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England

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Screening quality assurance visit report

NHS Bowel Cancer Screening Programme Cornwall

22 January 2020

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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 Cornwall screening service held on 22 January 2020 and 2 March 2020.

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 collected during pre-review visits to Royal Cornwall Hospital on 21 January 2020
- information shared with the South regional SQAS as part of the visit process

Local screening service

The Cornwall Bowel Cancer Screening Programme (BCSP) is provided by Royal Cornwall Hospitals NHS Trust, based at Royal Cornwall Hospital (RCH).

The service is commissioned by NHS England (South West region) to cover a registered population of approximately 549,000. The screening programme covers the Kernow Clinical Commissioning Group (CCG) area.

Most patient services for bowel screening are provided from 2 sites – Royal Cornwall Hospital in Truro and West Cornwall Hospital in Penzance; both hospitals are part of Royal Cornwall Hospitals NHS Trust. Some services are also provided from 2 additional sites - St Austell Community Hospital (SAH) in St Austell, and Bodmin Hospital in Bodmin, which are part of Cornwall Partnership NHS Foundation Trust.

The BCSP commenced in October 2009 at Royal Cornwall Hospital, inviting men and women aged 60 to 69 years for the faecal occult blood test (FOBt) screening. In July 2013 the screening service extended the age range to 74 years. 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.

Bowel scope screening (BoSS) is a one-off invitation for a flexible sigmoidoscopy for 55 year olds. Bowel scope screening commenced in August 2015 and is delivered with approximately 8 lists at Royal Cornwall Hospital and West Cornwall Hospital.

Findings

The Cornwall bowel screening service meets or exceeds most key performance indicators. It achieves high clinical and professional standards and has excellent quality outcomes for colonoscopy.

At the time of the visit changes had been made to key leadership roles. The clinical director, the lead colonoscopist and the lead Specialist Screening Practitioner (SSP) had been recently appointed. The programme manager has been in post for a number of years, providing consistent support for the programme. Recruitment of staff is an ongoing challenge for the screening service.

There appear to be very good working relationships between teams working for the service and between the service and hospital management. There is also a positive and supportive relationship between the service and the public health commissioning team. The bowel scope programme has been gradually implemented and covers 75% of the population. This coverage is higher than in many other areas and demonstrates excellent planning by the service. The centre has seen a very significant increase in demand for its service with the implementation of FIT. It has managed the additional activity needed very well, demonstrating good preparations by the service and trust management.

The screening service has a high rate for computed tomography colonography (CTC) compared to other centres. This requires further investigation.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

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

- the centre's CTC rate between 1 January 2019 and 31 December 2019 was 13.6%; this is higher than other centres in the South and more than double the national average of 5.9% for the same time period. The reasons for this need to be understood so that the screening service is confident that patients are referred for CTC appropriately
- regular audits to check accuracy of data entry are not carried out as required by guidance
- a high volume of bowel scope procedures is carried out by only 2 endoscopists. There is a risk of burnout and a lack of cover when staff are on leave, and more resilient arrangements are needed
- there is a shortfall of specialist screening practitioners (SSP) hours to cover the clinical and administrative workload of the centre
- there has been a large increase in pathology workload as a result of the new FIT test and the pathology department is not currently staffed to manage this within required timescales

Shared learning

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

- very good planning for the introduction of FIT, with excellent team support, meaning that the service has maintained service delivery and has continued to achieve standards despite the increase in activity
- the introduction of a courtesy telephone call to people prior to their bowel scope appointment which has reduced the number of people who do not attend (DNA) and has enabled the service to make the best use of clinical lists
- the centre conducted an audit of participants that did not attend or cancelled appointments with SSPs to identify any common issues
- effective team working and quality assurance arrangements in pathology, for example with inter-observer audits and double-reporting of all pT1 cancers
- support for workforce development from the public health commissioning team through an innovative Commissioning for Quality and Innovation (CQUIN) framework

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 work with the service to develop a prioritised, evidence-based inequalities action plan, links with CCGs and other stakeholders, and actively monitor this through the programme board	National service specification no. 26 2019/20	6 months	Standard	Inequalities action plan Minutes of the programme board where the inequalities plan is approved
2	Manage all screening patient safety incidents and serious incidents in accordance with national guidance for 'Managing Safety Incidents in NHS Screening Programmes'	Managing Safety Incidents in NHS Screening Programmes, 2017 NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	3 months	Standard	Process developed for pathology and radiology staff to report AVIs and screening incidents. Pathology and radiology staff trained in incident and AVI reporting
3	Conduct regular dataset accuracy audits in line with guidance	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme,	6 months	High	Standard operating procedure (SOP) for managing dataset audits Audit reports and actions

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		Draft version 2.1 (December 2010) Standard A8.16			shared with SQAS. Audits should routinely include 10% of all BCSP cases, 100% of cancers, 10 bowel scope cases per site per quarter, and all bowel scope cases that go on to colonoscopy
4	Make sure that there is a document control process for patient leaflets and proformas used by the service	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A8.5	6 months	Standard	Policy for document control

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Address the lack of resilience for the staffing of bowel scope	NHS public health functions agreement 2019-20 Service specification no.26A Bowel scope Screening Programme	3 months	High	Confirmation of accreditation of an additional 2 bowel scopists
6	Increase SSP staffing to address the current shortfall in SSP cover	NHS public health functions agreement 2019-20 Service specification no.26	3 months	High	Outcome of review and confirmation of plans to address shortfall in staffing levels

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		Bowel Screening Programme			
7	Increase capacity for BCSP reporting in pathology	NHS public health functions agreement 2019-20 Service specification no.26 Bowel Screening Programme	6 months	Standard	Confirmation of recruitment of additional histopathologists with time for BCSP reporting in job plans

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Re-introduce SSP attendance at multi-disciplinary meetings (MDTs) once the shortfall in staffing levels is resolved	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) A7.15	12 months	Standard	Minutes of MDTs over a 6 month period showing regular SSP attendance
9	All SSPs to complete direct observation of practice (DOPS) assessment as part of the annual appraisal process	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) A7.4, 7.5 & 7.6	12 months	Standard	Written confirmation that this has been completed
10	Introduce an individual letter on BCSS for those subjects who decline an investigation	NHS BCSP Quality Assurance arrangements for the	6 months	Standard	Written confirmation that this has been completed and copy of

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) A2.9			Sample letter

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	No recommendations				

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Using a multi-disciplinary approach, conduct audit(s) of referrals to CTC for FIT positive and surveillance patients	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December	6 months	High	Evidence of audit and outcomes. Audit should include review of referral process, indications for CTC, and the management of patients on anticoagulants
12	Conduct an audit of the clinical outcomes of the endoscopic treatment of large non-pedunculated polyps and of patients with benign	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1	6 months	Standard	Evidence of audit and outcomes

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	pathology referred for surgical treatment	(December			
13	Put in place a process to obtain written consent for CTC procedures	Bowel Cancer Screening: Guidelines for CTC Imaging (Nov 2019)	3 months	Standard	Confirmation of process
14	Include minimum dataset information in the CTC reports, including C and E codes	Bowel Cancer Screening: Guidelines for CTC Imaging (Nov 2019)	3 months	Standard	Evidence of use of codes in BCSS dashboard

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	No recommendations				

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.