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Screening Quality Assurance visit report

**NHS Cervical Screening Programme
North West Anglia NHS Foundation Trust**

12 July 2018

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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 visit of the North West Anglia NHS Foundation Trust screening service held on 12 July 2018.

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 of 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 Midlands and East regional SQAS as part of the visit process

Local screening service

Since 2013 commissioning of cervical screening for the Huntingdonshire population has been the responsibility of the NHS England (Midlands and East) Section 7a commissioning team. The Midlands and East (East) Screening and Immunisation Team (SIT) is responsible for ensuring that local services meet the national cervical screening specification.

The cervical screening service is provided by the North-West Anglia Foundation Trust (NWAFT). NWAFT was formed on 1 April 2017 from the merger of Hinchingsbrooke Health Care NHS Trust and Peterborough and Stamford Hospitals NHS Foundation Trust. It runs Peterborough City Hospital, Stamford and Rutland Hospital and Hinchingsbrooke Hospital and provides cervical screening services to women served by Cambridge and Peterborough Clinical Commissioning Group.

The Trust provides cervical screening services from the Peterborough City Hospital (cytology and human papillomavirus (HPV) testing, colposcopy and cervical histology), Stamford and Rutland Hospital (colposcopy only) and Hinchingsbrooke Hospital (colposcopy only).

The cytology screening service at Peterborough City Hospital makes direct referrals to the colposcopy services at Peterborough City Hospital and Stamford and Rutland Hospital but not to Hinchingsbrooke Hospital.

Cambridge University Hospitals NHS Foundation Trust provides cervical cytology, HPV testing and cervical histology on behalf of NWAFT for the population served by Hinchingsbrooke Hospital.

This QA visit report covers the services provided from Hinchingsbrooke Hospital. Services relating to Peterborough City Hospital and Stamford and Rutland Hospital are covered in the QA visit report to Peterborough and Stamford Hospitals NHS Foundation Trust, published in February 2017. This visit also assesses progress with implementing the recommendations from the Peterborough QA visit and where appropriate makes recommendations for the whole of NWAFT's cervical screening services.

Findings

Overall, there are clear arrangements in place for the commissioning and oversight of this cervical screening programme. The Hinchingsbrooke Hospital cervical screening service is well organised and has staff that are engaged, motivated and committed to providing a high-quality service. The performance of the colposcopy service at Hinchingsbrooke Hospital is regularly monitored against national standards and has audit systems that demonstrate service improvement and changes to clinical practice.

Following the creation of NWAFT in April 2017, there are still 2 hospital based programme co-ordinators for the Trust when a single cervical screening provider lead (CSPL) is required. In addition, the Peterborough and Stamford and Hinchingsbrooke colposcopy services still work separately with individual service leads and independent processes. Although the teams have met to start discussing integration, this has not yet happened and is a priority.

The multidisciplinary team meetings at Hinchingsbrooke Hospital and Peterborough City Hospital are organised separately. The way patients diagnosed with cervical cancer are offered the results of the audit of their screening history is also different across the hospital sites and this needs to be addressed.

The last QA visit to Peterborough and Stamford Hospitals NHS Foundation Trust was in December 2016, prior to the formation of NWAFT. 23 of the 26 recommendations made at that visit have now been completed. The 3 outstanding recommendations are being followed up at the local commissioner-led programme board or, where they also apply to the Hinchingsbrooke site, have been incorporated into this report.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 10 high priority findings as summarised below:

- the trust has not appointed a single CSPL
- the trust has not implemented the new national guidance on the CSPL role
- there is no trust-wide protocol for the completion of the invasive cervical cancer audit
- there is a backlog for the completion of invasive cervical cancer audit
- there is no ratified trust policy for the disclosure of the invasive cervical cancer audit findings to women
- the trust has not completed an audit to demonstrate that all women diagnosed with cervical cancer have been offered the results of the audit of their screening history
- the trust has not appointed a single lead colposcopist for cervical screening
- the trust has not appointed a single lead nurse for the colposcopy service
- the colposcopy guidelines do not reflect consistent practice across the trust's colposcopy sites
- the trust has 2 separate and discrete colposcopy multi-disciplinary team (MDT) meetings in place

Shared learning

There are a number of points of shared learning from both the Peterborough City Hospital and Hinchingsbrooke Hospital sites that the new trust can bring together and share across the service. Shared learning specifically from the Hinchingsbrooke Hospital site is:

