



Public Health
England



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Quality Assurance Report

Coventry and Warwickshire Cervical Screening Programme:

George Eliot Hospital NHS Trust Cervical Screening Programme visit on 8 March 2016

V1.0 / July 2016

Public Health England leads the NHS Screening Programmes

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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 better 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 four UK countries. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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Published July 2016

PHE publications gateway number: 2016163



Executive summary

The findings in this report relate to the quality assurance (QA) review of the George Eliot Hospital NHS Trust cervical screening programme, held on 8 March 2016.

1. Description of local screening programme

The cervical screening programme delivered by the George Eliot Hospital NHS Trust comprises a single colposcopy service sited at the George Eliot Hospital in Nuneaton. Cytology and histopathology services are provided by Coventry and Warwickshire Pathology which is hosted by the University Hospitals of Coventry and Warwickshire NHS Trust. The colposcopy service serves Nuneaton and the surrounding area of North Warwickshire which has a population of approximately 240,000 and receives approximately 700 referrals per year. The service at the George Eliot Hospital NHS Trust forms part of the Coventry and Warwickshire Cervical Screening Programme.

The NHS England (West Midlands) team has overall responsibility for commissioning the cervical screening activities carried out by the trust.

2. Key findings

The findings from this quality assurance visit demonstrate a positive improvement since the last visit in April 2012. From the review of documentation, data provided in advance of the visit and the professional discussions that took place on the day, the governance arrangements appear to be more robust, as are communications across the programme. It is clear that all staff in the programme have worked hard to ensure that the service being provided is patient focused and staff are routinely working to bring about continuous improvement.

An overview of the short-term recommendations made is included below.

2.1 Shared learning

There were several areas of practice worth sharing identified by the QA team, but in particular:

- the standardised approach to the role of hospital-based coordinator across the 3 hospital trusts which form the Coventry and Warwickshire Cervical Screening Programme, including the introduction of an innovative appraisal/role review template
- the format, and detail, of the quarterly colposcopy performance data presented to the cervical screening business meetings were very comprehensive
- colposcopy nursing staff are encouraged to attend the quarterly cervical screening business meetings and the monthly colposcopy multi-disciplinary team meetings

2.2 Immediate concerns for improvement

The Screening QA Service and the QA team are pleased to note that there were no immediate concerns identified during the visit process.

2.3 High priority issues

Overall, the high priority issues for the service relate to internal trust reporting arrangements and actions which will enable the achievement of a small number of key national colposcopy standards.

3. Key recommendations

9 recommendations were made overall. It is specified that 6 of these should be completed within 3 months of the date of this report and the remaining 3 recommendations (classified as medium-term) should be completed within 6 months of the date of this report. 2 of the medium-term recommendations relate to the audit of action plans identified in the short term recommendations. The short term recommendations are summarised in the table below:

Timescale	Theme	Brief description of recommendation
Short term	Governance	The dates for annual and 6 monthly reporting by the hospital-based coordinator need to be agreed
Short term	Service delivery	Remote access to the colposcopy database needs to be established for the hospital-based coordinator
Short term	Service delivery and quality	All practising colposcopists need to achieve the national standards in respect of minimum annual workload and minimum attendance at colposcopy multidisciplinary team meetings
Short term	Service delivery and quality	The colposcopy clinical guidelines need to be updated to include some omissions and some minor amendments
Short term	Service delivery and quality	Performance data in respect of women receiving treatment within 4 weeks of biopsy needs to be fully validated and an action plan put in place to address performance outside of national standard, if relevant
Short term	Quality	Patient invitation and result letters need to be updated to ensure they are compliant with national standards

4. Next steps

The George Eliot Hospital NHS Trust is responsible for developing an action plan to ensure completion of the recommendations contained within this report, in line with the specified deadlines. It is noted that the internal reporting structure for the cervical screening programme

outlines that the hospital-based programme coordinator reports into the trust's Patient Safety and Experience Committee which will have oversight of the action plans to address the issues raised.

The NHS England Screening and Immunisation team will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented. The Screening QA Service, in conjunction with the QA professional and clinical advisors (PCAs), will work with the trust to support this process.