



Public Health  
England



# Screening Quality Assurance visit report

## North Central London Bowel Cancer Screening Programme

15 November 2016

**Public Health England leads the NHS Screening Programmes**

## About Public Health England

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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 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

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 North Central London Bowel Cancer Screening Programme held on 15 November 2016.

### Purpose and approach to 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 Public Health England screening quality assurance service (SQAS).

The evidence for this report comes from the following sources:

- routine monitoring data collected by the NHS screening programmes
- evidence submitted by the provider
- information collected during pre-review visits to North Central London bowel cancer screening programme on 7 November 2016
- information shared with SQAS London as part of the visit process

### Description of local screening service

The North Central London bowel cancer screening programme (the programme) has a population size of 1,472,581 with an eligible screening population of 147,443 (Office National Statistics Mid 2015). The programme screens the population from Barnet, Camden, Enfield, Haringey and Islington Clinical Commissioning Groups (CCGs). It is commissioned by NHS England London.

The programme is hosted by the University College London Hospitals NHS Foundation Trust (UCLH) and is based at University College Hospital (UCH). Bowel cancer screening call and recall, the issuing of faecal occult blood test (FOBt) kits and the referral of participants with abnormal tests is carried by the London Bowel Cancer Screening Hub for all London bowel cancer screening programmes. The London Bowel Cancer Screening Hub is hosted by the London Northwest Healthcare NHS Trust and is based at St Mark's Hospital.

The pathology function for the bowel cancer screening programme is provided by the laboratory service at the University College London Hospitals NHS Foundation Trust. In April 2015, the management of this pathology service was transferred to Health Services Laboratories, a partnership between a private provider The Doctors Laboratory, University College Hospital (UCH) and The Royal Free Hospital with clinical delivery still being provided by UCH.

The programme commenced invitations for the faecal occult blood test (FOBt) bowel cancer screening in April 2007. Since then, the programme has issued 596,175 invitations with 7,610 individuals receiving abnormal results. 304 cancers have been diagnosed. All individuals who receive an abnormal FOBt are offered a FOBt positive assessment appointment with a specialist screening practitioner (SSP) prior to a colonoscopy or a computed tomography colonography (CTC) screening.

In January 2012, the National Cancer Screening Programme issued advice to the screening programmes on the piloting of flexible sigmoidoscopy/bowel scope screening. Bowel scope screening is an alternative and complementary bowel screening methodology to FOBt and is a one-off bowel scope screen offered to all 55 year olds. The eligible population for bowel scope screening for Barnet, Camden, Enfield, Haringey and Islington Clinical Commissioning Group is 15,529.

The programme commenced the roll out of bowel scope screening to the associated site at The Whittington Hospital in March 2015 and is planning to expand bowel scope screening to UCH in April 2017 and Chase Farm Hospital in March 2019.

Nationally, there are future plans to replace the FOBt with a new form of testing known as the faecal immunochemical test (FIT). This is expected to be rolled out in 2018.

## Findings

This is the third QA visit to University College Hospital (UCH) since the programme started in April 2007. The previous visit took place on 6 November 2013. The majority of recommendations identified at the last visit have been implemented.

The programme is well organised and team members are engaged and motivated. There is a good process for shared learning from screening incidents within the team.

## Immediate concerns

No immediate concerns were identified.

## High priority

The QA visit team identified nine high priority findings as summarised:

- to achieve Joint Advisory Group (JAG) accreditation at University College Hospital (UCH)
- ensure sufficient consultant provision to manage the increase in pathology workload with implementation of bowel scope screening
- establish clear lines of reporting from programme manager/lead specialist screening practitioner/bowel scope lead and other clinicians to the director of screening
- clarify roles for the director of screening, deputy director of screening and the bowel scope lead
- ensure appropriate workforce capacity planning is in place for the current bowel cancer screening activity and future roll out of bowel scope screening
- finalise the bowel scope screening implementation plan as a matter of urgency in order to go live with bowel scope screening at UCH in April 2017 and Chase Farm in March 2019
- ensure all members of the bowel cancer screening personnel receive appropriate training
- ensure an appropriately trained radiographer is on site when bowel cancer screening patients appointments are scheduled
- implement a process to correctly record the first offered date for computed tomography colonography which can be audited

## Shared learning

The QA visiting team identified several areas of practice for shared learning, including:

