



Public Health  
England

Protecting and improving the nation's health

# Screening Quality Assurance visit report

## NHS Bowel Cancer Screening Programme Bristol and Weston

15 and 16 January 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 better 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.

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## Executive summary

Bowel cancer screening aims to reduce mortality and 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 Bristol and Weston Bowel Cancer Screening service held on 15 and 16 January 2019.

### Purpose and approach to quality assurance

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, as appropriate
- evidence submitted by the provider(s), commissioner and external organisations
- information shared with the south regional SQAS as part of the visit process

### Description of local screening service

The Bristol and Weston Bowel Cancer Screening Programme (BCSP) is provided by University Hospitals Bristol NHS Foundation Trust. The programme is delivered across 6 sites, in association with 2 additional NHS trusts: North Bristol NHS Trust and Weston Area Health NHS Trust and Prime Endoscopy, an independent service provider. The service is commissioned by NHS England South West.

The service is commissioned to cover the populations of Bristol, North Somerset, South Gloucestershire, Bath and North East Somerset and covers approximately 955,000 people.

The BCSP started in December 2008 inviting men and women aged 60 to 69 years for faecal occult blood test (FOBt) screening. In August 2013 the screening service extended the age range to 74 years.

Bowel scope screening (BoSS) is a one-off invitation for a flexible sigmoidoscopy for 55 year olds. Bowel scope screening commenced in March 2014 and is fully rolled out to 100% of the eligible population.

All individuals who receive an abnormal FOBt result are offered a FOBt positive assessment appointment with a specialist screening practitioner (SSP) prior to a

colonoscopy or a computed tomography colonography (CTC). Specialist Screening Practitioner (SSP) clinics are held at Bristol Royal Infirmary (BRI), Southmead Hospital (SMH) and Weston General Hospital (WGH). CTC is carried out at BRI and at Cossham Hospital. Colonoscopy is undertaken at BRI and SMH. Pathology for the whole service is delivered by SMH. Bowel scope screening lists take place at SMH, WGH, Prime Endoscopy, and South Bristol Community Hospital.

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 Guildford and is outside the scope of this QA visit.

## Findings

This is a large screening centre which involves a number of different providers and sites. There is an effective and committed team, with good lines of communication and working relationships across sites. The team are well supported by an experienced clinical director. The centre is visible within the host trust and appears to be appropriately supported.

This is the third QA visit for this service with the previous visit undertaken in November 2014. The service performs well and meets or exceeds the majority of key performance indicators (KPIs).

From 1 January 2018 to 31 December 2018, 63,359 people were invited to participate in the bowel cancer screening programme in Bristol and Weston. Of those invited 38,104 were adequately screened, giving the centre an uptake of 60%. This compares with a regional average of 63% and a national average of 59% during the same time period.

Planning for the introduction of faecal immunochemical test (FIT) is well advanced and the centre is well prepared for roll out. The centre is 1 of only a few nationally which are fully rolled out for bowel scope and is congratulated on the effort that has gone into this achievement.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

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

- there is no provision for a second enema to be administered to bowel scope participants when this is required

- there is variation in the numbers of CTCs reported individually by radiologists and a need to develop double-reporting for low-volume reporters.
- there is no radiology annual audit plan

## Shared learning

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

1. There are effective governance arrangements and good lines of communication to support the many different sites and organisations involved in delivery of the programme.
2. There is an active health promotion working group, chaired by the programme manager, with good engagement from primary care.
3. There is evidence of high quality endoscopy, radiology and pathology services, with most KPIs met and active engagement by clinicians from different specialities within the screening programme.
4. Planning for the future introduction of FIT is well advanced and the centre has made appropriate efforts to plan for the predicted extra capacity required.
5. All cancer datasets are double-checked by 2 SSPs.
6. There is a formal complex polyp pathway in place at the Southmead site
7. Double-reporting of all pT1 cancers takes place.
8. The centre uses peppermint oil enemas where there are contraindications.

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence
1	Agree and sign service level agreement for the provision of bowel scope between University Hospital Bristol NHS Foundation Trust and Weston Area Health Trust	NHS public health functions agreement 2018-19 Service specification no.26A Bowel Scope Screening Programme	3 months	Standard	Written confirmation of signed agreement
2	Clarify the clinical governance structures for the BCSP within and between Trusts	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Governance structure charts showing lines of accountability
3	Review the programme's risk register and ensure that risks to service delivery in other trusts and on other sites are documented, including the endoscopy risk at North Bristol NHS Trust	NHS standard contract service conditions	3 months	Standard	Updated risk register  Minutes of programme board meetings where updated risk register is reviewed

