



Public Health  
England

## Quality Assurance Report

# Countess of Chester NHS Foundation Trust Cervical Screening Programme visit, 29 June 2016

15 September 2016

**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. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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

Tel: 020 7654 8000 [www.gov.uk/phe](http://www.gov.uk/phe)

Twitter: [@PHE\\_uk](https://twitter.com/PHE_uk) Facebook: [www.facebook.com/PublicHealthEngland](https://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 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.

PHE Screening, Floor 2, Zone B, Skipton House, 80 London Road, London SE1 6LH

[www.gov.uk/topic/population-screening-programmes](http://www.gov.uk/topic/population-screening-programmes)

Twitter: [@PHE\\_Screening](https://twitter.com/PHE_Screening) Blog: [phescreening.blog.gov.uk](http://phescreening.blog.gov.uk)

Prepared by: North Cervical SQAS

For queries relating to this document, including details of who took part in the visit, please contact: [phe.cervicalsqasnorth@nhs.net](mailto:phe.cervicalsqasnorth@nhs.net)

© Crown copyright 2016

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](http://www.nationalarchives.gov.uk/ogp/) or email [psi@nationalarchives.gsi.gov.uk](mailto: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: September 2016

PHE publications gateway number: 2016257



# Contents

About Public Health England	2
About PHE Screening	2
Executive summary	4
Purpose and approach to QA	4
Description of local screening programme	4
Key findings	5
Shared learning	5
Immediate concerns for improvement	5
High-priority issues	5
Key recommendations	6
Next steps	6

# Executive summary

The findings in this executive summary relate to the quality assurance (QA) review of the Countess of Chester Hospital NHS Foundation Trust cervical screening programme held on 29 June 2016.

## Purpose and approach to QA

The aim of quality assurance in NHS screening programmes is to maintain minimum 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 is derived from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations as appropriate
- evidence submitted by the provider(s), commissioner and external organisations as appropriate
- information shared with the QA team as part of the visit process

## Description of local screening programme

The Countess of Chester Hospital NHS Foundation Trust provides a range of medical services to more than 445,000 patients per year from an area covering Western Cheshire, Ellesmere Port, Neston and North Wales.

The local cervical screening programme has an eligible population of approximately 105,991 (England registered women aged 25-64 excluding ceased) characterised by a mixed urban and rural economy. The programme borders Wales. Up to a quarter of patients registered at English GP practices close to the border are Welsh residents.

Colposcopy and histology cervical screening services are provided by the Countess of Chester Hospital NHS Foundation Trust at the Countess of Chester Health Park site. Cytology cervical screening services are provided by Wirral University Teaching Hospital NHS Foundation Trust at the Arrowe Park Hospital site. NHS England – North (Cheshire and Merseyside) is the lead commissioner for the local cervical screening programme with a joint commissioning arrangement in place with West Cheshire CCG for colposcopy services.

## Key findings

The review team found a well-functioning colposcopy and histology service with strong leadership from the lead colposcopist and lead histopathologist. This was evidenced by the whole team approach to improving its service to women.

The immediate and high-priority issues are summarised below as well as areas of shared learning.

## Shared learning

The review team identified several areas of practice that are worth sharing:

- low DNA rate of 5% for colposcopy appointments
- active audit plan with submission into national conference
- process mapping to achieve turnaround times for histopathology sample results

## Immediate concerns for improvement

The review team identified one immediate concern. A letter was sent to the chief executive on 30 June 2016, asking that the following item was addressed within seven days:

- current multidisciplinary meeting arrangements are not in line with expected practice. Colposcopy discrepancy meetings must be in place with comparison of histology and cytology

A response was received within 7 days which assured the review team that immediate steps have been taken to mitigate the identified risk on an interim basis with an agreed action plan to fully meet the recommendation that will be complete within three months.

## High-priority issues

The review team identified three high priority issues, as grouped below:

- lack of dedicated time allocation and administrative support for trust leadership roles for cervical screening
- completion of submission of the KC65 (national data return) colposcopy dataset with audit to explore cases with moderate dyskaryosis or worse with no apparent histology sample at first visit
- process for the acceptance of locum consultant prior to appointment

## Key recommendations

A number of recommendations were made related to the immediate and high-level issues identified above. These are summarised in the table below:

Level	Theme	Description of recommendation
Immediate	Intervention and outcome	Current multidisciplinary meeting arrangements are not in line with expected practice. Colposcopy discrepancy meetings must be in place with comparison of histology and cytology morphology
High	Governance and leadership	Job plan review for lead colposcopist and histopathologist with allocation of dedicated Programme activity (PA) sessions
		Formal appointment of a hospital-based programme co-ordinator with time allocation, defined job description and admin support
		Protocol for the acceptance of locum consultants prior to appointment
High	Intervention and outcome	IT system capability to retrieve validated and reliable KC65 performance data
		Audit of cases highlighted on the KC65 with moderate dyskaryosis or worse with no apparent histology sample at first visit

Each recommendation has an expected timeframe for completion stated.

## Next steps

Countess of Chester Hospital NHS Foundation Trust is responsible for developing an action plan to ensure completion of recommendations contained within this report.

NHS England Screening & Immunisation Team Cheshire and Merseyside will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented.