



Public Health
England



Quality Assurance visit to the NHS Bowel Cancer Screening Programme London Hub

9 February 2017

Public Health England leads the NHS Screening Programmes

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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 4 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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www.gov.uk/topic/population-screening-programmes

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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 London bowel cancer screening programme hub held on 9 February 2017.

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 PHE screening quality assurance service (SQAS).

The evidence for this report comes from the following sources:

- routine monitoring of data collected by the NHS screening programmes
- evidence submitted by the provider, commissioner
- information shared with the national hub QA team as part of the visit process

Description of the hub

The hub is located in St Mark's Hospital, which is part of the Northwick Park and St Michael's Hospital site. It is hosted by London North West HealthCare NHS Trust. In February 2017, the hub employed 37.9 whole time equivalent staff.

The hub sends invitations and Faecal Occult Blood (FOBt) test kits on a biannual basis to all eligible people in the age range of 60 – 74 years. Returned kits are analysed at the hub, and people with an abnormal screening result are invited to a Specialist Screening Practitioner (SSP) appointment at their local screening service. In addition, the hub invites people aged 55 for a one-off Bowel Scope Screening (BoSS), and provides a helpline for any questions from the public or NHS staff. The hub has an active research programme, including the pilot of the Faecal Immunochemical Test (FIT) test which took place in London between November 2015 and May 2016.

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 5 high priority findings as summarised below:

- at the time of the visit, the hub was CPA accredited and had submitted an application for accreditation to ISO15189:2012
- the business continuity plan did not identify how to respond to the risks identified
- compared to other hubs, London reports fewer adverse events (AVEs) to the screening quality assurance service (SQAS)
- the hub should develop quality objectives for 2017/18 including description, responsibility and timeframe for actions
- the hub very recently introduced a set of training competencies and quality management processes. At the time of the visit it was too early to assess these against QA standards. So the QA team will return within 6 months to review

Shared learning

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

- screening centres are allocated hub team leaders as points of contact
- there are twice weekly teleconference calls with screening centres to ensure clear communication
- hub team leaders provide screening officers with monthly feedback on the outcomes of their kit reading, including the number of cancers detected

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	To transition from CPA accreditation to UKAS ISO15189 accreditation	1	6 months	H	UKAS certificate
2	Develop the business continuity plan to provide operational responses to each of the identified risks to hub business	1	3 months	H	An amended copy of the business continuity plan

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Update job descriptions to make sure they reflect the post	2	12 months	S	Any amended job descriptions
4	Provide details of the implementation of the competency framework for the QA review meeting. As a minimum, this should include: <ul style="list-style-type: none"> • training materials and evaluation • staff feedback • numbers of staff assessed 	1	6 months	H	Details of the implementation of the competency framework for the QA review meeting

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Amend 'Management of errors/non-conformities, incidents, complaints and compliments' Standard Operating Procedure (SOP) to make sure all deviations are recorded as non-conformities	1	3 months	S	Amended copy of the SOP showing that all deviations are recorded as non - conformities
6	Re-examine non-conformities from Jan 2016 – Feb 2017 and identify any that should be reported as adverse events	1	1 month	H	Outcome of the review for the period July 2016 – Feb 2017
7	Provide quality objectives for 2017/18 including description, responsibility and timeframe for actions	1	1 month	H	Quality objectives for 2017/18 including description, responsibility and timeframe for actions
8	Provide details of the implementation of the quality objectives for the QA review meeting. This includes progress against each of the quality standards from 2017/18	1	6 months	H	Details of the implementation of the quality objectives for the QA review meeting

Identifying the right people and inviting them at the right time

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Develop action plans for external audits of outside contractors. This should include monitoring figures and timescales for audits	1	3 months	S	Action plans for external audits of outside contractors

Informing – Informing subjects of the risks and benefits of screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Amend the helpline SOP for FAQs to include NHS number as an identifier for callers	1	3 months	S	Amended SOP

Testing – Efficiently and effectively testing and reporting participants' kits

No.	Recommendation	Reference	Timescale	Priorit	Evidence required
11	Clarify that all kits are logged on the day of receipt in the kit reading SOP	1	1 month	S	SOP amended to include all kits are logged on the day of receipt
12	Split the SOP for kit reading into more manageable sections	1	3 months	S	Amended copy of the kit reading SOP
13	Correct the picture in the test kit reading SOP. The arrows should be pointing to the QC strip as opposed to the sample	1	1 month	S	SOP amended for correct use of arrows in the test kit reading picture

Referral – Referral to Specialist Screening Practitioner

There are no recommendations in this section.

I = Immediate.

H= High.

S = Standard.

Next steps

The screening service provider is responsible for developing an action plan in collaboration with the commissioners to complete the recommendations contained within this report.

SQAS will work with commissioners to monitor activity/progress in response to the recommendations made for a period of 12 months, following the issuing of the final report. After this point, SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.