



Public Health  
England

Protecting and improving the nation's health

# Screening Quality Assurance visit report

NHS Cervical Screening Programme  
York Teaching Hospital NHS Foundation  
Trust

10 and 11 September 2019

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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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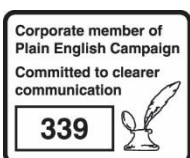
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## Executive summary

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 York Teaching Hospital NHS Foundation Trust screening service held on 10 and 11 September 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

The area served by York Teaching Hospital NHS Foundation Trust (YTH) has an eligible population of approximately 145,000 women. The service covers a mixture of urban and rural areas. York local authority district is mainly urban, but the neighbouring districts of East Riding of Yorkshire, Scarborough, Ryedale and North Yorkshire are largely rural. There are large differences in deprivation across the districts, with higher levels of deprivation in Scarborough compared with York.

NHS England and NHS Improvement North (North East and Yorkshire) has the commissioning responsibility for the NHS Cervical Screening Programme at YTH. The Vale of York Clinical Commissioning Group (CCG) is the contract holder for colposcopy services.

Cytology screening, human papillomavirus (HPV) testing and histology are provided at York Hospital. There are colposcopy clinics within the trust at:

- Bridlington Hospital
- Scarborough Hospital
- York Hospital

## Findings

This is the fifth visit to the York Teaching Hospital NHS Foundation Trust (YTH) cervical screening service.

In May 2019, it was announced that the laboratory tender for the cervical screening primary human papillomavirus (HPV) laboratory is awarded to Gateshead Health NHS Foundation Trust (GHNFT). YTH are in discussions with GHNFT on the mobilisation of the laboratory cytology service. It is expected that the YTH cytology service will be transferred to GHNFT by December 2019. The cytology service is supporting the mobilisation process with senior cytology and trust management attending decommissioning meetings. The professional approach of the service at this difficult time for cytology staff is to be commended. The cytology service has converted 66% of their cytology screening workload to HPV primary screening. This has helped address the cervical screening backlog, along with the support of staff overtime and employment of a locum cytoscreener. The cytology service is cytology screening and HPV testing for triage and test of cure for another screening provider.

The cervical screening provider lead (CSPL) role is based in the cytology laboratory. YFH trust has commenced the succession planning process for the CSPL role.

The colposcopy service is led by 2 lead colposcopists. There is limited integration of protocols and IT across the 3 colposcopy sites. The service recognises the need for consistency across the service and is in the early stages of developing a single colposcopy service. It is a patient focused service, with good clinic facilities at Bridlington, Scarborough and York Hospitals. The nursing team have led initiatives to increase cervical screening awareness and to support screening for women with learning disabilities.

The histopathology service does not have a lead NHSCSP pathologist in post. A QA visit will be arranged to the service following the appointment of a lead NHSCSP pathologist.

All recommendations from the previous visits in 2014 and 2017 have been addressed.

## Immediate concerns

The QA visit team initially identified 4 immediate concerns. A letter was sent to the chief executive on 12 September 2019, asking that the following items were addressed within 7 days. On 17 September 2019, a revised letter was sent to chief executive with the following 3 immediate concerns:

1. Separate service provision on the two sites within one trust with no formal assessment of potential risks particularly for staff working across both clinical area and no inclusion on trust risk register.
2. Colposcopy sites using a different concentration of acetic acid to aid in the visualisation of cervical lesions.
3. Colposcopy audit data demonstrating that the services have consistently failed to meet the required depth for LLETZ samples (large loop excision of the transformation zone) with no evidence of liaison with histopathology around sample measurement.

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 11 high-priority findings, summarised as:

- service has started succession planning to formally appoint a cervical screening provider lead and deputy
- no quarterly cervical business meetings
- no lead histopathologist for cervical screening
- histopathologist vacancies and delays in histopathology reporting
- no lead colposcopist or lead nurse for the whole cervical screening service
- inconsistent colposcopy service processes, IT and patient information across the 3 sites
- recent implementation of whole team colposcopy operational meetings to support the integration of the units
- colposcopy databases do not capture all data required by the Screening Quality Assurance Service (SQAS)
- colposcopy clinical guidelines do not clearly detail local protocols
- two separate multidisciplinary team (MDT) meetings
- documented MDT case selection criteria does not document local practice

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Public health commissioner to work with the provider to understand clinic distribution and ensure appropriate access for the Bridlington population	National Service Specification 25	6 months	Standard	Review findings and actions to be taken
2	Complete 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	Job description, job plan with dedicated professional activity allocation
3	Ensure administration support in place for Cervical Screening Provider Lead	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	Standard	Confirmation of support in place

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Establish quarterly cervical business meetings chaired by the CSPL to update all cervical screening service leads and provide feedback from the programme board	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	High	Terms of reference, meeting schedule
5	Provide an updated accountability structure for cervical screening, including detail of escalation routes for governance and performance issues	National Service Specification 25	3 months	Standard	Accountability structure diagram
6	Ensure a standardised patient information leaflet for disclosure of invasive cervical cancer audit results is used across the service	NHSCSP 20	3 months	Standard	Leaflet
7	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
8	Document the process for results and referral for cervical samples taken in the trust outside of colposcopy and make sure there is a pathway post laboratory mobilisation	NHSCSP 20	6 months	Standard	Ratified protocol
9	Appoint a lead histopathologist for cervical screening with responsibility for ensuring good practice, compliance with protocols and that NHSCSP standards are met	National Service Specification 25	6 months	High	Job description, job plan with dedicated professional activity allocation
10	Risk assess the discrepant service provision between the sites and include on trust risk register	National Service Specification 25	7 days	Immediate	Risk assessment, risk register entry

