



Public Health
England

Screening Quality Assurance visit report

NHS Cervical Screening Programme Whittington Health NHS Trust

10 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 Social Care, and 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.

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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 (QA) visit of the Whittington Health NHS Trust screening service held on 10 October 2017.

QA 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

Whittington Health 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 262,309 (England registered women aged 25-64 excluding those ceased - source: KC53 2016 - 2017).

Whittington Health NHS Trust provides a colposcopy and histopathology service.

The cervical cytology service is provided by Health Services Laboratories based at 250 Euston Road.

Capita, which is 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 on 14 June 2013.

High priority

The QA visit team identified 5 high priority findings as summarised below:

- service level agreement between the Health Service Laboratory and University College London Hospitals (UCLH) NHS Foundation Trust needs to be reviewed to improve performance monitoring and governance of incidents and risks
- governance arrangements for the cervical screening programme are unclear
- develop a plan and ensure risk assessment for cytology and histology procurement
- there is insufficient clinical workforce capacity within colposcopy and histology
- national annual colposcopist workload data request to be completed

Shared learning

The QA visit team identified several areas of practice for sharing, including daily histopathology meetings.

Recommendations

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

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	Standard	Updated and approved job description, job planning and reporting arrangements. Formal trust acknowledgement of the trust-wide cervical screening programme annual report
R2	Identify administrative resource for the HBPC 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	Standard	Trust to confirm that support for the HBPC role has been identified and functioning

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R3	Implement cervical screening operational meetings	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	Standard	Trust approved terms of reference for the colposcopy business meeting to be expanded to deliver this meeting. Maintenance of screening risk register which is submitted to the 2 divisions for management
R4	Complete an annual hospital based programme co-ordinator's report and ensure that this is discussed formally at the appropriate Trust governance meeting	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	Standard	Confirmation of a complete annual report for 2016-2017. Submission of annual report to trust board for review
R5	Work with North Central London HBPCs to establish network meetings	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	Standard	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
R6	Cervical cancer audit to be maintained in accordance with national standards	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	3 months	Standard	SQAS London to receive information on the established backlog of cervical cancer cases
R7	Complete an audit to demonstrate offer of disclosure of invasive cervical cancer audit	NHCSF 28 NHSCSP 20	3 months	Standard	Audit of disclosures incorporated into the annual colposcopy audit schedule and outcomes documented in annual report
R8	Trust to include cervical screening programme activities and appropriate governance pathways in the service level agreement (SLA) with Health Services Laboratories (HSL)	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Trust confirmation that SLA between HSL and the Whittington Health NHS Trust has been adjusted

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R9	Identify and plan for any risks or changes to the cervical screening programme delivery or governance due to pathology re-procurement or network development	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Trust approved procurement plan with risk assessment undertaken
R10	Review accountability structure for the cytology department and colposcopy service	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Confirmation of roles and responsibilities in actioning and following up incidents. Risk register for the cervical screening programme in place

Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R11	Ensure there is sufficient consultant workforce	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Trust approved and funded 3 year workforce plan
R12	Implement and monitor a plan to achieve recommended turnaround times for histopathology	National Service specification 25	6 months	Standard	Data for April – June 2018 shows achievement

Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R13	Ensure there is sufficient clinical 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 nursing support
R14	Implement standard operating procedures for colposcopy administrative processes	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	6 months	Standard	Approved standard operating procedures
R15	Undertake additional audits to confirm compliance with national clinical policy	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition	3 months	Standard	10 clinical audits to be undertaken and submitted as evidence

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R16	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	<p>Confirmation of an IT plan which includes the delivery of all data fields within the colposcopy IT system and ensure they are mapped to Cyres with identified clinical support to check the quality of data</p> <p>Re-run the QA visit data questionnaire from Cyres to demonstrate data quality and all colposcopists are mapped onto Cyres and submit by April 2018</p>
R17	Implement a standing operating procedure for the production and validation of KC65 data	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	6 months	Standard	Submit standard operating procedure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R18	Audit the high hospital initiated cancellation rate to ensure data accuracy and clinical efficiency	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	6 months	Standard	Action plan approved at the colposcopy operational meeting to address any validated high HIC rate to reduce this towards national averages (3-4%), including a review the impact of clinic configuration and cross cover arrangements
R19	Minor updates required to local colposcopy operational policy and direct referral policy	NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition	3 months	Standard	Confirmation of updates within the operational policy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R20	Implement a 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	<p>Confirmation that policies and standard operating procedures are dated with the trust logo and are version controlled.</p> <p>Updated standard operating procedure for failsafe and MDTs including names and contact details of the main members and the cover arrangements for the lead staff</p>
R21	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
R22	Complete the annual individual colposcopist national data request	NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition	3 months	High	Submit audit to SQAS

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R23	Expand cervical screening audit schedule to include audits to be undertaken over reasonable timeframes across the entire screening pathway	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	Standard	<p>Approved audit schedule demonstrating audit objective, lead staff member, completion timeframe.</p> <p>Confirmation that audit outcomes and recommendations are discussed at the colposcopy operational/ business meetings</p>
R24	Ensure patient confidentiality within the 2 clinic rooms	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	Standard	Hospital Based Programme Co-ordinator to confirm at performance board on progress with changes to the clinic rooms

Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R25	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.