



Public Health  
England

# **Screening Quality Assurance visit report**

## **NHS Cervical Screening Programme Wrightington, Wigan and Leigh NHS Foundation Trust**

6 June 2017

**Public Health England leads the NHS Screening Programmes**

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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, 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 to advise and support government, local authorities and the NHS in a professionally independent manner.

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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 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 Wrightington, Wigan and Leigh NHS Foundation Trust screening service held on 6 June 2017.

### Quality assurance purpose and approach

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 of 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

Wrightington, Wigan and Leigh NHS Foundation Trust serves a population of over 300,000 people across the Borough of Wigan. NHS England commission the cervical screening programmes under Section 7A. In Greater Manchester, this responsibility is devolved to Greater Manchester Health and Social Care Partnership as part of the Greater Manchester Combined Authority. This partnership includes the NHS England North, Greater Manchester public health commissioning team which incorporates the Greater Manchester Screening and Immunisation Team. NHS Wigan Borough Clinical Commissioning Group (CCG) are the contract holders for colposcopy services.

### Findings

This visit to the colposcopy service is a follow-up to the visit carried out in February 2016.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

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

- revision of business meeting documentation to include a terms of reference, formalised minutes and action log
- maintain regular attendance at the Greater Manchester cervical programme board and other associated meetings by the hospital based programme co-ordinator (HBPC) or nominated deputy
- ensure that there is a formal job description in place for the role of HBPC
- complete the back log of cases from the invasive cancer audit
- update the trust incident policy to reference the national screening incident guidance
- ensure that there is dedicated administrative support for the lead nurse colposcopist
- revision of the colposcopy failsafe process in readiness for the move to electronic patient records
- update the Compuscope database to include the key performance indicator dashboard
- undertake refresher training on Compuscope for all users, and training should cover all aspects of the data including data entry, manipulation and interpretation
- revise colposcopy guidelines ensuring that they are in line with national guidelines and reflect clinical practice

## Shared learning

The QA visit team identified the following area of practice for sharing:

- patient information leaflet relating specifically to the disclosure of the invasive cancer audit results

## Recommendations

The following recommendations are for the provider to action unless otherwise stated.

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Revision of business meeting documentation to include a terms of reference, formalised minutes and action log	National service specification 25	3 months	High	Ratified terms of reference, minutes and action log
2	Maintain regular attendance at the Greater Manchester cervical programme board and other associated meetings by the hospital based programme co-ordinator (HBPC) or nominated deputy	National service specification 25	6 months	High	Evidence of attendance at the meetings
3	Ensure that there is a formal job description in place for the role of HBPC	NHSCSP 20	6 months	High	Job description
4	Complete the back log of cases from the invasive cancer audit	NHSCSP 20 National service specification 25	12 months	High	Confirmation of submission of complete data
5	Update the trust incident policy to reference the national screening incident guidance	National service specification 25	3 months	High	Submission of revised policy

## Colposcopy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
6	Ensure that there is dedicated administrative support for the lead nurse colposcopist	National service specification 25	6 months	High	Confirmation from HBPC
7	Revise the colposcopy failsafe process in readiness for the move to electronic patient records	National service specification 25	3 months	High	Submission of revised standard operating procedure
8	Update the Compuscope database to include the key performance indicator dashboard	National service specification 25	6 months	High	Confirmation from lead colposcopist
9	All Compuscope users to undertake refresher training that includes updates in data entry, manipulation and interpretation	NHSCSP 20 National service specification 25	6 months	High	Confirmation from lead colposcopist
10	Revise colposcopy guidelines ensuring that they are in line with national guidelines and reflect clinical practice	NHSCSP 20	3 months	High	Revised guidelines

## 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.