Public Health England

Protecting and improving the nation's health

Final Screening Quality Assurance visit report

NHS Bowel Cancer Screening Programme East and North Hertfordshire Bowel Cancer Screening Programme

29 January 2019

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG
Tel: 020 7654 8000, www.gov.uk/phe
Twitter: @PHE_uk Facebook: www.facebook.com/PublicHealthEngland

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.

www.gov.uk/phe/screening Twitter: @PHE_Screening Blog: phescreening.blog.gov.uk
For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net

Published January 2020
PHE publications
gateway number: GW-977

PHE supports the UN
Sustainable Development Goals

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 visit of the East and North Hertfordshire screening service held on 29 January 2019.

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 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
- evidence submitted by the provider(s), commissioner and external organisations
- information shared with the Midlands and East regional SQAS as part of the visit process

Local screening service

The East and North Hertfordshire bowel cancer screening service provide bowel cancer screening services for an eligible screening population of 616,080 across 62 general practices covered by East and North Hertfordshire Clinical Commissioning Group.

The East and North Hertfordshire bowel cancer screening service started inviting men and women aged 60 to 69 years for faecal occult blood test (FOBt) screening in 2008. In 2010 the screening service extended the age range inviting up to age 74. Bowel scope screening began inviting men and women aged 55 to Lister Hospital in Stevenage in September 2015. Bowel scope screening is now fully rolled out at the Lister Hospital and the Queen Elizabeth II (QEII) Hospital in Welwyn Garden City.

Lister Hospital hosts the screening centre and is where programme co-ordination for FOBt and bowel scope takes place. Specialist screening practitioner (SSP) pre-assessment clinics take place at Lister, the QEII and Hertford County hospitals. Administration, colonoscopy, bowel scope and computed tomography colonography

(CTC) radiology services are provided at both Lister and the QEII hospitals. All bowel screening pathology is provided at the laboratory at the Lister Hospital.

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

Findings

Since the last QA visit a new purpose built modern endoscopy facility has opened at the Lister and QEII hospitals giving much improved clinical environments.

The Trust has a financial recovery plan which has affected recruitment to bowel screening programme posts. This has significantly affected the service's ability to appoint sufficient staff to cover its workload and has led to lengthy delays for patients and poor performance against national screening waiting time standards. Despite these issues, it is to the credit of the screening team that bowel scope has now fully rolled out, that they have shown themselves to be flexible to try and improve waiting times, and despite the pressures, clinical quality measures for FOBt and bowel scope continue to be achieved.

The bowel screening team has a strong multi-disciplinary ethos and local meeting structure which helps sharing good practice and learning between colleagues.

Immediate concerns

The QA visit team identified 2 immediate concerns. A letter was sent to the chief executive on 31 January 2019 asking that the following items were addressed within 7 days:

- the discharge leaflet for patients undergoing sedation does not comply with British Society of Gastroenterology guidelines on driving after a procedure
- the patient group direction for bowel preparation prescribing by nursing staff is out of date

A response was received within 7 days which assured the QA visit team the identified risks have been mitigated and no longer pose an immediate concern.

High priority

The QA visit team identified 5 high priority findings as summarised below:

- there is a lack of capacity due to the Trust's financial recovery plan which is preventing achievement of national waiting times standards for FOBt, surveillance and bowel scope and hindering future planning for introduction of the new faecal immunochemical test into the screening programme in 2019
- there are insufficient administration and nursing staff across the programme to meet current and future service demands
- there is insufficient time allocated to the screening director role for the full range of responsibilities to be carried out

Shared learning

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

- introduction of a daily morning SSP/administrative meeting and use of group instant messaging to keep staff updated
- the use of a weekly administrative checklist to ensure all tasks are shared between the team and completed
- direct supervision of all CTC lists and 'on table' review by consultant radiologists
- daily pathology multi-headed microscope sessions between pathologists to discuss interesting and challenging cases
- detailed annual pathology audit of colorectal cancers which specifically identifies bowel cancer screening programme cases

