Public Health England

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Screening quality assurance visit report

NHS cervical screening programme
Worcestershire Acute Hospitals NHS Trust

1 December 2016

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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 Worcestershire Acute Hospitals NHS Trust cervical screening service held on 1 December 2016.

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 the Worcestershire Acute Hospitals NHS Trust on 18 November 2016
- 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 Worcestershire population has been undertaken by the Midlands and East (West Midlands) Screening and Immunisation Team (SIT). The Worcestershire Acute Hospitals NHS Trust cervical screening programme (the programme) provides screening services for women served by the South Worcestershire, Redditch and Bromsgrove and Wyre Forest Clinical Commissioning Groups. The eligible population (25 to 64 year old women) for cervical screening in Worcestershire is approximately 144,923.

The main referring cytology laboratory for the service is at the Cheltenham General Hospital, Gloucestershire Hospitals NHS Foundation Trust. This laboratory also performs human papilloma virus (HPV) testing for the Worcestershire programme. Cytology and HPV testing for the Worcestershire population is commissioned by the Midlands and East (West Midlands) SIT. The lead commissioner for Gloucestershire

Hospitals NHS Foundation Trust is South (South West) SIT. Cytology and HPV testing is therefore out of scope for this QA visit.

The cervical histology service is provided at the Worcestershire Royal Hospital. Colposcopy services are provided at Worcestershire Royal Hospital, Alexandra Hospital, Kidderminster Treatment Centre and Evesham Community Hospital.

Findings

This large and geographically widespread cervical histology and colposcopy team has been through a number of changes since the last visit in 2011 in terms of staffing and service re-organisation. Although there are some recommendations in this report that were also made at the last QA visit, the service has made significant improvements since that time. A number of points of good practice have been identified by the QA Team.

The colposcopy lead nurse has officially taken over the permanent role of hospital-based cervical screening co-ordinator (HBPC) since the last visit. There is evidence of a formal appointment but accountability arrangements are unclear. There is no administrative support for the HBPC, which is affecting the ability to carry out all aspects of the role. Internal Trust-wide cervical screening business meetings are in place. Ensuring all relevant topics are discussed and that there are appropriate reporting structures and representation from the cytology and histology services at these meetings is a high priority.

There is a need to establish business continuity/cover arrangements for all cervical screening activities as the service is vulnerable when staff are absent for any reason.

A single trust-wide colposcopy multi-disciplinary team (MDT) meeting is now in place since the last visit, which is a significant achievement given the geography covered by the service. However, attendance of all staff at these meetings does not yet meet national requirements.

A centralised pathology service is now in place. The service has worked extremely hard to try to achieve the national standards for reporting cervical histology specimens from colposcopy despite the Trust struggling to recruit consultant pathologists. This is commendable. There are an insufficient number of consultant rooms to accommodate the required number of consultants at Worcestershire Royal Hospital should any vacant consultant posts be filled. The trust needs to consider this situation as a matter of priority. There is an urgent need to re-establish previous processes for trimming cervical ‘loop’ treatment specimens and review any cancers reported since the process was changed. Action according to trust protocols may be required.

There have been significant staffing changes within the colposcopy service since the last visit and staff appointed to vacant posts. However, a lack of cover for both medical colposcopists and colposcopy administration staff in times of sickness and leave is causing issues for the service.

Non-screening workload in colposcopy clinics is affecting the service's ability to offer screening patients appointments within the national standard timeframes. This results in colposcopy administrators allocating patients to a colposcopy clinic with availability rather than to the closest clinic to the patient. Reorganising the way non-screening referrals are managed and ensuring clinical colposcopist cover will improve arrangements for patients and reduce the administrative burden.

The accommodation at the Alexandra Hospital remains unsatisfactory despite this being a recommendation at the previous QA visit. Plans to re-locate the colposcopy clinic have been drawn up and should be completed as a high priority.

The immediate and 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 one immediate concern. A letter was sent to the Acting Chief Executive on 16 December 2016, asking that the following item was addressed within 7 days:

- re-establish previous process for trimming cervical 'loop' treatment specimens and review any cancers reported since the process was changed, taking appropriate action according to Trust protocols

As of the date of this report, confirmation has been received that the previous process has been re-established with immediate effect and the audit of previous cases completed which showed that the previous process had not affected the staging of any of the cancers.

