



Public Health
England

Quality Assurance Visit Report

Merseyside & North Cheshire Bowel Cancer Screening Centre

Observations and recommendations from
the visit on 4 March 2016

Version 1.0/ September 2016

Public Health England leads the NHS Screening Programme

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 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 Merseyside and North Cheshire Bowel Cancer screening programme held on 4 March 2016.

1. Purpose and approach to quality assurance (QA)

The aim of quality assurance 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, including a review of patient case notes, relevant pathology and radiology slides and reports
- information shared with the QA team as part of the visit process

2. Description of local screening programme

The Merseyside and North Cheshire screening centre provides bowel cancer screening services for a population of around one million. The screening centre split in February 2014 to create a neighbouring screening centre, Liverpool and Wirral. This followed an earlier split in 2009 to create the Cheshire programme. The clinical commissioning groups (CCGs) covered by the centre include Liverpool (part), Southport and Formby, South Sefton, Halton, St Helens, Knowsley and Warrington.

The programme is provided by Aintree University Hospitals NHS Foundation Trust (AUH). It is commissioned by NHS England Cheshire and Merseyside sub-regional team.

The programme commenced screening in September 2006 and age extended in April 2010. All screening colonoscopy (seven lists per week) is performed at AUH, with SSP clinics offered at nine locations across the geography. AUH provides the home for the administration and SSP team. Radiology services are also provided at AUH but pathology services are provided by the joint venture (with Royal Liverpool & Broadgreen University Hospitals Trust), Liverpool clinical laboratories.

In March 2014, the programme began to roll out invites to the Bowel scope screening service (BoSS) eligible population. Currently, the service has been rolled out to approximately 50% of the population with four lists per week provided at AUH, two at Warrington Hospital and two at St Helens Hospital.

3. Key findings

The high priority issues are summarised below as well as areas of good practice.

3.1 Shared learning

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

- open and transparent service level agreements for BoSS
- effective and consistent approach to clinical reviews
- colonoscopists are achieving the standard for all key performance indicators
- impressive pathology turnaround times in spite of just two pathologists doing the work
- very good performance indicators for colorectal cancer resections
- excellent electronic referral system for patients requiring the radiology service
- the centre has developed smooth administrative support processes for the initial roll out stages of BoSS
- the screening and immunisation team and their stakeholders have a two year cancer plan to tackle inequalities and improve uptake

3.2 Immediate concerns for improvement

The review team identified no immediate concerns.

3.3 High priority issues

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

- the screening centre currently has an overall BoSS ADR that sits just at the acceptable minimum standard but some individual endoscopists are well below the standard
- the screening centre is currently not managing open episodes appropriately and those episodes must be reviewed to ensure that patients are on the correct pathway and, if appropriate, have received the correct intervention.
- members of the SSP team expressed concerns that patients are not receiving their colonoscopy results in a sufficiently timely manner and this could cause increased anxiety for patients and impact upon their opinions of the programme

- the availability of Entonox for use within BoSS lists, a pre-requisite for national office sign off, is currently not always available during lists.

4. Key actions

A number of actions were made related to the high priority issues identified above. These are summarised in the table below:

Level	Theme	Description of action
High	Endoscopy	Action to improve BoSS ADR for underperforming endoscopists. Action plans to be forwarded for the individuals involved
High	SSP	Review of all cases within inactive open episodes alert on BCSS to ensure that patients are on the correct pathway. An audit of this process needs to be shared with the SQAS.
High	Programme Administration	Allocated management of the BCSS alerts with individuals named with responsibility for this piece of work and the frequency
High	SSP	Review of the process for giving results to patients to ensure timely and effective communication
High	Endoscopy	Entonox should be available for all BoSS lists

5. Next steps

The Merseyside and North Cheshire Bowel Cancer screening programme is responsible for developing an action plan to ensure completion of actions contained within this report.

NHS England Merseyside and Cheshire sub-regional team will be responsible for monitoring progress against the action plan and ensuring all actions are implemented. The regional QA team will support this process and the ongoing monitoring of progress.