



Department  
of Health

**NHS**  
*England*

# Public health functions to be exercised by NHS England

Service specification No.26

Bowel Cancer Screening Programme

April 2013

You may re-use the text of this document (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit [www.nationalarchives.gov.uk/doc/open-government-licence/](http://www.nationalarchives.gov.uk/doc/open-government-licence/)

© Crown copyright

Published to gov.uk, in PDF format only.

[www.gov.uk/dh](http://www.gov.uk/dh)

# Public health functions to be exercised by NHS England

Service specification No.26

Bowel Cancer Screening Programme

Prepared by –

**Cancer Screening, Early Diagnosis and Skin Cancer Prevention Team**

**Department of Health**

# Contents

Contents.....	4
Service specification No.26.....	6
1. Background and introduction .....	7
Purpose of the Bowel Cancer Screening Specification.....	7
Aims, objectives, and health outcomes .....	7
Aims.....	7
Objectives .....	8
Common Health Outcomes.....	10
2. Scope of the screening programme .....	12
Description of the NHSBCSP .....	12
Activities Prior to Screening .....	12
Primary Screening .....	12
Assessment, diagnosis, referral, follow-up.....	13
Standards .....	13
Administration, audit, QA, failsafe, IT.....	14
Accreditation, training, guidance, research.....	14
Care Pathway.....	14
Failsafe arrangements.....	16
Roles and accountabilities.....	16
Commissioning arrangements.....	17
Links with the National Programme and ‘Do once and share’ .....	17
3. Delivery of the screening programme .....	18
Service model summary .....	18
Population Coverage .....	19
Programme Coordination .....	19
Clinical and corporate governance .....	19
Definition, identification, and invitation of cohort/eligibility .....	20
Location(s) of programme delivery .....	20
Days/ hours of operation .....	22
Working across interfaces .....	22
Information on test/screening programme .....	23
Testing (laboratory service, performance of tests by individuals) .....	23
Results reporting and recording .....	23
Providing results.....	23

Scope for cancer screening .....	23
Transfer of, and discharge from, care obligations .....	23
Exclusion criteria .....	24
Staffing .....	24
User involvement.....	24
Premises and equipment.....	25
Key Performance Indicators .....	25
Data collection and monitoring .....	25
Data reporting.....	26
4. Service standards, risks and Quality Assurance .....	27
Key criteria and standards.....	27
Risk assessment of the screening pathway.....	27
Quality assurance.....	27
Serious incidents .....	28
Continual service improvement .....	28
5. Costs.....	30
6. Teaching and research activities .....	31
APPENDIX 1: Consolidated overview of the current NHSBCSP national minimum standards .....	32
APPENDIX 2: Key performance indicators.....	34
APPENDIX 3: Routine data requirements .....	41
APPENDIX 4: NHS Bowel Cancer Screening Programme guidance not otherwise referenced .....	42
References .....	44

# Service specification No.26

This is a service specification within Part C of the agreement ‘Public health functions to be exercised by the NHS Commissioning Board’ dated November 2012 and amended by variation dated April 2013 (the ‘2013-14 agreement’). This service specification thereby comes into effect and supersedes service specification No.26 dated November 2012.

The 2013-14 agreement is made between the Secretary of State for Health and the National Health Service Commissioning Board (“NHS CB” or “NHS England”) under section 7A of the National Health Service Act 2006 (“the 2006 Act”) as amended by the Health and Social Care Act 2012. The 2013-14 agreement may refer interchangeably to NHS CB or NHS England.

This service specification is to be applied by the NHS CB in accordance with the 2013-14 agreement. An update to this service specification may take effect on an agreed date as a variation made in accordance with the 2013-14 agreement.

This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply.

The 2013-14 agreement including all service specifications within Part C is available at [www.gov.uk](http://www.gov.uk) (search for “commissioning public health”).

# 1. Background and introduction

## Purpose of the Bowel Cancer Screening Specification

- 1.1. The purpose of this specification is to ensure that there is a consistent and equitable approach to the provision and monitoring of bowel cancer screening across England.
- 1.2. This document is designed to outline the service and quality indicators expected by the NHS Commissioning Board (NHS CB) from the NHS Bowel Cancer Screening Programme (NHSBCSP) in order to ensure that a high standard of service is provided to the NHS CB's responsible population. It therefore sets out the specific policies, recommendations, and standards that the NHSBCSP expects services to meet.
- 1.3. The service specification is not designed to replicate, duplicate, or supersede any relevant legislative provisions which may apply, e.g. the Health and Social Care Act 2008, or the work undertaken by the Care Quality Commission. In the event of new guidance emerging, the specification will be reviewed and amended with as much rapidity as possible, but, where necessary, both the NHS CB and Service providers should work proactively to agree speedy variations of contract ahead of the production of a revised specification.
- 1.4. This service specification needs to be read in conjunction with the current NHSBCSP guidance and recommendations. These can be found on the cancer screening programmes website: [www.cancerscreening.nhs.uk](http://www.cancerscreening.nhs.uk)

## Aims, objectives, and health outcomes

### Aims

- 1.5. The aim of the NHSBCSP is to reduce mortality from bowel cancer. This will be achieved by delivering evidence-based, population-based screening programmes that:
  - identify the eligible population and ensure effective delivery with maximum coverage
  - are safe, effective, of a high quality, externally and independently monitored, and quality assured
  - lead to earlier detection, appropriate referral, and improved outcomes
  - are delivered and supported by suitably trained, competent, and qualified, clinical and non-clinical staff who, where relevant, participate in recognized ongoing CME, CPD, and EQA schemes
  - have audit embedded in the service.

## Objectives

### Activities prior to screening

- 1.6. In line with good management practice and experience and to ensure appropriate and efficient use of NHS resources, the NHSBCSP should:
- identify and invite those eligible for screening at appropriate intervals
  - provide the invited population with the information they require, in the form in which they require it, so that they are able to make an informed choice about whether or not to participate
  - ensure that GPs are informed of screening in their area and of the final outcomes of screening
  - serve populations of no less than 500,000 and up to about 1 000 000. This will enable the smooth integration of flexible sigmoidoscopy, which requires a smaller population base, in due course.

### Primary Screening

- 1.7. The NHSBCSP should:
- provide people who participate with a high quality, effective, and people-centred service
  - optimise participation rates and maximise accessibility of the service for all groups in the community
  - allow people to opt out of the service, temporarily or permanently
  - provide adequate numbers of appropriately trained, qualified, and competent staff to carry out high-quality screening
  - implement screening tests that are acceptable to those who undergo them
  - minimise any adverse physical/ psychological/ clinical aspects of screening (e.g. discomfort, anxiety, unnecessary investigations).

