



Public Health
England

Screening Quality Assurance visit report

NHS Cervical Screening Programme Viapath

18 and 19 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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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 Viapath screening service held on 18 and 19 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 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 data collected by the NHS screening programmes
- evidence submitted by the provider and commissioner
- information shared with the London regional SQAS as part of the visit process

Description of local screening service

The Clinical Care Groups (CCGs) covered by this screening programme are Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. The local cervical screening programme for 2015-2016 had an eligible population of approximately 570,000 (England registered women aged 25-64 excluding those ceased - source: KC53 2015/2016). The total number of women screened for 2015-2016 was 120, 947.

NHS England (London) commissions Guy's and St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust to provide a cervical screening service for the local population. They, in turn, commission Viapath to undertake this function on their behalf.

Viapath is an organisation created by Serco (a private organisation), Guy's and St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust, each with equal shares in the organisation.

Viapath provides a cervical cytology laboratory service for the colposcopy services based at Guy's Hospital, King's College Hospital - Denmark Hill site, King's College

Hospital - Orpington Hospital site, Queen Elizabeth Hospital and Lewisham Hospital. It also provides a histological reporting service for the following colposcopy services: Guy's Hospital, King's College Hospital - Denmark Hill site and King's College Hospital - Orpington Hospital site.

Cytology departments are based at St Thomas' Hospital and King's College Hospital - Princess Royal University Hospital site. Histology services are based at St Thomas' Hospital, King's College Hospital – Denmark Hill site and King's College Hospital - Princess Royal University Hospital site.

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

Findings

There are extensive lines of accountability within the trusts and Viapath. In spite of these it appears that there is a lack of interaction between the organisations at senior management level in relation to governance and acknowledgement of the role of the hospital based programme co-ordinator (HBPC). The HBPC should have oversight of the whole cervical screening service.

Incidents have been identified in relation to the cervical screening programme but not always reported to NHSE London or Screening Quality Assurance Service (SQAS).

Immediate concerns

No immediate concerns were identified.

High priority

Three high priority recommendations were made:

- clarify governance and escalation pathway where screening services improvements, risks and incidents are overseen
- all screening incidents being reported on datix, should be reported through the appropriate pathway to NHSE London and SQAS London
- Cyres data system to be implemented onto Cerner Millennium laboratory information management system (LIMS) at St Thomas' Hospital to standardise data extraction

Shared learning

The QA visit team identified an area of practice for sharing:

- in view of the projected implementation of HPV testing as a primary screening tool, the department at King's College Hospital – Princess Royal University Hospital site has adjusted one of the vacancies from a screening role to an administrative role. This reflects good workforce planning

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Clarify the governance and escalation pathways for managing incidents, risks and service improvement	NHSE National Service Specification No.25	3 months	H	Approved clear governance structure which demonstrates the links between the organisations to include hospital based programme co-ordinator
2	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

Cytology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
3	Annual staff screening numbers to reach minimum national standards	NHSE National Service Specification 25	12 months	S	12 months of data showing the minimum activity for each
4	Cyres data system to be implemented onto the LIMS at the St Thomas' site	NHSE National Service Specification 25	1 month	H	Cytology activity reports reviewed by the performance board
5	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

Sample taker register

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
6	Viapath to support NHSE London sample taker database	NHSE National Service Specification 25	6 months	S	Viapath IT to accept sample taker numbers which are issued by NHS England (London)

Histology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
7	Make cervical cytology reports available to the reporting consultants at King's College Hospital – Denmark Hill site	NHSCSP Publication No 20.	1 month	S	Histology at King's College Hospital – Denmark Hill site to access Cerner LIMS system at St Thomas' Hospital

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

Next steps

Viapath 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.