



Public Health
England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Bowel Cancer Screening Programme Solent

Executive Summary

11 and 12 September 2019

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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 visit of the Solent Bowel Cancer screening service held on 11 and 12 September 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:

- 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 St Mary's Hospital, Isle of Wight, on 11 September 2019
- information shared with the South regional SQAS as part of the visit process

Local screening service

The Solent Bowel Cancer Screening Programme (BCSP) is provided by Portsmouth Hospitals NHS Trust, based at Queen Alexandra Hospital. The programme is delivered in association with the Isle of Wight NHS Trust, based at St Mary's Hospital, Isle of Wight. Patient services for bowel screening are provided from 3 sites – Queen Alexandra Hospital, Gosport War Memorial Hospital and St Mary's Hospital.

The service is commissioned by NHS England and NHS Improvement South East Region, to cover the populations of Portsmouth, Isle of Wight and south-east Hampshire, with a population size of 781,706. Portsmouth Hospitals NHS Trust sub-contracts delivery of services for the Isle of Wight to the Isle of Wight NHS Trust.

The BCSP commenced in February 2007 at Queen Alexandra Hospital (QAH), inviting men and women aged 60 to 69 years for the faecal occult blood test (FOBt) screening. In August 2010 St Mary's Hospital (SMH), Isle of Wight, started screening. In April 2010, the screening service extended the age range to 74 years at QAH, with SMH extending the age range in August 2012.

In June 2019 the existing faecal occult blood test (FOBt) was replaced by the Faecal Immunochemical Test (FIT). No other changes to the pathway have been affected by the change. All individuals who receive an abnormal FOBt/FIT result are offered a FOBt/FIT positive assessment appointment with a specialist screening practitioner (SSP) prior to a colonoscopy or a computed tomography colonography (CTC). Specialist screening practitioner (SSP) clinics, colonoscopy, CTC and pathology services are delivered at both trusts.

Bowel scope screening (BoSS) is a one-off invitation for a flexible sigmoidoscopy for 55 year olds. Bowel scope screening commenced in November 2014 and is delivered with 4 lists at QAH and 5 lists at Gosport War Memorial Hospital (GWMH). No bowel scope lists have commenced on the Isle of Wight.

Findings

The Solent bowel screening service meets or exceeds most key performance indicators and provides a service of good clinical quality to the local population. The centre's adenoma detection rate, which is an indicator of the quality of the screening colonoscopy test, is very good. The centre is fully rolled out for bowel scope on the mainland. There is no bowel scope provision currently on the Isle of Wight. The distance between the host site at Queen Alexandra Hospital and associate site at St Mary's Hospital, on the Isle of Wight, is challenging and creates barriers to the delivery of a unified service.

From 1 January 2018 to 31 December 2018 68,471 people were invited to participate in the bowel cancer screening programme in Solent. Of those invited 43,203 were adequately screened, giving the centre an uptake of 63.1%. This compares with a regional average of 62.5% and a national average of 59.4% during the same time period.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

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

- key managerial and administrative roles and responsibilities within the centre are not clear leading to gaps in oversight and weaknesses in some processes needed to support the programme

- a signed in date written agreement between the 2 trusts that deliver the service was not available
- there is limited oversight by the screening service of risks to delivery on the Isle of Wight
- the centre has not provided assurance that required actions have been implemented following a national communication regarding the use of bridging therapy for patients on anti-coagulation
- the use of locally agreed bowel preparation is not in line with national guidance for off-label use of a licensed medicine
- there is limited integration of procedures and practice across the 2 sites in radiology and pathology

Shared learning

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

- the use of an incident closure form by the screening and immunisation team which includes a mechanism for wider learning
- excellent cross cover arrangements for the SSPs
- the high quality of the CTC service at Queen Alexandra Hospital, with good quality audits undertaken

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Commissioners to establish a mechanism for gaining assurance that sub contracts and service level agreements providing core parts of the programme are fit for purpose	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Confirmation of arrangements
2	Commissioners to clarify accountability and monitoring mechanisms for oversight of screening provided to prison and military populations	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Confirmation of arrangements
3	Provide a copy of the signed written agreement between Portsmouth Hospitals NHS Trust and Isle of Wight NHS Trust	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	1 month	Standard	Signed written agreement

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Confirm that Portsmouth Hospitals NHS Trust has a formal action plan in place to address suspension of Joint Advisory Group on GI Endoscopy (JAG) accreditation at Queen Alexandra Hospital	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Confirmation of action plan in place
5	Provide up to date trust organisational structure charts and trust governance structure	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	1 month	Standard	Specified structure charts
6	Commissioners to support the service to develop a prioritised, evidence-based health promotion action plan, based on links with CCGs and other stakeholders, and actively monitor this through the programme board	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Health promotion action plan, minutes of programme board meetings (where progress against action plan is monitored)
7	Centre to provide written confirmation that the recommendations from the national report from PHE on lessons learned have been adopted and all policies related have been updated to reflect this	PHE Lessons Learned from serious incident in bowel cancer screening – February 2019	1 month	High	Confirmation of adoption of recommendations

