



Public Health  
England

# **Screening Quality Assurance Visit Report NHS Bowel Cancer Screening Programme West London Bowel Cancer Screening Centre**

2 November 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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## Scope of this report

	Covered by this report?	If 'no', where you can find information about this part of the pathway
<b>Underpinning functions</b>		
Uptake and coverage	Yes	
Workforce	Yes	
IT and equipment	Yes	
Commissioning	No	Local public health commissioning team
Leadership and governance	Yes	
<b>Pathway</b>		
Cohort identification	No	Bowel cancer screening programme Hub
Invitation and information	No	Bowel cancer screening programme Hub
Testing	No	Bowel cancer screening programme Hub (faecal occult blood test (FOBT))
Results and referral	Part	Yes for bowel scope screening and colonoscopy. No for Bowel cancer screening programme Hub (faecal occult blood test (FOBT))
Diagnosis	Yes	
Intervention/treatment	Yes	

# 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 West London Bowel Cancer Screening Programme held on 2 November 2017.

## Purpose and approach to quality assurance

Quality assurance 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 data collected by the NHS screening programmes
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during the pre-visits to the bowel screening programme on 2 August 2017
- information shared with the Screening Quality Assurance Centre (London)

## Description of local screening service

The West London bowel cancer screening programme is hosted by Imperial Healthcare NHS Trust. This is commissioned by NHS England London. Imperial Healthcare NHS Trust delivers the bowel cancer screening programme for the West London population from 2 sites: Charing Cross Hospital which is part of Imperial Healthcare NHS Trust and West Middlesex University Hospital which is part of Chelsea and Westminster Hospital NHS Foundation Trust.

The eligible screening population for the screening programme (60 to 74 year olds) is 151,428 (Office of National Statistics 2016). The screening programme screens the GP registered population for NHS Central (which covers the borough of Westminster), NHS Ealing (two-thirds of GP practices within Ealing), NHS Hammersmith and Fulham, NHS Hounslow and West London (which covers the borough of Kensington and Chelsea) clinical commissioning groups (CCGs).

The screening programme commenced invitations for bowel cancer screening using faecal occult blood test (FOBt) in November 2007. All individuals who receive an abnormal FOBt result are offered a FOBt positive assessment appointment with a specialist screening practitioner (SSP) prior to a colonoscopy or a computed tomography colonography (CTC) screening.

Bowel cancer screening call and recall, issuing of FOBt kits and the referral of participants with abnormal tests is provided 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 based at St Mark's Hospital. This service provision is not part of the quality assurance (QA) visit.

Bowel scope screening (BoSS) 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 screening programme has an eligible bowel scope screening population (55 year olds) of 11,803 (Office of National Statistics 2016). The screening programme commenced the roll out of BoSS at Charing Cross Hospital in February 2015 and have rolled out to 48.4% of their GP practices.

## Findings

The West London bowel cancer screening programme is well supported by the director of screening and programme manager. The screening programme has staff in post for all required leadership roles. There are a hardworking, effective and cohesive team with good communication across the various disciplines.

The screening programme provides high quality care and a good standard of clinical practice for its screening patients. The service meets and exceeds the majority of their key performance indicators.

There is evidence of service improvement since the last QA visit in November 2014 with the majority of recommendations identified at the last visit having been implemented.

The screening programme has low uptake averaging 41% between 2015 and August 2017 compared with the regional average of 47% and the national average of 57% during the same period.

The screening programme needs to address their capacity issues as the screening programme expands with bowel scope screening and faecal immunochemical testing (FiT).

Governance and communication links between Imperial Healthcare NHS Trust and Chelsea and Westminster Hospitals NHS Foundation Trust who manage Charing Cross Hospital and West Middlesex University Hospital respectively need to be reviewed.

### Immediate concerns

No immediate concerns were identified.

### High priority

The quality assurance (QA) visit team identified 8 high priority findings as summarised below:

- insufficient workforce capacity for faecal occult blood test (FOBT) bowel cancer screening and bowel scope screening programme (BoSS) activities
- unsigned service level agreement between Imperial Healthcare NHS Trust and Chelsea and Westminster Hospitals NHS Foundation Trust which does not include current national standards required for faecal occult blood test (FOBT) and bowel scope screening (BoSS) programme
- unclear governance arrangements in place between Imperial Healthcare NHS Trust and Chelsea and Westminster Hospital NHS Foundation Trust
- no deputy programme manager in post
- lack of evidence of radiology audits being undertaken
- inaccuracies in the pathology data entered on the bowel cancer screening system
- lack of a training plan for the additional specialist screening practitioner (SSP)/nurse endoscopist role required for bowel scope screening
- lack of succession planning in light of the lead pathologist who will shortly retire and a lack of an appointed deputy pathologist in post

### Shared learning

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

- a high quality management system in place
- weekly meetings between the administrative team and specialist screening practitioners (SSPs) to identify any immediate issues
- flexible management of lists eg hybrid faecal occult blood test (FOBT) and bowel scope screening (BoSS)
- double reporting of all bowel cancer screening programme cases
- good in-house training offered to radiographers

# Recommendations

The following recommendations are for the provider to action unless otherwise stated.

