



Public Health
England

Screening Quality Assurance visit report

NHS Cervical Screening Programme Northumbria Healthcare NHS Foundation Trust

3 and 4 November 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. 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 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
Twitter: [@PHE_Screening](https://twitter.com/PHE_Screening) Blog: phescreening.blog.gov.uk

Prepared by: SQAS North. For queries relating to this document, including details of who took part in the visit, please contact: phe.NorthQA@nhs.net

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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 Northumbria Healthcare NHS Foundation Trust Cervical Screening service held on 3 and 4 November 2016.

Purpose and approach to quality assurance (QA)

Quality assurance aims 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 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

Description of local screening programme

Northumbria Healthcare NHS Foundation Trust provides a range of medical services to the population of around 500,000 patients, covering one of the largest geographical areas and most rural areas of England.

The local cervical screening programme has an eligible population of approximately 130,000 covering Northumberland and North Tyneside (England registered women aged 25 to 64 excluding ceased) characterised by a mixed urban and rural economy. The programme borders with Scotland.

NHS England North Cumbria and North East (CaNE) is the lead commissioner for local screening programme with a joint commissioning arrangement in place with North Tyneside Clinical Commissioning Group (CCG) for colposcopy services.

Findings

Northumbria Healthcare NHS Foundation Trust colposcopy service is patient centred. It has an open and transparent approach towards its responsibilities to patients. The

facilities at the four colposcopy units were to a high standard. The histopathology processing service is well organised with adequate facilities.

High priority

The high priority issues are summarised below, as well as areas of shared learning.

There were no immediate recommendations.

Shared learning

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

- excellent communications with North of Tyne operational group and The Newcastle Upon Tyne Hospitals cytology service
- an experienced and engaged hospital based programme coordinator
- benchmarking audits are in place to monitor individual colposcopist performance
- good administration systems in colposcopy in place with arrangements for staff cross cover
- patient focused colposcopy and histopathology services

Key recommendations

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

Level	Theme	Description of recommendation
High	Colposcopy	Review of Berwick colposcopy unit to ensure that all units in the service are able to be run frequently enough to meet two week offered appointment standard
High	Colposcopy	Named trained individual to be responsible for preparing and running of clinics at Wansbeck colposcopy unit
High	Colposcopy	All colposcopists to see 50 new cytology referrals per annum; the service should monitor this throughout the year to ensure this standard is met
High	Histology	Confirm new lead gynaepathologist for the service
High	Histology	Implement Trust process for the acceptance of locum consultants prior to appointment

Next steps

The screening programme provider is responsible for developing an action plan to ensure completion of 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 to allow time for at least one response to all recommendations to be made.