- weekly clinical review meetings where service issues are discussed which provides a good opportunity for support and learning for all programme staff
- where patients require transport or interpretation, a booking reference is added into their episode notes
- there is a clear process in place which enables pathology reports to be loaded onto the laboratory information system which clearly identifies Bowel Cancer Screening Programme (BCSP) cases to expedite reporting
- the use of a handbook for radiographers provides a clear and quick reference guide on their roles and responsibilities

## Table of consolidated recommendations

Service, provider and population served

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R1	Ensure sufficient workforce for FOBt bowel cancer screening and bowel scope screening programme activities	National Bowel Cancer Screening Programme Standard A5.4	3 months	High	Workforce planning to be included as part of the bowel scope screening business case
R2	University College Hospital bowel screening programme is to achieve mandatory Joint Advisory Group (JAG) accreditation	National Bowel Cancer Screening Programme Standard A1.6	3 months	High	JAG accreditation certificate
R3	Review consultant sessions for pathology to enable pathologists to manage expected additional workload generated from bowel scope screening	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 26) Section 3.27/ National Bowel Cancer Screening Programme Standard A5.4	3 months	High	Bowel scope screening business case to include the estimated additional pathology sessions required

## Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R4	In order to keep up to date with developments in screening programmes, the Director of Screening (DoS) or his/her deputies to attend screening quality assurance meetings and screening performance meetings	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 26) Section 1.10	12 months	Standard	Record of attendance
R5	Clarify governance and escalation pathway from programme manager, lead specialist screening practitioner, bowel scope lead and other clinicians to the DoS	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 26) Section 3.8	3 months	High	Escalation/accountability chart to be updated to include names and job titles
R6	Clarify leadership roles for DoS, deputy DoS and bowel scope screening lead	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 26) Section 3.15	3 months	High	Revised job descriptions formally approved by the trust

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R7	Produce bowel scope screening implementation plan with clearly defined deadlines as agreed with Public Health England and NHS England	NHS Bowel Cancer Screening Programme Piloting of Flexible Sigmoidoscopy (Jan 2012)	3 months	High	Approved bowel scope screening implementation plan
R8	Develop a capacity plan to account for the expected increase in uptake with the implementation of faecal immune testing (FiT) in 2018	National Bowel Cancer Screening Programme Standard A8.11	12 months	Standard	Trust approved capacity plan for FiT
R9	Establish a health promotion strategy	National Bowel Cancer Screening Programme Standard A9.2	6 months	Standard	Identify health promotion activities and collate within a health promotion plan to be discussed at the performance board meetings and documented in the annual report



No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R10	Undertake update audit for completeness of endoscopic mucosal resection of polypectomies >2cms	National Bowel Cancer Screening Programme Standard A5.17	3 months	Standard	Findings from the audit to be discussed and documented at the clinical meeting
R11	Audit timescales from specialist screening practitioner assessment to 1 <sup>st</sup> offered computed tomography colonography (CTC) and actual CTC appointment to ensure the national standard is being met	National Bowel Cancer Screening Programme Standard A5.17	6 months	Standard	Findings from the audit to be discussed and documented at the clinical meeting
R12	Ensure referrals for CTC are within regional and national ranges	Guidelines for the use of imaging in the NHS Bowel Cancer Screening Programme (Nov 12) Section 13.4	6 months	Standard	Review referral criteria and undertake an audit. Finding(s) from audit to be actioned and documented at the clinical meeting

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R13	Review cancer detection rate for computed tomography colonography (CTC) referrals	Guidelines for the use of imaging in the NHS Bowel Cancer Screening Programme (Nov 12) Section 13.4	6 months	Standard	Audit of CTC referrals for Bowel Cancer Screening patients for the last 3 years. Outcome to be discussed and documented at the clinical meeting
R14	Identify and review cancers that occur between screening episodes for team learning	Post-Investigation Colorectal Cancers (PICRCs) (July 2013)	6 months	Standard	Outcomes and learnings to be discussed and documented at the clinical meeting
R15	Review surveillance patients that opt out to proceed to colonoscopy within 3 months of their surveillance screening due date	National Bowel Cancer Screening Programme Standard A5.17	6 months	Standard	Outcomes and learnings to be discussed and documented at the clinical meeting
R16	Ensure specialist screening practitioners (SSPs) undertake audit training	National Bowel Cancer Screening Programme Standard A2.5	3 months	Standard	Update audit schedule and assign audits to the SSPs offering support and teaching where required