### Assessment, diagnosis, referral, follow-up

- 1.8. The NHSBCSP should:
- detect asymptomatic abnormalities
  - undertake assessment and diagnosis of individuals with abnormal results in appropriately staffed and equipped settings
  - follow up individuals in accordance with national protocols where further investigation is required



- accurately diagnose invasive cancers and adenomas, discussing cases in MDTs where appropriate, and refer individuals for urgent treatment outside the programme
- ensure that test results are communicated clearly and promptly, whether normal or abnormal
- follow appropriate protocols to monitor individuals according to BSCP/ BSG guidelines
- ensure that individuals needing neither treatment nor surveillance are returned to routine screening recall.

## Standards

1.9. The NHSBCSP should:

- maximise the number of cancers detected
- minimise the number of cancers presenting between screening episodes
- maximise the number of adenomas detected
- maintain minimum standards of screening, whilst aiming for achievable standards (see Appendix 1)
- participate in both approved national routine audits and *ad hoc* audits to evaluate overall programme performance.

## Administration, failsafe

1.10. The NHSBCSP should:

- ensure effective and timely communication with the individuals who are invited, screened, assessed, or treated
- ensure effective and timely communication with MDTs, other screening centres, the NHS CB, quality assurance teams within Public Health England (PHE), NHS Connecting for Health, the national office, and NHS Connecting for Health
- work within a seamless and integrated pathway
- build robust failsafe measures into all stages of the pathway
- ensure that the NHSBCSP recommendations for handling incidents are adhered to, in addition to local reporting procedures.

## Audit and Quality Assurance (QA)

1.11. The NHSBCSP should:

- regularly audit and evaluate the programme to ensure that the service is delivered in a safe, effective, timely, equitable, and ethical way, in accordance with national policy and NHSBCSP standards, guidelines, internal and external quality assurance arrangements, and risk assessments
- monitor, collect, and report statistical data and other relevant information to relevant bodies, and use this to: promote continuous improvement in service performance and outcomes; give formal feedback to the NHS CB and the population served by the programme; and provide key information and models of good practice/ innovation/ achievement to those working in the area of bowel cancer screening
- participate willingly in multidisciplinary QA visits organised by the QA Reference Centres within PHE.

## **Information Technology**

1.12. The NHSBCSP should:

- use the programme's IT systems to manage people through the screening process, and to capture key screening data/ outcomes promptly and accurately, supporting local and national QA and cancer registration processes and programme evaluation
- comply fully with local, NHSBCSP, and NHS information governance requirements relating to the confidentiality and disclosure of patient information and system/information security.

## **Accreditation, training, guidance, research**

1.13. The NHSBCSP should:

- provide training, supported by national continuing professional development and skills frameworks, enabling staff to develop their skills, competencies, and potential. Only approved/ accredited training courses should be used
- contribute to nationally-approved research into the screening and diagnosis of bowel cancer, to inform screening practice and policy
- ensure that all pathology laboratories dealing with screening programmes are formally accredited by UKAS or equivalent
- ensure that pathologists reporting patient material on behalf of the NHSBCSP participate routinely in the NHSBCSP EQA scheme
- ensure that pathologists reporting material on behalf of the NHSBCSP adhere to RCPATH/ NHSBCSP reporting guidelines.

## **Common Health Outcomes**

1.14. The NHSBCSP aims:

- to reduce the number of people who die from bowel cancer by 16%
- to maximise detection of bowel cancer at stages 1 and 2 (PHE domain 2)
- to maximise detection of adenomas which, if left untreated, could develop into bowel cancer
- to refer people promptly to treatment services
- to achieve high coverage levels across all eligible groups in society
- to minimise adverse physical/ psychological/ clinical aspects of screening (e.g. anxiety, unnecessary investigation).

## 2. Scope of the screening programme

### Description of the NHSBCSP

2.1. In this section of the document, the following terms are used:

- **BCSP** This describes the entire programme, from identifying subjects to be invited to referral for treatment or return to routine screening as applicable
- **Screening Centre** This describes the part of the programme where endoscopy takes place. It may deliver endoscopy in a number of different locations, based even in different provider units (eg NHS Trusts) (see figure 2)
- **Hub** This describes the laboratory which despatches and develops FOBt kits and deals with the administration of invitations and results. There are currently 5 of these in England (see figure 2)
- **Provider** This is the NHS Trust or private provider which is contracted to provide hub or screening centre activities. If a centre comprises more than one provider, one will be the lead and hold the contract with the NHS CB
- **Eligible population** This describes those who meet the criteria for invitation for screening. Currently this is men and women aged 60-74 who either reside in a defined area or are registered with defined general practices.

### Activities Prior to Screening

2.2. In accordance with agreed professional best practice set out in Appendix 4, the NHSBCSP should:

- invite men and women aged 60 to 69 for routine screening every two years
- enable those aged 70 and over to self refer
- agree and support plans for implementation of age extension in screening and treatment centres for those screening units not yet inviting those aged 70-74 (commissioned separately by PHE)
- contribute to health promotion activities to improve access to screening services for all groups within the eligible population
- identify the population eligible for screening, send pre-invitation materials, assemble invitation pack, and despatch test kit
- employ trained and competent staff to provide the NHSBCSP helpline.

### Primary Screening

2.3. The NHSBCSP should:

- store and despatch repeat faecal occult blood test (FOBT) kits as appropriate.
- process received FOBT kits and act on the results
- using the Bowel Cancer Screening System (BCSS), ensure that all individuals with abnormal results are booked into Specialist Screening Practitioner (SSP) clinics within appropriate timescales.

### Assessment, diagnosis, referral, follow-up

2.4. In accordance with NHSBCSP standards and protocols, the NHSBCSP should:

- undertake colonoscopic assessment (or, if indicated, whole colon imaging) of individuals who have a suspected polyp or cancer
- remove early cancers and precursor lesions and retrieve them for histological evaluation
- biopsy suspected bowel cancer and retrieve material for histological evaluation
- work with MDT and treatment services to ensure appropriate follow-up of results and to facilitate audit
- continue to develop QA processes and procedures to ensure safe and effective delivery of the current FOBT programme
- ensure surveillance for individuals where appropriate, which may include colonoscopic assessment or colon imaging.

