Public Health England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Cervical Screening Programme Chesterfield Royal Hospital NHS Foundation Trust

20 May 2019

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 September 2021
PHE publications
gateway number: GOV-9284

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 Chesterfield Royal Hospital Foundation Trust (CRHFT) cervical screening service held on 20 May 2019.

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, commissioner and external organisations
- information collected during pre-review visits to Chesterfield Royal Hospital (CRH) on 1 May 2019
- information shared with the Midlands and East regional SQAS as part of the visit process

Local screening service

Since 2015, commissioning of cervical screening for the Derbyshire population has been the responsibility of the NHS England (North Midlands) Section 7a commissioning team. NHS England reorganised on 1 April 2019 and combined with NHS Improvement to form a Midlands team. Other changes resulting from the merger are in progress at the time of this QA visit. The North Midlands Screening and Immunisation Team (SIT) is responsible for ensuring CRHFT meets the national cervical screening specification.

CRHFT provides screening services for women served by the Chesterfield and North East Derbyshire Clinical Commissioning Groups. The eligible population for cervical screening across these areas is approximately 95,000.

The CRHFT population converted to human papilloma virus (HPV) primary screening in June 2018. This is part of a major change to the cervical screening programme which will see HPV primary screening being rolled out across England by the end of 2019. In HPV primary screening the initial test is for high risk HPV and if this is present, a cervical cytology slide is made and looked at under the microscope to identify if there are any abnormal cells. This is the opposite to the existing cervical screening programme where all tests are looked at under the microscope initially and only a small proportion then undergo an HPV test where this is indicated in the national protocol.

Colposcopy for CRHFT is provided at CRH. Histology services for CRHFT are provided by EasyPath histopathology network, hosted by Sheffield Teaching Hospitals NHS Foundation Trust with a satellite laboratory at CRH. Cytology and HPV testing services are provided by University Hospitals of Derby and Burton. Histology, cytology and HPV services are outside the scope of this visit.

Findings

Since the last QA visit in 2014, there have been a number of changes to cervical screening programme lead roles for the Trust along with a major service change with the implementation of HPV primary screening. The service is in the process of re-establishing its arrangements following these changes.

The histology service is no longer part of the Trust, but staff are still based on site. This makes it easy to overlook the fact that the histology service is now provided by another organisation. New governance arrangements and updated documentation are required for cervical screening work and staff in lead roles.

There has been progress since the last QA visit and the service has successfully implemented some of the recommendations from that visit. However, not all recommendations made at the previous QA visit have been embedded into routine practice.

The priorities are to ensure that lead roles are documented, roles and responsibilities clarified and to put in place appropriate time for individuals to undertake their lead roles. There needs to be more administrative resource in colposcopy. The service needs to improve colposcopy clinic efficiency and look at ways of increasing capacity to enable waiting times to be met consistently as colposcopy workload will increase for the next couple of years as a result of HPV primary screening implementation.

There is a high priority for the Trust IT department to provide the necessary support to enable the update of the colposcopy data collection system as there have been significant delays. This will provide further opportunities to streamline the administrative aspects of the colposcopy service and release staff time.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

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

- there is no contractual arrangement between the Trust and Sheffield Teaching Hospitals NHS Foundation Trust for the provision of the cervical screening provider lead role
- the lead colposcopy roles are not clearly defined and there is insufficient time for the lead colposcopist to undertake all aspects of the role
- there are insufficient colposcopy administrative staff to undertake the colposcopy administrative activities resulting in over-reliance on individuals
- the colposcopy database is not updated to the most recent version, there is no back up and data recovery arrangements or remote access for support of the system
- colposcopy clinics are not running as efficiently as they could be resulting in national standards for patient waiting times not being consistently met
- not all individual colposcopists are meeting national standards

Shared learning

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

- activity by the SIT to improve cervical screening attendance and reduce inequalities including a project for women with learning disabilities, work to improve screening attendance with general practices and other partners, active promotion of the PHE general practice coverage data tool and visiting general practices with less than 70% coverage to provide training
- detailed gap analysis undertaken by the Trust against new national failsafe guidance
- routine colposcopy data completeness audit and comprehensive annual audit schedule
- text message reminders and a change in Trust policy by having a maximum of one rescheduled appointment for ‘did not attend’ (DNA) patients with low grade referrals has significantly reduced DNA rates

