



Public Health
England

Screening Quality Assurance Visit Report

NHS Cervical Screening Programme The Royal Free London NHS Foundation Trust

2, 8, 9, 12 June 2017

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 to advise and support government, local authorities and the NHS in a professionally independent manner.

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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 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.

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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 | No | Local public health commissioning team |
| 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 to the Royal Free London NHS Foundation Trust cervical screening service held on 2, 8, 9 and 12 June 2017.

Purpose and approach to quality assurance (QA)

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

Description of local screening service

Royal Free London NHS Foundation Trust provides a cervical screening service to the eligible populations of the following clinical commissioning groups (CCGs): Barnet CCG, Camden CCG, Enfield CCG, and Islington CCG.

The eligible population for these CCGs was approximately 375,000 (England registered women aged 25-64 excluding those ceased - source: KC53 2016 - 2017). The number of women screened by the cytology laboratory at Chase Farm Hospital for 2015-2016 was approximately 33,334, source: KC61 2015 - 2016.

Royal Free London NHS Foundation Trust joined with Barnet and Chase Farm Hospitals NHS Trust in 2014. The trust has 3 colposcopy services located at Barnet Hospital, Chase Farm Hospital and Royal Free Hospital. There is also diagnostic colposcopy undertaken in the Ian Charleson Day Centre on the Royal Free Hospital site. This is a dedicated clinic for HIV+ women. Women are referred to the main colposcopy clinic if treatment is needed.

The trust also has retained a histology and cervical cytology service at Chase Farm Hospital site for the short term. The departments provide cervical cytology screening and histology services for the colposcopy sites at Barnet Hospital and Chase Farm Hospital. There are plans to relocate the cytology and histology departments within the next year.

Health Services Laboratories (HSL) provides a cervical cytology screening and reporting service and a histology reporting service for the colposcopy service at the Royal Free Hospital.

HSL was established in April 2015 and manages the pathology services (including cytology and histology) for 3 NHS trusts – Royal Free London NHS Foundation Trust (excluding Chase Farm site at present), University College London Hospitals NHS Foundation Trust and North Middlesex University Hospital NHS Trust.

HSL is a joint venture formed by The Doctors Laboratory (TDL, which is a private pathology provider), University College London Hospitals NHS Foundation Trust and Royal Free London NHS Foundation Trust. The cervical cytology service is currently based at 250 Euston Road. The histology services provided for Royal Free London NHS Foundation Trust are on site.

NHS England London commissions the trust to provide a cervical screening service for the local population. Royal Free NHS Foundation trust, in turn, has a service level agreement in place with HSL for pathology work (excluding work undertaken by Chase Farm Hospital).

Capita is commissioned by NHS England to send out cervical screening invitations to women of screening age and result letters.

Findings

Immediate concerns

No immediate concerns were identified.

High priority

The QA visit team identified 14 high priority findings as summarised below.

Governance and Leadership:

- establish a process with all stakeholders for the completion of the invasive cervical cancer audit pathway

- ensure that screening safety incidents are reported in accordance with national guidance
- a lead colposcopist for the trust to be identified and a deputy lead colposcopist identified for the other sites
- reinstate colposcopy operational meetings

Cytology:

- implement a workforce plan for the management and screening team within the cytology laboratory at Chase Farm Hospital
- risk assess the checking of sample pots against forms to minimise errors
- all cytopathologists must report or review a minimum of 750 cases per annum as per national standards
- annual staff screening sensitivity must reach minimum national standards

Histology:

- demonstrate monitoring of consultant annual workload figures for cervical biopsies and cone/LLETZ biopsies for 2016-2017 for the Royal Free Hospital

Colposcopy:

- implement a workforce plan for the nurse colposcopists' role
- colposcopists to see 50 new screening programme referrals annually (excluding clinical indication)
- implement a trust-wide colposcopy standard operating procedure for the direct referral pathway
- implement a process for confirming receipt of samples at cytology/histology laboratories
- develop trust-wide multi-disciplinary team meeting processes

