



Public Health
England



Screening Quality Assurance visit report
NHS Cervical Screening Programme
The Hillingdon Hospitals NHS
Foundation Trust

30 May and 19 June 2018

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 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. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

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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 to Hillingdon Hospitals NHS Foundation Trust screening service on 30 May and 19 June 2018.

Purpose and approach to quality assurance (QA)

Quality assurance aims to maintain national standards and promote continuous improvement in cervical screening. This is to make sure 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 and commissioners
- information shared with SQAS London as part of the visit process

Description of local screening service

The Hillingdon Hospitals NHS Foundation Trust is comprised of 2 hospitals: Hillingdon Hospital and Mount Vernon Hospital. Colposcopy and histology services are provided by Hillingdon Hospital. Cervical cytology screening is undertaken at Northwick Park Hospital. Primary Care Support England (PCSE) which is managed by Capita is responsible for sending out the cervical screening invitations to women of screening age and result letters.

The call and recall function of the screening programme is being assessed separately, therefore the details on this component of the screening pathway is not included in this report.

Screening the population of Hillingdon is part of the national HPV primary screening pilot. The cytology service will remain at Northwick Park Hospital until a decision has been made on the national reorganisation of the cervical screening programme as a result of the implementation of HPV Primary Screening.

The Hillingdon Hospitals NHS Foundation Trust provides a cervical screening service to the eligible population of Hillingdon clinical commissioning group (CCG).

The eligible population for this CCG is approximately 84,000 (Source; KC53 2016-2017).

NHS England London commissions the trust to provide a colposcopy service for the local population.

Findings

This is the 5th QA visit to the trust since the start of the national cervical screening programme. The last QA visit took place in May 2013.

Accountability and escalation of risks needs further clarification for the cervical screening provider lead and for the colposcopy team.

The pathology department at Hillingdon Hospital came under the management of the North West London Pathology (NWLP) in January 2017. Staff and workload are due to move to new premises by March 2019. The United Kingdom Accreditation Service (UKAS) has not approved accreditation for the histology department. The NWLP management assured the QA visiting team that the histology department is maintaining documentation and audits to demonstrate compliance with UKAS accreditation in the interim.

Immediate concerns

No immediate concerns were identified at this QA visit.

High priority

The QA review team identified 8 high priorities as listed in the table of recommendations.

Shared learning

The QA visiting team identified the following areas of practice for sharing:

- well run colposcopy service with good team working and supportive culture
- shared learnings from the pilot for HPV primary screening at London meetings
- the use of Docman, an electronic transfer of information for direct referral pathway
- there was good error logging within Histology
- effective relationships between the Public Health Commissioning Team and the trust

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R1	The commissioners to make sure trust is compliant with national guidance for transferring patients back to primary care with regard to test of cure (TOC) smears and as part of the primary HPV	Service specification	3 months	Standard	Action plan/amended contract
R2	The Cervical Screening Provider Lead (CSPL) to have an agreed and signed CSPL job description with dedicated sessions for the role	National Service specification 25	3 months	High	Job description including accountability, job plan
R3	Develop an accountability and governance structure for the CSPL	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Trust approved structure to be submitted

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R4	Revise terms of reference for the cervical screening meeting including the chairing of the meetings	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	Standard	<p>Updated terms of reference with the CSPL identified as chair</p> <p>To make sure all disciplines are represented at the meeting</p> <p>Creation of an action log</p>
R5	CSPL to complete 6-monthly updates and make sure this is discussed at the appropriate trust governance meeting	NHS CSP: the role of the cervical screening provider lead	6 months	Standard	CSPL report with circulation list
R6	Develop cancer audit operational policy	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	Standard	Cancer audit operations policy to include roles and responsibilities as well as named contacts within the cancer audit pathway
R7	Amend trust incident policy to include reference to managing screening incidents in accordance with “Managing Safety Incidents in NHS Screening Programmes” August 2017	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	Standard	Confirmation that trust incident policy has been updated to reference NHS Screening Programmes “Managing Safety Incidents in NHS Screening Programmes” August 2017

