



Public Health
England



Screening Quality Assurance visit report

NHS Cervical Screening Programme
Barking, Havering and Redbridge
University Hospitals NHS Trust

Public Health England leads the NHS Screening Programmes

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG
Tel: 020 7654 8000 www.gov.uk/phe
Twitter: [@PHE_uk](https://twitter.com/PHE_uk) Facebook: www.facebook.com/PublicHealthEngland

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 four 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.

www.gov.uk/topic/population-screening-programmes
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Prepared by: SQAS London.

For queries relating to this document, please contact: PHE.LondonQA@nhs.net



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Scope of this report

	Covered by this report?	If 'no', where you can find information about this part of the pathway
Underpinning functions		
Uptake and coverage	No	Local public health commissioning team
Workforce	Yes	
IT and equipment	Yes	
Commissioning	Yes	
Leadership and governance	Yes	
Pathway		
Cohort identification	No	Call and recall service
Invitation and information	No	Call and recall service
Testing	Yes	
Results and referral	Yes	
Diagnosis	Yes	
Intervention/treatment	Yes	

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 (QA) visit of the Barking, Havering and Redbridge University Hospitals NHS Trust screening service on 10 and 16 May 2018.

Purpose and approach to quality assurance (QA)

Quality assurance 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 of data collected by the NHS screening programmes
- evidence submitted by the provider and commissioners
- information shared with SQAS London as part of the visit process

Description of local screening service

Barking, Havering and Redbridge University Hospitals NHS Trust is comprised of 2 hospitals: King George's Hospital and Queens Hospital. Cervical cytology, colposcopy and histology services are provided by Queens Hospital.

The cervical screening service will remain at Queens Hospital until a decision has been made on the national reorganisation of the screening programme as a result of the implementation of HPV Primary Screening.

Barking, Havering and Redbridge University Hospitals NHS Trust provides a cervical screening service to the eligible populations of the following Clinical Commissioning Groups (CCGs); NHS Redbridge, NHS Havering, NHS Barking and Dagenham.

The eligible population for these CCGs is approximately 208,700 (Source; KC53 2016-2017).

NHS England London commissions the trust to provide a cervical screening service for the local population.

Primary Care Support England (PCSE) managed by Capita delivers the call and recall component for Queens Hospital cervical screening service. The PCSE is responsible for sending out the cervical screening invitations to women of screening age and result letters.

The call and recall function of the screening programme is being assessed separately, therefore the details on this component of the screening pathway is not included in this report.

Findings

This is the 5th QA visit to the trust since the start of the national cervical screening programme. The last QA visit took place in July 2014.

The recommendations identified at the previous QA visit have been implemented.

The cervical screening service provided by the trust is well run with motivated staff.

The cytology team has shown great adaptability and flexibility in managing the cytology workload in difficult circumstances and have included additional quality control checks to help manage the screening backlog.

Accountability and escalation of risks need further clarification for the cervical screening provider lead, the colposcopy and histology team.

The commissioners need to strengthen contracts between the clinical commissioning groups (CCGs) and the trust.

Immediate concerns

No immediate concerns were identified at this QA visit.

High priority

The QA review team identified 7 high priorities as listed in the table of recommendations.

Shared learning

The QA visiting team identified the following areas of practice for sharing:

Commissioning – Effective relationships between the Public Health Commissioning Team and the trust.

Cervical Screening Provider Lead – A well written annual report has been produced for 2016-2017 which summarised the trust's cervical screening programme achievements, identified challenges and outlined future plans.

Colposcopy – Glandular non cervical cases are referred to oncologists who are also colposcopists.

The trust should be commended for the 10 year rolling programme of equipment replacement.

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
Commissioning recommendations					
R1	The commissioner should update the Programme Board terms of reference to provide a clear purpose which includes the governance structure to support full engagement from key stakeholders	Service specification	6 months	Standard	Revised terms of reference
R2	The commissioner should agree with the provider a Schedule 6 as part of the NHS standard contract to include national and local reporting, an audit schedule, patient and public engagement (PPE) updates and deadlines for KPI submissions	Service specification	6 months	Standard	Copy of: <ul style="list-style-type: none"> • schedule 6 • audit schedule Copy of provider action plan
R3	The commissioner should undertake a process mapping exercise to support the commissioning and contract function that aims to provide clarity in relation to the CCG contracting process. This should include the escalation process if required	Service specification	12 months	Standard	Confirmation of process mapping

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R4	The commissioner should develop plans in relation to NHS England's responsibility to engage with patients and the public in relation to commissioning decisions and this should be extend to the submission of regular updates from the provider	NHS England PPE Framework	6 months	Standard	Copy of: <ul style="list-style-type: none"> commissioner PPE plans Provider PPE updates
R5	The commissioner should explore innovative ways to involve patient and public representatives at the Programme Board that meets the needs as outlined in the terms of reference but is meaningful and rewarding for the identified representatives	NHS England PPE Framework	6 months	Standard	Copy of: <ul style="list-style-type: none"> PPE plans Notes form PPE interactions and outcomes
Queens Hospital recommendations					
R6	Make sure appropriate administrative support is available to cervical screening provider lead (CSPL) which will enable completion of mandatory elements of the cervical screening programme and other administrative tasks related to this role	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	Standard	Trust to confirm that support for the CSPL role has been identified and functioning
R7	Develop an accountability and governance structure for the CSPL	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Trust approved structure to be submitted
R8	Expand the terms of reference for the cervical screening/colposcopy business meeting to cover all screening governance areas	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	Standard	Trust approved updated terms of reference Creation of an action log

