Screening Quality Assurance visit report

NHS bowel cancer screening Lincolnshire

03 October 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 Lincolnshire bowel cancer screening service held on 3 October 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 bowel cancer screening population is drawn from 4 clinical commissioning groups (West Lincolnshire, East Lincolnshire, South Lincolnshire and South West Lincolnshire). The eligible population is around 760,000 across 78 general practices.

The Lincolnshire bowel cancer screening service started inviting men and women aged 60 to 69 years for faecal occult blood test (FOBt) screening in December 2009. In September 2013, the screening service extended the age range invited to 74. The faecal immunochemical test (FIT) began to replace FOBt from May 2019.

Bowel scope screening began inviting men and women aged 55 to 2 sites within Lincolnshire from 2015. Bowel scope screening has yet to expand to the rest of the screening service's population.

The Lincolnshire Bowel Cancer Screening Programme (BCSP) is hosted by United Lincolnshire Hospitals NHS Trust (ULHT). It is delivered by the Lincoln County Hospital (LCH), Pilgrim Hospital Boston (PHB), Grantham and District Hospital (GDH) and County Hospital Louth (CHL). Specialist screening practitioner (SSP) pre-assessment clinics for individuals with a positive screening test takes place at all 4 sites. Administration and colonoscopy procedures take place at LCH and PHB. Bowel scope takes place at CHL and LCH. Computed tomography colonography (CTC) is an option when colonoscopy has been unsuccessful or is unsuitable for an individual. CTC procedures take place at LCH, PHB and GDH. Histopathology specimen processing and reporting takes place at LCH. LCH pathology is delivered by PathLinks Pathology Network, which covers the North Lincolnshire and Goole population.

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

Findings

The screening service is provided by a friendly and enthusiastic team working hard to deliver bowel screening services with less than optimal equipment and accommodation and staffing shortfalls.

Following the introduction of a new primary bowel cancer screening test and the continuing roll out of bowel scope, there is a need for the Trust to undertake a strategic assessment of staffing, accommodation and equipment requirements across all disciplines to meet the increased demands on the service. The QA visit identified opportunities to streamline some activities which would be more efficient and release staff time. Urgent attention is required to ensure individuals waiting for a diagnostic test are offered appointments within 2 weeks.

The previous QA visit recommended improvements in the service's governance arrangements. Further work is needed to ensure there is a suitable meeting and escalation structure that involves all staff.

Many of the clinical quality indicators exceed the national standards which is an excellent indicator of a high quality of service being offered to patients.

As has been recommended at other cancer screening QA visits in the Trust, the contract for pathology services between Pathlinks and UHLT needs to include the specific quality requirements for screening specimens.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

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

- regular internal and multi-disciplinary meetings covering all elements of the service with clear escalation processes are not fully in place
- there are workforce, accommodation and equipment shortfalls across the service
- the consent process for complex polyp removal does not comply with national guidance
- the 2-week standard time for offering a diagnostic test for individuals with an abnormal bowel screening test is not being met

Shared learning

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

- the screening and immunisation team (SIT) has set up collaborative screening health inequalities working groups to promote work across all adult screening programmes and maintain an ongoing list of all activities taking place to improve attendance in screening
- introduction of a training package for endoscopy reception staff explaining bowel scope
- the Lincolnshire bowel screening team worked collaboratively with Leicestershire BCSP, the SIT, learning disability colleagues and patients to develop easy read materials for bowel scope
- establishment of a virtual multi-disciplinary team meeting for discussion of complex cases across multiple sites
- real-time work allocation of histopathology that matches laboratory output with consultant availability

