



Public Health
England

Screening quality assurance visit report

**NHS Cervical Screening Programme
Maidstone & Tunbridge Wells NHS Trust
Maidstone Hospital
Tunbridge Wells Hospital**

Executive Summary

07 July 2016

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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Published: November 2016

PHE publications gateway number: 2016421

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 Maidstone & Tunbridge Wells NHS Trust Cervical Screening service held on 07 July 2016.

Purpose and approach to quality assurance (QA)

The aim of quality assurance 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 of 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 SQAS as part of the visit process

Description of local screening programme

Cervical screening services provided by Maidstone & Tunbridge Wells NHS Trust serve part of the Kent local authority eligible population of approximately 362,500 women (Source: HSCIC statistics bulletin 2014/15). Services are commissioned by NHS England South of England locality team.

Primary Care Support England (PCSE) services, formerly provided by Kent Primary Care Agency, are now 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 is not included in this report.

The cervical cytology, HPV testing (Triage and Test of Cure) and histology components of the Maidstone & Tunbridge Wells NHS Trust cervical screening service are provided at Maidstone Hospital. 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. The laboratory at Maidstone Hospital provides screening and HPV testing for Maidstone & Tunbridge Wells NHS Trust and for Dartford & Gravesham NHS Trust and Medway NHS Foundation Trust. HPV testing is also provided for East Kent Hospitals University NHS Foundation Trust.

The Maidstone & Tunbridge Wells NHS Trust cervical screening service offers further assessment and treatment at two colposcopy clinics at Maidstone Hospital and Tunbridge Wells Hospital (Pembury). The service also refers to colposcopy clinics provided by Medway NHS Foundation Trust and Dartford & Gravesham NHS Trust. The cytology laboratory had a UK Accreditation Service (UKAS) accreditation visit in 2015.

Key findings

The high priority issues are summarised below as well as areas of shared learning. There were no immediate recommendations.

Shared learning

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

- the cytology laboratory has maintained screening quality, despite significant challenges with workload and staffing
- the cytology laboratory participates in monitoring of sample taker inadequate rates, triggering Screening & Immunisation Team follow-up if a sample taker submits an excessive number of inadequate samples
- in addition to the usual operational meetings, a specific gynaecological pathology governance meeting is held twice a year, touching on operational issues, changes to guidelines, feedback from educational meetings, audit and training
- the two colposcopy clinics have made good progress towards an integrated trust wide service

Immediate concerns for improvement

There were no immediate concerns.

High priority issues

The review team identified eight high priority issues, as grouped below in the key recommendations table.

Key recommendations

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

Level	Theme	Description of recommendation
High	Governance and 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	Governance and leadership	Allocate appropriate time in the lead cytopathologist's job plan for the role.
High	Cytology	Ensure there is sufficient cytopathologist resource for cervical screening and to support the consultant biomedical scientist (BMS) to satisfy Royal College of Pathologists' guidance.
High	Cytology	Ensure all staff who report abnormal cytology (consultant pathologists and advanced practitioner biomedical scientist) meet the national minimum workload standard of 750 reports per year.
High	Cytology	Develop a workforce plan for the coming year which includes existing recruitment plans but does not rely on successful recruitment. It should aim to facilitate sustained achievement of two week turnaround of cytology results, ensuring the staffing structure uses existing staff skills to their full potential and incorporate plans for possible future retirements.
High	Cytology	Develop and maintain an action plan to achieve two week turnaround of cytology results.
High	Histology	Ensure there is sufficient pathologist resource to support the cervical screening programme. This may require a review of the establishment and recruitment to existing vacancies.
High	Histology	Ensure individual pathologist workload is manageable and allows sufficient time for cervical screening histology reporting.