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Standardise colposcopy service processes within the trust to ensure consistent, equitable service provision across all units	National service specification 25	6 months	High	Action plan
12	Appoint a lead colposcopist for the whole cervical screening service with responsibility for ensuring good practice, compliance with protocols and that NHSCSP standards are met	National Service Specification 25, NHSCSP 20	6 months	High	Job description, job plan with dedicated professional activity allocation
13	Appoint a deputy for the lead colposcopist	National Service Specification 25	6 months	High	Job description
14	Appoint a lead colposcopy nurse and deputy for the whole colposcopy service	National Service Specification 25	6 months	High	Job description, job plan with dedicated professional activity allocation, confirmation of deputy
15	Put in place 3 monthly whole team colposcopy operational meetings to support the integration of the units	NHSCSP 20	3 months	High	Terms of reference, minutes

## Diagnosis – histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Implement a sustainable workforce plan to improve and maintain turnaround times for histopathology results	National Service Specification 25	12 months	High	Plan



## Intervention and outcome – colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Review colposcopy capacity across all sites to ensure that it meets the needs of the local population	National service specification 25	12 months	Standard	Findings from review, and action plan
18	Ensure that full cross cover arrangements are in place for colposcopy administration at Scarborough unit	National service specification 25, NHSCSP 20	6 months	Standard	Confirmation of cross cover
19	Align the colposcopy database across the colposcopy service, ensuring that it can routinely provide reliable data for key performance indicators outlined in National Service Specification 25 and that it is adaptable for future changes to the programme	National service specification 25, NHSCSP 20	12 months	High	Updates on progress and implementation date
20	Update local trust colposcopy clinical guidelines to reflect current NHSCSP guidance and to ensure they contain sufficient detail for local processes, including conservative management of cervical intraepithelial neoplasia (CIN) 2	NHSCSP 20	6 months	High	Ratified guidelines, with version control
21	Align checklists for invasive procedures across all colposcopy units	National service specification 25	3 months	Standard	Procedure
22	Implement use of the same concentration of acetic acid at all units	National service specification 25	7 days	Immediate	Confirmation of standardised acetic acid use
23	Audit of the management of cervical intraepithelial neoplasia 2 (CIN2)	NHSCSP 20	12 months	Standard	Completed audits, with outcomes and actions

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Review low grade biopsy rates to ensure that they are appropriate for the local population	NHSCSP 20	6 months	Standard	Completed audit for April 2019 to September 2019, with outcomes and actions.
25	Align and fully document administration procedures for all colposcopy sites within a single service, including issue of results	National service specification 25, NHSCSP 20	6 months	Standard	Colposcopy administration work instructions
26	Make sure there is process for the colposcopy discharge template to be verified by a clinician before submission to Cervical Screening Administration Service	Cervical screening: cytology reporting failsafe (primary HPV)	3 months	Standard	Colposcopy administration work instructions
27	Audit individual colposcopist compliance against the HPV triage and test of cure pathway	NHSCSP 20	12 months	Standard	Completed audits, with outcomes and actions
28	Audit cancelled colposcopy clinics to prevent repeat and ensure that there is sustainable service provision	National service specification 25	12 months	Standard	Completed audit for April 2019 to December 2019 and action plan
29	Provide a cross-disciplinary assessment of findings and produce a documented action plan on the management of large loop excision of the transformation zone samples not meeting the required NHSCSP depth	NHSCSP 20	1 month	Immediate	Assessment outcomes and action plan
30	Undertake an audit of test of cure cervical screening results who have been identified as having a large loop excision of the transformation zone less than 7mm	NHSCSP 20	6 months	High	Completed audit for 2017 to 2019

No.	Recommendation	Reference	Timescale	Priority	Evidence required
31	Undertake a prospective audit of large loop excision of the transformation zone specimens	NHSCSP 20	12 months	Standard	Completed audit which should include depth, margin status, and subsequent test of cure result
32	Ensure that administration processes for direct referral are adapted for the change in cytology laboratory provision	Cervical screening: cytology reporting failsafe (primary HPV)	3 months	High	Colposcopy administration work instructions
33	Implement a standardised suite of patient letters and leaflets across the service, including a local information leaflet	NHSCSP 20; NHSCSP 27	6 months	High	Example letters and leaflets
34	Implement outpatient clinic letters to patients' GPs across the service.	NHS Standard Contract	3 months	Standard	Example letter
35	Make sure that there is an auditable process for individual colposcopist clinical responsibility for the management of results	National service specification 25, NHSCSP 20	3 months	Standard	Confirmation results are sent to responsible colposcopist
36	Ensure colposcopy facilities at Bridlington meet NHSCSP requirements	NHSCSP 20	3 months	Standard	Confirmation of permanently sited couch
37	Document a process for the management of a medical emergency in colposcopy	NHSCSP 20	3 months	Standard	Protocol

## Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
38	Establish a single multidisciplinary team (MDT) meeting	National Service Specification 25	3 months	High	Terms of reference
39	Revise multidisciplinary team (MDT) meeting selection criteria to reflect local practice, and ensure this is consistent across all protocols	NHSCSP 20	3 months	High	Revised policies
40	Make sure that multidisciplinary team (MDT) documentation uses consistent terminology and includes clinical history	NHSCSP 20	3 months	Standard	Evidence of MDT documentation
41	Audit attendance at the multidisciplinary team (MDT) to ensure that all NHSCSP attendance requirements are met	NHSCSP 20	6 months	Standard	MDT attendance audit April 2019 to March 2020

## 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.