



Public Health
England



Screening Quality Assurance visit report

NHS Bowel Cancer Screening Programme

North of Tyne Bowel Cancer Screening Centre

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 both by detecting cancers and removing polyps, which, if left untreated, may develop into cancer.

The findings in this report relate to the quality assurance (QA) visit of North of Tyne screening service held on 19 and 20 March 2018.

Quality assurance purpose and approach

Quality assurance 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 at Royal Victoria Infirmary, radiology departments at Wansbeck General Hospital and Royal Victoria Infirmary; pathology departments at North Tyneside General Hospital and Royal Victoria Infirmary on 13 and 19 September 2018
- information shared with the north regional SQAS as part of the visit process

Local screening service

The North of Tyne (NoT) programme provides bowel cancer screening services for an eligible screening population of 141,581 across Newcastle, North Tyneside and Northumbria. The clinical commissioning groups (CCGs) covered by the centre include Northumberland, North Tyneside and Newcastle Gateshead.

The NoT bowel cancer screening programme (BCSP) started in 2008 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 May 2014 inviting men and women aged 55.

Northumbria Healthcare NHS Foundation Trust (NHCT) hosts the NoT BCSP and Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH) is an associate trust.

Programme co-ordination and administration for FOBt and bowel scope takes place at Royal Victoria Infirmary (RVI). The following table identifies the trusts and hospital sites involved in providing the BCSP service.

Trust	Site	Service provided as part of BCSP				
		SSP clinic	Bowel scope	Colonoscopy	Pathology	Radiology
NUTH	Royal Victoria Infirmary (RVI)	•	•	•	•	•
	Freeman Hospital (FH)	•	•	•		•
NHCT	North Tyneside General Hospital (NTGH)	•	•	•	•	•
	Wansbeck General Hospital (WGH)	•	•	•		•
	Hexham General Hospital (HGH)	•				

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, is based in Gateshead and is outside the scope of this QA visit.

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

Findings

This is a large centre led by an engaged and committed clinical director (CD). The whole screening team work well together and deliver a service that meets, or exceeds, the majority of key performance indicators and quality standards. There are close working relationships between the host and associated trust, clearly reflected in the BCSP administration centre and screening staff being co-located in an associated trust hospital, giving ease of access to the CD.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 5 high priority findings as summarised below:

- there is insufficient detail within the current service level agreement (SLA) to show that risks and issues are escalated appropriately between, and within, the 2 trusts
- there is often a delay in responding to requests from screening quality assurance for additional information following adverse incidents
- current accommodation for specialist screening practitioners (SSPs) and administration staff does not provide space for confidential BCSP patient discussions, and correct storage of patient records
- pathology audits are not being carried out according to the new standards from the Royal College of Pathology (UK)
- bowel scope invitations are behind at 2 of the screening sites

Shared learning

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

- good partnership working, with the BCSP centre office co-located with the CD, in the associated trust
- NHCT computed tomographic colonography (CTC) positive predictive value (PPV) for all lesions improving by 17% from 2013 to 2016; in the same period, the PPV for cancers improved by 16%
- the pathology departments actively auditing turnaround times, and other BCSP-reporting parameters; individual department data is also compared to look for significant differences
- NHCT using the Pathosys synoptic reporting system to report all BCSP cases, allowing self-generation of BCSP pathology reports

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Update the current service level agreement (SLA) to include the contracting arrangement between NUTH and NHCT and detail escalation of issues by the clinical director (CD)	1	6 months	High	Copy of updated signed SLA
2	There should be clear lines of accountability between the CD and NHCT	1	3 months	High	Email confirmation from CD that this has been formalised
3	Update the adverse/serious incident (AVI/SI) standard operating procedure (SOP) to reflect the current process	5	3 months	Standard	Copy of updated SOP
4	Screening quality assurance (SQAS) requests for additional clinical information for AVI / SI should be returned with minimal delay	4	3 month	High	SQAS will update programme board
5	Checking the answering machine should be included in the current daily task list	5	3 months	Standard	Email confirmation from PM
6	Update job descriptions (JD) for administration staff to include bowel scope screening (BoSS) responsibilities/duties	2, 5	3 months	Standard	Email confirmation from PM
7	Include the 'Right Results' pathway in BCSP staff induction	1, 5	3 months	Standard	Email confirmation from PM

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Establish a process for managing clinical alerts in the Bowel Cancer Screening System (BCSS)	5	3 months	Standard	Copy of SOP
9	Develop a SOP to monitor receipt of CTC results / reports	5	3 months	Standard	Copy of SOP
10	Develop a SOP for flexing capacity to meet demand of extra/reduction of clinics (includes process and contacts)	5	3 months	Standard	Copy of SOP

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
11	Ensure the BCSP office storage facilities are compliant with the trust's information governance (IG) requirement	14	1 month	Standard	Email confirmation from CD on outcome of IG assessment
12	Provide a quiet space for specialist screening practitioners (SSPs) to undertake confidential telephone calls	5	3 months	High	Email confirmation from lead SSP

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
13	Ensure all SSPs have up-to-date direct observational skills (DOPs)	5	3 months	Standard	Email confirmation from lead SSP
14	Ensure SSPs have enough rostered time to input clinical data	5	3 months	Standard	Email confirmation from lead SSP
15	Conduct an annual audit of reasons people do not undergo a colonoscopy following an abnormal screening result	5	12 months	Standard	Present audit results to Programme Board

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Ensure bowel scope invitations are brought back to within 6 week for each site	2	6 months	High	Summary of bowel scope invites from BCSS
17	Update the BoSS rollout plan to include the recovery of the current backlog, and reflect this in the programme demand and capacity plan	2, 5	3 months	High	Copy of up-to-date capacity and demand plan
18	BoSS sigmoidoscopists should have regular planned BoSS lists	2, 5	3 months	Standard	Email confirmation from CD

Diagnosis

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
19	Revise management of large/complex polyps SOP to identify current processes	4	3 months	Standard	Copy of SOP
20	Provide an up-to-date dose audit (NUTH)	11	6 months	Standard	Copy of dose audit
21	Conduct an audit of 100 computed tomography colonographies (CTCs) over last 12 months to include intra-colonic findings and details of positive predictive value (PPV) (NUTH)	11	12 months	Standard	Copy of PPV audit
22	Provide minimum dataset on CTC reports (NUTH)	11	1 month	Standard	Email confirmation from the lead SSP

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
23	Send quarterly CTC report of patient outcomes to lead radiologist for distribution	5	3 months	Standard	Email confirmation from lead radiologist
24	Reporting pathologists to have BCSP activity in their job plan (NHCT)	7	6 months	Standard	Email confirmation from NHCT lead pathologist
25	Provide an audit of 12 months colorectal cancer resection reporting against Royal College of Pathology reporting standards (NHCT)	13	6 months	High	Copy of colorectal cancer resection reporting audit

Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
	No Recommendations				

Next steps

The screening service provider is responsible for developing an action plan with the commissioners to complete the recommendations in this report.

SQAS will work with commissioners for 12 months to monitor activity and progress in response to the recommendations following the final report. SQAS will then send a letter to the provider and the commissioners summarising the progress and will outline any further action needed.