



Public Health  
England

Protecting and improving the nation's health

# Screening Quality Assurance visit report

NHS Cervical Screening Programme  
United Lincolnshire Hospitals NHS Trust

08 February 2018

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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 (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 United Lincolnshire Hospitals NHS Trust (ULH) held on 8 February 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 (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 United Lincolnshire Hospitals NHS Trust on 18 January 2018 and 7 February 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 Lincolnshire population has been undertaken by the Midlands and East (Central Midlands) Screening and Immunisation Team (SIT). The Lincolnshire cervical screening programme (the programme) covers women served by the West Lincolnshire, East Lincolnshire, South Lincolnshire and South West Lincolnshire clinical commissioning groups. The eligible population (25 to 64-year-old women) for cervical screening in Lincolnshire is approximately 183,200.

ULH NHS Trust provides colposcopy services as part of the NHS CSP. Colposcopy takes place at the Trust's hospitals in Lincoln, Grantham and Boston. Derby Teaching Hospitals NHS Foundation Trust provides the cervical cytology and human papillomavirus testing for the programme. The histology service is provided by

Pathlinks pathology service which is hosted by Northern Lincolnshire and Goole NHS Foundation Trust.

## Findings

Overall, this is a programme that has experienced some service changes since the last QA visit in October 2014 including the transfer of the cytology service to Derby. There is evidence of good communication and the new cytology arrangement appears to be working well. Whilst there have been no changes to the provision of histology services, there are delays in histology sample turnaround times which is affecting the notification of colposcopy results to patients. It is important that the Trust works closely with Pathlinks to achieve improvements whilst ensuring service quality.

The work of the colposcopy service and the enthusiasm of its leadership team is recognised by the Trust's senior management and by commissioners. Much has been achieved towards the goal of running a single colposcopy service across 3 sites since the last QA visit. There is further work to do to establish a single streamlined and efficient administrative service across the Trust and to ensure that the colposcopy clinic in Boston is fully integrated into the Trust service both clinically and procedurally. Colposcopy facilities at Grantham and at Lincoln require attention to ensure they meet NHS CSP requirements, including suitable facilities for disabled patients.

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 1 immediate concern. A letter was sent to the chief executive on 9 February 2018 asking that the following items were addressed within 7 days:

- confirmation of whether Lincolnshire cervical histology specimens are to be outsourced by Pathlinks and details of the agreed NHS CSP-compliant quality standards in place for this contract

A response was received within 7 days which assured the QA visit team the identified risk no longer poses an immediate concern. Pathlinks has confirmed to the Trust that cervical histology specimens relating to the NHS CSP will not be outsourced.

## High priority

The QA visit team identified 12 high priority findings as summarised below:

- there is no evidence of a service level agreement covering the quality requirements for the histology service provided by Pathlinks
- the national invasive cancer audit data collection is not up to date
- there is no Trust-wide colposcopy operational meeting in place
- there are not enough colposcopy administrative staff to meet the requirements of the NHS CSP in an effective and efficient manner and their activities are not co-ordinated as a single process across the Trust. All administrative procedures need to be documented
- there are no documented arrangements for the back-up of the colposcopy database which collects all the details of patient attendances
- colposcopy facilities do not meet NHS CSP requirements at Grantham and Lincoln Hospitals
- not all colposcopists are meeting the minimum of attending 50% of the multi-disciplinary meetings (MDT)

