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England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Cervical Screening Programme
St Helens and Knowsley Teaching
Hospitals NHS Trust

28 March and 7 August 2019

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About PHE screening

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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 St Helens and Knowsley Teaching Hospitals NHS Trust (STHK) screening service held on 28 March and 7 August 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 shared with the North regional SQAS as part of the visit process

Local screening service

STHK provides care to a population of 350,000. The trust provides a cytology service in the boroughs of St Helens, Knowsley, Halton, Warrington, and South Liverpool. They provide a histology services for these areas, apart from Warrington, and with the addition of the Southport and Ormskirk area. NHS England North and NHS Improvement, Cheshire and Merseyside, has the lead commissioning responsibility for the cervical screening programme at St Helens and Knowsley Teaching Hospitals NHS Trust. The St Helens, Knowsley, and Halton Clinical Commissioning Group (CCG) are the contract holders for colposcopy.

Royal Liverpool and Broadgreen University Hospitals NHS Trust undertake sample processing and human papillomavirus (HPV) testing for the STHK laboratory.

Findings

The last visit to the service was on 14 March 2014. All recommendations from this visit are closed.

The CQC recently rates the trust outstanding.

Immediate concerns

The QA visit team identified 3 immediate concerns. A letter was sent to the chief executive on 29 March 2019, asking that the trust addresses the following items within 7 days:

1. Implement a process to count all materials used in invasive procedures and document their removal. (Local Safety Standards for Invasive Procedures (locSSIPs)).
2. Carry out a risk assessment by the trust's infection control team of the current process for non-specific tray set up, which is used for multiple patients sequentially within the colposcopy clinics.
3. Risk assess the recovery facilities and document a process for the logistical management of colposcopy specific emergencies.

A response was received within 7 days which assured the QA visit team the identified risks have been mitigated and no longer pose immediate concerns.

High priority

The QA visit team identified 9 high-priority findings, summarised below.

1. There is no formal process for CCG contract monitoring for colposcopy services within the NHS England and NHS Improvement's, Cheshire and Merseyside, commissioning arrangements.
2. The commissioner process for the escalating and closing of screening incidents remains unclear.
3. The 2018 cervical screening provider lead (CSPL) guidance has not yet been implemented with all elements of the role fulfilled.
4. Not all clinics are supported by the required 2 trained members of staff.
5. The lead colposcopist does not have dedicated time to carry out the role, in addition there is no dedicated administrative support.
6. The lead nurse colposcopist's role is not mentioned in the post holder's job description.

7. The lead histopathologist for the cervical screening programme does not have dedicated time to carry out the role.
8. Multi-disciplinary meetings (MDT) meetings are not happening at a minimum frequency of every 2 months as guidance requires.
9. Cytology and histology slides for the Southport and Ormskirk population are not compared during MDT meetings.

Shared learning

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

- the service is focused on improving their communication with women to reduce patient anxiety and non-attendance, which has improved their 'did not attend' (DNA) rate
- there is a strong commitment to audit by the whole team with national presentation of findings (best poster 2017 BSCCP)
- the laboratory established 7-day and extended working hours within the laboratory to increase capacity and improve turnaround times
- the cytology department use a monitoring form to track results being sent to call/recall and their acknowledgements, and investigate if any issues are highlighted

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Establish a formal process to monitor CCG contracts for colposcopy services	Public Health Section 7a Commissioning Intentions 2018/19 National Service specification 25	6 months	High	Email confirmation Minutes from contract meeting
2	Clarify commissioner processes for the escalation and closure of screening incidents	Managing Safety Incidents in NHS Screening Programmes	6 months	High	Incident reporting flowchart, criteria for escalation to QSG and evidence of process in use
3	Ensure that there is provision for the delivery of all elements of the cervical screening provider lead (CSPL) role and that there is service continuity during the transitional period of HPV Primary Screening implementation and cytology laboratory closure	NHS Cervical Screening Programme: the role of the cervical screening provider lead	3 months	High	Updated job description

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Formally appoint a deputy CSPL	NHS Cervical Screening Programme: the role of the cervical screening provider lead	3 months	Standard	Signed job description
5	Update the organisational structure to define lead roles for the NHSCSP	National Service Specification 25	6 months	Standard	Revised organisation structure
6	Implement formal CSPL chaired meetings needed for cross-programme co-ordination and feedback from external groups for the NHSCSP	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	Standard	Terms of reference and minutes
7	Implement an annual audit schedule for the NHSCSP that includes histopathology	National Service Specification 25	3 months	Standard	Audit schedule
8	Ensure that the invasive cancer audit is up to date	NHSCSP 28	6 months	Standard	Confirmation from the CSPL
9	Complete an annual report and present at a suitable executive forum	National Service specification 25	12 months	Standard	Annual report and confirmation from the CSPL of its presentation at trust board level

