



Public Health
England

Screening Quality Assurance visit report

NHS Cervical Screening Programme Yeovil District Hospital NHS Foundation Trust

4 May 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.

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 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.

PHE Screening, Floor 2, Zone B, Skipton House, 80 London Road, London SE1 6LH
www.gov.uk/topic/population-screening-programmes
Twitter: [@PHE_Screening](https://twitter.com/PHE_Screening) Blog: phescreening.blog.gov.uk
Prepared by: Screening Quality Assurance Service South.

© Crown copyright 2017

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, please visit [OGL](https://www.ogcl.gov.uk) or email psi@nationalarchives.gsi.gov.uk. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published: August 2017

PHE publications
gateway number: 2017261

PHE supports the UN
Sustainable Development Goals



Contents

| | |
|--|---|
| About Public Health England | 2 |
| About PHE Screening | 2 |
| Scope of this report | 4 |
| Executive summary | 5 |
| Purpose and approach to quality assurance (QA) | 5 |
| Description of local screening service | 5 |
| Table of consolidated recommendations | 8 |

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 | No | To be addressed separately |
| 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 Yeovil District Hospital NHS Foundation Trust cervical screening service held on 4 May 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

The cervical screening service delivered by Yeovil District Hospital NHS Foundation Trust (YDHFT) serves eligible women aged 25 to 64 years old.

YDHFT cervical screening service is commissioned by NHS England South (South West). It is important to note that although cervical cytology samples from Yeovil are processed at Southwest Pathology Services (SPS) laboratory, this report is representative of findings within the YDHFT cervical screening service only.

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.

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.

The colposcopy and histology component of the screening service are provided at the Yeovil District Hospital NHS Foundation Trust. The cervical cytology and human papilloma virus (HPV) testing components of the pathway are provided by Southwest Pathology Services (SPS).

Findings

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

All but one recommendation from the last QA visit in 2012 have been implemented. The outstanding recommendation relates to the colposcopy facility.

Immediate concerns

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

High priority issues

The QA visit team identified 12 high priority issues as recommendations, which are summarised below:

- the hospital based programme coordinator (HBPC) requires a job description and job plan
- the HBPC meetings are to formally include histopathologists, with cascade of relevant communications and publications
- the HBPC is to ensure PHE incident management policy is implemented effectively
- the appointment of a lead histopathologist with an appropriate job description and job plan
- the lead colposcopist requires a job description and a job plan
- adequate administrative staff absence cover is required
- review of the direct entry policy to maximise skill mix and ensure accuracy of information
- revise the administrative and nursing process relating to KC65 data input, to include a review of the monthly data and development of a standard operating procedure

- to suspend the use of ablative treatment for cervical intra-epithelial neoplasia (CIN) in the absence of a biopsy result, and carry out an audit of Test of Cure (TOC) fail rate
- carry out an audit to differentiate screening and non-screening referrals, to determine performance as regards the percentage of women treated at first visit having high-grade or moderate dysplasia, squamous intra-epithelial neoplasia, or glandular cervical intra-epithelial neoplasia
- revise large loop excision of the transformation zone (LLETZ) leaflet to include post-treatment advice
- update clinic leaflets, to contain information as outlined in the national guidance

Shared learning

The QA visit team identified areas of practice that are worth sharing or commending:

- monthly patient satisfaction surveys which consistently indicate excellent results and service provision by the colposcopy team
- admirable histopathology reporting proformas in use

Table of consolidated recommendations

Governance and leadership

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|---|-----------|----------|--|
| 1.0 | Ensure that the hospital based programme coordinator (HBPC) post has a job description which reflects appropriate escalation, and a job plan reflecting 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 | Ensure that the hospital based programme coordinator meetings formally include histopathologists; and the cascade of relevant communications and publications | 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 |
| 1.2 | Hospital based programme coordinator to ensure PHE incident management policy is implemented effectively | NHS Screening Programmes 'Managing Safety Incidents in NHS Screening Programmes' | 3 months | H | Written confirmation to SQAS and public health commissioning team |

Histology laboratory

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|---|-----------|----------|---|
| 1.3 | Lead histopathologist to be appointed: <ul style="list-style-type: none"> job description to reflect appropriate escalation and governance of the role job plan to reflect time allocation for reporting and MDT sessions | 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 |

Colposcopy

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|---|-----------|----------|---|
| 1.4 | Ensure lead colposcopist has a job description which reflects appropriate escalation, and a job plan reflecting the requirements of the role | 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 |
| 1.5 | Ensure there is adequate administrative staff absence cover to maintain timeliness when staff are on annual leave | NHS public health functions agreement 2016-17 Service Specification no. 25 cervical screening | 6 months | H | Written confirmation of process and absence cover to SQAS and public health commissioning team |
| 1.6 | Review policy for direct entry of data to maximise skill mix and ensure accuracy of information | NHS public health functions agreement 2016-17 Service Specification no. 25 cervical screening | 3 months | H | Written confirmation of process to SQAS and public health commissioning team |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|--|-----------------|----------|---|
| 1.7 | <p>Revise the process relating to administrative and nursing input for the collation, processing and submission of accurate KC65 data returns, with sign off by the lead colposcopist:</p> <ul style="list-style-type: none"> • nurse colposcopist to review data monthly to ensure all mandatory items are included and errors identified and corrected before quarter report submission • develop standard operating procedure documentation (SOP) relating to KC65 production | <p>NHS public health functions agreement 2016-17 Service Specification no. 25 cervical screening</p> | <p>3 months</p> | <p>H</p> | <p>Written confirmation of process to SQAS and public health commissioning team</p> |
| 1.8 | <p>Service improvement:</p> <ul style="list-style-type: none"> • suspend use of ablative treatment for CIN where a biopsy result is not available • ensure data management is in place to support safe use of ablation therapy • carry out an immediate audit of Test of Cure (TOC) fail rate by modality and histology outcomes • ensure ablation is not the default management for screening programme referrals until an adequate audit has been carried out and results have been validated | <p>Colposcopy and programme management NHSCSP 20</p> | <p>3 months</p> | <p>H</p> | <p>Submission of audit findings to SQAS and public health commissioning team</p> |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|------|---|---|-----------|----------|---|
| 1.9 | Differentiate between screening and non-screening referrals, to accurately determine performance as regards percentage of women treated at first visit with evidence of high-grade or moderate dysplasia (CIN2), squamous intra-epithelial neoplasia (CIN3), or glandular cervical intra-epithelial neoplasia (CGIN) on histology: <ul style="list-style-type: none"> carry out a formal audit | Colposcopy and programme management NHSCSP 20 | 6 months | H | Submission of audit findings to SQAS and public health commissioning team |
| 1.10 | Revise the leaflet detailing large loop excision of the transformation zone (LLETZ) to include core information relating to post-treatment advice | 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 |
| 1.11 | Update information leaflets: <ul style="list-style-type: none"> ensure that a leaflet on treatment is sent with colposcopy appointment letter clinic leaflets to be revised, to ensure they contain information as outlined in the national guidance review clinic template to ensure see and treat patients can be accommodated | 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 |

I = Immediate; H = High; S = Standard