



Public Health
England



Screening Quality Assurance visit report

NHS Cervical Screening Programme Buckinghamshire Healthcare NHS Trust

19 January 2017

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 September 2017
PHE publications
gateway number: 2017384

PHE supports the UN
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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 Buckinghamshire Healthcare NHS Trust screening service held on 18-19 January and 8 February 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

This report covers cervical screening services provided by Buckinghamshire Healthcare NHS Trust. The population covered by the cervical screening service of Buckinghamshire Healthcare NHS Trust (excluding Milton Keynes) is mainly within the Aylesbury Vale and Chiltern Clinical Commissioning Group (CCG) areas. A 2014 population estimate shows the size of the resident population in Buckinghamshire to be approximately 522,000. The proportion of the population falling into age groups over 65 is slightly higher in Buckinghamshire than in England as a whole at about 27%. Approximately 13.6% of the population are from a non-white ethnic background compared to 14.6% in England. In 2011, 7.3% of the population did not speak English as a first language, which is lower than England at 9.1%. Approximately 50.9% of the 2011 population was female which is consistent with England at 50.8%.¹

Colposcopy services are commissioned by NHS England as part of the national screening programme for cervical cancer but the service is funded by the Clinical Commissioning Groups.

Referrals for women with abnormal screening tests identified by the laboratory are made to three colposcopy clinics: Wycombe and Stoke Mandeville (Buckinghamshire Healthcare NHS Trust) and Milton Keynes (Milton Keynes University Hospital NHS Foundation Trust).

Milton Keynes University Hospital NHS Foundation Trust has a histopathology service and colposcopy service. Both are based at Milton Keynes Hospital and are outside the scope of this visit.

Findings

There have been at least two previous QA visits to this trust, which were conducted under the previous QA structure. The trust is providing a well-managed screening service, which will need to adapt to forthcoming changes in the national and local screening programme.

Immediate concerns

The QA visit team did not identify any immediate concerns.

High priority issues

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

- at the time of the visit there was no permanent lead cytopathologist in post
- the lead colposcopist job description requires review and formalisation with clarification of accountability and time allocation
- terms of reference and functionality of programme board meetings require review to enhance the effectiveness of the meeting
- the Hospital Based Programme Co-ordinator (HBPC) requires formal appointment with a job description with clarification of accountability and funding
- there is significant reliance on the lead colposcopy nurse for many clinic support functions, with lack of clarity around capacity and absence cover
- the cytology laboratory is accepting screening samples that are not adequately labelled (two recommendations)
- the colposcopy IT system is not fit for purpose as it is not able to supply performance and audit data (two recommendations)
- the colposcopy accommodation at Stoke Mandeville does not meet national standards
- there are not always two nurses supporting each colposcopy clinic, which is a national standard
- the service has been unable to achieve the standards for communication of histology results and management plans

Shared learning

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

- laboratory staff support initial sample taker training by contributing presentations to training days, allowing trainees to visit the laboratory and hosting monthly practice nurse open days which are evaluated
- the trust has recently implemented a comprehensive process for offering disclosure of invasive audit results to women newly diagnosed with cervical cancer
- there is good support for training in the laboratory and a biomedical scientist (BMS) has recently won a national Institute of Biomedical Science (IBMS) portfolio award
- there is an innovative method (green forms) for highlighting women who are on the test of cure pathway
- National Health Service Cancer Screening Programmes (NHSCSP) information leaflets available in languages other than English are set out in the Wycombe clinic waiting area

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R1.7	Appoint a permanent lead cytopathologist with a job description, appropriate time in their job plan, strategy for developing comprehensive understanding of the role and ensure the role is subject to annual appraisal	NHS Public Health functions agreement 16-17 Service Specification 25 ²	3 months	H	Appointment of permanent lead cytopathologist
R1.11	Develop a new job description for the incoming lead colposcopist to include appropriate time in their job plan, lines of accountability and escalation routes, local structure and responsibilities, drawing on national guidance, and ensure the role is subject to annual appraisal	NHS Public Health functions agreement 16-17 Service Specification 25 ²	3 months	H	Lead colposcopist job description
R1.2	Revise the programme board terms of reference and re-visit the purpose and functionality of programme board meetings to ensure service improvement objectives are achieved	NHS Public Health functions agreement 16-17 Service Specification 25 ²	6 months	H	Revised programme board terms of reference

