



Public Health
England

Screening Quality Assurance visit report

NHS Cervical Screening Programme Frimley Health NHS Foundation Trust

9, 19 and 20 June 2017

Public Health England leads the NHS Screening Programmes

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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 4 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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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 Frimley Health NHS Foundation Trust cervical screening service held on 9 June and 19 to 20 June 2017.

QA purpose and approach

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
- data and reports from external organisations
- evidence submitted by the provider(s), commissioner and external organisations
- information shared with the South regional SQAS as part of the visit process

Local screening service

This report covers cervical screening services provided by Frimley Health NHS Foundation Trust and is restricted to cervical histology reporting, colposcopy and multi-disciplinary team meetings (MDTs). Frimley Health cervical screening services wholly or partially cover the populations of NHS Slough, NHS Windsor Ascot and Maidenhead, NHS Bracknell and Ascot, and NHS Surrey Heath.

Frimley Health NHS Foundation Trust was formed from the merger of Heatherwood and Wexham Park Hospitals NHS Foundation Trust and Frimley Park Hospital NHS Foundation Trust on 1 October 2014. There are long established colposcopy clinics at Heatherwood Hospital, Wexham Park Hospital and Frimley Park Hospital. The histopathology laboratories reporting cervical histology at Wexham Park and Frimley Park Hospitals are part of Berkshire and Surrey Pathology Service (BSPS).

Cytology screening, Human papillomavirus (HPV) testing and histology reporting is provided by Berkshire and Surrey Pathology Service (BSPS). BSPS is a contractual joint venture of 4 stakeholder NHS trusts:

- Ashford and St Peter's Hospitals NHS Foundation Trust
- Royal Surrey County Hospital NHS Foundation Trust
- Frimley Health NHS Foundation Trust
- Royal Berkshire NHS Foundation Trust

The cytology screening and Human Papilloma Virus (HPV) testing services were visited in April 2017. The visit report on cytology screening and HPV testing is a discrete document relevant to the 4 stakeholder NHS trusts. QA visits to the histology and colposcopy services provided by all stakeholder NHS trusts will be completed by the end of 2017 and will be documented in trust specific reports.

Direct referrals for women with abnormal tests screened by BSPS are made to colposcopy clinics at:

- St Peter's Hospital, Chertsey (Ashford and St Peter's NHS Foundation Trust)
- Royal Surrey County Hospital, Guildford (Royal Surrey County Hospital NHS Foundation Trust)
- Wexham Park Hospital, Slough (Frimley Health NHS Foundation Trust)
- Heatherwood Hospital, Ascot (Frimley Health NHS Foundation Trust)
- Frimley Park Hospital, Camberley (Frimley Health NHS Foundation Trust)
- Royal Berkshire Hospital, Reading (Royal Berkshire NHS Foundation Trust)

Findings

Immediate concerns

The QA visit team identified 2 immediate concerns. A letter was sent to the Chief Executive on 22 June 2017, asking that the following items were addressed within 7 days:

- all colposcopy examinations must be attended by 2 nursing staff, of whom one must be a registered nurse
- appropriate resuscitation equipment must be readily available in the colposcopy clinic

Confirmation has been received from the Chief of Service Obstetrics and Gynaecology that the immediate concerns have been implemented.

High priority

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

- terms of reference and functionality of Berkshire programme board meetings require review to enhance the effectiveness of the meeting
- data collection and submission for the national invasive cervical cancer audit must be brought up to date
- appointment to the trust lead colposcopist role is needed and site specific colposcopy leadership requires clarification
- appointment to the Wexham Park and Heatherwood colposcopy lead nurse role is needed
- histopathology turnaround times do not meet national standards
- Wexham Park and Heatherwood lead colposcopy staff have concerns about the accuracy of colposcopy data reports – data requires validation and analysis against national standards and key performance indicators
- the development of trust wide colposcopy clinical, operational and administrative guidelines and working is required
- Heatherwood colposcopy facilities do not meet NHSCSP standards

Shared learning

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

- the colposcopy accommodation and facilities at Wexham Park are excellent
- Wexham Park colposcopy have made the colposcopy database available in theatre to facilitate direct data entry for general anaesthesia cases
- Wexham Park and Heatherwood have implemented a full set of appropriate standard result letters which are available electronically across both sites
- Frimley Park lead colposcopy staff contributed to the development of a post coital bleeding management pathway for primary care, which aims to reduce the level of clinical indication referrals

