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Screening Quality Assurance Visit Report

NHS Barking, Havering and Redbridge Bowel Cancer Screening Programme

8 November 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 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.

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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
Underpinning functions		
Uptake and coverage	Yes	
Workforce	Yes	
IT and equipment	Yes	
Commissioning	Yes	
Leadership and governance	Yes	
Pathway		
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	Yes	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 can develop into cancer if left untreated.

The findings in this report relate to the quality assurance visit of Barking, Havering and Redbridge Bowel Cancer Screening Programme held on Thursday 8 November 2018.

Quality assurance purpose and approach

Quality assurance (QA) 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 Public Health England 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 pre-review visits to the Bowel Cancer Screening Programme on 19 October 2018
- information shared with the SQAS (London) as part of the visit process

Local screening service

Barking Havering and Redbridge Bowel Cancer Screening Programme is provided by Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT). Barking, Havering and Redbridge University Hospitals NHS Trust is comprised of 2 hospitals: King George Hospital in Goodmayes and Queen's Hospital in Romford. Barking Havering and Redbridge University Trust separated from the North East London Bowel Cancer Screening Programme in November 2015, forming the Barking, Havering and Redbridge (BHR) Bowel Cancer Screening Programme. BHR delivers the Bowel Cancer Screening Programme from Queen's Hospital and is commissioned by NHS England, London.

Faecal occult blood test (FOBT) screening commenced in January 2010 at the Queen's Hospital site. FOBT screening colonoscopy, bowel scope screening (BoSS), specialist screening practitioner (SSP), administration, radiology and pathology are undertaken at this site.

All individuals who receive an abnormal FOBT screening result are offered an FOBT positive assessment appointment with an SSP prior to a colonoscopy or computed tomography colonography (CTC) screening.

The clinical commissioning groups (CCG) covered by the screening programme are Barking and Dagenham, Havering and Redbridge CCG. The eligible population for the screening programme (60 to 74 year olds) is 98,249 (Source: bowel cancer screening IT system).

BoSS is a one-off invitation for a flexible sigmoidoscopy for 55 year olds. The screening programme has an eligible BoSS population (55 year olds) of 11,803 (Source: bowel cancer screening system). The screening programme commenced BoSS at Queen's Hospital in March 2017 and has been rolled out to 29 of the 128 GP practices. There are plans to start bowel scope screening at King George Hospital.

The London Bowel Cancer Screening Hub manages the invitations (call and recall) of individuals eligible for FOBT screening. The London Hub also undertakes the testing of screening samples and onward referral of individuals needing further assessment. The hub is hosted by London Northwest Healthcare NHS Trust based at St Mark's Hospital and is outside the scope of this QA visit.

Findings

This is the first full QA visit to the programme since becoming a stand-alone screening programme in November 2015.

It was announced by the trust that the Bowel Cancer Screening Programme will move into another directorate following the imminent departure of the chief operating officer. Therefore, the Bowel Cancer Screening Programme clinical governance arrangements needs to be updated to reflect the new process for escalation of risks and management of incidents.

The Barking, Havering and Redbridge Bowel Cancer Screening Programme meets key performance indicators (KPIs) and the clinical quality of the service appears good. The screening programme is well supported by the director of screening and the Clinical Programme Manager.

The current staffing capacity is just enabling the programme to operate faecal occult blood test (FOBT) screening and the partial roll out of BoSS, while maintaining KPIs. This will not be sufficient capacity to manage the expected increase in workload with the implementation of faecal immunochemical testing (FIT) and the continued roll out of BoSS.

The trust needs to ensure there are arrangements in place which support the function of the lead SSP role and a lead administrator role. There are a number of colonoscopists, including the lead, whom are on locum contracts and there is insufficient dedicated time for screening for both the lead pathologist and lead radiologist posts.

A fire in May 2018 in the decontamination room has impacted on the delivery of FOBT screening and BoSS. As part of the business continuity plan, FOBT screening was set up as an interim solution at King George Hospital to minimise impact on the Bowel Cancer Screening Programme. Invitations for BoSS were temporarily suspended. King George Hospital has not received formal approval to be able to expand bowel scope to this site.

There are insufficient endoscopy procedure rooms for further expansion of the programme. The office space is also limited.

Immediate concerns

No immediate concerns were identified at this QA visit.

