Public Health England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Cervical Screening Programme
University Hospitals of North Midlands NHS Trust

5 October 2017

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services.
We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.
Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG
Tel: 020 7654 8000 www.gov.uk/phe
Twitter: @PHE_uk Facebook: www.facebook.com/PublicHealthEngland

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.

www.gov.uk/phe/screening Twitter: @PHE_Screening Blog: phescreening.blog.gov.uk
For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net

Published: April 2021
PHE publications
gateway number: GOV-7863

PHE supports the UN
Sustainable Development Goals

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 University Hospitals of North Midlands NHS Trust screening service held on 5 October 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 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 University Hospitals of North Midlands NHS Trust on 13 September 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 North Staffordshire population has been undertaken by the Midlands and East (North Midlands) Screening and Immunisation Team. The University Hospitals of North Midlands NHS Trust cervical screening programme (the programme) provides screening services provides screening services for women served by the North Staffordshire, Stoke on Trent and Stafford and Surrounds clinical commissioning groups (CCGs) along with South Cheshire and Eastern Cheshire CCGs in Cheshire. The eligible population (25 to 64 year-old women) for cervical screening in Staffordshire is approximately 213,158, approximately 73,600 in Shropshire and 97,200 in Cheshire.

The cervical cytology laboratory for the programme is at the Royal Stoke University Hospital. The virology department at the Royal Stoke University Hospital provides human papilloma virus testing for the programme, and is based in the same building as the cytology service.

The cervical histology service is in the laboratory at the Royal Stoke University Hospital. Colposcopy services are at Royal Stoke University Hospital and County Hospital in Stafford.

The Royal Stoke University Hospital laboratory also refers women for colposcopy to the Shrewsbury and Telford Hospitals NHS Trust, the Mid Cheshire Hospitals NHS Foundation Trust and the East Cheshire Hospital Trust. In addition, a small number of screening samples are received for women requiring colposcopy referrals to Stockport NHS Foundation Trust (Stepping Hill Hospital), University Hospital of South Manchester NHS Foundation Trust (Wythenshawe Hospital) and Worcestershire Acute Hospitals NHS Trust (Kidderminster Hospital).

Findings

Overall, this is a well led programme which has been through a number of major service reconfigurations and increases in workload since the last visit in 2014. These reconfigurations and changes have been managed effectively with minimal disruption to the service. There is evidence of good leadership in all professional areas. There is evidence of a culture of collaborative audit and regular performance monitoring across all professional areas. With the leadership arrangements in colposcopy changing soon with the retirement of the longstanding postholder, it will be important for this to continue.

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 5 high priority findings summarised below:

- not all staff are up to date with confidentiality and information governance requirements
- the sample taker database is not up to date so there is not an accurate record of sample takers for the local area. Accurate sample taker performance data cannot be provided and there are no documented processes in place for the monitoring of the sample taker register, sample taker training, performance monitoring and escalation of issues
- details of any additional tests undertaken on histology samples are not being included in the text of the cervical histology reports

Shared learning

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

- monthly cervical screening strategy meetings in addition to routine meetings
- quarterly educational invasive cervical cancer review meetings to discuss individual cases and identify learning points
- routine, documented audit of the disclosure of invasive cervical cancer audit results to women
- twice weekly meetings occurring between the pathology clinical leads and cytology laboratory manager to discuss operational issues and performance
- the cytology department produces monthly cytology staff bulletins to update them on the service
- histopathologists are provided with their individual workload figures and turnaround times for biopsies and treatment specimens on both a weekly and monthly basis. Clinical meetings are being set up to monitor performance on a quarterly basis
- weekly colposcopy nursing team meetings and training sessions
- standardised direct referral process to 9 colposcopy clinics
- a colposcopy performance dashboard with regular review of individual colposcopist performance
- comprehensive process for ensuring women who have a hysterectomy have the correct screening through provision of hysterectomy reports to the lead colposcopist
- centralisation of the colposcopy administration function onto a single hospital site
- a leaflet on making reasonable adjustments for patients with learning disabilities attending outpatient departments has been developed to support these patients in attending appointments
- production of a quarterly colposcopy patient newsletter that provides feedback on patient survey results and actions taken
- implementation of a pre-multi-disciplinary team meeting (MDT) to review all the cases in preparation a week in advance of the cervical screening multi-disciplinary meeting
- routine audit to ensure MDT outcomes are carried out

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	The commissioners should document the commissioning arrangements for the prison population	1	3 months	Standard	Documented evidence of the arrangements in place
2	Update the hospital-based programme co-ordination job description to include dedicated time, and details of administrative support	1	3 months	Standard	Updated job description
3	Confirm all staff are up to date with confidentiality and information governance requirements	1	3 months	High	Confirmation of training received
4	Document the role of the human papilloma virus (HPV) testing pathway manager in an appropriate job description	1	3 months	Standard	Copy of the job description
5	Document the role of the lead histopathologist for cervical screening in an appropriate job description	1	3 months	Standard	Job description, job plan with dedicated professional activity allocation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Update lead colposcopist job description to reflect the service complexity and time required for the role	1, 2	3 months	Standard	Job description, job plan with dedicated professional activity allocation
7	Confirm arrangements for a deputy lead colposcopist	1, 2	6 months	Standard	Name of deputy nominated

Cytolog0079

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Demonstrate adherence to the national guidance on sample acceptance	3	3 months	Standard	Copy of updated gap analysis and standard operating procedure (SOP)

HPV testing

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Update HPV testing guidelines in light of new national guidance	4	3 months	Standard	Copy of gap analysis and updated SOP

Sample taker register

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Work collaboratively with NHS England public health commissioning team to develop an action plan to cleanse the sample taker register	1	3 months	High	Documented action plan
11	Work with NHS England public health commissioning team to implement and maintain a sample taker register and provide comprehensive and accurate feedback by individual sample taker and general practice/clinic relating to reporting profiles, workload and error rates	1	6 months	High	Confirmation and evidence from sample taker register and reports issued
12	Commissioners should ensure processes are in place for the monitoring of the sample taker register, sample taker training, performance monitoring and escalation of issues	1	3 months	High	Copy of documented processes

Diagnosis – histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	All additional tests undertaken on histology samples must be included in the text of the report	5	3 months	High	Copy of anonymised reports with evidence of additional tests undertaken
14	Demonstrate achievement of national standards for cervical histology turnaround times	6,7	6 months	Standard	Data showing that cervical histology specimens are being reported in line with national standards and that this is being maintained

Intervention and outcome – colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Ensure all colposcopists meet the minimum annual workload requirements	2	6 months	Standard	Data for the most recent 12 month period (since QA visit) against all national standards

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.