



Public Health
England



**Screening Quality Assurance
visit report**
NHS Bowel Cancer Screening
Programme
King's College Hospital

22 May 2018

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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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Review/approval

Version	Date	Requirement	Signed
0.3	25 June 2018	Approved Draft Executive Summary	Val Armstrong
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Scope of this report

	Covered by this report?	If 'no', where you can find information about this part of the pathway
Underpinning functions		
Uptake and coverage	Yes	
Workforce	Yes	
IT and equipment	Yes	
Commissioning	Yes	
Leadership and governance	Yes	
Pathway		
Cohort identification	Yes	For bowel scope screening only
Invitation and information	Yes	For bowel scope screening only
Testing	Yes	For bowel scope screening only
Results and referral	Yes	For bowel scope screening only
Diagnosis	Yes	
Intervention/treatment	Yes	

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 visit of the King's College Hospital (KCH) Bowel Cancer Screening Programme held on 22 May 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:

- 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 visits to the bowel screening programme on 27 April 2018
- information shared with the London SQAS as part of the visit process

Description of local screening service

KCH bowel cancer screening programme is provided by KCH NHS Foundation Trust. The service is commissioned by NHS England (London).

KCH commenced faecal occult blood test (FOBt) screening in May 2008. Men and women aged 60 to 69 years of age are invited to attend for FOBt. The screening programme extended the age range to 74 years of age in March 2014.

All individuals who receive an abnormal FOBt result are offered a FOBt positive assessment appointment with a specialist screening practitioner (SSP) prior to a colonoscopy or a computed tomography colonography (CTC).

Faecal occult blood test (FOBt) screening colonoscopy, bowel scope screening, SSP, administration, radiology and pathology are undertaken at KCH Denmark Hill site. The pathology service is provided by Viapath (a pathology service provider created through

the partnership of KCH, Guy's and St Thomas' NHS Foundation Trust and Serco). Viapath is commissioned by the trust to provide cytology and histology services.

The clinical commissioning groups (CCGs) covered by the screening programme are Lambeth and Southwark CCGs. The eligible population for the screening programme (60 to 74 year olds) is 49,080 (Office of National Statistics Mid-Year 2016).

KCH was initially an associate bowel screening site for South East London Bowel Cancer Screening Centre. In preparation for the implementation of bowel scope screening, KCH separated from South East London Bowel Cancer Screening Centre and became a stand-alone screening centre in April 2016. Bowel scope screening commenced in November 2016 for the Lambeth population and is now available to selected practices in Southwark.

Bowel scope screening (BoSS) is a one-off invitation for a flexible sigmoidoscopy for 55 year olds. The screening programme has an eligible BoSS screening population (55 year olds) of 6,898 (Office of National Statistics Mid-Year 2016) across Lambeth and Southwark CCGs.

The London Bowel Cancer Screening Hub manages the invitations (call and recall) of individual's eligible for FOBt screening. The London Hub also undertakes the testing of screening samples and onward referral of individuals needing further assessment. The hub is hosted by London Northwest Healthcare NHS Trust based at St Mark's Hospital and is outside the scope of this QA visit.

Findings

KCH bowel cancer screening programme is well supported by the director of screening and the programme manager. The screening programme has staff in post for all required leadership roles. There is an effective team with good communication across the various disciplines.

A partial QA visit was undertaken on 21 October 2016. This QA visit is the first full visit to KCH since the screening service was established as a stand-alone centre.

The screening programme has a low uptake achieving 45.74% in 2016 to 2017 and 39.24% between April 2017 to December 2017 in comparison with the national average of 58.63% and the London regional average of 48.23%.

The screening programme will face considerable challenges as it expands bowel scope screening and meets the expected increase in demand following the implementation of faecal immunochemical testing (FIT) from autumn 2018. Proactive support from trust management is required to manage the expansion of the programme in accordance

with national guidelines. This includes support for further recruitment and capacity planning, additional accommodation for an increased workforce and a review of scheduling of endoscopy lists to accommodate increased activity.

Immediate concerns

No immediate concerns were identified.

High priority

The QA visit team identified several high priority findings which were:

- no deputy programme manager in post
- the terms of reference for the internal operational meetings not reflecting the service provided by the bowel cancer screening programme and no mechanism to record how risks/issues are escalated
- insufficient workforce and capacity to enable full roll out of bowel scope screening and the implementation of faecal immunochemical testing (FIT) from autumn 2018
- discrepancies between the histology data completed by the pathologist and the histology data entered on the bowel cancer screening system (BCSS) by the specialist screening practitioner
- a lack of high quality audits undertaken within radiology
- not all colonoscopists meeting the national minimum workload standard of 150 cases per year for the faecal occult blood test (FOBt) screening programme
- insufficient evidence for assurance that each bowel cancer screening pathologist is reporting colorectal cancer resection cases in accordance with national guidance
- the current arrangements for bowel scope not being robust (the quality of the service is affected by the scheduling of lists and there is only one endoscopist with a secure contractual arrangement)
- unacceptable delays in reviewing cases with large complex polyps

Shared learning

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

- SSPs use a 'diary of issues' as a handover tool
- a polyp multi-disciplinary meeting where large complex polyps are discussed
- enthusiastic and motivated radiographers focused on patient experience
- large group of radiographers trained in CTC
- effective relationships between commissioners and the trust
- development of a pilot to increase access for people with a learning disability

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 update the Pan-London Programme Board terms of reference to provide a clear purpose including the governance structure to support full engagement from stakeholders.	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Revised terms of reference
2	The commissioner should remove CCG and LA membership at the Pan-London Programme Board and provide a communication brief to ensure stakeholders are updated appropriately	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Communication brief