No.	Recommendation	Reference	Timescale	Priority	Evidence
4	Include audits as a standing agenda item at programme board meetings	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Amended agenda for programme board meetings  Minutes of programme board meetings where audits are discussed
5	Conduct regular dataset audits in line with guidance (to include 10% of BCSP and a proportion of bowel scope cases and 100% of all cancers found), using the endoscopy report to support this process	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010) Standard A8.16	6 months	Standard	Two sets of audit data demonstrating audit requirements are being met
6	Improve document control within the quality management system (QMS) including implementation of a process for reviewing and archiving work instructions, information leaflets and proformas	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme Standard A8.5, A9.2	6 months	Standard	Document control policy and evidence of document control in place on a work instruction/standard operating procedure (SOP)

No.	Recommendation	Reference	Timescale	Priority	Evidence
7	Revise design of QMS to aid ease of use and reference the QMS to the right results pathway	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme Standard A8.5	6 months	Standard	QMS index developed with evidence of procedures aligned with right results pathway

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Obtain approval from all trust information governance leads on the transport of patient identifiable information between screening sites, and mitigation of associated risks.	Department of health Information Security Management: NHS Code of Practice	3 months	Standard	Assurance given at programme board
9	Measures to be taken to address the potential risk to the provision of bowel scope service at Weston General Hospital with lone scopist on bank contrac	NHS public health functions agreement 2018-19 Service specification no.26A Bowel Scope Screening Programme	3 months	Standard	Assurance given at programme board

## Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Ensure that all SSPs complete Direct Observation of Practice (DOP) prior to next annual appraisal	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme Standard A7.4	12 months	Standard	Written confirmation of direct observation of practice (DOPs) completion for all SSPs in next annual appraisal
11	Ensure that SSPs have the facility to make confidential calls	NHS public health functions agreement 2018-19 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Written confirmation that access has been reviewed and confidentiality is being maintained

## The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Adjust bowel scope list size to allow time for second enemas should this be necessary.	NHS public health functions agreement 2018-19 Service specification no.26A Bowel Scope Screening Programme	3 months	High	Written confirmation confirming review of list size to allow for the provision of a second enemas as required
13	Develop a mechanism for feeding back to bowel scopists outcomes from subsequent colonoscopies for their patients.		6 months	Standard	Confirmation at programme board

## Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Establish a forum that enables clinicians to meet regularly to review learning from AVIs, KPIs, and audits		6 months	Standard	Written confirmation and set agenda to be provided
15	Ensure that BCSP CTCs are double reported when cases are reported by radiologists not achieving the required minimum number of reports	Guidance for the Use of Imaging in the NHS Bowel Cancer Screening Programme, second edition, publication no. 5, (November 2012)	6 months	High	Retrospective audit of CTC reporting, with evidence of double reporting
16	Implement inclusion of audit codes in BCSP CTC reports	Guidance for the Use of Imaging in the NHS Bowel Cancer Screening Programme, second edition, publication no. 5, (November 2012)	3 months	Standard	Retrospective audit of CTC reporting, with evidence of inclusion of CTC codes

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Introduce an annual audit plan detailing proposed audits for all 3 CTC sites with audit outcomes reviewed at programme board meeting	Guidance for the Use of Imaging in the NHS Bowel Cancer Screening Programme, second edition, publication no.5, (November 2012)	12 months	High	Evidence within programme board minutes

## Referral

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

## Service provider and population served

The Bristol and Weston Bowel Cancer Screening Programme (BCSP) is provided by University Hospitals Bristol NHS Foundation Trust. The programme is delivered across 6 sites, in association with 2 additional NHS trusts: North Bristol NHS Trust and Weston Area Health NHS Trust, and Prime Endoscopy, an independent service provider. The service is commissioned by NHS England South West.

The service is commissioned for the populations of Bristol, North Somerset, South Gloucestershire, Bath and North East Somerset. Each of these areas are covered by separate local authorities. The service covers 2 clinical commissioning groups: Bristol, North Somerset and South Gloucestershire CCG and Bath and North East Somerset CCG. The eligible population for the screening programme is estimated to be 955,000.

From 01 January 2018 to 31 December 2018 63,359 people were invited to participate in the bowel cancer screening programme in Bristol and Weston. Of those invited 38,104 were adequately screened, giving the centre an uptake of 60%. This compares with a regional average of 63% and a national average of 59% during the same time period.

The BCSP started in December 2008 inviting men and women aged 60 to 69 years for faecal occult blood test (FOBT) screening. In August 2013 the screening service extended the age range to 74 years.

All individuals who receive an abnormal FOBT result are offered a FOBT positive assessment appointment with a specialist screening practitioner (SSP) prior to a colonoscopy or a computed tomography colonography (CTC). Specialist Screening Practitioner (SSP) clinics are held at Bristol Royal Infirmary (BRI), Southmead Hospital (SMH), and Weston General Hospital (WGH). Radiology is carried out at Cossham Hospital which is part of North Bristol Trust, and at BRI. Colonoscopy is carried out at BRI and SMH. Pathology for the whole service is carried out at SMH. The programme management and administrative function is based at BRI.

