Annual Report

Cervical Cancer Screening Programmes

Bradford Teaching Hospitals NHS
NHS Foundation Trust

Fiscal Years	**2017-18**
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FOREWORD

Aim of Report

This report is written to assist organisations in assessing and developing their services in relation to the current national standards for Cervical Cancer Screening Programmes. This will provide a benchmark for future service planning and quality improvement initiatives.

The NHS screening agenda is driven by a range of NHS and Department of Health policies and standards. For a contemporaneous list of relevant documents please seewww.screening.nhs.uk

The UK National Cervical Cancer Screening Programme currently offers:

- 3 yearly cervical smear screening for women aged 25 to 49 years
- 5 yearly screening for women aged 50 to 65 years
- High risk screening according to NHSCSP guidance
- Screening Assessment

EXECUTIVE SUMMARY

Areas of Achievement

- The Colposcopy Clinic at the BRI provides an excellent facility for women attending for colposcopic examination. The ward environment and clinical areas are clean and spacious with separate counselling and changing facilities ensuring that patient's privacy, dignity, and respect are maintained. The Women's Health unit has a designated recovery space for women who may require additional support or care post procedure, which allows clinics to continue to run efficiently where procedural complications arise. This was highlighted as an area of good practice at the recent QA visit in June 2018.
- The Colposcopy and smear clinics at the BRI offer excellent training and education, providing opportunities to learn about the cervical screening programme and Colposcopy. We accommodate medical students, cervical sample taker trainees, junior doctors, physician associates and trainee radiographers. Medical students regularly feedback positive experience through medical education. The environment allows both trainees and patients to feel comfortable and supported throughout the encounter. The service has also recently invested in two new stacker systems which allow real time digital imagery of the colposocpic examination. Over the last 12 months the unit has supported two O&G speciality trainees through their BSCCP colposcopy training and a trainee nurse colposcopist who is expected to complete her training by 2019. This will afford the service an additional clinician in readiness for HPV primary screening, when a peak in referrals is anticipated.
- Prior to attending women are provided with information regarding their appointment which is in keeping with national standards and allows women to gain an accurate insight into what to expect from their appointment. The aim is to reduce anxiety and allow patients to make informed choices regarding their care upon arrival.
- Standard operating procedures (SOPs) have been developed to cover all aspects of the administrative tasks for the service. Thus providing assurance to SQAS(screening quality assurance service) that direct access referrals are managed appropriately and with good fail safe mechanisms. The QA visit in 2018 commended the administrative team for the development of a results tracking system. This ensures timely escalation of delays in the receipt of results receipt and monitors the patient timeline, highlighting when communication of results to patient standards are breached. This process also provides an excellent failsafe for patients, assuring SQAS that this is a safe and quality driven service.
- The Colposcopy MDT has recently moved to the joint committee room. For the first time May the unit has met NHSCSP 20 MDT standards allowing pathology and cytology slides to be reviewed in real time and also enables remote access links to the cytology laboratory at Leeds.

- MDT's are well attended by all core members and recent attendance audit demonstrated all Colposcopists meet the National MDT standards. The clinic has also commenced the use of regional MDT paperwork. This facilitates the laboratory failsafe process and improves our internal MDT tracking with an accurate audit trail of MDT outcomes.
- A new tracking system for CSSD has reduced the amount of equipment lost to the service with B Braun. This has provided BTHFT with a cost saving and improved the turnaround times of equipment.
- The DNA rates for new, return for treatment and follow up patients have been consistently within the national target throughout the year.
- Biopsies obtained, which are deemed adequate for histological diagnosis, have also been consistently above national standards throughout the year.
- The ZedScan trial continues, an Electrical Impedance Spectroscopy (EIS) device to differentiate between normal, pre-cancerous and cancerous tissue on the cervix according to their electrical properties. The aim is to produce an audit of cases to evaluate the device's efficacy in improving the detection of CIN and reducing the amount of biopsies taken from patients. This may improve patient experience, clinical outcomes and reduce pathology costs for the Trust. This should allow patient discharge back to routine screening sooner than present. A charitable funds application is been written to see if given the benefits to patient experience funding could be gained for the provision of two scanners which will also allow the service to continue to move forward and develop with advances in colposcopy diagnostics.
- The Colposcopy service continues to provide a high quality service, as represented in positive patient satisfaction surveys and friends and family results. This has also been praised in the QA visit June 2018, the final report of which is awaited.
- The colposcopy service has participated in a wholesale review of the Women's Health Unit, as part of the Trust Outpatient Improvement Plan. Over the last 12 months 4 extra vulval colposcopy sessions per month have been opened, which has eased the burden of fast track referrals from usual colposcopy business and allows vulval specialists who also practice colposcopy to see the recommended minimum of 50 new abnormal cytology referrals per annum.
- Appointment of a lead gynaecology pathologist has improved direct communications between colposcopy and pathology and contributed to an improvement in result turn around times (TAT's) for cervical biopsies and LLETZ samples.

