



Public Health
England



Screening Quality Assurance visit report NHS Bowel Cancer Screening Programme Dorset

22 February 2018

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About PHE Screening

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Published March 2019

PHE publications

Gateway number: GW-194

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Executive summary

The NHS bowel cancer screening programme (BCSP) is a population screening programme that involves 2 screening activities. The first is faecal occult blood test (FOBT) screening, offered to all 60 to 74 year olds every other year. The second is the newly developed bowel scope screening, which is a one-off invitation for a flexible sigmoidoscopy for 55 years olds. This part of the programme is being rolled out across the country over the next 3 years. The aim of the BCSP is to reduce mortality from and incidence of bowel cancer by both 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 the Dorset Bowel Cancer Screening service held on 21 and 22 February 2018.

Purpose of 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:

- 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 Dorset Bowel Cancer Screening Programme is provided by Poole Hospital NHS Foundation Trust (PHFT). The service is run from Poole General Hospital (PGH) with additional sites at the Royal Bournemouth & Christchurch Hospitals Foundation Trust (RBH), Dorset County Hospital (DCH) and 2 community hospitals in Swanage and Wimborne.

The screening population is 879,110 and the programme is commissioned by NHS England (Wessex).

The Dorset Bowel Cancer Screening Programme (BCSP) started in March 2008 inviting men and women aged 60 to 69 years for faecal occult blood test (FOBT) screening. In April 2010 the screening service extended the age range to 74. Bowel scope was started in January 2015 and the programme currently runs 12 lists per week, having rolled out to over 92% of the eligible population.

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

This programme functions very well. It has good governance, clear escalation processes and meets most national standards.

From 1 January 2017 to 30 June 2017, 43,810 people had been invited to participate in the bowel cancer screening programme in Dorset. Of those invited 28,544 have been adequately screened, giving the centre an uptake of 65%. This compares with a regional average of 62% and a national average of 59% during the same time period.

Immediate concerns

The QA visit team identified 1 immediate concern. As part of the pre-visit evidence, the centre submitted the summaries of patient dataset accuracy audits for cancer, FOBT and Bowel Scope. A large number of datasets covered by these audits were recorded as having issues/errors.

A letter was sent to the clinical director requesting further information on the discrepancies. A comprehensive response was received within 14 days which assured the QA visit team that the errors were minor and that no patient pathway had been affected. The centre have now initiated measures to improve the accuracy of reporting, and this issue is no longer an immediate concern.

High priority

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

- the interpretation and translations practice in the centre does not reflect the trust policy
- during bowel scope lists, specialist screening practitioners (SSPs) are occasionally not readily available to support the assistant screening practitioners (ASPs)

- the number of colonoscopists across the different sites does not match demand for colonoscopies
 - lifetime adenoma detection rates (ADRs) for 2 clinicians within bowel cancer screening are below the standard of 40% and the ADR for 1 clinician in bowel scope is below the standard of 6.8%
- CT colonography (CTC) reporting does not include the required dataset for entry onto Bowel Cancer Screening System (BCSS)

Shared learning

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

- excellent progress made on bowel scope roll out
- a health promotion plan such as proactive work with people with learning difficulties
- good MDT working on each site, with a complex polyp MDT at each site
- audit of post investigation colorectal cancers (PICRC) undertaken at PHFT across symptomatic and screening
- CTC within 24 hours where colonoscopy is not possible at PHFT and RBCH

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence
1	Document cross site governance links and formal lines of communication and escalation between sites	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Confirmation of governance structure
2	Re- establish a non-conformance log as part of the adverse event (AVI) recording, monitoring and review process	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A5.6	3 months	Standard	Non-conformance log
3	Review audits of patient datasets to investigate if any impact on clinician KPIs and patient pathways	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A5.10	Immediate	High	Written confirmation to SQAS (completed; assurance received)

