



Public Health
England

**Screening Quality Assurance visit
report**
NHS Bowel Cancer Screening
Programme
West Kent & Medway

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Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG

Tel: 020 7654 8000 www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk) Facebook: www.facebook.com/PublicHealthEngland

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

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 West Kent & Medway held on 19 October 2017.

Purpose and approach to quality assurance

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 as appropriate
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during the visit to the bowel screening pathology departments and radiology departments on 19 October 2017
- information shared with the south regional SQAS as part of the visit process

Description of local screening service

The West Kent & Medway programme provides bowel cancer screening services for a general screening population of 1,061,400 across West Kent. Dartford & Gravesham NHS Trust is based at Darent Valley Hospital (DVH) and covers a local population of 340,000 and is the host site for the bowel screening programme. Three hospital sites, the Maidstone Hospital (MTW), Tunbridge Wells Hospital at Pembury (TWH), and Medway Maritime Hospital (MMH) are the associated sites. There is an external site at the Will Adams Treatment Centre (WATC). In 2016, the programme invited 94,891 patients with an uptake of 57.91% and a positivity of 1.46%. The programme is commissioned by NHS England (South East) and covers 5 clinical commissioning groups (CCGs) Dartford, Gravesham & Swanley, Medway, Swale, West Kent and High Weald and Lewes.

Swale has become the most deprived area in the past 5 years with Tunbridge Wells being the least deprived. Swale CCG is just above the national average at 54.87% for uptake, compared to the national average of 52%. This is only slightly lower than the other CCG's in the region which are currently around and above 54.98 to 62.08%. There has been active involvement in health promotion and work undertaken with general practice (GP) surgeries where uptake has been low to encourage participation in the programme.

There are currently estimated to be 1,541,900 people living within the Kent County Council area (as of 2016). The West Kent & Medway bowel screening programme started in 2009 inviting men and women aged 60 to 69 years of age for the faecal occult blood test (FOBt) screening.

The screening service extended the age range covered to 74 and bowel scope screening began in 2013, inviting men and women aged 55. Bowel scope numbers have risen from 4080 procedures in 2015 to 5846 in 2016, with 10000 bowel scopes being achieved in July 2016. All 62 general practices in West Kent covering Maidstone and Tunbridge Wells participate in Bowel scope screening with a further 43 practices yet to roll out across Medway, Dartford and Swale.

Dartford & Gravesham NHS Trust hosts the screening centre. The Screening Director is based at the Medway Maritime Hospital. Programme co-ordination and administration for FOBt and bowel scope takes place at all associate sites. Colonoscopy is carried out at Darent Valley Hospital, Maidstone Hospital, Medway Maritime Hospital and Pembury Hospital.

Pathology is carried out at Maidstone Hospital and radiology is carried out at Tunbridge Wells Hospital. Bowel scope services are also provided at Maidstone, Tunbridge Wells and Gillingham, hosted by Maidstone Hospital, Pembury Hospital, Medway Maritime Hospital and Will Adams Treatment Centre and Screening Specialist Practitioner (SSP) clinics are held at each site.

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 Guildford and is outside the scope of this QA visit.

Findings

There is evidence of some service improvement in all areas of the programme since the last QA visit in July 2014.

The service should be congratulated on the FoBt programme as currently all eligible GP patients in West Kent have been invited for FoBt. As for bowel scope all 62 GPs in Maidstone and Tunbridge Wells are rolled out and Darent has 23 GPs live with 11 further to roll out. Medway CCG (Will Adams) has 39 GPs live with 32 yet to roll out (19 of these practices are in Swale).

Before the visit it was announced that the programme manager would be leaving in December 2017 to a new position with NHS England.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

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

- update the bowel screening service level agreements (SLAs) with Darent Valley Hospital and Maritime Medway Hospital to include bowel scope responsibilities and escalation processes
- develop a Workforce plan specifically focusing on SSP and ASP capacity and roles to ensure there is resilient and sufficient capacity for clinical and managerial tasks
- risk assess the Maidstone administrative environment to ensure that it is fit for purpose and maintains patient confidentiality, staff health and wellbeing
- review performance with individuals with low ADR and create action plans to address underperformance and monitor improvement
- explore the discrepancy in BCSP workload between BCSS and Telepath