Areas for Development

Improving patient awareness of the Invasive cancer cervical screening audit

The Cervical Screening Program lead (CSPL) raised a concern that there has only been one request for outcome of our mandatory audit by a patient over the last 12 months, implying a lack of information to patients. In response a new process has been developed with the Macmillan Nurse Specialist to raise awareness of the audit at the point of diagnosis of cervical cancer. The invasive cancer audit letters have been reviewed and are now more readily available for use. Uptake of requests for the outcome of the audit will be closely monitored and a retrospective audit of case notes by the Macmillan Nurse Specialist will review documentation regarding discussion of the invasive cancer audit.

Colposocopy database

In 2016-17 the report highlighted the World Class International (WCI) database as an area of risk. The database was no longer supported by either the manufacturer or local Trust IT. The accuracy of the data it produced was causing discrepancies with KC65 production and annual individual colposcopist data, due to a lack of recent updates. From June 2018 a 4 month installation plan has been implemented to replace the WCI with a PHE/ SQAS approved database called MASEY. This will ensure more timely and accurate reporting to PHE/SQAS and ensure appropriate data accuracy stored for patients attending for colposcopy.

Utilising clinical time more efficiently and improving patient post treatment pathway

Returning test of cure patients post LLETZ to primary care is recommended to homogenize BRI with the majority of colposcopy clinics across the UK in line with NHSCSP 20 (2017). This could provide extra clinical sessions for colposcopy and the development of services such as post coital bleeding clinics. Smear clinic attendance is poor and not cost effective for the BRI. Returning women to primary care will be of benefit to the patient as GP surgeries are generally more local to the patients home address increasing accessibility.

Areas of Concern

Waiting time to 1st appointment for all referrals (>99% within 6 weeks)

The Colposcopy Clinic has continued to fail the KP1 standard for patient referrals. It states >99% of all referrals should be seen within 6 weeks. This was raised as an area of concern in the 2016/2017 report when the target increased from 90% to 99%. From April 2016 to end March 2017 96.6% of referrals were seen within 6 weeks. From April 2017 to end March 2018 this figure remained fairly static with the previous year at 96.47%.. At the Colposcopy time out meeting in February 2018 capacity and demand was discussed as priority. It was agreed that the colposcopy team would provide at least an additional two colposcopy sessions per quarter in addition to the 4 extra vulva clinics. An escalation

process was also implemented to ensure that the Colposcopy administrators had a direct line of escalation to the CSPL, Lead Colposcopist and Directorate manager. Where demand outweighs capacity additional clinics will be facilitated with flexible sessions provided by the team. A weekly report is now sent to the directorate manager to ensure timely oversight of any major colposcopy issue/possible breaches.

Communication of results to patients

The standards for communicating results to patients (within 4 weeks >90% best practice and 8 weeks 100% minimum standard) were breached over quarters 2,3 and 4. In quarter 2, turnaround times (TAT's) for histopathology were highlighted as an area of concern. This is recognised as both a local and national issue with shortages of pathologists. Where pathology results are not available for review on ICE within 10 days, an escalation process is in place to highlight these cases for urgent processing by the histopathology department. This has yielded some improvement in TAT's. The SQAS review will recommend an implementation plan to ensure that TAT's are monitored and improved.

In Q3 there was a significant breach of the target which coincided with EPR Go Live. Delays in results processing by the colposcopy administrators occurred whilst they were getting used to developed their skills using the EPR system. Q3 also coincided with long term absence of the main colposcopy administrator and a the lack of adequate provision of administrative cover was acknowledged by the SMT as a failing. This has been rectified with a nominated deputy, development of additional staff trained in Colposcopy administration ensuring that business would continue as usual in such an event in the future.

ICE results issues

Additional problems have been experienced since Quarter 2 due to an IT change in Leeds which led to an unanticipated consequence of the loss of capability for BTHFT staff to review cytology results on the ICE results server and the reciprocal failure of LTHFT staff to be able to see pathology results from BTHFT. This has hampered both Trusts ability to implement result tracking failsafe mechanisms and has impacted on our communication of results to patients KPI. This has been raised at Trust Executive board level and a programme for resolution is in place.

Invasive Audit of Cervical Cancers

The invasive cervical cancer audit is not up to date. There are 22 cases awaiting registration and audit following diagnosis of cervical cancer. This is due to the clinical pressures placed upon the CSPL at present. At QA this was highlighted as an area of concern and it is recommended that a fixed administrative session for the CSPL is required with the addition of an admin support to help with

registration of cases. Support from the existing clinical team members to assist with this backlog has also been requested.

