



Public Health  
England

Protecting and improving the nation's health

# Screening Quality Assurance visit report

NHS Cervical Screening Programme  
Wirral University Teaching Hospital  
NHS Foundation Trust

4 December 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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## 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 Wirral University Teaching Hospital NHS Foundation Trust screening service held on 4 December 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 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

The trust serves a local population of approximately 400,000 across Wirral, Ellesmere Port, Neston, North Wales and the wider North West footprint. There is an eligible cervical screening population of 83,482 women. NHS England and NHS Improvement, Cheshire and Merseyside, have the lead commissioning responsibility for the cervical screening programme at Wirral University Teaching Hospital NHS Foundation Trust (WUTH). Wirral Clinical Commissioning Group (CCG) are the contract holders for colposcopy.

### Findings

The last Screening Quality Assurance Service (SQAS) visit was in July 2017. The majority of the recommendations have been addressed since the last visit.

Recommendations for cytology and HPV testing are no longer relevant, as the service was transferred externally from WUTH on 1 April 2019. Work is being progressed to ensure that the Cervical Screening Provider Lead (CSPL) role meets national guidance.

The service is proactive and patient centred, implementing gynaecology pathways to best

meet patient need. The trust is working towards becoming a paperless trust, and the colposcopy service is now completely paperless. There is a trust-wide IT system, which supports the colposcopy and histology services. The IT system is not yet programmed to fully support effective failsafe functions and manual intervention is required for the collection of the required data for the NHS Cervical Screening Programme (NHS CSP).

### Immediate concerns

The QA visit team identified no immediate concerns.

### High priority

The QA visit team identified 17 high priority findings as summarised below:

- the CSPL job description requires updating to demonstrate oversight over all the services WUTH deliver
- cervical screening management meetings are not formalised in line with national guidance
- the invasive cancer audit policy is not up-to-date following the transfer of the cytology service from WUTH on 1 April 2019 to Liverpool Clinical Laboratories (LCL) and then on 18 November 2019 to Manchester University NHS Foundation Trust (MFT)
- the lead histopathologist does not have sufficient capacity to implement the new national histopathology guidance
- no evidence is provided of business continuity for electronic histology reports on the trust IT system in the event of system failure
- the trust IT system is not updated when changes happen within the NHS CSP, which means that the service relies on manual data extraction
- the colposcopy IT database does not automatically produce failsafe reports with reliance on manual processes
- WUTH has not yet made the necessary arrangements to allow linked cytology providers access to WUTH's histology data to enable submission of the mandated KC61 data return
- staffing of the colposcopy clinics is not in line with national guidance
- some patients referred with low grade screening results are receiving treatment at their first appointment, and audit shows that the national standard for high grade abnormality identified in these cases is not met
- the administrative team are contacting patients by telephone to invite them for a colposcopy appointment before they receive their screening results from call/recall
- the service is considering not following national guidance in their management of women over 50 years old with incomplete excisions, which they have previously supported by an audit, however, there is no continuous audit planned
- multidisciplinary team case meetings are not taking place every 2 months and attendance records highlight that there is not always a histopathologist present

## Shared learning

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

- strong and proactive oversight by the commissioners for the laboratory service transfer and mobilisation
- audit focussed service with actions progressed for service improvement
- a detailed lead colposcopist job description, which is future proofed around any change in service provision
- innovative service delivery solutions to support colposcopy capacity for the NHS CSP, working with the CCG commissioners to develop primary care pathways and algorithm for clinical referrals into the appropriate service
- the histology department has undertaken a detailed gap analysis against NHS public health functions agreement 2018 to 2019 service specification 25, with any identified risks escalated within the trust
- the lead histopathologist is focussed on teaching, developing staff and sharing case studies
- histopathology systematically collect data on colposcopy case reviews to identify trends in reporting to support prospective audits and quality improvement

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Update the cervical screening provider lead job description 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
2	Update the deputy cervical screening provider lead job description to include all the elements of the trust cervical screening pathway	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	Standard	Job description
3	Formalise the quarterly cervical management meetings chaired by the cervical screening provider lead to update all cervical screening service leads, discuss the whole pathway and provide feedback from the strategic programme board	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	High	Terms of reference, meeting schedule and minutes of meetings

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	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	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	Standard	Annual audit schedule to cover colposcopy and histopathology with confirmatory evidence of actions taken
5	Provide a 6-monthly CSPL update on the cervical screening service to the trust clinical governance committee	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	Standard	6-monthly update with circulation list
6	Document the process for results and referral of cervical samples taken in the trust outside of colposcopy	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	Standard	Ratified process and documentation
7	Update the trust invasive cervical cancer audit policy and ensure that processes are agreed with the new cytology laboratory provider	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	High	Updated policy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Update the invasive cervical cancer disclosure policy and patient information leaflet	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	Standard	Updated policy and patient information leaflet
9	Update the lead histopathologist job description and ensure that there is dedicated sessional commitment within job plan and sufficient administrative support	Service Specification 25  Cervical Screening Programme: histopathology reporting handbook	6 months	Standard	Job description and job plan

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Ensure the lead histopathologist has sufficient capacity to implement the service changes required to meet the 2019 NHS Cervical Screening Programme histopathology standards	Service Specification 25  Cervical Screening Programme: histopathology reporting handbook	6 months	High	Update from lead histopathologist



