

ANNUAL REPORT
CERVICAL SCREENING PROGRAMME

Fiscal Year	April 2018-March 2019
Provider	Bradford Teaching Hospitals NHS Foundation Trust
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NHS Screening Programmes Annual Report template

Names of:	
Local Authority Area(s)	Bradford and Airedale, Calderdale,
CCG(s)	Bradford City, Bradford Districts,
Sites of Delivery (Including static or mobile)	Colposcopy Clinic WHU, Ward M2, Level 3 Women's and Newborn's unit, BRI
Programme Lead	Suzanne Taylor

Programme report	
Annual Programme Update	<p><i>Brief narrative on significant changes to staffing, equipment, facilities over the last 12 months.</i></p> <p>In 2018 the cervical screening service at Bradford had their 5th SQAS visit- this included review of the colposcopy service and histopathology. The report commends the cervical screening service for being organised and well led with staff members who were engaged and motivated.</p> <p>There were no immediate concerns raised at the visit and the report documents that although there have been staffing and capacity issues over the review period the colposcopy/pathology services had now implemented an effective process for monitoring and escalation to address key performance issues and raise standards.</p> <p>The service has invested in a colposcopy failsafe coordinator with two support administrators to ensure timely management of referrals, appointments, improved tracking and reporting of results and continual monitoring of the patient journey until discharge.</p> <p>There is currently a business case submitted for review to provide adjunctive technology within the colposcopy service. There have been two colposcopists involved in the trial of the Zedscan device with good results reported and a trajectory for improved accuracy of diagnosis within clinic improving patient management should the business case be supported.</p> <p>Friends and family feedback remains positive for the service.</p> <p>At present there are two trainee colposcopists within the service. It</p>