### Standards

2.5. The NHSBCSP should:

- ensure that all staff working in the NHSBCSP are familiar with relevant and current QA guidelines
- ensure that all staff maintain minimum standards, and adhere to NHSBCSP guidance and recommendations via internal audit and external QA monitoring
- take prompt action where standards are lower than expected to identify the causes and improve the service to the appropriate level or beyond
- agree early warning systems and triggers with the local QA team
- manage serious failures to provide services to the level specified in the NHSBCSP QA guidelines according to NHSBCSP protocols. Specific colonoscopy guidelines are available in NHSBCSP publication number 6, *Quality Assurance Guidelines for Colonoscopy*
- ensure that all programmes have a multi-disciplinary QA visit at least once every three years

- use nationally developed and agreed letters and leaflets.

### Administration, audit, QA, failsafe, IT

2.6. The NHSBCSP should:

- ensure that all hubs and screening centres meet the necessary criteria to be designated, and to maintain their designation
- record FOBt results on BCSS and despatch these to participants and their GPs within specified timescales
- Offer individuals an appointment for a screening colonoscopy within 14 days of their SSP appointment where appropriate
- enable individuals to see a screening colonoscopist within 14 days of an SSP appointment where appropriate
- utilize the BCSS IT system to ensure that the care pathway is managed to its planned conclusion
- implement/ operate BCSS for call/ recall, and recording/ distribution of results
- participate in the external QA process, and ensure that robust internal QA processes are also in place.

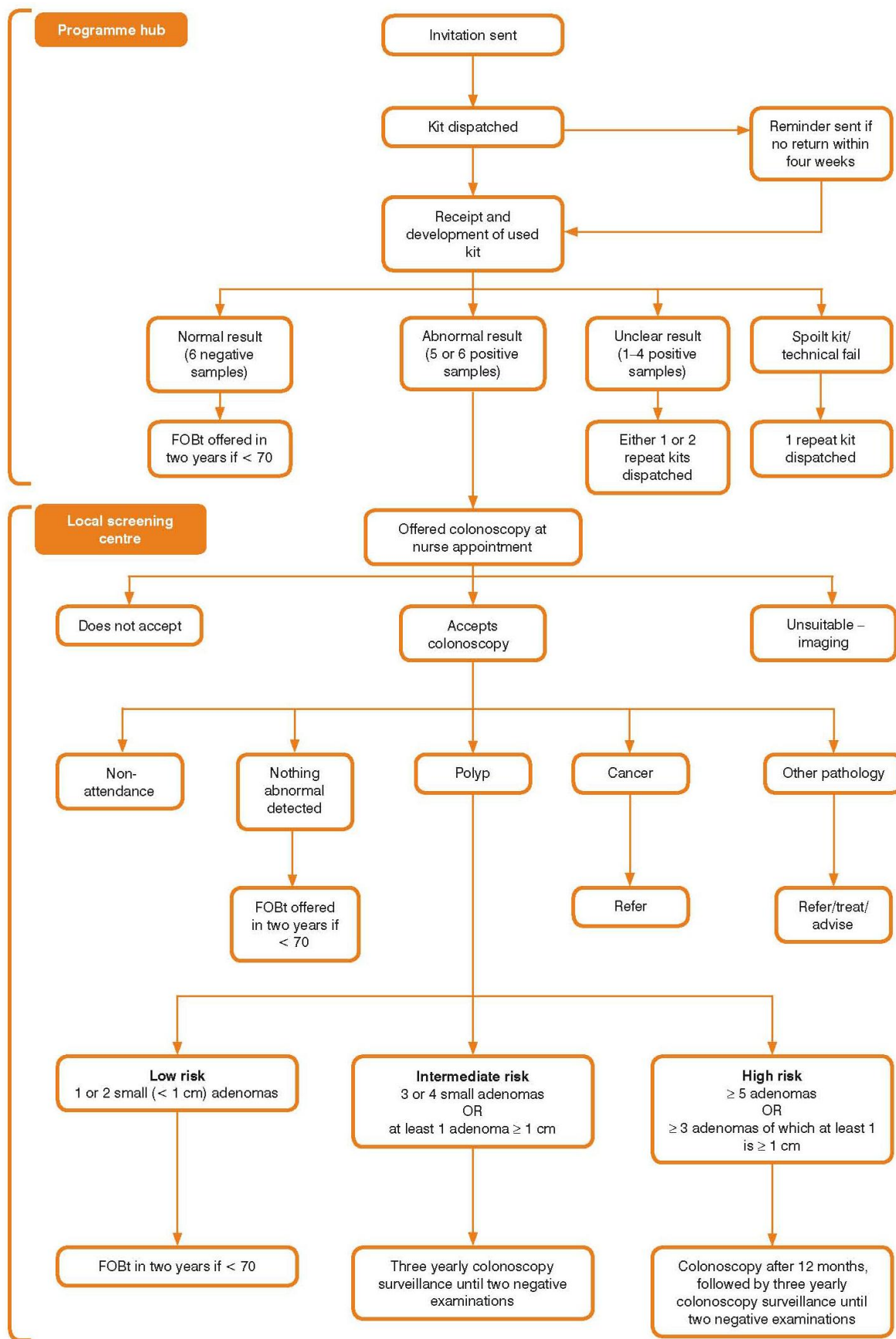
### Accreditation, training, guidance, research

2.7. The NHSBCSP should ensure that:

- hub laboratories are CPA accredited
- screening colonoscopists are appropriately accredited
- endoscopy units are JAG accredited
- SSPs have undertaken the SSP training course within 12 months of starting in post. The course should be successfully completed for the SSP to remain in post.

### Care Pathway

2.8. The flow diagram shows the pathway from the development of a three year plan to the final outcome of the screening examination.



## Failsafe arrangements

- 2.9. Quality assurance within the screening pathway is managed by the inclusion of failsafe processes. Failsafes are a back-up mechanism, designed to ensure that, where something goes wrong, processes are in place to identify what is going wrong and what actions are necessary to ensure a safe outcome.
- 2.10. The provider of NHS Bowel Cancer Screening service is expected to:
- include appropriate failsafe mechanisms across the whole screening pathway. Details of appropriate procedures are embedded in the guidance and recommendations on the NHSBCSP's websites
  - review and risk-assess local screening pathways in the light of guidance offered by Quality Assurance processes or the National Office of the Cancer Screening Programmes within PHE
  - ensure that appropriate links are made between the programme and internal provider governance arrangements, such as risk registers
  - work with the NHS CB and Quality Assurance teams to develop, implement, and maintain appropriate risk reduction measures
  - ensure that mechanisms are in place for implementation and regular audit of risk reduction measures and reporting of incidents
  - ensure that routine staff training and ongoing development take place.

