



Public Health
England

Screening Quality Assurance visit report NHS Bowel Cancer Screening Programme Somerset

13 September 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 Somerset Bowel Cancer Screening service held on 12 and 13 September 2018.

Purpose and approach to quality assurance

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 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 Somerset Bowel Cancer Screening Programme is provided by Taunton and Somerset NHS Foundation Trust (TST). The service is commissioned by NHS England South West. The service is delivered at Musgrove Park Hospital (MPH), Yeovil District Hospital (YDH) and Bridgwater Community Hospital (BCH). There is a service level agreement (SLA) between Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust for delivery of the service.

The service screens the population covered by NHS Somerset Clinical Commissioning Group with the eligible population for the screening programme estimated at 550,000.

The Somerset 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 March 2010, 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 commenced in March 2014 and is currently offered to 70% of the eligible population. The service is commissioned for a defined number of GP practices within the Somerset CCG area.

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 MPH and YDH. Radiology is carried out at MPH. Colonoscopy is undertaken at YDH. Pathology for endoscopy is carried out at YDH and MPH.

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 Somerset Bowel Cancer Screening Programme is well supported by the clinical director. There is an effective and committed team with good communication across the various disciplines. At the time of the visit, the programme manager post was vacant. This post has been appointed to and the person is due to start in October 2018.

This is the second QA visit for this service with the previous visit undertaken in June 2014. The service performs well and meets or exceeds the majority of key performance indicators.

From 1 April 2017 to 31 March 2018, 18,965 people were invited to participate in the bowel cancer screening programme in Somerset. Of those invited, 8,627 were adequately screened, giving the centre an uptake of 61%. This compares with a regional average of 61% and a national average of 58% during the same time period.

The screening programme will face challenges as it expands bowel scope screening and meets the expected increase in demand following the implementation of faecal immunochemical testing (FIT). Support from Trust management will be needed to manage these changes to the service.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

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

A new programme manager has been appointed. She will need sufficient time and support to undertake the BCSP programme management role, particularly given the pressures of faecal immunochemical testing (FIT) implementation.

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

There is a long term issue with under-staffing in pathology at YDH and MPH. This has led to pathology turnaround times for the programme being below the required standard, and to heavy work pressures within the team.

There is variation in the numbers of CTCs reported individually by radiologists and a need to develop double-reporting for low volume reporters.

It is not clear who has responsibility for managing clinical alerts in the IT system that supports the service.

Management of patients who have had a recent investigation and/or are on the symptomatic pathway needs to be clarified and a pathway developed.

Shared learning

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

- the pathology BCSP consultants are engaged with the service, participate in the national BCSP External Quality Assurance (EQA) scheme and undertake appropriate continuing professional development (CPD) activity
- administration of the programme is appropriately resourced and provides good cross cover and resilience during periods of leave
- SSPs consent the patient in clinic and again on the day of examination
- there is evidence of high quality endoscopy, radiology and pathology services, with most key performance indicators (KPI) met and active engagement by clinicians from different specialities with the screening programme

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence
1	Produce a health promotion plan to increase engagement with low uptake such as areas of deprivation and learning disabilities	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A8.2	6 months	Standard	Health promotion plan which demonstrates targeted plans to increase uptake in these groups
2	Ensure the job plan for the clinical director has allocated session(s) to undertake the full range of duties	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Copy of the job plan and job description detailing allocated sessions for screening work

No.	Recommendation	Reference	Timescale	Priority	Evidence
3	Ensure the job description for the new programme manager has sufficient allocated sessions to undertake the BCSP programme management role and that she is supported by a comprehensive induction programme which includes mandatory NHS Digital BCSS course	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Copy of the job description which includes dedicated sessions for screening work and written confirmation of completed induction Confirmation that new post holder has booked and attended the BCSS course
4	Review the programme's risk register and ensure it includes endoscopy capacity and pathology staffing risks	NHS standard contract service conditions	6 months	Standard	Updated risk register
5	Introduce a process for regular review of risks at programme boards and escalation within the Trust	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Amended agenda for programme board meetings Confirmation of process for reporting and escalation of risks within the Trust
6	Include audits as a standing agenda item on the programme board	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Amended agenda for programme board meetings Minutes of programme board meetings where audits are discussed

No.	Recommendation	Reference	Timescale	Priority	Evidence
7	Improve document control within the quality management system (QMS) implementing a process for reviewing and archiving work instructions, information leaflets and proforma	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme Standard A8.5, A9.2	6 months	Standard	Document control policy and evidence of document control in place on a work instruction/SOP from QMS
8	Revise design of QMS to aid ease of use and reference to right results pathway	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme Standard A8.5	6 months	Standard	QMS index developed with evidence of SOPs being aligned with right results pathway
9	Establish a clear process for managing clinical alerts in the Bowel Cancer Screening System (BCSS)	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme Standard A9.9, A12.6	3 months	High	Ratified standard operating procedure (SOP) with agreed process and responsibilities to ensure timely action on alerts is taken
10	Develop clear work instructions regarding the correct use of episode and subject notes within BCSS	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme Standard A9.9, A12.6	6 months	Standard	Standard operating procedure (SOP) developed and evidenced

