



Public Health
England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Cervical Screening Programme
Derbyshire Community Health Services
NHS Foundation Trust

12 September 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](https://twitter.com/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](https://twitter.com/PHE_Screening) Blog: phescreening.blog.gov.uk

For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net



© Crown copyright

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.nhs.uk/ogp). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

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 Derbyshire Community Healthcare Services NHS Foundation Trust (DCHSFT) screening service held on 12 September 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(s), commissioner and external organisations
- information collected during pre-review visits to Nottingham University Hospital NHS Trust (NUHT) on 1 August 2019, to Ilkeston Community Hospital (ICH) on 13 August 2019 and to Buxton Hospital (BH) on 15 August 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 DCHSFT meets the national cervical screening specification.

DCHSFT provides screening services for women served by the Derby and Derbyshire Clinical Commissioning Groups. The eligible population for cervical screening across these areas is approximately 258,000.

The DCHSFT 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 DCHSFT is provided at BH and ICH. Histology services for DCHSFT are provided by the University Hospitals of Derby and Burton NHS Foundation Trust (UHDBFT) at Derby Royal Hospital (DRH) for the BH colposcopy service and by NUHT for the ICH colposcopy service. Cytology and HPV testing services are provided at DRH. Histology, cytology and HPV services are outside the scope of this visit.

The DCHSFT colposcopy service is due to transfer to UHDBFT on 1 November 2019.

Findings

Since the last QA visit in 2014, there have been changes to some lead roles and the implementation of HPV primary screening. The service has adapted well to these changes. All staff involved in the QA visit showed motivation to provide a high quality service and there is demonstrable engagement from the DCHSFT senior management team.

There has been progress since the last QA visit and the service has successfully implemented some of the recommendations from that visit. There have been improvements in governance and oversight of the service and evidence of more consistency of service across the 2 sites, although more work is needed on this.

Due to the imminent transfer of the service to UHDBFT on 1 November 2019, the priorities are to ensure a single UHDBFT-wide service ensuring that there are single processes and procedures across the new service footprint. The transfer will also provide an opportunity to streamline aspects of the service that are split at present due to the range of links with different hospitals for various elements of the screening pathway.

Immediate concerns

The QA visit team identified 1 immediate concern. A letter was sent to the chief executive on 16 September asking that the following item was addressed within 7 days:

- put in place patient specific colposcopy equipment to meet infection control requirements at BH

A response was received within 7 days which assured the QA visit team the identified risk has been mitigated and no longer poses an immediate concern.

High priority

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

- the arrangements for offer of disclosure of invasive cervical cancer audit to patients diagnosed with cancer and collection of the audit data are unclear
- processes for ensuring women with potentially invasive cervical cancer are directly referred to a cancer unit are not clearly defined
- not all staff appear to be aware of the national 'Managing Safety Incidents in NHS Screening Programmes' guidance
- electronic access to screening and histology results is not available on both sites
- not all colposcopists are meeting national performance standards or requirements for attendance at multi-disciplinary team meetings
- the standard for women receiving definitive treatment for high grade disease within 4 weeks of the colposcopy clinic receiving the diagnostic biopsy result (90%) is not being met

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 the 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 data tool and visiting general practices with less than 70% coverage to provide training
- a local audit tool for monthly failsafe of colposcopy referrals and results
- comprehensive use of reflective practice to improve individual colposcopist performance at the BH colposcopy service
- a survey of patients who do not attend their appointments to understand their reasons with a view to improving the BH colposcopy service

- inclusion of an accessibility statement within the colposcopy leaflet to support equal access to the service for users with specific needs

