



Public Health
England

Screening Quality Assurance visit report

NHS Cervical Screening Programme Royal Berkshire NHS Foundation Trust

7 and 12 September 2017

Public Health England leads the NHS Screening Programmes

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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. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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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 Royal Berkshire NHS Foundation Trust cervical screening service held on 7 and 12 September 2017.

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 South regional SQAS as part of the visit process

Local screening service

This report covers cervical screening services provided by Royal Berkshire NHS Foundation Trust and is restricted to cervical histology reporting, colposcopy and multi-disciplinary team meetings (MDTs). Royal Berkshire cervical screening services wholly or partially cover the populations of NHS North and West Reading, NHS South Reading, NHS Wokingham and NHS Newbury and District.

Royal Berkshire NHS Foundation Trust has a single colposcopy clinic at Royal Berkshire Hospital, Reading. The histopathology laboratory reporting cervical histology at Royal Berkshire Hospital is part of Berkshire and Surrey Pathology Service (BSPS).

Cytology screening, Human papillomavirus (HPV) testing and histology reporting is provided by Berkshire and Surrey Pathology Service (BSPS). BSPS is a contractual joint venture of 4 stakeholder NHS trusts:

- Ashford and St Peter's Hospitals NHS Foundation Trust
- Royal Surrey County Hospital NHS Foundation Trust

- Frimley Health NHS Foundation Trust
- Royal Berkshire NHS Foundation Trust

The cytology screening and Human Papilloma Virus (HPV) testing services were visited in April 2017. The visit report on cytology screening and HPV testing is a discrete document relevant to the 4 stakeholder NHS trusts. QA visits to the histology and colposcopy services provided by all stakeholder NHS trusts will be completed by the end of 2017 and documented in trust specific reports.

Direct referrals for women with abnormal tests screened by BSPS are made to colposcopy clinics at:

- St Peter's Hospital, Chertsey (Ashford and St Peter's NHS Foundation Trust)
- Royal Surrey County Hospital, Guildford (Royal Surrey County Hospital NHS Foundation Trust)
- Wexham Park Hospital, Slough (Frimley Health NHS Foundation Trust)
- Heatherwood Hospital, Ascot (Frimley Health NHS Foundation Trust)
- Frimley Park Hospital, Camberley (Frimley Health NHS Foundation Trust)
- Royal Berkshire Hospital, Reading (Royal Berkshire NHS Foundation Trust)

Findings

Immediate concerns

There were no immediate concerns.

High priority

The QA visit team identified one high priority finding as summarised below:

Ensure the lead colposcopist has a job description and appropriate dedicated professional activity time allocation.

Shared learning

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

- the lead colposcopist has given an update session at a GP education event to attempt to address the clinical indication referral rate
- there is a 'buddy' system to cover absence, so pairs of colposcopists provide absence cover for each other for review of histology results and MDT participation
- invasive cervical cancer audit outcomes are presented back at colposcopy MDT

- the colposcopy team has completed an audit of low grade referrals managed under a 'see and treat' regime
- the histopathology service achieves excellent turnaround times despite staffing shortages

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Develop a standard operating procedure (SOP) for Hospital Based Programme Co-ordinator (HBPC) distribution of new programme guidance to all appropriate individuals	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	6 months	Standard	SOP for distribution of new programme guidance
2	Review the cervical screening histopathology leadership role and ensure all guidance is met, when NHS cervical screening programme (NHSCSP) histopathology guidance is published	Not yet published	6 months	Standard	Job description and job plan with dedicated professional activity allocation
3	Ensure the lead colposcopist has a job description and appropriate dedicated professional activity time allocation	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	3 months	High	Job description and job plan with dedicated professional activity allocation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Appoint a deputy lead colposcopist with the role included in their job description	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	3 months	Standard	Job description
5	Fully implement colposcopy operational and multi-disciplinary trust cervical business meetings	NHS Public Health functions agreement 17-18 Service Specification 25 ¹ and NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ²	6 months	Standard	<ul style="list-style-type: none"> • multi-disciplinary trust cervical screening business meetings terms of reference • colposcopy operational meetings terms of reference
6	Establish a colposcopy protocol for the completion of the invasive cervical cancer audit	NHSCSP 28 'Audit of invasive cervical cancers' ³	6 months	Standard	Protocol
7	Implement a formally ratified policy for the offer of disclosure of invasive cervical cancer audit	NHS Cancer Screening Series no. 3 'Disclosure of audit results in cancer screening advice on best practice' ⁴	6 months	Standard	Invasive cancer audit disclosure policy

Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Ensure the new information technology (IT) system is implemented according to the planned timetable and that histology performance and audit data are available during and following migration	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	12 months	Standard	Confirmation of histology data availability from a single source following migration to the new laboratory IT system
9	Ensure working practices and standard operating procedures are aligned across all BPS histology laboratories	NHSCSP 10 'Histopathology reporting in cervical screening – an integrated approach', 2 nd edition ⁵	6 months	Standard	Histology standard operating procedures
10	Include the Royal College of Pathologists data set in all reports	NHSCSP 10 'Histopathology reporting in cervical screening – an integrated approach', 2 nd edition ⁵	6 months	Standard	Audit results to demonstrate that minimum data set is recorded in all reports

Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Ensure that colposcopy staff capture follow up cytology results via 'Open Exeter' to determine outcome data on a quarterly basis	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ²	12 months	Standard	Report of 'Treated women with no dyskaryosis on cytology taken within 8 months of colposcopy procedure'
12	Further develop colposcopy clinical, operational, administrative and failsafe guidelines to reflect current NHSCSP guidance, including detail on responsibilities and process. As part of this, review and confirm administrative responsibilities in ensuring histology results are received by clinicians and ensure that is documented in the failsafe SOP	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ²	9 months	Standard	Revised colposcopy standard operating procedures including failsafe
13	Adopt recommendations from an incident management group to standardise the direct referral protocol in line with other colposcopy services receiving referrals from BSPS, once ratified by programme board	NHS Public Health functions agreement 17-18 Service Specification 25 ¹	6 months	Standard	Updated direct referral protocol

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Implement and monitor a plan to reduce the rate of clinical indication referrals	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ²	9 months	Standard	KC65 data
15	Review evidence of ablation without prior histology and confirm clinical circumstances are appropriate	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ²	6 months	Standard	Supplementary information to clarify part C2 KC65 data submitted for 16/17 and the current reporting year
16	Ensure all colposcopists achieve the national standard for use of local anaesthetic	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ²	9 months	Standard	Data submission showing local anaesthesia rate for period January 2018 to March 2018
17	Ensure all colposcopists meet clinical national standards for colposcopy, including histological diagnosis prior to destructive therapy, rate of biopsy or treatment at first visit, positive predictive value, single loop excision and histology result of CIN2+ following treatment at first visit	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ²	9 months	Standard	Data submission for period January 2018 to March 2018
18	Revise colposcopy information leaflets and ensure information is available at each clinic, including information in other languages if appropriate	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ²	9 months	Standard	Appropriate trust wide information leaflets available in clinic waiting areas

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Complete the audit cycle including an action plan following patient satisfaction surveys	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ²	6 months	Standard	Patient satisfaction survey action plan
20	Ensure colposcopy facilities meet NHSCSP requirements	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ²	6 months	Standard	Action plan for addressing accommodation issues

Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Complete an audit for the period January 2017 to March 2017 to check that all cases indicated in national guidelines have been identified and discussed at MDT meetings	NHSCSP 20 'Colposcopy & Programme Management' 3rd edition ²	3 months	Standard	Completed audit and action plan

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/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.

¹ NHS Public Health functions agreement 17-18 Service Specification 25. Department of Health and Public Health England, 2017. Available at: www.england.nhs.uk/wp-content/uploads/2017/05/serv-spec-25.pdf

² Colposcopy and programme management, third edition (NHSCSP Publication No 20). Public Health England, 2016. Available at: www.gov.uk/government/publications/cervical-screening-programme-and-colposcopy-management

³ Audit of invasive cervical cancers (NHSCSP Publication No 28). NHS Cancer Screening Programmes, 2008. Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/437902/nhscsp28.pdf

⁴ Disclosure of audit results in cancer screening advice on best practice (NHS Cancer Screening Series no. 3). NHS Cancer Screening Programmes, 2006. Available at: www.gov.uk/government/publications/cancer-screening-disclosure-of-audit-results

⁵ Histopathology reporting in cervical screening – an integrated approach, second edition (NHSCSP Publication No 10). Public Health England, 2012. Available at: www.gov.uk/government/publications/cervical-screening-histopathology-reporting-handbook