



Public Health
England



Screening Quality Assurance visit report

NHS Cervical Screening Programme
Barts Health NHS Trust

05 and 14 March 2019

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About PHE screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or 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 4 UK countries. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

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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 visit of the Barts Health NHS Trust screening service held on 5 and 14 March 2019.

Quality assurance purpose and approach

Quality assurance (QA) 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:

- routine monitoring data collected by the NHS screening programmes
- evidence submitted by the provider(s), commissioner and external organisations
- information shared with SQAS London as part of the visit process

Local screening service

Barts Health NHS Trust provides a cervical screening service to the eligible populations of the following Clinical Commissioning Groups (CCGs): NHS City and Hackney CCG, NHS Newham CCG, NHS Tower Hamlets CCG and NHS Waltham Forest CCG.

The eligible population for these CCGs is approximately 399,000 (source: KC53 2017 to 2018).

In April 2012, Whipps Cross University Hospital NHS Trust, Barts and the London NHS Trust and Newham University Hospital NHS Trust merged to form Barts Health NHS Trust. In March 2013 the cytopathology and histopathology departments at Whipps Cross University Hospital moved to The Royal London Hospital. The Royal London Hospital also provides cervical histopathology and cervical cytology screening services for Homerton University Hospital NHS Foundation Trust.

In April 2015 the colposcopy service moved from St. Bartholomew's Hospital to a purpose built department at The Royal London Hospital. Colposcopy is also provided at

Whipps Cross University Hospital and Newham University Hospital. Human papilloma virus (HPV) testing triage and test of cure is provided by Barts Health NHS Trust for the population of north east and north central areas of London. NHSE London holds the HPV primary testing contract with Barts Health NHS Trust.

Human papillomavirus (HPV) primary screening is a new way of examining cervical samples, where the check for HPV is the first test carried out compared to the current process of cytology screening. HPV primary screening will be rolled out across the NHS Cervical Screening Programme in England by the end of 2019. In preparation for this Barts Health NHS Trust plans to convert the workload from 3 of the 4 CCGs to HPV Primary Screening by April 2019.

Primary Care Support England (PCSE) managed by Capita delivers the call and recall component for the cervical screening service. PCSE is responsible for sending out 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

The cervical screening service provided by the trust is well run with motivated staff. This is despite staff shortages and experienced difficulties related to forthcoming implementation of primary HPV and the move to one single screening cytology laboratory in London.

Within cytology, there is a backlog for screening cytology slides which was around 18,000 at the time of the QA visit. The turnaround times (TAT) was 48 days instead of the 14 days key performance indicator.

There is long-term sickness and vacancies within the cytology team which is partly mitigated by many of the staff working overtime. Due to the implementation of Human Papilloma Virus (HPV) primary screening it may not be possible to recruit to these vacancies.

There were new commissioning recommendations in this report in addition to the recommendations already identified at previous QA visits to other trusts in London which are also relevant to this visit.

Immediate concerns

No immediate concerns were identified

High priority

The QA visit team identified 6 high priority findings, as summarised below.

1. The cervical screening provider lead (CSPL) role is currently shared between an advanced practitioner and a colposcopy nurse specialist.
2. The process for management and escalation of risks for cytology, colposcopy and histology is not clear.
3. There is no cross site lead nurse for the cervical screening programme with a nominated deputy.
4. There is no business continuity plan for the management of risks with the current cytology backlog and for the transition into the new laboratory.
5. There is insufficient nurse colposcopist workforce capacity within colposcopy in Newham and Royal London hospitals.
6. The video links between sites for MDT meetings are not always functional.

Shared learning

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

Cervical Screening Provider Lead:

- a well written annual report has been produced for 2016 to 2017 which summarised the trust's cervical screening programme achievements, identified challenges and outlined future plans

Cytology:

- the use of the rejection calculator with cut off dates updated daily for medical laboratory assistants receiving specimens, in order to check if women are within the programme age parameters

Histology:

- maintained service quality and continued service development without outsourcing at a time of limited capacity
- new consultant appointments made at a time of great shortage of histopathologists

Recommendations

The following recommendations are for the provider to action unless otherwise stated

