



Public Health
England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Cervical Screening Programme Epsom and St Helier University Hospitals NHS Trust

6, 10 and 20 January 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

Twitter: @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 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 Twitter: @PHE_Screening Blog: phescreening.blog.gov.uk

For queries relating to this document, please contact: 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 |
| Recommendations | 8 |
| Governance and leadership | 8 |
| Cytology | 14 |
| Diagnosis - histology | 14 |
| Intervention and outcome - colposcopy | 16 |
| Multidisciplinary team (MDT) | 19 |
| Next steps | 21 |

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 | Yes | Local public health commissioning |
| Workforce | Yes | |
| IT and equipment | Yes | |
| Commissioning | Yes | |
| 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 visit to Epsom and St Helier University NHS Hospitals Trust cervical screening service held on 6, 10 and 20 January 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
- evidence submitted by the provider(s), commissioner and external organisations
- information shared with the SQAS London and SQAS South as part of the visit process

Local screening service

Epsom and St Helier University Hospitals NHS Trust spans South London and Surrey. It provides a cervical screening service to the eligible populations of Sutton, Merton and (a proportion of) Surrey Downs Clinical Commissioning Groups (CCGs). The eligible population for these CCGs is approximately 530,227 (age range 25 to 49) and approximately 250,358 (age range 50 to 64) (Source: NHS Digital 2018/2019).

Epsom and St Helier University Hospitals NHS Trust is comprised of Epsom Hospital, St Helier Hospital and Leatherhead Community Hospital. Epsom Hospital provides a histology service for the cervical screening programme. St Helier Hospital provides a colposcopy service. Leatherhead Community Hospital provides a colposcopy service.

Epsom and St Helier University Hospitals NHS Trust crosses two Screening Quality Assurance Services (SQAS) boundaries, SQAS South and SQAS London. Epsom Hospital and Leatherhead Community Hospital are in the SQAS South region and St Helier Hospital is in the SQAS London region. The trust headquarters is located at St Helier Hospital.

NHSE London and NHSE South (South East) commission the trust to provide a cervical screening service for their local populations.

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 at St Helier Hospital was decommissioned and the cytology workload for Sutton and Merton CCGs transferred to CSL. The remainder of the Surrey Downs CCG workload returned to the Surrey region and covered by Berkshire & Surrey Pathology Services (BSPS) at Frimley Health NHS Foundation Trust (laboratory at St Peter's Hospital, Chertsey).

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 Epsom and St Helier Hospitals NHS Trust took place on 30 November 2016.

9 outstanding recommendations remain open. These recommendations related to colposcopy leadership, function of the cervical screening provider lead (CSPL) and governance for the programme.

The colposcopy services are now linked to two new cytology laboratories, one in London and one in Surrey. This requires new electronic links to be established for the management of the cervical screening programme.

There has been a recent change in colposcopy leadership and the role of CSPL. This is particularly challenging due to the number of sites, each with different IT systems and the requirements of working with two SQAS and commissioning teams. This has led to the trust-based CSPL being overstretched and has highlighted the need for deputy CSPLs to support the leadership and governance of the programme.

Immediate concerns

No immediate concerns were identified at this QA visit.

High priority

The QA visit team identified 10 high priority findings as summarised below:

Commissioning findings

- there are no formalised commissioning meetings between NHSE London and NHSE South regions
- there is no agreed formalised escalation and resolution pathway between NHSE London and NHSE South (South East) for the management of concerns and issues identified for the cervical screening programme within the trust

Trust findings

- the nominated cervical screening provider lead (CSPL) has not been formally appointed
- there are no quarterly cervical business meetings chaired by the CSPL
- the national invasive cancer audit data collection is out of date
- there is no clear process for management and escalation of risks for colposcopy and histology
- there are 17 cytology cases which need reporting promptly to close the backlog of cytology cases
- the lead colposcopy nurse at Leatherhead Community Hospital is not formally appointed and does not have dedicated time for the leadership role
- there is no lead colposcopy nurse at St Helier Hospital
- the video links between sites for MDT meetings are not always functional

