Public Health England

NHS

Screening Quality Assurance visit report

NHS Cervical Screening Programme
University Hospitals of South Manchester NHS Foundation Trust

10 November 2016

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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Published: June 2018
PHE publications
gateway number: 2018052

PHE supports the UN
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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 University Hospitals of South Manchester NHS Foundation Trust screening service held on 10 November 2016.

Purpose and approach to quality assurance (QA)

Quality assurance 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

Description of local screening service

University Hospitals of South Manchester NHS Foundation Trust (UHSM) provides district general hospital services and specialist tertiary services to the local community. This population is characterised by a mixed urban and rural setting, with pockets of deprivation. The Trust catchment area covers Wythenshawe, Withington and other parts of south Manchester.

Colposcopy and histopathology services are provided by UHSM on behalf of NHS England - North (Greater Manchester) and commissioned by South Manchester Clinical Commissioning Group (CCG). Human papillomavirus (HPV) testing is provided by Central Manchester NHS Foundation Trust (CMFT). Colposcopy and histopathology services are provided at Wythenshawe Hospital.

Findings

Immediate concerns

The QA visit team identified one immediate concern. A letter was sent to the Chief Executive on 11 November 2016 asking that the following item was addressed within 7 days. Provision of suction equipment in the colposcopy room to be made immediately available in the event of an emergency.

A response was received within 7 days which assured the QA visit team the identified risk has been mitigated.

High priority

The QA visit team identified 10 high priority findings as summarised below:

- formal appointment of a Hospital Based Programme Co-ordinator (HBPC) with a defined job description, time allocation, administrative support, directly reporting to the Chief Executive Officer
- all relevant staff to sign up to the NHSCSP Confidentiality and Disclosure Policy
- formalisation of lead colposcopy role with Programme Activity (PA) allocation and dedicated admin support
- formalisation of the lead histopathology role with PA allocation and dedicated admin support
- revision and service wide implementation of colposcopy clinic guidelines in line with current national guidelines
- development of standard operating procedure (SOPs) for all colposcopy operational and administrative activities including:
  - referral and patient management including appointment procedures (new and follow up)
  - failsafe including management of non-attendance
  - management of incoming cytology and histology results
  - notification of discharge and change of next test due date to Primary Care Services (call/recall)
  - colposcopy risk management including continuity plans in case of absence of key staff
  - obtaining consent
- review the clinic template to facilitate the option of ‘See and Treat’ at first appointment
- KC65 data to be audited, reviewing cases of moderate dyskaryosis or worse with no apparent treatment at the first visit
- a dedicated room for colposcopy with a permanent colposcope

- all colposcopists must attend at least 50% of Multi-Disciplinary Team (MDT) meetings. SOPs for MDT meetings should reflect this

Shared learning

The QA visit team identified several areas of practice for sharing, including. A standard reporting proforma is used by all pathologists for LLETZ biopsies.

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1.0	Formal appointment of a Hospital Based Programme Co-ordinator (HBPC) with a defined job description, time allocation, administrative support with direct reporting to the Chief Executive Officer	NHSCSP 20	3 months	H	Written confirmation of formal appointment of HBPC HBPC and administrative job plan Flow chart of reporting structure
1.1	Formalised minuted colposcopy team meetings with a standing agenda which includes discussion of key performance indicators	NHSCSP 20 National service specification 25	3 months	S	Submission agreed terms of reference, agendas and minutes from meetings
1.2	Develop and implement a formal audit schedule across the whole service including colposcopy and histopathology	NHSCSP 20 National service specification 25	6 months	S	Audit plan and associated audit reports
1.3	All relevant staff to sign up to the NHSCSP Confidentiality and Disclosure Policy	NHSCSP 20	3 months	H	Confidentiality and Disclosure Policy sign-off form
1.4	The service should develop and implement a formal policy for disclosure of the results of the invasive cancer audit	NHSCSP 28	3 months	S	Ratified policy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1.5	Trust policy for reporting and managing incidents to be revised and make explicit reference to and comply with 'Managing safety incidents in NHS screening programmes'	NHSCSP 20 National service specification 25	6 months	S	Ratified policy
1.6	Formalise the lead colposcopy role with PA allocation and dedicated admin support	NHSCSP 20 National service specification 25	3 months	H	Revised job plan, job description Confirmation of administrative support
1.7	The service should provide regular attendance at the GM programme board	National service specification 25	3 months	S	Meeting minutes confirming attendance