No.	Recommendation	Reference	Timescale	Priority	Evidence
11	Review work instructions on the process of managing did not attend (DNA) to positive assessment appointments	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A9.9, A12.6	6 months	Standard	Standard operating procedure (SOP) updated to reflect the new process ⁴

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Establish a BCSP-specific administration induction programme	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme Standard A9.4	6 months	Standard	Evidence of BCSP induction package for administrators
13	Seek agreement from the Trust information governance lead on the transport of patient identifiable information between screening sites, and mitigation of associated risks	Department of health Information Security Management: NHS Code of Practice	6 months	Standard	Assurance given at programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	All screening personnel to comply with national confidentiality and disclosure policy	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme Standard A10.4, 12.5	6 months	Standard	Declaration form to be signed and assurance given at programme board

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Establish guidelines and training for all temporary SSPs (including) to undertake additional training needs managed alongside existing local training opportunities including mandatory, induction and orientation period.	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme Standard A7.1, A7.9	3 months	High	Write an SOP(s) for training of all SSPs and temporary SSPs to ensure completion of induction and mandatory training are completed and recorded
16	Ensure that all SSPs complete Direct Observation of Practice (DOP) prior to next annual appraisal	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme Standard A7.4	12 months	Standard	Evidence of DOPs completion for all SSPs in next annual appraisal

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Develop guidelines and training for SSPs on management of histology for decisions about patient pathways	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Evidence of guidelines and training
18	Develop an SOP and update clinical practice to reflect Trust guidelines on translation and interpretation services	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A2.6	6 months	Standard	SOP in translation and interpretation services developed
19	Review Patient Group Directive (PGD) for the issue of bowel preparations specifically for screening participants	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme Standard A2.2	6 months	Standard	Signed and dated PGD
20	Review and update the bowel preparation sheets as these are not programme specific	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme Standard A2.1, A7.7	6 months	Standard	Updated bowel preparation sheet

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Establish pathway for patients who have had a recent investigation and/or are on the symptomatic pathway	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A7.6	3 months	High	Updated SOP and assurance at programme board that SSPs understand pathway

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	None				

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Develop a mechanism for all colonoscopists to be able to attend a virtual MDT between sites	NHS BCSP Quality Assurance Guidelines for Colonoscopy Publication No 6 (February 2011)	6 months	Standard	MDT minutes
23	Plan for additional capacity required for implementation of faecal immunochemical testing (FIT)	N/A	3 months	High	Confirmation of implementation plan approved by Trust management and agreed with NHS England

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Reduce use of CTC as initial diagnostic test	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Internal review based on audit and learning from other centres Participation in SQAS planned regional audit of CTCs
25	Ensure that BCSP CTCs reported by low-volume reporters are double reported	Guidance for the Use of Imaging in the NHS Bowel Cancer Screening Programme, second edition, publication no. 5, (November 2012)	3 months	High	Retrospective audit of CTC reporting, with evidence of double reporting
26	To enable the radiology department to undertake audits a software upgrade is required	Guidance for the Use of Imaging in the NHS Bowel Cancer Screening Programme, second edition, publication no. 5, (November 2012)	12 months	Standard	Confirmation that IT system has been updated and audits completed
27	Review the CTC reporting proforma with the view of aligning processes to include QA metrics	Guidance for the Use of Imaging in the NHS Bowel Cancer Screening Programme, second edition, publication no. 5, (November 2012)	6 months	Standard	Copy of proforma

No.	Recommendation	Reference	Timescale	Priority	Evidence required
28	Trust management to add pathology staffing shortage to risk register as FIT implementation will create extra workload. Appoint to pathology consultant post on the Taunton site	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	9 months	High	Pathology staffing on programme risk register Vacant post appointed to and minuted at programme board
29	Ensure pathology turnaround times for polyp reporting and cancer reporting at Musgrove Park and Yeovil District Hospital meet minimum standards	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Improvement in quarterly KPIs monitored at programme board meetings
30	Where digital pathology is used to obtain a timely second opinion on BCSP cases (for example on pT1 polyp cancers) send glass slides between sites so that slides can be available for view	Recommended from national BCSP pathology committee 16 th September 2018	6 months	Standard	6 month audit demonstrating that glass slides are sent between sites to support digital reporting of relevant cases

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.