



Public Health
England

Screening Quality Assurance visit report

NHS Cervical Screening Programme

**Blackpool Teaching Hospitals NHS
Foundation Trust**

8 January 2019

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, research, 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. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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 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. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

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

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



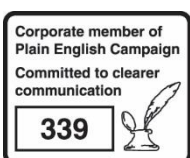
© Crown copyright 2019

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.ogil.io). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published September 2019

PHE publications: GW-789
gateway number

PHE supports the UN
Sustainable Development Goals



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 visit of the Blackpool Teaching Hospitals NHS Foundation Trust screening service held on 8 January 2019. This visit was a revisit of the Cervical Screening Provider Lead's (CSPL) role and colposcopy service, following the visit on 3 July 2018. The QA team did not revisit the histology service.

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 regional SQAS as part of the visit process

Local screening service

Blackpool Teaching Hospitals NHS Foundation Trust serves a population of approximately 440,000 people across Blackpool, Fylde, Wyre and North Lancashire. NHS England North (Lancashire and South Cumbria) has the lead commissioning responsibility for the cervical screening programme at Blackpool Teaching Hospitals NHS Foundation Trust. Blackpool Clinical Commissioning Group (CCG) are the contract holders for colposcopy services.

Findings

The last QA visit was on 3 July 2018. Four immediate concerns were identified, which included:

- a 3-month backlog in the issuing of patient results letters and also incomplete records on the Compuscope database
- smoke extractor equipment – which was out of warranty – used within the colposcopy suite (service contract expired in 2016)
- lack of assurance in the process for setting the next test due date (NTDD) at point of discharge – 2 different processes were submitted and it was unclear which one was being used and whether the correct NTDD had been applied to all women
- local trust colposcopy clinical guidelines required updating – 2 policies submitted as evidence, which lacked detail covering current NHSCSP 20 guidance

Thirty-nine recommendations were made in total, with 16 being high-priority findings. These related to 4 key themes:

1. Governance and lead roles.
2. Staffing.
3. Performance.
4. Policy.

It was decided at this visit that it would be necessary to conduct a revisit of the colposcopy service in 6 months' time. Since the last visit, the trust has progressed well with the recommendations. They have focussed on addressing the immediate concerns by reducing the letter backlog, replacing the smoke extractor, ensuring they are using the discharge template appropriately, and updating the colposcopy guidelines.

Progress has been made with governance and leadership roles, with an update of the colposcopy organisational structure and the lead nurse colposcopist's job description, as well as ensuring that the lead colposcopist has the dedicated time to carry out the role. However, more work is still required to ensure proper support for the service to achieve the expected standards.

They have recruited nursing staff to ensure all clinics are supported by sufficient nursing staff in compliance with NHSCSP 20. They also recruited another colposcopy secretary, although, this person has since left.

Administrative standard operating procedures (SOPs) are now in place and the divisional risk management strategy is updated to include reference to national guidance on how to manage screening safety incidents. All staff are signed up to the NHSCSP Confidentiality and Disclosure policy.

The findings of an audit, requested at the July visit, indicate that low grade and borderline referrals are receiving excisional treatment at first visit. This practice is not in line with NHSCSP 20 guidance.

Immediate concerns

The QA visit team identified 4 immediate concerns during the revisit. On 9 January 2019, SQAS sent a letter to the chief executive, asking that within 7 days they address that:

1. not all colposcopists are compliant with the low-grade screening treatment pathway – with excisional treatment completed at first visit, and insufficient assurance that this practice has ceased (2 immediate concerns)
2. the colposcopy guidelines do not clearly instruct how to manage low grade results in line with national guidance
3. Colposcopy and administrative staff have not received sufficient training in the use of the Compuscope system and the validation of KC65 data – which have resulted in inadequate failsafe checks

The trust sent a response within 7 days, which assured the QA visit team that the trust has mitigated the identified risks and that the risks no longer pose immediate concern.

High priority

The QA visit team identified 12 high-priority findings, which related to 3 main themes. These were around the lead roles and ensuring appropriate training and support, understanding and acting on persistent performance breaches, and updating of policies. The below recommendations table provides further detail.