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	The commissioner should update the terms of reference of the programme board to include assessment of patient feedback	3 and 4	3 months	Standard	Revised terms of reference and meeting agenda
2	The commissioner should ensure the Trust's bowel screening service meets the requirements of the national service specification in relation to diagnostic waiting times, timeliness of surveillance and bowel scope invitations and forward planning for the new faecal immunochemical test	3 and 4	3 months	High	Trust action plan with clear timelines Minutes or correspondence demonstrating ongoing monitoring of the action plan through the programme board meeting or escalation as necessary
3	Put in place a job description for the screening director with allocated sessions to undertake the full range of duties	3 and 4	3 months	Standard	Copy of the job description and job plan with time allocation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Document the reporting structure to the Trust Board to ensure bowel screening issues and reports are escalated through Trust governance meetings outside of endoscopy	3 and 4	3 months	Standard	Copy of the governance reporting structure Minutes of the governance committees where bowel screening issues and the annual report are discussed
5	Update terms of reference and arrangements to maximise regular attendance by all bowel cancer screening programme staff at the quarterly multi-disciplinary team meeting	3 and 4	6 months	Standard	Minutes of screening service multi-disciplinary team meetings Copy of updated terms of reference
6	Document arrangements for managing clinical performance in FOBt and bowel scope	3 and 4	6 months	Standard	Copy of the standard operating procedure (SOP)
7	Update Trust incident policies to include the up to date reference to managing screening incidents in accordance with “Managing Safety Incidents in NHS Screening Programmes”	5	6 months	Standard	Copy of the revised Trust policy
8	Update the local bowel screening adverse event (AVI) and incident procedures to include escalation through Trust clinical governance processes, to cover all disciplines involved in screening and to reference national screening incident guidance	5	3 months	Standard	Copy of the revised SOP Minutes of meetings where AVI and incident protocols discussed with the team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Establish a risk management register to regularly report and assess risks through the programme board meetings	3 and 4	3 months	Standard	Risk management register
10	Establish an overarching audit schedule that includes clinical audits from across the programme	3 and 4	3 months	Standard	Audit schedule covering all professional areas (clinical and non-clinical) of the programme
11	Establish data entry audit on the accuracy of data input of feedback from the 30 day patient satisfaction questionnaire	3 and 4	6 months	Standard	Copy of audit
12	Develop a comprehensive set of quality management system (QMS) work instructions detailing how activities are carried out and by whom and processes to authorise QMS documentation to include in staff induction programmes	3, 4 and 6	12 months	Standard	Copy of QMS document index Copy of authorisation SOP Revised induction document
13	Establish a non conformance log and annual audit schedule within the QMS	3, 4 and 6	6 months	Standard	Copy of non conformance log and QMS audit schedule
14	Establish SOP for referral of patients between screening services	3 and 4	6 months	Standard	Copy of SOPs
15	Establish a regular audit of administrative data accuracy	3, 4 and 6	3 months	Standard	Copy of audit and evidence of action taken as a result

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Document a schedule and checklist for regularly dealing with the bowel cancer screening system (BCSS) alerts and reports including running reports of patients invited and outcomes by GP practices	3, 4 and 6	3 months	Standard	Copy of the schedule and checklist
17	Put in place an alert system for emergency admissions after a bowel screening procedure	3, 4 and 6	3 months	Standard	Copy of SOP

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Undertake an administrative and nursing staffing capacity assessment taking account of existing and future needs and take action on the findings	3, 4 and 6	3 months	High	Staffing assessment summary as part of the service's capacity and workforce planning processes, detailing recruitment schedule
19	Maximise capacity by putting in place sustainable job planning that enables cross cover for endoscopists and dedicated time for provision of clinical advice to SSPs	3 and 4	3 months	High	Copy of job plans and cross cover SOP
20	Ensure radiographers can demonstrate attendance at up to date training	3, 4 and 7	3 months	Standard	Confirmation of training undertaken
21	Put in place equipment to record height at all specialist screening practitioner (SSP) clinics	3, 4 and 6	3 months	Standard	Confirmation that equipment is in place

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Put in place an action plan to provide appropriate recovery facilities for bowel screening computed tomography colonography (CTC) participants at Lister Hospital	3, 4 and 7	6 months	Standard	Copy of action plan

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Put in place live data entry during SSP clinics and for endoscopy report entry during colonoscopy	3, 4 and 6	3 months	Standard	Copy of SOPs
24	Put in place a consistent patient storyboard to support the consent process for patients being referred to colonoscopy following a positive faecal occult blood testing or referral from bowel scope screening	3 and 4	3 months	Standard	Copy of revised storyboard
25	Update the patient group direction (PGD) for bowel preparation	3, 4 and 6	7 days	Immediate	Updated PGD
26	Put in place a system to ensure full pathology information is available and data recording is accurate to complete the cancer histology dataset	3 and 4	3 months	Standard	Details of the system put in place Evidence of pathology data completeness