Shared learning

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

Cervical Screening Provider Lead:

- current post holder has made good progress with identifying initiatives required to meet national guidance and has the support of colleagues

Colposcopy:

- trust has reviewed accommodation and is undertaking a substantial reconfiguration at Leatherhead Community Hospital which will provide improved facilities and a second colposcopy room. The accommodation at St Helier Hospital is also being reconfigured. Both sites will be completed by April 2020.
- good patient satisfaction surveys reflect a caring and supportive clinical team
- a text reminder service is in place at St Helier colposcopy service

Recommendations

Recommendations 1 to 6 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 (NHSE London and NHSE South (South East) region should formalise meetings between them including standing agenda, terms of reference and notes | NHS Public Health Functions Agreement 2018-19 (Service Specification No. 25) | 3 months | High | Copy of Terms of reference, agenda and minutes |
| 2 | The lead commissioners (NHSE London) to put in place an agreed process for escalation and resolution of concerns and issues (including development of the pathway for the joint management of the trust cervical screening incidents) and incident management, working in conjunction with NHSE South (South East) commissioner | NHS Public Health Functions Agreement 2018-19 (Service Specification No. 25) | 3 months | High | Copy of escalation process |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|--|-----------|----------|--|
| 3 | The lead commissioner (NHSE London) needs to make sure that the cervical screening provider lead is supported by the trust to undertake his role | NHS Public Health Functions Agreement 2018-19 (Service Specification No. 25) | 3 months | Standard | Confirmation at NHSE London programme boards and NHSE South programme boards |
| 4 | The lead commissioner (NHSE London) working with NHSE South (South East) needs to make sure there is engagement of CCGs and cancer networks for attendance at programme boards or at separate formal meetings | NHS Public Health Functions Agreement 2018-19 (Service Specification No. 25) | 3 months | Standard | Confirmation at programme boards |
| 5 | The commissioners (NHSE London working with NHSE South (South East) should support the programme to implement evidence-based initiatives to address inequalities and increase uptake of cervical screening including women with learning disabilities and to roll out the texting initiatives that are currently happening in London to cover the Trust's south region geography | NHS Public Health Functions Agreement 2018-19 (Service Specification No. 25) | 6 months | Standard | Confirmation at programme boards |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|--|-----------|----------|--|
| 6 | The commissioners (NHSE London working with NHSE South (South East) to ensure the two laboratories, CSL and BPS work with Epsom and St Helier Hospital Trust so that MDTs are fully supported by audio visual links. | NHS Public Health Functions Agreement 2018-19 (Service Specification No. 25) | 3 months | Standard | Confirmation that suitable videoconferencing equipment is in place |
| 7 | Trust to ensure a permanent trust-wide CSPL is formally appointed with a job description which complies with national guidance, designated time in their job plan and administrative support | NHS Public Health Functions Agreement 2018-19 (Service Specification No. 25) NHS Cervical Screening: the role of the cervical screening provider lead; March 2018 | 3 months | High | Confirmation of appointment, job description, job plan |
