



Public Health  
England

# **Screening Quality Assurance visit report**

## **NHS Cervical Screening Programme Chelsea and Westminster Hospital NHS Foundation Trust**

27 February and 17 March 2017

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

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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, if undetected and untreated, develop into cervical cancer.

The findings in this report relate to the quality assurance (QA) visit to the Chelsea and Westminster Hospital NHS Foundation Trust screening service held on 27 February and 17 March 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

Chelsea and Westminster Hospital NHS Foundation Trust provides a cervical screening service to the eligible populations of the following clinical commissioning groups (CCGs): NHS Hounslow CCG, NHS West London CCG and NHS Central London (Westminster) CCG.

The eligible population for these CCGs is approximately 255,404 (Source: KC53 2015-2016).

Chelsea and Westminster Hospital NHS Foundation Trust and West Middlesex University Hospital NHS Trust merged in September 2015. The trust has two colposcopy services; one at Chelsea and Westminster Hospital and the second at West Middlesex University Hospital. Cervical cytology and the processing of the cervical biopsies and cones for the colposcopy services are done at St Mary's Hospital. Histology workload for the colposcopy clinics is reported at West Middlesex University Hospital and Hammersmith Hospital.

From January 2017, North West London Pathology (NWLP), a conglomerate formed from three NHS trusts, provides a pathology service for Imperial Healthcare NHS Trust, Chelsea and Westminster Hospital NHS Foundation Trust, and The Hillingdon Hospitals NHS Foundation Trust.

Imperial Healthcare NHS Trust is the host trust for NWLP. There are plans to move NWLP onto one site at Charing Cross Hospital by September 2017. Reporting cervical histology at West Middlesex University Hospital and Hammersmith Hospital will end as will the processing of cervical biopsies and cones at St Mary's Hospital. The cervical cytology screening service will remain at St. Mary's Hospital until a decision has been made on the national reorganisation of the screening programme.

NHS England London commissions the trust to provide a cervical screening service for the local population.

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 ten high priority findings as summarised below.

Governance and leadership:

- to formally recognise the leadership role of the cervical screening Hospital Based Programme Co-ordinator (HBPC) which is equivalent to the Director of Screening role in other cancer screening programmes
- to provide an administrative resource for the Hospital Based Programme Co-ordinator
- to establish North West London HBPC network meetings
- a lead colposcopist for the trust to be identified and a deputy lead colposcopist identified for the other site
- to implement formalised colposcopy operational/business meetings

Histology (West Middlesex University Hospital):

- to review governance and reporting links for the lead histopathologist

- to confirm that a quality management system is in place for document control at the West Middlesex University Hospital site
- to confirm histopathologists' workload
- to confirm histology turnaround times for colposcopic biopsies are reported in accordance with national standards

#### Colposcopy:

- to ensure colposcopy IT system is maintained and up to date at Chelsea and Westminster Hospital
- to implement an additional failsafe check between West Middlesex University Hospital colposcopy service and pathology services at St. Mary's Hospital for the management of pathology samples

#### Multidisciplinary Team Meetings:

- to develop a trust wide colposcopy audit schedule
- to develop trust wide multidisciplinary team meetings process

### Shared learning

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

#### Hospital Based Programme Co-ordination (HBPC):

- experienced and knowledgeable HBPCs on both sites
- good attendance at programme board meetings from HBPCs

#### Colposcopy:

- improved failsafe pathway at the West Middlesex University Hospital colposcopy service with good standard operating procedures
- maintenance of key performance indicators
- dedicated failsafe officers
- very clear patient information leaflets

#### Cytology:

- strong clinical leadership with good relationships between medical and scientific staff, deputising arrangements in place and clear understanding of screening roles

## Table of consolidated recommendations

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R1	The trust to formally recognise the leadership role of the cervical screening Hospital Based Programme Co-ordinator (HBPC) 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  Formal trust acknowledgement of the trust wide cervical screening programme annual report
R2	Identify administrative resource for the Hospital Based Programme Co-ordinator with appropriate time commitment who will undertake administrative functions and enable completion of mandatory elements of the cervical screening programme	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	S	Trust to confirm that support for the HBPC role has been identified and functioning
R3	Work with North West London Hospital Based Programme Co-ordinators to establish network meetings	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	S	Terms of reference to be developed and formalised and a chair identified from 1 of the 4 HBPCs currently in post
R4	Implement an audit of the disclosure of cervical cancer identified by the cervical cancer audit	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	3 months	S	Incorporate audit of disclosures into the annual colposcopy audit schedule and document outcomes in annual report

