Public Health England

Protecting and improving the nation's health

Screening Quality Assurance visit report

Nottinghamshire NHS Bowel Cancer Screening Programme

7 May 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 Nottinghamshire bowel cancer screening service held on 7 May 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 consistently 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 providers, commissioner and external organisations
- information shared with the Midlands and East regional SQAS as part of the visit process

Local screening service

The bowel screening population is drawn from 6 clinical commissioning groups (Nottingham City, Nottingham North and East, Nottingham West, Mansfield and Ashfield, Newark and Sherwood and Rushcliffe). The eligible screening population is around 1 million across 129 general practices.

The Nottinghamshire bowel cancer screening service started inviting men and women age 60 to 69 for faecal occult blood test (FOBt) screening in March 2008. In June 2013, the screening service extended the age range inviting up to age 74. Bowel scope screening began inviting men and women aged 55 to the Nottingham City Hospital (NCH) in April 2015.

Nottingham University Hospitals NHS Trust (NUHT) hosts the screening centre which is based at the NCH and is where programme co-ordination for FOBt and bowel scope takes place.

Administration, specialist screening practitioner pre-assessment clinics for individuals with a positive FOBt screening test and colonoscopy take place at the NCH and at the King's Mill Hospital (KMH) site which is part of Sherwood Forest Hospitals Foundation NHS Trust (SFHT). Computed tomography colonography (CTC) is an option when colonoscopy has been unsuccessful or is unsuitable for an individual.

CTC is provided at the Queen's Medical Centre (QMC) and NCH (for NUHT) and at KMH and Newark Hospital for SFHT. Histopathology specimen processing and reporting for FOBt takes place at the QMC, NCH and KMH.

The Eastern Bowel Screening 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, there have been improvements in the programme management of the service, leadership, meeting structures and governance. Recommendations from the previous visit have been incorporated into routine practice. There are now excellent links with endoscopy which has improved the efficiency of managing bowel screening appointment capacity and reduced patient waiting times.

The service level agreement (SLA) between NUHT and SFHT was a recommendation from the previous QA visit but is still not finalised. This is essential to ensure there is a contractual basis for provision of all the bowel screening services provided by SFHT.

Bowel scope screening roll out has been significantly delayed due to physical capacity issues and lack of qualified staff. Decisions are awaited nationally on the future of the bowel scope screening programme.

The introduction of bi-annual clinical audit meetings has helped improve sharing of good practice and learning between colleagues. However, greater integration of pathology and radiology into the bowel screening programme (BCSP) is needed.

In practice, the leadership arrangements for radiology do not encompass both trusts. Arrangements that cover the screening service rather than individual trusts are needed to ensure equity and consistency.

Immediate concerns

The QA visit team identified 1 immediate concern. A letter was sent to the chief executive on 9 May 2019 asking that the following was addressed within 7 days:

- provide an action plan demonstrating how NUH and SFH will complete and sign a contractual agreement for bowel screening within the next 3 months

A response was received within 7 days which assured the QA visit team the identified risk has been mitigated and no longer poses an immediate concern.

High priority

The QA visit team identified 3 high priority findings as summarised below:

- the need for a finalised SLA between the NUHT and SFHT
- service-wide leadership arrangements for radiology are not in place
- double reporting of ‘pT1’ polyp cancers is not in place at NUHT

Shared learning

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

- in response to the PHE screening inequalities strategy, the Screening and Immunisation Team has developed a screening inequalities form for services to provide evidence on progress on screening inequality work
- the screening director has developed an analysis tool that looks at trends in clinical performance and uses statistical methods to assess variation
- use of hyperlinks to ensure up to date guidance and resources within the quality management system
- electronic radiology alert system at both sites to communicate urgent findings
- training materials being developed for non-medical staff to assist in BCSP histopathology reporting which will increase capacity
- establishment of a suspicious polyps and early colorectal cancer multi-disciplinary team meeting for discussion of complex polyps