High priority

The QA visit team identified 10 high priority findings as summarised below:

- bowel scope screening can't take place at King George hospital until formal approval has been awarded
- the trust management structure for the programme is about to change
- there is no lead specialist screening practitioner or lead administrator in post
- there is a lack of administrative capacity for the operation of the Bowel Cancer Screening Programme
- there is insufficient capacity and resilience to manage the increase in workload which will come for faecal immunochemical testing (FIT) and full roll out of bowel scope screening (BoSS)
- there is no dedicated time allocation in job plans for the lead radiologist and the lead pathologist and their respective job descriptions require updating to cover the functions of the national job profile
- not all staff are attending screening centre meetings and are aware of relevant updates and developments
- clinical and office space is limited and there is insufficient office equipment available

- lack of prior agreement with commissioners for outsourcing the reporting of Bowel Cancer Screening Programme CTC
- not all pathologists are participating in the external quality assurance (EQA) scheme nor attending educational meetings

Shared learning

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

- the importance of having an effective business continuity plan in place
- weekly meetings to review complex cases and management issues

Recommendations

The recommendations 1 to 3 are only relevant to the commissioners of the service. All other recommendations are for the provider to action unless otherwise stated.

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence
01	The commissioners to ensure programme board minutes are a stand-alone auditable record of discussions and decisions	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Confirmation of minutes and action log at next performance board
02	The commissioners to formalise the interim quarterly performance monitoring meetings with the programmes	NHS public health functions agreement 2018-19 service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Confirmation of terms of reference and actions at next performance board

No.	Recommendation	Reference	Timescale	Priority	Evidence
03	Revise the health promotion plan in partnership with clinical commissioning groups, local authority public health teams and other stakeholders to improve uptake	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Commissioners to revise and agree a health promotion plan for the service, involving relevant stakeholders
04	Make sure there is sufficient workforce and capacity for implementation of faecal immunochemical test (FIT) and roll out of BoSS programme to accommodate increases in workload	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Workforce and capacity plan for FIT and BoSS to include all staffing levels Confirmation of approved associated bowel scope screening site at King George's Hospital
05	Appointment of a lead specialist screening practitioner and deputy programme manager or equivalent	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	6 months	High	Confirmation of appointment of a lead SSP and deputy programme manager or equivalent

No.	Recommendation	Reference	Timescale	Priority	Evidence
06	Make sure there is sufficient administrative capacity for the operation of the Bowel Cancer Screening Programme	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Confirmation that a risk assessment of the administrative pathway has been carried out and actions discussed at the quarterly operational meeting
07	Make sure there is sufficient dedicated time allocation in job plans for the lead radiologist and lead pathologist and ensure that job descriptions cover the functions of the national job profile	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Updated job plans for lead radiologist and lead pathologist
08	Revise the terms of reference for the Bowel Cancer Screening Programme quarterly operational meeting and ensure all staff are able to attend and kept up to date with updates and developments	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Revised terms of reference and attendance list. Confirmation that the group has links to the appropriate governance group for escalation of risks/actions. Confirmation of processes put in place to update staff
09	Make sure that health promotion activity is identified in relevant screening personnel's job descriptions/ job plans	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Confirmation that this has been added to screening staff job descriptions/job plans

No.	Recommendation	Reference	Timescale	Priority	Evidence
10	Trust incident policy needs to reference current national guidance for the management of screening incidents	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Revised trust incident policy
11	Confirm Bowel Cancer Screening Programme updated clinical governance arrangements including process for escalation of risks and management of incidents under the new Trust directorate	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Updated clinical governance structure reflecting escalation pathways of risks and incidents to the new trust directorate
12	Update the local policy for reporting incidents within radiology	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Updated policy which references name and roles of staff within the BCSP

No.	Recommendation	Reference	Timescale	Priority	Evidence
13	Expand audit schedule to demonstrate compliance with national standards	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	<p>Approved audit schedule demonstrating audit objective, lead staff member, completion timeframe</p> <p>Confirmation that audit outcomes and recommendations are discussed at the operational meetings</p> <p>Confirmation that audit training has been provided to SSPs</p>

