



Public Health  
England

Protecting and improving the nation's health

# **Screening Quality Assurance visit report**

## **NHS Cervical Screening Programme Lewisham and Greenwich NHS Trust**

24 and 28 February 2020

## 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, research, 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](http://www.gov.uk/phe)

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

[www.gov.uk/phe/screening](http://www.gov.uk/phe/screening) Twitter: [@PHE\\_Screening](https://twitter.com/PHE_Screening) Blog: [phescreening.blog.gov.uk](https://phescreening.blog.gov.uk)

For queries relating to this document, please contact: [phe.screeninghelpdesk@nhs.net](mailto:phe.screeninghelpdesk@nhs.net)



© Crown copyright 2020

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.ogil.io). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published September 2020

PHE publications

gateway number: GW-1598

PHE supports the UN

Sustainable Development Goals



# Contents

Scope of this report	4
Executive summary	5
Quality assurance purpose and approach	5
Local screening service	5
Findings	6
Immediate concerns	7
High priority	7
Shared learning	7
Recommendations	8
Governance and leadership	8
Diagnosis – histology	11
Intervention and outcome – colposcopy	14
Multidisciplinary team (MDT)	17
Next steps	19

## 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>		
Uptake and coverage	No	Local public health commissioning
Workforce	Yes	
IT and equipment	Yes	
Commissioning	Yes	
Leadership and governance	Yes	
<b>Pathway</b>		
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 visit of the Lewisham and Greenwich NHS Trust screening service held on 24 and 28 February 2020.

### 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 the following sources:

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

### Local screening service

Lewisham and Greenwich NHS Trust provides a cervical screening service to the eligible populations of Lewisham and Greenwich and North Bexley Clinical Commissioning Groups (CCGs). The eligible population (age 25 to 49) for these CCGs is approximately 562,220 and the eligible population (age 50 to 64) for these CCGs is approximately 189,466 (Source: NHS Digital 2018/2019).

Lewisham and Greenwich NHS Trust is comprised of University Hospital Lewisham, Queen Elizabeth Hospital and Baring Road Medical Centre.

University Hospital Lewisham (UHL) and Queen Elizabeth Hospital (QEH) provide a histology service for the cervical screening programme.

University Hospital Lewisham, Queen Elizabeth Hospital and Baring Road Medical Centre provide a colposcopy service for the cervical screening programme. NHS England London commission the Trust to provide a cervical screening service for the local population.

In July 2016, the Public Health Minister announced that human papillomavirus (HPV) primary screening will be implemented into the English cervical screening programme. The evidence is that HPV primary screening is more sensitive and will be more effective, particularly in a vaccinated population. Following a procurement exercise, new contracts were awarded to HPV primary screening providers. Within London, the new cytology and HPV testing service is Cervical Screening Laboratory (CSL). On 2 December 2019, the cytology laboratory which used to provide cervical cytology for Lewisham and Greenwich NHS Trust at Viapath, St Thomas' Hospital was decommissioned and the cytology workload for Lewisham and Greenwich cervical screening populations transferred to CSL.

From 1 August 2019, the administration service that supports the national cervical screening programme transferred to the NHS. The service produces and sends out the cervical screening invitation, reminder and result letters each year to eligible women. Previously this was managed by Primary Care Support England (PCSE), run by Capita, and is now called NHS Cervical Screening Administration Services (CSAS).

## Findings

The last QA visit to Lewisham and Greenwich NHS Trust took place on the 11 March 2016. All but 2 recommendations from that visit were completed.

The current CSPL has good knowledge and understanding of the local cervical screening programme. However, there is lack of engagement across the 3 colposcopy services as well as with the 2 histology sites.

The two histopathology services still require further alignment. There is no formal lead histopathologist in post and there is a lack of engagement between histology and the local screening programme. Recently published NHSCSP histopathology reporting guidance sets out new standards for reporting performance at individual and departmental level which will need established across the 2 histology sites.

