



Public Health
England

Screening Quality Assurance visit report

NHS Cervical Screening Programme Guy's and St Thomas' NHS Foundation Trust

18 and 25 October 2016

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-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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www.gov.uk/topic/population-screening-programmes

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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 Guy's and St Thomas' NHS Foundation Trust cervical screening service held on 18 and 25 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 the SQAS London as part of the visit process

Description of local screening service

The Clinical Care Groups (CCGs) covered by this screening programme are Lambeth and Southwark. The local cervical screening programme for 2015-2016 had an eligible population of approximately 123,577 for Lambeth and 96,695 for Southwark (England registered women aged 25-64 excluding those ceased - source: KC53 2015/2016).

The colposcopy service is based at Guy's Hospital, London Bridge.

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), based at St Thomas' Hospital, provides the cytology and histology services for the colposcopy clinic.

Findings

This is the fifth QA visit to the cervical screening programme. The last QA visit took place on 25 October 2012. All recommendations identified at the last visit had been implemented.

Immediate concerns

There were no immediate concerns identified.

High priority

Six high priority recommendations were made:

- clarify trust governance, escalation and reporting arrangements including where screening services, improvements, risks and incidents are overseen
- put in place mechanisms to ensure cervical screening issues and outcomes discussed at trust operational meetings are relayed back to the hospital based programme co-ordinator and service leads
- ensure all screening personnel understand their confidentiality responsibilities under Section 251 of the NHS Act 2006 through undertaking the trust information governance training
- ensure all colposcopy data is being captured on the colposcopy clinic patient database
- ensure screening incidents are managed following national guidance
- ensure a process in place to inform patients about how to get access to results of their cervical cancer review

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R1	Mechanisms to be put in place to ensure the outcomes in relation to cervical screening issues discussed at all trust operational meetings are relayed back to the hospital based programme co-ordinator (HBPC) and service leads	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	1 month	H	Approved updated terms of references including circulation lists
R2	Trust management to provide feedback on receipt of the cervical screening annual report	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	12 months	S	HBPC to confirm and act on trust board feedback at cervical screening performance board
R3	Annual sign-up of all screening personnel to Section 251	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	1 month	H	Complete log of signatures to be maintained
R4	Ensure process in place to inform women of the result of their cervical cancer review	NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition	1 month	H	Trust approved patient information leaflet which explains cervical cancer audit

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R5	Ensure that screening safety incidents are reported in accordance with national guidance	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25). NHS Screening Programmes 'Managing Safety Incidents in NHS Screening Programmes' Oct 2015	1 month	H	Screening Incident Assessment Forms submitted on time Performance board minutes record review of incidents with follow-up actions
R6	Clarify the governance and escalation pathways for managing incidents, risks and service improvement	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	1 month	H	Guy's and St Thomas' NHS Foundation Trust hospital base programme co-ordinator (HBPC) escalation risk matrix/accountability chart to be updated to include names and job titles
R7	Lead histopathologist to attend colposcopy operational meetings	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	1 month	S	Updated terms of reference and distribution list/s

Histology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R8	Ensure that there is adequate histopathology consultant cover for reporting screening cases	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	6 months	S	Resource requirements fully reflected in a workforce plan

Colposcopy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R9	Ensure that there is sufficient resource and capacity, including administration, for all colposcopy activity	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition	6 months	S	Revised organisational chart and colposcopy workforce plan in place
R10	Agree a system for recording and reporting all colposcopy activity	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition	3 months	H	Colposcopy KPIs reviewed at the performance board
R11	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
R12	Set up the colposcopy IT system to generate electronic letters	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	6 months	S	Electronic letters are routinely generated

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R13	Ensure administrative staff are trained in the use of the colposcopy IT system	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	6 months	S	Standard operating procedures are documented and in use for: <ul style="list-style-type: none"> • the electronic failsafe pathway • colposcopy data entry • procedures, responsibilities and frequency of data audit
R14	Ensure patient recovery area is fit for purpose	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition	12 months	S	Hospital based programme co-ordinator to confirm at performance board on progress with changes to the patient recovery area
R15	All colposcopists to attend multidisciplinary team meetings	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition	12 months	S	Audit of attendance list

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

Next steps

Guy's and St Thomas' NHS Foundation 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.