Histology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
2.0	Access to Open Exeter and histopathology systems to be made available to all histopathology staff	National Service Specification 25	3 months	S	Confirmation from programme
2.1	The lead histopathologist to gather the reporting profile data on a rolling quarterly basis and formally discuss with colleagues ensuring minutes are taken	RCPath guidance NHSCSP 10	6 months	S	Evidence from review meetings

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
2.2	A strategy to improve cervical screening histopathology reporting turnaround times	National Service Specification 25 Royal College of Pathologists: KPIs in Pathology	3 months	S	Submission of improved cervical screening histopathology reporting turnaround times
2.3	Formalise the lead histopathology role with PA allocation and dedicated admin support	NHSCSP 10	3 months	H	Revised job plan, job description Confirmation of administrative support

Colposcopy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
3.0	Review nursing and administrative capacity to prevent cancelling clinics	NHSCSP 20	6 months	S	Written confirmation of increased administrative support
3.1	All colposcopists should adhere the recommended HPV clinical protocols	NHSCSP 20	6 months	S	Confirmation from Trust of adherence to protocol
3.2	Revision and service wide implementation of colposcopy clinic guidelines in in line with current national guidelines	NHSCSP 20	3 months	H	Revised Colposcopy Programme Guidelines

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
3.3	Standard operating procedure for completing, validating and signing off the KC65 to be developed	NHSCSP 20	6 months	S	Submission SOP
3.4	Develop standard operating procedures for all colposcopy operational and administrative activities including: • referral and patient management including appointment procedures (new and follow up) • failsafe including management of non-attendance • management of incoming cytology and histology results • notification of discharge and change of next test due date to Primary Care Services (call/recall) • colposcopy risk management including continuity plans in case of absence of key staff • obtaining consent	NHSCSP 20	6 months	H	SOPs

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
3.5	All colposcopists to meet the NHSCSP 20 standard of seeing at least 50 NHSCSP new referrals per year	NHSCSP 20	12 months	S	Evidence of all colposcpists meeting standard
3.6	Continued and sustained achievement of colposcopy DNA rates	NHSCSP 20 National service specification 25	12 months	S	KC65 data demonstrating consistent achievement of DNA rates
3.7	Implement the HR-HPV Test of cure protocol referring all grades of CIN for repeat sampling into the community in line with national guidance	NHSCSP 20 National service specification 25	6 months	S	Confirmation from Trust of implementation
3.8	Review the clinic template to facilitate the option of ‘See and Treat’ at first appointment	NHSCSP 20 National service specification 25	6 months	H	Revised clinic template
3.9	KC65 data to be audited reviewing cases of moderate dyskaryosis or worse with no apparent treatment at the first visit	NHSCSP 20 National service specification 25	3 months	H	Audit report
3.10	Annual patient satisfaction survey for colposcopy to be completed and actions taken on the outcomes	National service specification 25	6 months	S	Patient satisfaction survey and associated action plan

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
3.11	Patient information leaflets to comply with NHS Identity Guidelines and include information in other languages, details of out of hours and emergency services	NHSCSP 20	6 months	S	Patient information leaflets
3.12	Provision of suction equipment in the colposcopy room to be made immediately available in the event of an emergency	NHSCSP 20	1 week	I	Confirmation from Trust that suction equipment in place and immediately accessible
3.13	A dedicated room for colposcopy with a permanent colposcope	NHSCSP 20	12 months	H	Confirmation from Trust that colposcope is permanently sited

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
4.0	All colposcopists must attend at least 50% of MDT meetings. SOPs for MDT meetings should reflect this	NHSCSP 20	12 months	H	MDT SOPs MDT attendance records
4.1	A SOPs for inclusion of cases in MDT covering cytology, histology and colposcopy	NHSCSP 20	6 months	S	MDT SOPs

Multi-disciplinary team (MDT)

I = Immediate, H= High, S = Standard.

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 following the issuing of the final report. 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.