Cervical screening coverage in Bradford

Cervical screening coverage across Bradford city and districts CCG continues to be a significant cause for concern. Coverage has remained, as low as 62.5%. In order for the cervical screening programme to be effective in reducing the risk of cervical cancer NHSE report coverage should be 80% of women of screening age. BRI is hosting annual screening awareness days run by PHE for non-medical professionals to raise awareness about screening in general and including cervical screening. In addition the CSPL provides lecturing support at cervical screening update training and at University cervical screening courses to raise awareness about equity of service provision and provide basic colposcopy training so that nurses and clinicians can inform patients accurately about what colposcopy involves but also to feedback and programme management changes.

Jo's Cervical Cancer Trust also recognised Bradford as an area of concern for screening uptake and held a successful road show in Bradford to raise awareness.

CERVICAL CANCER SCREENING – Service Overview

Local Population Structure

BTHFT provides services to approximately 543,300 people taking into account the populations of Bradford City and Bradford District CCGs. There has been an overall 0.6% growth of population which is similar to last year. Bradford is an ethnically diverse city with over 200 different languages spoken. 63.9% of the districts population identify themselves as White British, with the district housing the largest proportion of people of Pakistani ethnic origin-20.3%. Improving the equity of screening services must be a priority of the screening programme to ensure equal access to all women eligible for cervical screening.

The health and wellbeing of a population is shaped by a wide variety of social, economic and environmental factors; improvements in health outcomes cannot be made without action on the wider determinants of health. Deprivation in Bradford is higher than average and approximately 25.5% of children live in poverty. PHE have challenged local authorities to address health inequalities, reduce infant mortality, reducing harm from preventable disease caused by alcohol, tobacco, obesity and substance misuse.

At present 1 in 5 women are failing to take up their screening offer. Women in the first and last screening groups are showing the greatest decline nationally (oldest and youngest). Coverage for the younger age group in Bradford is the worst in West Yorkshire. Bradford has a large number of women from BME communities and research demonstrates these women are much less likely to engage in the cervical screening programme. Further improving access to screening in Locala contraception and sexual health clinics may help to improve this by providing opportunistic smears. It is recognised that primary care in Bradford have increased the amount of trained cervical screeners in order to improve access to smear clinics in general practice.

Uptake of the HPV vaccine is good across the district which meets the National picture and should ensure that there is a reduction in cervical cancer moving forward with the HPV vaccinated population. However given the BME/and migrant populations Bradford district may not see the anticipated reductions in cervical cancers compared with with other less mobile communities

Structure and Accountability

The Cervical Cancer Screening programmes are accountable to the National Health Service Cervical Screening Programme (NHSCSP) and the Regional Quality Assurance Reference Centre (QARC). It is expected that the unit follows all relevant guidelines and maintains stipulated standards. The mandatory production of the quarterly KC65 report for PHE and SQAS monitors colposcopy performance against National standards.

BTHFT runs 30 fixed colposcopy clinic sessions and seven vulval colposcopy session per month. There are also currently four smear clinics per month for follow up patients. The service regularly runs extra flexible colposcopy sessions to ensure referrals are seen within the timeframes set by NHSE. A current review of capacity and demand is likely to see further fixed colposcopy sessions implemented. Throughout 2017/2018 there were five accredited colposcopists including four consultants and a nurse colposcopist/CSPL in post. The clinic has also progressed two O&G speciality trainees from direct to indirect supervision in preparation for the colposcopy OSCE. In September 2017 a new trainee nurse colposcopist commenced her training providing additional support to the service.

Screening Programme Management

National standards state that there should be dedicated management for cervical cancer screening programmes, with appropriate support. This comprises of a Lead Colposcopist, Lead Colposcopy Nurse, Cervical Screening Programme Lead and a decicated service administrator.

In the last 12 months the CSPL has implemented provider screening management meetings where routine data submission to NHSE and SQAS can be discussed, performance monitored, risks and incidents, staffing, new guidance, audit, service development and actions on recommendations arising form SQAS QA visits can be reviewed.

NHSE have now launced online cervical screening training which should improve the accessibility to training for cervical screeners whom require their update.

Summary of Trust Policies

Screening Programme	Policy in place Yes/No	Last review date	Care pathway in place Yes/No	Last review date
Colposcopy clinic guideline and protocols	Yes	July 2018	No	N/A

Patient Information

- The NHSCSP has produced a standardised patient information booklet for cervical cancer screening and it is recommended that all women receive a copy with their invitation letter.

