



Public Health
England



**Screening Quality Assurance visit
report**
NHS Bowel Cancer Screening
Programme
Western Sussex

25 January 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

The NHS bowel cancer screening programme (BCSP) is a population screening programme that involves 2 screening activities. The first is faecal occult blood test (FOBT) screening, offered to all 60 to 74 year olds every other year. The second is the newly developed bowel scope screening, which is a one off invitation for a flexible sigmoidoscopy for 55 year olds. This part of the programme is being rolled out across the country over the next three years. The aim of the BCSP is to reduce mortality from and incidence of bowel cancer by both 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 Western Sussex Bowel Cancer Screening service held on 25 January 2018.

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
- data and reports from external organisations as appropriate
- evidence submitted by the provider(s), commissioner and external organisations
- information shared with the south regional SQAS as part of the visit process

Description of local screening service

The Western Sussex Bowel Cancer Screening Programme is provided by Western Sussex Hospitals NHS Foundation Trust (WSHFT). The screening programme is based across 2 hospital sites within the trust, serving a population of 487,045. The programme is commissioned by NHS England (South East).

The hospital sites are St Richard's Hospital (SRH) at Chichester and Worthing Hospital (WH) at Worthing. Staff based on these sites work as one centre to provide the bowel cancer screening services for the eligible screening population across Western Sussex.

The Western Sussex Bowel Cancer Screening Programme (BCSP) started in March 2007 for St Richard's Hospital in Chichester and in 2009 for Worthing Hospital and invited men and women aged 60 to 69 years for faecal occult blood test (FOBT) screening. Age extension of the FOBT-based screening service to cover people aged 70-74 began in April 2010 for the St Richard's site and in August 2013 for the Worthing site. National Bowel scope screening began in 2013, inviting men and women aged 55. The Western Sussex programme started bowel scope in October 2016 and currently runs one list per week.

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

Findings

From 2016 to March 2017 48,635 people have been invited to participate in the bowel screening programme in Western Sussex and 28,664 have been adequately screened, giving the centre an uptake of 62%. This compares with a regional average of 60% and a national average of 59.1% in 2016/2017.

Immediate concerns

The QA visit team had no immediate concerns.

High priority

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

- implementation of bowel scope has been slow, progress has been hampered by problems relating to procurement of equipment, workforce capacity and site accreditation
- the standard relating to the minimum number of screening procedures per year is met by only one of the 5 colonoscopists
- there are no regular clinical meetings of the endoscopist workforce for review of performance indicator (KPI), adverse incidents (AVI) and practical endoscopy issues
- there is some variation in practice between radiology sites - BCSP patients do not sign for consent on all sites in accordance with the national recommendation
- CT Colonoscopy (CTC) reports are not based on the minimum dataset needed for entry onto Bowel Cancer Screening System (BCSS)
- BCSP pathologists do not use standardised Royal College of Pathologists (RCPATH) compliant proforma for reported bowel resections

- there is not always a record of double reporting by BCSP pathologists of T1 cancers in line with national guidance
- additional resources within the Screening Specialist Practitioner (SSP) and administrative team will be required to support the implementation of bowel scope

Shared learning

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

- patient questionnaire feedback is reviewed monthly by the administrative team and a report is circulated to the team
- the Specialist Screening Practitioner telephones bowel scope participants before their appointment
- this means that patients are well informed about the patient pathway in advance of their procedure
- there is an effective polyp MDT for discussion of possible therapeutic options for challenging polyps

Recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence
1	Develop a workforce plan which demonstrates how administrative and nursing support within the programme will be increased to meet planned service changes and which ensures that adequate cover is provided for annual leave and sickness	NHS public health functions agreement 2017-18 Service specification no.26A Bowel Cancer Screening Programme	6 months	Standard	Administrative and nursing staffing resource plan based on bowel scope plans and the threshold value of the FIT test (once known)
2	Review the threshold and process for reporting adverse incidents (AVIs) and consider establishing a non-conformance log	Public Health England Managing Safety Incidents in NHS Screening Programmes (2015)	6 months	Standard	Non-conformance log
3	Develop an annual audit schedule to cover all elements of the programme	NHS public health functions agreement 2017-18 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Annual audit plan

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
4	Develop a plan for deployment of Screening Specialist Practitioner (SSP) nurse endoscopists to meet the requirements of the planned roll out of bowel scope	NHS public health functions agreement 2017-18 Service specification no.26A Bowel Cancer Screening Programme	3 months	High	Workforce plan for use of nurse endoscopists
5	Plan for the separation of the programme manager role and the lead SSP role, with clear lines of responsibility	NHS public health functions agreement 2017-18 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Job descriptions and confirmation of recruitment
6	Install a second phone line to improve the team's ability to make and receive calls	NHS public health functions agreement 2017-18 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Phone line added

