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Quality Assurance visit report Liverpool and Wirral Bowel Cancer Screening Centre

9 June 2016

Public Health England leads the NHS Screening Programme

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About PHE Screening

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Published: November 2017

PHE publications

gateway number: 2016281

PHE supports the UN

Sustainable Development Goals



About this document

| Document Information | |
|------------------------------------|--|
| Title | Quality Assurance Service visit report, Liverpool and Wirral Bowel Cancer Screening Centre, 9 June 2016 |
| Policy/document type | QA Visit Report |
| Electronic publication date | TBC |
| Version | 1 |
| Superseded publications | N/A |
| Review date | N/A |
| Author/s | Screening Quality Assurance Team (North) |
| Owner | Comments can be sent to: nwbcspqarc@nhs.net |
| Document objective | To report on the findings of the 9 June 2016 QA visit to the Liverpool and Wirral Screening Centre and provide subsequent actions to the programme |
| Population affected | Bowel Cancer Screening Programme eligible population |
| Target audience | The screening centre and all relevant stakeholders |
| Date archived | N/A |

This report has been compiled by the North Bowel Cancer Screening Quality Assurance Team. Regional Head of QA (North), Senior QA Advisor, Endoscopy QA Advisor, Histopathology QA Advisor, Radiology QA Advisor, Specialist Screening Practitioner (SSP) QA Advisor, Programme Management, Data and Admin QA Advisor.

The QA team would like to record their thanks to all staff working in the Liverpool and Wirral Bowel Cancer screening programme for welcoming the visiting team and their work and attention throughout the visit.

The Screening Quality Assurance Service (North) has taken the utmost care to ensure that the statements of fact included in this report are true and accurate. Where an opinion of the QA team who conducted the quality assurance visit is expressed, such opinion is honestly held by the team, based on true and accurate information and has been arrived at in good faith and without malice.

Executive summary

The findings in this report relate to the quality assurance (QA) review of the Liverpool and Wirral Bowel Cancer screening programme held on 9 June 2016.

1. Purpose and approach to quality assurance

The aim of QA in NHS Screening Programmes is to maintain minimum 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 is derived 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 as appropriate
- information collected during pre-review visits, including a review of patient case notes, relevant pathology and radiology slides and reports
- information shared with the QA team as part of the visit process

2. Description of local screening programme

The Liverpool and Wirral screening programme provides bowel cancer screening services for a population of around 800,000. The screening programme has experienced 2 previous splits due to population size. It split in February 2014 from its neighbouring screening centre, Merseyside and North Cheshire. This followed an earlier split in 2009 to create the Cheshire programme. The clinical commissioning groups (CCGs) covered by the centre include Liverpool (part), Knowsley (part) and Wirral. The programme is provided by Royal Liverpool and Broadgreen University Hospital NHS Trust (RLBUHT). It is commissioned by NHS England Cheshire and Merseyside sub-regional team.

The programme (in a previous guise) commenced screening in September 2006 and began age extension in April 2010. All screening colonoscopy (5 lists per week) is performed at the Royal Liverpool Hospital site, with SSPs travelling to clinics offered at 5 locations across the geography. The Royal Liverpool provides the home for the administration and SSP team. Radiology services are also provided at Royal Liverpool

and pathology services are provided by the joint venture (with Aintree University Hospitals Trust), Liverpool Clinical Laboratories.

In March 2015, the programme began to roll out invites to the Bowel scope screening service (BoSS) eligible population. Currently, the service has been rolled out to approximately 46% of the population with 3 lists per week provided at the Royal Liverpool site, 2 at Arrowe Park Hospital on the Wirral, with invites having recently gone out for a first list at Whiston Hospital.

3. Key findings

The high priority issues are summarised below as well as areas of good practice. For a complete list of actions, please refer to the related section within the full report.

3.1 Shared learning

The QA team identified several areas of practice that are worth sharing:

- there is strong clinical leadership and partnership between disciplines
- excellent endoscopy related KPIs with adenoma detection rates amongst the highest in the country
- hugely supportive and effective training and mentoring programme for new endoscopists and structured teaching sessions to develop new SSPs
- the screening centre and department it sits within has a strong history of research and audit
- the screening centre has developed smooth administrative support processes for the initial roll out stages of BoSS, whilst maintaining the standards required to deliver the FOBt Service
- a comprehensive audit programme that involves all of the SSP team
- impressive pathology turnaround times in spite of just 2 pathologists doing the work
- excellent performance indicators for colorectal cancer resections
- same day CTC after failed/incomplete colonoscopy and same day staging whenever possible
- the screening and immunisation team and their stakeholders have a 2 year cancer plan to tackle inequalities and improve uptake

3.2 Immediate concerns for improvement

The review team identified no immediate concerns.

3.3 High priority issues

The review team identified 2 high priority issues, as grouped below:

- current accommodation for the SSP and administration teams is not ideal and is of a concern to the programme. The team is expanding and will bring further accommodation pressures that will need to be addressed. Also, at this time, the programme does not have identified accommodation space in the new build
- the screening centre does not have a 2 year capacity and demand plan incorporating both the FOBt and BoSS elements of the programme. This should include monthly capacity and demand figures, including expected uptake and surveillance, plus provision for rescopes/site checks and BoSS colonoscopy conversions. This is essential for the future planning of the programme

4. Key actions

A number of actions were made related to the high priority issues identified above. These are summarised in the table below:

| Level | Theme | Description of action | Full action found on |
|--------------|--|---|-----------------------------|
| High | Trust management and clinical leadership | Identified accommodation for the future of the programme which meets the needs of the service | Page number 21 |
| High | Programme administration | Develop a 2 year capacity and demand plan including expected uptake and surveillance, plus provisions for rescopes/site checks and BoSS colonoscopy conversions | Page number 23 |

5. Next steps

The Liverpool and Wirral bowel cancer screening programme is responsible for developing an action plan to ensure completion of actions contained within this report.

NHS England Cheshire and Merseyside sub-regional team will be responsible for monitoring progress against the action plan and ensuring all actions are implemented. The regional QA team will support this process and the ongoing monitoring of progress.