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R1.1	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.	NHS Public Health functions agreement 16-17 Service Specification 25	6 months	H	Formal SLA for provision of HPV testing signed by contracting parties
R1.6	Allocate appropriate time in the lead cytopathologist's job plan for the role.	BAC Recommended code of practice for cytology laboratories participating in the UK cervical screening programmes 2015	6 months	H	Statement of time allocated to lead cytopathologist role in the post holder's job plan
R1.7	The lead cytopathologist should ensure she has full understanding of the role, which should be subject to annual appraisal.	BAC Recommended code of practice for cytology laboratories participating in the UK cervical screening programmes 2015	6 months	S	Statement of activity undertaken by lead cytopathologist to develop knowledge of the role

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R1.2	Formalise the arrangement with East Kent Hospitals NHS Trust for cross cover of abnormal cytology reporting in the event of staff absence. Accountability, clinical governance, communication of results, audit and funding arrangements should be explicitly stated.	NHS Public Health functions agreement 16-17 Service Specification 25	6 months	S	Formal SLA for reporting of abnormal cytology in the event of staff absence signed by contracting parties
R1.4	Implement quarterly multi-disciplinary cervical screening management meetings.	NHS Public Health functions agreement 16-17 Service Specification 25	6 months	S	Quarterly multi-disciplinary cervical screening management meetings minutes
R1.8	Regular communication between the HBPC and lead cytopathologist should take place so that the lead cytopathologist is aware of any performance or laboratory issues.	BAC Recommended code of practice for cytology laboratories participating in the UK cervical screening programmes 2015	3 months	S	Confirmation of regular communication or relevant meeting minutes showing attendance
R1.5	The Hospital Based Programme Co-ordinator should provide a 6 monthly report to the clinical governance committee	NHS Public Health functions agreement 16-17 Service Specification 25	9 months	S	Hospital Based Programme Co-ordinator report
R1.9	Maidstone and Tunbridge Wells colposcopy services should improve representation at the Kent & Medway Cervical Screening Programme Board.	NHS Public Health functions agreement 16-17 Service Specification 25	12 months	S	Evidence of colposcopy attendance recorded on Kent & Medway Programme Board minutes

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R1.10	Colposcopy operational meetings have been held once a year with informal arrangements to discuss issues at the end of monthly MDMs. NHSCSP 20 requires them to be arranged at least every three months. There should be terms of reference which outline the process for disseminating decisions, particularly regarding changes in practice.	NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition	6 months	S	Terms of reference and minutes of quarterly colposcopy operational meetings, starting within 6 months of visit report
R1.3	The Hospital Based Programme Co-ordinator job description requires amendment to bring it up to date	NHS Public Health functions agreement 16-17 Service Specification 25	3 months	S	Revised Hospital Based Programme Co-ordinator job description

Cytology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R2.2	Ensure there is sufficient cytopathologist resource for cervical screening and to support the consultant BMS to satisfy Royal College of Pathologists guidance. This would provide additional absence cover and allow pathologist input to training and mentoring.	RCPATH 'Clinical Responsibility for Cytology Services', Mar 2012	3 months	H	Confirmation of appointment of a second cytopathologist with regular cytopathology commitment
R2.7	Ensure all staff who report abnormal cytology (Consultant Pathologists and Advanced Practitioner BMS) meet the national minimum workload standard of 750 reports per year. This will require a re-balance of work allocation between the consultants and AP. Occasional reporting is not acceptable.	BAC Recommended code of practice for cytology laboratories participating in the UK cervical screening programmes 2015	3 months	H	Individual abnormal reporting workload data for January – June 2017 and subsequently January – December 2017

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R2.1	Develop a workforce plan for the coming year which includes existing recruitment plans but does not rely on successful recruitment. It should aim to facilitate sustained achievement of two week turnaround of cytology results, ensuring the staffing structure uses existing staff skills to their full potential, and incorporate plans for possible future retirements.	NHS Public Health functions agreement 16-17 Service Specification 25	3 months	H	Workforce plan for 2017-18
R2.8	Develop and maintain an action plan to achieve two week turnaround of cytology results.	NHS Public Health functions agreement 16-17 Service Specification 25	3 months	H	Detailed action plan for achievement of 2 week turnaround
R2.3	Ensure cytopathologists have accessed cervical screening educational activity to update their knowledge.	RCPATH CPD Scheme	6 months	S	Confirmation of cytopathologist update training attendance
R2.4	The current practice of coding inadequate results as 1H on NHAIS 'Exeter' for rejected samples which have not been accurately identified should be discontinued.	BAC Recommended code of practice for cytology laboratories participating in the UK cervical screening programmes 2015	3 months	S	Revised sample acceptance policy
R2.5	The policy for management of women with unknown treatment status should reflect national protocols and should be amended.	NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition	1 month	S	Cytology SOP documenting management of women with unknown treatment history