Shared learning

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

- excellent operational management communications across a complex service with multiple sites
- good culture of reporting risks and incidents
- engaged and focussed endoscopy workforce
- very well run radiology service with a consultant radiographer and good processes and procedures in place
- well-staffed pathology service with comprehensive SOPs and using voice recognition software to improve efficiency

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 bowel screening service level agreements (SLAs) with Darent Valley Hospital and Maritime Medway Hospital to include bowel scope responsibilities and escalation processes	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme and NHS public health functions agreement 2016-17 Service specification no.26a Bowel Cancer Screening Programme	3 months	High	Updated signed SLA between Darent Valley Hospital and Maritime Medway Hospital

No.	Recommendation	Reference	Timescale	Priority	Evidence required
2	Develop job plan for the clinical director role incorporating allocated session(s)	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	3 months	Standard	Clinical Director job description
3	Update local policy and serious incident management policy to include reference to 'Managing Safety Incidents in NHS Screening programmes' (2017)	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme and Public Health England Managing Safety Incidents in NHS Screening Programmes (2015)	3 months	Standard	Updated policy
4	Implement a non-conformance log to identify trends and review against programme guidance on reporting incidents	NHS BCSP Quality Assurance Guidelines for Colonoscopy Publication No 6 (February 2011)	6 months	Standard	Non-conformance log

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Introduce cross site administrative meetings and review processes to ensure efficiency and consistency	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Minutes from meetings, detailing outcomes and learning
6	Review the translator policy to ensure efficiency and consistency	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Updated policy
7	Develop a service wide audit schedule to identify how and when audits are being performed, reviewed and shared within the screening centre	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	3 months	Standard	Audit schedule

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
8	Develop a Workforce plan specifically focusing on SSP and ASP capacity and roles to ensure there is resilient and sufficient capacity for clinical and managerial tasks	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	3 months	High	Evidence of workforce plan and actions
9	Add version control and authors to SOPs in the quality management system (QMS)	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	3 months	Standard	Updated SOP's
10	Risk assess the Maidstone administrative environment to ensure that it is fit for purpose and maintains patient confidentiality, staff health and wellbeing	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Risk assessment

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
11	Clarify training and supervision structures for SSP and ASP's	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Clinical supervision and mentoring provided
12	Risk assessment for lone working to be reviewed and ensure staff safety and wellbeing of all SSP's in the evening clinics is covered	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Risk assessment to be acknowledged, read and signed by all SSP's
13	Involve senior SSP at each site to review the rota allocation to ensure adequate clinical cover	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	SSP ownership and rota allocation
14	Clarify senior nurse support for Lead SSP	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Regular 1:1's/action plan

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
15	Ensure changes improve communication cascades to ensure all clinical and managerial information is available	Guidelines for the use of imaging in the national cancer screening programme	6 months	Standard	Regular meetings and minutes
16	Pause the implementation of the SSP histology sign off policy	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Review of policy in April 2018

Diagnosis

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
17	Review performance with individuals with low ADR and create action plans to address underperformance and monitor improvement	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Action plan in place with regular monitoring and review
18	Review and expand performance monitoring information provided to endoscopists	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Performance information

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
19	Adjust quarterly clinical meetings to allow a bespoke meeting for endoscopists for sustained achievement of internal benchmarking	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Minutes of endoscopy meeting
20	Ensure data uploaded is accurate to record reporters correctly – audit of 2016 cases to check protocols and reporters	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Audit completed

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
21	Audit of CT Colonography (CTC) within the last 12 months to identify any patient pathway issues and radiation dose audit and embed this into the annual audit plan	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Audit of CTC's within the last 12 months. Audit of radiation dose. Copy of the annual audit plan.
22	Consider developing Darent Valley or Medway as a site for screening CTC to improve patient experience	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	12 months	Standard	Discussions/minutes of meetings to discuss additional CTC practice

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
23	Explore the discrepancy in BCSP workload between BCSS and Telepath	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Minutes of the meeting where discussed
24	Perform cellular pathology-led audits	Department of health Information Security Management: NHS Code of Practice	12 months	Standard	Audits to be completed and results shared
25	Monitor turnaround times to achieve QA standards	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Actions identified put in place and evidence of turnaround time improvement

Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
26	SOP for management of patients requiring an inpatient stay as there are no planned beds at WATC	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	SOP(s) for screening patient who may require an inpatient stay detailing inpatient process if required from WATC

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 following the issuing of the final report. 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.