Table of consolidated recommendations

Governance and leadership

| No. | Recommendation | Reference | Timescale | Priority * | Evidence required |
|-----|--|--|-----------|------------|--|
| R1 | Establish quarterly cervical business meetings chaired by the hospital based programme co-ordinator with representation from all cervical screening service leads | NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25) | 3 months | S | Trust ratified: - Terms of reference - Meeting schedule with circulation list |
| R2 | Trust-wide annual cervical screening report to be produced | NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25) | 12 months | S | - Confirmation of written trust-wide annual report - Formal trust acknowledgement of the trust-wide cervical screening programme report - Report to include circulation list |
| R3 | The trust to formally recognise the leadership role of the cervical screening hospital based programme co-ordinator which is equivalent to the Director of Screening role in the other cancer screening programmes | NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25) | 3 months | S | Updated and approved job description, job planning and reporting arrangements |

| No. | Recommendation | Reference | Timescale | Priority * | Evidence required |
|-----|--|---|-----------|------------|---|
| R4 | Work with North Central London hospital based programme co-ordinators to establish network meetings | NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25) | 3 months | S | <ul style="list-style-type: none"> - NHSE England to facilitate the establishment of the network meeting - Terms of reference to be developed and formalised - A chair to be identified from one of the 5 HBPCs currently in post - Ensure HBPC equivalent at Health Services Laboratories is invited |
| R5 | Establish a process with all stakeholders for the completion of the invasive cervical cancer audit pathway | NHSCSP No 28 | 3 months | H | Trust approved cancer audit pathway with identified persons and roles within the pathway |
| R6 | Implement patient information leaflet for disclosure of cervical cancer | NHSCSP No 28 | 3 months | S | Trust approved patient information leaflet for disclosure of cervical cancer |
| R7 | Ensure that screening safety incidents are reported in accordance with national guidance | NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25) NHS Screening Programmes 'Managing Safety Incidents in NHS Screening Programmes' Oct 2015 | 1 month | H | Confirmation that departmental protocols have been updated with reference to NHS Screening Programmes 'Managing Safety Incidents in NHS Screening Programmes' Oct 2015 |
| R8 | A lead colposcopist for the trust to be identified and a deputy lead colposcopist identified for the other sites | NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition | 6 months | H | <ul style="list-style-type: none"> - Lead and deputy lead roles written into job descriptions - Updated accountability and governance links |
| R9 | Reinstate colposcopy operational meetings | NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25) | 3 months | H | <ul style="list-style-type: none"> - Trust approved terms of reference - Formal minutes of the meetings |

Cytology laboratory

| No. | Recommendation | Reference | Timescale | Priority * | Evidence required |
|-----|--|--|-----------|------------|---|
| R10 | Implement a workforce plan for the management and screening team within the cytology laboratory at Chase Farm Hospital | NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25) | 6 months | H | Workforce plan to be put in place for the recruitment of the cytology laboratory manager and screening staff |
| R11 | Ensure review and update of protocols/procedures | NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25) | 6 months | S | Confirmation that policies and guidelines have been updated eg Q-Pulse No:Q659 Screening and Reporting Policy, Q-Pulse no:Q358 Cervical Screening |
| R12 | Risk assess the checking of sample pots against forms to minimise errors | NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25) | 3 months | H | Evidence of a risk assessment that was undertaken with a follow up action plan The evidence will demonstrate that the action plan was reviewed by the hospital based programme co-ordinator and Head of Department |
| R13 | All cytopathologists must report or review a minimum of 750 cases per annum | NHSCSP13 | 3 months | H | Workload summary for the period April 2017 - March 2018 |
| R14 | Annual staff screening sensitivity to reach minimum national standards | BAC Recommended code of practice for cytology laboratories participating in the NHSCSP (2015) NHSCSP 1 | 3 months | H | Screening sensitivity data for the period April 2017- March 2018 |