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R8	Histology department to maintain documentation and audits to demonstrate compliance with UKAS accreditation during the period of transition to Charing Cross	Royal College of Pathologists	12 months	High	Provide updates to CSPL
R9	Risk assess the relocation of the non-accredited histology services to the accredited site at Charing Cross Hospital by March 2019 and report risks and mitigations to the appropriate forums	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	CSPL to report quarterly to the external programme board and internally at board level on the progress to relocate the histology department to Charing Cross Hospital including risks identified and mitigations
R10	The nominated lead colposcopist for cervical screening to be allocated the sessional commitment in accordance with national guidelines	NHSCSP20 NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Job plan is updated to reflect dedicated professional activity allocation
R11	Develop an organisational accountability structure for colposcopy service including detail of escalation routes for governance and performance issues	NHSCSP20	3 months	High	Organisational structure
R12	Make sure colposcopy business meetings are set up and taking place	NHSCSP20	3 months	High	Terms of reference, minutes

Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R13	Histopathologists reporting gynaecological histopathology must participate in the Gynaecology EQA scheme (lead gynae histopathologist or multidisciplinary representative)	Royal College of Pathologists	6 months	Standard	Confirmation that pathologists are undertaking gynaecological EQA
R14	Review administration support for the histopathologists	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	Standard	Written confirmation that action has taken place
R15	Implement a process for receipt and confirmation of cervical biopsies from colposcopy	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Standard operating procedure Implement action log Confirmation of implementation
R16	Re-audit cut up of cone biopsies	Royal College of Pathologists	3 months	Standard	Confirmation of audit
R17	Make sure all slides and tissue blocks are transferred to the identified suitable location before the service moves	Royal College of Pathologists	3 months	Standard	Confirmation that slides and tissue blocks have been relocated

Colposcopy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R18	Capture data/information on women treated under general anaesthesia in theatre at the time of the procedure	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	Standard	Confirmation that IT system has been implemented in theatre Updated standard operating procedure
R19	Implement standard operating procedures for colposcopy administrative processes/colposcopy service arrangements/clinical management	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	Standard	Confirmation that policies and standard operating procedures are dated with the trust logo and are version controlled by the trust guidelines group
R20	Revise the direct referral pathway	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	Standard	Standard operating procedure detailing end to end processes including timelines for patient booking Evidence of dissemination to all administrative staff and to be part of 'handover' to new administrative staff

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R21	Colposcopists to see 50 new screening programme referrals annually (excluding clinical indication)	NHSCSP 20 'Colposcopy & Programme Management' 3 rd edition	12 months	Standard	2018 – 2019 activity data to show all colposcopists with clinical activity within programme standards
R22	Implement a cervical screening audit schedule which includes audits to be undertaken across the entire screening pathway	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	Standard	Approved audit schedule for 2018-2019 demonstrating audit objective, lead staff member, completion timeframe Confirmation that audit outcomes and recommendations are discussed at the colposcopy business meetings
R23	Repeat the Local Anaesthetic/General Anaesthetic audit along with treatment margins and number of pieces	NHSCSP 20	6 months	Standard	Audit of treatments 2016-17
R24	Provide appropriate toilet facilities to improve the environment for the women	NHSCSP 20	12 months	Standard	Confirmation from CSPL that toilet facilities have been rearranged within the clinic environment
R25	Make sure all colposcopists attend a minimum of 50% of multi-disciplinary team meetings (MDT)	NHSCSP 20	12 months	Standard	MDT attendance records January 2018 – December 2018 with action plan for those not meeting the standards

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R26	Review of MDT operational policy which includes roles and responsibilities of staff	NHSCSP 20	6 months	Standard	Newly reviewed MDT operational policy

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.