



Public Health  
England



# Screening Quality Assurance visit report

NHS Cervical Screening Programme  
Homerton University Hospital NHS  
Foundation Trust

1 February 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 Homerton University Hospital NHS Foundation Trust screening service held on 1 February 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 the following sources:

- 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

Homerton University Hospital NHS Foundation Trust provides a colposcopy service to the eligible populations of the following Clinical Commissioning Group (CCG): NHS City and Hackney.

The eligible population for this CCG is approximately 100,800 (Source; KC53 2017 to 2018).

Homerton University Hospital NHS Foundation Trust provides a colposcopy service. Cervical cytology and histology screening services are provided by the Barts Health NHS Trust based at The Royal London Hospital.

Human Papilloma Virus (HPV) testing is also provided by The Royal London Hospital.

City & Hackney CCG holds the contract for Homerton University Hospital colposcopy service.

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 are not included in this report.

## Findings

The last QA visit to Homerton University Hospital NHS Foundation Trust took place on 29 January 2014. All recommendations from that visit were completed.

The internal governance arrangements for the colposcopy service need to be formalised which includes the role of the lead colposcopist, support for the Cervical Screening Provider Lead (CSPL), incident reporting, colposcopy operational meetings, escalation and reporting.

## Immediate concerns

No immediate concerns were identified

## High priority

The QA visiting team identified 8 high priority findings as summarised below:

- the cervical screening provider lead does not have a formalised job description
- there is no process for recording, collating and escalating incidents and risks for cytology, colposcopy and histology
- the nominated lead colposcopist does not have the appropriate allocated sessional commitment in accordance with national guidelines
- there is no accountability structure for the colposcopy service detailing escalation routes for governance and performance issues
- the colposcopy operational meetings are not formalised and there is insufficient time allocated to discuss operational matters
- the current clinical workforce will not be sufficient for the implementation of HPV primary screening
- the colposcopy service at Homerton University Hospital does not send a sample summary sheet to the cytology and histology services at The Royal London Hospital to track the arrival of all cervical screening samples

- a more comprehensive audit on cervical glandular intra-epithelial neoplasia (CGIN) needs to be undertaken

### Shared learning

The QA visit team identified areas of practice for sharing, including:

- improved DNA rates despite lack of dedicated administrative resource
- a detailed annual report has been produced for 2017-2018 which summarised the trust's cervical screening programme achievements, identified challenges and outlined future plans

## Recommendations

The recommendations 1 and 2 are directed to NHSE London. The remaining recommendations are for Homerton NHS trust as the provider of the service.

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R1	The commissioners to clarify NHS England and CCG commissioner governance and escalation arrangements	National Service specification 25	3 months	Standard	Submit flow chart showing governance pathways
R2	The commissioners to ensure the trust is compliant with national guidance for transferring patients back to primary care with regard to test of cure (TOC) samples and as part of the HPV primary screening	National Service specification 25	3 months	Standard	Action plan/amended contract
R3	Formalise the cervical screening provider lead job description in accordance with national guidelines	National Service specification 25	3 months	High	Submit formalised job description
R4	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.	National Service specification 25	6 months	Standard	Trust to confirm that support for the CSPL role has been identified and functioning

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R5	Revise terms of reference for the cervical screening business meeting chaired by the CSPL	National Service specification 25	3 months	Standard	Updated terms of reference  To ensure all disciplines are represented at the meeting  Creation of an action log
R6	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
R7	Amend trust incident policy to include reference to managing screening incidents in accordance with "Managing Safety Incidents in NHS Screening Programmes" August 2017	National Service specification 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
R8	Implement a clear process for recording, collating and escalating incidents and risks for cytology, colposcopy and histology	National Service specification 25	3 months	High	Confirmation of process in place
R9	The nominated lead colposcopist for cervical screening to be allocated the sessional commitment in accordance with national guidelines	NHSCSP20  National Service specification 25	3 months	High	Job description and job plan to be updated to reflect dedicated professional activity allocation
R10	Develop an organisational accountability structure for colposcopy service including detail of escalation routes for governance and performance issues	NHSCSP20	3 months	High	Copy of organisational structure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R11	Formalise colposcopy operational meetings allowing adequate time to discuss operational matters	NHSCSP 20	3 months	High	Terms of reference and minutes  Creation of an action log

### Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R12	Make sure there is sufficient clinical workforce for the implementation of HPV primary screening	National Service Specification 25	3 months	High	Workforce planning for the next 3 years
R13	Make sure there is sufficient administrative support for data collection, effective communication and failsafe mechanisms in the colposcopy services	National Service Specification, NHSCSP 20	6 months	Standard	Colposcopy staffing structure, defined responsibilities and absence cover arrangements protocol
R14	Make sure that the colposcopy IT system is appropriately mapped to Cyres to produce all data requirements	National Service specification 25	3 months	Standard	Colposcopy data capture to include single treatments/depth of treatment
R15	Implement a standard operating procedure to include roles and responsibilities for the production and validation of KC65 data	NHSCSP 20 'Colposcopy & Programme Management' 3 <sup>rd</sup> edition	3 months	Standard	Standard operating procedure
R16	Implement an additional failsafe check between Homerton University Hospital colposcopy service and the cytology and histology services at The Royal London Hospital	NHSCSP 20 'Colposcopy & Programme Management' 3 <sup>rd</sup> edition	Immediate	High	Confirmation of the use of the sample summary sheet

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R17	Colposcopists to see 50 new screening programme abnormal cytology referrals annually (excluding clinical indication)	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition	12 months	Standard	January to December 2018 activity data to show all colposcopists with clinical activity within programme standards
R18	Expand the cervical screening audit schedule to include audits to be undertaken across the entire screening pathway	National Service specification 25	3 months	Standard	Approved audit schedule for 2019-2020 demonstrating audit objective, lead staff member, completion timeframe  Confirmation that audit outcomes and recommendations are discussed at the colposcopy business meetings
R19	Conduct a 5 year audit of cervical glandular intra-epithelial neoplasia (CGIN) management and ensure it follows national guidance	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition	3 months	High	Review of CGIN audit outcomes to identify different practices in management of CGIN that could be outside national guidance.  Submission of action plan.

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R20	Annual user survey of colposcopy service	National Service specification 25	6 months	Standard	<p>Complete user satisfaction survey.</p> <p>Confirmation that outcomes are discussed at the colposcopy operational business meeting.</p>

## 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.