## Shared learning

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

- the SIT and local authority jointly chair the Lincolnshire Inequalities Group. This has a focus on improving access to screening and increasing coverage in practices. An excellent piece of work with a Cancer Research UK facilitator has resulted in many recommendations for practices to implement following interviews with sample takers at practices with both low and high coverage rates
- a health inequalities log is discussed at the cervical screening programme board chaired by the SIT. The log is updated with health promotion activities at every meeting ensuring there is a continual focus on this important area
- an ‘amnesty day’ took place in the ULH NHS Trust to encourage staff to attend for their cervical screening test. This was linked to wider work to encourage attendance led by commissioners
- a “Good practice to be shared – what have we done well?” standard agenda item is included at the Trust cervical screening programme management meeting. Standing agenda items are documented against patient safety, experience and effectiveness themes
- a centralised spreadsheet-based system is in place to monitor colposcopist accreditation, clinical professional development, professional appraisals and provision of individual performance data
- a World Health Organisation checklist is in place within colposcopy to support patient safety and its use is audited
- text messaging reminders have been put in place for all new and follow up patients to reduce non-attendance
- an MDT meeting failsafe audit is in place to ensure the actions agreed 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	Update the hospital-based programme co-ordinator job description to include reference to administrative support	1	3 months	Standard	Evidence of updated job description
2	Establish a service level agreement (SLA) (or similar) covering quality requirements for histology service provided by Pathlinks	1	3 months	High	Evidence of signed SLA
3	Confirm whether cervical specimens are to be outsourced by Pathlinks and the agreed NHS Cervical Screening Programme (CSP) compliant quality standards in place for this contract	1, 2	7 days	Immediate	Details of the arrangements in place for the reporting of cervical specimens
4	Ensure the national invasive cancer audit data collection is up to date	3	3 months	High	Completion of registered cases since April 2016
5	Update the policy for audit and offer of disclosure of invasive cervical cancer audit results to reflect actual practice	3, 4	3 months	Standard	A copy of the Trust-ratified audit and disclosure policy
6	Complete an audit to demonstrate disclosure of invasive cervical cancer audit results is taking place routinely	3	12 months	Standard	A copy of audit report

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Ensure all staff are aware of new national screening incident guidance (2017)	5	3 months	Standard	Confirmation of process in place
8	Nominate a deputy Trust lead colposcopy nurse	1, 4	6 months	Standard	Job description, job plan with dedicated time allocation
9	Put in place Trust-wide 3 monthly colposcopy operational meetings	4	3 months	High	Terms of reference and minutes of the meetings that have occurred since the visit

### Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Develop and implement a workforce plan for the colposcopy service	1,4	3 months	Standard	Copy of the plan
11	Ensure there are enough colposcopy administrative staff to meet the requirements of the NHS CSP in an effective and efficient manner	4	6 months	High	Copy of the plan
12	Establish a standard operating procedure (SOP) for the back up of the colposcopy database	4	6 months	High	Ratified IT back up protocol
13	Update the colposcopy guidelines to include conservative management of cervical intraepithelial neoplasia grade 2	4	3 months	Standard	Ratified guidelines with evidence of implementation
14	Make sure that colposcopy administrative activities are coordinated and encompass all the requirements of the NHS CSP,	4	6 months	High	Details of the arrangements in place

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	ensuring a single process across the Trust				
15	Implement SOPs for colposcopy administrative processes	4	6 months	High	Ratified SOPs
16	National waiting time standards for first offered colposcopy appointment should be sustainably achieved	1,4	3 months	High	Performance data, for the period since the visit, indicating achievement of national waiting time standards
17	Audit colposcopy data quality and implement and monitor a plan to address any issues found	4	3 months	High	Copy of the validated 2016/17 data with details of any actions required in relation to data quality or performance outside standard as appropriate for <ul style="list-style-type: none"> <li>• excisional specimens removed as 1 piece</li> <li>• positive predictive value of colposcopists</li> </ul>
18	Validate the data for women who have definitive treatment for high grade disease within 4 weeks of the colposcopy clinic receiving the diagnostic biopsy result a biopsy and take action on the findings as required	4	3 months	Standard	Reasons established and agreed action plan as appropriate
19	Ensure all colposcopists are following the national human papillomavirus triage and test of cure protocol	1,4,6	3 months	Standard	Audit demonstrating compliance and action plan as required



No.	Recommendation	Reference	Timescale	Priority	Evidence required
	including discharge to primary care for follow up				
20	Develop and implement a whole Trust annual colposcopy audit schedule	4	3 months	Standard	Copy of the audit schedule for the next 12 month period
21	Colposcopy invitation letters should include the patient's screening result	7	3 months	Standard	Updated letters
22	Confirm that planned new colposcopy accommodation to meet NHS CSP and disabled patient access requirements is in place at Grantham and District Hospital	1,4	3 months	High	Details of new accommodation in place
23	Confirm that colposcopy accommodation meets NHS CSP and disabled patient access requirements at Lincoln County Hospital	1	3 months	High	Details of the new arrangements in place

### Multi-disciplinary team (MDT)

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Implement standard operating procedure for case selection for the MDT meetings	1,4	3 months	Standard	Ratified standard operating procedure
25	Ensure all colposcopists attend a minimum of 50% of MDT meetings	4	6 months	High	Meeting attendance records showing the standard is met

## 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.