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	Demonstrate sustained, timely invitation of eligible bowel scope participants	3	6 months	High	Sustained, achievement of timely invitations and details of changes made
28	Establish SOPs for bowel scope re-enema, suitability assessment and management of participants where the scope is not inserted	4	3 months	Standard	Copy of SOPs

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Demonstrate sustained achievement of national waiting times for individuals requiring a diagnostic test and timely invitation of surveillance patients	8 and 9 and 10	6 months	High	Sustained achievement of waiting time targets and details of changes made
30	Audit diagnostic uptake rates following SSP clinic attendance and patients that do not go on to have a diagnostic test and take appropriate action on the findings	3 and 4	3 months	Standard	Copy of audits and action plans
31	Document the large polyp management pathway and guidelines and undertake audits of complex polyps and benign polyps undergoing surgery and take appropriate action on the findings	8 and 9	6 months	Standard	Copy of SOP, audits and actions taken as a result

No.	Recommendation	Reference	Timescale	Priority	Evidence required
32	Amend the discharge leaflet for patients that are sedated to follow the British Society of Gastroenterology guidelines on driving after a procedure	10	7 days	Immediate	Confirmation that the old leaflet has been removed Copy of revised leaflet
33	Update anticoagulation guidelines to include the advice to give to patients after their procedure	8 and 9	3 months	Standard	Copy of the updated guidelines
34	Document procedures for CTC clinical practice to ensure consistency	7	3 months	Standard	Copy of SOP
35	Update CTC documentation to include management of AVIs/incidents and complications	3, 4 and 7	6 months	Standard	Copy of SOP
36	Implement a documented process for communicating the CTC minimum data set to the SSP team	3, 4 and 7	3 months	Standard	Copy of SOP
37	Undertake a data accuracy audit of radiology data held on the BCSS and investigate all cases of reported intravenous (IV) contrast	3, 4 and 7	3 months	Standard	Copy of data accuracy audit and summary report for each IV contrast case Confirm all radiographers performing CTC are correctly recorded on the BCSS

No.	Recommendation	Reference	Timescale	Priority	Evidence required
38	Integrate timely rolling radiology CTC audit as part of the wider screening centre audit programme	3, 4 and 7	6 months	Standard	Copy of CTC audit schedule and audits on: CTC dose positive and negative predictive value for cancers and large polyps (6 to 9 millimeters) turnaround times for CTC reporting false positive cases
39	Update SOP to reflect national acceptable and achievable specimen turnaround time standards	11	3 months	Standard	Copy of updated SOP

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(s) needed.

Appendix A: References

1. Rural and Urban Statistics: https://www.gov.uk/government/statistics/local-enterprise-partnership-lep-simple-rural-urban-mapshttps https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270827/Hertfordshire__LEP_simple_RU_split.jpg (accessed 6 February 2019)
2. https://fingertips.phe.org.uk/profile/health-profiles/data#page/0/gid/1938132696/pat/6/par/E12000006/ati/101/are/E07000200 (accessed 6 February 2019)
3. NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme [online] available from:- https:// https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/02/serv-spec-26.pdf (accessed 6 February 2019)
4. NHS public health functions agreement 2018-19 Service specification no.26a Bowel Cancer Screening Programme [online] available from:- https://www.england.nhs.uk/wp-content/uploads/2017/04/service-spec-26a.pdf (accessed 6 February 2019)
5. Public Health England Managing Safety Incidents in NHS Screening Programmes (2017)[online] available from:- https://www.gov.uk/government/publications/managing-safety-incidents-in-nhs-screening-programmes (accessed 6 February)
6. NHSBCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)
7. NHS Cancer Screening Programmes: Guidelines for the use of imaging in the NHS Bowel Cancer Screening Programme 2nd edition. NHSBCSP publication no.5 (November 2012)
8. NHS BCSP Quality Assurance Guidelines for Colonoscopy Publication No 6 (February 2011) [online] available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/427591/nhsbcsp06.pdf (accessed 6 February 2019)
9. Bowel cancer screening programme: standards, March 2018
10. British Society of Gastroenterology: Guidelines on Safety and Sedation for Endoscopic Procedures: https://www.bsg.org.uk/resource/guidelines-on-safety-and-sedation-for-endoscopic-procedures.html (accessed 6 February 2019)
11. Royal College of Pathologists Colorectal Cancer Report Dataset, 3rd Edition 2014