- In this Service: the following leaflets are provided to patients as appropriate

- Colposcopy appointment-Information for patients (MID ref. 15060404) Review date June 2017, under review

- 'Information for patients who have not had an abnormal smear test' (MID Ref: 13041519) Review date August 2015; under review Colposcopy clinic-Biopsy and LLETZ treatment (MID15060405). Review date June 2017, reviewed with additional information added per the requirements of the 3rd ed NHSCSP Colposcopy and programme management Guidance CPAG June 2018

- Cryotherapy- information for colposcopy (MID Ref. 15020601). Review date February 2017-under review

- What is Vulval Intraepithelial Neoplasia (MID Ref: 16050302). Review date: March 2018- under review

- An easy read guide to your colposcopy -currently under review

Data Collection

The National Cervical Screening System (NCSS) is used to collect all data for NHSE. The Trust uses the WCI (World class international) Colposcopy Data base and the CYRES system to produce the information required for the KC65 report. The KC65 report details all the KPI's for the unit. Key Performance Indicator data is collated and submitted on a quarterly basis to SQAS and NHSE. Over the last 12 months the CSPL has highlighted concerns regarding the accuracy of data collection through the WCI and the Trust agreed to replace the data base and the data base was added to the risk register. The replacement data base Masey has an expected go live target of September/October 2018.

A summary of standards for the 12 months reported from 1st April 17 to 31st March 2018

Standards	Target	Actual target achieved	Within target? Green-Yes Red-No
Waiting time for colposcopic assessment for all referrals	≥ 99% in less than 6weeks	96.47%	
Proportion of women who are offered a colposcopy appointment 6 weeks after referral due to a positive HPV test and cytological report of LOW GRADE	>99% within 6 weeks	97.6%	
Waiting time for colposcopic assessment for women with severe or worse	≥ 93% in less than 2 weeks	92.2%	
Women should be referred for colposcopy after one test is reported as ?GLANDULAR NEOPLASIA	>93% within 2 weeks	100%	
A woman should be referred for colposcopy after one test is reported as HIGH GRADE DYSKARYOSIS (SEVERE)	>93% within 2 weeks	92.2%	

Proportion of women who are offered a colposcopy appointment 2 weeks after referral due to cytological report of HIGH GRADE DYSKARYOSIS (MODERATE)	>93% within 2 weeks	94.29%	
Waiting time for colposcopic assessment for women with ?invasive	≥ 93% in less than 2 weeks	100%	
DNA rate for new patients	<= 15%	9.29%	
DNA rate for follow up patients	<=15%	9.01%	
DNA rate for treatment patients	<=15%	6.49%	
Ablation + biopsy	100%	66.67%	
Proportion of results communicated to the patient	≥ 90% in less than 4 weeks of attendance at clinic	34.60%	
Proportion of results communicated to the patient	100% within 8 weeks of attendance at clinic	82.7%	
Biopsy should be undertaken in more than 95% of women with high-grade dyskaryosis (moderate or severe) on their test result	≥ 95%	89.68%	
Biopsies adequate for histological diagnosis	≥ 90%	99.13%	

Waiting time for colposcopic assessment for all referrals

This standard has been breached throughout the whole year despite the provision of extra clinics . It is hoped with the removal of vulval patients from registration on the WCI as they do not form part of the standard should improve the picture overall. The escalation process to the CSPL, Lead colposcopist and directorate managers where demand is outweighing capacity should ensure that extra ad hoc clinics can capture all patients within 6 weeks. The weekly reporting process with give SMT immediate oversight and ensure that administrators make appointments management a priority.

DNA rate for follow up patients:

The 2015/16 report and 2016/17 reports highlighted the DNA rate for follow up patients as an area of concern. The Colposcopy clinic initiated a system of sending reminder letters one week before follow up appointments and the text reminder service, this has had a positive impact with a reduction of 2.1% to 15.8% in 2016/17 and in 2017/18 this standard was achieved across all areas targeted for DNA's consistently throughout the year.

Women with moderate and severe dyskaryosis having biopsy at first visit

Target >95%- In 2016/17 this figure was 87.1% in 2017/18 this had improved to 89.68%

The colposcopy clinic has seen a continued pattern of not achieving this target, however audit at each quarter demonstrates all cases who should have had a biopsy at first visit did have one taken. These outcomes were acknowledged as exemptions in the KC65 report and discussed each quarter at programme board.

The main reasons Colposcopists chose not to take a biopsy remain as follows.

Pregnancy with malignancy excluded, haematological factors e.gVon Willibrands, Warfarin, heavy menses, sexually transmitted infection requiring antibiotics before biopsy/LLETZ, upcoming holidays within two weeks of the appointment(infection risk), concern over mismatch with colposcopic opinion requiring MDT review.

Difficulties encountered due to other risk issues include: large volume lesions, close proximity of vaginal walls and difficulty performing LLETZ safely in an outpatient setting. Patients referred who have had multiple previous LLETZ procedure requiring more invasive surgery, cardiac risk factors, and anxiety where fear disables the patient's ability to cope with outpatient LLETZ are therefore admitted for GA (general anaesthetic) .

Each quarterly review indicates that patient safety is at the forefront of the colposcopists decision to not biopsy at first visit with a high grade referral smear. Adequate documentation was provided for each patient by the colposcopist.

