

FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH

6 March 2023

Report of the Integrated Care Board

Changes to the Buxton Colposcopy Service

1. Purpose

1.1 University Hospitals Derby and Burton (UHDB) can no longer provide the Buxton Colposcopy service from April 2023 further to the retirement of the existing consultant in post. Every effort has been made to find a replacement but unfortunately this has been unsuccessful. UHDB will no longer deliver Colposcopy services from Buxton Hospital.

1.2 A colposcopy is often done if a smear test (cervical screening) finds abnormal cells in the cervix caused by human papillomavirus (HPV). These cells are not cancer, but there's a risk they could eventually turn into cervical cancer if not treated.

2. Information and Analysis

2.1 **The previous pathway:** UHDB have provided a Colposcopy service in Buxton for patients in the High Peak. This service moved from Derbyshire Community Health Service (DCHS) to UHDB following the left shift review of services in 2015. This historic arrangement offers the only local colposcopy service in Derby and Derbyshire.

2.2 The new service pathway is:

- **Symptomatic Primary Care presentations** who select Buxton on eRS as their Provider of choice (approx. 200 routine referrals a year). These patients will be referred to the local provider of their choice, by their GP, based on availability of clinics on the clinical patient booking system electronic-Referral System (eRS).
- Referral from Cytology as a result of **abnormal smear sample** – approx. 94 referrals a year. This pathway is a Public Health Pathway with a nationally mandated pathway which is managed through our colleagues at NHS England. When abnormal results are identified, the patient is contacted to advise on this, and advise that an appointment is being made at the locally agreed site for colposcopy. This will now be changed from Buxton, to Chesterfield Royal Hospital.

- These are temporary arrangements whilst we monitor the impacts of the activity being delivered elsewhere. We will monitor for 6 months and review the impacts via data analysis and patient surveys.

3. Alternative Options Considered

3.1 UHDB have attempted to build this clinic into work plans of existing staff but it is not feasible to continue due to impact of travel time (2 hours). UHDB have also struggled with recruitment and been unable to recruit to this vacancy. If UHDB were to continue this clinic, it would negatively impact a greater proportion of patients at the UHDB site and further widen the inequity gap.

3.2 Colposcopy and gynae clinical workforce are under significant pressure nationally. Colposcopy clinics in Stockport and Macclesfield are under significant pressure and unable to support any increased activity from Derbyshire either through continuation of the Buxton service, or by accepting the increased activity from the Cytology labs for Buxton patients.

3.3 Chesterfield Royal Hospital were unable to commit resources to deliver services out of Buxton Hospital but agreed to accept any activity for Derbyshire patients at their current site in Calow, Chesterfield.

3.4 NHS England Public Health Commissioning (responsible for the screening programme) reviewed the service in 2021 and made a recommendation that, due to the fragile workforce (single Clinician), the trust consider ceasing the service when the Consultant retires.

4. Implications

4.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

5. Engagement

5.1 Stopping delivery of the service in Buxton (but maintaining the service delivered at other sites) does trigger ICB legal responsibilities under the NHS Act 2006, as amended by the Health and Care Act 2022 to 'make arrangements' to inform, involve and consult with the public.

5.2 A robust plan to engage with our Patients/Public was developed and has commenced with the patients at the existing Buxton clinic. Alternative sites CRH and UHDB will also be visited in the future to ensure views/voices are heard. We are required to update the Public Partnerships Committee and Derbyshire Scrutiny Committee. Plans are on standby to implement recommended actions to support this service change.

6. Background Papers

6.1 N/A

7. Appendices

7.1 Appendix 1 – Implications.

8. Recommendation(s)

That the Committee:

1) Support the engagement process and agree for conclusions from the service review at a future date.

9. Reasons for Recommendation(s)

9.1 No alternate provider currently able to offer this service in Buxton

9.2 This will allow the ICB to complete the engagement and service review.

Copy of Communications sent to GP practices



Colp comms.pdf

Copy of Patient Engagement Survey



Survey Colposcopy
Engagement Buxton I

Report Author:

Monica McAlindon

Head of Cancer Commissioning and Derbyshire ICS Cancer Programme Lead
NHS Derby and Derbyshire Integrated Care Board / Joined Up Care Derbyshire



Implications

Financial

1.1 The small volume of activity that was delivered from the Buxton site is considered financially immaterial to other acute contracts so there is no funding implications for this service change

Legal

2.1 Stopping delivery of the service in Buxton (but maintaining the service delivered at other sites) does trigger ICB legal responsibilities under the NHS Act 2006, as amended by the Health and Care Act 2022 to 'make arrangements' to inform, involve and consult with the public.

Human Resources

3.1 This service change has highlighted the national workforce challenge in gynaecology as well as a regional risk of Colposcopists. This has been escalated to system executives and will form part of our systems workforce development plans

Information Technology

4.1 None

Equalities Impact

5.1 Work to understand the full impact of this change is ongoing through the JUCD EQIA panel. The expected impact is around increased travel time and risk that this will impact a patients likelihood of attending for colposcopy to further determine the cause of the abnormal cervical screening.

Corporate objectives and priorities for change

6.1 Improve cancer waiting times for all patients

6.2 NHS Long Term Plan (LTP) - by 2028, 75% of people with cancer will be diagnosed at an early stage (stages one or two).

Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)