



Public Health  
England

# **Screening Quality Assurance visit report**

## **NHS Cervical Screening Programme Imperial Healthcare NHS Trust**

6 and 7 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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[www.gov.uk/topic/population-screening-programmes](http://www.gov.uk/topic/population-screening-programmes)

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Published: October 2017

PHE publications

gateway number: 2017472

PHE supports the UN

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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 of the Imperial Healthcare NHS Trust screening service held on the 6 and 7 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
- information shared with SQAS London as part of the visit process

### Description of local screening service

Imperial Healthcare NHS Trust provides a cervical screening service to the eligible populations of the following Clinical Commissioning Groups (CCGs). NHS West London CCG, NHS Hammersmith and Fulham CCG, NHS Central London (Westminster) CCG and NHS Hounslow CCG.

The eligible population for these CCGs is approximately 277,200 (Source; KC53 2015-2016).

Imperial Healthcare NHS Trust is comprised of five hospitals. St. Mary's Hospital, Hammersmith Hospital, Queen Charlotte's and Chelsea Hospital, Charing Cross Hospital and Western Eye Hospital. Cervical cytology, colposcopy services and the processing of the cervical biopsies and cones in histology are at St Mary's Hospital. Histological workload for St. Mary's Hospital is reported at Hammersmith Hospital.

The cytology laboratory at St. Mary's Hospital provides a cervical screening service for the colposcopy services at Chelsea and Westminster Hospital, West Middlesex University Hospital and St. Mary's Hospital. The histology laboratory at St. Mary's

Hospital provides a histological screening service for the colposcopy services at Chelsea and Westminster Hospital, West Middlesex University Hospital and St. Mary's Hospital. Consultants report histology samples at Hammersmith Hospital and West Middlesex University Hospital.

From January 2017, North West London Pathology (NWLP), a conglomerate formed from three NHS trusts, provides a cervical histopathology 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 North West London Pathology. There are plans to move North West London Pathology to one site at Charing Cross Hospital by 2018. Reporting cervical histology at West Middlesex University Hospital and Hammersmith will end as will processing of cervical biopsies and cones at St Mary's Hospital. The cervical 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

This is the fifth QA visit to the trust. The last QA visit took place in March 2013.

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

The cervical screening service provided by the trust is well run with motivated staff.

## Immediate concerns

No immediate concerns were identified.

## Key Themes

The following were the key themes of the recommendations made:

- 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
- provide an administrative resource for the Hospital Based Programme Co-ordinator
- establish North West London HBPC network meetings
- additional audits of national standards in colposcopy and cytology are required
- minor adjustments to departmental guidance is required

## Shared learning

The QA visiting team identified several areas of practice for sharing, including:

- a good culture of audit, education and training and research with examples of audits resulting in changes in practice (eg multidisciplinary meetings and 'did not attend' audit)
- evidence of strong leadership in cytology, colposcopy and histology
- well-resourced and led planning for pathology transformation with a risk assessment in place and full engagement with cervical screening programme

## 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 cervical screening programme annual report  Identification of a deputy
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	Clarify senior nursing line management for the nurse colposcopists	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	S	Confirmation of line management for the nurse colposcopist within the management structure

## Cytology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R5	Put in place a system for managing breaches in reaching positive predictive value standard	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	12 months	S	Evidence of management and reporting system  Improvement in the achievement of programme standards 2017/2018 activity data shows all reporting pathologist achieving programme standards

## Colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R6	Update the colposcopy information technology (IT) system to ensure production of accurate performance data	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	S	All data fields are available within the colposcopy IT systems and are mapped to Cyres
R7	Undertake additional audits to confirm compliance with national clinical policy	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition	3 months	S	5 clinical audits to be undertaken and submitted as evidence

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R8	Adjust departmental guidance/standard operating procedures	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition	3 months	S	<p>Confirm trust ratification of the following:</p> <ul style="list-style-type: none"> <li>- reference 'the follow up of early stage cervical cancer' within the colposcopy guidance document</li> <li>- standard operating procedure for MDTs. This needs to include the names and contact details of the main members and the cover arrangements for the lead staff members for the meetings</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.