Screening Quality Assurance visit report
NHS Cervical Screening Programme South Tyneside and Sunderland NHS Foundation Trust

4 and 5 March 2020

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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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Contents

Scope of this report

	Covered by this report?	If 'no', where you can find information about this part of the pathway
Underpinning functions		
Uptake and coverage	Yes	
Workforce	Yes	
IT and equipment	Yes	
Commissioning	Yes	
Leadership and governance	Yes	
Pathway		
Cohort identification	No	
Invitation and information	No	
Testing	No	This is to be addressed in the Gateshead Health NHS Foundation Trust QA visit report due later in 2020/21
Results and referral	Yes	
Diagnosis	No	This is to be addressed in the Gateshead Health NHS Foundation Trust QA visit report due later in 2020/21
Intervention / treatment	Yes	

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 South Tyneside and Sunderland NHS Foundation Trust screening service held on 4 and 5 March 2020.

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 collected during pre-review visits to South Tyneside and Sunderland NHS Foundation Trust on 26 February 2020
- information shared with the North regional SQAS as part of the visit process

Local screening service

South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust merged in April 2019.

South Tyneside and Sunderland NHS Foundation Trust (STSFT) serve the population of South Tyneside and Sunderland. The NHS South Tyneside Clinical Commissioning Group (CCG) area has an eligible population of approximately 38,994 women. For NHS Sunderland CCG this is 71,187 women.

NHS England and NHS Improvement North East and Yorkshire has the commissioning responsibility for the NHS Cervical Screening Programme (NHSCSP) at STSFT. South Tyneside and Sunderland CCGs are the contract holders for colposcopy services.

Cytology screening and human papillomavirus (HPV) testing for the South Tyneside and Sunderland population is provided by Gateshead Health NHS Foundation Trust.

Histopathology services are provided by Gateshead Health NHS Foundation Trust.

There are colposcopy clinics within the trust at:

- South Tyneside District Hospital
- Sunderland Royal Hospital

Findings

This is the first visit to the STSFT cervical screening services since the merge of the 2 trusts. The separate services were last visited in 2017. All recommendations from the previous visit to South Tyneside NHS Foundation Trust cervical screening service are closed. 14 recommendations remained outstanding from the previous visit to City Hospitals Sunderland NHS Foundation Trust cervical screening service. This visit identified that a number of these recommendations have been addressed, including:

- update of the trust incident policy to reference 'Managing Safety Incidents in NHS Screening Programmes' guidance
- annual performance report on NHS CSP services produced and distributed
- implementation of quarterly colposcopy team meetings
- colposcopy staff have access to Open Exeter system
- results pathway agreed with Gateshead Health NHS Foundation Trust laboratory to ensure cytology reports for colposcopy patients are sent back to the requesting clinician
- patient satisfaction survey for colposcopy service conducted

The cervical screening provider lead (CSPL) is working with the directorate manager and service staff to align the colposcopy service provided at both units. Good progress has been made in the short timescale since the merge, and further work is planned to standardise IT and administration processes. The colposcopy staff are dedicated, and the service is meeting waiting times for referrals despite staffing absences.

Immediate concerns

The QA visit team identified no immediate concerns.

Urgent priority

The QA visit team identified 1 urgent finding. A letter was sent to the service leads on 6 March 2020 asking that an action plan was developed to address the following within 3 months:

- 25% of low-grade referrals managed with excisional treatment at first visit at one site

A response was received within 7 days, which assured the QA visit team that appropriate steps will be taken to address the identified urgent findings.

High priority

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

- backlog of invasive cervical cancer audit cases at diagnosing histology service
- potential screening safety incidents highlighted at QA visit, which had not been previously notified to SQAS as per national guidance
- inconsistent colposcopy IT and administration processes across the service following recent trust merger, but plans in place to resolve
- service unable to report all data items for SQAS annual colposcopy data collection for both units
- colposcopy reference images cannot be captured on electronic patient record
- inequity of treatment and patient management options across sites
- KC65 data shows high proportion of individuals referred with low grade changes had a punch biopsy at first visit and this has not been audited by the service
- patient information leaflets are not written in plain English and do not clearly document that the patient can bring a family member or friend for support during colposcopy examination
- borderline endocervical, HPV positive referrals with no abnormality on colposcopy not discussed at multidisciplinary team (MDT) meetings
- not all colposcopists attend a minimum of 50% of MDT meetings

Shared learning

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

- NHSEI and the SIT held a workshop to showcase a successful 'cervical screening saves lives' campaign which was piloted in Middlesbrough and Newcastle — this has led to the establishment of regional steering groups to implement the approach for their populations
- STSFT service is embracing digital technology and sends colposcopy appointments and patient information via text message, with the failsafe of a paper copy letter