Histology laboratory

| No. | Recommendation | Reference | Timescale | Priority * | Evidence required |
|-----|--|--|-----------|------------|---|
| R15 | Ensure sufficient consultant capacity within histology | NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25) | 6 months | S | Workforce plan to include re-appointment of the vacant post and planning for anticipated retirements |
| R16 | Demonstrate monitoring of consultant annual workload figures for cervical biopsies and cone/LLETZ biopsies for the Royal Free Hospital | NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25) | 3 months | H | Confirmation of workload figures for consultants for cervical biopsies and cone/LLETZ biopsies for 2016-2017 |
| R17 | Implement a trust-wide audit process for monitoring turnaround times for cervical samples to identify breaches sooner | NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25) | 3 months | S | Confirmation that an audit was undertaken Submission of turnaround times for 2 quarters to show change in process: - April – June 2017 - July – September 2017 |

Colposcopy

| No. | Recommendation | Reference | Timescale | Priority * | Evidence required |
|-----|--|--|-----------|------------|--|
| R18 | Implement a workforce plan for the nurse colposcopists' role | NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25) | 6 months | H | - Succession/workforce planning to be put in place for the recruitment/training of the nurse colposcopists with any plans to be noted in the hospital based programme co-ordinator annual report - Updates at the performance board meetings chaired by NHSE London |

| No. | Recommendation | Reference | Timescale | Priority * | Evidence required |
|-----|---|--|-----------|------------|--|
| R19 | Colposcopists to see 50 new screening programme referrals annually (excluding clinical indication) as per NHSCSP standards | NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition | 12 months | H | 2017-2018 activity data to show all colposcopists with clinical activity within programme standards |
| R20 | Implement a trust-wide colposcopy standard operating procedure for the direct referral pathway | NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25) | 3 months | H | Trust ratified standard operating procedure |
| R21 | Review and update departmental guidance/standard operating procedures to include colposcopy guidelines, direct referral, multidisciplinary meetings, and cancer audit pathway | NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition NHS Cervical Screening Programme Screening Protocol Algorithm for HPV Triage and Test of Cure | 6 months | S | <ul style="list-style-type: none"> - Confirmation of the implementation of a quality management system for the management of the policies and protocols - Confirmation that policies and guidelines have been implemented across the 3 colposcopy sites |
| R22 | Implement a process for confirming receipt of samples at histology | NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25) | 3 months | H | Confirmation that process agreed by lead colposcopist and histopathologist is implemented and standard operating procedure updated |
| R23 | Undertake 3 additional audits to confirm compliance with national clinical policy | NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition | 6 months | S | 3 audits to be undertaken and submitted: <ul style="list-style-type: none"> - trust cancellation rate to ensure efficient use of capacity - single piece vs multiple piece loops - Local Anesthetic/General Anesthetic rate to identify reasons as to not achieving national standard |

| No. | Recommendation | Reference | Timescale | Priority * | Evidence required |
|-----|--|--|-----------|------------|--|
| R24 | Develop a trust-wide colposcopy audit schedule | NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25) | 6 months | S | <ul style="list-style-type: none"> - Trust approved audit schedule which indicates timelines - Confirmation that audit outcomes and recommendations are discussed at the colposcopy operational meetings |
| R25 | Re-audit of patient satisfaction survey | NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25) | 12 months | S | Confirmation that audit has been undertaken and outcome discussed at colposcopy operational meeting |
| R26 | Develop trust-wide multi-disciplinary team meeting processes | NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition | 3 months | H | Confirm trust ratification of standard operating procedure to include: <ul style="list-style-type: none"> - roles and responsibilities for the management of Multidisciplinary Team meetings - cover arrangements for the lead staff members for the meetings - selection criteria and management of cases - management of outcomes - audit of attendance |
| R27 | All colposcopists to attend a minimum of 50% of multi-disciplinary team meetings | NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition | 12 months | S | Audit of attendance. Outcomes agreed and monitored at colposcopy operational meetings |

*I = Immediate

H= High

S = Standard

Next steps

The Royal Free London NHS Foundation Trust 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.