Proportion of results communicated to patients

As discussed earlier in the report there has been a recognised decline in this standard. This has been due to shortages in pathologists and delays in processing of pathology where extra levels are requested. IT changes and administrative sickness caused a major failing in Q3 which impacted the overall percentage for 17/18. It expected that the position for 18/19 will be much improved due to the newly implemented escalation process and closer working relationships with the pathology department. Should pathology department have issues in timely reporting of results it is expected that contact is made with SQAS to confirm that any outsource provider is accredited in the reporting of cervical samples. No cervical pathology has been out sourced since April 2018 and no cervical samples from the screening programme have been outsourced since 2017 following concerns regarding the quality of reporting of LLETZ sample dimensions which would affect the audit of colposcopisttreatment standards including depth of excision.

INCIDENTS

In order to assure governance and safety of screening programmes it is important to report and share learning from screening incidents. This should assist in the prevention of recurrence and support service improvement

and failsafe processes. In 2018 the CSPL has ensured that screening incidents are all directly reported to the CSPL through the DATIX system to ensure rapid review of any incident and appropriate escalation to SQAS through the screening incidents forms.

There have been two cervical screening incidents over the last 12 months. The first was due to the delayed receipt of a smear result obtained from a patient who attended GOPD and had an opportunistic smear taken. There is presently no fail safe mechanism in place to ensure that all patients who have a smear taken from within BRI (outside of colposcopy) get a written result. However the direct access system ensures that should a result be abnormal this would automatically trigger a referral to colposcopy.

Once a direct link to the ICE pathology server at Leeds is installed a failsafe process can be implemented and is planned. An audit trail of cervical samples taken and recorded through Cerner can be gained, but this is reliant on ensuring clinicians document that the smear has been taken appropriately on the system. With screening coverage so low in Bradford it is still considered that opportunistic cervical sampling is of greater benefit for women (given the direct access system for referral if the result is abnormal) and outweighs the frustration of not receiving a written result.

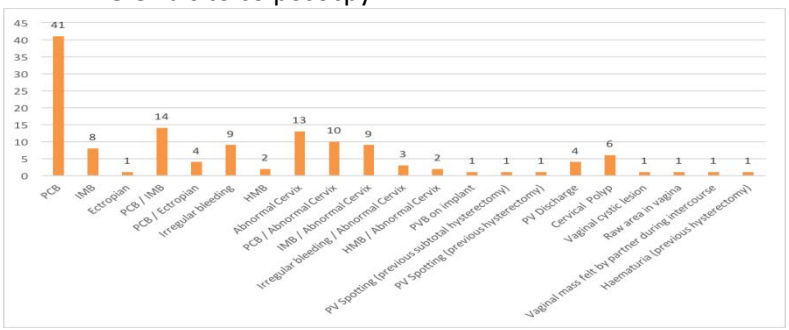
Delays in TAT's at the Leeds laboratory for cervical samples during 2018 is also a cause for concern. This has lead to a growing number of women who have attended for their test of cure, needing to be recalled in 3 months as the HPV test is not reliable over 28 days. This situation is been closely monitored by SQAS and direct discussions have already taken place with Laboratory managers at Leeds and their CSPL. However, no resolution is expected currently due to shortages in BMS staff. BRI have already opened one extra clinic throughout the summer period to accommodate these women in the required timeframe. An audit trail of all affected women has commenced.

QUALITY ASSURANCE 3 YEARLY VISIT AND ACTION PLAN UPDATE

SQAS and PHE visited the colposcopy service in June 2018, the action plan is awaited. The visit was positive and it was acknowleged at the review that many of the actions they were going to advise were already being addressed by the CSPL and the colposocpy service had already commenced work to progress an internal action plan.

All actions from the previous visit in 2013 were closed.

Trust Audit and Activity during2017/2018:

