



Public Health
England



Screening Quality Assurance visit report

NHS Cervical Screening Programme

Calderdale and Huddersfield NHS

Foundation Trust

18 and 19 July 2018

About Public Health England

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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 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 4 UK countries. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

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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 visit of the Calderdale and Huddersfield NHS Foundation Trust screening service held on 18 and 19 July 2018.

Quality assurance purpose and approach

Quality assurance (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 regional SQAS as part of the visit process

Local screening service

The area served by Calderdale and Huddersfield NHS Foundation Trust has an eligible population for cervical screening of approximately 116,000 women. The majority of the population live in urban areas, which are surrounded by large rural areas.

NHS England North (Yorkshire and the Humber) West Yorkshire Locality Team has the commissioning responsibility for the cervical screening programme at Calderdale and Huddersfield NHS Foundation Trust (CHFT). NHS England is the contract holder for the screening element of the colposcopy service. NHS Calderdale Clinical Commissioning Group (CCG) and NHS Greater Huddersfield CCG are responsible for the symptomatic element of the colposcopy service.

Colposcopy services are provided at Calderdale Royal Hospital and Huddersfield Royal Infirmary. Histology services are provided at Calderdale Royal Hospital.

Findings

This is the fifth QA visit to this service. The service is well organised and there is evidence of collaborative working across the service. The cervical screening provider lead and lead colposcopist were newly appointed in 2017 and are committed to delivering a high quality service. All recommendations from the previous visit have been addressed.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 12 high priority findings, which related to 7 main themes. These are summarised below:

- impact of trust reconfiguration plans on NHS cervical screening programme
- no direct accountability for cervical screening provider lead at board level and insufficient dedicated time to fulfil the role
- quarterly provider management meetings not established
- histopathology accommodation capacity is stretched with no risk assessment in place
- inadequate colposcopy IT database for data capture of key performance indicators
- administration accommodation unsuitable for colposcopy administration tasks
- unsuitable facilities for colposcopy multidisciplinary meetings

Shared learning

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

- NHS England commissioners have quarterly public health specific contract meeting with the trust
- Screening and Immunisation Team have locality based health inequality plans working with NHS and local authority partners
- monthly review of KC65 data by lead colposcopist to validate and understand service
- focussed improvement work in colposcopy to improve timeliness of patient letters
- high quality histopathology tracking system for cervical specimens
- collaborative working within histology consultant team, with daily multi-header session to promote consistency of working

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 impact of any potential trust reconfiguration on NHS Cervical Screening Programme (NHSCSP) services is assessed	7	12 months	High	Risk assessment
2	Make sure the cervical screening provider lead has accountability to the chief executive officer	14	6 months	High	Accountability structure
3	Make sure the cervical screening provider lead has sufficient dedicated time to fulfil the role	14	6 months	High	Sessional allocation in job plan
4	Make sure the arrangements for cervical screening provider lead role meet the requirements of national guidance	14	6 months	Standard	Audit of service model against and action taken to address gaps
5	Establish quarterly cervical management meetings chaired by the cervical screening provider lead, with representation from all cervical screening service leads	14	6 months	High	Terms of reference, meeting schedule, minutes

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Update protocol for invasive cervical cancer audit to reference current organisations and stop process of sending final report to patient's GP	9	3 months	Standard	Protocol, and confirmation that the process of sending final report to patient's GP has stopped
7	Review and ratify invasive audit disclosure policy and patient leaflet	9, 12	6 months	Standard	Ratified policy and leaflet
8	Audit pathway for women who have cervical sampling within the trust and ensure that women are on the correct pathway and receive a results letter	12	6 months	Standard	Audit, protocol outlining pathway and process
9	Make sure there is a process for cervical screening provider lead to be informed of all trust cervical screening incidents	14	3 months	Standard	Protocol
10	Update trust incident policy to include reference to managing screening incidents in accordance with "Managing Safety Incidents in NHS Screening Programmes"	8	6 months	Standard	Ratified policy
11	Ensure that the NHSCSP lead histopathologist has a job description with defined sessional allocation within the job plan for the role	7	3 months	Standard	Job description and sessional allocation in job plan
12	Ensure that the lead colposcopist has sufficient dedicated time to fulfil the role	7	3 months	Standard	Sessional allocation in job plan
13	Develop a governance policy to include escalation routes for governance and performance issues for the colposcopy service	7	3 months	Standard	Ratified policy

Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Document a policy for the assessment of suitability to work in the NHSCSP for locum consultant staff	5	6 months	Standard	Policy
15	Ensure that reporting parameters meet the requirements of the NHSCSP including adequacy of sample and use of SNOMED codes	10	6 months	High	Review report
16	Risk assess the accommodation to ensure that it does not compromise the safety of service delivery for the NHSCSP	10	6 months	High	Risk assessment report and identified actions completed

Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Ensure that sufficient colposcopy administration support is maintained	7	6 months	Standard	Confirmation of appropriate administration staff
18	Make sure colposcopy IT system can produce reliable data for KC65 submission and key performance indicators outlined in National Service Specification 25	12	12 months	High	Updates on progress and implementation date
19	Update the local colposcopy clinical guidelines to fully detail current trust practice and NHSCSP guidance	12	3 months	Standard	Ratified updated guidelines

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Audit offer of cold coagulation for confirmed CIN1	12	6 months	Standard	Results of audit and any actions taken
21	Develop protocols for the use of diathermy equipment and cold coagulation, including electrical safety requirements	12	3 months	Standard	Protocols
22	Complete the implementation of local safety standards for invasive procedures (LocSSIPs)	6	3 months	Standard	Protocol
23	Make sure the nurse colposcopist has a separately identified clinic list and directly receives results for own patients	7, 12	3 months	High	Confirmation of clinic lists booked under nurse colposcopist's name
24	Update colposcopy administration standard operating procedures to reflect the service's non-attender policy	7	3 months	Standard	Standard operating procedure
25	Make sure there is a process for informing the cytology laboratory of women who do not attend for colposcopy	7	3 months	Standard	Protocol
26	Implement and monitor a plan to consistently achieve 93% of high grade referrals offered a colposcopy appointment within 2 weeks of referral	7, 12	12 months	Standard	Agreed action plan with evidence of regular monitoring
27	Make sure women consistently receive their results within 8 weeks of their attendance	7, 12	6 months	Standard	Agreed action plan with evidence of regular monitoring, data July 2018 – December 2018

No.	Recommendation	Reference	Timescale	Priority	Evidence required
28	Make sure national translated colposcopy leaflets in the main languages suitable for the local population are available	7, 13	3 months	Standard	Confirmation of leaflet availability
29	Develop a patient information leaflet for cold coagulation treatment	7, 13	6 months	Standard	Example leaflet
30	Make sure patient result letter content is consistent and meets patient need	7, 13	6 months	Standard	Audit to demonstrate consistency of content and use of plain English, or examples of standard letters
31	Complete a colposcopy user survey annually	7	6 months	Standard	Outcome of survey and evidence of review of results
32	Make sure there is consistency of service provision for women, including access to television monitoring facilities	7, 12	3 months	Standard	Confirmation of television monitoring facilities at both clinics.
33	Make sure that colposcopy administration has suitable accommodation	7	6 months	High	Confirmation of suitable accommodation

Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
34	Make sure that facilities for multidisciplinary team meetings are fit for purpose, including the ability to share cytology and histopathology images	4	3 months	High	Schedule of room bookings

No.	Recommendation	Reference	Timescale	Priority	Evidence required
35	Support the recovery of cytology turnaround times by reducing unnecessary travel to multidisciplinary team meetings	7	12 months	High	Evidence of video conferencing
36	Develop a trust colposcopy multidisciplinary team policy to define processes, including case selection criteria	12	3 months	High	Policy

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 and 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 will outline any further action(s) needed.