



Public Health  
England



**Screening Quality Assurance  
visit report**  
NHS Cervical Screening Programme  
London North West University  
Healthcare NHS Trust

16 and 25 October 2018

## About Public Health England

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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.

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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
<b>Underpinning functions</b>		
<b>Uptake and coverage</b>	No	
<b>Workforce</b>	Yes	
<b>IT and equipment</b>	Yes	
<b>Commissioning</b>	Yes	Refer to Barking, Havering & Redbridge University Hospitals NHS Trust report and The Hillingdon Hospitals NHS Trust report
<b>Leadership and governance</b>	Yes	
<b>Pathway</b>		
<b>Cohort identification</b>	No	
<b>Invitation and information</b>	No	
<b>Testing</b>	Yes	
<b>Results and referral</b>	Yes	
<b>Diagnosis</b>	Yes	
<b>Intervention / treatment</b>	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 visit of the London North West University Healthcare NHS Trust screening service held on 16 and 25 October 2018.

### Quality assurance purpose and approach

Quality assurance (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:

- routine monitoring of data collected by the NHS screening programmes
- evidence submitted by the provider(s), commissioner and external organisations
- information shared with SQAS London as part of the visit process

### Local screening service

London North West University Healthcare NHS Trust provides a cervical screening service to the eligible populations of the following Clinical Commissioning Groups (CCGs): NHS Brent, NHS Ealing, NHS Harrow and NHS Hillingdon.

The eligible population for these CCGs is approximately 391,500 (Source: KC53 2017 to 2018).

On 1 October 2014, London North West University Healthcare NHS Trust was formed. It is comprised of 3 hospitals: Northwick Park Hospital, Ealing Hospital and Central Middlesex Hospital.

Northwick Park Hospital has subcontracted its pathology service to The Doctors Laboratory (TDL) since 2012. This contract is due to end shortly, and the trust is putting the pathology service, except cervical cytology, out to tender. Cervical cytology has been removed from the tender process as the NHS cervical screening programme workload is being retendered separately.

Ealing Hospital also contracts out its pathology services to TDL under a separate contract to that of Northwick Park Hospital. Both contracts are historical and existed prior to the merging of the 2 trusts.

Northwick Park Hospital has cervical cytology, histology and colposcopy services on site. Human papilloma virus (HPV) primary screening testing is provided by Northwick Park Laboratory for the population of Hillingdon CCG only.

TDL provides direct referrals to the colposcopy services at Northwick Park Hospital, Hillingdon Hospital and Ealing Hospital.

Ealing Hospital provides colposcopy services and histopathology service through TDL.

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

Primary Care Support England (PCSE) managed by Capita delivers the call and recall component for the cervical screening service. PCSE is responsible for sending out cervical screening invitations to women of screening age and result letters.

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

## Findings

The last QA visits to Northwick Park and Ealing Hospitals took place on 18 November 2013 and 5 March 2013 respectively prior to the merger. All recommendations from those visits were completed.

This is the first QA visit to London North West University Healthcare NHS Trust since it was formed on 1 October 2014.

The internal governance arrangements need to be formalised including lead roles (cervical screening programme lead and lead colposcopist), incident reporting, cervical screening business meetings, escalation and reporting. The colposcopy service should ensure that comprehensive guidelines, covering all aspects of the cervical screening programme, including failsafe across the pathway, are agreed and documented.

## Immediate concerns

No immediate concerns were identified at this QA visit.

## High priority

The QA visit team identified 11 high priority findings which were:

- programme board minutes do not provide an auditable record of discussions and decisions made
- there is no trust-based cervical screening provider lead (CSPL)
- cervical business meetings are not held quarterly
- there is no ratified policy for the offer of disclosure of invasive cervical cancer audit
- the process for management and escalation of risks for cytology, colposcopy and histology is not clear
- there is no single lead colposcopist with a nominated deputy
- there is no cross-site lead nurse for the cervical screening programme with a nominated deputy
- there is no organisational accountability structure for the colposcopy service
- colposcopy operational meetings are not held 3 monthly
- not all data can be extracted electronically
- there is no process for confirming receipt of cervical biopsies between histology and Ealing Hospital colposcopy service

## Shared learning

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

(colposcopy)

- good patient satisfactory surveys reflecting a caring and supportive clinical team
- a good standard of audits (Ealing Hospital)

(cytology (HPV))

- a very good working relationship with the molecular genetics department which involves contingency backup and sample swapping
- a user survey to all spoke sites
- very good maintenance of the platforms and knowledge of the staff

(histology)

- very good quality control across the whole process
- a high standard of technologies in use

## Recommendations

The recommendations 1 to 3 are for the commissioners of the service. All other recommendations are for the provider to action unless otherwise stated.

