



Public Health
England

Protecting and improving the nation's health

Screening Quality Assurance interim visit report

NHS Cervical Screening Programme York Teaching Hospital NHS Foundation Trust – Cytology Service

10 October 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 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 visit of the York Teaching Hospital NHS Foundation Trust cytology service held on 10 October 2017.

Quality assurance purpose and approach

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

Local screening service

The area served by York Teaching Hospital NHS Foundation Trust cytology service has an eligible population of approximately 431,000 women. This population is characterised by a mixed urban and rural setting with pockets of deprivation.

The service is commissioned by NHS England North – Yorkshire and Humber (North Yorkshire and Humber) locality team.

Findings

This is an interim QA visit post mobilisation of Northern Lincolnshire and Goole (NLAG) NHS Foundation Trust cytology service to the York Teaching Hospital NHS Foundation Trust. The cytology service had regular communications with commissioners during the mobilisation period to highlight any issues and discuss resolutions. The laboratory also engaged well with NLAG sample takers and provided training within a short time frame prior to mobilisation. The quality of this engagement has been evidenced in the low proportion of legacy issues experience by the cytology service.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified no high priority findings. However, summarised below are key themes:

- laboratory workforce
- protocol revision

Shared learning

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

- chain of custody for samples from collection to receipt, with use of secure bags and audit forms
- support to national work streams including call/recall system
- evidence of ad hoc audits to check for pathway problems
- rule based HPV result reporting to prevent transcription errors

Recommendations

The following recommendations are for the provider to action unless otherwise stated

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Document the procedure for the assessment and acceptance of locum staff prior to appointment	2	3 months	Standard	Policy

Cytology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
2	Complete an audit on the timeliness receipt of samples received into the laboratory to identify variation within each locality; to be shared with public health commissioning team to support improvement	3	3 months	Standard	Audit

Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Update MDT policy to include NHSCSP guidance on case selection	4	3 months	Standard	Policy

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 after the report is published. 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.