## Service provider and population served

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Confirm accreditation of the pathology department by United Kingdom Accreditation Service (UKAS) following their visit in December 2017	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	UKAS accreditation certificate Share action plan for dealing with any non-conformities (if required)

## Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
2	Ensure screening programme is sufficiently resourced for bowel cancer screening faecal occult blood test (FOBT) and bowel scope screening (BoSS)	National Bowel Cancer Screening Programme Standard A5.4	3 months	High	Workforce and capacity plan for bowel scope screening including pathology



No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Imperial Healthcare NHS Trust to ensure the service level agreement with Chelsea and Westminster Hospital NHS Foundation Trust is explicit in the level and quality of service required for faecal occult blood test (FOBT) and bowel scope screening (BoSS)	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	<p>Confirmation of a signed contract.</p> <p>Director of Screening to confirm contract performance management meetings schedules and updates are in place between Charing Cross Hospital and West Middlesex University Hospital.</p> <p>Evidence of established lines of communication and coordination for administration and specialist screening practitioners (SSPs) between the 2 trusts (ensure this is captured within the service level agreement)</p>
4	Formalise organisational and governance arrangements between Imperial Healthcare NHS Trust and Chelsea and Westminster Hospital NHS Foundation Trust including reporting lines to director of screening and programme manager	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Trust approved organisational and governance structures

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Develop a capacity plan to account for the expected increase in uptake with the implementation of the faecal immunochemical test (FiT) in 2018	National Bowel Cancer Screening Programme Standard A8.11	6 months	Standard	Workforce and capacity plan for FiT including pathology
6	Appoint a deputy programme manager	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	High	Confirmation from trust of the appointment of a deputy programme manager
7	Develop a health promotion plan to improve uptake	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Health promotion plan to be provided
8	Chelsea and Westminster Hospital NHS Foundation Trust to make sure incidents are managed in accordance with national guidance	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Confirmation that trust incident policy has been updated to reference NHS Screening Programmes 'Managing Safety Incidents in NHS Screening Programmes' August 2017

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Radiology audits to be undertaken for 2016/2017 to show compliance to national standards	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	9 months	High	Audits to be undertaken for 2016/2017: <ul style="list-style-type: none"> <li>• individual audit of 100+ computed tomography colonography (CTC) to include PPVs/NPVs for all reporting BCSP CTC radiologists</li> <li>• workload audit for all reporting BCSP CTC radiologists</li> <li>• 1<sup>st</sup> CTC appointment offered versus actual CTC appointment Audit</li> <li>• audit on same day CTC for incomplete BCSP colonoscopies for both sites</li> </ul>
10	Audit of pathology data entered by the specialist screening practitioners (SSPs) onto the bowel cancer screening system (BCSS) to make sure accuracy of histology data entry	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	12 months	High	Confirmation from the SSPs that this 12 month audit from November 2016 to October 2017 has been undertaken

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Make sure the screening team across both sites are trained on the quality management system (QMS) and that is included in induction process	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Confirmation of QMS training is undertaken across both sites and included within induction process
12	Make sure a version control for the quality management system is implemented for work instructions and procedures within radiology	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Confirmation of version control in place

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
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No.	Recommendation	Reference	Timescale	Priority *	Evidence required
13	Establish a recruitment and training plan for specialist screening practitioner (SSP)/nurse endoscopist hybrid posts	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Recruitment and training plan
14	Undertake an options appraisal for better use of the existing space within the endoscopy footprint to increase capacity	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Copy of the options appraisal and confirmation that the outcome of the options appraisal has been discussed at the operational meeting
15	Develop a succession plan for the lead pathologist and appoint a deputy pathologist	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme/ NHSBCSP pathology standards (2013)	6 months	High	Confirmation of appointment of a deputy pathologist and succession planning for lead pathologist

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
16	Undertake a risk assessment of the transportation of pathology specimens in light of the future pathology reconfiguration at Imperial Healthcare NHS Trust	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Trust approved risk assessment undertaken

## Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
17	Review timings of the colonoscopy list at West Middlesex University Hospital to allow specialist screening practitioners (SSPs) time to attend multi-disciplinary team meetings held at West Middlesex University Hospital	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Confirmation of SSP attendance at the multidisciplinary team meetings

## The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
18	Develop a standard operating procedure for patients who are on prescribed anticoagulant/antiplatelet or new oral anti-coagulants (NOAC) drugs on when to recommence medication	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Confirmation of standard operating procedure

## Diagnosis

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
19	Establish a formal regular discussion forum between accredited colonoscopists on the management of complex polyps (physical/virtual meeting)	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Formalised terms of reference for forum for the management of complex polyps 3 month audit of attendance

## Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
	None				



## 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.

The screening quality assurance service (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.