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	The commissioners to ensure that health inequalities is a standing item at programme boards	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	Standard	Confirmation at next programme board meeting
2	The commissioners to ensure programme board minutes are a stand-alone auditable record of discussions and decisions	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Minutes to include attendee's job titles, standing performance/quality reports to be embedded in the minutes for circulation
3	The commissioners to ensure the 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	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	Standard	Updated guidance. Confirmation at programme board meeting
4	Appoint a trust based cervical screening provider lead (CSPL) with an agreed job description that includes accountability to the Chief Executive Officer, dedicated time and administrative support	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Identified person for role of CSPL. Job description including accountability and governance structure and job plan



No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Establish quarterly cervical business meetings chaired by CSPL with representation from all cervical screening service leads	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Agreed terms of reference, meeting schedule for the next 12 months and copy of the first minutes
6	CSPLs to produce a trust-wide annual cervical screening report and 6 monthly report	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	12 months	Standard	Documents detailing the arrangement agreed, a copy of the first report given and minutes of the meeting where it was presented
7	Implement a cervical screening audit schedule which includes audits to be undertaken across the 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 and completion timeframe  Confirmation that audit outcomes and recommendations are discussed at the colposcopy business meetings
8	Implement a ratified policy for the offer of disclosure of invasive cervical cancer audit	NHSCSP 20	3 months	High	Agreed policy
9	Implement a clear process for recording, collating and escalating incidents and risks for cytology, colposcopy and histology	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Agenda item at CSPL business meetings Copy of CSPL business meeting minutes

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Appointment of a single lead colposcopist with a nominated deputy	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	High	Confirmation of appointments and updated accountability and governance structure
11	Appoint a cross site lead nurse for the cervical screening programme with a nominated deputy	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	High	Confirmation of appointments and updated accountability and governance structure
12	Develop an organisational accountability structure for colposcopy service including detail of escalation routes for governance and performance issues	NHSCSP20	3 months	High	Trust approved organisational structure to be submitted
13	Put in place 3 monthly colposcopy operational meetings	NHSCSP 20	3 months	High	Agreed terms of reference, copy of minutes

## Cytology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Review Lead Biomedical Scientist's job description in line with current work	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	Standard	Confirmation that the job description has been amended to reflect true activity
15	Undertake a mapping exercise with Clinisys Winpath to ensure all data can be extracted electronically	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Confirmation that mapping exercise has taken place

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Update protocols to reflect current terminology	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	Standard	Confirmation that protocols have been updated
17	Cervical samples to be date stamped on the day of receipt	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	Immediate	Standard	Confirmation that process has been implemented

### HPV testing

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Make sure the original Abbott report is sent to the cytology laboratories to prevent transcription errors	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	Standard	Confirmation that this process has been implemented

### Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	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 these pathologists are undertaking gynaecological EQA
20	Implement a process for receipt and confirmation of cervical biopsies from the colposcopy service at Ealing Hospital	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	High	Standard operating procedure. Implement action log. Confirmation of implementation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Make sure there is adequate histopathology consultant cover for reporting screening cases at Northwick Park Laboratory (TDL)	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	6 months	Standard	An established workforce plan to provide sufficient consultant support for colposcopy related surgical pathology to maintain laboratory turnaround times

### Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Make sure there is sufficient administrative support for data collection, effective communication and failsafe mechanisms in the colposcopy services	NHSCSP20	6 months	Standard	Updated colposcopy staffing structure and standard operating procedures
23	Make sure there is sufficient clinical workforce for colposcopy activities	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	Standard	Trust approved and funded 3 year workforce plan for clinical and nursing support
24	Update colposcopy information technology (IT) system to ensure production of accurate performance data	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	Standard	Confirmation of mapping of data fields within the colposcopy IT systems to Cyres  Confirmation that all practicing colposcopists are mapped on the colposcopy databases

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Provide sufficient computer terminals for the colposcopy team at Northwick Park Hospital to enable timely management and input of patient information	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	3 months	Standard	Confirmation of additional computer terminals at performance board meeting
26	Develop and implement trust wide colposcopy clinical and operational policies/guidelines	NHSCSP 20 'Colposcopy & Programme Management' 3 <sup>rd</sup> edition  NHS Cervical Screening Programme Screening Protocol Algorithm for HPV Triage and Test of Cure	6 months	Standard	Unified clinical and operational policies across the 2 colposcopy services  A quality management system for the management of the policies and protocols  Evidence of alignment of policies with national policy, to include national HPV testing flow chart  Confirmation that policies have been implemented
27	Implement standard operating procedures for colposcopy administrative processes	NHS Public Health Functions Agreement 2017-18 (Service Specification No. 25)	6 months	Standard	Audit of failsafe processes  Standard operating procedures for direct referral, failsafe
28	Ensure colposcopy facilities meet NHSCSP requirements	NHSCSP 20	12 months	Standard	Action plan for addressing issues with facilities

## Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Update the colposcopy multidisciplinary team meeting (MDT) procedure	NHSCSP 20, NHS Public Health Functions Agreement 2016-17 (Service Specification No. 25)	3 months	Standard	Ratified standard operating procedure

## Next steps

The screening service provider is responsible for developing an action plan with the commissioners to complete the recommendations in this report.

SQAS will work with commissioners for 12 months to monitor activity and progress in response to the recommendations following the final report. SQAS will then send a letter to the provider and the commissioners summarising the progress and will outline any further action needed.