No.	Recommendation	Reference	Timescale	Priority	Evidence
14	Undertake additional radiology audits highlighted at the visit	Guidelines for the use of imaging in the NHS Bowel Cancer Screening Programme	3 months	Standard	Audits for 2017/18 to include: <ul style="list-style-type: none"> - waiting times audit for first offered appointment for Bowel Cancer Screening Programme (BCSP) computed topography colonography (CTC) versus actual BCSP CTC appointments undertaken - CTC turnaround reporting times - individual audit of 100+ CTCs to include PPV and NPVs for all BCSP reporting radiologists - CTC reporting discrepancy audit related to outsourced CTC scans - audit on numbers of referrals for BCSP CTC to ensure numbers being reported on the bowel cancer screening system are accurate

No.	Recommendation	Reference	Timescale	Priority	Evidence
15	Undertake additional audits to be completed by the administration team	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Audits for 2017/18 to include: - accuracy audit on dataset entry (1 in 10 for majority of datasets and 100% on cancer)
16	Undertake additional audit to be completed by the endoscopy/specialist screening practitioner team	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Audits for 2017/18 to include: - audit on the reoccurrence of complex polypectomies >2cms
17	Expand pathology audits to include an audit on compliance with the Royal College of Pathologists' minimum dataset for colorectal cancer (CRC) resections	NHS Bowel Cancer Screening Programme: guidance on reporting lesions (March 2018) 3.3	3 months	Standard	Outcome of the following audits: - Audit of at least 50 resection specimens from CRC patients per pathologist
18	Undertake an audit of the satisfaction survey for computed tomography colonography to review facilities offered	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Outcome of audit and evidence of discussion at quarterly operational meetings

No.	Recommendation	Reference	Timescale	Priority	Evidence
19	Implement a quality management system which meets programme requirements with appropriate version control for all work instructions (WIs) and standard operating procedures	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	<p>Confirmation of update of right results pathway for FOBT and BoSS with references for standard operating procedures (SOPs)/ WIs</p> <p>Version control to be added to all SOPs/WIs</p> <p>The following SOPs to be developed:</p> <ul style="list-style-type: none"> - Escalation process for outcomes from the 30 day patient satisfaction questionnaires - Management of complex polyps within colonoscopy - Preparation and tagging for patient with iodine allergies within CTC - Measurement of polyps, change in diagnosis and dealing with difficult cases within pathology - Radiological investigations to be expanded in terms of criteria for CTC referral

No.	Recommendation	Reference	Timescale	Priority	Evidence
20	Use outcome of workforce planning to ensure appropriate clinical and office facilities and update office equipment	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	6 months	High	Confirmation that there is sufficient clinical and office space and office equipment

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Incorporate the national induction template into training for new staff	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Updated administration induction document Confirmation that appropriate training on QMS has been added to the induction process
22	Develop plan for resilience in colonoscopy and radiology due to current dependency on locum colonoscopists and single reporting within radiology	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	6 months	High	Confirmation of appointments to the substantive Bowel Cancer Screening Programme colonoscopist posts and additional bowel cancer screening radiologist post.

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Establish a mentorship arrangement for additional Bowel Cancer Screening Programme colonoscopists and bowel scope screening endoscopists	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Confirmation that appropriate mentorship training has been provided and share a copy of the planned mentorship plan for colonoscopists and endoscopists
24	Implement process for the outsourcing of bowel cancer screening workload to make sure it is managed and reported in accordance with the national bowel cancer screening guidelines	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Agreed process with commissioners
25	All pathologists to participate in the Bowel Cancer Screening Programme EQA scheme and attend educational meetings	NHS Bowel Cancer Screening Programme: guidance on reporting lesions (March 2018) 3.1	3 months	High	EQA certification of participation and confirmation of attendance at educational meetings of all reporting BCSP pathologists
26	Make sure the IT facilities fulfil the functions required for the staff working within the bowel screening programme	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Confirmation that the IT system can: - identify BCSP CTC referral - enable staff to view digital slides for BCSP EQA

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	None				

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	All colonoscopist to achieve the national standard of 120 cases per annum	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	12 months	Standard	Confirmation that the audit of colonoscopy workload by individual colonoscopist has been completed and appropriate action taken for those achieving numbers below the standard

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
28	Develop an up-to-date computerised version of the paper reporting form for each BCSP case and polyp reported	NHS Bowel Cancer Screening Programme: guidance on reporting lesions (March 2018)	1 month	Standard	Confirmation that an up-to-date, computerised reporting pro forma is in place

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.

SQAS will work with commissioners to monitor activity and progress in response to the recommendations made for a period of 12 months after the report is published. After this point SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action needed.