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R17	Review and update the quality management system	National Bowel Cancer Screening Programme Standard A8.3	6 months	Standard	Standard operating procedures to be reviewed/updated on the following: <ul style="list-style-type: none"> <li>• version control for quality management system</li> <li>• reference to bowel scope screening</li> <li>• management of 30 day questionnaires</li> <li>• management of telephone messages</li> <li>• management of alerts on BCSS system</li> </ul>
R18	Ensure the consultant based at the Whittington Hospital has sessional time to attend the weekly clinical team meeting	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 26) Section 1.10	6 months	Standard	Trust to review and approve job plan

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R19	Ensure radiologists are invited to attend the weekly team meetings	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 26) Section 1.10	3 months	Standard	Updated terms of reference and distribution list/s
R20	Recommence regular specialist screening practitioner team meetings	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 26) Section 1.10	3 months	Standard	Terms of reference and formal minutes to be generated

### Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R21	Ensure all bowel cancer screening personnel are appropriately trained to undertake bowel screening activities	Guidelines for the use of imaging in the NHS Bowel Cancer Screening Programme (Nov 12) Section 14.2	6 months	High	Training needs assessment and completed action plan. To include (but not limited to) the following roles: <ul style="list-style-type: none"> <li>• SSPs</li> <li>• Administrators</li> <li>• Radiographers</li> </ul>

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R22	Use the nationally approved bowel cancer screening induction template in addition to the trust's induction for all new staff	National Bowel Cancer Screening Programme Standard A9.9	3 months	Standard	Standard operating procedure (SOP) to ensure nationally approved bowel cancer screening induction template is used
R23	Ensure a trained radiographer for colonoscopy is on site when screening bowel cancer screening patients	Guidelines for the use of imaging in the NHS Bowel Cancer Screening Programme (Nov 12) Section 14.2	3 months	High	Standard operating procedure (SOP) to ensure that a trained radiographer is available at University College Hospital when screening patients

### Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R24	Endoscopy nurse to label the histopathology pots during procedures and SSP to act as a checker	NHS Public Health Functions Agreement 2016-17 (Service Specification No. 26) Section 3.17	3 months	Standard	Standard operating procedure (SOP) indicating responsibility of labelling and checking of histopathology pots during procedures
R25	Screening Specialist Practitioners (SSPs) to implement a process to correctly record the 1 <sup>st</sup> offered date for computed tomography colonography (index procedure) with the radiology department	National Bowel Cancer Screening Programme Standard A5.17	3 months	High	Standard operating procedure (SOP) to document process

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R26	Review and agree by local trust an updated Patient Group Directive (PGD) for Moviprep bowel preparation	National Bowel Cancer Screening Programme Standard A2.2	6 months	Standard	An updated PGD for bowel preparation

### The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R27	Ensure every colonoscopist achieves 150 procedures per year	National Bowel Cancer Screening Programme Standard A3.8	6 months	Standard	2017/2018 activity data shows all colonoscopists achieving programme standards

### Diagnosis

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R28	Ensure double reporting of all Bowel Cancer Screening Programme (BCSP) patient computed tomography colonography (CTC) is undertaken by an appropriately trained consultant radiologist	Guidelines for the use of imaging in the NHS Bowel Cancer Screening Programme (Nov 12) Section 10.3/13.4	6 months	Standard	Audit demonstrating double reporting of all Bowel Cancer Screening Programme (BCSP) patient computed tomography colonography (CTC) by a recognised BCSP radiologist

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R29	Ensure radiology department receives electronic notification of bowel cancer screening programme computed tomography colonography (CTC) referrals	Guidelines for the use of imaging in the NHS Bowel Cancer Screening Programme (Nov 12) Section 13.4	6 months	Standard	Bowel cancer screening programme CTC referrals to be flagged on the picture archiving and communications system
R30	Ensure mechanism is in place for providing information on cases where a polyp is identified from CTC	Guidelines for the use of imaging in the NHS Bowel Cancer Screening Programme (Nov 12) Section 13.4	6 months	Standard	Updated protocol and circulation of outcomes
R31	Ensure 'inadequate' CTC images are identified for record management	Guidelines for the use of imaging in the NHS Bowel Cancer Screening Programme (Nov 12) Section 13.4	6 months	Standard	Agreed criteria for identification of inadequate CTC images

## Next steps

The screening service provider is responsible for developing an action plan to ensure completion of recommendations contained within this report.

The screening quality assurance service 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.