- proactive and detailed scrutiny of the colposcopy service performance and data with evidence of action being taken where necessary
- a comprehensive audit schedule and detailed audit of depth of colposcopy treatments
- an electronic colposcopy patient tracker that is checked daily and is accessible to all relevant staff
- an MDT outcome tracker is maintained and checked regularly to ensure actions agreed at the meetings have taken place

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Appoint a cervical screening provider lead (CSPL) with an agreed job description that includes accountability to the Chief Executive Officer, dedicated time and administrative support	1 & 2	3 months	High	Confirmation of appointment, trust job description, job plan and time allocation, copy of signed service level agreement (if role provided externally to North West Anglia Foundation Trust)
2	Implement the new national guidance on the CSPL role	2	3 months	High	Gap analysis and action plan
3	Establish a trust protocol for the completion of the invasive cancer audit	4	3 months	High	Trust protocol
4	Ensure the national invasive cancer audit data collection is up to date	3 & 4	3 months	High	Completion of all registered cases with a diagnosis date before 12 July 2018
5	Implement a ratified trust policy for the offer of disclosure of invasive cervical cancer audit	3 & 4	3 months	High	Disclosure policy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Complete an audit to demonstrate offer of disclosure of invasive cervical cancer audit	3 & 4	6 months	High	The audit report and evidence of any actions taken as a result
7	Update trust policy to include an up to date reference to managing screening incidents in accordance with "Managing Safety Incidents in NHS Screening Programmes"	5	3 months	Standard	Incident policy
8	Establish a process for ensuring that all risks are captured on relevant trust risk registers	1 & 2	3 months	Standard	Details of the process
9	Appoint a lead colposcopist for cervical screening for the trust with responsibility for ensuring good practice, compliance with protocols and that NHS Cervical Screening Programme standards are met, and nominate a deputy	1 & 3	3 months	High	Job description, job plan with dedicated professional activity allocation and details of the deputy
10	Appoint a lead colposcopy nurse for cervical screening for the trust and nominate a deputy	1 & 3	3 months	High	Job description, job plan with dedicated professional activity allocation and details of the deputy
11	Put in place 3 monthly trust colposcopy operational meetings	3	3 months	Standard	Terms of reference and minutes of meetings

Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Implement changes to the IT system to ensure that a separate 'KC65' return is produced for each of the 3 colposcopy clinics and that the new fields required for annual reporting on national standards to screening quality assurance service (SQAS) are in place	1	12 months	Standard	Submission of discrete clinic KC65 returns and fully completed annual data returns to SQAS
13	Update the trust colposcopy clinical guidelines to reflect the same practice on all sites	3	6 months	High	Ratified guidelines with evidence of implementation, and including specific guidance on selection of patients for treatment, conservative management of cervical intraepithelial neoplasia grade 2 and use and access to adjunctive technology
14	Implement standard operating procedures (SOPs) for colposcopy discharge information provision to call and recall (including clinical sign off) and production, validation and sign off of KC65	3	3 months	Standard	SOPs

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Implement SOPs for colposcopy nursing	1 & 3	3 months	Standard	Copy of SOPs, including clinic set up arrangements and infection control
16	Implement written guidelines for the management of emergencies and electrosurgical guidance specifically for colposcopy and make available in all clinics	3	3 months	Standard	Copy of guidelines and confirmation they are available in all clinics
17	Demonstrate compliance with human papilloma virus triage and test of cure protocols	3	3 months	Standard	Trust wide audit at individual colposcopist level
18	Audit individual colposcopist performance against the updated trust-wide guidance and national standards	1 & 3	12 months	Standard	Trust wide individual colposcopist data report to include details of action taken on any performance below standards
19	Revise the invitation letter to include the cervical screening result	6	3 months	Standard	Revised letter
20	Revise trust information leaflets to provide the same information for all sites	3 & 6	3 months	Standard	Revised leaflets
21	Complete an annual user survey of colposcopy services	1	3 months	Standard	Outcome of survey and evidence of review of results

Multidisciplinary team (MDT)

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Put in place a single trust colposcopy MDT meeting	3	3 months	High	Trust MDT meeting terms of reference, membership, dates of meetings for the next 12 months
23	Demonstrate histopathology representation at all MDT meetings	7	6 months	Standard	MDT meeting attendance registers
24	Complete an audit to check that all cytology, histology and colposcopy cases indicated in trust guidelines have been identified and discussed	3 & 7	12 months	Standard	Completed audit for the period 1 September 2018 to 31 August 2019 and action plan
25	Document the histology and cytology review opinions on the MDT records	3	3 months	Standard	Copy of SOP and anonymised notes of 3 consecutive meetings

Next steps

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

SQAS will work with the 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, SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.