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Revise the Berkshire programme board terms of reference and re-visit the purpose and functionality of programme board meetings to ensure service improvement objectives are achieved	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	6 months	High	Revised programme board terms of reference
2	Establish quarterly cervical business meetings chaired by the hospital based programme co-ordinator (HBPC) with representation from all cervical screening service leads	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	6 months	Standard	<ul style="list-style-type: none"> • Terms of reference • Meeting minutes • Meeting schedule
3	Develop a standard operating procedure (SOP) for HBPC distribution of new programme guidance to all appropriate individuals	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	6 months	Standard	SOP for distribution of new programme guidance

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Ensure that the national invasive cancer audit data collection is up to date	NHSCSP 28 'Audit of invasive cervical cancers: protocol changes for 2012-13' ²	9 months	High	Completion of registered invasive cancer audit cases for time period July 2015 to December 2016
5	Provide formal training to histology staff in NHS screening incident guidance	'Managing safety incidents in NHS screening programmes' 2015 ³	3 months	Standard	Training records
6	Update local incident guidance to include national guidance on NHS screening incident management and include current terminology	'Managing safety incidents in NHS screening programmes' 2015 ³	3 months	Standard	Incident management guidance
7	Develop a lead histopathologist job description with lines of accountability and time allocation	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	3 months	Standard	<ul style="list-style-type: none"> • Job description • Job plan with dedicated professional activity allocation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Develop and implement a workforce plan for cervical histology	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	6 months	Standard	Workforce plan
9	Appoint a trust lead colposcopist for cervical screening with responsibility for ensuring good practice, development and compliance with standard protocols and working practices across all trust sites and that NHSCP standards are met. As part of this process, clarify local lead colposcopist responsibilities for each site and ensure each lead is fully aware of the role requirements, has a job description and appropriate dedicated professional activity time allocation	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	3 months	High	Trust lead colposcopist job description and appointment
10	Appoint a lead colposcopy nurse at Wexham Park and Heatherwood to lead on nursing aspects of ensuring good practice and compliance to standard protocols and clinic arrangements	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	3 months	High	Wexham Park and Heatherwood lead nurse job description, appointment and confirmation of dedicated administrative time

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Develop and implement a workforce plan for colposcopy services	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	6 months	Standard	Workforce plan
12	Ensure that formal 3 monthly trust wide colposcopy operational meetings are in place, separate from MDTs to ensure appropriate attendance and frequency	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ⁴	6 months	Standard	Operational business meetings minutes
13	Ensure there is regular attendance from Frimley Park lead colposcopy staff at Surrey programme board meetings	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	6 months	Standard	Surrey programme board minutes
14	Implement a trust wide formally ratified policy for the offer of disclosure of invasive cervical cancer audit	NHS Cancer Screening Series no. 3 'Disclosure of audit results in cancer screening advice on best practice' ⁵	6 months	Standard	Invasive cancer audit disclosure policy

Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Ensure the new information technology (IT) system is implemented according to the planned timetable and that histology performance and audit data are available during and following migration	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	12 months	Standard	Confirmation of histology data availability from a single source following migration to the new laboratory IT system
16	Include the Royal College of Pathologists data set in all reports	Royal College of Pathologists 'Dataset for histological reporting of cervical neoplasia (3 rd edition)' April 2011 ⁶	6 months	Standard	Audit results to demonstrate that minimum data set is recorded in all reports
17	Ensure working practices and standard operating procedures are aligned across all BPS histology laboratories	NHSCSP 10 'Histopathology reporting in cervical screening – an integrated approach', 2 nd edition ⁷	6 months	Standard	Histology standard operating procedures

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Implement and monitor a plan to achieve and maintain recommended turnaround times for histopathology	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	12 months	High	Recovery plan and evidence of achievement from colposcopy KC65 national data return

Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Ensure there are enough colposcopy administrative staff to meet the requirements of the NHSCSP and that there is adequate absence cover	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ⁴	6 months	Standard	Colposcopy staffing structure with definition of responsibilities and absence cover arrangements
20	Develop and implement a continuity plan setting out arrangements for absence of key clinical staff	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ⁴	6 months	Standard	Colposcopy staffing structure with definition of responsibilities and absence cover arrangements
21	Ensure sure that all colposcopy clinics are staffed by at least 2 nursing staff, one of which must be a registered nurse	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ⁴	1 month	Immediate	Confirmation of full nursing support for all clinics