	<p>is expected that the trainee nurse colposcopist will qualify in October 2019 and the GPSI trainee to qualify by May 2020. This will help improve capacity for the expected increase in demand in colposcopy appointments when HPV primary screening is implemented Nationally.</p> <p>The CSPL and Screening and Immunisation lead Sarah Wighton have successfully achieved repatriation of TOC samples back to primary care from April 2019. This will allow women to have their first follow up smears post LLETZ back with their practice nurse which brings the unit in line with colposcopy services nationally. This change in practice was supported by the CCG following reassurance by the screening and immunisation teams that there were now sufficient cervical screeners across Bradford CCG's to accommodate these cases.</p>																								
Performance over the last 12 months	<ul style="list-style-type: none">• <i>How successfully are performance issues being managed?</i>• <i>What are the significant issues?</i>• <i>Are there any significant issues anticipated for next 12 months?</i> <p>The CSPL holds quarterly programme management meetings to ensure that any key performance issues are reviewed, addressed and escalated through the Women's Clinical Business Unit. These regular team meetings and the Women's Health Unit improvement programme has led to significant improvements over the last 12 months in the management of the colposcopy service.</p> <p>The below table demonstrates the KC65 annual data submission for 1st April 2018 to 31st March 2019</p> <table><tr><td>Waiting time for colposcopic assessment for all referrals (Part A extended)</td><td>>=99% in less than 6 weeks</td><td>1255 of 1269 98.90%</td><td>No</td></tr><tr><td>Waiting time for colposcopic assessment for all low grade referrals (Part A extended)</td><td>>=99% in less than 6 weeks</td><td>315 of 316 99.68%</td><td>Yes</td></tr><tr><td>Waiting time for colposcopic assessment for women with moderately dyskaryotic smears (Part A)</td><td>>=93% in less than 2 weeks</td><td>68 of 70 97.14%</td><td>Yes</td></tr><tr><td>Waiting time for colposcopic assessment for women with severely dyskaryotic smears (Part A)</td><td>>=93% in less than 2 weeks</td><td>98 of 98 100.00%</td><td>Yes</td></tr><tr><td>Waiting time for colposcopic assessment for women with ?invasive or ?glandular smears (Part A)</td><td>>=93% in less than 2 weeks</td><td>5 of 5 100.00%</td><td>Yes</td></tr><tr><td>DNA rate for new patients (Part B)</td><td><=15% of women fail to attend for first appointment</td><td>132 of 1627 8.11%</td><td>Yes</td></tr></table>	Waiting time for colposcopic assessment for all referrals (Part A extended)	>=99% in less than 6 weeks	1255 of 1269 98.90%	No	Waiting time for colposcopic assessment for all low grade referrals (Part A extended)	>=99% in less than 6 weeks	315 of 316 99.68%	Yes	Waiting time for colposcopic assessment for women with moderately dyskaryotic smears (Part A)	>=93% in less than 2 weeks	68 of 70 97.14%	Yes	Waiting time for colposcopic assessment for women with severely dyskaryotic smears (Part A)	>=93% in less than 2 weeks	98 of 98 100.00%	Yes	Waiting time for colposcopic assessment for women with ?invasive or ?glandular smears (Part A)	>=93% in less than 2 weeks	5 of 5 100.00%	Yes	DNA rate for new patients (Part B)	<=15% of women fail to attend for first appointment	132 of 1627 8.11%	Yes
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DNA rate for follow-up patients (Part B)	<=15% of women fail to attend for follow-up appointment	41 of 512 8.01%	Yes
DNA rate for treatment patients (Part B)	<=15% of women fail to attend for treatment	10 of 223 4.48%	Yes
Ablation + Biopsy (Part C1)	100% of patients should have their histological diagnosis prior to destructive therapy	0 of 2 0.00%	No
Women with moderately or severely dyskaryotic smears having a biopsy (Part C1)	>=95%	131 of 163 80.37%	No
Ablation + Biopsy (Part C2)	100% of patients should have their histological diagnosis prior to destructive therapy	1 of 4 25.00%	No
Proportion of results communicated to the patient (Part D)	>=90% within 4 weeks of attendance at the clinic	224 of 259 86.49%	No
Proportion of results communicated to the patient (Part D)	100% within 8 weeks of attendance at the clinic	255 of 259 98.46%	No
Biopsies adequate for histological interpretation (Part E)	>=90%	218 of 234 93.16%	Yes

The waiting time for colposcopic assessment target for all patients within 6 weeks was only narrowly missed. This was due to poor performance in quarter 1. As a result of this the failsafe coordinator implemented a new system for management of referrals and quarters 2, 3 and 4 all achieved the 6ww target.

The colposcopy clinic achieved all targets for assessment following abnormal cytology over the 12 months.

The service also has a good DNA rate achieving all standards. All patients who had ablation without biopsy were appropriately managed when audited. All cases were referred with symptoms and not abnormal cytology. All women had colposcopic assessment prior to local destructive therapy (electrocautery) with no evidence of CIN.

All women who did not have a biopsy at first visit with moderately or severely dyskaryotic smears were audited. There were no cases where women should have had a biopsy at first visit. The audit revealed patient safety was a primary cause for not taking a biopsy

	<p>or undertaking LLETZ at visit.</p> <p>Themes included laxity of the vaginal walls, large volume lesions which may lead to contact with the vaginal wall which would cause pain if performed in outpatients and these cases were listed for in patient LLETZ under GA. Pregnancy, VonWillibrands, active or suspected infection and upcoming holidays were all other audited indications for why patients did not have biopsy or treatment at first visit.</p> <p>All patients had colposcopic assessment and cervical cancer ruled out at first visit.</p> <p>The communication of results to patients overall is disappointing. Quarters 1 and 2 were the cause of this breach, as a result of this a service review was undertaken and a whole new process for tracking and management of results was implemented with Q3 and Q4 achieving the 4 week best practice target as a result. This process was commended by SQAS and the Failsafe Coordinator won at the Trusts Innovation Awards ceremony this July in recognition of sustained quality improvement.</p> <p>.</p>
Health Promotion Activities	<p><i>Brief narrative about successful activities over the last 12 months and the impact seen</i></p> <p>The CSPL remains actively engaged in health promotion activities and has provided talks at cervical screening update training and on the cervical screening training courses.</p> <p>There is close liaison with the screening and immunisation teams and wherever possible the colposcopy service supports any localised initiatives. Primary cervical screening is not performed in secondary care here at BTHFT.</p> <p>Cervical screening and immunisation team report the following health promotion activities</p> <ul style="list-style-type: none"> • Practice visits • Raising awareness training • Events at Girdlington community centre (cluster of practices invited their patients) • Raising awareness at sharing voices and Roshni Ghar • Raising awareness with LD service users and carers • Presentation at LD Healthy Living board • Wise up to cancer project • Cancer Research roadshow 4th and 5th June 2019

