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Screening Quality Assurance visit report

NHS Cervical Screening Programme
Medway NHS Foundation Trust

10 October 2019

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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 visit of the Medway NHS Foundation Trust screening service held on 10 October 2019.

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 Public Health England (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 collected during pre-review interview on 05 September 2019
- information shared with the South regional SQAS as part of the visit process

Local screening service

Medway NHS Foundation Trust serves part of an eligible population of approximately 388,700 women in Kent Local Authority area (Source: KC53, Cervical screening programme national statistics 2017-18).

There are 55 GP practices in the Medway CCG and 65 in the Swale CCG geographies.

The programme is provided by Medway NHS Foundation Trust. It is commissioned by NHS England South (South East) Public Health Commissioning Team. Kent, Surrey and Sussex Screening and Immunisation Team (SIT) provides the public health and system leadership capacity in the way of embedded workforce into this NHS England commissioning team to ensure commissioning of safe, high quality and equitable NHS screening and immunisation programmes.

The programme boards are chaired by the screening and immunisation lead or their named deputy to monitor, advise and provide a steer to the screening programme to ensure the delivery of a safe, effective, efficient and equitable screening programme.

Cytology, Human Papillomavirus (HPV) testing and histology laboratory services are provided by Maidstone and Tunbridge Wells NHS Trust (MTW) at Maidstone Hospital and do not form part of this visit. Direct referrals for women with abnormal tests screened by MTW laboratory are made to the colposcopy clinic at Medway Maritime Hospital (MMH). MMH is a general hospital in Gillingham, Kent. It serves a population of more than 424,000 across Medway and Swale.

The current method of screening uses cytology with HPV testing to help manage women with abnormalities. In July 2016, the Public Health Minister announced that HPV primary screening will be implemented into the English cervical screening programme. The evidence is that HPV primary screening is slightly more sensitive and will be more effective, particularly in a vaccinated population. Following a procurement exercise to award contracts to HPV primary screening providers, the cytology and HPV testing service at MTW will be mobilised to Berkshire and Surrey Pathology Services (BSPS) at Frimley Health NHS Foundation Trust (laboratory at St Peter's Hospital, Chertsey). This is a significant change to the cervical screening programme pathway and internal links. This change is expected to be implemented on 25 November 2019 for MTW and associated providers, including MMH.

Findings

The MMH cervical screening service has addressed many of the recommendations from the quality assurance visit in November 2016. There was, however, a recommendation to implement an annual CSPL report to trust management, with 6 monthly updates, which was not implemented. There was also a recommendation to develop a workforce plan to address staff capacity issues and anticipated staffing changes, including the full retirement of the previous lead colposcopist. A workforce plan was not received.

The cervical screening provider lead (CSPL) is a key role within the programme and is expected to be fulfilled by an individual working within the programme in a trust. For historic reasons, this role has been filled by the Consultant Biomedical Scientist at Maidstone screening laboratory. That arrangement will end when HPV primary screening is implemented and the laboratory service is provided by Berkshire Surrey Pathology Services in November. A successor has not yet been formally appointed.

The trust has been proactive in achieving the installation of the enhanced colposcopy database ('Masey') which is currently being rolled out across the South East region. Medway is the first trust in South East to complete installation and the benefits of the new database are apparent.

The trust has not been routinely offering disclosure of national invasive cervical cancer audit results, which is a national requirement, although a disclosure policy has recently been developed.

There is good achievement of waiting times, despite the long term absence of a key member of the clinical team. Other clinical data requires review and there should be a finalised set of protocols for the department to work to.

Immediate concerns

The QA visit team identified one immediate concern. A letter was sent to the chief executive on 11 October 2019, asking that the following item was addressed within 7 days:

The trust should formally appoint a successor to the current Cervical Screening Provider Lead (CSPL) who will no longer be able to fulfil the role following laboratory mobilisation to BPS in November 2019. There is a need for an urgent appointment to allow time for a comprehensive hand over of responsibilities and knowledge to ensure the continued support of all aspects of the programme within the trust.

A response was received within 7 days which assured the QA visit team the identified risk has been mitigated and no longer poses an immediate concern.

