Public Health England

Protecting and improving the nation's health

Screening quality assurance visit report

NHS cervical screening programme
Heart of England NHS Foundation Trust

24 January 2017

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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 Heart of England NHS Foundation Trust screening service held on 24 January 2017.

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 collected during pre-visits to the Heart of England NHS Foundation Trust on 12 January 2017
- 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 Birmingham and Solihull population has been undertaken by the Midlands and East (West Midlands) Screening and Immunisation Team (SIT). The Heart of England NHS Foundation Trust cervical screening programme (the programme) provides screening services for women served by the Birmingham Cross City, Birmingham South and Central and Solihull Clinical Commissioning Groups. The eligible population (25 to 64 year old women) for cervical screening in Birmingham and Solihull is approximately 350,000.

The cervical cytology laboratory for the programme is at the Birmingham Heartlands Hospital. Public Health England provides human papilloma virus (HPV) testing for the programme under contract to Heart of England NHS Foundation Trust, and is based in

the same building as the cytology service. The cervical histology service is in the laboratory at the Birmingham Heartlands Hospital. Colposcopy services are at Birmingham Heartlands Hospital, Solihull Hospital and Good Hope Hospital.

The Birmingham Heartlands laboratory also refers women for colposcopy to the Birmingham Women's Hospital and City Hospital, Birmingham.

Findings

This large cervical screening service has been through a number of changes since the last QA visit in 2012. There has been a major reconfiguration of cervical cytology with work previously undertaken at the Birmingham Women's Hospital and the City Hospital transferring to the Birmingham Heartlands Hospital laboratory. In addition, there has been a number of significant staffing changes and new staff have taken on important lead roles.

The Trust has appointed a new hospital-based cervical screening programme co-ordinator (HBPC) since the last visit who has improved internal meeting and governance arrangements. As a result, communication across the programme is better and the HBPC has established good links with the colposcopy service. However, there is no administrative support for the HBPC, which is affecting the ability to carry out all aspects of the role.

Like many laboratories at the present time, the cervical cytology service is facing challenges with managing specimen turnaround times as specialist staff are difficult to recruit. However, the laboratory has been proactive and made reciprocal arrangements with other local cytology services to help with peaks in work or when there are staffing shortages.

The cervical histology service is also facing challenges with meeting national standards for reporting cervical histology specimens in light of the difficulty in recruiting consultant pathologists. The service needs to ensure that the QA visit recommendations are embedded into routine practice. A number of the recommendations made at this visit were made at the 2012 visit but the improvements were not sustained. It will be important to ensure prioritisation of cervical specimens to support achievement of the national reporting time standards.

The colposcopy service has experienced significant staffing changes since the last QA visit. There has also been reorganisation of the administrative function. However, these changes have been managed effectively with minimal disruption to service delivery. The non-screening workload in colposcopy clinics is affecting the service's capacity to offer screening patients appointments within the national standard timeframes. Re-

organising the management of non-screening referrals will support the improvements needed in clinic capacity.

The high priority issues are summarised below as well as a number of areas of shared learning. For a complete list of recommendations please refer to the table of all recommendations or to the related section within the full report.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 6 high priority findings as summarised below:

- the time allocation and administrative support arrangements for the HBPC role is not documented
- there is a backlog of data collection for the national invasive cervical cancer audit due to the lack of administrative support for the HBPC
- there have been difficulties in producing and reviewing regular cervical screening performance data and circulating them to staff
- cervical histological specimen turnaround times are not meeting national standards
- waiting times for colposcopy appointments are not meeting national standards. This is partly due to the use of colposcopy clinics for non-screening referrals which reduces capacity for screening patients
- attendance of colposcopists at colposcopy multi-disciplinary team (MDT) meetings does not meet the national standard

Shared learning

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

- monthly meetings between the HBPC and the lead colposcopist and lead colposcopy nurse
- audit of the disclosure of invasive cervical cancer audit results to women is in place and actions taken in light of the results. A record of disclosure is maintained in MDT meeting records
- shared access to a cellular pathology-wide dashboard showing laboratory and individual pathologist performance and workload information
- a standardised direct referral process for all hospital Trusts linked to the cytology service
- reciprocal service level agreements are in place with neighbouring cytology services to help maintain turnaround times