| 8 | The trust to formally appoint two deputies to the CSPL, one in each colposcopy site. Each of the deputies will have an agreed job description and clear reporting lines | NHS Public Health Functions Agreement 2018-19 (Service Specification No. 25) NHS Cervical Screening: the role of the cervical screening provider lead; March 2018 | 3 months | Standard | Confirmation of appointment for Leatherhead Community Hospital and St Helier Hospital job description, job plan, accountability chart linking to trust wide CSPL |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|--|-----------|----------|---|
| 9 | Establish regular meetings between the cervical screening provider lead and the deputies | NHS Public Health Functions Agreement 2018-19 (Service Specification No. 25) NHS Cervical Screening: the role of the cervical screening provider lead; March 2018 | 3 months | Standard | Terms of Reference, standard agenda, meeting schedule |
| 10 | The cervical screening provider lead to establish and chair quarterly cervical business meetings with representation from all cervical screening service leads | NHS Public Health Functions Agreement 2018-19 (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 |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|--|-----------|----------|--|
| 11 | The cervical screening provider lead to produce an annual performance report and 6-monthly updates for the trust's clinical governance committee | NHS Public Health Functions Agreement 2018-19 (Service Specification No. 25) NHS Cervical Screening: the role of the cervical screening provider lead; March 2018 | 12 months | Standard | Annual performance report and 6 monthly report with circulation list |
| 12 | Develop and implement a whole trust annual audit schedule for cervical screening services which will be reviewed and monitored by CSPL at the joint audit meeting | NHS Public Health Functions Agreement 2018-19 (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 |
| 13 | Update the protocol for the completion of the invasive cervical cancer audit, covering all disciplines | NHS Cervical Screening: Audit of invasive cervical cancer. NHSCSP Publication No 28; 2006 | 6 months | Standard | Invasive cancer audit protocol |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|---|-----------|----------|---|
| 14 | Ensure the national invasive cancer audit data collection is up to date | NHS Cervical Screening: Audit of invasive cervical cancer. NHSCSP Publication No 28; 2006 | 6 months | Standard | Completion of registered cases for time period January 2017 to January 2020 |
| 15 | Complete an audit to demonstrate offer of disclosure of invasive cervical cancer audit outcomes | NHS Screening Programmes: disclosure of audit results in cancer screening: advice on best practice; 2006 NHS Screening Programmes: duty of candour; 2015 | 12 months | Standard | Audit of the offer of invasive audit disclosure |
| 16 | Ensure all screening incidents have been reported via a screening incident assessment form (SIAF) and managed as per incident guidance | NHS Screening Programmes: managing safety incidents in NHS Screening Programmes; 2017 | 12 months | Standard | Copy of Datix for 2020-2021 |
| 17 | Provide training to histopathology and colposcopy staff in screening incident management | NHS Screening Programmes: managing safety incidents in NHS Screening Programmes; 2017 | 3 months | Standard | All staff trained in incident reporting, incident reports presented to programme boards |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|--|-----------|----------|---|
| 18 | Put in place a cervical screening risk management process, including risks identified by the CSPL | NHS Public Health Functions Agreement 2018-19 (Service Specification No. 25) | 3 months | High | Confirmation of risk management process |

