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England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Cervical Screening Programme East Cheshire NHS Trust

24 October 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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Published June 2020

PHE publications

gateway number: GW-1160

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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 East Cheshire NHS screening service held on 24 October 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 consistently 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

East Cheshire NHS Trust operates a range of community health services and operates 3 hospitals at Macclesfield, Knutsford and Congleton. Since 1 April 2011, East Cheshire NHS Trust has been an integrated community and acute trust providing healthcare across central and eastern Cheshire and surrounding areas, in hospital, at home and in community settings. East Cheshire NHS Trust serves a local population of around 470,000. There is an eligible cervical screening population of 51,493 women. NHS England and NHS Improvement, Cheshire and Merseyside, has the lead commissioning responsibility for the cervical screening programme at East Cheshire NHS Trust. Eastern Cheshire Clinical Commissioning Group (CCG) are the contract holders for colposcopy.

Findings

The last QA visit to East Cheshire was in February 2016. All the recommendations from the previous visit were implemented.

East Cheshire NHS Trust hosts a single colposcopy site. There is a small and experienced colposcopy team.

Immediate concerns

The QA visit team haven't identified any immediate concerns.

High priority

The QA visit team identified 10 high priority findings. These include that:

- the governance structure and management meetings do not demonstrate links to other cervical screening leads in the local screening pathway
- there is little resilience and succession planning within the team
- there is no dedicated colposcopy administrative support, which puts the burden on the consultant and nurse colposcopists to carry out administrative tasks
- not all patients attending with high grade abnormalities receive an equitable service as some have to reattend for treatment
- not all leaflets use national NHSCSP terminology and balance the risks and benefits to allow a patient to make an informed choice and reduce anxiety

Shared learning

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

- adaptation of clinic schedules to ensure women attending from HMP Styal have appointments when the waiting area is quiet, as the prison service require them to wear handcuffs
- use of a text message reminder service, which sends 2 messages to patients before their appointment and also allows patients to ask to reschedule, which results in a low 'did not attend' (DNA) rate

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
01	The commissioners should establish a mechanism for dealing with service level operational oversight of the cervical screening programme delivered by the provider	Public Health Section 7A – Commissioning Intentions 2018/19 NHS Public Health Functions Agreement 2018-19	6 months	Standard	Terms of reference, meeting schedule for operational meetings with the provider

No.	Recommendation	Reference	Timescale	Priority	Evidence required
02	The commissioners should ensure that there are failsafe processes in line with national guidance in place within the cervical screening pathway for patients at HMP Styal	Public Health Section 7A – Commissioning Intentions 2018/19 Guidance for NHS commissioners on equality and health inequalities legal duties 2015 Service Specification 25	6 months	Standard	Confirmation that failsafe processes have been implemented
03	Ensure the quarterly cervical business meeting has representation from the full colposcopy team and a report is requested from the associated laboratory services	Service Specification 25 NHS Cervical Screening Programme: the role of the cervical screening provider lead NHSCSP 20	12 months	High	Terms of reference, meeting schedule and minutes of meetings with attendance records

No.	Recommendation	Reference	Timescale	Priority	Evidence required
04	Ensure the Cervical Screening Provider Lead (CSPL) has the required dedicated time and administrative support for the delivery of the role	NHS Cervical Screening Programme: the role of the cervical screening provider lead Service Specification 25	6 months	High	Job plan and job description
05	Formally appoint a deputy for the CSPL	Service specification 25 NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	High	Confirmation of appointment
06	Produce a succession plan for the NHSCSP lead roles	Service Specification 25	12 months	High	Succession plan
07	Update the organisational accountability structure for colposcopy service including detail of escalation routes for governance and performance issues	NHSCSP 20	3 months	High	Organisational structure
08	Develop and implement an annual audit schedule for cervical screening services that includes joint audit with cervical histopathology	Service specification 25	6 months	High	Annual audit schedule