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Put in place a contractual arrangement between the Trust and Sheffield Teaching Hospitals NHS Foundation Trust for the cervical screening provider lead (CSPL) role, and update the Trust job description to reflect the changes	1,2	3 months	High	Gap analysis report against the guidance with action taken to address any gaps Copy of honorary contract and service level agreement for CSPL role and updated job description with accountability and administrative support arrangements
2	Update the terms of reference (ToR) for the quarterly cervical screening management meetings to include the CSPL role and new Trust reporting arrangements	1,2	3 months	Standard	Updated ToR
3	Update all documents to remove out of date references to the histology service that is no longer part of the Trust	1,2	6 months	Standard	Updated standard operating procedures (SOPs) to include: arrangements for invasive cancer audit and disclosure of cervical screening history audit results

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Update and document failsafe arrangements to take account of the gap analysis carried out	3	3 months	Standard	Updated failsafe gap analysis report with action taken and copies of updated ratified SOPs
5	Update Trust policy to include up to date reference to the national screening incident guidance and document the local process for managing potential screening incidents including the escalation route to lead staff	2,4	3 months	Standard	Updated Trust policy SOP for management of screening incidents
6	Put in place a risk management process	2	3 months	Standard	Documented process and copy of risk register(s)
7	Document the role and responsibilities of the lead colposcopist and ensure they have appropriate time to undertake all aspects of the role	1,5	3 months	High	Job description with appropriate dedicated time allocation
8	Document the role and responsibilities of the lead colposcopy nurse, in collaboration with the lead colposcopist, so that the roles complement each other	5	3 months	High	Job description
9	Put in place quarterly colposcopy operational meetings	5	3 months	Standard	ToR, meeting schedule and minutes of meetings since the quality assurance (QA) visit

Intervention and outcome – colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Put in place a system to ensure mandatory British Society for Colposcopy and Cervical Pathology accreditation is maintained for all practicing colposcopists	5	3 months	Standard	Document detailing the system established and evidence of its implementation
11	Ensure that all colposcopy clinics are staffed by at least 2 nurses, at least 1 of which needs to be registered	5	3 months	Standard	Confirmation of nurse staffing for colposcopy clinics
12	Ensure there are enough colposcopy administrative staff to meet the requirements of the NHS Cervical Screening Programme (CSP)	1,5	6 months	High	Copy of a workforce delivery plan demonstrating sufficient administrative staff and cover arrangements
13	Obtain IT support to ensure the colposcopy database is updated to the most recent version, there are back up and data recovery arrangements and remote access for support	1,5	3 months	High	Confirmation of remote access and IT support in place to upgrade the database SOP for back-up and data recovery
14	Document the process for capturing data on women treated under general anaesthesia	1,5	3 months	Standard	Approved SOP
15	Update the Trust colposcopy clinical and nursing guidelines to reflect NHS CSP guidance	5	3 months	Standard	Updated, approved guidelines

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Document all colposcopy administration functions	5	12 months	Standard	SOPs covering all administrative functions including: • management of appointments • screening, non-screening and internal Trust referrals • collection, validation and production of 'KC65' data returns • production of result letters • production and management of the colposcopy discharge report to the call and recall service
17	Ensure the amalgamated colposcopy discharge list is validated by a single clinician prior to sending to call and recall	5	3 months	Standard	Details of the clinician who is signing off the discharge list and a copy of the SOP
18	Ensure all women receive consistent information on their colposcopy results	6	3 months	Standard	Copy of standard template colposcopy result letters
19	Undertake an assessment of clinic appointment templates to increase efficiency so that waiting time standards can be consistently met	2,5	3 months	High	Copy of assessment and details of action taken

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Investigate in detail those national standards not met by individuals and implement and monitor a plan to address any issues found	5	3 months	High	Action plan and details of action taken to date
21	Demonstrate achievement of national standards by individuals	5	12 months	High	Evidence of validated colposcopy data that meets national standards
22	Update patient invitation letter to include test results and ensure that all women receive up to date information on what to expect before their first appointment	6	3 months	Standard	Copy of standard template invite letters with test results Copy of updated patient information sent prior to first appointment

Multidisciplinary team (MDT)

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Clarify and update documentation for MDT meetings	5	3 months	Standard	Updated SOP(s), including core membership and case selection criteria
24	Demonstrate that all colposcopists attend a minimum of 50% of MDT meetings	5	6 months	Standard	Meeting attendance records showing standards are met
25	Document the reviewers of laboratory samples at the MDT meetings	5	3 months	Standard	Copy of the MDT minutes taking place since the QA visit
26	Demonstrate and document the arrangements to ensure that all MDT outcomes are carried out	5	6 months	Standard	MDT outcomes audit, action plan and details of action taken to date

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.