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England

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Screening Quality Assurance visit report

NHS Cervical Screening Programme
Walsall Healthcare NHS Trust

28 June 2018

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About PHE screening

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Executive summary

The NHS Cervical Screening Programme (CSP) 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 Walsall Healthcare NHS Trust screening service held on 28 June 2018.

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 Public Health England 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 Walsall Healthcare NHS Trust on 15 May 2018
- 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 Walsall population has been the responsibility of the NHS England (West Midlands) Section 7a commissioning team with the Midlands and East (West Midlands) Screening and Immunisation Team (SIT) being responsible for ensuring that local services meet the national cervical screening specification.

The Walsall Healthcare NHS Trust cervical screening programme (the programme) provides screening services for women served by the NHS Walsall Clinical Commissioning Group. The eligible population for cervical screening is approximately 135,500 women.

The cervical histology and colposcopy services for the programme are provided at the Walsall Manor Hospital in Walsall.

Since June 2013, the cytology laboratory that refers women to the programme has been located at the New Cross Hospital, Royal Wolverhampton NHS Trust. The microbiology department at the New Cross Hospital provides human papilloma virus (HPV) testing for the programme. Cytology and HPV testing were assessed as part of a QA visit to the Royal Wolverhampton NHS Trust in April 2018.

Findings

At the time of the last QA visit in 2013, the Walsall cytology service had just transferred to Wolverhampton. This significant change has been well managed and there is evidence of a good working relationship with the cytology service. This provides a good basis on which to move forward with the further reconfiguration of pathology services planned as part of establishing the Black Country Pathology Service over the next 12 months.

The colposcopy team is working hard to prioritise access for patients and the service meets national standards for waiting times and notifying patients of the outcome of their appointments. There is evidence of a routine culture of audit and excellent engagement in the multi-disciplinary team meetings with all individuals exceeding minimum attendance standards.

Since the last visit, there have been many changes in leadership roles. The latest arrangements are new. It is essential to be clear what each lead role's responsibilities are to ensure they work together effectively.

A number of recommendations from the last QA visit have had to be made again. Processes to ensure that changes made within the programme are embedded and sustainable need to be in place. This includes taking relevant action in response to audit findings such that standards are achieved. Risk and incident management awareness across the whole of the programme need to be improved.

There has been a delay in the routine collection of screening history data for women diagnosed with invasive cervical cancer. Although the service is now up to date, improving the timeliness of disclosure of these audit results to women is a high priority for the Trust.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 8 high priority findings as summarised below:

- the new national guidance on the role of cervical screening provider lead is not yet implemented
- the Trust policy on the audit and disclosure of invasive cervical cancer results is not up to date, routine disclosure to women is not happening as soon as results are available and there is no audit demonstrating disclosure is taking place
- not all staff appear to be able to recognise screening incidents in accordance with national guidance
- there is no service level agreement in place between the Trust and Wolverhampton describing the cervical pathology service to be provided and the quality standards to be met
- there are no arrangements in place for the regular back up of the colposcopy database
- not all colposcopists meet the annual workload requirements of at least 50 new screening programme referrals a year
- not all colposcopists meet the standard for colposcopy treatment undertaken using local anaesthetic

Shared learning

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

- a clearly documented incident tracker and comprehensive escalation process in relation to incident management within the SIT
- the SIT is prioritising work on increasing screening attendance through commissioning sample taking in community and sexual health clinics and running local sample taker workshops
- all pathologists participate in the national specialist gynaecological histology external quality assessment scheme
- a regular annual audit of the content of cervical histology reports is carried out to ensure that reports issued comply with the Royal College of Pathologists and NHS CSP guidance
- monthly data are routinely provided on individual pathologist performance
- a safety check form is in place for all colposcopy appointments to prevent issues occurring
- an e-booking system is in place so that patients needing a general anaesthetic procedure can book the date of their day case appointment before they leave the colposcopy department
- a quarterly colposcopy dashboard is in place to monitor colposcopy performance against national standards at business meetings

- a text messaging service is in place to remind patients about their colposcopy appointments and appears to be contributing to reduced rates of non-attendance

