



Public Health
England

Screening quality assurance visit report

NHS Cervical Screening Programme Gateshead Health NHS Foundation Trust

30 November 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 4 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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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 (QA) visit of the Gateshead Health NHS Foundation Trust screening service held on 30 November 2016.

Purpose and approach to quality assurance (QA)

Quality assurance 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 PHE screening quality assurance service (SQAS).

The evidence for this report comes from the following sources:

- routine monitoring of data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider(s), commissioner and external organisations
- information shared with the North regional SQAS as part of the visit process

Description of local screening service

The area served by Gateshead Health NHS Foundation Trust has an eligible population of approximately 51,000 women. This population is characterised by a mixed urban and rural setting, with several pockets of deprivation.

The programme is provided by Gateshead Health NHS Foundation Trust. It is commissioned by NHS England North (Cumbria and North East).

Cytology screening and histology are provided at Queen Elizabeth Hospital. The laboratory at Queen Elizabeth Hospital has been providing human papillomavirus (HPV) testing on-site since the introduction of triage and test of cure in 2012. There is a colposcopy clinic at Queen Elizabeth Hospital.

Findings

This is the fourth QA visit to this service. The service is well organised with strong leadership and team members are engaged and motivated. The service has well developed plans to continue improving quality.

All but two recommendations had been addressed since the laboratory interim QA visit in 2015.

Immediate concerns

The QA visit team identified no immediate concerns within this cervical screening service.

High priority issues

The QA visit team identified 3 high priority issues as summarised below:

- HBPC to address the backlog of cervical invasive cancer audit cases
- implement a single laboratory information management system
- revise processes for issuing colposcopy results ensuring sufficient cover arrangements are in place for if staff are on leave

Shared learning

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

- dedicated courier transport system for cytology samples, with barcoded tracking from request to laboratory to ensure chain of custody
- implementation of cervical screening incident dashboard on internal reporting tool Datix, to monitor and audit incidents
- implementation of ICE requesting, to remove reliance on paper requesting and ensure low rejection rates for mislabelled samples
- excellent use of lean laboratory processes, including ergonomic design of facilities, colour coding, process mapping and tracking to ensure compliance against turnaround time standards
- timely communication between colposcopy and the histopathology, with urgent cases highlighted to the lead cytopathologist in advance of receipt
- good use of visual displays in histopathology to ensure high priority and urgent cases are processed and reported in a timely manner.
- weekly huddles with all laboratory staff, including failsafe and IT staff, which promotes an inclusive culture and allows issues to be resolved quickly
- Cytology and histopathology cases are reviewed without knowledge of the reported result or the reporting pathologist prior to the MDT meetings. This process is exemplary.
- national safety standards for invasive procedures (NatSSIPs) have been fully implemented in colposcopy

Next steps

The screening service provider is responsible for developing an action plan in collaboration with the commissioners to ensure completion of 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 following the issuing of the final report. 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