	<p>PHE released its latest cervical screening television advert in March 2019. This led to an increase in 7500 samples been received by the Leeds cytology laboratory when compared to the March/April period in the previous year.</p>
Client Feedback/Client Involvement	<p>The colposcopy service needs to improve compliance with completion of friends and family feedback. This has been highlighted as an issue for the Women's Health Unit overall. This has been recognised by the ward manager and an action plan has been formulated and disseminated to all staff.</p> <p>Reported friends and family feedback has been positive for the service.</p> <p>There has been one formal complaint for the colposcopy service. This related to delays from colposcopic assessment to theatre and then communication of results delays. This was fully investigated and the service apologised. As a result a new SOP was implemented for the management of all tests obtained from outside of the colposcopy clinic where secretaries will track all results from theatre lists and clinics per clinician until they have been actioned and patient informed.</p>
Programme Operational Group	<p><i>How effective are the Programme Operational Groups at managing the Screening /Action Plans/Challenges etc.</i></p> <p>There were four West Yorkshire operational group meetings over the last 12 months. These meetings achieved standardisation of documentation for MDT meetings, standardised documentation for discharge notification.</p> <p>The invasive cancer audit and disclosure were discussed and current documentation shared for discussion regarding most appropriate methods for informing patients about the audit, audit outcomes and disclosure once the audit is complete.</p> <p>Regional audits were shared and the local trusts all contributed cases for audit of referrals for women with post coital bleeding.</p> <p>Laboratory issues were discussed including turnaround time delays as a result plans were implemented for the management of patients with HPV unreliable results.</p> <p>QA visits were also discussed and areas of good practice shared along with local documentation to support hospitals with upcoming QA visits.</p>

