



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH

11 December 2023

Report of the Integrated Care Board

Colposcopy Service – Buxton Clinic

1. Purpose

- 1.1 Following the brief provided to the Committee in March 2023 on this matter, the purpose of this paper is to update Members on the status of colposcopy provision for people living in the High Peak area.

2. Information and Analysis

- 2.1 A colposcopy is often done if a smear test (cervical screening) finds abnormal cells in the cervix caused by human papillomavirus (HPV).
- 2.2 Until March 2023, the University Hospitals of Derby and Burton NHS Foundation Trust (UHDB NHSFT) provided a colposcopy service at the Buxton Hospital, for people living in the High Peak. This service was delivered by one Consultant who lived in the Buxton area – delivering care to around 90 patients a year. This was the only 'local community based' colposcopy service in operation across Derby and Derbyshire.
- 2.3 In 2021, NHS England's Public Health Commissioning Team (who are responsible for the commissioning of national screening programmes) and the Screening Quality Assurance Service (SQAS), reviewed the service and recommended that, due to the fragile workforce model and an increasing level of demand, the UHDB NHSFT should consider ceasing the service when the Consultant retires.
- 2.4 At the last the Committee Meeting in March 2023, the NHS Derby and Derbyshire ICB (DDICB) agreed to do further work in relation to engaging

with those patients affected and consider all options with a view to formalising the clinical pathway.

3. Exploring whether UHDB NHSFT can reinstate the service.

- 3.1. The DDICB and UHDB NHSFT has considered the option of reinstating the service. Unfortunately, with the current constraints to capacity this is not feasible. The Trust is struggling to recruit to the post that was vacated and is unable to incorporate this activity into the job plans of its existing clinical workforce.
- 3.2. In this context, the strategy to consolidate service capacity at the Royal Derby Hospital is the most cost-effective option, certainly over the next 18 months. This will ensure that the Trust can maximise the efficiency its existing provision.
- 3.3. The DDICB has also engaged with the Chesterfield Royal Hospital NHSFT (CRH NHSFT) to explore whether the Trust could offer a similar service to what was in place. Unfortunately, this is also not possible due to workforce challenges, and considers the option of consolidating provision at its existing site as the most effective.

4. What do patients think?

- 4.1. The DDICB's Public Involvement Team undertook some work to examine what patients thought of the Buxton Service, in addition to the service currently delivered by the CRH NHSFT (at the Chesterfield Royal Hospital site) and UHDB NHSFT (at the Royal Derby Hospital site), with the following issues arising from the engagement:
 - Patients did express a preference for the Buxton Service to be continued and felt it offered a more personalised experience.
 - Some patients stated that it is a challenge for them to travel beyond the Buxton Hospital.
 - Patients expressed that their experience of care at all three sites was "very good".
- 4.2. Since the service ceased at the Buxton Hospital, there been no complaints/concerns or comments raised received by DDICB, the Patience Experience team at the UHDB NHSFT, or Healthwatch Derbyshire.

5. What is the clinical pathway for patients?

5.1. The terms of the formally commissioned pathway are as follows:

5.1.1. **Symptomatic Primary Care presentations.** These patients will be referred to the local provider of their choice, by their General Practitioner, based on availability of clinics on the clinical patient booking system electronic-Referral System (eRS) in line with other patient pathways. This currently includes Stockport, Macclesfield, Chesterfield, Derby, and Sheffield.

5.1.2. **If the outcome of cervical screening is an abnormal,** the Public Health nationally mandated pathway is triggered. This means that patients will be directed to a pre-determined Provider for a colposcopy. For patients from the High Peak region this will be the Chesterfield Royal Hospital site.

6. Implications

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

7. Engagement

7.1. Ceasing delivery of the service at the Buxton Hospital (but maintaining the provision of the service 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.

7.2. A robust plan to engage with our Patients/Public was developed and completed.

8. Background Papers

8.1. N/A

9. Appendices

9.1. Appendix 1 – Implications.

10. Recommendation(s)

10.1. The Committee is invited to NOTE the change to the clinical pathway with patients now directed to the Chesterfield Royal Hospital for a colposcopy.

11. Reasons for Recommendation(s)

11.1. Regional colposcopy workforce shortage has restricted the DDICB's ability to commission a local service for patients from the High Peak Area.

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Implications

Financial

1.1 Colposcopy activity is funded through tariff with our NHS Providers. The volume of activity that was delivered from the Buxton site is considered financially immaterial to other acute contracts so there are 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 workforce leads to support the regional review.

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 patient's 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 performance against constitutional standards.

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).