



Public Health  
England

# **Screening Quality Assurance visit report**

## **NHS Cervical Screening Programme North Cumbria University Hospitals NHS Trust**

7 and 14 June 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 revisit of the North Cumbria University Hospitals NHS Trust screening service held on 7 and 14 June 2018 following a visit to the service in December 2017.

### 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

North Cumbria University Hospitals NHS Trust serves a population of over 320,000 people. NHS Cumbria and North East have the lead commissioning responsibility for the cervical screening programme at North Cumbria University Hospitals NHS Trust. NHS Cumbria Clinical Commissioning Group (CCG) are the contract holders for the colposcopy services.

### Findings

The previous QA visit to the programme was in December 2017. The visit identified a number of immediate and high level recommendations. The main themes included planned changes to colposcopy facilities, updates of protocols in line with national guidance, governance, leadership and communication across the pathway, incident management, updates to patient letters and leaflets, and improving histopathologist attendance at multidisciplinary team (MDT) meetings.

The Trust submitted an action plan within the required timeframe to partially mitigate the immediate risks identified. Since the visit in December, progress has been made in a number of areas. The role of cervical screening provider lead (CSPL) has been formalised and there is improved attendance at the MDT meetings.

The colposcopy guideline has been updated, a number of colposcopy administration protocols have been implemented and the service has also started to revise the invasive cancer audit collection and disclosure processes. The programme has maintained key performance indicators (KPIs) for 2 and 6 week waits, and maintained a low DNA rate for a service located in a predominately rural area. They are now achieving the expected standard of 100% of women receiving their results within 8 weeks.

### Immediate concerns

During this visit, the QA visit team identified no immediate concerns.

### High priority

The QA visit team identified 6 high priority findings, which related to 3 main themes: Governance and leadership, policy, and completion of recommendations within the December 2017 QA report. Further detail is provided below:

- the service has documented governance structures, however, these have not been formally ratified or integrated into the Trust wider governance structures
- the leadership roles still need embedding and the Trust needs to make sure the post holders have sufficient time and support to carry out the roles
- the service has amended their policies since the last visit, however, some processes are not documented, which is leading to inconsistencies and risk within the service
- histology recommendations from the December 2017 visit have not been progressed

Recommendations relating to all the findings are included in the recommendations table.

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	NHS England commissioner to ensure that there is an effective forum for engagement with CCG commissioners for screening related issues	National Service Specification 25	6 months	High	Confirmation of functionality of locality based oversight for CCG engagement by Screening and Immunisation Lead
2	Ensure that the cervical service provider lead (CSPL) has a formal job description for the role	National Service Specification 25  NHS Cervical Screening Programme: the role of the cervical screening provider lead	3 months	Standard	Job description formally ratified by the Trust

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Formalise the CSPL deputy role	National service specification 25  NHS Cervical Screening Programme: the role of the cervical screening provider lead	3 months	Standard	Job description including accountability and job plan
4	Formalise the governance structures to support the CSPL, lead colposcopist and lead histopathologist roles	National service specification 25  NHS Cervical Screening Programme: the role of the cervical screening provider lead	3 months	High	Copies of the governance structures
5	Complete the plan for the presentation by CSPL of the annual report and 6 monthly updates to Trust board	National service specification 25	6 months	Standard	CSPL report and minutes from the Trust board confirming CSPL presentation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		NHS Cervical Screening Programme: the role of the cervical screening provider lead			
6	Ensure that the annual audit schedule includes all disciplines	National service specification 25	6 months	Standard	Annual audit schedule
7	Finalise the process for collection and disclosure of invasive cervical cancer audit	NHSCSP 20 NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	Standard	SOP
8	Produce and implement specific guidance for the assessment, acceptance and use of locum staff working on NHSCSP work	NHS employers guidance on the appointment and employment of doctors	3 months	Standard	Policy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Implement the recommendations remaining from the December 2017 QA visit	National service specification 25	6 months	High	Action plan and supporting evidence
10	Formally monitor the histopathology action plan within Trust governance process	National service specification 25	6 months	High	Confirmation from CSPL
11	Ensure that the lead colposcopist's role is formalised and the post holder has sessional commitment at the Carlisle site to prevent isolation and support the delivery of the role	National service specification 25	3 months	High	Job description and job plan

### Histology laboratory

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Develop a formalised process for the monitoring of individual histopathologist performance	National service specification 25	6 months	Standard	SOP



## Intervention and outcome – colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	<p>Make amendments to update the Infoflex system datafields to prevent:</p> <ul style="list-style-type: none"> <li>• a copy of discharge letters being sent to MFT cytology centre</li> <li>• mandated completion of colposcopic impression</li> </ul>	NHSCSP 20	6 months	Standard	Confirmation from CSPL
14	Ensure that the CSPL has oversight of the failsafe processes	National service specification 25	3 months	Standard	SOP
15	Ensure that the colposcopy discharge template form for call/recall is signed off by the clinical lead	NHSCSP call and recall: guide to administrative good practice	3 months	Standard	Confirmation from CSPL
16	Develop a colposcopy specific induction policy for colposcopists joining the service	National Service specification 25	3 months	High	Policy
17	Develop a policy for women lost to follow up in the colposcopy service	NHSCSP 20	3 months	Standard	SOP
18	Unify processes for community based follow-up for test of cure ensuring that all colposcopists follow the same process	NHSCSP 20	6 months	Standard	SOP

19	Revise and formally approve content of the invitation letter to ensure all necessary details are included, and it is compliant with the NHSCSP pathway and consistent with 2 week-wait cancer pathways' letter content	NHSCSP 20	6 months	Standard	Revised patient letters
20	Complete revision work on patient information leaflets	National service specification 25 NHSCSP 20	6 months	Standard	Revised patient information leaflets
21	Complete trial of using the template letters on the Infoflex system and agree unified process for use by all colposcopists	NHSCSP 20	3 months	Standard	SOP and revised patient letters

### Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence
22	Amend the MDT meeting terms of references to ensure that they include what action to take if there is no cytology and/or histopathology representation	NHSCSP 20	6 months	Standard	Copy of the terms of reference

## 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 the 12-month point, SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.