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	The overall BCSP risk register should capture risks across all sites and should include a risk around the resilience of the pathology workforce at St Mary's Hospital	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Confirmation of updated risk register Minutes of programme board meetings where updated risk register is reviewed
9	Ensure that there is up to date procedural documentation for the BCSP, with all policies and standard operating procedures (SOPs) reviewed and ratified through appropriate trust channels;	NHS public health functions agreement 2018 to 2019 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)
10	Implement Right Results audit to follow work on policies/SOPs	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Audit outcomes and actions

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Develop an audit schedule and include this as a standing agenda item at programme board meetings	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Copy of audit schedule Amended agenda for programme board meetings Minutes of programme board meetings where audits are discussed
12	Incorporate NHS Connecting for Health Open Exeter system dashboard reviews into the data quality audit	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme A7.17	3 months	Standard	Amended standard operating procedure
13	The endoscopy team, including BCSP staff, to ensure that all specimens are cross checked to ensure the correct information is recorded on the bowel cancer screening IT system	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme A2.2 & IGU 008	3 months	Standard	Amended standard operating procedure

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Clarify the roles, responsibilities and scope of managerial and administrative roles within the programme	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme A2.2 & IGU 008	3 months	High	Outcomes of review of key roles and proposed responsibilities
15	Ensure that bowel screening activity is included in the BCSP reporting radiologists job plans for Queen Alexandra Hospital	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Confirmation that job plans include BCSP activity
16	Ensure that bowel screening activity is included in the BCSP pathologists job plans for St Mary's Hospital	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Confirmation that job plans include BCSP activity

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Replacement plans for the decontamination machines for Queen Alexandra Hospital and Gosport MH to be shared with QA	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Equipment replacement plans to be shared with QA, along with the business continuity plans

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Patients should be advised of the off-label use of a licensed medicine and this should be recorded in the nursing documentation	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme A2.2	1 month 3 months	High	Confirmation to QA that has been actioned Audit of nursing documentation over a 6 month period demonstrating that patient advice is given

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	A review of bowel preparation dosing regime to be undertaken and report produced with outcomes	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme A2.2	6 months	Standard	Outcomes of review provided to QA
20	SOP BCSP 024 Guidelines for the Management of BCSP patients on anti-coagulant drugs to be reviewed and revised in accordance with the PHE lessons learned communication	Managing safety incidents in NHS screening programmes (2018)	1 month	High	Revised SOP and associated documentation to be supplied

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	If bowel scope is to be implemented at St Mary's Hospital, ensure that there is a clear implementation plan with appropriate workforce planning which includes the increased requirement for the additional colonoscopy	NHS public health functions agreement 2018 to 2019 Service specification No. 26A NHS bowel scope screening programme	6 months	Standard	Implementation plan

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Lead radiologist to provide oversight of performance of both radiology services, integration of practice and undertake cross site audit	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Confirmation of developed role and responsibilities
23	Ensure that CTC turn-around times are maintained using cross site working where necessary	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Confirmation of cross site working agreement
24	Establish ongoing educational support for radiographers' Continuing Professional Development at Queen Alexandra Hospital		6 months	Standard	Confirmation to SQAS
25	Ensure that pathology turn-around times are maintained using cross site working where necessary	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Performance indicators monitored at programme board meetings

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Ensure that double reporting of malignant diagnoses in the BCSP programme is provided by 2 BCSP pathologists using cross site working where necessary	NHS BCSP Guidance for reporting lesions (2018)	3 months	Standard	Confirmation of cross site working and double reporting agreement
27	Adopt joint standard operating procedures across both sites in regard to cut up of BCSP cases, reporting of cases, dealing with difficult cases and the process to amend diagnosis when required	NHS BCSP Guidance for reporting lesions (2018)	3 months	Standard	Confirmation that joint standard operating procedures for the areas specified are in place
28	Lead pathologist to provide oversight of performance of both pathology providers, integration of practice and undertake cross site audit	NHS BCSP Guidance for reporting lesions (2018)	3 months	Standard	Confirmation of developed role and responsibilities
29	Ensure all BCSP pathologists across both sites meet regularly to review service performance, and that all recommended audits are completed	NHS BCSP Guidance for reporting lesions (2018)	6 months	Standard	Confirmation that meetings take place and that audits have been completed
30	Ensure that all BCSP pathologists are registered for the national BCSP EQA scheme and have undergone training at a BCSP approved educational meeting within a 3-year screening cycle	NHS BCSP Guidance for reporting lesions (2018)	6 months	Standard	Confirmation at 6 months and annually at programme board
31	Conduct an audit across both sites on sessile serrated lesions	NHS BCSP Guidance for reporting lesions (2018)	6 months	Standard	Audit report and outcomes

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(s) needed.