



Public Health
England

Screening Quality Assurance visit report

NHS Cervical Screening Programme
North Middlesex University Hospital
NHS Trust

3 October 2017

Public Health England leads the NHS Screening Programmes

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading 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 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.

www.gov.uk/phe/screening

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Published: December 2017
PHE publications
gateway number: 2017616

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Scope of this report

| | Covered by this report? | If 'no', where you can find information about this part of the pathway |
|-----------------------------------|--------------------------------|---|
| Underpinning functions | | |
| Uptake and coverage | No | Local public health commissioning team |
| Workforce | Yes | |
| IT and equipment | Yes | |
| Commissioning | No | Local public health commissioning team |
| Leadership and governance | Yes | |
| Pathway | | |
| Cohort identification | No | Call and recall service |
| Invitation and information | No | Call and recall service |
| Testing | Yes | |
| Results and referral | Yes | |
| Diagnosis | Yes | |
| Intervention/treatment | Yes | |

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 visit of North Middlesex University Hospital NHS Trust screening service held on 3 October 2017.

Quality assurance 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 of data collected by the NHS screening programmes
- evidence submitted by the provider
- information shared with SQAS London as part of the visit process

Local screening service

North Middlesex University Hospital NHS Trust provides a cervical screening service to the eligible populations of the following clinical commissioning groups (CCGs): Islington CCG and Haringey CCG.

The eligible population for these CCGs was approximately 189,265 (England registered women aged 25-64 excluding those ceased. Source: KC53 2016 - 2017).

North Middlesex University Hospital NHS Trust (NMUH) provides a colposcopy service.

Health Services Laboratories (HSL) provide the cervical cytology and histology services for North Middlesex University Hospital NHS Trust. The cervical cytology service is at 250 Euston Road and histology service is based at the Royal Free Hospital. Consultant reporting of histology samples continues at North Middlesex University Hospital site. There are plans for these services to move to Whitfield Street laboratory following renovation of those premises in the near future.

HSL manages a rapid response laboratory (RRL) located at NMUH. The RRL receives the cervical cytology and histology samples from the colposcopy service. Citysprint couriers take the cervical cytology samples to HSL located at 250 Euston Road for processing and reporting. The histology samples, once processed at the Royal Free Hospital site, are returned to NMUH where they are reported by the histopathologists.

Capita, a private provider for call and recall services and commissioned by NHS England, manages screening invitations and result letters for the service.

Findings

This is the fifth QA visit to the trust. The last QA visit took place in March 2014.

The majority of the recommendations identified at the previous QA visit have been implemented.

Immediate concerns

No immediate concerns were identified.

High priority

The QA visit team identified 4 high priority findings as summarised below:

- the service level agreement between the Health Service Laboratory and North Middlesex University Hospital NHS Trust needs to be reviewed to improve performance monitoring and governance of incidents and risks
- the trust incident policy needs to be fully implemented for the management of screening incidents
- there is insufficient colposcopy clinical and administrative workforce capacity
- national annual colposcopist workload data request to be completed

Shared learning

The QA visit team identified several areas of good practice including:

- evidence of good working relationships and communication within the team
- the Hospital Based Programme Co-ordinator has a formally acknowledged job description with allocated time in their job plan
- purpose built, well planned colposcopy unit. Clinic environment promotes efficient patient flow

Recommendations

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

Governance and leadership

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|--|-----------|----------|---|
| 1 | Expand the terms of reference for the cervical screening/colposcopy business meeting to cover all screening governance areas | NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25) | 3 months | S | Trust approved updated terms of reference |
| 2 | Work with North Central London Hospital Based Programme Co-ordinators and NHSE to establish network meetings | NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25) | 3 months | S | Formalised terms of reference. Chair identified from 1 of the 4 HBPCs currently in post. (including Royal Free and Barnet and Chase Farm hospitals) |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|--|-----------|----------|---|
| 3 | Trust to include cervical screening programme activities and appropriate governance pathways in the service level agreement with Health Service Laboratory | NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25) | 3 months | High | Trust confirmation that SLA between HSL and North Middlesex University Hospital has been adjusted |
| 4 | Fully implement the trust incident policy to ensure that screening incident processes meet the specific requirements of the screening incident guidelines and timelines | NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25) | 3 months | High | Trust management to submit investigation reports in accordance with reference NHS Screening Programmes 'Managing Safety Incidents in NHS Screening Programmes' October 2015 |

Intervention and outcome - colposcopy

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|--|-----------|----------|--|
| 5 | Ensure there is sufficient clinical and administrative workforce for colposcopy activities | NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25) | 3 months | High | Trust approved and funded 3 year workforce plan for clinical and administrative support |
| 6 | Ensure that the colposcopy IT system is able to produce reliable data for KC65 submission and key performance indicators outlined in National Service Specification | NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25) | 3 months | Standard | 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 with identified clinical support to check the quality of data |
| 7 | Undertake additional audits to confirm compliance with national clinical policy | NHSCSP 20 'Colposcopy & Programme Management' 3rd edition | 3 months | Standard | 8 clinical audits to be undertaken and submitted |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|--|-----------|----------|--|
| 8 | Re-run the QA data questionnaire from Cyres to demonstrate data quality | NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25) | 6 months | Standard | Submission of QA data questionnaire for 2016-2017 |
| 9 | Develop a consolidated colposcopy guidelines policy | NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition | 6 months | Standard | Confirmation that a colposcopy guidelines policy is in place |
| 10 | Implement quality management system for the management of the policies and protocols | NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25) | 6 months | Standard | Confirmation that policies and standard operating procedures are dated with the trust logo and are version controlled Updated standard operating procedure for MDTs including names and contact details of the main members and the cover arrangements for the lead staff |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|---|-----------|----------|---|
| 11 | Colposcopists to see 50 new screening programme referrals annually (excluding clinical indication) | NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition | 12 months | Standard | 2017/2018 activity data to show all colposcopists with clinical activity within programme standards |
| 12 | Complete the annual individual colposcopist national data request | NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition | 3 months | High | Audit submitted |
| 13 | Expand audit schedule | NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition | 3 months | Standard | Approved audit schedule demonstrating audit objective, lead staff member, completion timeframe. Confirmation that audit outcomes and recommendations are discussed at the colposcopy operational/ business meetings |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|--|-----------|----------|--|
| 14 | Window to be adjusted in reception to a sliding hatch | NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25) | 6 months | S | Confirmation that window has been changed to sliding hatch type window |

Multidisciplinary team

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|-----------|-----------|----------|---|
| 15 | Ensure all colposcopists attend a minimum of 50% of multi-disciplinary team meetings (MDT) | NHSCSP 20 | 12 months | Standard | MDT attendance records November 2017– November 2018 |

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 will outline any further action(s) needed.