



Public Health
England



Screening Quality Assurance Visit Final Report

NHS Cervical Screening Programme Health Services Laboratories

5 and 12 June 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. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG

Tel: 020 7654 8000 www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk) Facebook: www.facebook.com/PublicHealthEngland

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.

PHE Screening, Floor 2, Zone B, Skipton House, 80 London Road, London SE1 6LH

www.gov.uk/topic/population-screening-programmes. Twitter: [@PHE_Screening](https://twitter.com/PHE_Screening) Blog:

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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	KC53 Annual statistics
Invitation and information	No	KC53 Annual statistics
Testing	Yes	
Results and referral	Yes	
Diagnosis	Yes	
Intervention / treatment	No	

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 interim report relate to the quality assurance (QA) visit to Health Services Laboratories (HSL) cervical screening service held on 5 June 2017 and to the HSL histology department at the Royal Free Hospital site held on 12 June 2017. QA visits to other HSL managed sites will be undertaken in October 2017. Following this, a full report will be issued.

Purpose and approach to 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 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

HSL provides a cervical screening service to the eligible populations of the following Clinical Commissioning Groups (CCGs); Camden CCG, Islington CCG, Haringey CCG, Barnet CCG and Enfield CCG. HSL also screen samples from 10 GP practices in Barnet CCG and 17 practices in Enfield CCG.

The eligible population for Camden, Islington and Haringey CCGs was approximately 244,600 (England registered women aged 25-64 excluding those ceased - source: KC53 2015/2016). The number of women screened by HSL for 2015-2016 was approximately 59,975 (women aged 25-64 - source: KC61 2015-2016).

In 2013, the cervical cytology laboratories' workloads at North Middlesex University Hospital, University College London Hospital (which already hosted the Royal Free Hospital staff and workload) and the Whittington Hospital laboratory fell below the national requirement of 35,000 NHSCSP cervical samples. They were no longer viable

as screening centres. The laboratories were brought together over a period of 5 months. In April 2014, the North Central London Cervical Screening Services was formed. This was the precursor organisation to the Health Services Laboratories (HSL).

HSL was established in April 2015 and replaced North Central London Cervical Screening Services. HSL manages the pathology services (including cytology and histology) for 3 NHS trusts in north central London. It is a joint venture formed by The Doctors Laboratory (TDL, which is a private pathology provider), University College London Hospitals NHS Foundation Trust, and the Royal Free London NHS Foundation Trust.

TDL has 51% ownership of HSL, with University College London Hospitals NHS Foundation Trust, and the Royal Free London NHS Foundation Trust, having equal shares of the remaining 49%. North Middlesex University Hospital NHS Trust and The Whittington Health NHS Trust are customers of HSL. There are service level agreements in place for the organisation to manage pathology services across the north central sector of London. Although, this currently excludes Chase Farm Hospital pathology services.

HSL provides a cervical screening and reporting service and a histology service for the following colposcopy services: Royal Free Hospital (RFH), University College London Hospital (UCLH) and North Middlesex University Hospital (NMUH). HSL provides a cervical screening and reporting service for the Whittington Hospital.

The cervical cytology service is currently based at 250 Euston Road. The histology services are based at RFH and UCLH, with an imminent move of services at NMUH to the RFH site. There are plans for all the services to move to Whitfield Street laboratory following renovation of those premises in the near future.

TDL also operates from the same site and provides a cervical screening service for private clients only. No NHS Cervical Screening Programme (NHSCSP) work is done through TDL.

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

Immediate concerns

No immediate concerns were identified.

High priority

2 high priority recommendations were made:

- appoint the equivalent of a Hospital Based Programme Co-ordinator
- implement a process in cytology and histology for confirming receipt of samples from colposcopy

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Appoint the equivalent of a Hospital Based Programme Co-ordinator	NHSE National Service Specification No.25	3 months	H	Agreed job description with dedicated time identified and administrative support Revised accountability structure to show link to the Chief Executive Officer Confirmation of name of the person appointed
2	Work with North Central London Hospital Based Programme Co-ordinators and NHSE London to establish network meetings	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	S	Terms of reference developed and formalised A chair identified from 1 of the 5 HBPCs currently in post

Cytology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
3	Annual staff screening numbers to reach minimum national standards	BAC Recommended code of practice for cytology laboratories participating in the NHSCSP (2015) NHSCSP 1	12 months	S	Submission of screening numbers for the period April 2017 - March 2018

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
4	Identify cytology representation/deputy for the colposcopy multi-disciplinary team meetings when the cytologist at the Royal Free Hospital is absent	NHSCSP 20	3 – 6 months	S	Confirmation of name of person identified to represent the cytologist when on leave
5	Annual staff screening sensitivity to reach minimum national standards	BAC Recommended code of practice for cytology laboratories participating in the NHSCSP (2015) NHSCSP 1	12 months	S	Resubmission of screening sensitivity data and individual PPVs for the period April 2017 - March 2018
6	Update policies and protocols	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	S	Confirmation that the correct name of the organisation is on all policies/guidance, for example, TDL-C-AP-39 Confirmation that standard operating policy for error logging was reviewed and updated
7	Implement a process in cytology and histology for confirming receipt of samples from colposcopy	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	1 month	H	Confirmation that process is implemented and standard operating procedure reflects this process

Histology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
8	Demonstrate monitoring of annual workload figures for cervical biopsies and cone/LLETZ biopsies for 2016-2017	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	S	Submission of workload figures for cervical biopsies and cone/LLETZ biopsies for 2016-2017

*

I = Immediate

H= High

S = Standard

Next steps

Health Services Laboratories 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.