## Roles and accountabilities

- 2.11. The NHSBCSP is dependent on systematic, specified relationships between stakeholders, who include treatment services, the laboratory, external diagnostic services, Primary Care representatives, etc. The provider will be expected to take the lead in ensuring that inter-organisational systems are in place to maintain the quality of the whole screening pathway. This will include, but is not limited to:
- providing coordinated screening across organisations, so that all parties are clear about their roles and responsibilities at every stage of the screening pathway, and particularly where responsibility is transferred from one party to another.
  - developing joint audit and monitoring processes
  - agreeing joint failsafe mechanisms, where required, to ensure safe and timely processes across the whole screening pathway
  - contributing to any initiatives led by the NHS CB or PHE to develop the screening pathway in line with NHSBCSP expectations
  - maintaining robust electronic links with the IT systems of relevant organisations across the screening pathway



- agreeing links with primary care, and with secondary and/ or tertiary care.

2.12. The lead responsibility for an individual's care rests with the hub (laboratory) until that individual attends his or her first SSP appointment. At this point, lead responsibility transfers to the local screening centre.

### Commissioning arrangements

2.13. Bowel cancer screening services will be commissioned by the NHS CB alongside specialised commissioning of cancer services. Minimum data requirements for the NHS CB are shown in Appendix 3.

### Links with the National Programme and 'Do once and share'

2.14. Certain functions of English national cancer screening programmes are managed from PHE by the office of the Cancer Screening Programmes. National guidance documents can be accessed via the NHSBCSP websites.

## 3. Delivery of the screening programme

### Service model summary

- 3.1. In line with the guidance on bowel cancer screening <sup>1, ii</sup> and in accordance with the national standards, the hub will:
- deal with telephone queries (regarding both bowel disease history and endoscopy)
  - ensure that hubs process screening kits in a timely and effective manner
  - ensure that results of FOBt screening kits are communicated in a timely manner (individuals and their GPs should receive written results within two weeks of the laboratory's receipt of the completed kit)
  - enable individuals to be offered an appointment at an SSP clinic within 14 days of an definite abnormal FOBt result.
- 3.2. In accordance with the national standards, the local screening centre will:
- educate and liaise with local primary care and public health services, including engagement with local health promotion activities to improve access to screening across all sectors of society
  - liaise with programme hubs, and monitor workflow in order to adjust invitations and referrals where necessary
  - where intermediate/high risk adenomas or a cancer is detected, communicate directly with individuals to offer an appointment to discuss the results
  - refer individual individuals for further investigation and treatment according to local pre-agreed protocols
  - liaise with MDTs and treatment services, including pathology, to ensure appropriate follow up of results and facilitate audit
  - collect and monitor data about treatment and histology outcome, and adverse events
  - where appropriate, offer individuals an appointment for a screening colonoscopy within 14 days of an SSP appointment.
- 3.3. If the optimal deliverable benefits from a screening programme are to be achieved, there must be seamless links between 'screening responsibility' and 'treatment responsibility, so that at the end of the screening process individuals are referred to treatment services, once a diagnosis of cancer is made explicit.
- 3.4. All elements of the screening pathway must be delivered by appropriate staff, to national standards and guidelines.

## Population Coverage

- 3.5. The NHS CB and service providers will work together to:
- optimise coverage and uptake across their catchment area
  - co-operate with regular analysis of screening coverage to identify groups who either access screening at lower levels, or do not access services at all
  - ensure that the participation rates are optimal
- 3.6. The NHS CB will provide annual estimates of the eligible (resident) population for at least three years ahead, based on the current resident population database.

## Programme Coordination

- 3.7. The provider will be responsible for ensuring that the part of the programme they deliver is co-ordinated. Where collaboration is necessary, one part of the programme should interface seamlessly with others, particularly in the areas of timeliness and data sharing. This will ensure that the aims and objectives of the NHSBCSP are met.
- 3.8. The provider will ensure that one or more named individuals will be responsible for the co-ordination of planning and delivery. This individual should be given appropriate administrative support to ensure timely reporting and response to requests for information.
- 3.9. A named Director and Programme Manager should be appointed at each hub and each screening centre, and given resources to carry out these roles effectively. These individuals will be actively involved in the screening programme. The provider will ensure that adequate cover arrangements are in place to ensure sustainability and consistency of the programme.
- 3.10. The provider should meet with the NHS CB at regular intervals (at least annually). The meetings will include representatives from programme management, clinical services, laboratory services, and service management.

## Clinical and corporate governance

- 3.11. The provider of screening will:
- ensure that staff co-operate with, and are represented on, the local screening oversight arrangements/ structures. This might include the local office of the NHS CB, and local authority Health and Wellbeing boards
  - identify responsibility for the screening programme at Trust Director level, or ensure that the Director delegates this responsibility to a named individual
  - ensure that there is appropriate internal clinical oversight of the programme's management and internal governance by both a Clinical Lead and a Programme Manager
  - provide evidence of effective clinical governance arrangements on request

- regularly monitor and audit the screening programme as part of organisation's clinical governance arrangements, thus assuring the organisation's Board of the quality and integrity of the service
- comply with the NHSBCSP guidance on managing serious incidents
- put arrangements in place to refer appropriate individuals in a timely manner into treatment services (these should meet NHSBCSP standards)
- produce an annual report of screening services, which is signed off by the organisation's board
- have a sound governance framework in place covering the following areas:
  - information governance/records management
  - equality and diversity, as defined by the Equality Act 2010
  - user involvement, experience, and complaints
  - failsafe procedures
  - communications
  - ongoing risk management
  - health and safety
  - insurance and liability

## Definition, identification, and invitation of cohort/eligibility

- 3.12. The target population to whom screening is to be offered comprises all individuals in the eligible age group who are registered with a GP in the specified area, entitled to NHS care, and have a functioning bowel.
- 3.13. The target age group for FOBt testing is currently men and women aged 60-69, who are sent a test kit every 2 years. However, this target age group is currently being extended to 60-74. The roll-out of this age extension is currently separately commissioned by PHE. People aged 70 and over can self-refer to the screening programme.
- 3.14. Non responders will be sent a reminder letter. If an individual does not respond to this reminder, he/she will be sent another screening kit in two years. This is in accordance with the national policy.
- 3.15. The provider will make every effort to optimise screening participation from vulnerable and hard-to-reach groups within the eligible population.

## Location(s) of programme delivery

- 3.16. The NHSBCSP is organised around five programme hubs, located in: Gateshead; Nottingham; Rugby; London; and Guildford. The hubs:
- manage call/recall for the screening programme
  - provide a telephone helpline for people invited for screening
  - despatch and process FOBt kits

- send test result letters and notify GPs of results
- book the first appointment at an SSP clinic for individuals with a definitive abnormal result.

