



Public Health  
England

# Screening Quality Assurance visit to the NHS Bowel Cancer Screening Programme Oxfordshire

17 April 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 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 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 Oxfordshire Bowel Cancer Screening service held on 16 and 17 April 2018.

### 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 Oxfordshire Bowel Cancer Screening Programme is provided by Oxford University Hospitals NHS Foundation Trust (OUHFT), based at John Radcliffe Hospital (JRH), Oxford and Horton General Hospital (HGH), Banbury. The service is commissioned by NHS England South East (Thames Valley) to cover the Oxfordshire Clinical Commissioning Group area.

The Oxfordshire Bowel Cancer Screening Programme (BCSP) started in January 2010 inviting men and women aged 60 to 69 years for faecal occult blood test (FOBt) screening. In March 2013 the screening service extended the age range to 74 years. Bowel scope screening (BoSS) is a one-off invitation for a flexible sigmoidoscopy for 55 year olds. Bowel scope screening started in January 2015 at JRH. The programme currently runs 5 lists per week and covers 47% of the eligible population.

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). Specialist Screening Practitioner (SSP) clinics are held at JRH and HGH. Radiology is carried out at JRH, HGH and at the Churchill Hospital. Colonoscopy is undertaken at JRH and HGH. Pathology for both endoscopy sites is carried out at JRH.

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

The Oxfordshire Bowel Cancer Screening Programme functions very well. The centre is supported well by the director of screening and the programme manager. There is good governance, clear escalation processes and most national standards are met.

From 1 January 2017 to 31 October 2017 41,088 people were invited to participate in the bowel cancer screening programme in Oxford. Of those invited 24,435 were adequately screened, giving the centre an uptake of 59%. This compares with a regional average of 61% and a national average of 58% during the same time period.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

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

It is anticipated that there will be increased demand for colonoscopy, radiology and pathology screening services when faecal immunochemical testing (FIT) is introduced later this year. The centre will need to plan for this.

There were a number of patient pathways on the bowel cancer screening system (BCSS) that had not been closed and a number of colonoscopy assessment datasets which were left open.

There is no standard operating policy (SOP) for ceasing of patients from the screening programme.

## Shared learning

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

- a comprehensive audit schedule
- excellent team communication, including between specialist screening practitioners and the radiology department.
- a collaborative colonoscopy environment and promotion of shared learning
- double reporting of computed tomography colonography (CTCs)

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence
1	Plan for implementation of faecal immunochemical testing (FIT) from autumn 2018	N/A	3 months	High	Confirmation of capacity plan approved by trust management and agreed with NHS England
2	All reporting radiologists to perform personal audits of the positive predictive value of their CTC findings on an annual basis	NHS BCSP Guidelines for the use of imaging in the national cancer screening programme (2012)	12 months	Standard	Written confirmation of audit completion
3	Revision of QMS to ensure that pro formas, pathways and patient leaflets are document controlled	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A8.5	6 months	Standard	Written confirmation including policy for document control

No.	Recommendation	Reference	Timescale	Priority	Evidence
4	Ensure archiving documents have end date clearly defined	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A8.5	6 months	Standard	Written confirmation
5	Develop a standardised process for the management of repeat procedures within the same patient episode	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A8.12	3 months	Standard	Standard operating procedure
6	Develop a standardised process which identifies responsibilities within the team for checking of cockpit alerts, data completeness, and closure of patient pathways on the bowel cancer screening system (BCSS)	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A8.16, A9.9 & A10.1	3 months	High	Standard operating procedure

No.	Recommendation	Reference	Timescale	Priority	Evidence
7	Produce a standardised process for ceasing patients from the programme	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A8.16, A9.9 & A10.1	1 month	High	Standard operating procedure
8	Undertake an audit of patients ceased from the programme for a 12 month period retrospectively	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A8.16, A9.9 & A10.1	3 months	High	Completed audit with outcomes and actions



No.	Recommendation	Reference	Timescale	Priority	Evidence
9	Produce a standardised process for the closure of patient episodes where a patient is unfit or unable to complete their screening because of unfitness or other reasons	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A8.16, A9.9 & A10.1	3 months	Standard	Standard operating procedure (SOP)
10	Implement a telephone log to manage messages left by patients on the centre answer phone	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A9.8	3 months	Standard	Written confirmation of telephone log

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Clinical director to work with trust management to ensure there is a robust strategy for equipment renewal	NHS public health functions agreement 2017-18 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Equipment renewal plan

## Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Review and merge policy 3.4 (patients who attend clinic but decline colonoscopy) and policy 3.13 (patients who do not wish to proceed with colonoscopy)	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A2.7	3 months	Standard	Revised policy

## The screening test – accuracy and quality

No.	Recommendation	Reference	Timescal	Priority	Evidence required
	None				

## Diagnosis

No.	Recommendation	Reference	Timescal	Priority	Evidence required
13	Following introduction of FIT, monitor the number of colonoscopy procedures undertaken by each clinician and ensure that all colonoscopists meet the national standard of 150 colonoscopies per year	NHS BCSP Quality Assurance Guidelines for Colonoscopy Publication No 6 (February 2011)	12 months	Standard	Assurance given at programme board meeting; SQAS data
14	Review CTC technique to improve quality, and provide opportunities for radiographer education in house or via external study	NHS BCSP Guidelines for the use of imaging in the national cancer screening programme (2012)	12 month	Standard	Action plan

## Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	None	N/A	N/A	N/A	N/A

## 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.