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Ensure the job plan for the lead pathologist and radiologist has allocated time to undertake the full range of duties	2	3 months	Standard	Copy of job plans incorporating lead role time
2	Establish an effective internal bowel cancer screening programme (BCSP) meeting and escalation structure that encompasses all professional areas	2 and 3	3 months	High	Terms of reference, agenda and minutes of meetings
3	Develop a regular meeting where programme wide audit, performance data, incidents and adverse events can be shared and discussed by the whole team	2 and 3	6 months	High	Minutes of meetings
4	Ensure the contract for pathology services between Pathlinks and United Lincolnshire Hospitals NHS Trust includes the specific quality requirements for screening specimens	2 and 3	3 months	Standard	Contract, or equivalent, with quality requirements
5	Include reference to "managing safety incidents in NHS screening programmes" in Trust incident management policy	5	3 months	Standard	Copy of updated Trust incident management policy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Update the bowel screening protocol for incident management to include reference to the processes involved in managing screening incidents in accordance with "Managing Safety Incidents in NHS Screening Programmes"	6	3 months	Standard	Bowel screening incident management protocol
7	Put in place a risk management process	2 and 3	3 months	Standard	Minutes of meetings, risk register(s) showing bowel screening risks
8	Develop and implement a screening programme-wide clinical audit schedule	2 and 3	6 months	Standard	Audit schedule covering all professional areas (clinical and non-clinical), including reasons for changes to BCSP computed tomography colonography (CTC) rate

Communication and user feedback

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Establish a process for thematic analysis and follow up of all patient feedback that differentiates between colonoscopy and CTC patients	2 and 8	3 months	Standard	Standard operating procedure (SOP) incorporating CTC feedback questionnaire. Annual thematic analysis of all patient feedback with actions taken

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Establish a patient experience survey for participants attending bowelscope and put in place a process for assessment and follow up	2	3 months	Standard	Bowel scope feedback questionnaire SOP

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Undertake a programme-wide strategic staffing, accommodation and equipment capacity assessment and develop an action plan to address the findings	2 and 3	3 months	High	Assessment report and action plan with evidence of actions taken
12	Establish mentoring arrangements to support the training of the recently appointed bowel scope endoscopists	3	3 months	Standard	SOP and minutes from meetings
13	Ensure all radiographers working in the BCSP are trained and competent to perform CTC	8	3 months	Standard	Confirmation of number of CTC trained radiographers working in the BCSP Details of training undertaken

Equipment and IT

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Ensure laboratory IT provision enables a comment on relevant pathology reports on completeness of excision and reporting on 'TNM8' for bowel cancers	2 and 7	3 months	Standard	Confirmation of arrangements in place to enable completeness of excision and TNM8 reporting to be easily reported on the laboratory computer system

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Establish live data entry for specialist screening practitioner (SSP) clinics	7	3 months	Standard	Confirmation that live data entry is in place on all SSP sites and updated SOP for timely completion of datasets
16	Document the actions to be taken and outcomes expected to support the health improvement plan	2, 3 and 4	12 months	Standard	Health improvement action plan with timescales for actions

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Ensure compliance with 2 week standard for diagnostic waiting time	2 and 9	3 months	High	Performance data meeting the standard
18	Update the consent process for complex polyp removal to reflect national guidance	10	3 months	High	Updated SOP
19	Ensure all colonoscopists exceed the minimum national workload standard	2 and 9	6 months	Standard	Performance data meeting the standard
20	Put in place a single set of bowel screening CTC procedures across the Trust	8	6 months	Standard	Copy of Trust-wide SOPs
21	Update the patient group direction (PGD) for the issue of Gastrograffin and Buscopan for participants undergoing CTC	17	3 months	Standard	Updated PGD
22	Ensure that CTC reports contain the minimum dataset information needed for entry onto the Bowel Cancer Screening System (BCSS)	8	3 months	Standard	Audit 2019 BCSS data and actions taken
23	Audit CTC sensitivity and specificity for polyp detection and completeness of the minimum data set for bowel screening CTC cases	8	6 months	Standard	Audit of 2018 cases and actions taken
24	Audit low and high grade dysplasia, serrated lesions and polyp cancers	2,3 and 7	3 months	Standard	Audits and actions taken

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.