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R1.3	Ensure that the HBPC role is a formal appointment with a job description	NHS Public Health functions agreement 16-17 Service Specification 25 ²	3 months	H	Hospital Based Programme Co-ordinator job description showing accountability, escalation route to senior trust management, time allocation and funding
R1.12	Review the colposcopy lead nurse job plan and ensure there is sufficient time allowance for all the tasks she is required to complete to support colposcopy. Ensure there is adequate trained absence cover for the colposcopy lead nurse so that colposcopy support tasks are completed to a high standard in her absence, including national colposcopy data return (KC65) production	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition ³	6 months	H	Confirmation of lead colposcopy nurse job plan revision and absence cover
R1.8	Ensure the lead histopathologist has a job description describing their responsibilities, appropriate time in their job plan and ensure the role is subject to annual appraisal	NHS Public Health functions agreement 16-17 Service Specification 25 ²	3 months	S	Lead histopathologist job description

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R1.1	Responsibility for oversight of the Milton Keynes service rests with NHS England Midlands and East (Central Midlands) screening and immunisation team, and further discussion on whether this can be delivered through the current Buckinghamshire screening board, on which there is representation from both SITs, is suggested	NHS Public Health functions agreement 16-17 Service Specification 25 ²	6 months	S	Confirmation of programme board arrangements review
R1.5	Provide evidence of 6 monthly screening report to a trust wide clinical governance committee	NHS Public Health functions agreement 16-17 Service Specification 25 ²	9 months	S	Hospital Based Programme Co-ordinator report
R1.6	Provide an annual report of screening services, signed off by the trust board	NHS Public Health functions agreement 16-17 Service Specification 25 ²	12 months	S	Annual report signed off by the trust board

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R1.14	Arrange colposcopy operational meetings at least every three months with regular attendance of all colposcopists	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition ³	9 months	S	Terms of reference (including an outline of the process for disseminating decisions) and minutes of quarterly colposcopy operational meetings
R1.13	Implement a workforce plan which includes succession for the colposcopy lead nurse role with sufficient time for training and hand over	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition ³	9 months	S	Colposcopy workforce plan
R1.4	Develop a standard operating procedure (SOP) for HBPC distribution of new programme guidance to all appropriate individuals	NHS Public Health functions agreement 16-17 Service Specification 25 ²	6 months	S	SOP for distribution of new programme guidance
R1.9	Ensure the laboratory workforce plan uses existing staff skills to their full potential and includes plans for possible future retirements	NHS Public Health functions agreement 16-17 Service Specification 25 ²	6 months	S	Laboratory workforce plan

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R1.15	Ensure the process for offering disclosure of invasive cervical cancer audit results is effective at both colposcopy clinic sites. Update colposcopy documentation to include the disclosure policy and letter	NHS Cancer Screening Series no.3 'Disclosure of audit results in cancer screening advice on best practice' ⁴	3 months	S	Invasive cancer audit disclosure policy
R1.10	Revise the laboratory protocol for participation in the national invasive cervical cancer audit to update in line with the new national protocol	NHSCSP 28 'Audit of invasive cervical cancers: protocol changes for 2012-13' ⁵	3 months	S	Updated laboratory protocol for participation in the national invasive cervical cancer audit

Cytology

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R2.3	Implement sample labelling aspects of the national sample acceptance policy immediately (publication imminent)	National sample acceptance policy ⁶	3 months	H	Sample acceptance/rejection data for a 3 month period