High priority

The QA visit team identified 7 high priority findings as summarised below:

- the accountability arrangements and administrative support for the HBPC role need to be documented and confirmed

- not all relevant topics are being discussed at the quarterly cervical screening business management meetings and there is not always representation from all the professional areas of the programme
- 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 are no business continuity/cross-cover arrangements in place for all cervical screening functions
- there is insufficient colposcopy administrative support, and cover for absence, for all required administrative functions
- the relocation of the colposcopy clinic at the Alexandra Hospital has not yet taken place
- attendance of key staff at colposcopy MDT meetings does not meet the national standard; this was a completed recommendation after the last QA visit but has not been sustained

Shared learning

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

- evidence of implementation of the new national screening incident management guidance throughout the service
- pathology specimen turnaround times meet national standards due to increased site specialisation and prioritisation of cervical samples
- training package designed and implemented for gynaecology nurses covering colposcopy
- detailed colposcopy audits disseminated quarterly, investigating areas of service and individual clinical practice and performance outside of national performance standards
- colposcopy compliance with the national HPV triage and test of cure protocol has been audited and fed back to all clinicians
- a colposcopy patient survey has been undertaken and action taken as a result

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	Confirm the accountability arrangements and allocation of administrative support for the hospital-based programme co-ordinator role	1	3 months	H	Copy of the agreed accountability chart, along with confirmation of the administrative support in place
R6.1	Discuss all relevant topics at the quarterly multi-disciplinary Trust cervical screening business meetings with cytology and histology representation, clear terms of reference and reporting arrangements	1	6 months	H	Copy of the terms of reference including reporting arrangements along with the minutes of the meetings occurring since the QA visit
R6.2	Establish 6 monthly reporting to a senior Trust clinical governance committee	1	6 months	S	A copy of the first 6 monthly report and minutes of the meeting where it was presented
R6.3	Data collection for the national invasive cervical cancer audit should be up to date	2	6 months	H	Evidence that all invasive cervical cancer audit cases are up to date

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R12.1	Routine disclosure of invasive audit findings to women in place	2	12 months	S	A copy of the report from the first annual disclosure audit undertaken, the findings and any action(s) taken as a result
R3.2	Update Trust serious incident management policy with references to new national screening incident guidance (2015)	1	3 months	S	Copy of the revised Trust serious incident management policy
R6.4	Establish business continuity/cover arrangements for all cervical screening functions across the Trust	1	6 months	H	Copy of the business continuity plan

Diagnosis – histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R1.1	Re-establish the previous process for trimming cervical 'loop' treatment specimens and review any cancers reported since the process was changed, taking any necessary action(s) according to Trust protocols	3	1 week	I	Copy of revised standard operating procedure (SOP) for trimming cervical loop treatment specimens and confirmation that any cancers detected during the specified period have been reviewed
R3.3	Audit the usefulness of 6 levels routinely on cervical biopsies compared with the national recommendation of 3 levels	4	3 months	S	The audit report and details of the action(s) taken as a result

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R3.4	Proforma template for reporting of 'loop' excisions to include presence or absence of cervical glandular intraepithelial neoplasia and stratified mucin producing intraepithelial lesions	4	3 months	S	A copy of the updated proforma template
R6.5	Re-audit the reporting of 'loop' excisions against the revised proforma template, to ensure that all reports contain the necessary national data set items	4	6 months	S	A copy of the audit report and details of the action(s) taken as a result
R6.6	Pathologists should routinely receive departmental and individual workload, Royal College of Pathologists workload scores and turnaround time data	5	6 months	S	Copy of the performance data provided and confirmation of the frequency these data are produced

Intervention and outcome – colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R3.5	Proactive system in place to ensure mandatory British Society for Colposcopy and Cervical Pathology accreditation is maintained for all practicing colposcopists	6	3 months	S	Document detailing the system established and evidence of its implementation
R3.6	Suitable level of colposcopy administrative support for all administrative functions, with clear cover arrangements in place	6	3 months	H	Copy of colposcopy administrative staffing structure, including evidence of cover arrangements and relevant training

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R3.7	Evidence that Trust guidance on direct data entry is in place on all sites where colposcopy is provided	6	3 months	S	Confirmation that direct data entry is in use across all colposcopy sites
R6.7	Provide updated service and individual colposcopist performance data demonstrating that national standards are met and that there is consistent practice across all sites	6	6 months	S	Data for the most recent 6 month period (since the QA visit) against all national standards and details of actions taken where performance is outside of standard(s)
R12.1	Re-audit adherence to the national human papilloma virus triage and test of cure algorithm	7	12 months	S	A copy of the audit report and details of any action(s) taken as a result
R3.8	Confirm that colposcopy has moved into new accommodation at the Alexandra Hospital	6	3 months	H	Confirmation and details of the re-location of the colposcopy clinic

Multidisciplinary team (MDT)

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R6.8	The national standards that all colposcopists should attend at least 50% of colposcopy MDT meetings and that there is histopathology representation at 100% of meetings should be met	3 and 6	6 months	H	Meeting attendance records showing the standards are met

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R3.9	Develop 1 or more SOPs for the functioning of the MDT and identification of case selection (encompassing cytology, histology and colposcopy)	3, 5 and 6	3 months	S	Copy of approved SOP(s)

I = Immediate
H= High
S = Standard

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.