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Document the governance structure within NHS England and NHS Improvement (Midlands) by which screening issues can be escalated	1	3 months	Standard	Details of the governance arrangements in place
2	Appoint a Cervical Screening Provider Lead (CSPL) with an agreed job description that includes accountability to the Chief Executive Officer, dedicated time and administrative support	1,2	3 months	Standard	Evidence of appointment, updated CSPL job description with accountability arrangements, time allocation and administrative support
3	Develop an audit action plan to improve the local service and share learning between sites	1,2	6 months	Standard	Copy of the action plan and progress to date
4	Clarify the arrangements for offer of disclosure of invasive cervical cancer audit and the protocol for collecting the audit data	3,4	3 months	High	Confirmation of arrangements, and a copy of the protocol for collecting the data
5	Update the Trust serious incident policy to include reference to managing screening incidents in accordance with "Managing Safety Incidents in NHS Screening Programmes"	1,5	3 months	Standard	Updated Trust policy with links to new guidance

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Ensure all staff are aware of the national 'Managing Safety Incidents in NHS Screening Programmes' guidance	1,5	3 months	High	Evidence of process in place and that all staff have been made aware
7	Put in place a risk management process	1	3 months	Standard	Documented process and copy of risk register(s)
8	Appoint a lead colposcopist for cervical screening with responsibility for ensuring good practice, compliance with protocols and that NHS Cervical Screening Programme standards are met, and nominate a deputy	6	3 months	Standard	Evidence of approved job description and job plan with dedicated time allocation Name of nominated deputy
9	Appoint a lead colposcopy nurse and nominated deputy	6	3 months	Standard	Evidence of approved job description and job plan with dedicated time allocation Name of nominated deputy
10	Put in place a 3 monthly Trust-wide colposcopy operational meeting	6	3 months	Standard	Terms of reference and minutes of meetings that have occurred since the quality assurance (QA) visit

Intervention and outcome – colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Ensure electronic access to screening and histology results on both sites	7	3 months	High	Confirmation of arrangements in place Copy of approved standard operating procedure (SOP)
12	Update and ratify the clinical colposcopy guidelines and update the screening sample taking procedure	6	3 months	Standard	Ratified clinical colposcopy guidelines Updated sample taking procedure
13	Document all aspects of colposcopy clinic set up and operation	6	3 months	Standard	Copy of approved SOP
14	Document all aspects of colposcopy administration, data collection and the validation of processes	6	3 months	Standard	Copy of administrative SOPs covering all administration and data-related activities
15	Clarify and document the colposcopy discharge extract validation and sign off by a clinician at Ilkeston Hospital	6	3 months	Standard	Confirmation of arrangements in place Copy of approved SOP
16	Clarify arrangements for ensuring women with potentially invasive cervical cancer are directly referred to a cancer unit	3,4	3 months	High	Confirmation of arrangements in place Copy of approved SOP
17	Implement and monitor a plan to ensure that 90% of women have definitive treatment for high grade disease within 4 weeks of the colposcopy clinic receiving the diagnostic biopsy result	6	3 months	High	Copy of the plan and evidence of it being implemented
18	Implement and monitor a plan to ensure that individual clinical performance standards are met	6	6 months	High	Copy of the plan and details of the action taken

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Ensure all colposcopists are following the national human papilloma virus primary screening protocol including discharge to primary care for follow up	8	6 months	Standard	Copy of the audit(s) and details of action taken
20	Update patient invitation letter to include the screening test result and ensure consistent result letters to patients across sites	9	3 months	Standard	Copy of updated patient information sent prior to first appointment Copy of consistent result letters along with the associated SOP
21	Complete a comprehensive annual user survey across colposcopy sites and develop an action plan on the results	1,6	6 months	Standard	Copy of survey report and details actions taken
22	Put in place patient specific colposcopy equipment to meet infection control requirements at Buxton Hospital	6	Immediate	Immediate	Confirmation that colposcopy equipment trays are set up individually for each separate patient appointment rather than in advance for the whole clinic session

Multidisciplinary team (MDT)

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Ensure all colposcopists attend a minimum of 50% of MDT meetings	6	6 months	High	Attendance records for MDT meetings after the QA visit showing the standard is met
24	Audit that all appropriate cases indicated in national guidelines have been identified and discussed at the MDT and that agreed outcomes have taken place	6,7,8	6 months	Standard	Audit reports and details of actions taken

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.