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R2.6	Review laboratory failsafe procedures to return certain responsibilities to other departments as described in national guidance. This will reduce laboratory workload, facilitate a stronger programme participation ethos in other departments, avoid duplication and define an end point for failsafe.	NHSCSP 21 'Guidelines on Failsafe Actions for the Follow-up of Cervical Cytology Reports' Dec 2004	6 months	S	Revised failsafe SOP
R2.9	PPV data and some other performance data should be checked and shared with staff on an individual basis at more frequent intervals.	BAC Recommended code of practice for cytology laboratories participating in the UK cervical screening programmes 2015 & BSCC Code of practice 2010	6 months	S	SOP describing monitoring and circulation of performance data

Histology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R4.1	Ensure there is sufficient pathologist resource to support the cervical screening programme. This may require a review of the establishment and recruitment to existing vacancies.	NHS Public Health functions agreement 16-17 Service Specification 25	6 months	H	Statement of histopathologist staffing levels and time commitment to cervical reporting
R4.2	Ensure individual pathologist workload is manageable and allows sufficient time for cervical screening histology reporting.	NHS Public Health functions agreement 16-17 Service Specification 25	6 months	H	
R4.3	Ensure the cervical histology reporting service is able to report within timescales that allow compliance to national standards.	NHS Public Health functions agreement 16-17 Service Specification 25	9 months	S	Sustained achievement of histology turnaround time on KC65 quarterly return (90% of women to receive their biopsy result within 4 weeks and 100% within 8 weeks)

Colposcopy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R5.3	Review the colposcopy failsafe system to take on all appropriate tasks, including some currently undertaken within the cytology laboratory. Responsibilities include managing non attendance, managing cases treated under GA, managing women who are pregnant, tracking cytology and histology results and communication of management plans. Revise the colposcopy failsafe protocol to reflect this.	NHS Public Health functions agreement 16-17 Service Specification 25	6 months	S	Colposcopy failsafe policy
R5.4	Review the system of notifying next test due date to call recall. This should be done by sending the colposcopy database generated list direct to call recall. The list should cover all required changes to next test due date, not just return to 3 year or routine recall.	NHSCSP 20 'Colposcopy & Programme Management' 3 rd ed, March 2016	3 months	S	Confirmation from PCSE that colposcopy generated lists are sent directly to PCSE from Maidstone & Tunbridge Wells colposcopy clinics
R5.1	Ensure all colposcopists meet the national minimum workload requirement of 50 new cases per year arising from NHSCSP	NHSCSP 20 'Colposcopy & Programme Management' 3 rd ed, March 2016	12 months	S	Colposcopy database report 1.3 for the year January – December 2017
R5.2	The Trust should have an SOP on colposcopy data entry procedures and responsibilities and audit of data entry with regular review of data	NHSCSP 20 'Colposcopy & Programme Management' 3 rd ed, March 2016	6 months	S	Colposcopy data entry, validation and review SOP

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R5.5	The lead Colposcopist should ensure all colposcopists feed into the reviewed system for sending histology results out in a timely way. There should be consistent practice between colposcopists in recording results and sending result letters.	NHS Public Health functions agreement 16-17 Service Specification 25	9 months	S	Sustained achievement of histology turnaround time on KC65 quarterly return (90% of women to receive their biopsy result within 4 weeks and 100% within 8 weeks)
R5.6	Patient satisfaction surveys should be conducted on both sites to ascertain the patients' perception and experience of the service.	NHS Public Health functions agreement 16-17 Service Specification 25	12 months	S	Patient satisfaction survey results
R5.7	Address the Information Governance implications of moving patient records by the nurse Colposcopist looking for a work base.	NHS Public Health functions agreement 16-17 Service Specification 25	6 months	S	Confirmation that unnecessary patient record movement out of clinic has stopped

MDT

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R6.1	The cytology department must fully support off site colposcopy MDTs by ensuring attendance, in person or via video link, from a member of staff whose role and qualifications enable them to make and alter clinical decisions during the meetings.	BAC Recommended code of practice for cytology laboratories participating in the UK cervical screening programmes 2015	3 months	S	MDT attendance records January – June 2017

* 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.