



Public Health
England



Screening Quality Assurance visit report
NHS Bowel Cancer Screening Programme
East Kent Hospitals University NHS
Foundation Trust

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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 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 East Kent screening service held on 14 September 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 shared with the south regional SQAS as part of the visit process

Description of local screening service

The East Kent Hospitals University NHS Foundation Trust (EKHUFT) is one of the largest hospital Trusts in England with 5 hospitals and community clinics serving a local population of 759000. Three hospital sites, the Kent and Canterbury Hospital (KCH), the Queen Elizabeth the Queen Mother Hospital (QEQM) and William Harvey Hospital (WHH) provide the bowel cancer screening services for an eligible screening population across East Kent.

In 2016, the programme invited 62,965 patients with an uptake of 58.88% and a positivity of 1.52%. The programme is commissioned by NHS England (South East) and covers 4 clinical commissioning groups (CCGs) Ashford, Canterbury, South Kent Coast and Thanet.

Thanet CCG is in the most deprived 10% of Local Authorities in England and uptake for FoBt has continued to be low. Thanet is above the national average at 56.37% for uptake, compared to a national average of 52%. This is slightly lower than the other CCG's in this region which are currently around and above 59%. There has been active

involvement in health promotion and work undertaken with GP surgeries where uptake has been low to encourage participation in the programme.

The EKHUFT bowel cancer screening programme started in April 2009 inviting men and women aged 60 to 69 years of age for faecal occult blood test (FOBT) screening. In 2013, the screening service extended the age range to 74. Bowel scope screening has not yet begun in this screening programme and it is hoped the programme will start in winter 2017/18, inviting men and women aged 55.

The Screening Director is based at the KCH, Canterbury. Programme co-ordination and administration takes place at QEQM, Margate. Colonoscopy is undertaken at the KCH and QEQM sites. Pathology is carried out at William Harvey Hospital (WHH, Ashford), radiology at KCH and Screening Specialist Practitioner (SSP) clinics are held on all 3 sites.

This was the third QA visit undertaken to the EKHUFT centre, following a first round in March 2011 and the second round visit in March 2014.

Since QA visit, WHH were awarded JAG accreditation on 22 September 2017.

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

Immediate concerns

The QA visit team had no immediate concerns.

High priority

The QA visit team identified 3 high priority findings as summarised below:

- following successful JAG accreditation at WHH, on 22 September 2017, the implementation of bowelscope now needs to progress
- both QEQM and KCH do not have current JAG accreditation status
- the process for identifying and classifying potential incidents is unclear

Shared learning

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

- programme board discusses scenarios relating to either the patient or staff
- the team work with local learning disability teams to help improve the screening experience for people with learning disabilities
- recent changes have included a change to the management of surveillance patients with dedicated telephone clinics set up for these patients with a pre-arranged time, and this has helped the surveillance booking process become more time efficient and streamlined

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence
1	QEQM and KCH to achieve JAG accreditation	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months 12 months	High	Action plan to achieve accreditation, shared with commissioners. Successful JAG accreditation
2	Produce an implementation plan for the introduction and subsequent roll out of bowelscope	NHS public health functions agreement 2016-17 Service specification no.26a Bowel Cancer Screening Programme	1 month	High	Implementation plan that includes: <ul style="list-style-type: none"> • Demand and capacity • Workforce (including training, accreditation and staffing levels) • Roll out plan
3	Start inviting people for Bowelscope screening at WHH	NHS public health functions agreement 2016-17 Service specification no.26a Bowel Cancer Screening Programme	3 months	High	Signed off Bowelscope application for WHH. Confirmation that invitations have been sent

No.	Recommendation	Reference	Timescale	Priority	Evidence
4	Recruit to the Lead Specialist Screening Practitioner (SSP) and Lead Colonoscopist posts	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	3 months	Standard	Confirmation that the Lead SSP and the Lead Colonoscopist have been appointed and in post
5	Review the non-conformance log and the trust Datix system from January 2017 against programme guidance on reporting incidents, to ensure all issues meeting the definition of an AVI or incident are reported to SQAS	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Feedback from review of non-conformance log and trust Datix and report any AVIs or incidents identified to QA
6	Update local policy and serious incident management policy to include reference to 'Managing Safety Incidents in NHS Screening Programmes' (2017) and include version control and author	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	3 months	Standard	Updated policies

No.	Recommendation	Reference	Timescale	Priority	Evidence
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)	6 months	Standard	Audit schedule
8	Ensure any planned research activity obtains approval from the BCSP Research Advisory Committee (RAC), in addition to any local approvals needed	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Process showing how RAC approval will be obtained for planned research activity
9	Ensure changes that result in last minute cancellation of screening lists are communicated across sites	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	3 months	Standard	SOP for short notice service changes, including a communication plan

No.	Recommendation	Reference	Timescale	Priority	Evidence
10	Produce a 2 year demand and capacity plan	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	3 months	Standard	Two year demand and capacity plan to support both BCSP and bowel scope service delivery and staffing provision

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
11	Ensure whole service staffing is sufficient to cope with the increased workload due to the roll out Bowelscope and for the introduction of FIT	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	3 months 6 months	High	Staffing levels included in Bowelscope implementation plan and two year demand and capacity plan. Job plans revised where necessary

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
12	Add version control and authors to the 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)	6 months	Standard	Updated SOP's with version control and authors added
13	Ensure there is clear guidance for SSPs on when advice from a consultant is needed when signing off histology reports	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Revised SOP

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
	None				

Diagnosis

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
14	Audit why people with a FoBt positive test do not proceed to colonoscopy, and embed this into the annual audit plan for the service	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Audit of Q4 2017/18 data. Copy of the annual audit plan
15	Explore the variance between colonoscopists in relation to comfort scores and sedation and discuss at a clinical meeting	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Minutes of the meeting where discussed
16	Audit the outcomes from endoscopic mucosal resection (EMR), ensuring eligible patients remain within the bowel screening service	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	SOP covering the EMR pathway. Audit of EMR outcomes from 2016
17	Ensure all BCSP patients referred for CTC are accurately identified as screening derived. Include the BSCP audit code in the reports for screening patients	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	3 months	Standard	SOP(s) and audit code for referral of patients referred for BCSP CTC

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
18	Audit of CT Colonography (CTC) within the last 12 months to identify any patient pathway issues. Include time from referral to CTC and CTC to issuing of the report	Guidelines for the use of imaging in the national cancer screening programme	6 months	Standard	Audit of CTC's within the last 12 months
19	The CTC service to work with the wider team to agree the referral process, failsafe arrangements and the associated protocol for failed or incomplete colonoscopy	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Referral process and associated protocol for failed or incomplete colonoscopy

Referral

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

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.