The colposcopy team have demonstrated cross-site working across the 3 colposcopy sites. They have established a link with the new London laboratory, which is the Cervical Screening Laboratory. However, there are still processes which need further development between the new laboratory and the 3 colposcopy sites.

There is a plan to implement the same colposcopy IT system across the colposcopy services. This requires replacing the current colposcopy IT system on the QEH site with the new IT system already in use at UHL. This will require dedicated clinical time for the colposcopy team to review and test the upgrade of the colposcopy IT system before it goes live.

## Immediate concerns

No immediate concerns were identified at this QA visit.

## High priority

The QA visit team identified 8 high priority findings as summarised below:

- there are no quarterly cervical business meetings chaired by the cervical screening programme lead
- there is no Trust-led lead consultant histopathologist
- there is no clear process for management and escalation of risks for colposcopy and histology
- there is insufficient clinical workforce for gynae histopathology at Queen Elizabeth Hospital
- the histopathology turnaround times do not meet national standards
- there is no routine monitoring of individual pathologists' performance
- there is no dedicated time identified for clinical input and testing for the implementation of the colposcopy IT system at Queen Elizabeth colposcopy service
- there is no facility for video conferencing for colposcopy multidisciplinary meetings at Queen Elizabeth Hospital

## Shared learning

The QA visit team identified several areas of shared learning, including:

- there is good engagement between the CSPL and senior management team
- the colposcopy service should be commended for their dedication to training colposcopists
- there are good patient satisfaction surveys reflecting a caring and supportive clinical team
- there is a good standard of audits
- both pathology laboratories are well equipped with good infrastructures

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Ensure the Trust wide cervical screening provider lead (CSPL) role complies with national guidance	NHS Public Health Functions Agreement 2019-20 (Service Specification No. 25)  NHS Cervical Screening: the role of the cervical screening provider lead; March 2018	6 months	Standard	Confirmation that CSPL role complies with national guidance and the role covers the 3 hospital sites.
2	The trust to formally appoint a deputy CSPL with an agreed job description and clear reporting lines	NHS Public Health Functions Agreement 2019-20 (Service Specification No. 25)  NHS Cervical Screening: the role of the cervical screening provider lead; March 2018	6 months	Standard	Confirmation of appointment, job description, job plan, accountability chart linking to trust-wide CSPL



No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Ensure appropriate administrative support is available to the CSPL which will enable completion of mandatory elements of the cervical screening programme and other administrative tasks related to this role	NHS Public Health Functions Agreement 2019-20 (Service Specification No. 25)	6 months	Standard	Trust to confirm that support for the CSPL role has been identified and functioning
4	The CSPL to establish and chair quarterly cervical business meetings with representation from all cervical screening service leads	NHS Public Health Functions Agreement 2019-20 (Service Specification No. 25)  NHS Cervical Screening: the role of the cervical screening provider lead; March 2018	3 months	High	Terms of Reference, meeting schedule
5	The CSPL to produce an annual report and 6-monthly updates for the trust's clinical governance committee	NHS Public Health Functions Agreement 2019-20 (Service Specification No. 25)  NHS Cervical Screening: the role of the cervical screening provider lead; March 2018	12 months	Standard	Annual performance report to be finalised for 2018 to 2019 and 6-monthly report with circulation list

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Complete an audit to demonstrate offer of disclosure of invasive cervical cancer audit	NHS Cervical Screening: Audit of invasive cervical cancer. NHSCSP Publication No 28; 2006	6 months	Standard	Submit audit
7	Develop and implement a whole-trust annual audit schedule for cervical screening programme which will be reviewed and monitored by CSPL at the joint audit meeting	NHS Public Health Functions Agreement 2019-20 (Service Specification No. 25)  NHS Cervical Screening: the role of the cervical screening provider lead; March 2018	6 months	Standard	Annual audit schedule covering colposcopy and histopathology for 2020 to 2021
8	Sessional commitment for the lead colposcopist to be formalised within their job plan	Cervical screening: programme and colposcopy management: February 2020	3 months	Standard	Confirmation of updated job plan
9	Update organisational and governance structure for the screening programme to include all deputy leads for the local screening programme	NHS Public Health Functions Agreement 2019-20 (Service Specification No. 25)	3 months	Standard	Nominated colposcopy deputy leads to be documented in the organisational and governance structures

