



Public Health
England

Screening Quality Assurance visit report

**NHS Cervical Screening Programme
Lancashire Teaching Hospitals NHS
Foundation Trust**

28 and 29 June 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 (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 (QA) visit of the Lancashire Teaching Hospitals NHS Foundation Trust screening service held on 28 and 29 June 2017.

Quality assurance purpose and approach

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

Lancashire Teaching Hospitals NHS Foundation Trust serves a community of 370,000 people across Preston and Chorley, and provides specialist care to 1.5 million people across Lancashire and South Cumbria. NHS England North (Lancashire and South Cumbria) has the lead commissioning responsibility for the cervical screening programme at Lancashire Teaching Hospitals NHS Foundation Trust. Chorley and South Ribble and Greater Preston Clinical Commissioning Groups are the joint contract holders for the colposcopy services.

Findings

This is the fourth QA visit to this service. The service is well organised and the team members are engaged and motivated. The cervical screening services across the trust are highly involved in research and audit with a focus on service quality improvement.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 8 high priority findings as summarised below:

- ensure that the hospital based programme co-ordinator (HBPC) role has an agreed job description that includes accountability to the Chief Executive, dedicated time and administrative support
- demonstrate that disclosure of the invasive cancer audit information to all patients is in place
- ensure that the HBPC has access Datix for incidents relating to the NHS cervical screening programme within the trust
- implement a process for independent review of histopathology samples for both multidisciplinary team meeting cases and invasive audit cases
- improve the chain of custody for histology samples
- ensure that all colposcopy staff can access up to date colposcopy policies and relevant trust policies
- ensure that there is a workforce plan for colposcopy
- ensure that the accommodation plans for the Chorley site continue to meet the national service specification requirements

Shared learning

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

- strong leadership by the HBPC with a focus on service quality improvement
- active engagement in high quality audit and research
- a process for integration of the invasive cancer audit into MDT meetings
- review of the consultant gynae histopathologists' reporting profiles for NHSCSP biopsies on a quarterly basis

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 that the hospital based programme co-ordinator (HBPC) role has an agreed job description that includes accountability to the Chief Executive, dedicated time and administrative support	5	6 months	High	Job description including accountability Job plan
2	Ensure an appropriate appraisal for the role of HBPC	1	6 months	Standard	Confirmation of appraisal from the HBPC
3	Formalise the job description and job plan for the lead histopathologist	5	6 months	Standard	Confirmation of agreed job description and job plan
4	Demonstrate that disclosure of the invasive cancer audit information to all patients is in place	5	12 months	High	Evidence of audit
5	Ensure that the HBPC has access Datix for incidents relating to the NHS cervical screening programme within the trust	5	12 months	High	Confirmation from the HBPC

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Develop a workforce plan for a sustainable histopathology service	5	6 months	Standard	Workforce plan
7	Implement a process for independent review of histopathology samples for both multidisciplinary team meeting cases and invasive audit cases	10, 8	6 months	High	Protocol
8	Ensure that pre-employment checks are in place to determine eligibility to undertake NHS Cervical Screening Programme work for any consultant histopathologists joining the department	5	3 months	Standard	Policy
9	Improve the chain of custody for histopathology samples	5	12 months	High	Confirmation of changes
10	Implement Royal College of Pathologists template sample reporting linked with Systemised Nomenclature of Medicine - Clinical Terms coding reporting for non-invasive samples	9, 12	12 months	Standard	Protocol
11	Ensure that all colposcopy staff can access up to data colposcopy policies and relevant trust policies	5	6 months	High	Confirmation from the HBPC that access has been standardised
12	Ensure that there is a workforce plan for colposcopy	5, 10	12 months	High	Workforce plan

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Ensure that the lead colposcopist sessional time commitment meets the national standard for any future appointment	5	6 months	Standard	Confirmation from lead colposcopist

Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Implement a process to incorporate revised national guidance into local protocols	5	3 months	Standard	Protocol
15	Develop and implement a policy for the management of poor performance in histopathology	5	6 months	Standard	Policy

Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Update colposcopy guidelines to ensure they reflect national guidance and current practice	10	6 months	Standard	Revised guidelines
17	Improve accessibility for patients requesting a female colposcopist (in absence of nurse colposcopist)	5, 10	12 months	Standard	Confirmation from the HBPC
18	Ensure that the accommodation plans for the Chorley site continue to meet the national service specification requirements	5	12 months	High	Submission of plans from the HBPC

Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Ensure that histopathology and cytology samples can be reviewed together, when required, to support the MDT meeting decision making process	5	6 months	Standard	Protocol

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 outline any further action(s) needed.