High-priority

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

- following the reconfiguration of laboratory services due to the implementation of HPV primary screening, the commissioner should ensure signed contracts are in place between providers for histopathology reporting
- a protocol describing local implementation of invasive cervical cancer audit should be developed
- a ratified policy for the offer of disclosure of invasive cervical cancer audit results to patients should be put in place
- implement a protocol for colposcopy database back up and data recovery
- ensure colposcopy staff have access to full HPV testing and cytology results, including free text, following HPV primary screening implementation
- complete the update of the local Trust colposcopy clinical guidelines to reflect current NHSCSP guidance
- ensure there is suitable videoconferencing equipment and access for MDTs
- ensure MDT meetings meet national requirements following laboratory mobilisation

Shared learning

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

- the SIT chairs a Kent and Medway cancer screening action group which involves local stakeholders to develop actions to increase uptake for the cancer screening programmes, including cervical screening
- the SIT has a documented robust process for following up sample takers with repeated rejected screening samples, which should be shared with other SITs
- the established CSPL has ensured the invasive cervical cancer audit is up to date and ready to hand over to a new incoming CSPL
- the trust is the first in the South East to achieve the installation of the enhanced colposcopy database ('Masey')
- the colposcopy MDT has an online forum which is used, amongst other things, to provide reminders to attend
- there is good achievement of colposcopy waiting times despite long term staff absence
- there is good colposcopy leadership with awareness of roles and responsibilities

Recommendations

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

Governance and leadership

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|--|-----------|----------|---|
| 1 | The commissioner should ensure signed contracts are in place between providers for histopathology reporting | NHS standard contract, NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25) | 3 months | High | Confirmation at programme board that contracts are in place |
| 2 | The commissioner should amend the programme board terms of reference to include the CSPL or deputy in the quorate | NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25), NHS Cervical Screening: the role of the cervical screening provider lead; March 2018 | 3 months | Standard | Terms of Reference |
| 3 | Update / amend relevant local policies to include reference to managing screening incidents in accordance with “Managing Safety Incidents in NHS Screening Programmes”. Ensure staff are appropriately trained and include incidents in the CSPL quarterly report to the programme board | NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25), NHS Screening Programmes: managing safety incidents in NHS Screening Programmes; 2017 | 6 months | Standard | Incident policy ratified at programme board |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|---|-----------|-----------|---|
| 4 | Ensure a new CSPL is formally appointed with a job description which complies with national guidance and designated time in their job plan | NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25), NHS Cervical Screening: the role of the cervical screening provider lead; March 2018 | 7 days | Immediate | Confirmation of appointment, Job description, Job plan |
| 5 | Ensure the new CSPL has a formal line of accountability to the trust board | NHS Cervical Screening: the role of the cervical screening provider lead; March 2018 | 3 months | Standard | CSPL accountability structure |
| 6 | Ensure the new CSPL chairs a trust based cervical screening management meeting, which may be attached to the colposcopy operational meeting and has histopathology input | NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25), NHS Cervical Screening: the role of the cervical screening provider lead; March 2018 | 3 months | Standard | Terms of Reference, meeting schedule |
| 7 | Produce an annual performance report and 6 monthly updates for the trust's clinical governance committee | NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25), NHS Cervical Screening: the role of the cervical screening provider lead; March 2018 | 12 months | Standard | Annual performance and 6 monthly report with circulation list |
| 8 | Develop and implement a whole | NHS Public Health Functions | 6 months | Standard | Annual audit schedule |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|---|-----------|----------|---|
| | Trust annual audit schedule for cervical screening services | Agreement 2018 to 2019 (Service Specification No. 25), NHS Cervical Screening: the role of the cervical screening provider lead; March 2018 | | | covering colposcopy |
| 9 | Establish a protocol for the completion of the invasive cervical cancer audit | NHS Cervical Screening: Audit of invasive cervical cancer. NHSCSP Publication No 28; 2006 | 3 months | High | Invasive audit protocol |
| 10 | Implement a ratified policy for the offer of disclosure of invasive cervical cancer audit | NHS Screening Programmes: disclosure of audit results in cancer screening: advice on best practice; 2006, NHS Screening Programmes: duty of candour; 2015 | 3 months | High | Invasive audit protocol |
| 11 | Complete an audit to demonstrate offer of disclosure of invasive cervical cancer audit | 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 |
| 12 | Put in place a risk management process, including risks identified by the CSPL | NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25) | 3 months | Standard | Confirmation of risk management process |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|---|-----------|----------|---|
| 13 | Ensure there is a formally appointed deputy lead colposcopy nurse | NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25) | 6 months | Standard | Confirmation of formal appointment |
| 14 | Confirm the governance arrangements for colposcopy including accountability and escalation route for areas of concern | NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25) | 6 months | Standard | Detailed documents outlining colposcopy accountability arrangements |
| 15 | Formalise regular colposcopy business meetings, open to all colposcopy staff, which are formally minuted and may incorporate a programme wide CSPL update | NHS Cervical Screening: programme and colposcopy management. NHSCSP Publication No 20 (Third Edition); 2016 | 6 months | Standard | Business meeting minutes |

