



Public Health
England



Screening Quality Assurance visit report

NHS Bowel Cancer Screening Programme Tees

13 and 14 July 2016

Public Health England leads the NHS Screening Programmes

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Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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

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Executive summary

The findings in this report relate to the quality assurance (QA) review of the Tees bowel cancer screening programme (BCSP) held on 13 and 14 July 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 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 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-review visits: a selection of evidence reports completed by the programme covering a number of specialist areas within bowel screening
- information shared with the North regional QA service as part of the visit process

2. Description of local screening programme

The Tees BCSP (the programme) covers four CCGs with a registered population of approximately 820,000.

The programme is provided by North Tees and Hartlepool NHS Foundation Trust. It is commissioned by the NHS England (NHSE) Cumbria and North East (CaNE) sub-regional team.

The programme started bowel cancer screening in 2007, and age extension to 70-74 years olds started in 2010. The service was a pathfinder site for bowel scope screening in 2011 and a pilot site in March 2013. All screening colonoscopy is undertaken at the North Tees site, with bowel scope lists undertaken at North Tees, University Hospital of Hartlepool and Redcar Primary Care Hospital (run by South Tees Hospitals NHS Foundation Trust).

3. Key findings

The immediate and high priority issues are summarised below as well as areas of shared learning.

3.1 Immediate concerns

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

- bowel scopists are supported well with a bi-monthly meeting
- prompt action taken to reduce CTC dose in response to audit report
- an established complex polyp MDT and clear protocols for handling large polyps

3.2 Immediate concerns for improvement

The review team identified one immediate concern. A letter was sent to the chief executive on 15 July 2016 asking that the following item be addressed within seven days.

There is evidence from the Bowel Cancer Screening System (BCSS) that out of five confirmed cases of cancer provided to the QA team, there was one record showing an unexpected cancer diagnosis given by phone. This is against good practice guidance on breaking bad news. Although there may be data entry inaccuracies, we would require assurance from the programme that all people receiving unexpected bad news have a face to face appointment.

A response was received within seven days, which assured the review team the identified risk has been mitigated and no longer poses an immediate concern.

3.3 High priority issues

The review team identified five high priority issues, as grouped below:

- number of colonoscopies on a list
- confirmation of cancer diagnosis
- capacity and demand
- data accuracy
- pathology

4. Key recommendations

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

Level	Theme	Description of recommendation
Immediate	Unexpected cancer diagnosis	All people receiving unexpected bad news should have a face-to-face appointment.
High	Number of colonoscopies on a list	There should be no more than four index colonoscopies on a screening colonoscopy list.
High	Confirmation of cancer diagnosis	All patients awaiting histological confirmation of a cancer should be offered an appointment to discuss the results, prior to leaving the endoscopy department.
High	Capacity and demand	A two-year capacity and demand plan should be produced in order to assist forward planning.
High	Data accuracy	An audit of 30-day questionnaire data input accuracy should be carried out. BCSS datasets and endoscopy reports should correspond. Telephone surveillance consultations should be accurately entered on BCSS.
High	Pathology	Pathology reports should not include non-microscopic data under the microscopic field unless the source of this data is specifically identified. The pathology team should discuss the criteria for confirming complete excision and develop a consensus about how it is reported. A mechanism for alerting the centre to unexpected diagnoses of cancer should be developed.

5. Next steps

The North Tees and Hartlepool NHS Foundation Trust, together with commissioners, are responsible for developing an action plan to ensure completion of recommendations contained within this report.

NHSE and CaNE sub-regional team will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented.

The regional screening QA service will support this process and the ongoing monitoring of progress.