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R2.7	Stop accepting samples without sufficient patient identifiers for screening, including women who are Human Immunodeficiency Virus (HIV) positive	National sample acceptance policy ⁶	3 months	H	Sample acceptance/rejection data for a 3 month period
R2.8	Ensure all screeners meet the national minimum workload standard of 3,000 samples per year	BAC 'Recommended code of practice for cytology laboratories participating in the UK cervical screening programmes' 2015 ⁷	12 months	S	Individual screener workload data for 2017-18
R2.9	Ensure all cytopathologists/advanced practitioners (APs) meet the national minimum workload standard of 750 samples per year	BAC 'Recommended code of practice for cytology laboratories participating in the UK cervical screening programmes' 2015 ⁷	12 months	S	Individual cytopathologist/AP workload data for 2017-18

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R2.1	Resolve the current difficulty with Cyres laboratory data reporting software functionality so that data may be extracted from more than one computer terminal. Seek assistance from trust IT and Cyres suppliers if needed	NHS Public Health functions agreement 16-17 Service Specification 25 ²	3 months	S	Confirmation of Cyres functionality
R2.2	Review systems to allow implementation of out of programme aspects of the national sample acceptance policy (publication imminent)	National sample acceptance policy ⁶	12 months	S	Sample acceptance/rejection data for a 6 month period
R2.5	Implement an annual failsafe audit cycle	NHSCSP 21 'Guidelines on failsafe actions for the follow-up of cervical cytology reports' ⁸	12 months	S	Failsafe audit record
R2.6	Develop and implement laboratory performance monitoring policies to comply with national guidance on individual staff performance monitoring and add detail about how poor performance is addressed	BAC 'Recommended code of practice for cytology laboratories participating in the UK cervical screening programmes' 2015 ⁷	3 months	S	Revised laboratory performance monitoring policies

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R2.10	Audit the effectiveness of internal quality control in view of the reported laboratory sensitivity for high grade abnormalities	NHS Public Health functions agreement 16-17 Service Specification 25 ²	6 months	S	Quality control audit results
R2.4	Update laboratory policies to reflect changes in external organisations	NHS Public Health functions agreement 16-17 Service Specification 25 ²	9 months	S	Updated laboratory policies

HPV testing

R3.2	Ensure participation in an accredited External Quality Assurance (EQA) scheme is up to date	NHS cervical screening programme 'Laboratory quality control and assurance for human papillomavirus testing' January 2017 ⁹	6 months	S	Record of EQA participation
R3.1	Implement a regular programme of environmental swabbing	NHS cervical screening programme 'Laboratory quality control and assurance for human papillomavirus testing' January 2017 ⁹	6 months	S	Record of environmental swabbing

Histology

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R4.1	Include the Royal College of Pathologists data set in all reports	Royal College of Pathologists 'Dataset for histological reporting of cervical neoplasia (3 rd edition)' April 2011 ¹⁰	6 months	S	Audit results to demonstrate that minimum data set is recorded in all reports
R4.2	Ensure histology turnaround times meet Royal College of Pathologist performance indicators to allow colposcopy services to meet the national standard for communication of results and management plans (90% within 7 calendar days)	Royal College of Pathologists 'Key performance indicators in pathology' April 2013 ¹¹	6 months	S	Percentage of histology results and management plans communicated in 4 weeks and 8 weeks from colposcopy KC65 2017-18
R4.3	Implement a histology audit schedule. An audit of supplementary reports is suggested	Royal College of Pathologists 'Quality assurance in histopathology and cytopathology reporting practice' February 2009 ¹²	6 months	S	Histology audit schedule