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R5	Ensure screening incidents are managed in accordance with national guidance	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	S	Confirmation that trust incident policy has been updated to reference NHS Screening Programmes 'Managing Safety Incidents in NHS Screening Programmes' October 2015
R6	A lead colposcopist for the trust to be identified and a deputy lead colposcopist identified for the other site	NHSCSP 20 'Colposcopy & Programme Management' 3 <sup>rd</sup> edition	3 months	H	Lead and deputy lead roles written into job descriptions. Updated accountability and governance links
R7	Implement colposcopy operational/business meetings	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	3 months	H	Approved terms of reference including circulation lists

## Histology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R8	Review governance and reporting links for lead histopathologist	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	1 months	H	Approved NWLP accountability/ governance and escalation pathway flow chart indicating roles and responsibilities
R9	Ensure that a quality management system is in place for document control at the West Middlesex University Hospital site	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	1 month	H	Confirmation of a quality management system
R10	Ensure histopathologist workload is evenly distributed	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	1 month	H	Confirmation of annual workload for histopathologists for 2016 and 2017

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R11	Ensure histology turnaround times for colposcopic biopsies are reported in accordance with national standards	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	1 month	H	Confirmation that turnaround times are in accordance with national standards
R12	Develop an annual audit schedule for histopathology. The audit schedules for colposcopy, cytology and histopathology should be included in the trust's audit programme and appropriate resources identified	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	S	Trust approved audit schedule

## Colposcopy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R13	Ensure that there is sufficient resource and capacity, including administration, for all colposcopy activity across the two sites	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	S	Trust approved revised organisational chart and colposcopy workforce plan
R14	Colposcopy information technology (IT) system to be updated to ensure production of accurate performance data at Chelsea and Westminster Hospital	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	6 months	H	Confirmation of an IT plan which includes the delivery of all data fields within the colposcopy IT systems and ensure they are mapped to Cyres
R15	Undertake audits to confirm compliance with clinical policy	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	S	Clinical audits to be undertaken with actions identified
R16	Develop an information technology (IT) plan to mitigate risk when transferring legacy data and installing Cyres onto the new IT system	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	S	Confirmation of data transfer and installation of Cyres onto the new IT system



No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R17	Develop and implement trust wide colposcopy clinical and operational policies/guidelines	NHSCSP 20 'Colposcopy & Programme Management' 3 <sup>rd</sup> edition  NHS Cervical Screening Programme Screening Protocol Algorithm for HPV Triage and Test of Cure	6 months	S	Unified clinical and operational policies across the two colposcopy services  A quality management system for the management of the policies and protocols  Evidence of alignment of policies with national policy ie national HPV testing flow chart  Confirmation that policies have been implemented
R18	Implement an additional failsafe check between West Middlesex University Hospital colposcopy service and the pathology service at St. Mary's Hospital for the management of pathology samples	NHSCSP 20 'Colposcopy & Programme Management' 3 <sup>rd</sup> edition	Immediate	H	Confirmation that the standard operating procedure has been updated
R19	Colposcopists to see 50 new screening programme referrals annually (excluding clinical indication)	NHSCSP 20 'Colposcopy & Programme Management' 3 <sup>rd</sup> edition	12 months	S	2017/2018 activity data to show all colposcopists with clinical activity within programme standards
R20	Develop a trust wide colposcopy audit schedule	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	3 months	H	Trust approved audit schedule which indicates timelines.  Confirmation that audit outcomes and recommendations are discussed at the colposcopy operational/business meetings

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R21	Identify a co-ordinator for the management of colposcopy multidisciplinary team (MDT) meetings	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	3 months	S	Named person on both sites responsible for organising the MDT meeting documented in the standard operating procedure
R22	Develop trust wide MDT meeting processes	NHSCSP 20 'Colposcopy & Programme Management' 3 <sup>rd</sup> edition	3 months	H	Agreed and implemented standard operating procedures indicating: <ul style="list-style-type: none"> <li>• roles and responsibilities for the management of MDT meetings</li> <li>• selection criteria and management of cases</li> <li>• management of outcomes</li> <li>• audit of attendance</li> </ul>

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.