No.	Recommendation	Reference	Timescale	Priority	Evidence required
09	Update the failsafe processes across the service following the implementation of HPV primary screening and mobilisation of laboratories to ensure they adhere to national guidance	NHS Cervical Screening Programme: the role of the cervical screening provider lead Cervical screening: cytology reporting failsafe (primary HPV)	6 months	Standard	Failsafe SOP with clear roles and responsibilities
10	Ensure the lead colposcopist has sufficient time and administrative support to fulfil their role	Service Specification 25	6 months	Standard	Job plan and job description
11	Ensure the lead nurse colposcopist has sufficient time and administrative support to fulfil their lead role	Service Specification 25	6 months	Standard	Job plan and job description

Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Ensure that all high-grade referral patients can have offer of 'see and treat' at first visit	NHSCSP 20	6 months	High	Update from lead colposcopist
13	Implement a colposcopy capacity plan to ensure that there is sufficient workforce and clinic accommodation to sustainably meet the waiting time requirements for NHSCSP patients, considering the future increased demand from the implementation of HPV primary screening	Service Specification 25	12 months	High	Clinic allocation plan and workforce plan
14	Develop an induction checklist for new colposcopists joining team	NHSCSP 20 Service Specification 25	6 months	Standard	Induction checklist
15	Increase the dedicated colposcopy administration capacity to ensure that administration tasks are not completed by clinical staff	NHSCSP 20 Service specification 25	6 months	High	Update from CSPL on administrative support
16	Implement a SOP for the production and validation of NHSCSP national data returns	NHSCSP 20 Service Specification 25	6 months	Standard	SOP
17	Ensure the colposcopy IT system can produce reliable and complete data including individual colposcopist data	Service Specification 25	12 months	Standard	Submission of complete individual colposcopist data
18	Review and update administration SOPs to ensure they contain sufficient detail and support efficient processes	Service specification 25	6 months	Standard	SOPs

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Update the colposcopy guidelines to ensure all comply with national guidance	NHSCSP 20	6 months	Standard	Ratified guideline including updated information about primary HPV screening
20	Update the SOP for the use of the diathermy equipment to include the manufacturers' temperature setting specification	NHSCSP 20	3 months	Standard	SOP
21	Document the procedures for assisting women with learning disabilities to access colposcopy services	Service Specification 25	6 months	Standard	SOP
22	Document the procedure for ensuring that women attending colposcopy from HMP Styal are seen with minimal waits at the department	Service Specification 25	6 months	Standard	SOP
23	Implement and monitor a plan to achieve the acceptable level for women to be offered their appointment within 6-weeks of their referral	NHSCSP 20 Service Specification 25	12 months	Standard	Recovery plan supported by data submission and evidence of achievement
24	Implement and monitor a plan to achieve the acceptable level for women to receive their results within 4 weeks of the diagnostic biopsy being taken	Service Specification 25	12 months	Standard	Agreed action plan with evidence of regular monitoring
25	Ensure leaflets all use the national NHSCSP terminology and balance the information on benefits and harms to maximise patient informed choice and reduce anxiety	NHSCSP 20 NHSCSP 27 Service Specification 25	6 months	High	Updated leaflets

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Ensure there are patient information leaflets about all treatments offered	NHSCSP 20	3 months	Standard	Leaflets
27	Revise the invite and results letters to ensure standard template is used to improve timeliness and to ensure women's anxiety is minimised	NHSCSP 20 NHSCSP 27 Service specification 25	6 months	Standard	Updated letters
28	Ensure all women, including those invited by telephone, receive adequate information and can access clinical support about their referral	NHSCSP 20 NHSCSP 27 Service Specification 25	3 months	Standard	Update from the lead nurse colposcopist
29	Implement local safety standards for invasive procedures (LocSSIPs)	NHSCSP 20	3 months	Standard	Protocol

Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
30	Maintain colposcopist attendance at MDT meetings	NHSCSP 20 Service specification 25	12 months	Standard	MDT meeting schedule and attendance records
31	Update MDT SOP to ensure the MDT case inclusion criteria complies with national guidance	NHSCSP 20 Service specification 25	6 months	Standard	MDT SOP

Next steps

The screening service provider is responsible for developing an action plan with the commissioners to complete the recommendations of 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. Following this, SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline further actions, if needed.