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Make sure there is appropriate directorate manager representation at quarterly cervical screening management meetings	NHS Cervical Screening Programme: the role of the cervical screening provider lead	3 months	Standard	Terms of reference, meeting minutes
2	Make sure there are 6-monthly updates on NHS Cervical Screening Programme services delivered by the trust to the clinical governance committee	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	Standard	Report and distribution list
3	Work with cervical screening provider lead at Gateshead Health NHS Foundation Trust to complete the backlog of invasive cervical cancer audit cases, and agree on streamlined process for future cases	NHS CSP 28	12 months	High	Protocol and completed case workbooks for April 2018 to March 2020
4	Revise and update the operational policy for the disclosure of the invasive cervical cancer audit within the trust	Cervical screening: programme and	6 months	Standard	Ratified policy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		colposcopy management			
5	Update patient information leaflet for disclosure of the invasive cervical cancer audit	Cervical screening: programme and colposcopy management	6 months	Standard	Ratified leaflet
6	Make sure there is a formalized, documented multidisciplinary annual audit schedule across all elements of the cervical screening programme	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	Standard	Annual audit schedule with confirmatory evidence of actions taken
7	Make sure that there is early notification of potential screening safety incidents in colposcopy to Screening Quality Assurance Service as per national guidance	Managing safety incidents in NHS screening programmes	3 months	High	Protocol
8	Make sure the lead colposcopist has a job description for the role	Cervical screening: programme and colposcopy management	3 months	Standard	Job description
9	Appoint a designated deputy lead colposcopist	Cervical screening: programme and colposcopy management	3 months	Standard	Confirmation of appointment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Appoint a lead colposcopy nurse, with an agreed job description that includes dedicated time	Cervical screening: programme and colposcopy management	3 months	Standard	Job description, job plan

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Complete the planned implementation of a consistent colposcopy database across service to support the reliable production of the data required for the NHS Cervical Screening Programme, including individual colposcopist data	Cervical screening: programme and colposcopy management, National service specification 25	12 months	High	Updates on progress and implementation date
12	Make sure there is continuity of access to colposcopy reference images with the transfer to completely electronic patient records	National service specification 25	12 months	High	Confirmation from lead colposcopist

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Complete the standardisation of colposcopy administration processes across the service, including appointments by text message	National service specification	6 months	High	Standard operating procedure

Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Document a consistent process for production and validation of KC65 and individual performance data for the NHS Cervical Screening Programme (NHS CSP)	Cervical screening: programme and colposcopy management, National service specification 25	12 months	Standard	Standard operating procedure
15	Update the local trust colposcopy clinical guidelines in line with new NHS Cervical Screening Programme (NHS CSP) programme and colposcopy management guidance and document emergency protocols	Cervical screening: programme and colposcopy management	6 months	Standard	Ratified trust clinical guidelines

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Make sure that the choice of ablative treatment options for low-grade disease is available at all service sites	Cervical screening: programme and colposcopy management, National service specification 25	6 months	High	Confirmation from lead colposcopist
17	Make sure that there is consistency of offer of conservative management of CIN2 at both sites	Cervical screening: programme and colposcopy management	12 months	High	Evidence of offer of conservative management at both sites
18	Update colposcopy administration standard operating procedure and document new standardised process for referrals	Cervical screening: programme and colposcopy management	6 months	Standard	Standard operating procedure
19	Document the administration processes for managing patients that do not attend	Cervical screening: programme and colposcopy management	6 months	Standard	Standard operating procedure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Implement the process of sending the colposcopy discharge notifications to call/recall via the online portal	Cervical screening: cytology reporting failsafe (primary HPV)	6 months	Standard	Standard operating procedure
21	Audit see and treat in low-grade referrals to confirm histological diagnosis of high-grade disease, self-reflection by individual colposcopists, and action taken to document rationale	Cervical screening: programme and colposcopy management	3 months	Urgent	Findings from audit of 2018 to 2019 KC65 returns and actions taken
22	Prospectively monitor numbers of large loop excision of the transformation zone (LLETZ) at first visit for low grade referrals for 6 months	Cervical screening: programme and colposcopy management	12 months	Urgent	Audit findings and actions taken
23	Audit low-grade biopsy rate against colposcopic findings and histology, and review benefits of adjunctive technologies	Cervical screening: programme and colposcopy management	12 months	High	Audit findings and action taken
24	Update patient information leaflets	Cervical screening: programme and colposcopy management	6 months	High	Example leaflets

Multidisciplinary team (MDT)

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Update the multidisciplinary team meeting terms of reference to include the cytology representation within membership	Cervical screening: programme and colposcopy management	3 months	Standard	Terms of reference
26	Update case selection criteria for multidisciplinary team meetings to meet NHS Cervical Screening Programme (NHS CSP) programme and colposcopy management guidance	Cervical screening: programme and colposcopy management	3 months	High	Protocol
27	Audit outcomes of individuals referred with borderline abnormalities in endocervical cells, HPV positive	Cervical screening: programme and colposcopy management	6 months	High	Audit findings and action taken
28	Make sure that all colposcopists attend a minimum of 50% of meetings	Cervical screening: programme and colposcopy management	12 months	High	MDT meeting attendance audit April 2020 to March 2021
29	Make sure that there is an auditable process to document the completion of actions agreed at the MDT	Cervical screening: programme and colposcopy management	3 months	Standard	Standard operating procedure

Next steps

The screening service provider is responsible for developing an action plan in collaboration with the commissioners to complete the recommendations contained in 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.