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# **Screening Quality Assurance visit report**

## **NHS Cervical Screening Programme Dartford and Gravesham NHS Trust**

20 September 2019

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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)

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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 Dartford and Gravesham NHS Trust screening service held on 20 September 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 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

Dartford and Gravesham NHS 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 to 2018). There are 34 GP practices in the Dartford and Gravesham geography.

The programme is provided by Dartford and Gravesham NHS 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 Darent Valley Hospital (DVH). DVH is a large general hospital. A few colposcopy cases are seen at Queen Mary's Hospital Sidcup. This is a community hospital and is solely used for large loop excision of the transformation zone (LLETZ) under general anaesthetic. There is a colposcope and access to the colposcopy database.

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 the week beginning 25 November 2019 for MTW and associated providers, including DVH.

## Findings

The DVH cervical screening service has addressed many of the recommendations from the quality assurance visit in December 2016. There was, however, a recommendation to fully implement the test of cure protocol and there was inadequate evidence following the visit to show that had been done. There was also insufficient evidence to demonstrate achievement of the national standard of 90% of women treated at first visit have confirmed cervical intraepithelial neoplasia (CIN) / glandular cervical intraepithelial neoplasia (CGIN).

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. The CSPL has made good progress with preparations to hand over the role to a Dartford and Gravesham Trust based staff member. The new CSPL should consolidate the role and ensure they meet the requirements of national guidance.

The colposcopy team has limited involvement in the national invasive cervical cancer audit and there is no offer of disclosure of audit results, which is a national requirement.

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 no immediate concerns.

## High priority

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

- the new Cervical Screening Provider Lead (CSPL) should be formally appointed as the current CSPL is stepping down
- 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
- the colposcopy standard operating procedure for the direct referral pathway should be updated to reflect referral from the new screening laboratory with provision for key staff absence
- ensure that all colposcopy clinics are staffed by at least 2 nurses
- ensure there are enough colposcopy administrative staff to meet the requirements of the NHSCSP
- expedite the transition to a new colposcopy database to safeguard data reporting and interface with the new screening laboratory
- ensure colposcopy staff have access to full HPV testing and cytology results, including free text, following HPV primary screening implementation
- update the local Trust colposcopy clinical guidelines to reflect current NHSCSP guidance and HPV primary screening protocols
- update Trust patient information leaflets and result letters. Use relevant national resources where appropriate
- 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 trust has been proactive in appointing a new CSPL to fulfil the role when the current post holder retires
- hospital facilities are excellent

- 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 nursing team have established an excellent competency 'training' guide or list for new healthcare assistants joining the team
- there is a good system for distribution of MDT notes and decisions to absent colposcopists – this has benefits for patient management and education
- a colposcopy patient satisfaction survey has provided very good feedback and actions have been followed up appropriately

## 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 to 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
2	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
3	Formalize the appointment of a new Cervical Screening Provider Lead with an agreed job description that includes accountability to the Chief Executive Officer, dedicated time and administrative support	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	High	Confirmation of appointment, Job description, Job plan
4	Formally appoint a deputy for the cervical screening provider lead	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	6 months	Standard	Confirmation of appointment
5	Establish quarterly cervical business meetings chaired by the Cervical Screening Provider Lead with representation from all cervical screening service leads	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



No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Make sure an annual performance report and 6 monthly updates to cover all NHSCSP services is provided to the trust 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
7	Develop and implement a whole Trust annual audit schedule for cervical screening services	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	6 months	Standard	Annual audit schedule covering colposcopy
8	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
9	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 disclosure policy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	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
11	Update the risk management protocol to include detail of how cervical screening risks are escalated to the trust and programme board by the CSPL	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	3 months	Standard	Updated risk management protocol

## Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Update the colposcopy standard operating procedure for the direct referral pathway to reflect referral from the new screening laboratory and use of a generic colposcopy email address with a robust system for checking and actioning when key staff are absent	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25)	3 months	High	Standard operating procedure

## Intervention and outcome – colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Ensure sure that all colposcopy clinics are staffed by at least 2 nurses	NHS Cervical Screening: programme and colposcopy management. NHSCSP Publication No 20 (Third Edition); 2016	3 months	High	Confirmation of nurse staffing
14	Make sure there are enough colposcopy administrative staff to meet the requirements of the NHSCSP	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	High	Current or proposed colposcopy staffing structure, defined responsibilities and absence cover arrangements protocols
15	Update the local Trust colposcopist training and induction guidelines to distinguish between training and induction pathways	NHS Cervical Screening: programme and colposcopy management. NHSCSP Publication No 20 (Third Edition); 2016	6 months	Standard	Updated training and induction guidelines

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	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 to 2019 (Service Specification No. 25)	3 months	High	Audit of KC65 and KPIs
17	Ensure colposcopy staff have access to all elements of screening results (HPV result, cytology result and any 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
18	Update the local Trust colposcopy clinical guidelines to reflect current NHSCSP guidance and HPV primary screening protocols	NHS Public Health Functions Agreement 2018 to 2019 (Service Specification No. 25), NHS Cervical Screening: primary HPV implementation; January 2019	3 months	High	Updated colposcopy guidelines

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Complete an audit of failsafe processes in the colposcopy service and repeat at regular intervals	NHS Cervical Screening: programme and colposcopy management. NHSCSP Publication No 20 (Third Edition); 2016, NHS Cervical Screening: cytology reporting failsafe (primary HPV); July 2019	12 months	Standard	Failsafe audit and actions taken
20	Implement audits to understand why some national standard 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
21	Implement a standard operating procedure for the production, validation and discussion of internal performance monitoring data	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	12 months	Standard	Standard operating procedure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Ensure that all colposcopists see a minimum of 50 new NHSCSP referrals a year	NHS Cervical Screening: programme and colposcopy management. NHSCSP Publication No 20 (Third Edition); 2016	12 months	Standard	Data submission showing number of new NHSCSP referrals for each colposcopist in the period September 2019 to September 2020
23	Update Trust patient information leaflets 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' <sup>Error!</sup> Bookmark not defined.	6 months	High	Updated examples of patient information leaflets and result letters

### Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	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

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Ensure all colposcopists attend a minimum of 50% of MDT meetings	NHS Cervical Screening: programme and colposcopy management. NHSCSP Publication No 20 (Third Edition); 2016	6 months	Standard	MDT attendance records January 020 to June 2020

## 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.