<p>QA Action Plan</p>	<p><i>Consider the outstanding actions on the QA action plan for the next 12 months and how they will be prioritised</i></p> <p>There were 36 recommendations made in the published SQAS report in August 2018. To date 20 of these recommendations have been closed.</p> <p>The last recommendations review meeting took place on 21/06/2019 At that review meeting evidence was submitted for review and closure of a further 8 recommendations is expected.</p> <p>The majority of recommendations are expected to be closed by August 2019 in line with SQAS/PHE requirements.</p> <p>There are 3 recommendations which may lead to escalation through contracting lines.</p> <p>Recommendation 18. Histopathology- ensure that the replacement IT system can generate NHSCSP key performance indicators and individual performance data. SQAS have been informed that the histopathology lead cannot close this recommendation as the replacement IT system is been planned for across several trusts as part of the WYAAT project. Sarah Wighton has agreed to escalate this issue with NHS pathology lead Jane Mills to access a project timeline for implementation of the IT system which would close the recommendation.</p> <p>Recommendation 23. Colposcopy- ensure all colposcopists have a qualified nurse in each colposcopy room with a second trained member of staff within the department available at all times. The service provides adequately trained staff for each colposcopy room and there are RN's always available on the WHU when colposcopy clinics operate but there is not at present a qualified nurse in each colposcopy room. This has been escalated to the general manager for the women's clinical business unit and chief nurse. Further staffing review may be required however if a business case is required to increase RN staffing levels further the cervical screening service may not close this recommendation when due in August. There have been no incidents within the colposcopy clinic where care has been compromised due to not having a qualified staff nurse in each room.</p> <p>Recommendation 35. Colposcopy- update trust patient leaflets and trust post treatment leaflets to include standardised translated text in other languages and named contact in colposcopy. This recommendation is proving difficult to close for BTHFT and other Trusts across the country, Jo's Trust (cervical</p>
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	<p>cancer/screening awareness charity) does not have any leaflets for download and at present there are no national colposcopy leaflets available for download. Sarah Whitley Ainsworth is raising this with the national programme at the next National Cervix Ops meeting and BTHFT await that outcome. It is expected that the national team will develop leaflets in core languages from which Trusts can download. This process is expected to lead to escalation at contracting review as the unit cannot affect this change without considerable financial investment should local leaflets be developed.</p>
<p>Next Steps/Service Developments or Expansion Plans</p>	<p><i>Are there any significant service developments underway or planned for the next 12 months?</i></p> <p>HPV primary screening is expected to lead to an increase in referrals of up to 80%. Once the roll out date is confirmed by PHE the clinic will ensure firm plans are set to ensure there are enough clinical sessions to meet the increase in demand. Roll out of this change in screening is due for roll out in December 2019 and therefore the trajectory for impact is from January 2020. It is expected that the move to HPV primary screening will increase detection of CIN and may increase the amount of LLETZ procedures that the clinic undertakes. There has been no clear advice at present from PHE about how many in real time patient numbers each clinic is expected to see.</p> <p>It should be noted however that HPV vaccination is reducing the amount of women now aged 25 been referred into colposcopy with their first abnormal screen and therefore some of the increase in demand from women already within the screening service may be offset by the reduction in women referred at first screen.</p> <p>It is hoped that the clinic will commence the routine use of adjunctive technology with Zedscan to improve accuracy of diagnosis, reduce the amount of pathology samples obtained and reduce the amount of follow up appointments required for patients.</p>
<p>Incidents</p>	<p><i>What is the overall trend of incidents over the last 12 months (e.g. have incidents increased in number, are they generally less/more serious than the previous 12 months?)</i></p> <p>There were three reported incidents linked to the colposcopy service.</p> <p>None of which were reported as serious incidents causing harm to patients. One of these incidents was reported to PHE as a cervical screening incident due to a delay in action of an abnormal result taken in theatre. The incident has led to implementation of an SOP for all laboratory based samples taken outside of colposcopy service.</p> <p>There were no recurring themes.</p>

Risks & Issues	<p><i>What were the most significant risks/issues affecting the programme over the last 12 months?</i></p> <p>The current WCI data base is on the risk register for IT as it is no longer IT supported and should it fail would cause significant issues with data reporting. There is a scheduled plan for implementation of a replacement system which should go live in August 2019.</p>
Achievements	<p><i>Any good news/achievements/proud to share events/staff awards/ over the last 12 months?</i></p> <p>The colposcopy service was commended by the chief executive as runner up in the monthly staff awards, praised for the improvement in standards and for demonstrating core values of the trust by working as a team, valuing staff and patients.</p> <p>The failsafe coordinator in July 2019 has won an innovation award for the introduction of a new failsafe process which has been so successful it is been rolled out across other services within gynaecology</p>
Future vision/horizon planning	<p><i>Over the next 12 months</i></p> <p><u>Facilities</u> We plan to apply to charitable fund to improve the patient waiting area.</p> <p><u>Equipment</u> We plan to introduce the Masey data base for colposcopy which will improve accuracy of reporting to PHE/SQAS</p> <p><u>Adjunctive technology</u> The business case for adjunctive technology will be submitted in line with the Women's CBU clinical strategy this will improve accuracy of diagnosis at colposcopy.</p>