



Public Health
England



Screening Quality Assurance visit report

NHS Bowel Cancer Screening
Programme
Bath, Swindon and Wiltshire

12 and 13 March 2019

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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 the Bath, Swindon and Wiltshire bowel cancer screening service held on 12 and 13 March 2019.

Quality assurance purpose and approach

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
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during pre-review visits to Royal United Hospital, Bath and Great Western Hospital, Swindon on 12 March 2019
- information shared with the South regional SQAS as part of the visit process

Local screening service

The Bath, Swindon and Wiltshire Bowel Cancer Screening Programme (BCSP) is provided by Salisbury NHS Foundation Trust, based at Salisbury District Hospital. The programme is delivered across 3 sites, in association with 2 additional NHS Trusts: Royal United Hospitals Bath NHS Foundation Trust, based at Royal United Hospital, Bath, and Great Western Hospitals NHS Foundation Trust, based at Great Western Hospital, Swindon.

The service is commissioned by NHS England South West to cover the populations of Wiltshire, Swindon, Bath and North East Somerset, with a population size of 930,000.

The BCSP started in February 2009 at Salisbury District Hospital (SDH) and Royal United Hospital, Bath (RUH), inviting men and women aged 60 to 69 years for the faecal occult blood test (FOBt) screening. In October 2010 Great Western Hospital

(GWH) commenced screening. In February 2014 the screening service extended the age range to 74 years.

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, colonoscopy, CTC and pathology services are delivered at all 3 sites.

Bowel scope screening (BoSS) is a one-off invitation for a flexible sigmoidoscopy for 55 year olds. Bowel scope screening commenced in March 2015 and is delivered with 3 lists at SDH and 1 list at RUH. No bowel scope lists have commenced at GWH.

Findings

This is a large screening centre which covers a wide geographical footprint involving 3 trusts. There is an effective and committed team, with good lines of communication and working relationships across sites. There are good communications between the centre and trust management in Salisbury. The clinical quality of work is very good.

This is the third QA visit for this service with the previous visit undertaken in October 2015. The service performs well and meets or exceeds the majority of key performance indicators.

From 1 January 2018 to 31 December 2018, 78,190 people were invited to participate in the bowel cancer screening programme in Bath and North East Somerset, Swindon and Wiltshire. Of those invited 48,871 were adequately screened, giving the centre as uptake of 62.5%. This compares with a regional average of 62.4% and a national average of 59.3% 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.

1. The screening service and commissioners have limited oversight of performance, processes and risks to delivery of the BCSP at the associate trusts – RUH and GWH.
2. Bowel preparation medicine is being dispensed outside the scope of the Patient Group Direction (PGD) at all sites.

3. There is insufficient capacity for bowel scope at the RUH site and a growing list of people waiting for appointments.
4. The process for the management of people whose initial bowel scope appointment did not take place is unsatisfactory.
5. The screener workforce lacks resilience and this is a risk as several screeners are due to leave the programme and the new Faecal Immunochemical Test (FIT) is likely to increase the endoscopy workload.

Shared learning

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

- excellent response to a recent incident in the radiology pathway
- good multi-agency health promotion action plan
- there is a good virtual complex polyp multi-disciplinary team meeting (MDT) at RUH
- the radiologists double report the CTCs at RUH and GWH
- the radiologists at RUH and GWH have carried out extensive audits
- double reporting by pathologists of all pT1 cancers takes place
- there is an excellent turnaround of reports for radiology and pathology

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Formalise an agreement between Salisbury NHS Foundation Trust and Care UK for delivery of bowel scope lists at Devizes Treatment Centre	NHS public health functions agreement 2018 to 2019 Service specification no.26a Bowel Scope Screening Programme	1 month	Standard	Copy of signed service level, detailing governance arrangements, to be supplied with application to SQAS for site approval
2	Formalise agreements between Salisbury NHS Foundation Trust and Royal United Hospitals Bath NHS Foundation Trust and between Salisbury NHS Foundation Trust and Great Western Hospitals NHS Foundation Trust for delivery of the BCSP and bowel scope	NHS public health functions agreement 2018 to 2019 Service specification no.26 and no. 26a Bowel Cancer Screening Programme	3 months	Standard	Signed agreements covering current BCSP and bowel scope requirements

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Consider alternating the sites for the programme board meetings to enable clinicians from other sites to attend		6 months	Standard	Decision minuted at Programme board
4	Commissioners to review the agenda for programme board meetings to ensure that they have complete information from all sites on performance, processes and risks	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Programme board agenda and minutes
5	The overall BCSP risk register that captures risks across all sites should include a risk around the resilience of the endoscopy workforce.	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Confirmation of updated risk register Minutes of programme board meetings where updated risk register is reviewed