Cytology

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|--|-----------|----------|--|
| 19 | Ensure urgent reporting and appropriate management of 17 outstanding cases from approximately 400 cases subcontracted to CSL as part of the backlog clearance | NHS Public Health Functions Agreement 2018-19 (Service Specification No. 25) | 1 month | High | Confirmation from CSPL that all workload has been reported |

Diagnosis - histology

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|---|-----------|----------|--|
| 20 | 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 | 3 months | Standard | Data submission showing reporting of 150 histopathology specimens in the period April 2020 to March 2021 |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|---|-----------|----------|---|
| 21 | 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 |
| 22 | Update protocol for P16 in the department | Cervical Screening Programme: histopathology reporting handbook; 2019 | 3 months | Standard | Copy of P16 protocol |
| 23 | The Quality Management System (QMS) should be updated as required, following the recent publication of NHS CSP histopathology reporting guidance | Cervical Screening Programme: histopathology reporting handbook; 2019 | 6 months | Standard | List of updated Histopathology SOPs |
| 24 | Ensure the histology laboratory achieves key performance indicators for specimen reporting turnaround times | Cervical Screening Programme: histopathology reporting handbook; 2019 | 12 months | High | Histology turnaround time data and KC65 |

Intervention and outcome - colposcopy

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|---|-----------|----------|---|
| 25 | Ensure there is dedicated time in the job description for the leadership role of the lead colposcopy nurse at Leatherhead Community Hospital | Cervical screening: programme and colposcopy management | 3 months | High | Copy of job description for nurse colposcopist role at Leatherhead Community Hospital to be updated to reflect the dedicated role |
| 26 | Ensure there is a formally appointed lead colposcopy nurse at St Helier Hospital with dedicated time in the job description for the leadership role | Cervical screening: programme and colposcopy management | 6 months | High | Confirmation of appointment of a nurse colposcopist at St Helier Hospital |
| 27 | Ensure there are enough colposcopy administrative staff to meet the requirements of the NHSCSP for Leatherhead Community Hospital and St Helier Hospital | Cervical screening: programme and colposcopy management | 6 month | Standard | Colposcopy staffing structure, defined responsibilities and absence cover arrangements protocols |
| 28 | Ensure there is an induction schedule for new colposcopy staff and updates with all staff to include any changes in the programme | Cervical screening: programme and colposcopy management | 3 months | Standard | Confirmation of induction schedule |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|--|-----------|----------|--|
| 29 | Ensure colposcopy IT system can produce reliable data for KC65 submission and key performance indicators outlined in National Service Specification 25 | NHS Public Health Functions Agreement 2018-19 (Service Specification No. 25) | 6 months | Standard | Confirmation of mapping of data fields within the St Helier colposcopy IT system to Cyres / implementation of upgraded database Confirmation that all practicing colposcopists are mapped on the colposcopy databases |
| 30 | Ensure all colposcopy staff have access to Open Exeter | Cervical screening: programme and colposcopy management | 1 month | Standard | Confirmation from lead colposcopist |
| 31 | Implement an electronic process for management and failsafe of cytology reports and direct referrals | NHS Public Health Functions Agreement 2018-19 (Service Specification No. 25) | 3 months | Standard | Confirmation of process for the electronic management and failsafe of cytology reports and direct referrals for both sites |
| 32 | Audit failsafe pathway and implement standard operating procedures for colposcopy administrative processes across both sites | NHS Public Health Functions Agreement 2018-19 (Service Specification No. 25) | 6 months | Standard | Confirmation of audit of failsafe pathway across both sites and ratification of generic failsafe policy Standard operating procedures for direct referral, failsafe and colposcopy discharge process |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|--|-----------|----------|---|
| 33 | Ensure that all colposcopists see a minimum of 50 new NHSCSP referrals a year | Cervical screening: programme and colposcopy management | 12 months | Standard | Data submission showing number of new NHSCSP referrals for each colposcopist in the period April 2020 to March 2021 |
| 34 | Update trust patient letter by inserting a link to NHS colposcopy leaflet and use relevant national resources where appropriate | Cervical screening: programme and colposcopy management NHSCSP 27 'Improving the quality of the written information sent to women about cervical screening: guidelines on the content of letters and leaflets' | 3 months | Standard | Confirmation of updated patient letter |

Multidisciplinary team (MDT)

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|---|-----------|----------|---|
| 35 | Update the colposcopy multidisciplinary team meeting (MDT) operating procedure for case selection and management | Cervical screening: programme and colposcopy management NHS Public Health Functions Agreement 2018-19 (Service Specification No. 25) | 3 months | Standard | Copy of ratified standard operating procedure |
| 36 | Ensure there is suitable video conferencing equipment and access for MDTs | Cervical screening: programme and colposcopy management NHS Public Health Functions Agreement 2018-19 (Service Specification No. 25) | 3 months | High | Confirmation that suitable video conferencing equipment is in place |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|---|-----------|----------|---|
| 37 | Ensure histopathology representation at MDT meetings in line with national guidance | Cervical Screening Programme: histopathology reporting handbook, 2019 | 12 months | Standard | MDT attendance for April 2020 to March 2021 |
| 38 | Ensure all colposcopists attend a minimum of 50% of MDT meetings | Cervical screening: programme and colposcopy management | 12 months | Standard | 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 (NHSE London and NHSE South (South East)) 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 NHSE London commissioners summarising the progress made and will outline any further action(s) needed.