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R9	Complete a 6-monthly CSPL update and ensure this is discussed at the appropriate trust governance meeting	NHS CSP: the role of the cervical screening provider lead	6 months	Standard	CSPL report with circulation list
R10	Work with other North East London CSPLs to establish network meetings	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	Standard	Terms of reference to be developed and formalised and a chair identified from one of the CSPL currently in post
R11	The trust incident policy need to reference NHS Screening Programmes “Managing Safety Incidents in NHS Screening Programmes” August 2017	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	Standard	Confirmation that Trust incident policy has been updated to reference NHS Screening Programmes “Managing Safety Incidents in NHS Screening Programmes” August 2017
R12	The nominated lead colposcopist for cervical screening to be allocated the sessional commitment to ensure all NHSCP standards are met	NHSCSP20 NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Job description, job plan with dedicated professional activity allocation
R13	Develop an organisational accountability structure for colposcopy service including detail of escalation routes for governance and performance issues	NHSCSP20	3 months	High	Organisational structure

Cytology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R14	Ensure cytology laboratory follows national guidance	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25) and Hologic guidance and NHSCSP 1	3 months	Standard	Confirmation that policy has been updated for: <ul style="list-style-type: none"> - National sample acceptance policy - Treatment methods and HPV testing protocols need to be updated in line with manufacturers' and national guidance
R15	Ensure all cytopathologists report or review minimum of 750 cases per annum	BAC Code of Practice 2015 Updated 2017	12 months	Standard	Workload summary for the period 2017 to 2018
R16	Performance monitoring of the consultants/departmental PPVs	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Confirmation of a process which enables the lead consultant to feedback performance issues to the team
R17	Implement and monitor a plan to achieve 14 day turnaround times for cervical screening results	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Recovery plan supported by data submission and evidence of achievement

Sample taker register

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R18	The commissioner to update the Standard Operating Procedures (SOPs) of the Sample Taker Register to ensure pathways are detailed and comprehensive which will support timely follow up of any identified issues or concerns	Service specification	6 months	Standard	Revised SOP
R19	The commissioner should review the support aligned to the Sample Taker Register by NHS England and Public Health England Teams to ensure business continuity whilst this remains the responsibility of the London Direct Commissioning Office	Service specification	6 months	Standard	Copy of: <ul style="list-style-type: none"> Revised SOP Business continuity plan

Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R20	Review accountability and clinical governance structures identifying clinical leadership for the cervical screening programme	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Trust approved revised accountability and clinical governance structures
R21	Implement and monitor a plan to achieve recommended turnaround times for histopathology	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	Standard	Data for April – June 2018 shows achievement

Colposcopy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R22	Ensure there is sufficient colposcopist workforce	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Trust approved and funded 3 year workforce plan
R23	Capture data/information on women treated under general anaesthesia in theatre	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	Standard	Confirmation that IT system has been implemented in theatre Updated standard operating procedure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R24	Implement standard operating procedures for colposcopy administrative processes/colposcopy clinic arrangements/clinical management	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	Standard	<p>Confirmation that policies and standard operating procedures are dated with the trust logo and are version controlled by the trust guidelines group</p> <p>Updated standard operating procedure for MDTs including names and contact details of the main members and the cover arrangements for the lead staff</p>
R25	Review of direct referral pathway	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	Standard	<p>Confirmation that the direct referral list can be accessed electronically</p> <p>Confirmation that the direct referral SOP has been updated to reflect the additional failsafe step</p>

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R26	Undertake additional audits to confirm compliance with national clinical policy	NHSCSP No. 20	6 months	Standard	2 audits to be submitted <ul style="list-style-type: none"> • no dyskaryosis on cytology taken within 8 months of treatment • patients referred with high grade dyskaryosis with no biopsy or treatment at first visit
R27	Expand cervical screening audit schedule to include audits to be undertaken over reasonable timeframes across the entire screening pathway	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	Standard	Approved audit schedule demonstrating audit objective, lead staff member, completion timeframe Confirmation that audit outcomes and recommendations are discussed at the colposcopy operational/ business meetings
R28	Colposcopists to see 50 new screening programme referrals annually (excluding clinical indication)	NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition	12 months	Standard	2018 – 2019 activity data to show all colposcopists with clinical activity within programme standards

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R29	Complete an annual user survey of colposcopy services	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	Standard	To submit patient satisfaction survey
R30	Update patient information leaflets/letters	NHSCSP No. 27	3 months	Standard	Confirmation of changes to leaflet and letter
R31	Ensure all colposcopists attend a minimum of 50% of multi-disciplinary team meetings (MDT)	NHSCSP 20	12 months	Standard	MDT attendance records January 2018 – December 2018

Key: I = Immediate, H = High, S = Standard.

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, following the issuing of the final report. 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.