Audit Title	Purpose/Aim	Results and Recommendations
'Two week wait referral pathway, appropriate use or abuse 2018' **Omar AlShakhshir** **Zebia Thomas** **Omotayo Bajulaiye**	**To assess:** **The no. of two-week wait referrals for suspected gynaecological cancer** **The proportion of two-week wait referrals that were seen within two weeks** **The proportion of inappropriate referrals** **The outcomes of downgraded referrals** **The incidence of gynaecological malignancies among the two-week wait referrals**	Results ➢ Total of 1029 referrals ➢ 94.9% seen within two-weeks ➢ 725 electronic referrals Number of inappropriate referrals with suspected cervical cancer is high and detection of cervical cancer through the fast track system is low. The table below demonstrates the main causes of inappropriate fast track referrals to colposocpy  Recommendations Educational workshops for local GPs ◦ Recognition of benign pathology ◦ Discussion of NICE guidelines Stricter vetting process
Audit of Treatments standards for all patients attending outpatient LLETZ against NHSCSP Guidelines April 2016 **S TAYLOR** **(This forms part of an annual quality assurance review for Colposcopists and the Trust to ensure that patients are receiving adequate treatment of CIN**	**A retrospective audit of 100 patients in January 2016** **The Aim-to assess compliance against treatment targets including:** **LLETZ depth >95% >mm depth,** **Excisional pieces>80% in single sample,** **Treatment under local anaesthetic >80%** **Case review of LLETZ excision and TZ against new treatment standards published March 2016**	The overall percentage of excisions meeting the previous national target in 2017 is 91%. An improvement of 9%. Compared to 2016, just 4% short of the standard. The follow up cytology (TOC) however, does not highlight reduced depth of excision as a factor in treatment failure as per the audit in 2016. There were no identified treatment failures at TOC in 6-8 months in the patients who had attended for their follow up cytology.. The overall percentage of LLETZ excisions obtained in a single sample per standard 8.4.1 is 94% 14% above the target and a 10% improvement compared with 2016 where the standard was also achieved. There was one patient identified as having a LLETZ excision in multiple pieces who had a TOC in 6 months that demonstrated high grade (severe) dyskaryosis excision depth was

as recommended in the 2014-15 annual report)	**Follow up for treated women which should commence at 6 months and no later than 8 months >90%** **The proportion of women with no dyskaryosis at 6 months post treatment target>90%** **Patients admitted with treatment complications <2%** **Patients requiring additional haemostatic techniques or admitted with primary haemorrhage<2%**	20x18x5 and 15x16x6 respectively. It is unclear if the second sample was a top hat procedure or two separate excisions from the left and right of the cervix and therefore it is unclear what the total depth of excision is. The patient had a repeat LLETZ that again showed CIN3 incompletely excised who proceeded to have a 3rd LLETZ which was then clear of CIN. There were 87 out of 100 patients eligible for test of cure. 35 patients failed to attend despite been offered two appointments and having a reminder letter one week prior to attending with or without additional text reminders per patient choice. Therefore 59.7% of patients who were eligible for TOC attended (**standard not achieved)**. A significant fall from 80.6% in the 2016 audit. This is in keepingwith very low screening coverage for Bradford city and district CCG's who have an average uptake coverage of 62.5%. Of the 52 patients who did attend for TOC 50 patients were seen between 6 and 8 months and two patients who were seen outside target had both been pregnant and therefore deliberately delayed their TOC. 96% of cases who attended for their TOC were seen within the required timeframe and all patients eligible were offered appointments within 6-8 months-(**standard achieved)** Of the 52 patients who attended for their follow up smears. One patient then had a high grade severely dyskaryotic smear result. The patient had a repeat LLETZ showing high grade CIN 3 incompletely excised and went on to have a 3rd LLETZ that was then clear of any CIN**..** Overall there was no dyskaryosis at follow up cytology in= 99% of patients **(Standard achieved** Over the audit period, there were a further 9 patients with either high grade dyskaryosis on smear or with biopsy proven high grade CIN who chose or were selected to have a GA for their LLETZ procedure. Standard 8 states that >80% of cases should be performed under local anaesthetic. Out of the 106 patients over the audit period requiring LLETZ 91.4%had the procedure performed under a local anaesthetic**. (standard achieved)**

		16 case notes were reviewed and assessed against NHSCSP (2016) treatment standard guidance. Of the 16 patients, 12 had the TZ type documented, 75% of patients therefore were recorded per colposcopy guidance **(standard not achieved).** 3 of the patients who did not have the TZ recorded had their LLETZ performed in theatre and therefore Consultant Colposcopists must be reminded of the importance of correctly documenting the TZ when in theatres. Of the 12 that did have the TZ recorded 3 patients were managed within the new guidance with appropriate depth for TZ type. 5 patients had a type 1 TZ who were of reproductive age had a depth of 10mm . One type 2 had a depth of 7mm and there were 2 type 3 TZ who against the new standards did not have the correct depth of excision. All patients who were included in the case note review had had written consent taken and placed in their medical records 100% **(standard achieved).** All treatments were recorded both in the patients notes and on the WCI colposcopy data base 100% of the time **(standard achieved)** There were no recorded Datix incidents of patients been admitted with primary haemorrhage or treatment complications to the hospital or any documented evidence that an additional haemostatic technique was required for any of the 100 patients audited. **(standards achieved)** **<u>Recommendations</u>** <u>I</u>ncrease compliance with documentation of TZ Repeat audit in 12 months and review of smear clinics attendance and to open further discussions with the CCG regarding returning TOC patients to primary care
Audit of conservative management of CIN 2 Commenced July 2016	**To review patients selected for conservative management of CIN 2 at 12 month follow up and until negative**	Ongoing

	cervical screening or active treatment for CIN required	

INVASIVE CERVICAL CANCER AUDIT:

Invasive cervical cancer audit: Bradford Teaching Hospitals NHS Trust

ID	Age	No. of cytology samples	Cytology review completed	Previous colposcopy	Colpo review completed	No. of histology samples	Histology review undertaken	GP review requested	Out of region review requested	completed	Outstanding information
BRA/QDD/2014/083/1	41	1	N/A	NO	N/A	1	Diagnostic sample	no	N/A	YES	NONE
BRA QDD/2015/0841	37	1	N/A	NO	N/A	1	Diagnostic sample	no	N/A	YES	NONE
BRA/QDD/2016/0781	30	1	N/A	NO	N/A	1	Diagnostic sample	NO	N/A	YES	NONE
BRA/QDD/2016/061	38	1	N/A	YES	YES	1	Diagnostic sample	no	N/A	YES	NONE
BRA/QDD/2014/0281	33	2	YES	NO	N/A	1	Diagnostic sample	No	N/A	YES	NONE

None of the above patients have required external review. There have been no missed opportunities from within the colposcopy department to make a cancer diagnosis earlier.
There are a further 22 cases that require either registration or completion of the workbook between 2014 and 2018. The CSPL discussed this with SQAS and a list of all cases has been provided to review. The CSPL will in future have a dedicated session weekly for the CSPL role to allow more timely completion going forward.

TRAINING AND EDUCATION

It is recommended that all health care professionals involved in the provision of cervical cancer screening undertake regular educational updates. Colposcopists are expected to attend the BSCCP Annual Scientific meeting for colposcopy and cervical pathology ever 3 years. All registered colposcopists at the BRI have attended as required.
All Colposcopists need to see 50 new patients each year to maintain accreditation with the BSCCP. This was achieved in the last 12 months

BTHFT is an associate teaching hospital with active medical training programme. All junior doctors have mandatory trust, departmental induction programme at the commencement of their training posts with training given in speculum examination, cervical sampling and local processes for accessing colposcopy. Dedicated weekly afternoon teaching sessions takes place for junior doctors, and colposcopy is part of that curriculum delivered by a consultant colposcopist.

The Trust continues to facilitate 20 medical students rotating every 6 weeks who spend 6 weeks within the Obstetrics and Gynaecology department at the hospital. Attendance at colposcopy clinic is part of their curriculum during their specialist clinic week to enable them to learn speculum examinations and also the management of abnormal smear tests and of CIN. Recently Colposcopy and smear clinics have both commenced training physician associates to be able to undertake a speculum exam, in order to recognise the normal and abnormal cervix and learn the principles of smear taking.

The training of nurses embarking on the cytology training programme is also facilitated and Colposcopists regularly teach at universities across the West Yorkshire region. Teaching is provided at the annual cervical screening updates to ensure key messages regarding colposcopy are delivered to nurses and doctors working within primary care.

In August 2017 BTHFT hosted a cervical screening training event for all healthcare professionals involved in the cervical screening programme. Mandatory requirements for update training were provided along with teaching on the fast track referral process to encourage appropriate referrals to the colposcopy clinic on an urgent and non-urgent basis to help clinicians make appropriate choices for patients. This had excellent attendance with around 80 delegates.
In 2017 and 2018 screening awareness training for non-medical professionals were also hosted by the BRI and presented by PHE these have also been hugely successful in raising the profile of the cervical screening programme.

RECOMMENDATIONS AND ACTION

- The colposcopy unit will continue to undertake continual monitoring of referrals into the department. The colposcopy administrator will report daily to CSPL any capacity issues that may be identified or projected to ensure immediate escalation to the SMT. This will allow intervention to ensure adequate clinical sessions are put in place to manage the demands of the referrals into the department. This should assist with the continual improvement of the KPIs.
- To ensure installation of the new MASEY colposcopy data base in autumn 2018
- Address the ICE results server issues between BRI and LTHFT
- Ensuring adequate failsafe of cervical sample results once ICE issues addressed for all of the cervical samples taken from across Gynaecology clinics ward 12 and theatres
- Improving uptake in patient requests for the invasive cancer audit. Including more timely completion of the audit by the CSPL going forward with a dedicated weekly admin session for the role.
- Timely response to the SQAS action plan expected in August 2018
- Continue to work with external partners (CCG, council, education providers) to improve the cervical screening coverage rate locally.

Appendix 1

Bradford Teaching Hospitals NHS
NHS Foundation Trust

Women, Children & Neonatal Services

Colposcopy
Patient Satisfaction Questionnaire Summary Report

Audit lead: Suzanne Taylor

Report by: As above

Date initial report produced: July 2017

Introduction

The Colposcopy Patient satisfaction questionnaires were made available to all patients who attended the unit over a period of 6 weeks from the start of January 2017.All patients were asked to either complete the hospitals friends and family card or the QA's patient satisfaction survey.