No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Check the business continuity arrangements for the IT system to make sure the risks to the NHS Cervical Screening Programme are minimised in the event of system failure	Service Specification 25	6 months	High	Update from CSPL
12	Ensure that there can be timely update to the trust IT system to respond to changes in the NHS Cervical Screening Programme	Service Specification 25	6 months	High	Update from CSPL
13	Ensure that the out of date colposcopy equipment is replaced to maintain clinical capacity	NHS CSP 20	6 months	Standard	Confirmation that the electrosurgery and cold coagulator units have been replaced
14	Update the colposcope in theatre	NHS CSP 20	6 months	Standard	Confirmation that theatre colposcope has been updated

### Diagnosis – histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Develop and implement a workforce plan for cervical screening services to ensure minimum case requirements are achieved for histopathologists	Service Specification 25  Cervical Screening Programme: histopathology reporting handbook	12 months	Standard	Workforce plan and caseload data

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Ensure histopathology staff have access to Open Exeter	Cervical Screening Programme: histopathology reporting handbook	6 months	Standard	Confirmation
17	Ensure that all the required NHS Cervical Screening Programme histology data can be reliably extracted, in a timely manner, from the laboratory IT system without manual intervention	Cervical Screening Programme: histopathology reporting handbook	6 months	High	Submission of the data and confirmation from the lead histopathologist
18	Enable access to histology results for the cytology laboratories	NHS Cervical Screening Programme data requirements for 2019/20 and 2020/21	6 months	High	Confirmation
19	Review and update protocols in line with NHS Cervical Screening Programme: histopathology reporting handbook to ensure adherence to the new histopathology standards	Cervical Screening Programme: histopathology reporting handbook	6 months	Standard	Confirmation of review and updated protocols
20	Document the process for obtaining a second opinion and agreement for difficult histopathology cases	Cervical Screening Programme: histopathology reporting handbook	6 months	Standard	Standard operating procedure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Implement an induction policy for histopathologists working in the NHS Cervical Screening Programme	NHS CSP 20	3 months	Standard	Induction policy
22	Implement and monitor a plan to sustainably meet the histopathology key performance indicators within the NHS Cervical Screening Programme	Cervical Screening Programme: histopathology reporting handbook	6 months	Standard	Plan and data submission in 2019/20

### Intervention and outcome – colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Ensure all colposcopy clinics have a qualified nurse and a second trained support nurse assisting clinics	NHS CSP 20	6 months	High	Confirmation of nurse staffing
24	Document a process for the management of a medical emergency in colposcopy	NHS CSP 20	3 months	Standard	Protocol
25	Ensure KC65 submission and key performance indicators can be reliably extracted from the IT system and submitted on time	NHS CSP 20 Service Specification 25	6 months	High	Action plan for addressing issues with data reporting
26	Review data checking processes for manually extracted data to ensure accuracy	NHS CSP 20 Service Specification 25	3 months	High	Review and updated protocol
27	Ensure colposcopy IT database can produce failsafe reports to remove the manual processes	NHS CSP 20	6 months	High	Confirmation that the database can produce reports

No.	Recommendation	Reference	Timescale	Priority	Evidence required
28	Reduce the manual processes for uploading cervical screening results to patient records to ensure colposcopists can access results in a timely manner	Service Specification 25	6 months	Standard	Action plan
29	Update local trust colposcopy clinical guidelines to meet current NHS Cervical Screening Programme guidance, and to document current local processes and service providers	NHS CSP 20	6 months	Standard	Ratified guidelines, with version control
30	Update the flow chart for management of women aged over 50 years with incomplete excision in line with current NHS Cervical Screening Programme guidance and include detail about any local pathway deviation	NHS CSP 20	6 months	Standard	Ratified flow chart
31	Re-audit the pathway for women aged over 50 years with incomplete excision	NHS CSP 20	12 months	High	Audit, with outcomes and actions and a copy of the audit schedule
32	Implement a NHS Cervical Screening Programme specific induction pack for colposcopists and colposcopy administration staff	NHS CSP 20	3 months	Standard	Induction pack
33	Implement a process for the version control, ratification and timely revision of standard operating procedures in colposcopy and colposcopy administration	NHS CSP 20	3 months	Standard	Evidence of up-to-date standard operating procedures, with ratification and version control

No.	Recommendation	Reference	Timescale	Priority	Evidence required
34	Update the standard operating procedure for discharging patients from colposcopy and submitting the discharge template to the Cervical Screening Administration Service and the cytology laboratory	Cervical screening: cytology reporting failsafe (primary HPV)	3 months	Standard	Confirmation from lead colposcopist and SOP
35	Re-audit see and treat at first attendance for low grade referrals	NHS CSP 20	12 months	High	Audit, with outcomes and actions
36	Gather specific feedback from service users on the wording of colposcopy leaflets and letters	Service Specification 25	12 months	Standard	Outcome of survey and evidence of review of results
37	Revise patient invitation processes to ensure that patients have received their screening result before contacting them to arrange the appointment for colposcopy	NHS CSP 20	3 months	High	Standard operating procedure

### Multidisciplinary team (MDT)

No.	Recommendation	Reference	Timescale	Priority	Evidence required
38	Ensure that multidisciplinary team case meeting frequency meet the minimum standard of 2-monthly intervals	NHS CSP 20	12 months	High	Schedule of meetings and record of meetings
39	Ensure that there is 100% histopathologist attendance at multidisciplinary team case meetings	Cervical Screening Programme: histopathology reporting handbook	12 months	High	Record of attendance

No.	Recommendation	Reference	Timescale	Priority	Evidence required
40	Develop and implement a trust multidisciplinary team case meeting protocol, describing process with new providers and the requirements within the new histopathology guidance, and ensuring it is available to all relevant staff	NHS CSP 20  Cervical Screening Programme: histopathology reporting handbook	6 months	Standard	Protocol

## 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.