



Public Health
England

Screening Quality Assurance visit report

NHS Cervical Screening Programme
County Durham and Darlington NHS
Foundation Trust

12 and 30 April, 1 and 2 May 2019

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About PHE screening

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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 visit of the County Durham and Darlington NHS Foundation Trust screening service held on 12, 30 April, 1 and 2 May 2019.

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:

- 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 collected during pre-review visits to the County Durham and Darlington NHS Foundation Trust screening service on 10 April 2019
- information shared with the North regional SQAS as part of the visit process

Local screening service

The area served by County Durham and Darlington NHS Foundation Trust (CDDFT) has an eligible population of approximately 158,500 women. The service covers a mixture of remote rural areas and densely populated towns. There are relatively high levels of deprivation in the population served compared with other local authorities in England.

NHS England North (Cumbria and North East) have commissioning responsibility for the NHS Cervical Screening Programme at CDDFT. NHS North Durham, NHS Durham Dales Easington and Sedgefield and NHS Darlington Clinical Commissioning Groups (CCGs) are the contract holders for colposcopy services.

Cytology screening and histology are provided at University Hospital of North Durham. There are colposcopy clinics within the trust at:

- Bishop Auckland Hospital
- Darlington Memorial Hospital
- Chester-le-Street Community Hospital
- Shotley Bridge Community Hospital

In addition to this, the service runs a colposcopy clinic within Her Majesty's Prison (HMP) Low Newton.

Human papillomavirus (HPV) testing is provided by The Newcastle upon Tyne Hospitals NHS Foundation Trust. HPV testing for triage and test of cure was introduced by CDDFT in April 2012.

Findings

This is the fifth visit to the CDDFT cervical screening service. At the time of the visit, the cytology service was waiting for the announcement of the preferred bidder from the primary human papillomavirus (HPV) laboratory tender. It is expected that the CDDFT cytology service will be transferred to the preferred bidder by December 2019. The cytology service is understaffed, as staff have left the service and not been replaced. The service is heavily reliant on the dedicated staff working overtime to deliver the service. The cytology service has a backlog of cervical screening tests and the national turnaround standards for results to women have not been achieved for over a year.

The cervical screening provider lead (CSPL) role is based in the cytology laboratory. There are limited governance arrangements to support the delivery of the CSPL role in full. The service has not conducted any succession planning for the CSPL role.

The colposcopy service provides a high-quality service across all 5 colposcopy units, with good performance against national standards. The service is patient focused with excellent nursing provision. CDDFT delivers a colposcopy service from HMP Low Newton, which aims to reduce health inequalities.

There is no formally appointed lead for the histopathology service for the NHSCSP.

All recommendations have been addressed since the previous visit in 2014.

Immediate concerns

The QA visit team identified one immediate concern. A letter was sent to the chief executive on 15 April 2019, asking that the following item was addressed within 7 days:

appoint a lead cytopathologist for cervical screening, with dedicated time within the job plan and with responsibility for ensuring good practice, compliance with protocols and that NHSCSP standards are met in the period of transition

A response was received within 7 days which assured the QA visit team the identified risk has been mitigated and no longer poses an immediate concern.

High priority

The QA visit team identified 16 high priority findings, which were:

- no succession planning for cervical screening provider lead role
- cervical screening provider lead not supported to fully undertake the role
- policy for invasive cervical cancer audit is not comprehensive
- inadequate cervical screening incident reporting processes and escalation routes
- leadership roles not formalised in histopathology and colposcopy, with no dedicated time to undertake the role
- lead colposcopist not assured of accuracy of colposcopy discharge notifications to Primary Care Support England
- backlog of samples for cytology reporting
- histopathology turnaround times do not meet key performance indicators set by the Royal College of Pathologists
- no individual histopathologist performance monitoring
- unsupported colposcopy database
- unclear and incomplete documentation of colposcopy processes and policies in guidelines and standard operating procedures
- no policy in place for conservative management of women with cervical intraepithelial neoplasia (CIN) 2
- no documented assurance that women seen in fast-track clinics are recorded in the colposcopy database and included in failsafe processes
- multidisciplinary team (MDT) meetings are held weekly, which is unlikely to be supported when the cytology service is transferred following procurement
- unclear documentation of MDT meeting outcomes and no documented processes for ensuring that all outcomes from the MDT meeting are actioned
- not all colposcopists meet the national standard for attendance at MDT meetings

Shared learning

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

- NHS England and the Screening and Immunisation Team working with multiple organisations to build on local cervical screening awareness campaigns

- comprehensive local safety standards for invasive procedures (LocSSIPs) embedded in colposcopy practice
- policies for supporting women with learning disabilities and autism included within colposcopy guidelines
- joint cytology and histopathology slide review meetings held before multidisciplinary meetings, where screening staff are invited for educational purposes