Colposcopy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R5.3	Develop an action plan to acquire a new colposcopy IT system as the current system is inadequate. If possible, take account of the availability of future upgrades to accommodate Human Papilloma Virus (HPV) primary screening	NHS Public Health functions agreement 16-17 Service Specification 25 ²	3 months	H	Action plan to acquire a new colposcopy IT system
R5.4	Implement a new colposcopy IT system as the current system is inadequate	NHS Public Health functions agreement 16-17 Service Specification 25 ²	6 months	H	New colposcopy IT system in place
R5.17	Undertake an options appraisal on the viability of the colposcopy facility at Stoke Mandeville	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition ³	6 months	H	Options appraisal and action plan for addressing accommodation and administrative issues at Stoke Mandeville colposcopy clinic
R5.2	Ensure there are always two nurses supporting each colposcopy clinic, this is an absolute requirement	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition ³	3 months	H	Confirmation of full nursing support for all colposcopists

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R5.12	Investigate the reason for non-achievement of the 4 week and 8 week waiting time standard for communication of histology result and management plans, including the administrative pathway for letter production, and ensure the standard is consistently achieved	NHS Public Health functions agreement 16-17 Service Specification 25 ²	3 months	H	Percentage of histology results and management plans communicated in 4 weeks and 8 weeks from colposcopy KC65 2017-18
R5.1	Streamline administrative support for colposcopy, so it managed at one location and ensure there is adequate trained permanent and absence cover for administrative staff	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition ³	6 months	S	Colposcopy staffing structure with definition of responsibilities and absence cover arrangements
R5.10	Devise a formal protocol to document roles and responsibilities for colposcopy failsafe. These include managing women who are pregnant, tracking cytology and histology results, communication of management plans and notification of change of next test due date to Primary Care Support England (PCSE)	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition ³	3 months	S	Colposcopy failsafe protocol

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R5.7	Obtain access to 'Open Exeter' for colposcopy administrative staff to help with allocating appointments and other tasks	NHS Public Health functions agreement 16-17 Service Specification 25 ²	3 months	S	Confirmation of administrative staff access to 'Open Exeter'
R5.5	Ensure all clinic appointments offered and cancelled, or not attended, are recorded on the colposcopy database	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition ³	3 months	S	Confirmation of full appointment data recording on the colposcopy database
R5.6	Develop an SOP on colposcopy data entry procedures and responsibilities (with absence cover) and audit of data entry with regular review of data, when a new colposcopy database is available	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition ³	6 months	S	SOP on colposcopy data entry procedures and responsibilities (with absence cover) and audit of data entry
R5.8	Implement regular performance data and benchmarking to understand the effectiveness of individual and clinic practice, when a new colposcopy database is available	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition ³	9 months	S	Record of performance data review and benchmarking

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R5.9	Devise and implement an audit plan, following the audit cycle to measure the effect of improvement measures undertaken, when a new colposcopy database is available	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition ³	9 months	S	Colposcopy audit records and plans
R5.11	Investigate the reason for non-achievement of the 6 week waiting time standard for low grade and all referrals, which may be linked to data recording, and ensure the standard is consistently achieved	NHS Public Health functions agreement 16-17 Service Specification 25 ²	6 months	S	Consistent achievement of 6 week waiting time evident from KC65
R5.13	Revise the colposcopy appointment letter so that it states it is a colposcopy appointment and gives other information as required by NHSCSP 20	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition ³	3 months	S	Colposcopy appointment letter
R5.14	Revise standard result letters to reflect current wording and ensure they are consistent for each site	National cervical screening letters ¹³	3 months	S	Colposcopy result letters
R5.15	Implement the new national colposcopy information leaflet available from Harlow printing	National colposcopy information leaflet ¹⁴	6 months	S	Colposcopy information leaflet

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R5.16	Improve the signage to colposcopy facilities	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition ³	6 months	S	Confirmation of improved colposcopy signage

Multi-disciplinary team (MDT)

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R6.2	Ensure all colposcopists attend at least 50% of MDTs within a year	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition ³	12 months	S	MDT attendance records
R6.1	Histopathologists should mark possible MDT discussion cases as they report to reduce the case selection workload	NHS Public Health functions agreement 16-17 Service Specification 25 ²	6 months	S	MDT case selection protocol

I = Immediate.

H= High.

S = Standard.

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/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.

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