Public Health England

NHS

Quality Assurance Report
Bowel Cancer Screening Programme

Observations and recommendations from visit to Wolverhampton and Dudley Bowel Screening Centre on 19 April 2016

Public Health England leads the NHS Screening Programmes

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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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 better 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 four UK countries. The Screening Quality Assurance Service (SQAS) ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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Executive summary

The findings in this report relate to the quality assurance (QA) review of the Wolverhampton and Dudley Bowel Cancer Screening Programme (BCSP) held on 19 April 2016.

1. Purpose and approach to quality assurance (QA)

The aim of QA in NHS Screening Programmes is to maintain minimum standards and promote continuous improvement in bowel 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 is derived 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 as appropriate
- information collected during pre-visits
- information shared with the QA Team as part of the visiting process

2. Description of local screening programme

The Wolverhampton and Dudley Bowel Screening Centre covers a population of approximately 900,000 which is drawn from Wolverhampton, Dudley, Walsall and part of South East Staffordshire & Seisdon Peninsula Clinical Commissioning Groups (CCG).

This population is characterised by varying communities of mixed ethnicity and/or deprivation with a higher than national average level of deprivation found in Wolverhampton City areas of least deprivation are found in Staffordshire.

The programme is hosted by Royal Wolverhampton NHS Trust and is commissioned by the NHS West Midlands NHS England Team.

The Wolverhampton and Dudley Bowel Cancer Screening Programme started in 2006, with age extension commencing in 2009. The main site is based at New Cross Hospital which is part of The Royal Wolverhampton Hospitals NHS Trust with a satellite site at Russells Hall Hospital (RHH) in Dudley, part of The Dudley Group NHS Foundation Trust (DGH). This partnership was formed in February 2013.

Bowel screening call and recall, the issuing and testing of bowel screening kits, the referral of participants with abnormal test results, inviting participants and ordering of bowel preparation for bowel scope is carried out by the Midlands and North West

Screening Hub based in Rugby. The hub activities are not included within the scope of this QA visit.

The programme provides six pre-assessment clinics per week which are held at three community sites delivered by specialist screening practitioners (SSPs). Four screening colonoscopy lists per week are carried out at New Cross Hospital and two at the RHH site, with bowel screening pathology and radiology services carried out at the New Cross Hospital site.

The programme was approved to roll out bowel scope as a national pilot site in May 2013 and currently is the only fully rolled out centre nationally. There are 13 bowel scope lists per week - eight at New Cross and five at RHH.

3. Key findings

Overall, the service demonstrated a patient and quality improvement-focussed approach to bowel cancer screening activity underpinned by a proactive multi-disciplinary team that actively seeks out opportunities for implementing new bowel screening initiatives. This is evidenced by the service being early implementers of bowel screening, age expansion and is the first service in England to fully roll out bowel scope screening.

The high-priority issues are summarised below, as well as areas of good practice. For a complete list of recommendations please refer to the related section within the full report, or to the list of all recommendations on page 12.

3.1 Shared learning

The review team identified several areas of practice that are worth sharing:

- bowel screening website available to the general public incorporating the bowel screening annual report
- active involvement in health promotion and awareness of health inequalities in the population served
- comprehensive quality management system including a wide range of protocols and policies
- demonstrable links with endoscopy management roles on each site
- active involvement in colonoscopy research studies
- comprehensive failsafe systems for referral to computed tomography colonography (CTC), pathology results and surveillance patients
- CTC images are of high technical quality and reports are compliant with minimum data set through use of a computerised template
- full implementation of double reporting of polyp cancers and proforma reporting within pathology

3.2 Immediate concerns for improvement

The review team identified no immediate recommendations or concerns

3.3 High-priority issues

The review team identified five high priority issues, as grouped below and 16 three-month recommendations in total. Please see section 4 for related high-priority recommendations:

- formalisation of cross site governance arrangements
- succession, contingency and capacity and demand planning
- consistent achievement of colonoscopy/bowel scope standards by all individual endoscopists
- review arrangements within radiology to ensure privacy and dignity standards are maintained for CTC patients
- establishing the standard adverse incident (AVI) process within radiology

4. Key recommendations

A number of recommendations that were made related to the high-level issues identified above. These are summarised in the table below:

Level	Theme	Description of recommendation	Full recommendation found on page
High	Governance	The service level agreement (SLA) for bowel screening and bowel scope between the Royal Wolverhampton Hospitals NHS Trust and the DGH should be formally signed off **(R3.1)**	Page 13
High	Workforce	Succession, contingency and capacity and demand plans to support the sustainability of the service should be in place **(R3.2, R3.3, R3.6)**	Page 13
High	Governance	All colonoscopists/endoscopists should meet the national standards for individual practice and an action plan developed to achieve this **(R3.9)**	Page 14
High	Patient dignity	Arrangements so that patients' privacy and dignity are maintained within radiology for CTC patients, in relation to toilet facilities, should be in place **(R3.10)**	Page 14
High	Patient safety	Radiology AVIs should be identified and reported via the regional AVI process **(R3.14)**	Page 14

For more information on expected time frame for completion of recommendations, please see page 12.

5. Next steps

The Royal Wolverhampton Hospitals NHS Trust is responsible for developing an action plan to ensure completion of recommendations contained within this report.

The NHS England West Midlands Screening and Immunisation team will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented. The SQAS will support this process and the ongoing monitoring of progress.