



Public Health  
England

# **Screening Quality Assurance visit report**

**NHS Cervical Screening Programme  
Dartford and Gravesham NHS Trust  
Darent Valley Hospital**

8 December 2016

**Public Health England leads the NHS Screening Programmes**

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## About PHE Screening

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Published: September 2017

PHE publications  
gateway number: 2017380

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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 Dartford and Gravesham NHS Trust screening service held on 8 December 2016.

### 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
- 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

### Description of local screening service

This report covers cervical screening services provided by Dartford and Gravesham NHS Trust. The population covered by the colposcopy service of Darent Valley Hospital is mainly within the Dartford, Gravesham and Swanley CCG area. The service also covers some of the Bexley, Greenwich and Essex geographies with some overlap with CCGs within Kent. Recent population estimates show the size of the registered population in the CCG area is approximately 260,000. Average life expectancy at birth is 80.7 years, which is higher than the England average and slightly lower than the Kent average of 80.9 years.

Colposcopy services are commissioned by NHS England as part of the national screening programme for cervical cancer but the service is funded by the CCGs. Cytology screening and histology are provided by Maidstone and Tunbridge Wells NHS Trust. The Darent Valley cytology laboratory merged into the Maidstone Hospital laboratory in 2010 and histology merged in 2014. Maidstone cytology laboratory refers to two colposcopy clinics at Maidstone and Tunbridge Wells NHS Trust (Maidstone Hospital and Tunbridge Wells Hospital). One at Dartford and Gravesham NHS Trust (Darent Valley Hospital) and one at Medway NHS Foundation Trust (Medway Maritime

Hospital). The Gynaecology Cancer Centre is at Maidstone Hospital. Human papilloma virus (HPV) testing for triage and test of cure was fully implemented in the local programme in 2013.

Some colposcopists from Darent Valley undertake gynaecology procedures at Queen Mary's Hospital, Sidcup (Oxleas NHS Foundation Trust). Any women requiring colposcopy are referred on to Darent Valley (as colposcopy is not provided at Queen Mary's) and any histology samples are reported at Maidstone laboratory.

## Findings

This is the fifth QA visit to this service. The service is well resourced and there are no significant performance concerns.

Most Darent Valley specific recommendations had been addressed since the last visit.

## Immediate concerns

The QA visit team did not identify any immediate concerns.

## High priority issues

The QA visit team identified four high priority issues as summarised below:

- contractual and patient pathway arrangements with Queen Mary's Hospital, Sidcup require clarification
- the Hospital Based Programme Co-ordinator (HBPC) is employed by Maidstone and Tunbridge Wells NHS Trust, does not have a contractual arrangement with Dartford and Gravesham NHS Trust and lacks a line of accountability and route of escalation within Dartford and Gravesham
- the service does not fully meet the requirement for the presence of two nurses at each clinic
- there are indications that some clinicians do not consistently follow the national HPV test of cure pathway, which will have an impact on women and cause difficulties for other parts of the cervical screening programme

## Shared learning

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

- the nurse colposcopist has achieved accreditation and has valuable consultant support
- the clinic has plenty of clinical capacity

## Table of consolidated recommendations

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R1.1	Clarify arrangements with Oxleas NHS Foundation Trust for cervical screening services	NHS Public Health functions agreement 16-17 Service Specification 25 <sup>1</sup>	3 months	H	Provide a programme map illustrating the services to which Darent Valley cervical screening links, including Queen Mary's Sidcup, a copy of the agreement covering colposcopy between Dartford and Gravesham NHS Trust and Oxleas NHS Foundation Trust and documentation describing failsafe and data recording arrangements
R1.2	The hospital based programme coordinator (HBPC) must be integrated into Dartford and Gravesham NHS Trust by establishing an honorary contract, stating the line of accountability and escalation within the trust	NHS Public Health functions agreement 16-17 Service Specification 25 <sup>1</sup>	6 months	H	Evidence of HBPC post holder honorary contract with Dartford and Gravesham NHS Trust

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R1.6	Update the lead colposcopy nurse's job description to reflect attainment of colposcopy accreditation, associated clinical responsibilities and leadership and managerial responsibilities	NHS Public Health functions agreement 16-17 Service Specification 25 <sup>1</sup>	6 months	S	Revised nurse Colposcopist job description
R1.3	The HBPC to provide a 6 monthly report to the clinical governance committee	NHS Public Health functions agreement 16-17 Service Specification 25 <sup>1</sup>	9 months	S	Hospital Based Programme Co-ordinator report
R1.4	Darent Valley colposcopy to be represented at quarterly multi-disciplinary cervical screening management meetings, convened by the HBPC	NHS Public Health functions agreement 16-17 Service Specification 25 <sup>1</sup>	6 months	S	Quarterly multi-disciplinary cervical screening management meetings minutes
R1.7	Invite HBPC participation in colposcopy operational meetings. Ensure terms of reference outline this arrangement and the process for disseminating decisions	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition <sup>2</sup>	6 months	S	Terms of reference of quarterly colposcopy operational meetings

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R1.8	Establish the process by which the offer of disclosure of the findings of invasive cervical cancer audit is made	Cancer Screening Series 3 'Disclosure of audit results in cancer screening advice on best practice', April 2006 <sup>3</sup>	3 months	S	Example offer of disclosure or SOP describing the offer of disclosure
R1.9	Ensure all staff are aware of national screening incident guidance and would apply it appropriately	NHS Screening Programmes 'Managing safety incidents in NHS screening programmes', October 2015 <sup>4</sup>	3 months	S	Confirmation of dissemination of screening incident guidance, discussion at operational meeting and inclusion in regular operational meeting minutes
R1.5	Develop a standard operating procedure (SOP) for HBPC distribution of new programme guidance to all appropriate individuals	NHS Public Health functions agreement 16-17 Service Specification 25 <sup>1</sup>	6 months	S	SOP for distribution of new programme guidance