- the HPV testing service attends the quarterly Trust cervical screening business meetings and presents reports on its activity and quality standards
- successful planning of changes to colposcopy nursing leadership arrangements
- centralisation of the colposcopy administration function on 1 site
- implementation of a quarterly colposcopy nursing news bulletin and resource pack
- use of stickers on data collection forms to identify important aspects of colposcopy assessment
- scanned histology and cytology slides are used at MDT meetings

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R3.1	Update the hospital-based programme co-ordination job description to include indicative time and details of administrative support	1	3 months	H	Updated job description and details of the allocated administrative support
R3.2	Establish senior cervical cytology laboratory representation at the quarterly cervical screening business meetings	1	3 months	S	Copy of minutes, including record of attendance for meetings occurring since the QA visit
R3.3	Establish annual and 6 monthly reporting to a senior Trust governance committee	1	3 months	S	Documents detailing the reporting structure, a copy of the first report given and minutes of the meeting where it was presented
R6.1	Data collection for the national invasive cervical cancer audit is up to date	2	6 months	H	All invasive cervical cancer audit cases up to date

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R12.1	Offer of disclosure of invasive cervical cancer audit findings to women takes place routinely	2	12 months	S	Audit of offer of disclosure of invasive cervical cancer reviews to women
R3.4	Implement the Trust policy on the audit and disclosure of invasive cervical cancer audit results to women	2	3 months	S	A copy of the Trust-ratified audit and disclosure policy
R3.5	Human papilloma virus (HPV) testing pathway manager identified and job description in place for the role	1	3 months	S	Evidence of appointment of HPV pathway manager and copy of the job description
R3.6	Quarterly colposcopy operational meetings established	6	3 months	S	Dates of meetings for the next 12 months and copies of the minutes of meetings that have taken place since the QA visit

Cytology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R3.7	Evaluate sample reprocessing arrangements and inadequate sample classification and take action to reduce inadequate and reprocessing rates	5	3 months	S	Updated standard operating procedures (SOPs) and evidence of reduction of inadequate and reprocessing rates

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R6.2	Establish and document the regular provision of performance monitoring data to staff	5	6 months	H	Evidence of regular provision of performance monitoring data to staff and approved SOP

HPV testing

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R3.8	Establish and document environmental testing processes	8	3 months	S	SOP for environmental testing

Histology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R3.9	Proforma for reporting of loop excision specimens contains all required data items and audit a selection of cases to demonstrate national standard is met	3	3 months	S	Updated reporting proforma, a copy of the audit report and details of the action(s) taken as a result
R3.10	Use of levels in line with national standards	3	3 months	S	Updated SOP covering cutting of levels
R3.11	Take action to improve turnaround time of cervical histology specimens	4 & 5	3 months	H	Details of action taken to achieve the standard

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R6.3	Cervical histology specimen turnaround times meet national standards	4 & 5	6 months	S	Data showing that cervical histology specimens are being reported in line with national standards and that this is being maintained

Colposcopy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R3.12	Record all patient cancellations on the colposcopy database and update administrative procedures to reflect this	6	3 months	S	SOP for recording of colposcopy appointments and cancellations
R3.13	Local clinical colposcopy guidelines in line with current national guidance and standards	6	3 months	S	SOP for recording of colposcopy appointments and cancellations
R3.14	Manage women referred with clinical symptoms in line with national guidance to increase colposcopy capacity and ensure waiting times for colposcopy appointments routinely meet national standards	6	3 months	H	Details of the action(s) taken to reduce the number of non-screening referrals seen within the colposcopy service and data demonstrating sustained achievement of national waiting time standards

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R3.15	Audit colposcopy outcome measures from the QA visit dataset that do not meet national standards and take action as necessary	6	3 months	S	Audit outcomes and details of action(s) taken to enable achievement of all national standards
R12.2	Service and individual colposcopist performance data meet national standards and demonstrate consistent practice across all sites	6	12 months	S	Data for the most recent 12 month period (since the QA visit) against all national standards and details of actions taken where performance is outside of standard(s)
R6.4	Audit adherence to the national HPV triage and test of cure protocol	7	6 months	S	A copy of the audit report and details of any action(s) taken as a result

Multi-disciplinary Team (MDT)

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R6.5	All colposcopists meet the national standard that they should attend at least 50% of colposcopy MDT meetings	6	6 months	H	Meeting attendance records showing the standards are met
R3.16	Finalise MDT SOPs and update MDT documentation to record who reviewed laboratory specimens	3, 5 and 6	3 months	S	SOP(s) and updated MDT documentation

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 / progress in response to the recommendations made for a period of 12 months following the issuing of the final report. 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.