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Clarify the CCG contracting and escalation process	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme NHS standard contract service conditions	6 months	Standard	Mapping exercise to be undertaken and confirmation of outcome
4	The commissioner should share the learning from 2017 to 2018 Commissioning for Quality and Innovation (CQUIN) (Making Every Contact Count) results with other Direct Commissioning Offices	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme NHS standard contract	6 months	Standard	Briefing document
5	The commissioner should document local governance and contract monitoring process including clear terms of reference for contract and performance meetings	NHS standard contract service conditions	3 months	Standard	Confirmation of process at programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	The commissioner should ensure risks from bowel cancer screening programmes are reviewed and accurately recorded in a timely manner.	NHS Standard Contract	3 months	Standard	Confirmation of process and copy of escalation routes
7	Revise the health promotion plan in partnership with clinical commissioning groups, local authority public health teams and other stakeholders to improve uptake	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Trust agreed health promotion plan with relevant stakeholders
8	Ensure the deputy director of screening (DoS) is identified within the organisational structure	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Updated organisational structure
9	Appoint a deputy programme manager	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	6 months	High	Confirmation a deputy programme manager has been appointed

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Review the quarterly bowel screening operational meeting	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Updated terms of reference for the quarterly internal operational meetings Development of an action log – copy to be sent to SQAS
11	Develop capacity plans, approved by the Trust management, for the full roll out bowel scope screening and implementation faecal immunochemical testing (FIT) from autumn 2018	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	A capacity demand plan signed off by trust management
12	Amend Trust incident policy to include reference to managing screening incidents in accordance with ‘Managing Safety Incidents in NHS Screening Programmes’ August 2017	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Revised trust incident policy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Strengthen the audit process across the screening pathway	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	<p>Approved audit schedule demonstrating audit objective, lead staff member, completion timeframe</p> <p>Confirmation that audit outcomes and recommendations are discussed at the business meetings</p> <p>Confirmation that audit training has been provided to staff</p>
14	Audit pathology data entered by the specialist screening practitioners (SSPs) onto the bowel cancer screening system (BCSS) to demonstrate accuracy of histology data entry	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	High	Report of 12 month audit from April 2017 to March 2018

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Audit radiology compliance to national standards for 2017 to 2018	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	6 months	High	Reports of the following radiology audits for 2017/2018: <ul style="list-style-type: none"> - individual audit of 100+ computed tomography colonography (CTC) to include PPVs/NPVs for all reporting BCSP CTC radiologists - first CTC appointment offered versus actual CTC appointment - same day CTC for incomplete BCSP colonoscopies - CTC workload from each of the BCSP reporting radiologist - CTC dose audit
16	Review 30 day questionnaire and identify any actions for improvement	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Review findings and action plan Updated SOP showing how findings are actioned

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Complete development of quality management system (QMS)	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Confirmation of completion of QMS
18	Ensure all staff are appropriately trained in right results	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Confirmation of training schedule
19	Revise the number of invitations issued and ensure that bowel scope screening lists are confirmed within two weeks	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Confirmation of the process of issuing invitations and confirming bowel scope screening appointments

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Review pathology workforce for reporting for the bowel cancer screening programme, taking into account likely impact of FIT	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Confirmation of number of accredited consultants reporting bowel screening programme cases
21	Ensure all non-conformities have been met and the pathology department has maintained United Kingdom Accreditation Service (UKAS)	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	UKAS accreditation certificate

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Update standard operating procedure for completion of datasets for SSP clinics and colonoscopy to include failsafe process for patient episode documentation if IT systems are unavailable	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Updated standard operating procedure
23	Update standard operating procedure for SSP confirmation by email/phone to the CTC department of a bowel cancer screening programme CTC referral	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Updated standard operating procedure

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Ensure all colonoscopists meet the minimum workload standard of 150 cases per annum for the FOBt screening programme	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	6 months	High	Evidence that all colonoscopist meet the minimum standard

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Ensure endoscopists meet the national standard for adenoma detection rate (ADR)	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	6 months	High	Confirmation from director of screening that performance is discussed with endoscopists Evidence that all endoscopists meet the minimum standard
26	Ensure there is sufficient capacity in the endoscopy workforce for the bowel scope lists	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Confirmation that all bowel scope screening endoscopists have a trust contractual agreement in place to deliver the BoSS service

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	Undertake audit for completeness of endoscopic mucosal resection of polypectomies >2cms	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Audit outcomes and actions
28	Minimise delays when reviewing cases with large complex polyps benign lesions	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Standard operating procedure
29	Develop a referral policy documenting the criteria for CTC referral and audit outcomes and actions	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Referral policy for CTC Audit outcomes and actions

No.	Recommendation	Reference	Timescale	Priority	Evidence required
30	Ensure radiology dashboard on the bowel cancer screening system is correctly populated	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Confirmation that the radiology dashboard has been reviewed and correctly populated
31	Put in place a service level agreement (SLA) between the programme and external pathology provider for governance of BCSP cases sent off site	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Copy of a signed SLA with external pathology provider which refers to national BCSP guidelines
32	All pathologists to report colorectal cancer resections cases in accordance with national guidance	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Provide copies of 5 reports from each pathologist reporting BCSP cases of colorectal cancer resections
33	Ensure compliance with national guidelines for pathology in BCSP	NHS public health functions agreement 2017 to 2018 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Copies of standard operating procedures

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	None				

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.