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
01	Commissioner to ensure that there are functioning revised operational group arrangements for the new laboratory configuration	National Service Specification 25	6 months	Standard	Meeting schedule, minutes
02	Succession planning to formally appoint a cervical screening provider lead and deputy to meet the full requirements of the role	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	High	Confirmation of appointment, job description, job plan
03	Make sure that the current cervical screening provider lead (CSPL) has sufficient trust support to maintain the role of CSPL during this transition period, including attendance at external, strategic meetings (e.g. programme board)	NHS Cervical Screening Programme: the role of the cervical screening provider lead	3 months	High	Evidence of attendance at external meetings

No.	Recommendation	Reference	Timescale	Priority	Evidence required
04	Make sure there is an annual performance report and 6 monthly updates from the cervical screening provider lead to the main clinical governance committee	NHS Cervical Screening Programme: the role of the cervical screening provider lead	12 months	Standard	Cervical screening provider lead report with circulation list
05	Establish quarterly cervical screening management meetings chaired by the cervical screening provider lead with representation from all cervical screening service leads	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	Standard	Terms of reference, meeting schedule
06	Make sure that all staff working in the NHS Cervical Screening Programme are signed up to the NHS Cancer Screening Programmes Confidentiality and Disclosure Policy	National Service Specification 25	3 months	Standard	Evidence of sign up
07	Make sure that the invasive audit is up to date	NHSCSP 28	6 months	Standard	Register backlog of cases and completion of cases for period November 2016 to December 2018
08	Revise the policy for disclosure of invasive cervical cancer audit to clarify the operational steps and update the responsible parties following laboratory reconfiguration	NHSCSP 20	6 months	High	Ratified policy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
09	Implement an annual audit schedule across the cervical screening service that details the audits to be undertaken, and provides outcomes and actions resulting from the audits	National Service Specification 25	6 months	Standard	Annual audit schedule to cover colposcopy and histopathology with confirmatory evidence of actions taken
10	Implement a process to ensure cervical screening samples taken outside the colposcopy service in the trust are taken and followed up in line with NHS Cervical Screening Programme guidance	Cervical screening: cytology reporting failsafe	6 months	Standard	Protocol
11	Revise the parameters for laboratory incident logging and risk mitigation processes for screening samples up to and during service transition	National Service Specification 25	3 months	High	Ratified policy
12	Make sure that the cervical screening provider lead is informed of all NHS Cervical Screening Programme incidents	NHS Cervical Screening Programme: the role of the cervical screening provider lead	3 months	High	Protocol
13	Update trust incident policy to include reference to managing screening incidents in accordance with “Managing Safety Incidents in NHS Screening Programmes” for all screening programmes	Managing safety incidents in NHS screening programmes	6 months	Standard	Ratified policy
14	Make sure that there are clear lines of accountability and a refined route of escalation within the trust for screening incidents	National Service Specification 25	6 months	High	Accountability structure, ratified policy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Appoint a lead cytopathologist for cervical screening with responsibility for ensuring good practice, compliance with protocols and that NHS Cervical Screening Programme standards are met in the period of transition	National Service Specification 25	7 days	Immediate	Job description, job plan with dedicated professional activity allocation
16	Appoint a lead histopathologist for cervical screening with responsibility for ensuring good practice, compliance with protocols and that NHS Cervical Screening Programme standards are met	National Service Specification 25	6 months	High	Job description, job plan with dedicated professional activity allocation
17	Make sure the lead colposcopist has clear job description for the role and defined sessional allocation in the job plan.	National Service Specification 25, NHSCSP 20	6 months	High	Job description, job plan with dedicated professional activity allocation
18	Make sure there is a formally agreed deputy for the lead colposcopist	National Service Specification 25	6 months	Standard	Job description
19	Review colposcopy service capacity and develop workforce plan to sustainably meet predicted future demand	National Service Specification 25	6 months	Standard	Workforce plan
20	Define a process for the management of poor performance in colposcopy	NHSCSP 20	6 months	Standard	Protocol
21	Make sure the lead colposcopist is supported to attend quarterly cervical screening management meetings	National Service Specification 25	3 months	Standard	Confirmation of attendance

Cytology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Provide evidence of the formal provider to provider contracting arrangement with Newcastle for HPV testing	National Service Specification 25	3 months	Standard	Service level agreement
23	Make sure cytology staff can maintain staff training up to and through service transition	National Service Specification 25	3 months	Standard	Confirmation of training budget
24	Make sure that there is a safe transition plan in place for service transfer and management of sample backlog	National Service Specification 25	3 months	High	Plan

Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Document a policy for the assessment of suitability to work in the NHS Cervical Screening Programme for locum consultant staff	Guidance on the appointment and employment of NHS locum doctors	6 months	Standard	Policy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Make sure that any use of digital pathology is in line with NHS Cervical Screening Programme (NHSCSP) guidance parameters	National Service Specification 25	6 months	Standard	Confirmation plan for NHSCSP specimens
27	Document the protocol for local induction for histopathology staff	National Service Specification 25	6 months	Standard	Protocol
28	Implement a plan to sustainably improve and maintain turnaround times for NHS Cervical Screening Programme samples	National Service Specification 25	12 months	High	Plan
29	Develop and implement a protocol for performance monitoring of histopathologists	NHSCSP 10	6 months	High	Policy

Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
30	Update the colposcopy IT system to ensure that it has suitable support and can reliably produce mandated data for the NHS Cervical Screening Programme, including individual colposcopy performance data	NHSCSP 20	12 months	High	Updates on progress and implementation date
31	Make sure colposcopy administration staff have access to Open Exeter	National Service Specification 25	3 months	Standard	Confirmation of access

No.	Recommendation	Reference	Timescale	Priority	Evidence required
32	Extend access to other areas on Open Exeter for HMP Low Newton staff to improve access to screening histories for women registered with GPs outside the area	National Service Specification 25	3 months	Standard	Confirmation of access
33	Update the local colposcopy clinical guidelines in line with current NHS Cervical Screening Programme guidance	NHSCSP 20	6 months	High	Ratified guidelines with evidence of implementation
34	Document a trust policy for the conservative management of CIN2, which includes a regular audit with action taken on results	NHSCSP 20	12 months	High	Policy, audit process and results
35	Make sure that there is a process for the colposcopy service to inform the laboratory about samples that require HPV testing	NHSCSP 20	3 months	Standard	Protocol
36	Update the colposcopy induction policy to include colposcopy specific items for new colposcopists	National Service Specification 25	6 months	Standard	Revised policy
37	Update the colposcopy administration procedures to describe current practice and support consistency of administration service provision by different staff members across multiple sites	NHSCSP 20, National Service Specification	3 months	Standard	Revised standard operating procedures
38	Make sure lead colposcopist has assurance of the accuracy of the colposcopy discharge template to Primary Care Support England, including next text due date	National Service Specification 25	3 months	High	Protocol

No.	Recommendation	Reference	Timescale	Priority	Evidence required
39	Make sure all women seen outside of the colposcopy clinic are documented on the colposcopy database and have appropriate failsafe in place	NHSCSP 20	6 months	High	Protocol
40	Audit the see and treat pathway for high-grade referrals and compliance with the HPV test of cure protocol at individual colposcopist level	NHSCSP 20	6 months	Standard	Audit outcomes and actions taken
41	Update the patient invite letters for Shotley Bridge to correct the site-specific information	NHSCSP 20	3 months	Standard	Updated example
42	Reduce the variation in content of patient result letters by utilising standard patient letter templates	NHSCSP 20	12 months	Standard	Examples
43	Risk assess the examination couch at Shotley Bridge	National service specification 25	6 months	Standard	Risk assessment and actions taken
44	Review the replacement arrangements for the colposcopy equipment	National service specification 25	6 months	Standard	Outcome of review
45	Document a process for the management of a medical emergency in colposcopy	NHSCSP 20	3 months	High	Protocol

Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
46	Review the frequency of multidisciplinary team meetings to align processes with future laboratory reconfiguration	National service specification 25	12 months	High	Meeting schedule
47	Develop a trust colposcopy multidisciplinary team policy to define processes, including case selection criteria in line with NHS Cervical Screening Programme guidance	NHSCSP 20	3 months	Standard	Ratified policy
48	Audit compliance with NHS Cervical Screening Programme case selection criteria guidance, in regards to severe cytology with CIN1 on histology and borderline change in endocervical cells, HPV+ with no abnormality on colposcopy and/or histology	NHSCSP 20	6 months	Standard	Audit outcomes and actions taken
49	Make sure that there is accurate documentation of multidisciplinary team decision making, with a process for recording outcome and evidence that actions have been completed	NHSCSP 20	3 months	High	Protocol, evidence of revised documentation
50	Make sure all colposcopists attend a minimum of 50% of multidisciplinary team meetings	NHSCSP 20	12 months	High	Multidisciplinary team meeting attendance audit April 2019 – March 2020

Next steps

The screening service provider is responsible for developing an action plan with the commissioners to complete the recommendations in this report.

SQAS will work with commissioners for 12 months to monitor activity and progress in response to the recommendations following the final report. SQAS will then send a letter to the provider and the commissioners summarising the progress and will outline any further action needed.