Public Health England

NHS

Screening Quality Assurance visit report

NHS Bowel Cancer Screening Programme

Bradford and Airedale Bowel Cancer Screening Centre

29 and 30 January 2018

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

Bowel cancer screening aims to reduce mortality and the incidence of bowel cancer by both detecting cancers and removing polyps which, if left untreated, may develop into cancer.

The findings in this report relate to the quality assurance visit of the Bradford and Airedale screening service held on 29 and 30 January 2018.

Quality assurance purpose and approach

Quality assurance (QA) aims to maintain national standards and promote continuous improvement in bowel cancer 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 review visits to the screening centre office and radiology department at Bradford Royal Infirmary, and the radiology and pathology departments at Airedale General Hospital
- information shared with the North regional SQAS as part of the visit process

Local screening service

The Bradford and Airedale (BA) programme provides bowel cancer screening services for the registered population of approximately 638,000 across Bradford and Airedale. The Clinical Commissioning Groups (CCGs) covered by the centre include Bradford Districts, Bradford City, Airedale, Wharfedale and Craven.

The BA screening service started in August 2007 inviting men and women aged 60 to 69 years of age for faecal occult blood test (FOBt) screening. In April 2010, the screening service extended the age range covered to 74. Bowel scope screening (BoSS) began in February 2014 inviting men and women aged 55.

Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) hosts the BA Bowel Cancer Screening Service (BCSP) and Airedale NHS Foundation Trust (AFT) is an associate trust.

Programme co-ordination and administration for FOBt and BoSS takes place at Bradford Royal Infirmary (BRI). BRI and Airedale General Hospital (AGH) both provide colonoscopy (FOBt), bowel scope screening (BoSS), specialist screening practitioner clinics and radiology services. AGH provides the pathology service as part of a Joint Pathology Venture with BRI.

The screening programme Hub, which undertakes the invitation (call and recall) of individuals eligible for FOBt screening, the testing of screening samples and onward referral of individuals needing further assessment, based in Gateshead, is outside the scope of this QA visit.

This is the third visit to the Bradford and Airedale programme and all resulting recommendations from the last visit are closed.

Findings

The service has worked very hard to deliver bowel scope, and manage to meet or exceed the majority of key performance indicators and quality standards. This is testimony to the strong teamwork, clinical leadership and management. Last year, the long-standing Clinical Director (CD) retired, and the new CD has seamlessly taken over supporting the team to continue delivering the service.

Immediate concerns

The QA visiting team identified no immediate concerns.

High priority

The QA visiting team identified no high priority concerns.

Shared learning

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

- good partnership working with the majority of BCSP Clinical Leads working in the associated AGH trust
- communication strategy which includes a schedule of meetings to ensure all stakeholders of the programme receive appropriate information
- BRI and AGH are part of a Joint Pathology Venture; this has allowed AGH to procure state of the art laboratory equipment
- good external relationships which includes NHS England Commissioners, CCGs, local authorities, and communities to support/develop a health promotion strategy

- comprehensive quality management system, underpinned by standard operating procedures
- the programme provide a telephone service at the weekend for patients who attend for procedures on a Friday

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 a signed service level agreement between the host Trust BTHFT and AFT (associated site), for the provision of screening services	1	3 months	Standard	Copy of signed Service level agreement
2	Ensure governance is in place for the escalation of risks and performance issues between BRI and AGH	1, 3, 5	3 months	Standard	Copy of the governance structures at each site, detailing cross site arrangements
3	Ensure: a) all screening adverse events and incidents are captured on trust incident reporting systems b) all screening issues reported on trust systems are also reported to SQAS and commissioners	1	3 months	Standard	Copy of updated incident SOP from both trusts
4	Conduct a radiology patient satisfaction survey at BRI	11	12 months	Standard	Copy of patient satisfaction audit

Infrastructure

No recommendations for this section.

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Ensure all specialist screening practitioners (SSPs) have an up to date annual personal development plan (PDP) and direct observational skills (DOPs)	5	3 months	Standard	Email confirmation that annual PDPs and DOPs for nursing staff are up-to-date
6	Ensure access to an electronic copy, or a hard copy of SSP standard operating procedures (SOPs) at the AGH site	5	1 month	Standard	Email confirmation of electronic access to, or hard copy of SSP SOPs at AGH site
7	Develop the dataset accuracy audit to show the method, outcomes and any shared learning	5	6 months	Standard	Copy of audit for this period
8	Re-instate the CTC quarterly report of patient outcomes to BRI and AGH radiology departments	5	1 month	Standard	Confirmation from Lead Radiologist these are being received

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	The Lead SSP and SSP job descriptions should be revised to include bowel scope screening (BoSS)	5	3 months	Standard	Copies of revised job descriptions
10	Ensure there is a documented process for patients who arrive for a BoSS appointment and have a flight booked within 2 weeks	1	1 month	Standard	Copy of the SOP

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Investigate variance of comfort scores to identify any trends related to clinician, site or equipment	4	6 months	Standard	Email confirmation of investigation and any changes to practice
12	Update the polypectomy standard operating procedures (SOPs) to reflect current practice within the service	4	6 months	Standard	SOP reflecting current practices
13	Ensure BCSP colonography (CTC) reported on the BRI site include the minimum dataset	11	3 months	Standard	Email confirmation this is being done
14	Carry out a dose audit on their new CT scanner when installed at BRI	11	12 months	Standard	Copy of dose audit

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Conduct an audit of 100 CTCs over the last 12 months at BRI to include intra-colonic findings and details of positive predictive value	1, 11	12 months	Standard	Copy of PPV audit

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 commissioners, summarising the progress made and will outline any further action(s) needed.