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Update the local incident policy to include reference to managing screening incidents in accordance with 'Managing Safety Incidents in NHS Screening Programmes'	Managing Safety Incidents in NHS Screening Programmes	6 months	Standard	Updated policy
11	Ensure that the CSPL is informed of all NHSCSP incidents	Managing Safety Incidents in NHS Screening Programmes	3 months	Standard	Incident management flowchart and confirmation of implementation from the CSPL
12	Ensure the lead histopathologist has dedicated sessional time for the lead NHSCSP role, with administrative support	National Service specification 25	6 months	High	Job description and job plan
13	Ensure that the lead colposcopist has a dedicated Programmed Activity (PA) session for the lead NHSCSP role with administrative support	National Service specification 25	6 months	High	Job description and job plan
14	Ensure that the role of lead nurse colposcopist is included in the post holder's job description	National Service specification 25	3 months	High	Job description

Diagnosis – histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Document the process to assess the suitability of locums to work in the NHSCSP	NHS employers: Guidance on the appointment and employment of NHS locum doctors	6 months	Standard	Documented process
16	Ensure that there is a process to assess the accuracy of results for any outsourced samples	National Service Specification 25	6 months	Standard	Documented process
17	Ensure that the biopsy turnaround times are consistently met	RCPATH 10	6 months	Standard	Quarterly update on TATs

Intervention and outcome – colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Review colposcopy staffing capacity to ensure that the service can consistently meet waiting times in the short term as well as preparing for the future implementation of HPV primary	NHSCSP 20	6 months	Standard	Update from the lead colposcopist and evidence of quarterly colposcopy data

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Ensure that the nursing support for colposcopy clinics meets the national guidance in NHSCSP 20	NHSCSP 20	6 months	High	Confirmation from the lead colposcopist
20	Update the clinical guidelines and induction pack in line with current terminology and references (including an update to standard for result notification time following biopsy result)	NHSCSP 20	6 months	Standard	Updated guidelines and induction pack
21	Risk assess the interface between Medway and Compuscope to mitigate risk from delays	National Service Specification 25	3 months	Standard	Update from the CSPL and the lead colposcopist
22	Ensure that the role of the lead colposcopist is included within the responsibilities described for the service in the colposcopy guidelines	National Service specification 25	6 months	Standard	Updated colposcopy guideline
23	Evaluate the additional notification process for reminders to women who do not attend (DNA)	NHSCSP 20 National Service Specification 25	6 months	Standard	Completed evaluation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Ensure that the lead colposcopist has assurance that the information detailed on the national discharge notification template is correct (inclusive of NTDD)	NHSCSP 20	3 months	Standard	SOP
25	Audit the high grade referral pathway to determine the rationale for lack of biopsy at first visit (include a review of individual colposcopist levels)	NHSCSP 20	6 months	Standard	Audit with evidence of action in response to findings
26	Update the colposcopy letters and leaflets	NHSCSP 20	6 months	Standard	Updated colposcopy letters and leaflets
27	Complete an annual patient satisfaction survey	National Service Specification 25	12 months	Standard	Annual patient satisfaction survey with evidence of action in response to findings
28	Ensure that there is single patient set up of consumables for use during colposcopy	NHSCSP 20	3 months	Immediate	Confirmation from the lead colposcopist
29	Implement a process to assure that all removable items are counted in/out during invasive procedures	NHSCSP 20	3 months	Immediate	Documented process
30	Risk assess the colposcopy recovery facilities and implement a procedure for the logistical management of colposcopy specific medical emergencies	NHSCSP 20	3 months	Immediate	Update from the lead colposcopist

Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
31	Ensure that the MDT frequency meets the minimum frequency of every 2 months	NHSCSP 20	12 months	High	MDT meeting schedule and minutes from meetings
32	Ensure that all colposcopists attend a minimum of 50% of MDTs	NHSCSP 20	12 months	Standard	Minutes from meetings with record of attendance
33	Ensure that there are facilities to support the comparison of histology and cytology slides for the Southport and Ormskirk population	NHSCSP 20	6 months	High	Confirmation from the CSPL
34	Ensure there are appropriate MDT facilities following mobilisation of the cytology laboratory	National Service Specification 25	6 months	Standard	Confirmation from the CSPL

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.