



Public Health
England

Screening Quality Assurance visit report

East Kent Hospitals University NHS
Foundation Trust

Kent & Canterbury Hospital

Queen Elizabeth the Queen Mother Hospital

Buckland Hospital

William Harvey Hospital

19-21 April 2016

Public Health England leads the NHS Screening Programmes

About Public Health England

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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

Women between the ages of 25 and 64 are invited for regular cervical screening under the NHS Cervical Screening Programme. This is intended 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) review of the East Kent cervical screening programme held on 19, 20 and 21 April 2016.

1. Purpose and approach to quality assurance (QA)

The aim of quality assurance in NHS screening programmes is to maintain minimum 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 is derived from the following sources:

- routine monitoring data collected by the NHS screening programmes;
- data and reports from external organisations as appropriate;
- evidence submitted by the provider(s), commissioner and external organisations as appropriate;
- information shared with the South regional QA service as part of the visit process.

2. Description of local screening programme

The East Kent cervical screening programme serves part of the Kent Local Authority eligible population of approximately 362,500 women (Source: Health & Social Care Information Centre (HSCIC) statistics bulletin 2014/15).

The programme is provided by East Kent Hospitals University NHS Foundation Trust. It is commissioned by NHS England South of England locality team.

The Primary Care Support England (PCSE), formerly known as Kent Primary Care Agency, is managed by Capita plc to deliver the call and recall component for the programme. The call and recall function of the cervical screening programme is assessed separately, therefore details on this component of the screening pathway are not included in this report.

- The cervical cytology component of the East Kent cervical screening programmes is provided at the William Harvey hospital site. The laboratory provides a high quality cervical screening service.
- The programme incorporated HPV testing (Triage and Test of Cure) into the cervical screening service in 2012. This is provided by Maidstone & Tunbridge Wells NHS Trust at Maidstone Hospital.
- The cervical histology service is provided on the William Harvey hospital site.
- The programme offers further assessment and treatment at four colposcopy clinics at William Harvey Hospital (WHH), Buckland Hospital Dover (BHD), Kent & Canterbury Hospital (KCH) and Queen Elizabeth the Queen Mother Hospital Margate (QEQM).
- The cytology laboratory had a United Kingdom Accreditation Service (UKAS) accreditation visit in 2013.

3. Key findings

The immediate and high priority issues are summarised below as well as areas of shared learning.

3.1 Shared learning

The review team identified several areas of practice that are worth sharing.

- The cytology laboratory has continued to place greatest emphasis on the maintenance of screening quality, despite severe difficulties with workload and staffing
- The four colposcopy clinics have begun to work towards an integrated Trust wide service, including centralised first appointments and common protocols

3.2 Immediate concerns for improvement

The review team identified one immediate concern. A letter was sent to the Chief Executive on 25 April 2016, asking that the following items were addressed within 7 days:

- Business continuity relies on a key member of staff - the colposcopy co-ordinator. That individual provides essential colposcopy referral, clinic management and failsafe functions but has inadequate trained absence cover. This is an immediate issue due to the departure on maternity leave of a colleague who was able to provide some support. NHS Cancer Screening Programme (NHSCSP) publication 20 'Colposcopy & Programme Management' requires the service to maintain adequate clerical and secretarial support to ensure timely communication with patients and their GPs.

A response was received within 7 days and actions have been taken to partially mitigate the immediate risks within the programme.

3.3 High priority issues

The review team identified 6 high priority issues, as grouped below. Achieve the 14 day turnaround time (TAT) for results of screening testing

- Formalising of relationship with Maidstone and Tunbridge Wells NHS Trust for provision of HPV testing
- Ensuring consistency of colposcopy services across the 4 sites
- Ensuring colposcopy fully implements national protocols
- Ensuring all colposcopy clinic facilities meet specified standards
- Ensuring histology reports contain minimum data set items

4. Key recommendations

A number of recommendations were made related to the immediate and high level issues identified above. These are summarised in the table below:

Level	Theme	Description of recommendation
Immediate	Colposcopy	Business continuity requires that more resilience is introduced to the colposcopy coordinator role.
High	Colposcopy	Fully implement national test of cure protocol, including discharge after treatment. Written protocols and practice should be updated.
High	Colposcopy	KCH accommodation should be reviewed and reconfigured to improve facilities and provide a recovery facility in accordance with NHSCSP 20.
High	Governance & Leadership	There should be a Trust wide lead Colposcopist to enhance a single approach to colposcopy across the Trust. The Trust lead will require a job description showing lines of accountability and sufficient allocated time within their job plan.
High	Cytology	Implement changes in laboratory processes and working practices to facilitate achievement of two week turnaround of cytology results.
High	Governance & Leadership	Formalise the East Kent Hospitals NHS Trust agreement with Maidstone & Tunbridge Wells NHS Trust for provision of HPV testing for triage and test of cure.
High	Histology	All histopathologists should use either a standard proforma or minimum dataset list for the reporting of cervical treatment specimens to ensure that all national required elements are included and an associated Standard Operating Procedure (SOP) detailing this should be devised.

5. Next steps

East Kent Hospitals University NHS Foundation Trust are responsible for developing an action plan to ensure completion of recommendations contained within this report.

NHS England South of England locality team will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented.

The regional screening QA service will support this process and the on-going monitoring of progress.