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Review and update the health promotion action plan for 2019/2020 and actively monitor progress through the programme board	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Minutes of programme board meetings where health promotion plan is reviewed
7	Agree a plan for the programme manager role to ensure resilience and stability	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Written confirmation of arrangements for programme manager post
8	Consider making the team's annual review meeting bi-annual to allow for further clinical discussions	NHS BCSP Quality Assurance Guidelines for Colonoscopy Publication No 6 (February 2011)	3 months	Standard	Confirmation of review schedule

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Confirm that Salisbury NHS Foundation Trust has a formal action plan in place to address suspension of Joint Advisory Group on GI Endoscopy (JAG) accreditation at Salisbury District Hospital	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Confirmation of action plan in place
10	Commissioners and service to agree an action plan to address bowel scope back log	NHS public health functions agreement 2018 to 2019 Service specification no.26 A Bowel Scope Screening Programme	3 months	Standard	Confirmation of action plan in place

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Develop a more robust process for managing bowel scope waiting lists, including the updating of episode notes	NHS public health functions agreement 2018 to 2019 Service specification no.26A Bowel Scope Screening Programme	1 month	High	Updated process presented at programme board and agreed with SIT and QA
12	Develop an audit schedule and include this as a standing agenda item at programme board meetings	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Copy of audit schedule Amended agenda for programme board meetings Minutes of programme board meetings where audits are discussed

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Review process for issuing bowel preparations to ensure compliance with Patient Group Direction (PGD)	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme Standard A2.2	3 months	Standard	Copy of internally developed standard operating procedure (SOP), agreed by the trusts

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Conduct a review of administrative capacity to ensure there is cover for increased demand from FIT	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Confirmation of review findings

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Agree a plan to ensure there is sufficient colonoscopist capacity to deliver the BCSP, and include immediate succession planning at RUH and confirmation of robust plan intentions to accredit additional screeners	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Confirmation of plans to accredit additional screeners Confirmation of agreed workforce plan
16	Ensure that bowel screening activity is included in BCSP pathologists job plans across all sites	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Confirmation that job plans include BCSP activity

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Resolve problems with GWH IT access via laptop to enable SSPs to have access to information to support their work	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme Standard A7.4	1 month	High	Confirmation that IT access is resolved

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Revise standard operating procedure '23 Post Investigation results' to include appropriate SSP sign off for histology results	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme Standard A7.1, A7.11	3 months	Standard	Amended and internally agreed off procedure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Review and simplify the surveillance pathway so that patients have a single SSP contact with the centre for booking their surveillance assessment and subsequent colonoscopy appointment	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme Standard A7.8, A7.9	3 months	Standard	Copy of internally agreed standard operating procedure (SOP), demonstrating the surveillance pathway
20	Ensure that refresher training in bowel preparation is added to the SSP training schedule to ensure compliance with the Patient Group Direction (PGD)	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme Standard A7.1, A7.9	3 months	Standard	Confirmation of PGD refresher training process developed

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Develop a mechanism to allow for quarterly feedback to bowel scopists regarding KPI achievement and sharing best practice	NHS BCSP Quality Assurance Guidelines for Colonoscopy Publication No 6 (February 2011)	3 months	Standard	Confirmation given at programme board

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Amend the pathway for patients with complex polyps at RUH to ensure they remain within the scope of the BCSP, with lists managed by a BCSP colonoscopist and SSPs, and cases recorded on the bowel cancer screening system (BCSS)	NHS BCSP Quality Assurance Guidelines for Colonoscopy Publication No 6 (February 2011)	3 months	High	Confirmation of amended pathway 3-month audit, evidenced by BCSS records

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	All radiology reports to include minimum dataset parameters including colonic and extracolonic codes to aid correct data entry onto the bowel cancer screening system (BCSS) by the SSPs	Guidance for the Use of Imaging in the NHS Bowel Cancer Screening Programme, second edition, publication no. 5, (November 2012)	6 months	Standard	6-month audit of CTC reporting, with evidence of inclusion of CTC codes
24	Ensure that practices and procedures are standardised across the 3 pathology laboratories	NHS BCSP Guidance on reporting lesions (2018)	6 months	Standard	Update given at programme board
25	Conduct an audit across the 3 sites to compare thresholds for reporting dysplasia and sessile serrated lesions (SSLs) and put in place a process to ensure ongoing monitoring	NHS BCSP Guidance on reporting lesions (2018)	6 months	Standard	Audit report and outcomes, with monitoring schedule
26	Ensure T1 cancers are reported according to BCSP dataset requirements including the recording of 2 BCSP accredited consultant pathologist names on the pathology report	NHS BCSP Guidance on reporting lesions (2018)	3 months	Standard	6-month audit of pathology reports
27	Develop an arrangement to ensure the lone pathologist at GWH has rapid access to a second opinion	NHS BCSP Guidance on reporting lesions (2018)	3 months	Standard	Confirmation of arrangement

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	None			Choose a priority	

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 and progress in response to the recommendations made for a period of 12 months after the report is published. 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.