No.	Recommendation	Reference	Timescale	Priority	Evidence
4	Introduce measures to improve accuracy of data entry during clinics and accurate inputting of data from histology forms. Consider improved communication training and mentoring	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A5.10	3 months	High	SOP and training plan
5	Royal Bournemouth & Christchurch (RBH) pathology department to commence audit activity in line with that carried out at associate sites	NHS BCSP Reporting lesions in the NHS bowel screening programme (2007); Guidelines from the Bowel Cancer Screening Programme Pathology Group Publication No 1 (September 2007)	6 months	Standard	Confirmation of pathology audit schedule
6	Reassign responsibility for management and maintenance of Quality Management System (QMS) to lead administrator	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A8.5	3 months	Standard	Written confirmation to SQAS

No.	Recommendation	Reference	Timescale	Priority	Evidence
7	Re-design of QMS to aid ease of use, with appropriate references to Right Results pathway, and incorporating document control	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 to SQAS including QMS structure and policy for document control
8	Patient leaflets and proformas to be included in the document control process	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A8.5	6 months	Standard	Policy for document control
9	Annual right results walkthrough to be undertaken.	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Results of right results walkthrough

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
	None				

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
10	Commence more formal SSP meetings with decisions and actions minuted	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Minutes of SSP meetings
11	Interpretation and translation standard operating procedure (SOP) to reflect Trust's policies	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A2.6 and A8.14	3 months	High	Copy of amended SOP

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
12	Colonoscopy patient information sheet to be updated to reflect rationale for colonoscopy and screening centre contact details	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A2.1 A7.7	3 months	Standard	Copy of updated Colonoscopy patient information sheet to be provided to QA
13	All SSPs to complete their direct observation of practice (DOPS) assessment before their next annual appraisal	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A7:4 A7.6	6 months	Standard	Completed DOPS assessment for all SSPs

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
14	Ensure SSP is available at all times to support bowel scope lists	NHS public health functions agreement 2016-17 Service specification no.26A Bowel Scope Screening Programme	3 months	High	Written confirmation that SSP availability has been addressed to reflect national guidance

Diagnosis

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
15	Review number of colonoscopy procedures undertaken at RBH to determine number of clinicians required; address variations in individual volumes and ensure that all colonoscopists meet the national standard for the minimum number of colonoscopies per year	NHS BCSP Quality Assurance Guidelines for Colonoscopy Publication No 6 (February 2011)	3 months	High	Assurance given at programme board meeting; SQAS data
16	Put in place reviews and action plans with 3 endoscopists with ADR below standard in colonoscopy and bowel scope	NHS BCSP Quality Assurance Guidelines for Colonoscopy Publication No 6 (February 2011) National bowel scope KPI guidance	3 months	High	Confirm individual review and action plans are in place.
17	Make sure endoscopists from all sites have the opportunity to regularly attend programme boards (QRM)	NHS BCSP Quality Assurance Guidelines for Colonoscopy Publication No 6 (February 2011)	6 months	Standard	Minutes of QRM that demonstrate attendance of associate site endoscopists
18	Make sure that CT colonography reports include buscopan, faecal tagging, CO2 insufflation and patient positions	NHS BCSP Guidelines for the use of imaging in the national cancer screening programme (2012)	3 months	High	Audit of CTC reports over a 3-month period with evidence that minimum dataset is reported

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
19	Make sure that CT Colonography(CTC) reports include the BCSP audit codes	NHS BCSP Guidelines for the use of imaging in the national cancer screening programme (2012)	3 months	Standard	Audit of CTC reports over a 3-month period with evidence that audit codes are included.
20	Review the indication criteria for referral to CTC between PHFT& RBH, with the view of aligning processes	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	3 months	Standard	Written confirmation to QA of review and outcomes
21	Improve engagement by RBH & DCH pathologists with the programme including attendance at programme boards (QRM)	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Minutes of QRM that demonstrate attendance of associate site pathologists
22	Achieve United Kingdom Accreditation Service (UKAS) accreditation at Dorset County Hospital	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	UKAS confirmation

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 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.