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Appoint a trust wide cervical screening provider lead (CSPL) that will oversee the totality of the screening pathway. The CSPL role will have an agreed job description that includes accountability to the Chief Executive Officer, dedicated time and administrative support	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	3 months	High	Identified person for the role of CSPL. Formalised job description including accountability and governance structure and job plan
2	Appoint a nominated deputy to support the CSPL	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	3 months	High	Identified nominated deputy. Formalised job description including accountability and governance structure and job plan
3	Update the Terms of reference of the quarterly cervical business meetings chaired by cervical screening provider lead to include the right membership, agenda and appropriate meeting duration that allows time for discussion of key issues.	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	3 months	Standard	Updated terms of reference, duration of meeting, list of attendees, develop meeting schedule for the next 12 months and copy of the first minutes,

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Update the Terms of reference for the North East London CSPL network meetings to include the right membership, agenda and appropriate meeting duration that allows time for discussion of key issues	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	3 months	Standard	Updated terms of reference, duration of meeting, develop meeting schedule for the next 12 months and copy of the first minutes
5	Cervical Screening Provider Lead to produce a trust-wide annual cervical screening report and 6 monthly reports	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	6 months	Standard	Documents detailing the arrangement agreed, a copy of the first report given and minutes of the meeting where it was presented
6	Develop and implement a trust wide annual audit schedule for cervical screening services	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	3 months	Standard	<p>Approved audit schedule for 2018 to 2019 demonstrating audit objectives, lead staff member and completion timeframe</p> <p>Confirmation that audit outcomes and recommendations are discussed at the colposcopy operational meetings</p>

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Implement a clear joint process for recording, collating and escalating incidents and risks for cytology, colposcopy and histology	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	3 months	High	Confirmation of joint written process. Staff informed/trained in the process.
8	Review the role and develop accountability structure for a cross site lead colposcopist to include nominated deputy colposcopy site leads	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	3 months	Standard	Submit accountability structure Confirmation of sessions in job plan and role referenced in the colposcopy accountability structure
9	The trust to appoint a single lead nurse colposcopist with nominated deputies in the other colposcopy services	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	3 months	High	Confirmation of appointments and update accountability and governance structure
10	The single lead nurse colposcopist to establish formal quarterly nursing meetings	NHSCSP 20	3 months	Standard	Agreed terms of reference, copy of minutes
11	Review of the colposcopy operational meetings and ensure more cross site joint working and standardisation of processes	NHSCSP 20	3 months	Standard	Update terms of reference, identify chair and deputy chair for the meetings, copy of minutes

Cytology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	To immediately cease fixing labels on slides	In line with lean methodology /NHS Improvement 2009	Immediately	Standard	Confirmation that this process has been implemented
13	Make sure all protocols reflect current terminology	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	3 months	Standard	Confirmation that protocols reflect current terminology
14	Develop business continuity plan for the management of risks with the current cytology backlog and for the transition into the new laboratory	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	1month	High	Trust approved business continuity plan to manage the backlog and for the transition into the new laboratory

HPV testing

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Update standard operating procedure for CP-CYTO-TECH-HPV56 to indicate 6 weeks viability of HPV samples	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	Immediately	Standard	Confirmation that protocol has been updated
16	Commence a regular programme of testing environmental swabs to ensure quality of results	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	Immediately	Standard	Confirmation that protocol has been updated

Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Histopathologists reporting gynaecological histopathology must participate in the gynaecology EQA scheme	Royal College of Pathologists	6 months	Standard	Confirmation that pathologists are undertaking gynaecological EQA

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Implement and monitor a plan to achieve recommended turnaround times for histopathology	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	6 months	Standard	Data for April – September 2019 shows achievement

Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Make sure there is sufficient administrative support for data collection, effective communication and failsafe mechanisms in colposcopy services at The Royal London Hospital	NHS Public Health Functions Agreement 2017 to 2018 (Service Specification No. 25)	3 months	Standard	Evidence of completion of colposcopy administrative processes
20	Make sure that all colposcopy clinics are staffed by at least 2 nurses	NHSCSP 20 'Colposcopy & Programme Management' third edition	3 months	Standard	Confirmation of nurse staffing for Newham University Hospital, Whipps Cross University Hospital and the Royal London Hospital
21	Make sure there is sufficient nurse colposcopists in place in Newham and Royal London Hospitals to manage the workload	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	6 months	High	Confirmation of any new appointments and update of colposcopy structure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Make sure image capture is available and working at Newham University Hospital and Whipps Cross University Hospital	NHSCSP 20 'Colposcopy & Programme Management' third edition	6 months	Standard	Trust confirmation of the image capture facility at Newham University Hospital and Whipps Cross University Hospital
23	Provision of IT support to colposcopy IT systems across trust sites to produce reliable cervical screening data	NHSCSP 20 'Colposcopy & Programme Management' third edition	3 months	Standard	Trust confirmation of IT support across the trust sites in support of colposcopy
24	Make sure all colposcopists enter information directly onto the colposcopy database in clinic for The Royal London Hospital	NHSCSP 20 'Colposcopy & Programme Management' third edition	Immediately	Standard	Confirmation that colposcopists are undertaking direct data entry
25	Implement a standing operating procedure for the production and validation of KC65 data and for failsafe checks	NHSCSP 20 'Colposcopy & Programme Management' third edition	3 months	Standard	Submission of approved SOP
26	Make sure a business continuity plan is in place across the trust sites, should another cyber-attack occur	NHSCSP 20 'Colposcopy & Programme Management' third edition	3 months	Standard	Trust approved business continuity plan for cervical screening
27	Make sure that all IT systems across the trust are backed up daily and that data recovery for cervical screening programme is available	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	3 months	Standard	Trust approved standard IT system back up operating procedure relating to cervical screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
28	Update local trust colposcopy clinical guidelines to reflect existing national guidelines	NHSCSP 20 'Colposcopy & Programme Management' third edition	3 months	Standard	Confirmation of updated guidelines
29	Update standard operating procedures (SOPs) for cervical screening referral pathway	Administrative Good Practice in the NHS Cervical Screening Programmes (2017) PHE Guidance Cervical Screening: cytology reporting failsafe (August 2018). NHSCSP No 20.	3 months	Standard	Submission of SOPs for direct referral, receipt of GP referrals for abnormal screening result and for receipt of GP referrals for clinical symptoms
30	Make sure that the discharge abstract is activated monthly across the trust	PHE Guidance Cervical Screening: cytology reporting failsafe (August 2018). NHSCSP No 20.	3 months	Standard	Confirmation that discharge abstract is activated monthly

No.	Recommendation	Reference	Timescale	Priority	Evidence required
31	Implement standard operating procedures for colposcopy administrative processes, colposcopy clinic arrangements and clinical management	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	6 months	Standard	Confirmation that policies and standard operating procedures are in place and documents dated with the trust logo and are version controlled by the trust guidelines group
32	Make sure the failsafe pathway across the 3 colposcopy services is operating in line with national guidance	NHSCSP 20 'Colposcopy & Programme Management' third edition	3 months	Standard	Confirmation of gap analysis of the failsafe pathway
33	Colposcopists to see 50 new screening programme referrals annually (excluding clinical indication)	NHSCSP 20 'Colposcopy & Programme Management' third edition	12 months	Standard	2019 to 2020 activity data to show all colposcopists with clinical activity within programme standards

No.	Recommendation	Reference	Timescale	Priority	Evidence required
34	Re-audit of treatment and treatment depth, put in place any required remedial actions	NHSCSP 20 'Colposcopy & Programme Management' third edition	6 months	Standard	<p>Audit from January 2018 to December 2018 across the 3 services to cover transformation zone, depth of excision, margin status, single piece specimen and test of cure/recurrence rate.</p> <p>To assess the treatment of CGIN where loop excision is used which deviates from national standards</p>
35	Update patient invitation letter for Whipps Cross University Hospital and Newham University Hospital (to include the screening test results, how to find the clinic and how to access information in other languages)	NHSCSP 20 'Colposcopy & Programme Management' third edition	3 months	Standard	Confirmation of updated patient invitation letter
36	Make sure that leaflets providing written information given in advance to women who are likely to be offered treatment at their first appointment are updated and current, in line with national guidance	NHSCSP 20 'Colposcopy & Programme Management' third edition	3 months	Standard	Confirmation of updated leaflets

No.	Recommendation	Reference	Timescale	Priority	Evidence required
37	Implement process to complete a comprehensive annual user survey of colposcopy services for all sites	NHSCSP 20 'Colposcopy & Programme Management' third edition	12 months	Standard	Annual user survey undertaken and address outcomes. The representative sample size should be commensurate to the population served.

Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
38	Review of MDT standard operating procedure	NHSCSP 20 'Colposcopy & Programme Management' third edition	3 months	Standard	Confirmation of updated SOP
39	Make sure the video links between sites are functional	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	3 months	High	Confirmation of working video links
40	Ensure all colposcopists attend a minimum of 50% of multi-disciplinary team meetings (MDT)	NHSCSP 20 'Colposcopy & Programme Management' third edition	12 months	Standard	Audit attendance for 2018 to 2019

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 and progress in response to the recommendations made for a period of 12 months after the report is published. 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.