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Implement the new national guidance on the cervical screening provider lead role	1	3 months	High	Updated role description. Gap analysis against the guidance with evidence of action taken to address any gaps
2	Develop and implement a whole Trust audit schedule for cervical screening services	1,2	3 months	Standard	Evidence of the audit schedule and the minutes of the meeting where it was approved
3	Update the Trust policy on the audit and disclosure of invasive cervical cancer audit results to women and re-start routine disclosure as soon as results are available	3	3 months	High	A copy of the Trust-ratified audit and disclosure policy, evidence that routine disclosure has commenced and the frequency of disclosure
4	Complete an audit to demonstrate offer of disclosure of invasive cervical cancer audit	3	6 months	High	A copy of the report from the annual disclosure audit undertaken, the findings and any action(s) taken as a result

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Recognise and manage all screening patient safety incidents and serious incidents in accordance with 'Managing Safety Incidents in NHS Screening Programmes' and ensure staff awareness	2,4	3 months	High	Evidence of process in place and confirmation that all staff have been made aware
6	Ensure the risk management process has input from relevant clinical leads	2	3 months	Standard	Confirmation of process in place
7	Document the role of the lead histopathologist for cervical screening and ensure appropriate time allocation	2	3 months	Standard	Job description, job plan with dedicated professional activity allocation
8	Update service level agreement (SLA) for outsourcing cervical histology to include quality requirements for reporting and the contribution of Wolverhampton staff to the Walsall service	5,6	3 months	High	Copy of the SLA with details of service quality requirements and the contribution of Wolverhampton staff to include Walsall multi-disciplinary team (MDT) meeting attendance, on-site reporting and deputising for the lead pathologist
9	Put in place time for the lead colposcopy role and clear accountability arrangements	7	3 months	Standard	Job plan with dedicated professional activity allocation and details of accountability arrangements

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Put in place 3 monthly colposcopy operational meetings	7	3 months	Standard	Terms of reference, meeting schedule

Diagnosis – histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Establish a standard operating procedure (SOP) for tracking specimens sent out of the Trust	5	3 months	Standard	Updated and approved SOP
12	Define the criteria for an inadequate biopsy	5	3 months	Standard	Updated and approved SOP
13	Undertake an audit of inadequate biopsy reporting by individual clinician	10	6 months	Standard	Copy of the audit report and details of the actions taken as a result
14	Demonstrate achieving and sustaining national turnaround time standards for histology reporting	6	12 months	Standard	Submission of turnaround times demonstrating achievement of standard
15	Develop the cervical histology audit programme to adapt audit topics to service needs and link with the Trust-wide audit schedule	1,2	6 months	Standard	Evidence of the audit schedule and the minutes of the meeting where it was approved

Intervention and outcome – colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Establish arrangements for the regular back up of the colposcopy database	7	3 months	High	Details of the arrangements and copy of the SOP
17	Update the local colposcopy clinical guidelines to reflect current NHS Cervical Screening Programme (CSP) guidance	7	3 months	Standard	Updated and ratified guidelines for colposcopy and minutes of meetings where these were discussed and signed off
18	Establish comprehensive colposcopy nursing guidelines	7	3 months	Standard	Copy of guidelines including clinical set up of the treatment room and infection control arrangements
19	Update and compile into a single document all administrative arrangements for the colposcopy service	7	3 months	Standard	Updated document, including the inclusion of a clinical review of the colposcopy discharge information prior to sending
20	Put in place arrangements which ensure that all colposcopists meet and exceed the NHS CSP workload standard	7	6 months	High	Document detailing system in place and evidence that all colposcopists are meeting the workload standards

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Demonstrate achievement of national standard for colposcopy treatment undertaken using local anaesthesia	7	6 months	High	Evidence that all colposcopists are meeting the standard
22	Re-audit all areas that are not meeting national standards both at clinic and individual colposcopist level	7	6 months	Standard	Audit results and details of any actions taken
23	Re-audit to show that all colposcopists are following the national human papilloma virus triage and test of cure protocol including discharge to primary care for follow-up	8	6 months	Standard	Audit results and details of any actions taken
24	Develop the colposcopy audit programme to adapt audit topics to service needs and link in with the Trust-wide audit schedule	7	3 months	Standard	Evidence of the audit schedule and the minutes of the meeting where it was approved
25	Establish annual user survey of colposcopy services	2,7	6 months	Standard	Outcome of survey and any actions required

Multi-disciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Develop and implement a SOP/SOPs for case selection (histology and colposcopy) and update MDT meeting notes to include outcome of specimen reviews and who did them	5, 7	3 months	Standard	Copy of the SOP and examples of anonymised copies of the notes from the most recent 3 consecutive MDT meetings
27	Demonstrate that all relevant cases are identified and discussed at the MDT meeting and outcomes are followed up	5, 7	6 months	Standard	Completed audit, findings and action plan

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 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.