



Public Health
England

Screening Quality Assurance visit report

NHS Cervical Screening Programme University College London Hospitals NHS Foundation Trust

5 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 University College London Hospitals NHS Foundation Trust (UCLH) cervical screening service held on 5 October 2017.

Quality assurance 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

UCLH provides a cervical screening service to the eligible populations of the following clinical commissioning groups (CCGs): Camden CCG, 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).

UCLH NHS Foundation Trust provides a colposcopy service.

Health Services Laboratories (HSL) provides the cervical cytology and histology services for UCLH. The cervical cytology service is at 250 Euston Road and histology service is on site at UCLH. Consultant reporting of histology samples continues at UCLH. There are plans for these services to move to Whitfield Street laboratory following renovation of those premises in the near future.

UCLH is part of the North London Cancer Network, which coordinates cancer services for the North Thames Central sector of London. This includes 5 NHS Trusts, and is part of the partnership between The Doctors Laboratory and the Royal Free London NHS Foundation Trust.

NHS England commissions Capita, a private provider for call and recall services, to manage screening invitations and result letters for the service.

Findings

The last QA visit took place on 22 May 2013.

Immediate concerns

No immediate concerns were identified.

High priority

The QA visit team identified 4 high priority findings as summarised below:

- the service level agreement between the HSL and UCLH needs to be reviewed to improve performance monitoring and governance of incidents and risks
- the trust incident policy needs to be fully implemented for the management of screening incidents
- there is insufficient administrative workforce capacity in colposcopy and for the hospital based programme co-ordinator's (HBPC) role
- national annual colposcopist workload data request to be completed

Shared learning

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

- good facilities, dedicated colposcopy suite with dedicated recovery area and storage
- clinic environment promotes efficient patient flow and enables privacy and dignity
- lean methodology applied in the histopathology laboratory

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 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 with appropriate programmed activity, 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
R4	Complete an annual HBPC'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)
R6	Trust to include cervical screening programme activities and appropriate governance pathways in the service level agreement (SLA) with HSL	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Trust confirmation that SLA between HSL and University College London NHS Foundation Trust has been adjusted

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R7	Ensure screening incidents are managed in accordance with national guidance	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Confirmation that Trust incident policy has been updated to reference NHS Screening Programmes 'Managing Safety Incidents in NHS Screening Programmes' October 2015

Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R8	Implement and monitor a plan to achieve recommended turnaround times for histopathology	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	Standard	Data for April – June 2018 shows achievement

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R9	Implement a cervical screening audit schedule which includes 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>

Intervention and outcome – colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R10	Ensure there is sufficient administrative workforce for colposcopy activities	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Trust approved workforce plan for administrative support. Submission of revised colposcopy administrative structure when changes to team have been implemented
R11	Implement standard operating procedures for colposcopy administrative processes	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	6 months	Standard	Submit standard operating procedures
R12	Undertake additional audits to confirm compliance with national clinical policy	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition	3 months	Standard	9 clinical audits to be undertaken and submitted as evidence

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R13	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 submitted by April 2018</p>
R14	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
R15	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	<p>Action plan approved at the colposcopy operational meeting to address any validated high HIC rate to reduce this towards national averages.</p> <p>(3-4%), including a review the impact of clinic configuration and cross cover arrangements</p>
R16	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 MDTs including names and contact details of the main members and the cover arrangements for the lead staff</p>

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R17	Implement a colposcopy standard operating procedure for the direct referral pathway	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	6 months	Standard	Submit standard operating procedure
R18	Complete the annual individual colposcopist national data request	NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition	3 months	High	Submit audit to SQAS
R19	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

Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R20	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.