3.17. Up to 17 screening centres are linked to each programme hub (Figure 2). The clinical tasks for each screening centre are:

- to provide SSP clinics for individuals with a definitive abnormal test result
- to arrange screening colonoscopy appointments for individuals with a definitive abnormal test result, and for those scheduled for polyp surveillance
- to arrange alternative investigations for individuals in whom screening colonoscopy has failed or for whom colonoscopy is inappropriate as the first line diagnostic test
- ensure appropriate follow-up or treatment for individuals after screening colonoscopy
- provide information about screening to the local health community, and promote the screening programme to the general public
- provide information and support for local people completing the FOBt
- ensure that data are collected to enable audit and evaluation of the screening programme.

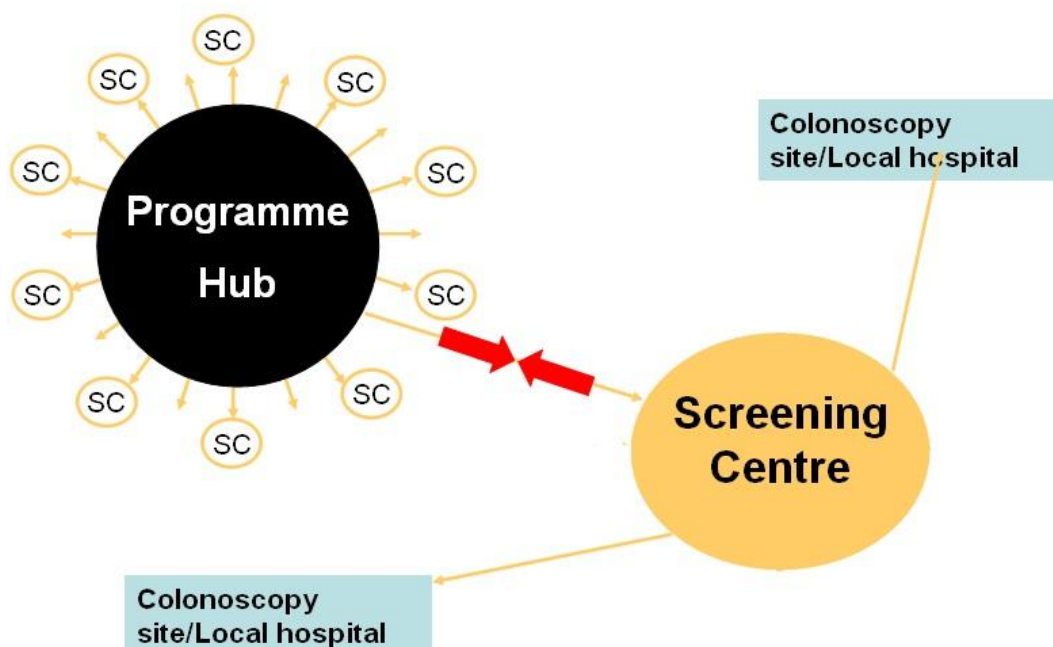


Figure 1. Relationship of Programme Hubs and Screening Centres

## Days/ hours of operation

- 3.18. The days and hours of operation will be locally determined. However, timeliness of screening, assessment, and follow-up is essential, and this is a key criterion of quality along all parts of the screening pathway. Services should be able to demonstrate efficient and effective use of resources.

## Working across interfaces

- 3.19. The screening programme is dependent on strong working relationships (both formal and informal) between the professionals and organisations involved in the screening pathway. Accurate and timely communication and handover across these interfaces are necessary to reduce the potential for errors and ensure a seamless care pathway. There must be clear, named lines of clinical responsibility at all times, and particularly where there is handover of care. These lines of clinical responsibility must be stated in an operational policy within the programme.
- 3.20. The provider will ensure that appropriate systems are in place to support an inter-agency approach to the quality of the interface between these services. This will include, but is not limited to:
- agreeing and documenting roles and responsibilities relating to all elements of the screening pathway across organisations
  - providing strong clinical leadership and clear lines of accountability
  - developing joint audit and monitoring processes
  - working to agreed NHSBCSP standards and policies
  - agreeing jointly, between all agencies, on the failsafe mechanisms that are required to ensure safe and timely processes across the whole screening pathway
  - meeting the NHSBCSP standards.
- 3.21. Procedures at interfaces should follow these guidelines:
- hubs must send FOBt kits to individuals in the eligible population
  - screening hub staff should send letters to deliver normal results or to recall individuals for further assessment
  - results of screening colonoscopy should be given in person by appropriately trained clinical staff at the screening centres, in a manner that meets the needs of the individual concerned
  - a failsafe system should be in place at screening centres to ensure receipt by the local Trust pathology laboratory of correctly identified samples from the endoscopy unit
  - GPs should be informed of screening outcomes by the hubs.

3.22. In addition, see Care Pathway in Chapter 2.

### Information on test/screening programme

3.23. The provider will ensure that, at relevant points throughout the screening pathway, those invited are provided with approved information on bowel cancer screening.

3.24. Where English is not the individual's functional language, a trained interpreter should be used during all appointments, and appropriate written information provided. Similarly, where a person has a physical or learning disability, appropriate support should be provided to allow them to understand all processes and results.

### Testing (laboratory service, performance of tests by individuals)

3.25. Hub laboratories are expected to follow the policy guidance and standards laid out in condition-specific laboratory handbooks covering screening.

3.26. Laboratories are also required to provide routine data to the screening programme in a timely manner in an agreed format.

### Results reporting and recording

3.27. The Programme will record conclusive results on the national database at all points of the pathway, for the whole screened population.

### Providing results

3.28. A normal result from the screening process will be notified by letter. The GP will also be informed.

3.29. The results of any tests undertaken at an assessment visit will be given by a clinician.

3.30. The Clinical Nurse Specialist will be available for support as required after a benign diagnosis or a diagnosis of cancer.

### Scope for cancer screening

3.31. The NHSBCSP includes:

- all investigations necessary to prove or disprove the presence of bowel cancer
- surveillance of individuals deemed to be at high or intermediate risk of cancer following adenoma findings at a previous screening episode.

### Transfer of, and discharge from, care obligations

3.32. The screening programme covers the period from identification of the eligible population to diagnosis. On diagnosis, individuals will be transferred efficiently to

treatment services. Any post-treatment follow-up will be the responsibility of the treatment services.

- 3.33. Individuals who have been diagnosed with bowel cancer will continue to receive invitations to screening as long as they remain eligible.

