Public Health England

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Screening Quality Assurance visit report

NHS Bowel Cancer Screening Programme Calderdale, Kirklees and Wakefield

27 and 28 November 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 (QA) visit of the Calderdale, Kirklees and Wakefield (CKW) screening service held on 27 and 28 November 2019.

Purpose and approach to quality assurance

Quality assurance 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 collected during pre-review visits to the screening centre office at Calderdale Royal Hospital (CRH), the pathology departments at CRH and Dewsbury and District Hospital (DDH), and the radiology walkthroughs at Pinderfields General Hospital (PGH) and Huddersfield Royal Infirmary on 13, 27 and 28 November
- information shared with the North regional SQAS as part of the visit process

Description of local screening service

The CKW provides bowel cancer screening services for an eligible screening population of 232,187 and registered population of 1,048,280 across Calderdale, Kirklees and Wakefield. The Clinical Commissioner Groups covered by the centre include Calderdale, Greater Huddersfield, North Kirklees and Wakefield.

The CKW service started in April 2009 inviting men and women aged 60 to 69 years of age for the faecal occult blood test (FOBt) screening. In May 2011, the screening service extended the age range covered to 74. Bowel scope screening began in January 2014 inviting men and women aged 55. In June 2019, the new faecal immunochemical test (FIT) screening was introduced.

Calderdale and Huddersfield NHS Foundation Trust (CHFT) host the CKW service, and The Mid Yorkshire Hospitals NHS Trust are the associate provider.

Service co-ordination and administration for FIT screening and bowel scope screening (BoSS) takes place at CRH. The following table identifies the hospital and health centre sites involved in providing the CKW service.

Trust/Site	Admin	SSP	Colon-oscopy	BoSS	Radiology	Pathology
Calderdale and Huddersfield NHS Foundation Trust						
Calderdale Royal Hospital	•	•	•	•	•	•
Huddersfield Royal Infirmary			•	•	•	
The Mid Yorks Hospitals NHS Trust						
Pinderfields General Hospital			•		•	
Dewsbury and District Hospital					•	•
Pontefract General Infirmary					•	
Community Health Care Sites						
Mill Hill Community Health Centre		•				
Dewsbury Health Centre		•				
Pontefract Health Centre		•				
Woodside Surgery		•				
Spring Hall Medical Centre (Boots the Chemist)		•				

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 Gateshead and is outside the scope of this QA visit.

Findings

This is a service that meets or exceeds many of the key performance indicators and provides a service of good clinical quality to the local population. The service has done well to maintain the achievable thresholds for the programme standards relating to specialist screening practitioner and pathology turnaround times considering the extra demand created from FIT implementation. Diagnostic waiting times are below the acceptable standard at 85.66% for 2019.

Prior to the introduction of FIT screening, the service delivered 8.5 BoSS lists per week. Since FIT implementation, screening and symptomatic endoscopy has been prioritised by CHFT and 4 BoSS lists have been converted, 2 to screening lists and 2 to symptomatic lists.

The clinical director’s last day for the trust was the QA visit. Recruitment plans are in place to recruit to this post but until this happens the clinical leadership of the service is vulnerable. The service has staff in post for the other 2 key leadership roles.

Since the last QA visit to the centre in 2014 all recommendations, except 2, have been completed. These 2 outstanding recommendations have been addressed as part of this QA visit.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

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

- a service level agreement for 2019/20 signed by both trusts was not available
- the is a demand and capacity plan in place but it does not ensure that the current and future needs of the service are flexibly met and resource implications are identified
- the clinical leadership for the service is fragile as the clinical director has left the trust and the position is currently vacant

Shared learning

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

- the screening and immunisation team has a strategic approach to health inequalities work and lead a multiagency locality group which has a comprehensive action plan in place. Screening staff participate in health promotion activities
- fortnightly meetings involving the programme manager, lead administrator and endoscopy sisters at both trusts are held to look at the needs for screening and the availability of additional lists
- the administrators and assistant screening practitioners have had chances to develop their roles due to service needs. It is a credit to them that they have embraced these opportunities
- the specialist screening practitioners are able to work from home which has enabled them to work more efficiently
- there are good cross cover arrangements in place with the colonoscopists from CHFT providing lists at PGH
- computed tomography colonography is provided at 5 hospitals across the geography enabling a local service provision for bowel screening participants
- the laboratory at DDH has completed a lean “Kaizen” event to optimise efficiency in the department