Intervention and outcome – colposcopy

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|---|-----------|----------|--|
| 16 | Implement a protocol for colposcopy database back up and data recovery | NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25) | 3 months | High | Data backup protocol |
| 17 | Ensure colposcopy staff have access to full HPV testing and cytology results, including free text, following HPV primary screening implementation | NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25) | 3 months | High | Confirmation of method for colposcopy access to HPV testing and cytology results from HPV primary screening laboratory |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|---|-----------|----------|--|
| 18 | Complete the update of the local Trust colposcopy clinical guidelines to reflect current NHSCSP guidance | NHS Cervical Screening: programme and colposcopy management. NHSCSP Publication No 20 (Third Edition); 2016, Cervical Screening: implementation guide for primary HPV screening; 2019 | 3 months | High | Ratified guidelines |
| 19 | Ensure all colposcopists are following the national HPV primary screening protocol including discharge to primary care for follow-up | NHS Cervical Screening: programme and colposcopy management. NHSCSP Publication No 20 (Third Edition); 2016, Cervical Screening: implementation guide for primary HPV screening; 2019 | 6 months | Standard | Audit to demonstrate compliance |
| 20 | Ensure only colposcopy data is recorded on the database so it can produce reliable data for KC65 submission and key performance indicators outlined in National Service Specification 25 | NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25) | 3 months | Standard | Audit of referrals recorded on colposcopy database |
| 21 | Implement and monitor a plan to reduce colposcopy 'did not attend' rates | NHS Cervical Screening: programme and colposcopy management. NHSCSP Publication No 20 (Third Edition) | 6 months | Standard | Agreed action plan with evidence of regular monitoring |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|--|-----------|----------|-------------------------------|
| 22 | Complete an audit to understand the reason for non-achievement of the national standard for biopsy at first visit for referrals with moderately or severely dyskaryotic smears | NHS Cervical Screening: programme and colposcopy management. NHSCSP Publication No 20 (Third Edition) | 6 months | Standard | Audit results and action plan |
| 23 | Implement audits to understand why some national standards are not met and take appropriate action to address the findings | NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25), NHS Cervical Screening: programme and colposcopy management. NHSCSP Publication No 20 (Third Edition); 2016 | 6 months | Standard | Audit schedule |
| 24 | When staffing levels return to full capacity, implement and monitor a plan to ensure that at least 90% of women have definitive treatment for high grade disease within 4 weeks of the colposcopy clinic receiving the diagnostic biopsy result | NHS Cervical Screening: programme and colposcopy management. NHSCSP Publication No 20 (Third Edition); 2016 | 6 months | Standard | Audit results and action plan |
| 25 | Implement a standard operating procedure for the production, | NHS Cervical Screening: programme and colposcopy | 6 months | Standard | Standard operating procedure |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|--|-----------|----------|--|
| | validation and discussion of internal performance monitoring data | management. NHSCSP Publication No 20 (Third Edition); 2016 | | | |
| 26 | Update Trust patient information leaflets, invitation and result letters. Use relevant national resources where appropriate | NHSCSP 27 'Improving the quality of the written information sent to women about cervical screening: Guidelines on the content of letters and leaflets', NHS Cervical Screening: programme and colposcopy management. NHSCSP Publication No 20 (Third Edition); 2016, Cervical Screening information leaflets | 6 months | Standard | Updated examples of invitation and result letters |
| 27 | Complete an annual user survey of colposcopy services | NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25) | 6 months | Standard | Outcome of survey and evidence of review of results |
| 28 | Ensure colposcopy facilities meet NHSCSP requirements | NHS Cervical Screening: programme and colposcopy management. NHSCSP Publication No 20 (Third Edition); 2016 | 6 months | Standard | Action plan for addressing lack of private changing facilities |

Multidisciplinary team

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|--|-----------|----------|---|
| 29 | Ensure there is suitable videoconferencing equipment and access for MDTs | NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25), NHS Cervical Screening: programme and colposcopy management. NHSCSP Publication No 20 (Third Edition); 2016 | 3 months | High | Confirmation suitable videoconferencing equipment is in place |
| 30 | Ensure MDT meetings meet national requirements following laboratory mobilisation | NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25), NHS Cervical Screening: programme and colposcopy management. NHSCSP Publication No 20 (Third Edition); 2016 | 3 months | High | Confirmation of MDT meeting arrangements |

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 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.