure that the Trust IT system is fit for purpose with reduction in periods of downtime and improved speed of access | National Service specification 25 | 6 months | Standard | HBPC confirmation |

Diagnosis - histology

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|--|-----------|----------|-------------------|
| 14 | Formalise a process, including managerial oversight, for the review, amendment and updating of local standard operating procedures (SOPs) to make sure that they are in line with current practice | National service specification 25 | 3 months | Standard | Policy |
| 15 | Update SOPs for the management and handling of cervical screening samples to reflect current practice and national guidance, referencing the colposcopy guidelines | National service specification 25 NHSCSP 20 | 6 months | Standard | SOPs |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|---|-----------|----------|-------------------|
| 16 | Update the Induction Manual for Medical Staff | NHS employers guidance on the appointment and employment of doctors | 3 months | Standard | Policy |

Intervention and outcome - colposcopy

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|-----------------------------------|-----------|----------|---|
| 17 | Ensure there is dedicated administration time for the issuing of letters | National Service specification 25 | 3 months | High | Confirmation from HBPC |
| 18 | Ensure lead colposcopist has access to Compuscope in their office | National Service specification 25 | 6 months | Standard | Confirmation from HBPC |
| 19 | Ensure all colposcopy staff have access to Open Exeter | National Service specification 25 | 6 months | Standard | Confirmation from HBPC |
| 20 | Update the local Trust colposcopy clinical guidelines to reflect current practice and national guidance | NHSCSP 20 | 6 months | Standard | Ratified guidelines with evidence of implementation |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|--|-----------|----------|---|
| 21 | Standardise and document administration processes for all sites | National Service specification 25 NHSCSP 20 | 3 months | Standard | SOPs |
| 22 | Ensure result letter turnaround times (TATs) are met at all sites | National Service specification 25 | 6 months | Standard | Evidence of TATs |
| 23 | Complete a 'Did Not Attend' audit to assess the impact of cessation of telephone reminders | National Service specification 25 | 12 months | Standard | Audit and action plan |
| 24 | Improve the signage to colposcopy at the Fairfield and North Manchester sites | National Service specification 25 NHSCSP20 | 3 months | Standard | Confirmation from HBPC |
| 25 | Ensure that there is an equitable service offered at all sites including equipment and treatment available and disabled accessibility | National Service specification 25 | 6 months | Standard | Review of current service provision and action plan |
| 26 | Document the process for electrical safety testing for colposcopy equipment | National Service specification 25 | 3 months | Standard | Policy |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|-----------------------------------|-----------|----------|---|
| 27 | Document the process at the Rochdale Unit for dealing with an emergency situation and ensure that all staff working within the department are aware of, and adhere to, the process | NHSCSP 20 | 3 months | High | SOPs |
| 28 | Standardise processes for issuing of follow-up appointments between sites | National Service specification 25 | 3 months | High | SOPS |
| 29 | Ensure all colposcopists are following the national test of cure (ToC) in the community and, following implementation, audit site variation in new and follow-up ratios | NHSCSP 20 | 3 months | High | Confirmation from the HBPC and the commissioners that ToC in the community has been implemented. Audit to demonstrate compliance data |
| 30 | Update the Compuscope system to enable the extraction of the individual colposcopy data | National Service Specification 25 | 3 months | Standard | Confirmation from HBPC and Submission of data |

Multidisciplinary team

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|-----------|-----------|----------|-------------------|
| 31 | Ensure all colposcopists attend a minimum of 50% of MDT meetings | NHSCSP 20 | 3 months | Standard | Minutes |
| 32 | Ensure histopathology representation at MDT meetings | NHSCSP 20 | 3 months | Standard | Minutes |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|---|-----------|----------|---|
| 33 | Risk assess the use of 'Facetime' for MDT participation to ensure compliance with Trust information governance requirements | National Service Specification 25 NHSCSP confidentiality and disclosure policy | 3 months | High | Confirmation from HBPC with risk assessment |
| 34 | Share the standard operating procedure for case selection for the MDT meetings with all disciplines | NHSCSP 20, National Service specification 25 | 3 months | Standard | Confirmation the SOP has been shared with all disciplines |

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 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.