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 a signed bowel screening service level agreement (SLA) between Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Mid Yorkshire Hospitals NHS Trust (MYT)	1 and 2	3 months	High	Signed SLA between CHFT and MYT
2	Document how programme performance issues and risks are reported, escalated and managed within the trust governance systems	1 and 2	3 months	Standard	Copy of the organisational chart and escalation pathway for both trusts
3	Ensure that the capacity and demand plan takes into account staffing for all future Bowel Cancer Screening Programme (BCSP) activity including demands of the faecal immunochemical test, bowel scope (BoSS) and surveillance	3	3 months	High	Updated capacity and demand plan outlining activity, workforce and flexibility to adapt lists to meet fluctuation in demand for BCSP and BoSS service delivery
4	Ensure that the programme manager (PM) has sufficient protected time for BCSP PM functions and that non-BCSP PM functions are minimised	3	3 months	Standard	Update from the General Manager of Surgery of changes made to the PM's roles and responsibilities

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	a) Develop a plan detailing the arrangements for the clinical leadership of the service with timescales and responsibilities included b) Secure the appointment of a new clinical director	3	a) 3 months b) 3 months	High	a) Copy of plan b) Confirmation of appointment
6	Establish a system at MYT radiology sites to identify and report adverse events and incidents	3	3 months	Standard	Copy of the standard operating procedure (SOP) or relevant document
7	Develop an audit schedule SOP which should include the arrangements to share and implement learning from audits	3	6 months	Standard	Copy of the SOP
8	MYT should carry out a prospective dose audit for all screening computed tomographic colonography (CTC) cases in 2020	4	12 months	Standard	Copy of audit
9	Update the quality management system (QMS)	3	6 months	Standard	Confirmation from the PM that the QMS has been updated
10	CHFT should identify a person responsible for the tracking of bowel cancer screening participants diagnosed with cancer	6	6 months	Standard	Confirmation of appointment from CHFT Management Confirmation from the PM that screening staff no longer manage the pathway of cancer patients

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
11	Update the job description for assistant screening practitioners to reflect administration duties	3	6 months	Standard	Copy of updated job description
12	Undertake a risk assessment of the accommodation for all staff needing office space to maximise efficiency and team working	3	6 months	Standard	Confirmation from the PM that the risk assessment has been conducted and actions implemented
13	Allocate sufficient time in the lead pathologist job plan for the relevant responsibilities	5	6 months	Standard	Copy of revised job plan
14	The centre should escalate the data entry issue with the 30-day questionnaire to national lead for bowel cancer screening system (BCSS) development	3	3 months	Standard	Confirmation from the PM that the issue has been resolved

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
	None				N/A

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
	None				N/A

Diagnosis

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
15	Complete the audits for site checks at 3 and 12 months following piecemeal endomucosal resection, and outcomes after surgery for benign disease	3	6 months	Standard	Copies of completed audits and any subsequent action plans
16	Develop a SOP to cover the management of patients requiring a general anesthetic within the service	3	3 months	Standard	Copy of the approved SOP
17	Ensure Pinderfields General Hospital achieves Joint Advisory Group (JAG) accreditation	1 and 2	a) 3 months b) 12 months	Standard	a) Action plan detailing how JAG accreditation will be achieved b) JAG accreditation letter or certificate
18	CHFT and MYT should incorporate a mandatory field on the electronic radiology request form for the easy identification of screening referrals	4	3 months	Standard	Confirmation from lead and deputy lead radiologists that this has been actioned at both trusts
19	Provide the lead radiologist with a list of CTC outcomes and adverse events/incidents annually, for dissemination to the other radiologists for learning	4	12 months	Standard	Confirmation from the lead radiologist that this information has been received

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
20	Make sure that CTC reports at MYT contain the minimum dataset information needed for entry onto the BCSS	4	3 months	Standard	Email confirmation from radiology site lead that reports contain the required information
21	MYT should incorporate a formal consent process into the pathway for screening participants	4	3 months	Standard	Email confirmation from radiology site lead that a process is in place
22	Update the SOP for referral of difficult cases to the national expert panel	5	3 months	Standard	Copy of updated SOP

Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
	None				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.