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Ensure that the colposcopy IT system at Wexham Park and Heatherwood is able to produce reliable data for KC65 submission and key performance indicators outlined in National Service Specification	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	3 months	High	Validated colposcopy data reports
23	Ensure that colposcopy staff have access to cervical screening results via 'Open Exeter'	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	6 months	Standard	Confirmation of access to NHS Digital 'Open Exeter'
24	Develop trust wide colposcopy clinical, operational and administrative guidelines to reflect current NHSCSP guidance, including a failsafe protocol describing all aspects of failsafe activity	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ⁴	9 months	High	Trust wide colposcopy standard operating procedures
25	Adopt expected recommendations from an incident management group to standardise the direct referral protocol in line with other colposcopy services receiving referrals from BPS	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	6 months	Standard	Updated direct referral protocol

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Ensure that all colposcopists are following the national HPV triage and test of cure protocol including discharge to primary care for follow-up	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ⁴	9 months	Standard	Audit data to demonstrate compliance
27	Implement and monitor a plan to reduce the rate of clinical indication referrals to Wexham Park and Heatherwood	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ⁴	9 months	Standard	KC65 data
28	Ensure that all colposcopists see a minimum of 50 new NHSCSP referrals a year	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ⁴	12 months	Standard	Data submission showing number of new NHSCSP referrals for each colposcopist in the period July 2017 to July 2018
29	Ensure data recorded on the use of local and general anaesthesia at Wexham Park and Heatherwood is accurate and take remedial action to address the use of general anaesthesia if it exceeds national guidance	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ⁴	6 months	Standard	Data submission showing general anaesthesia rate for the period November 2017 to January 2018

No.	Recommendation	Reference	Timescale	Priority	Evidence required
30	Meet clinical national standards for colposcopy, including histological diagnosis prior to destructive therapy, treated women with biopsy proven CIN or cancer within 12 months of colposcopy procedure and proportion of women treated with ectocervical excision depth of more than 7 millimetres	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ⁴	9 months	Standard	Data submission for the period January to March 2018
31	Ensure that women receive their results and management plan within 4 weeks of attendance	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	12 months	Standard	Waiting time for colposcopy/biopsy results from KC65
32	Develop and implement a whole Trust annual audit schedule for colposcopy	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ⁴	12 months	Standard	Trust annual audit schedule for colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
33	Develop and implement trust patient invitation and result letters which comply with national guidance	NHSCSP 27 'Improving the quality of the written information sent to women about cervical screening: guidelines on the content of letters and leaflets' ⁸	9 months	Standard	Revised standard letters
34	Provide trust wide information leaflets tailored to the needs of the local population at each clinic, including information in other languages if appropriate	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ⁴	9 months	Standard	Appropriate trust wide information leaflets available in clinic waiting areas
35	Appropriate resuscitation equipment must be readily available in Heatherwood colposcopy clinic	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ⁴	1 month	Immediate	Confirmation of full resuscitation equipment readily accessible at Heatherwood
36	Ensure Heatherwood colposcopy facilities meet NHSCSP requirements	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ⁴	6 months	High	Options appraisal and action plan for addressing accommodation issues at Heatherwood colposcopy clinic

Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
37	Ensure all colposcopists attend a minimum of 50% of multi-disciplinary team meetings (MDT)	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ⁴	3 months	Standard	MDT attendance records November 2017 to March 2018 (to be submitted April 2018)
38	Ensure MDTs occur on a regular basis and cancellation is a rare occurrence	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ⁴	3 months	Standard	Record of MDTs October 2017 to March 2018 (to be submitted April 2018)
39	Complete an audit for the period January 2017 to March 2017 to check that all cases indicated in national guidelines have been identified and discussed at MDT meetings	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ⁴	3 months	Standard	Completed audit and action plan

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 after the report is published. After this point, SQAS will send a letter to the provider and the commissioners summarising the progress made and outline any further action(s) needed.

References

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- ⁸ Improving the quality of the written information sent to women about cervical screening: guidelines on the content of letters and leaflets (NHSCSP Publication No 27). Available in print.