



Public Health
England

Screening Quality Assurance visit report NHS Bowel Cancer Screening Programme Bristol and Weston

Executive Summary

15 and 16 January 2019

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About PHE Screening

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Executive summary

Bowel cancer screening aims to reduce mortality and 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 Bristol and Weston Bowel Cancer Screening service held on 15 and 16 January 2019.

Purpose and approach to quality assurance

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 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 Bristol and Weston Bowel Cancer Screening Programme (BCSP) is provided by University Hospitals Bristol NHS Foundation Trust. The programme is delivered across six sites, in association with two additional NHS trusts: North Bristol NHS Trust and Weston Area Health NHS Trust and Prime Endoscopy, an independent service provider. The service is commissioned by NHS England South West.

The service is commissioned to cover the populations of Bristol, North Somerset, South Gloucestershire, Bath and North East Somerset and covers approximately 955,000 people.

The BCSP started in December 2008 inviting men and women aged 60 to 69 years for faecal occult blood test (FOBT) screening. In August 2013 the screening service extended the age range to 74 years.

Bowel scope screening (BoSS) is a one off invitation for a flexible sigmoidoscopy for 55 year olds. Bowel scope screening commenced in March 2014 and is fully rolled out to 100% of the eligible population.

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). Specialist Screening Practitioner (SSP) clinics are held at Bristol Royal Infirmary (BRI), Southmead Hospital (SMH) and Weston General Hospital (WGH). CTC is carried out at BRI and at Cossham Hospital. Colonoscopy is undertaken at BRI and SMH. Pathology for the whole service is delivered by SMH. Bowel scope screening lists take place at SMH, WGH, Prime Endoscopy, and South Bristol Community Hospital.

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

This is a large screening centre which involves a number of different providers and sites. There is an effective and committed team, with good lines of communication and working relationships across sites. The team are well supported by an experienced clinical director. The centre is visible within the host trust and appears to be appropriately supported.

This is the third QA visit for this service with the previous visit undertaken in November 2014. The service performs well and meets or exceeds the majority of key performance indicators.

From 01 January 2018 to 31 December 2018 63,359 people were invited to participate in the bowel cancer screening programme in Bristol and Weston. Of those invited 38,104 were adequately screened, giving the centre an uptake of 60%. This compares with a regional average of 63% and a national average of 59% during the same time period.

Planning for the introduction of faecal immunochemical test (FIT) is well advanced and the centre is well prepared for roll out. The centre is one of only a few nationally which are fully rolled out for bowel scope and is congratulated on the effort that has gone into this achievement.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

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

- there is no provision for a second enema to be administered to bowel scope participants when this is required
- there is variation in the numbers of CTCs reported individually by radiologists and a need to develop double-reporting for low volume reporters.
- there is no radiology annual audit plan

Shared learning

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

- there are effective governance arrangements and good lines of communication to support the many different sites and organisations involved in delivery of the programme
- there is an active health promotion working group, chaired by the programme manager, with good engagement from primary care
- there is evidence of high quality endoscopy, radiology and pathology services, with most key performance indicators (KPI) met and active engagement by clinicians from different specialities within the screening programme
- planning for the future introduction of FIT is well advanced and the centre has made appropriate efforts to plan for the predicted extra capacity required
- all cancer datasets are double-checked by two SSPs
- there is a formal complex polyp pathway in place at the Southmead site
- double-reporting of all pT1 cancers takes place
- the centre uses peppermint oil enemas where there are contraindications

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence
1	Agree and sign service level agreement for the provision of bowel scope between University Hospital Bristol NHS Foundation Trust and Weston Area Health Trust	NHS public health functions agreement 2018-19 Service specification no.26A Bowel Scope Screening Programme	3 months	Standard	Written confirmation of signed agreement
2	Clarify the clinical governance structures for the BCSP within and between Trusts	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Governance structure charts showing lines of accountability
3	Review the programme's risk register and ensure that risks to service delivery in other trusts and on other sites are documented, including the endoscopy risk at North Bristol NHS Trust	NHS standard contract service conditions	3 months	Standard	Updated risk register Minutes of programme board meetings where updated risk register is reviewed

No.	Recommendation	Reference	Timescale	Priority	Evidence
4	Include audits as a standing agenda item at programme board meetings	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Amended agenda for programme board meetings Minutes of programme board meetings where audits are discussed
5	Conduct regular dataset audits in line with guidance (to include 10% of BCSP and a proportion of bowel scope cases and 100% of all cancers found), using the endoscopy report to support this process	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A8.16	6 months	Standard	Two sets of audit data demonstrating audit requirements are being met
6	Improve document control within the quality management system (QMS) including implementation of a process for reviewing and archiving work instructions, information leaflets and proformas	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme Standard A8.5, A9.2	6 months	Standard	Document control policy and evidence of document control in place on a work instruction/standard operating procedure (SOP)

No.	Recommendation	Reference	Timescale	Priority	Evidence
7	Revise design of QMS to aid ease of use and reference the QMS to the right results pathway	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme Standard A8.5	6 months	Standard	QMS index developed with evidence of procedures aligned with right results pathway

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Obtain approval from all trust information governance leads on the transport of patient identifiable information between screening sites, and mitigation of associated risks.	Department of health Information Security Management: NHS Code of Practice	3 months	Standard	Assurance given at programme board
9	Measures to be taken to address the potential risk to the provision of bowel scope service at Weston General Hospital with lone scopist on bank contract	NHS public health functions agreement 2018-19 Service specification no.26A Bowel Scope Screening Programme	3 months	Standard	Assurance given at programme board

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Ensure that all SSPs complete Direct Observation of Practice (DOP) prior to next annual appraisal	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme Standard A7.4	12 months	Standard	Written confirmation of DOPs completion for all SSPs in next annual appraisal
11	Ensure that SSPs have the facility to make confidential calls	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Written confirmation that access has been reviewed and confidentiality is being maintained

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Adjust bowel scope list size to allow time for second enemas should this be necessary.	NHS public health functions agreement 2018-19 Service specification no.26A Bowel Scope Screening Programme	3 months	High	Written confirmation confirming review of list size to allow for the provision of a second enemas as required

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Develop a mechanism for feeding back to bowel scopists outcomes from subsequent colonoscopies for their patients.		6 months	Standard	Confirmation at programme board

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Establish a forum that enables clinicians to meet regularly to review learning from AVIs, KPIs, and audits		6 months	Standard	Written confirmation and set agenda to be provided
15	Ensure that BCSP CTCs are double reported when cases are reported by radiologists not achieving the required minimum number of reports	Guidance for the Use of Imaging in the NHS Bowel Cancer Screening Programme, second edition, publication no. 5, (November 2012)	6 months	High	Retrospective audit of CTC reporting, with evidence of double reporting

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Implement inclusion of audit codes in BCSP CTC reports	Guidance for the Use of Imaging in the NHS Bowel Cancer Screening Programme, second edition, publication no. 5, (November 2012)	3 months	Standard	Retrospective audit of CTC reporting, with evidence of inclusion of CTC codes
17	Introduce an annual audit plan detailing proposed audits for all three CTC sites with audit outcomes reviewed at programme board meeting	Guidance for the Use of Imaging in the NHS Bowel Cancer Screening Programme, second edition, publication no. 5, (November 2012)	12 months	High	Evidence within programme board minutes

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.