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 the new Cervical Screening Provider Lead (CSPL) has sufficient training to undertake all aspects of the role, as outlined by national guidance	National Service specification 25 NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	High	Update from the new CSPL
2	Ensure the new CSPL has sufficient dedicated time for all aspect of the CSPL role	National Service specification 25 NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	High	Job plan

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Ensure that there is senior management support for the lead colposcopist in the necessary continued quality improvement for the NHSCSP and clinical ownership in the delivery of actions in response to SQAS recommendations	National Service Specification 25	6 months	High	Minutes from meetings Evidence of escalation and action
4	Ensure that the lead nurse colposcopist has sufficient administration time for the lead nurse colposcopist role and the programme oversight	NHSCSP 20 National Service Specification 25	6 months	High	Job plan and confirmation from the lead nurse colposcopist

Intervention and outcome colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Ensure the sustainability of a dedicated administration team for colposcopy (Monday to Friday inclusive)	NHSCSP 20	6 months	High	Confirmation from CSPL and administrative staff rota

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Put in place training in the use of the Compuscope system and validation of KC65 data for the whole colposcopy team, including administrative staff	NHSCSP 20 National Service Specification 25	6 months	Immediate	Confirmation from CSPL that all staff have received training and that the KC65 data is now accurate and thorough failsafe checks are carried out
7	Update the colposcopy guidelines to ensure that they are compliant with national guidelines and local protocols	NHSCSP 20	3 months	Immediate	Ratified, updated guideline
8	Update the trust SOP for the use of cold coagulation	NHSCSP 20	3 months	Standard	SOP
9	Ensure that national guidance for 62 day cancer pathway is followed for high grade dyskaryosis or worse on the trust cancer tracker	NHSCSP 20	3 months	High	Confirmation from lead colposcopist and evidence from tracker
10	Increase the detail within administration SOPs to ensure service continuity	NHSCSP 20	6 months	High	SOPs
11	Document and implement a comprehensive failsafe process with defined responsibilities identified within roles	NHSCSP 20	6 months	High	Guideline/SOPs
12	Undertake an audit of the delays in patients being offered an appointment, identifying reasons for delays and assessing any potential clinical impact	NHSCSP 20	3 months	High	Audit, findings and actions taken to address findings

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Address the breaches of the national expected standards and KPIs for offering colposcopy appointments within 2 and 6 weeks of referrals	NHSCSP 20 National Service Specification 25	6 months	High	KC65 return for the next 2 quarters and confirmation of all staff training in the Compuscope system and confirmation of the amount of NHSCSP colposcopy clinic slots
14	Undertake an audit of the delays in patients receiving their biopsy results	NHSCSP 20	3 months	High	Audit, findings and actions taken to address findings
15	Carry out prospective case tracking for all low grade/borderline cases offered excisional treatment with LLETZ and submit to SQAS monthly report for a 6-month period	NHSCSP 20	6 months	Immediate	Reports each month for 6 months
16	Provide written confirmation that action has been taken to ensure that all colposcopists are now compliant with the low grade screening pathway as outlined within NHSCSP 20	NHSCSP 20	3 months	Immediate	Written confirmation from all colposcopists
17	Complete an audit to ensure that all NHSCSP 20 referrals have histological diagnosis prior to ablative treatment	NHSCSP 20	6 months	Standard	Audit, findings and actions taken to address findings
18	Revise patient letter templates to ensure that they are in line with the national screening pathway	NHSCSP 20 National Service Specification 25	6 months	Standard	Updated patient letters

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Update weblinks in patient information leaflets and letters to make sure that they are up to date and relevant	NHSCSP 20 National Service Specification 25	6 months	Standard	Updated patient leaflets and letters

Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Put in place a process to confirm that actions identified within the MDT meetings are completed within a defined timescale	NHSCSP 20 National Service specification 25	6 months	High	Ratified SOP, action log and minutes

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.

Monthly supportive meetings between the screening service provider, commissioner and SQAS are in place to oversee the quality improvement within this service.

After the 12-month point, SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.