## Exclusion criteria

- 3.34. This specification does not include the following, or any work or cost associated with them:
- Screening for people who fall below the current eligible age range
  - Screening for people who are not registered on any NHAIS systems
  - Screening for people who have had a colectomy
  - Symptomatic referrals
  - Post cancer diagnosis follow-up and management
  - Cancer treatment and staging.
- 3.35. See Clause 54 of *The Standard Terms and Conditions for Acute Hospitals* (Gateway Reference 15458) for the contractual requirements for equity of access, equality, and the avoidance of discrimination.

## Staffing

- 3.36. The provider will ensure that there are adequate numbers of trained, qualified, and competent staff in place to deliver a high-quality bowel cancer screening programme, in line with best practice guidelines and NHSBCSP national policy.
- 3.37. Qualifications will be specific to the groups of staff delivering the service across the care pathway. However, all staff must demonstrate competence in their area (this is linked to training).
- 3.38. The provider will have in place a workforce plan designed to maintain a sustainable programme, especially where an increase in the eligible population is predicted (generally this is the case until 2027) and/or where there are difficulties in the recruitment of appropriately qualified healthcare staff.
- 3.39. All professionals involved in the NHSBCSP are required to keep up-to-date with nationally approved training programmes and CPD/CME. They should participate in educational schemes and histopathology EQA where appropriate.

## User involvement

- 3.40. In accordance with good practice, to gain feedback on services provided and to have public involvement on the provision of services, the provider will continue to:



- demonstrate that they have collected (or have plans in place to collect) the views of service users (both people invited for screening and those who have attended), in respect of the services they provide
- demonstrate how those views will influence service delivery for the purposes of raising quality
- show that all participants are given information about how to provide feedback about services they receive, including the complaints procedure.

3.41. Collection of views will often be via surveys or questionnaires. It is expected that such surveys will take place on a regular (rather than *ad hoc*) basis and that the results will be made available to the NHS CB on request.

## Premises and equipment

3.42. The provider will ensure that:

- suitable premises and equipment are provided for the screening programme
- appropriate policies are in place for equipment cleaning, decontamination, calibration, maintenance, and replacement
- the BCSS IT system is able to support the programme and to supply data for the purpose of auditing performance against national standards and KPIs
- the BCSS IT system is able to perform failsafe checks
- laboratories and endoscopy services are accredited by UKAS or JAG, as appropriate.

## Key Performance Indicators

3.43. The provider will adhere to the requirements specified in Appendix 1.

## Data collection and monitoring

3.44. There is a requirement for bowel cancer screening services to provide routine data to the NHS Information Centre, the Quality Assurance Reference Centre, and the national office in a timely manner.

3.45. Screening services will also contribute to national data collection exercises where required, and will provide annual data measuring performance against both standards and the Key Performance Indicators.

## Data reporting

- 3.46. Data is reported to the NHS CB and PHE, on a quarterly and annual basis. Appendix 3 shows routine data requirements.

## 4. Service standards, risks and Quality Assurance

### Key criteria and standards

- 4.1. Providers must meet at least the minimum and achievable NHSBCSP standards found in Appendix 1, as well as adhering to specific professional standards which can be found on the NHSBCSP website.
- 4.2. The national office of the NHSBCSP supports health professionals in their efforts to meet these standards and deliver a high quality bowel cancer screening programme. A number of resources to support health professionals are available on the NHSBCSP's websites.

### Risk assessment of the screening pathway

- 4.3. The provider is expected to have in place an internal quality assurance process that assures the quality assurance team within PHE and the NHS CB of their ability to manage the risks of running a screening programme. Providers may use the Failures Modes and Effects Analysis (FMEA) method of analysis, which is recommended by the NHS National Patient Safety Agency's risk assessment programme. Risks should be defined in the standard NHS format (where likelihood and severity are multiplied to give a RAG score).
- 4.4. The provider is expected to maintain a register of risks. They should work with the NHS CB and QA teams within PHE to identify key areas of risk in the screening pathway, and should ensure that these points are reviewed in contracting and peer review processes. On a quarterly basis, high scoring risks will be identified and agreed between the provider and the NHS CB, and plans put in place to mitigate these.

### Quality assurance

- 4.5. The provider will:
  - meet national programme standards, or have plans in place to meet them.
  - participate fully in national quality assurance processes and respond in a timely manner to recommendations made
  - ensure that data on participation from external quality assurance programmes are available to QA reference centres within PHE, the national office within PHE, and the NHS CB
  - collect and submit minimum datasets as required, to assure the NHS CB and the quality assurance team in PHE of the safety and quality of the services provided

- participate in the 3-yearly QA visit process and provide data for these visits in a timely fashion.

## Serious incidents

- 4.6. Complex screening pathways often involve multidisciplinary teams working across several NHS organisations in both primary and secondary care, and inappropriate actions within one area, or communication failures between providers, can result in serious incidents. A serious incident (SI) for screening programmes is defined as an actual or possible failure at any stage in the pathway of the screening process which exposes the programme to unknown levels of risk, for example where screening or assessment have been inadequate, with potentially serious consequences for the clinical management of individuals. Though the level of risk to an individual in an incident may be low, because of the large numbers of individuals involved in screening programmes, this may equate to a very high corporate risk.
- 4.7. Potential serious incidents or serious near misses in screening programmes should be investigated with the same level of priority as actual serious incidents.
- 4.8. The provider will:
- comply with the NHSBCSP incident handling guidance
  - have a serious incident policy in place, and ensure that all staff are aware of it and of their responsibilities within it
  - inform the national office (PHE) and the NHS CB within 24 hours, in the event of a serious adverse event and provide all reasonable assistance to the NHS CB in investigating and dealing with the incident. Where appropriate, such incidents should also be reported to the national office to assist in the development of a national picture of risk identification and management
  - comply with appropriate statutory regulations (e.g. the Data Protection Act, COSHH Regulations etc) to ensure a safe working environment
  - review their procedures and processes against the NHSBCSP Programme standards to reduce the likelihood of incidents occurring
  - have a robust system in place, allowing concerns to be raised about the quality of care, and adequate arrangements to be made for the investigation of such concerns.

## Continual service improvement

- 4.9. Where national recommendations and core and/or developmental standards are not currently fully implemented, the provider will be expected to use service plans to indicate the changes and improvements that will be made over the course of the contract period.

- 4.10. The provider will develop a CSIP (Continual Service Improvement Plan) on the basis of the findings of the KPIs and the results of internal and external quality assurance checks. The CSIP will respond to any performance issues highlighted by the NHS CB, paying due regard to concerns raised via feedback from both people invited for screening and those who have attended. The CSIP will contain action plans with defined timescales and responsibilities, and will be agreed with the NHS CB.