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
7	Add another computer at the Chichester site to enable the SSP to complete the investigation dataset in real time in collaboration with the screening endoscopist	NHS public health functions agreement 2017-18 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	New computer terminal

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
8	All SSPs to have their activity recorded within their job plans and to include attendance at the colorectal multi-disciplinary team meeting	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	SSP job plan; minutes of MDTs showing evidence of attendance
9	Review the processes for the endoscopy unit at Chichester where SSPs admit the patients from the BCSP list as this affects the SSPs' ability to support patients	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Administrative staffing resource plan

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
10	All SSPs to complete their direct observation of practice (DOPS) assessment before their next annual appraisal	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Completed DOPS assessment for all SSPs

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
11	Application to the national team to be prioritised for the accreditation of the Worthing site for bowel scope procedures	NHS public health functions agreement 2017-18 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Application and approval by national office

Diagnosis

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
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No.	Recommendation	Reference	Timescale	Priority *	Evidence required
12	Review allocation of colonoscopy procedures to address variations in individual volumes and to ensure that all colonoscopists meet the national standard for the minimum number of colonoscopies per year	NHS BCSP Quality Assurance Guidelines for Colonoscopy Publication No 6 (February 2011)	3 months	High	Assurance given at programme board meeting; SQAS data
13	Monitor individual polyp retrieval rates to ensure standard is met by all colonoscopists	NHS BCSP Quality Assurance Guidelines for Colonoscopy Publication No 6 (February 2011)	3 months	Standard	Assurance given at programme board meeting; SQAS data
14	Re-establish regular clinical meetings of the endoscopist workforce to review key performance indicators (KPIs), adverse incidents (AVI) and practical endoscopy issues	NHS BCSP Quality Assurance Guidelines for Colonoscopy Publication No 6 (February 2011)	3 months	High	Minutes of endoscopist workforce clinical meeting showing attendance of endoscopists
15	Make sure that CT Colonography reports contain the minimum dataset information needed for entry onto the Bowel Cancer Screening System (BCSS)	Guidelines for the use of imaging in the national cancer screening programme	3 months	High	Audit of CTC reports over a three-month period with evidence that minimum dataset is included

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
16	Make sure that all BCSP patients sign for consent for CTC on all sites in accordance with the national recommendation	Guidelines for the use of imaging in the national cancer screening programme	3 months	High	Confirmation that signed consent has been added to the pre-scan checklist for radiographers
17	Repeat the audit of radiation dose on both sites during 2018	Guidelines for the use of imaging in the national cancer screening programme	6 months	Standard	Audit of radiation dose
18	Conduct an audit of CTC cases within the last 12 months to identify any patient pathway issues and embed this into the annual audit plan	Guidelines for the use of imaging in the national cancer screening programme	6 months	Standard	Audit of CTCs within the last 12 months
19	Standardise practices and procedures at the 2 sites for histopathology through shared standard operating procedures (SOPs) including joint meetings	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Updated SOP with version control and author added. Minutes of joint meetings

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
20	Achieve United Kingdom Accreditation Service (UKAS) accreditation at Chichester	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	UKAS confirmation
21	Develop an action plan to demonstrate how increased pathology workload will be resourced as a result of bowel scope roll out and FIT implementation (once the threshold value of the FIT test is announced)	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Action plan demonstrating capacity planning for BCSP pathology

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
22	All BCSP pathologists to have their activity recorded within their job plans	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Updated job plans for BCSP pathologists
23	All BCSP pathologists to use standardised Royal College of Pathologists (RCPATH) compliant proforma for reported bowel resections utilising TNM8	NHS BCSP Reporting lesions in the NHS bowel screening programme (2007); Guidelines from the Bowel Cancer Screening Programme Pathology Group Publication No 1 (September 2007)	3 months	High	Audit of Worthing cancer dataset items demonstrating compliance

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
24	All pathologists to ensure that T1 cancers identified within BCSP are reported according to RCPATH/BCSP dataset	Guidelines from the Bowel Cancer Screening Programme Pathology Group Publication No 1 (September 2007)	3 months	High	Audit of pathology reports to ensure that T1 cancers are reported according to guidance
25	Review isolated BCSP pathologist working at Worthing as this may affect access to a BCSP pathologist second opinion	NHS BCSP Reporting lesions in the NHS bowel screening programme (2007); Guidelines from the Bowel Cancer Screening Programme Pathology Group Publication No 1 (September 2007)	6 months	Standard	Action plan

Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
	None	N/A	N/A	N/A	N/A

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.