



Public Health
England



Screening Quality Assurance visit report

NHS Cervical Screening Programme Taunton and Somerset NHS Foundation Trust

8 and 9 March 2017

Public Health England leads the NHS Screening Programmes

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-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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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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www.gov.uk/topic/population-screening-programmes. Twitter: [@PHE_Screening](https://twitter.com/PHE_Screening)
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Published: August 2017

PHE publications

gateway number: 2017311

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Scope of this report

	Covered by this report?	If 'no', where you can find information about this part of the pathway
Underpinning functions		
Uptake and coverage	No	To be addressed separately
Workforce	Yes	
IT and equipment	Yes	
Commissioning	No	To be addressed separately
Leadership and governance	Yes	
Pathway		
Cohort identification	No	To be addressed separately
Invitation and information	No	To be addressed separately
Testing	Yes	
Results and referral	Yes	
Diagnosis	Yes	
Intervention/treatment	Yes	

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 Taunton and Somerset NHS Foundation Trust cervical screening service held on 8 and 9 March 2017.

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 South regional SQAS as part of the visit process

Description of local screening service

Taunton and Somerset NHS Foundation Trust (TSFT) provides cervical screening services for eligible women registered in 74 Somerset general practices and cervical cytology services for women registered in West Dorset general practices. The cytology laboratory reported approximately 36,994 cervical cytology samples from all sources in 2015/16.

Whilst there are many areas of affluence within Somerset there are also significant pockets of deprivation which experience higher levels of unemployment, lower educational attainment and poorer health and wellbeing.

Life expectancy in Somerset is higher than the national average and is increasing.

TSFT cervical screening service is commissioned by NHS England South (South West) with links to NHS England Wessex which commissions the cervical screening service run in the Dorset area. It is important to note that although the TSFT cervical screening

service provides cytology for patients registered in West Dorset, and undertakes direct referrals to colposcopy clinics in Dorchester and Yeovil, this report is representative of findings within the TSFT cervical screening service only.

Primary Care Support England (PCSE) managed by Capita delivers the call and recall component for the screening service. The call and recall function of the cervical screening programme is being assessed via a separate medium. Therefore, details on this component of the screening pathway is not included in this report.

TSFT provide cervical cytology, histology, colposcopy and human papilloma virus (HPV) testing components of the screening programme. The cytology and HPV testing is carried out on the Southwest Pathology Services (SPS) site while colposcopy and histology is carried out on the Musgrove hospital site. This service provides a high quality cervical screening service.

The TSFT cervical screening service has been undertaking HPV triage and test of cure since 2012.

Findings

The TSFT cervical screening service provides an excellent service to its eligible population and there is good communication between all aspects of the service. There is impressive leadership and team engagement.

All recommendations from the last QA visit in 2012 have been implemented except for a colposcopy related recommendation “provide evidence that all colposcopists have attained numbers needed to maintain accreditation in line with guidance”.

Immediate concerns

There were no immediate priority issues identified at this QA visit.

High priority issues

The QA visit team identified six high priority issues identified as recommendations.

Shared learning

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

- notable educational sessions in the cytology laboratory coupled with upskilling of staff
- overall effective LEAN methodology across the screening service
- the use of a dashboard and Kanban cards to support visualisation of the workflow within the cytology laboratory
- active identification, reporting and management of incidents across the screening service
- the use of digital pathology for the review and sharing of cases
- active audit culture and embedding of audit recommendations into routine practice across the screening service
- excellent invasive cancer audit disclosure policy and process managed by the HBPC
- the introduction of a local commissioning for quality and innovation (CQUIN) initiative, supporting the identification of women that require a post-partum smear and ensuring this group of women are engaged with the cervical screening service

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1.0	Ensure that the hospital based programme coordinator post has a job description which reflects the requirements of the role and is adequately resourced	NHS public health functions agreement 2016-17 Service Specification no. 25 cervical screening	3 months	H	Letter from trust to SQAS and public health commissioning team confirming a review and resourcing of the HBPC role
1.1	Implement a job plan for the lead colposcopist that includes dedicated professional activities allocation and administrative support	NHS public health functions agreement 2016-17 Service Specification no. 25 cervical screening	3 months	H	Submission of trust signed-off lead colposcopist job description to SQAS and public health commissioning team

Cytology and histology laboratory

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1.2	Cytology management to standardise the direct referral processes for its colposcopy clinics; including identifying methods other than fax for transmission of reports	NHS public health functions agreement 2016-17 Service Specification no. 25 cervical screening	6 months	H	Written confirmation to SQAS and public health commissioning team that direct referral process has been standardised
1.3*	Develop a protocol for the identification and management of poor performance that includes medical and consultant biomedical scientist roles; detail of how performance will be monitored against screening standards and recognises multiple employers	NHS public health functions agreement 2016-17 Service Specification no. 25 cervical screening	3 months	H	Submission of ratified protocol to SQAS and public health commissioning team

*Recommendation 1.3 applies to cytology and histology.

Colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1.4	TSFT to ensure that all colposcopy clinics are staffed by at least two nurses in accordance with NHSCSP guideline	Cervical Screening: Programme and Colposcopy Management NHSCSP 20	6 months	H	Written confirmation to SQAS and public health commissioning team
1.5	Lead colposcopist in conjunction with the trust to devise a means of ensuring all colposcopists meet the standards required within the NHSCSP guidance	Cervical Screening: Programme and Colposcopy Management NHSCSP 20	3 months	H	Submission of action plan to SQAS and public health commissioning team
			6 months	H	Implementation of plan – report provided at cervical screening programme board

I = Immediate

H= High

S = Standard