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Provide an action plan on completing the service level agreement (SLA) within the next 3 months	3 and 4	7 days	Immediate	Action plan
2	Agree the SLA between Nottingham University Hospitals Trust (NUHT) and Sherwood Forest Hospitals Trust (SFHT) for the provision of bowel cancer screening services	3 and 4	3 months	High	Signed SLA
3	Ensure the lead pathologist role is recognised in the postholder's job plan	3	3 months	Standard	Job plan showing lead role and its time allocation
4	Develop lead radiologist arrangements that demonstrably cover the screening service rather than individual trust sites	3	3 months	High	Procedure detailing cross site leadership and working arrangements Minutes of cross-site meetings
5	Update the bowel screening adverse event (AVI) and incident procedures to ensure production of timely incident investigation reports, arrangements for pathology and radiology AVIs and to refer to the national screening incident guidance	5	3 months	Standard	Revised standard operating procedure (SOP)

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Develop and implement a screening programme-wide clinical and operational audit schedule	3 and 4	3 months	Standard	Audit schedule
7	Establish a process for analysis and presentation of bowel screening and bowel scope patient feedback questionnaires to the wider bowel cancer screening programme (BCSP) team	3	3 months	Standard	Patient feedback SOP Bowel scope feedback questionnaire
8	Put in place a process to audit the accuracy of patient feedback recorded on the bowel cancer screening computer system (BCSS)	3 and 4	6 months	Standard	SOP Audit and actions taken as a result
9	Put in place processes for clear document control, regular review and approval of all policies and procedures in the quality management system (QMS) and ensuring awareness of the QMS for staff	3 and 5	6 months	Standard	Document control SOP QMS training log
10	Establish a non-conformance log and annual audit schedule within the QMS	3 and 5	3 months	Standard	Non-conformance log QMS annual audit schedule

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Undertake a workforce planning exercise to take account of expected staffing and screening programme changes in pathology and add to the BCSP risk register	3 and 4	3 months	Standard	Workforce plan Updated risk register
12	Put in place an induction and mentoring procedure for new pathologists	3	3 months	Standard	Induction process and SOP

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Put in place an organised health promotion strategy, in collaboration with commissioners	3 and 4	6 months	Standard	Health promotion strategy
14	Demonstrate timely completeness of cancer histology datasets	3, 4 and 9	3 months	Standard	Evidence of completed datasets

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Demonstrate sustained achievement of national waiting times for individuals requiring a diagnostic test	3 and 6	12 months	Standard	Sustained achievement of national standard

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Ensure all colonoscopists meet the national minimum standard for the national key performance indicators (KPIs) for adenoma detection and the number of colonoscopy procedures	3, 4 and 6	3 months	Standard	BCSS performance data and where appropriate action plans to achieve KPIs
17	Demonstrate that all BCSP radiologists are reporting the minimum standard of 100 computed tomography colonography (CTC) cases each for 2018	3 and 8	6 months	Standard	Annual workload data
18	Audit CTC clinical outcome measures to demonstrate service quality and integrate into the screening centre audit programme	3 and 8	6 months	Standard	CTC clinical audits for both trusts on: Quality of CTC scans Completeness and accuracy of CTC reports for of intra and significant extra colonic findings and summary codes Sensitivity and specificity for cancers and polyps Polyp detection rates and polyp size Turnaround times for CTC reporting
19	Put in place a SOP detailing the criteria for referral of patients to CTC	8	3 months	Standard	SOP
20	Implement a documented process for communicating the CTC minimum data set for BCSP patients to the SSP team	3 and 8	3 months	Standard	SOP

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Undertake a data accuracy audit of radiology data held on the BCSS, including the details of the radiographers and investigate all cases of reported intravenous (IV) contrast	3 and 8	6 months	Standard	Data accuracy audit and summary report for each IV contrast case Confirm all radiographers performing CTC are correctly recorded on the BCSS
22	Update patient information to provide an aftercare leaflet following CTC for SFHT and clarify perforation as a risk following CTC as part of the NUHT consent process	8	3 months	Standard	Patient aftercare leaflet from SFHT Consent documentation NUHT
23	Double report all ‘pT1’ polyp cancers at NUHT	3 and 9	3 months	High	SOP
24	Demonstrate achievement of national waiting times for results of all polyps and cancers	3, 4 and 9	6 months	Standard	Sustained achievement of waiting time targets
25	Re-instate pathology audits to demonstrate compliance with national standards	3 and 9	12 months	Standard	Pathology audits of low and high grade dysplasia, serrated lesions and polyp cancers

Next steps

The screening service provider is responsible for developing an action plan with the commissioners to complete the recommendations of 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. Following this, SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline further actions, if needed.

Appendix A: References

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