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Appointment of a trust-led lead histopathologist for cervical screening with responsibility for ensuring good practice, compliance with protocols and that NHSCSP standards are met	NHS Public Health Functions Agreement 2019-20 (Service Specification No. 25)	6 months	High	Job description, job plan with dedicated professional activity allocation
11	Review and update the incident escalation process; clarify the recording, collating and escalating of incidents and risks for colposcopy and histology. Implement the updated process in a timely manner.	NHS Public Health Functions Agreement 2019-20 (Service Specification No. 25)	3 months	High	Agenda item at CSPL business meetings  Copy of CSPL business meeting minutes

### Diagnosis – histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Make sure there is sufficient clinical workforce for gynae histopathology for QEH	NHS Public Health Functions Agreement 2019-20 (Service Specification No. 25)	3 months	High	Business continuity plan to be developed for the recruitment of histopathologists
13	All pathologists reporting cervical screening programme histopathology must undertake update training related to their role in the NHS CSP every 2 years	Cervical Screening Programme: histopathology reporting handbook; 2019	12 months	Standard	Confirmation of update training schedule in place

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	The Trust to ensure screening clinical leads input into the project implementation plan for migration to new IT system in pathology	NHS Public Health Functions Agreement 2019-20 (Service Specification No. 25)	6 months	Standard	Confirmation by CSPL of approved project implementation plan identifying colposcopy and histopathologist input  Confirm that SNOMED codes will be populated
15	Ensure that histopathologists at QEH have access to cervical screening results	RCPATH guidelines	3 months	Standard	Arrangements for accessing cervical screening results in place
16	Standard Operating Procedures (SOPs) should be updated as required, following the recent publication of NHS CSP histopathology reporting guidance	Cervical Screening Programme: histopathology reporting handbook; 2019	9 months	Standard	List of updated histopathology SOPs
17	Update protocol for P16 in the department	Cervical Screening Programme: histopathology reporting handbook; 2019	6 months	Standard	Submit copy of P16 protocol
18	Include the Royal College of Pathologists data set in all reports	Royal College of Pathologists 'Dataset for histological reporting of cervical neoplasia (third edition)' April 2011	3 months	Standard	Audit of results and action taken

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	All pathologists reporting cervical screening histology must report a minimum of 150 histopathology specimens per year (biopsies and/or loops originating in the cervical screening programme)	Cervical Screening Programme: histopathology reporting handbook; 2019	12 months	Standard	Data submission showing reporting of 150 histopathology specimens in the period April 2020 to March 2021
20	Ensure the histology laboratory monitors and achieves key performance indicators for specimen reporting turnaround times	Cervical Screening Programme: histopathology reporting handbook; 2019	3 months	High	Action plan to improve histology turnaround time data  CSPL to submit quarterly data for both histopathology laboratories at next programme board meeting
21	The Lead Histopathologist to implement routine monitoring of individual pathologist performance	Cervical Screening Programme: histopathology reporting handbook; 2019	6 months	Standard	Confirmation by lead histopathologist of routine monitoring of individual pathologist performance
22	Implement an annual audit schedule for cervical screening histology as part of the Trust cervical screening audit schedule	RCPATH guidelines	6 months	Standard	Submit audit schedule for 2020 to 2021

