Public Health England

NHS

Screening Quality Assurance visit report

NHS Bowel Cancer Screening Programme County Durham & Darlington

18 and 19 September 2018

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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 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. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

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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 County Durham and Darlington bowel cancer screening programme (CDD BCSP) held on 18 and 19 September 2018.

Quality assurance purpose and approach

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:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during pre-review visits to the screening centre office at Bishop Auckland Hospital (BAH) and the pathology department at University Hospital of North Durham (UHND)
- information shared with the North regional SQAS as part of the visit process
- radiology report included within the Tees bowel cancer screening programme (BCSP) QA visit report

Local screening service

The CDD BCSP provides screening services for an eligible screening population of 91,864 and a registered population of 526,499 across County Durham and Darlington. The Clinical Commissioning Groups (CCGs) covered by the centre include Darlington, Durham Dales, Easington and Sedgefield, and North Durham.

The CDD BCSP started in August 2007 inviting men and women aged 60 to 69 years of age for faecal occult blood test (FOBt) screening. In January 2010, the screening service expanded the age range covered to 74. Bowel scope screening (BoSS) began in March 2014 inviting men and women aged 55.

County Durham and Darlington NHS Foundation Trust (CDDFT) hosts the CDD BCSP and there are no associated providers.

Programme co-ordination and administration for FOBt and bowelscope takes place at Bishop Auckland Hospital. The following table identifies the hospital sites involved in providing the BCSP.

Service provided as part of the BCSP						
Trust/Site	Administration	Specialist Screening Practitioner clinics	Colonoscopy	BoSS	Pathology	Radiology
County Durham & Darlington NHS Foundation Trust						
Bishop Auckland Hospital	•	•	•	•		
Chester le Street Community Hospital		•				
Shotley Bridge Community Hospital		•				
Darlington Memorial Hospital		•				
University Hospital of North Durham					•	
North Tees and Hartlepool NHS Foundation Trust						
University Hospital of North Tees						•

The screening programme Hub, which undertakes the invitation (call and recall) of individuals eligible for FOBt screening, the testing of screening samples and the onward referral of individuals needing further assessment, is based in Gateshead and is outside the scope of this QA visit.

Findings

This is a small centre, with both the centre administration office and endoscopy services sited at BAH. The screening team have close working relationships and they work well together to deliver a service that meets or exceeds many key performance indicators (KPIs) and quality standards.

A forward-thinking Clinical Director (CD) leads the service and has put in place a training strategy that will ensure a future BCSP endoscopy workforce is available for the implementation of the faecal immunochemical testing (FIT).

Since the last QA visit to the centre in 2014, all recommendations, except for 4 relating to radiology, have been completed. These outstanding recommendations are now irrelevant as the department no longer provides a screening CTC service.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified no high priority findings.

Shared learning identified by the QA visit team

The service has developed an effective method of triaging surveillance patients to make best use of the specialist screening practitioners (SSPs) time. By asking patients to return their bowel cancer screening system (BCSS) health check questionnaire, prior to their assessment appointment, they can triage patients in advance of their attendance. This helps reduce the requirement for second appointments.

The service put in place a solution to prevent BoSS lists overrunning by creating a 15-minute dummy appointment slot mid list. This simple but effective initiative prevents cumulative delays affecting list finishing times.

The centre has developed an effective method of combining the centre administrator with that of the assistant screening practitioner (ASP) role. This role enrichment provides the centre with a knowledgeable, and multi skilled workforce as well as giving them the opportunity of professional development.

To ensure pathologists deal with BCSP cases urgently, they are made easily identifiable by labelling the microscope slides for BCSP cases as “BCSP”.

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Governance arrangements for the local screening and immunisation oversight group (LSIOG) should be clarified and terms of reference (ToR), governance structure should be developed	1	3 months	Standard	Copy of ToR and governance structure
2	Put in place a service level agreement (SLA) between CDD BCSP and the University Hospital of North Tees for the provision of radiology computerised tomographic colonography (CTC) service	1 and 5	3 months	Standard	Copy of signed SLA
3	Investigate the reasons for low colonoscopy uptake amongst participants	1	6 months	Standard	Summary of findings
4	Produce up-to-date annual report	5	3 months	Standard	Copy of annual report
5	Ensure Bishop Auckland Hospital (BAH) achieves Joint Advisory Group (JAG) accreditation	5	6 months	Standard	Copy of JAG report and certificate
6	Develop a schedule of meetings for the administration and SSP teams. This should include joint meetings on occasions	5	3 months	Standard	Terms of references, agendas and 1 x minutes of each meeting
7	Establish an effective, internal multidisciplinary team meeting	5	3 months	Standard	Terms of reference, agenda and 1 x minutes of meeting

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Develop a 2-year capacity and demand plan to include faecal immunochemical testing (FIT) when information is published. This should include a review of the specialist screening practitioner (SSP) and administrative staffing levels	5	6 months	Standard	Copy of capacity and demand plan
9	Update the adverse/serious incident (AVI/SI) standard operating procedure (SOP) to identity the formal mechanism/process to share learning and update organisations, personnel and contact details	5	1 month	Standard	Copy of updated SOP
10	The clinical director (CD) should sign off screening quality assurance service (SQAS) attribution reports for clinical AVIs	4 and 5	1 month	Standard	Copies of signed attribution report with CD signature
11	Develop a right results (RR) policy	5	3 months	Standard	Copy of RR policy
12	Review the audit schedule and incorporate audits from the RR self-assessment audit tool	5	3 months	Standard	Copy of new audit schedule
13	Conduct a 30-day questionnaire data accuracy audit	5	3 months	Standard	Copy of audit schedule showing completed audit
14	Develop or update existing standard operating procedure (SOP) to accurately record non-responses to questions on the 30-day questionnaire	5	3 months	Standard	Email confirmation this is complete
15	Develop a health promotion (HP) strategy with support from the SSPs	1 and 5	6 months	Standard	Copy of HP strategy

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
	None	NA	NA		NA

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
	None	NA	NA		NA

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
	None	NA	NA		NA

Diagnosis

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
16	Establish a regular clinical meeting to discuss endoscopist's key performance indicators (KPIs) and share learning from clinical AVIs	5	6 months	Standard	Copy of terms of reference and 1 x minutes
17	Conduct a prospective audit on the management of large non-pedunculated colorectal polyps (LNPCPs), to include site check audit	6	6 months	Standard	Copy of completed audit
18	Conduct an audit for 2017 of colorectal cancer resection reporting against Royal College of Pathology (RCPath) reporting standards	7 and 8	3 months	Standard	Copy of colorectal cancer resection audit

Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
	None	NA	NA		NA

Next steps

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

SQAS will work with commissioners for 12 months to monitor activity and progress in response to the recommendations following the final report. SQAS will then send a letter to the provider and the commissioners summarising the progress and will outline any further action needed.