## 5. Costs

- 5.1. The age expansion to men and women up to their 75<sup>th</sup> birthday will be directly commissioned by the national screening office within PHE. Amounts will be calculated according to the agreed formula. During the first two years of roll-out, the formula will be: the population served multiplied by 27.6p, divided by 365, multiplied by the number of days the service is provided. Thereafter, the formula will be: the population served multiplied by 46.0p, divided by 365, multiplied by the number of days the service is provided.

## 6. Teaching and research activities

- 6.1. Research activities are encouraged, but must have the appropriate approvals, including the NHSBCSP Research Committee.

## APPENDIX 1: Consolidated overview of the current NHSBCSP national minimum standards

	Objective	Measure	How is the measure assessed?
1	Identify cohort	100% of eligible population to be invited at appropriate intervals	All individuals listed on population database to be invited (monitor using BCSS)
2	Inform	100% of invited individuals to be offered informed choice	All individuals to be sent bowel cancer screening information leaflet with invitation and further information about colonoscopy if appropriate  Helplines to have translation facilities into main languages.  SSP Clinics to have translation/interpreter facilities into main languages available  Local PCT/screening centre health promotion strategy should be in place
3	Invite	90% of eligible population who receive an invitation letter to be sent kit	Monitor invitations issued. Monitor kits sent  Exclusion criteria appropriate applied according to national guidance  Make available, and use, hub helplines  Monitor coverage and uptake rates by gender, locality, ethnicity, and index of multiple deprivation
4	Test	100% FOBt kits reported within date  Reporting profiles of laboratory and individual screeners in line with national standards (under development)	Adherence to SOPs Achievement and maintenance of CPA accreditation Monitor reporting profiles of laboratory and individual screeners
5	Minimising harm	100% of results sent to participant to be received in 14 days  100% of first offered clinic appointments to be offered within 14 days of abnormal test result  Trained specialist screening practitioners' assessments to be completed according to national guidelines	BCSS  BCSS  Training/clinic records



Public health functions to be exercised by NHS England

6	Diagnose	<p>100% of colonoscopists to be accredited to BSCP</p> <p>100% of colonoscopy sites to be JAG accredited</p> <p>Achievement of endoscopy standards</p> <p>Adherence of pathology reporting standards</p>	<p>Individual JAG/clinic records</p> <p>JAG/clinic records (62 day wait)</p> <p>BCSS</p> <p>BCSS</p>
7	Treat/Intervene	<p>Endoscopic polypectomy undertaken by accredited screening colonoscopists</p> <p>Timely referral for operative polypectomy</p> <p>Timely referral to appropriate MDT for cancer treatment</p> <p>Appropriate referral for management of incidental findings where needed</p>	<p>Individual JAG/clinic records</p> <p>BCSS/clinic records (18 week wait)</p> <p>BCSS/clinic records (62 day wait)</p> <p>BCSS/clinic records (18 week wait)</p>
8	Outcome	<p>16% reduction in mortality in population invited for screening</p>	<p>NCIN data</p>
9	Staff	<p>All staff to be appropriately trained and qualified</p>	<p>Staff accreditation, CPD, EQA records</p>
10	Commissioning and Governance	<p>Commissioning of services according to DH collaborative commissioning guidance</p>	<p>SLAs with Commissioners in place for all screening colonoscopy sites within a screening hub</p> <p>Audit reports</p> <p>Regular financial reporting</p> <p>Clear clinical governance accountability within Trusts</p>

## APPENDIX 2: Key performance indicators

		KPI ID	BCSP - KPI	Description	Target/standard	Report available?
Hub testing		H1	Uptake by screening centre	% of those with a definitive <sup>+</sup> screening result, out of those invited* (no adjustment is made for undelivered kits and letters), by screening centre.	Target: 60%	Currently available on OBIEE dashboard
		H2	Response to invitation within 30 days, by screening centre (prior to reminder)	% of those who returned a kit, within 30 days of the date on which an invitation is sent, out of those invited (no adjustment made for undelivered kits and letters), by screening centre.	Auditable outcome	Will be available on OBIEE dashboard
		H3	FOBt positivity rate, by current screening centre	The proportion of those with a definitive abnormal FOBt result, out of all those with a definitive screening test result, by screening centre.	2%	Currently available on OBIEE dashboard
Colonoscopy		C1	Time from definitive abnormal result to first offered appointment with specialist screening practitioner (SSP), by screening centre	% of people where the elapsed time between the definitive abnormal FOBt result date (booked date) and the first-offered appointment fell within a specified time limit, out of all of those with a definitive abnormal FOBt result date and a SSP appointment date, by screening centre.	100% within 14 days	Currently available on OBIEE dashboard
		C2	Time from SSP pre-assessment to first offered colonoscopy date, by screening centre	% of people where the elapsed time between the colonoscopy pre-assessment SSP appointment and the first-offered colonoscopy date was within a specified time limit, out of all those with an SSP appointment and a first-offered colonoscopy date, by screening	100% within 14 days	Currently available on OBIEE dashboard

		centre.		
<b>C3</b>	Time from SSP pre-assessment to first attended colonoscopy, by screening centre	% of people where the time between the colonoscopy pre-assessment SSP appointment and the first attended colonoscopy was within a specified time limit, out of all those with a definitive abnormal FOBt result and SSP appointment and a colonoscopy attended date, by screening centre.	Auditable outcome	Will be available on OBIEE dashboard
<b>C4</b>	Colonoscopy suitable rate, by screening centre	Proportion of people with a definitive abnormal FOBt result who are suitable for colonoscopy, by screening centre.	90%	Will be available on OBIEE dashboard
<b>C5</b>	Colonoscopy uptake rate, by screening centre	Proportion of people with a definitive abnormal FOBt result who go on to have colonoscopy performed, by screening centre.	≥ 85%	Currently available on OBIEE dashboard
<b>C6</b>	Endoscopy complication rate by screening centre	% of endoscopies with a complication in the following categories out of all endoscopies performed by the screening centre: <ul style="list-style-type: none"> <li>- Perforation</li> <li>- Post-polypectomy perforation</li> <li>- Non-polypectomy perforation (auditable outcome)</li> <li>- Post-polypectomy bleed</li> </ul>	1 per 1000 endoscopies  1 per 500 endoscopies  Auditable outcome  1 per 100 endoscopies	Currently available on OBIEE dashboard