Of the 242 patients who attended 42 patients completed the QA patient satisfaction survey. The data below shows the results for the responses that were received.

Results:

Is this your first visit?

Yes	29
No	13
No Response	0

1. **Did you contact anyone prior to your appointment?**

	Yes	No	No Response
New Patients	6	33	0
Returning Patients	0	13	0

Of those who answered yes, the following details were given:

- 2 Patients contacted their GP.
- 1 contacted the colposcopy administrator to change apt date.
- 1 spoke to the Nurse Colpscopist
- 1 no response

2. **Did you receive any written information/leaflets about the Colposcopy examination prior to your appointment?**

	Yes	No	No Response
New Patients	22	8	0
Returning Patients	8	4	0

If yes, did you find this information useful?

	Yes	No	No Response
New Patients	26	0	4
Returning Patients	8	0	4

Would you have liked more information?

	Yes	No	No Response
New Patients	1	25	4
Returning Patients	1	8	3

Of those who answered yes, the following details were given:

- 1 patient requested more information about what a LLETZ procedure involved
- On patient answered yes but did not pass any further comments.

If this is not your first appointment did you receive a reminder letter prior to your appointment?

	Yes	No	N/A	No Response
Returning Patients	6	2	4	

The 4 patients who ticked N/A documented they received a text reminder for the appointment

3. **Was the clinic easy to find?**

	Yes	No	No Response
New Patients	29	1	0
Returning Patients	12	0	0

One patient answered yes but commented that the Clinic was only easy to find because she got a taxi otherwise she wouldn't know where Smith Lane was.

One patient answered no as she used google maps to find the clinic which took her to A&E however a lovely staff member of the BRI walked her half of the way to clinic.

Those who answered no were asked to give a reason, responses are below:

- The patient reported the Women's Health Unit was on a different level to what her letter said and the lifts were confusing

4. **On arriving at the clinic did you feel welcome?**

	Yes	No	No Response
New Patients	30	0	0
Returning Patients	11	1	0

Those who answered no were asked to give a reason, responses are below:

- No staff on reception to greet on arrival

Were you seen:	New Patients	Returning Patients
Before appointment time	2	0
On time	10	3
Within 15 minutes of your appointment time	8	7
Within 30 minutes of your appointment time	8	2
Between 30 minutes and 1 hour late	2	0
Over 1 hour late	0	0
No Response	0	0

If you were seen late, were apologies/explanations given for the delay?

	Yes	No	N/A	No Response
New Patients	18	0	0	0
Returning Patients	9	0	0	0

5. Did you have enough privacy during your visit?

	Yes	No	No Response
New Patients	30	0	0
Returning Patients	11	1	0

One patient reported that there had been a knock on the door during the examination

6. What were your impressions of the examination room (tick all that apply)?

Impressions:	New Patients	Returning Patients
Clean	22	10
Dirty	0	0
Well Maintained	6	2
Poorly Maintained	0	0
Tidy	2	0
Untidy	0	0

7. Did you understand the information you were given in the Colposcopy clinic

	Yes	No	No Response
New Patients	29	0	1
Returning Patients	11	1	0

The patient that responded no to Q.7 did not comment on what part of the information they did not understand

8. Were you told the name of the Colposcopist (person who did the examination)?

	Yes	No	No Response
New Patients	30	0	0
Returning Patients	12	0	0

9. Did you have confidence in the Colposcopy Staff?

	Yes	No	No Response

New Patients	30	0	0
Returning Patients	12	0	0

10. Did you feel that the Colposcopy Staff behaved professionally?

	Yes	No	No Response
New Patients	29	0	1
Returning Patients	11	0	1

11. If you had a biopsy, were you told when you would receive the results?

	Yes	No	I did not have a biopsy	I don't know if I had a biopsy	No Response
New Patients	20	1	8	0	1
Returning Patients	2	0	10	0	0

12. Were you given information on who to contact should you have any questions/queries after your Colposcopy Examination?

	Yes	No	No Response
New Patients	25	5	
Returning Patients	10	1	1

13. Were you given an information leaflet regarding the procedure you had today?

	Yes	No	N/A	No Response
New Patients	20	9	0	1
Returning Patients	2	9	0	1

14. Was there anything else you would have liked to have been told during your visit?

	Yes	No	No Response
New Patient	0	28	2
Returning Patient	0	12	0

15.Overall, how would you rate this service?

	New Patients	Returning Patients
Excellent	22	8
Good	8	4
Fair	0	0
Poor	0	0
Unacceptable	0	0
No Response	0	0

Other patient comments are listed below:

- Staff were very friendly and comforting
- I couldn't change anything staff were very friendly and helpful
- Staff helped me feel at ease throughout the procedure
- Staff were lovely and helped me relax even though I was very upset when I came
- Sat in waiting room in gynaecology downstairs for 30 mins before staff there sent me upstairs and then the lifts were marked wrong