## Intervention and outcome – colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Ensure the nurse colposcopists have ring-fenced administrative time in line with their job descriptions	NHS Public Health Functions Agreement 2019-20 (Service Specification No. 25)	6 months	Standard	Confirm ring-fenced administrative time to support the clinical and administrative teams
24	Ensure detailed standard operating procedures (SOPs) are developed defining the roles of the individual members of the administrative team and what cross cover arrangements are in place	Cervical screening: programme and colposcopy management: February 2020	6 months	Standard	Submit administrative plan for the management of administrative duties across the 3 colposcopy sites  Submit list of developed SOPs
25	Ensure sufficient dedicated time is identified for the colposcopy team to review and test the upgrade of the colposcopy IT system (run, test and evaluate the data transfer for the upgrade of the colposcopy IT system) before it goes live	NHS Public Health Functions Agreement 2019-20 (Service Specification No. 25)	6 months	High	Confirmation of identified clinical and administrative time

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Ensure the colposcopy IT system can deliver the functionality required for the colposcopy activities	NHS Public Health Functions Agreement 2019-20 (Service Specification No. 25)  Cervical screening: programme and colposcopy management: February 2020	6 months	High	Confirmation that all practicing colposcopists and trainees are mapped on the colposcopy IT database  Confirmation that all clinic letters are standardized and can be generated from the colposcopy IT system
27	The Trust IT department to develop interface between iCARE and the colposcopy IT system to allow patient demographics to be extracted and uploaded	NHS Public Health Functions Agreement 2019-20 (Service Specification No. 25)	6 months	High	Confirmation that interface has been developed between iCARE and the colposcopy IT database
28	Ensure that DySIS (The Dynamic Spectral Imaging System) is backed up daily and that data recovery is available	NHS Public Health Functions Agreement 2019-20 (Service Specification No. 25)	3 months	High	Confirmation by CSPL that DySIS is backed up daily

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Update joint colposcopy clinical guidelines to reflect new national guidelines	Cervical screening: programme and colposcopy management: February 2020	6 months	Standard	Confirmation by CSPL of updated guidelines
30	Update direct referral pathway to reflect new process with Cervical Screening London	NHS Public Health Functions Agreement 2019-20 (Service Specification No. 25)	3 months	Standard	Confirmation that direct referral pathway has been tested and is operational  Update SOP indicating roles and responsibilities of colposcopy administrative team and Cervical Screening Laboratory
31	Ensure that all colposcopists see a minimum of 50 new NHSCSP referrals a year	Cervical screening: programme and colposcopy management: February 2020	12 months	Standard	Plan on how this is going to be achieved  Data submission showing number of new NHSCSP referrals for each colposcopist in the period April 2020 to March 2021



### Multidisciplinary team (MDT)

No.	Recommendation	Reference	Timescale	Priority	Evidence required
32	Update the colposcopy MDT procedure	Cervical screening: programme and colposcopy management: February 2020  NHS Public Health Functions Agreement 2019-20 (Service Specification No. 25)	3 months	Standard	Ratified standard operating procedure which: <ul style="list-style-type: none"> <li>identifies nominated deputy chair for colposcopy MDTs at both sites</li> <li>indicates roles and responsibilities for administration of the colposcopy MDTs at both sites</li> </ul>

No.	Recommendation	Reference	Timescale	Priority	Evidence required
33	Ensure there is suitable video conferencing equipment and access for MDTs at QEH	Cervical screening: programme and colposcopy management: February 2020  NHS Public Health Functions Agreement 2018-19 (Service Specification No. 25)	6 months	High	Confirmation that suitable video conferencing equipment is in place
34	Ensure all colposcopists attend a minimum of 50% of MDT meetings	Cervical screening: programme and colposcopy management: February 2020	12 months	Standard	Confirmation of 50% MDT attendance for April 2020 to March 2021
35	Ensure histopathology representation at MDT meetings	Cervical Screening Programme: histopathology reporting handbook; 2019	12 months	Standard	Confirmation of MDT attendance for April 2020 to March 2021

## Next steps

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

SQAS will work with commissioners to monitor activity and 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.