		<p><b>C7</b> Colonoscopy completion rate by screening centre</p>	<p>% of colonoscopies where terminal ileum, appendix orifice, ileo-caecal valve, anastomosis was reached, by screening centre. (Note: no photo/video evidence may exist: instead, triradiate caecal fold/finger indentation right iliac fossa may be used), by screening centre.</p>	<p>Standard: ≥ 90%</p>	<p>Currently available on OBIEE dashboard</p>
		<p><b>C8</b> Colonoscopy completion rate/caecal intubation rate (CI) by screening centre (video and/or photo evidence)</p>	<p>% of colonoscopies with photographic or video evidence of reaching terminal ileum, appendix orifice, ileo-caecal valve, anastomosis, by screening centre.</p>	<p>Standard: ≥ 90% caecal intubation rate (CIR) with photographic or video evidence</p> <p>Target: ≥ 97% caecal intubation rate (CIR) with photographic video evidence</p>	<p>Currently available on OBIEE dashboard</p>

Testing and Pathology	Staging	<b>S1</b>	Dukes' staging, by screening centre	The proportion of screen-detected bowel cancers that are Dukes' staged, showing breakdown by screening centre.	100%	Will be available on new pathology dashboard
		<b>S2</b>	TNM staging, by screening centre	Proportion of screen-detected bowel cancers that are TNM staged, showing breakdown by screening centre.	100%	Will be available on new pathology dashboard
		<b>S3</b>	Haggitts/Kikuchi staging, by screening centre	Proportion of screen-detected polyp cancers that are appropriately staged (Haggitts/Kikuchi), showing breakdown by screening centre.	100%	Will be available on new pathology dashboard
	PPV FOBt	<b>P1</b>	Positive Predictive Value of FOBt to <b>cancer</b> by screening centre	Percentage of people with a cancer diagnosis, out of those who attend for colonoscopy with a closed/complete episode, by screening centre.	$\geq 8$ per 100 colonoscopies	Local audit, supported by QARC
		<b>P2</b>	Positive Predictive Value of FOBt to <b>high-risk adenoma</b> by screening centre	Percentage of people with high-risk adenoma, out of those who attend for colonoscopy with closed/complete episode, by screening centre.	$\geq 9$ per 100 colonoscopies	Local audit, supported by QARC
		<b>P3</b>	Positive Predictive Value of FOBt to <b>advanced adenoma or cancer</b> , by current screening centre	Percentage of people with advanced adenoma or cancer, out of those who attend for colonoscopy with closed/complete episode, by screening centre.	$\geq 25$ per 100 colonoscopies	Local audit, supported by QARC

		<p><b>P4</b></p>	<p>Positive Predictive Value of FOBt to <b>any risk adenoma</b>, by screening centre</p>	<p>Percentage of people with any-risk adenoma, out of those who attend for colonoscopy with closed/complete episode, by screening centre.</p>	<p>≥ 43 per 100 colonoscopies</p>	<p>Local audit, supported by QARC</p>
--	--	------------------	--	---	-----------------------------------	---------------------------------------

Episode outcome	D1	<b>Cancer</b> outcome, by screening centre	Number of people per 1000 screened individuals with an outcome of cancer, out of those who were adequately screened (defined as those who had a definitive FOBt result and outcome), by screening centre.	$\geq 1$ per 1000 persons screened	Currently available on OBIEE dashboard
	D2	<b>High-risk adenoma</b> outcome, by screening centre	Number of people per 1000 screened individuals with an outcome of high-risk adenoma, out of those who were adequately screened (defined as those who had a definitive FOBt result and outcome), by screening centre.	$\geq 1$ per 1000 persons screened	Currently available on OBIEE dashboard
	D3	<b>Cancer or high- risk adenoma</b> outcome, by screening centre	Number of people per 1000 screened individuals with an outcome of cancer or high-risk adenoma, out of those with a closed/complete screening episode, by screening centre.	$\geq 3$ per 1000 persons screened	Currently available on OBIEE dashboard
	D4	<b>Overall adenoma</b> outcome, by screening centre	Number of people with an outcome of adenoma (any risk) per 1000 screened individuals with a closed/complete screening episode, by screening centre.	$\geq 8$ per 1000 persons screened	Currently available on OBIEE dashboard
	D5	<b>Cancer or any- risk adenoma</b> outcome, by screening centre	Number of people with an outcome of cancer or adenoma (any risk) per 1000 screened individuals with a closed/complete screening episode, by screening centre.	$\geq 10$ per 1000 persons screened	Currently available on OBIEE dashboard

<sup>+</sup> **Definitive FOBt normal outcome:** the result of (possibly many) kits sent to an individual subject which leads to them being returned to routine recall (if still within age). **Definitive FOBt abnormal outcome:** the result of (possibly many) kits sent to an individual subject which leads to them being offered an FOBt positive assessment with an SSP

\* Invitation to the programme here means that an individual has been sent the standard S1 invitation letter. This excludes self-referrals from those over the eligible age range, and late responders (defined



## APPENDIX 3: Routine data requirements

The Screening Programme Manager will provide the NHS CB with the following information:

### **Quarterly (to monitor against standards in Appendix 1, source: KCXXXX data)**

Data required will include

- number of individuals attending first SSP clinic appointment
- number of individuals who DNA at SSP clinic
- number of screening colonoscopy sessions run
- number of screening colonoscopies undertaken
- number of individuals DNA at screening colonoscopy
- number of other tests undertaken
- time from SSP clinic appointment to first offered screening colonoscopy appointment (excluding “stop the clock” individuals)
- number of follow-up clinics run
- number of individuals seen at follow up clinics
- details of all cancers found including pathology and initial treatment even if not treated at the same Trust;
- data to meet QA endoscopy standards

## APPENDIX 4: NHS Bowel Cancer Screening Programme guidance not otherwise referenced

*Bowel Cancer Screening Programme Ceasing Guidelines.* NHSCSP Publications No **2**, October 2007

*Evidence summary: patient information for the NHS Bowel Cancer Screening Programme.* NHSCSP Publications No **4**, November 2008.

*Guidelines for the use of imaging in the NHS Bowel Cancer Screening Programme.* NHSCSP Publications No **5**, September 2010

*Quality Assurance Guidelines for Colonoscopy.* NHSCSP Publications No **6**, February 2011.

*Adenoma Surveillance.* NHSCSP Publications: Guidance Note 1.



## References

---

<sup>i</sup> *Guidance for Public Health and Commissioners*. NHSCSP Publications No **3**, January 2008.

<sup>ii</sup> *Reporting Lesions in the NHS Bowel Cancer Screening Programme*. NHSCSP Publications No **1**, September 2007.