



Public Health
England



Screening Quality Assurance visit report

NHS Cervical Screening Programme King's College Hospital NHS Foundation Trust

19, 20 and 21 October 2016

Public Health England leads the NHS Screening Programmes

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Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class 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 are 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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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 develop, if undetected and untreated, into cervical cancer.

The findings in this report relate to the quality assurance (QA) visit to King's College Hospital NHS Foundation Trust cervical screening service. Due to the various sites involved, the visit was held over three days; 19, 20 and 21 October 2016.

Purpose and approach to 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 consistently 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 and commissioner
- information shared with SQAS London as part of the visit process

Description of local screening service

King's College Hospital NHS Foundation Trust (KCHT) is situated in South London. It provides a cervical screening service to the eligible population of Bromley, Bexley and Southwark Clinical Commissioning Groups (CCGs).

The eligible population for the above CCGs is approximately 248,000 (Source: KC53 2015/2016).

KCHT commissions Viapath (a pathology service provider created through the partnership of King's College Hospital NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust and Serco - a private provider) to deliver cervical cytology and histology services.

There is a cytology laboratory based at St Thomas' Hospital, which screens and reports cervical samples for Southwark CCG and a cytology laboratory at King's College Hospital – Princess Royal University Hospital site which screens and reports cervical samples for Bromley and Bexley CCGs.

There are two colposcopy clinics. One located at King's College Hospital – Orpington Hospital site and the other at King's College Hospital – Denmark Hill site. Orpington Hospital serves the screening population of Bexley Clinical Commissioning Group (CCG) and Bromley CCG and King's College Hospital (KCH) serves the screening population of Southwark CCG.

There are two histology laboratories. One based at Princess Royal University Hospital, which processes and reports cervical samples from Orpington Hospital and one based at KCH – Denmark Hill site which reports cervical samples from the colposcopy clinic onsite.

NHS England London is the lead commissioner for the cervical screening service. Capita is commissioned by NHS England who sends out the cervical screening invitations and result letters to women of screening age.

Findings

This is the fifth QA visit to the cervical screening programme. A majority of the recommendations identified at the last visit had been implemented.

The service is well organised and team members are engaged and motivated.

Immediate concerns

There were no immediate concerns identified during the visit.

High priority

Six high priority recommendations are summarised below.

Governance and Leadership:

- clarify trust governance, escalation and reporting arrangements
- formalise the delivery of the hospital based programme co-ordinator's role
- implement continual service improvement plans. These should be reviewed at operational meetings

Achieving NHS Cervical Screening Programme Standards:

- one of the colposcopists, who is not yet British Society for Colposcopy and Cervical Pathology accredited, needs to have his accreditation completed within three months

- screening clinical audits to be run with action plans developed, implemented and reviewed as per the audit cycles
- IT Issues
- colposcopy clinics to ensure colposcopy IT systems are extracting accurate data

Shared learning

There are quarterly Cervical Cancer Screening Steering Committee meetings, chaired by the King's College Hospital – Denmark Hill site's hospital based programme co-ordinator (HBPC). This presents an excellent networking forum for the South East London HBPCs and service providers to discuss common issues and share learning.

The histology laboratory is able to process a high volume of specimens despite the limited space available. This is due to the efficient operational system adopted.

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R1	Create a trust specific hospital based programme co-ordinator (HBPC) job description	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	6 months	H	Approved HBPC job description to be reflected in post holders' objectives
R2	Actions from operational meetings to be managed	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	Immediately	H	Develop and implement continual service improvement plans
R3	Trust wide annual cervical screening report to be produced	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	12 months	S	Trust board to confirm receipt of HBPCs reports and review of cervical screening annual report
R4	Clarify governance and escalation pathway where screening service improvements, risks and incidents are overseen	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	1 month	H	King's College Hospital NHS Foundation Trust HBPC escalation risk matrix/accountability chart to be updated to include names and job titles
R5	Trust policy to reference national guidance for the management of screening incidents	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	6 months	S	An updated trust incident policy to reference NHS Screening Programmes 'Managing Safety Incidents in NHS Screening Programmes' October 2015
R6	Formalise the cross site colposcopy operational meetings and ensure there is representation from the management team	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	3 months	S	Approved updated terms of references including circulation lists

Histology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R7	Ensure that there is adequate histopathology consultant cover for reporting screening cases for King's College Hospital – Princess Royal University Hospital site	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	6 months	S	An established workforce plan to provide sufficient consultant support for colposcopy related surgical pathology to maintain laboratory turnaround times
R8	Enable access to electronic cytology reports at the point of reporting histology/colposcopy examination	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	Immediately	S	Cytology reports to be available for patient management

Colposcopy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R9	Unaccredited colposcopist to be indirectly supervised until reaccreditation is complete	NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition	3 months	H	Lead colposcopist to be informed when accreditation is achieved
R10	Ensure there is sufficient resource and capacity for all colposcopy activity	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	12 months	S	Succession/workforce planning to be put in place, with any plans to be noted in the hospital based programme co-ordinator (HBPC) annual report
R11	Colposcopy IT system is maintained and up to date	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	6 months	H	All data fields are available within the colposcopy IT systems and are mapped to Cyres

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R12	Administrative staff are trained in the use of the colposcopy IT system for electronic failsafe and colposcopy administrative processes	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	6 months	S	Approved standard operating procedures for the operation of: <ul style="list-style-type: none"> • electronic failsafe pathway for colposcopy units • colposcopy data entry - procedures, responsibilities and frequency of data audit • how to book follow up appointments
R13	Make previous screening results available to the team	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	6 months	S	Access to Open Exeter in place
R14	Colposcopists to see 50 new cases with abnormal cytology a year	NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition	12 months	S	2017/2018 activity data shows all colposcopists with clinical activity within programme standards
R15	Audit and produce action plans where poor performance is identified	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	6 months	H	
R16	Formalise action plans in response to clinical audits and establish a date for re-auditing	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	12 months	S	
R17	Patients should be informed of the severity of their cytology results	NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition	3 months	S	Samples of result letters

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R18	Ensure patient dignity within the colposcopy clinic	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition	6 months	S	Environmental modifications to ensure patients from King's College Hospital - Denmark Hill site cannot be overseen/walk in on patient in the recovery area

I = Immediate. H= High. S = Standard.

Next steps

King's College Hospital NHS Foundation NHS Trust is responsible for developing an action plan to ensure completion of recommendations contained within this report.

Screening Quality Assurance Service London 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 to allow time for at least one response to all recommendations to be made.