## Colposcopy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R2.2	Ensure there are always two nurses supporting each colposcopy clinic, including clinics where the nurse colposcopist is the clinician	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition <sup>2</sup>	3 months from visit date	H	Confirmation of full nursing support for all colposcopists
R2.11	Discharge all treated women to community follow up with follow up intervals in accordance with the national test of cure protocol	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition <sup>2</sup>	6 months	H	Lead colposcopist audit of follow up intervals allocated to all women treated in a 3 month period
R2.1	Develop a workforce and clinic template plan to ensure all colposcopists continue to achieve the national minimum workload, taking account of the current level of referrals	NHS Public Health functions agreement 16-17 Service Specification 25 <sup>1</sup>	6 months	S	Workforce and clinic template plan
R2.12	The HBPC should audit the reasons for varying timescales for communication of histology results and management plans by the colposcopy clinics who send histology samples to Maidstone pathology	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition <sup>2</sup>	3 months	S	Histology turnaround time audit
R2.5	<i>Recommendation removed following factual accuracy check</i>				

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R2.7	The lead colposcopist and HBPC to formalise and enhance the local failsafe protocol (number 13) to indicate timescales, responsibilities and frequency of pursuing expected cytology and histology results. Ensure failsafe for the Queen Mary's Sidcup population is explicitly included	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition <sup>2</sup>	6 months	S	Formal, document controlled failsafe protocol including arrangements for Queen Mary's, Sidcup
R2.8	Colposcopy administrative staff to undertake an education session with SQAS to clarify the reasons and process for sending notification of change of next test due date to Primary Care Support England (PCSE)	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition <sup>2</sup>	3 months	S	Detail of process for update of next test due date to PCSE included in failsafe protocol
R2.4	<p>Revise unit protocols to form separate formal controlled documents for each aspect of the service with adequate detail, including:</p> <ul style="list-style-type: none"> <li>• annotation of the HPV primary screening pathway in the local protocol document to make it clear that HPV primary screening is not currently in place at Darent Valley</li> <li>• formalisation and enhancement of the local DNA protocol (number 14) to reflect working practice and add detail about timescales and responsibilities</li> </ul>	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition <sup>2</sup>	6 months	S	Formal, document controlled set of clinic protocols stating appropriate detail on how the service is provided

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R2.3	Develop an SOP on colposcopy data entry procedures and responsibilities; include audit of data entry to verify data is complete and accurate and regular review of data indicators against standards and for benchmarking. Include the HBPC in this work to facilitate understanding of the data	NHSCSP 20 'Colposcopy and Programme Management' 3 <sup>rd</sup> edition <sup>2</sup>	6 months	S	Colposcopy data entry, validation and review SOP
R2.9	Ensure data on evidence of cervical intraepithelial neoplasia (CIN)/ glandular cervical intraepithelial neoplasia (CGIN) in women treated at first visit meets the national standard of 90%	NHSCSP 20 'Colposcopy and Programme Management' 3 <sup>rd</sup> edition <sup>2</sup>	3 months	S	Data on evidence of CIN/CGIN in women treated at first visit (database report 3.2.2) for the period 01/07/15 to 30/06/16
R2.10	Populate missing data on anaesthesia for the period 01/07/15 to 30/06/16 and ensure anaesthesia data is routinely completed	NHSCSP 20 'Colposcopy and Programme Management' 3 <sup>rd</sup> edition <sup>2</sup>	3 months	S	Data on anaesthesia (database report 3.4) for the period 01/07/15 to 30/06/16
R2.6	All colposcopists to permit the presence of a woman's friend or relative at a colposcopy appointment as a matter of routine	NHSCSP 20 'Colposcopy and Programme Management' 3 <sup>rd</sup> edition <sup>2</sup>	3 months	S	Clinic protocol stating policy on accompanying person presence at colposcopy
R2.13	Streamline result and management plan letters to make more use of electronic letters. Update standard letter wording to reflect new national screening letters	NHSCSP result letters <sup>5</sup>	6 months	S	Revised letters

### Multidisciplinary team (MDT)

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R3.1	Ensure all colposcopists attend at least 50% of MDTs within a year	NHSCSP 20 'Colposcopy and Programme Management' 3rd edition <sup>2</sup>	12 months	S	MDT attendance records

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.

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<sup>1</sup> NHS Public Health functions agreement 16-17 Service Specification 25. Department of Health and Public Health England, 2015. Available at:

[www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/02/serv-spec-25.pdf](http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/02/serv-spec-25.pdf)

<sup>2</sup> Colposcopy and programme management, third edition (NHSCSP Publication No 20). Public Health England, 2016. Available at: [www.gov.uk/topic/population-screening-programmes](http://www.gov.uk/topic/population-screening-programmes)

<sup>3</sup> Disclosure of audit results in cancer screening advice on best practice (Cancer Screening Series No 3). NHS Cancer Screening Programmes, 2006. Available at: [www.gov.uk/government/publications/cancer-screening-disclosure-of-audit-results](http://www.gov.uk/government/publications/cancer-screening-disclosure-of-audit-results)

<sup>4</sup> Managing safety incidents in NHS screening programmes. Public Health England, 2015. Available at: [www.gov.uk/topic/population-screening-programmes](http://www.gov.uk/topic/population-screening-programmes)

<sup>5</sup> Cervical screening national invitation and result letters. Available as an internal document.