BoSS is a one-off invitation for a flexible sigmoidoscopy for 55 year olds. Bowel scope screening commenced in March 2014 and is fully rolled out to 100% of the eligible population. There are on average 12 bowel scope lists per week. Bowel scope lists are provided at SMH, Prime Endoscopy and at South Bristol Community Hospital which is part of the University Hospitals Bristol NHS Foundation Trust. 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 Guildford and is outside the scope of this QA visit.

# Governance and leadership

## Commissioning and accountability

NHS England South West commission the Bristol and Weston bowel screening programme. The contracted provider is University Hospital Bristol NHS Foundation Trust. The trust holds service level agreements (SLAs) with North Bristol NHS Trust, Weston Area Health Trust, and Prime Endoscopy for the provision of bowel scope. At the time of the visit all SLAs were signed with the exception of the bowel scope provision for Weston.

There is regular communication between the bowel screening service and NHS England through the Bristol and Weston bowel screening programme board. The programme board for the Bristol and Weston service meets 3 times a year and meetings are chaired by the PHE Screening and Immunisation Lead from the NHS England public health commissioning team. Actions from the meeting are clearly documented with timescales given, and the service team act on these effectively. The programme board has appropriate terms of reference. There is good engagement from staff working in the bowel screening programme at programme board meetings, with representation from all sites, as well as representatives from the Screening Quality Assurance Service (SQAS) and NHS England. To facilitate engagement the programme board venue alternates between the BRI, SMH and Prime Endoscopy. The commissioners and the programme noted regular communication between programme boards as necessary.

It may be helpful for the board to have a regular cycle of business formalised to ensure that strategic items which need only be discussed rarely are effectively planned into the meeting schedule – such as patient satisfaction surveys.

Minutes from the screening board are shared with other staff in the public health commissioning team who report issues through the contract monitoring meeting with the provider. Contract meetings take place monthly between the University Hospital Bristol and NHS England commissioners where screening-specific issues can be raised and then escalated, if required, to NHS England directors. Commissioning penalties are utilised where necessary but have not been required for this programme.

Risks and incidents are standing agenda items at programme board meetings and also at internal screening and immunisation team (SIT) meetings. The SIT maintains a screening risk register and a bowel screening workplan which has appropriate leadership and prioritises areas for action and development.

Nationally, the bowel cancer screening programme is changing. The faecal immunochemical test (FIT) will replace the current FOBt test from April 2019. It is anticipated that this will drive an increase in activity for the Bristol and Weston centre, including an increase in demand for colonoscopy and pathology services.

The service are proactively engaged with commissioners on capacity and resource planning to ensure delivery of FIT does not compromise current service quality. The need for increased pathology and radiology provision has been suitably factored into FIT planning.

The programme board has a strong focus on health equity with a work programme delivered via a multi-agency working group. The public health commissioning team will need to refresh its needs assessment for health equity, as part of PHE's health inequalities work programme, to support efficient health promotion targeting for bowel screening. Public health commissioners have previously produced a very useful briefing for general practice on increasing uptake and equity which is a model that could be also refreshed.

There are 2 prisons within the Bristol and Weston programme boundaries and pathways are well established for the detained population.

The centre does not produce an annual report. This is a requirement within the service specification and can be an aide for feeding back the successes of the programme to the trust boards. Production of an annual report should be a consideration for the future.

### Programme management / coordination

There are appropriate governance arrangements for monitoring and oversight of the programme within the host trust. The Bristol and Weston BCSP sits within the surgery division at the host trust and sits within medicine at North Bristol Trust (NBT). Radiology sits within the diagnostic division at the host trust and pathology and radiology sit within medicine at NBT.

The clinical director is responsible for the clinical and managerial elements of the bowel cancer screening programme. Accountability for the programme is with the chief executive. The clinical director is employed by University Hospitals Bristol NHS Foundation Trust and is based at Bristol Royal Infirmary (BRI). He has been in post since inception of the programme and has adequate time allocated within his job plan to support the BCSP team. He feels well supported by trust management, and has good communication with service leads within his trust, and with clinical leads in other trusts.

Performance and KPI attainment is managed and discussed within the programme boards. Individual clinician data is circulated quarterly to the whole team. There is a lead colonoscopist, separate to the clinical director. The lead colonoscopist discusses individual performance with scopists outside of programme board meetings. There is no mechanism for staff as a group to discuss quality improvement such as colonoscopy performance, learning from incidents or outcomes from audits. Consideration should be given to establishing an annual forum to enable clinicians to discuss these issues.

There is a full time programme manager in post, dedicated to the programme.

There is a BCSP monthly team meeting internally chaired by the clinical director that includes clinical representation.

Joint Advisory Group (JAG) accreditation is held for all sites within the programme. The pathology department holds full United Kingdom Accreditation Service (UKAS) accreditation and participates in National External Quality Assurance Scheme (NEQAS) external quality assurance schemes.

The centre undertakes excellent health promotion activity. There is a health promotion working group, chaired by the programme manager, that works actively with the multicultural communities covered by the programme to educate and optimise uptake. This meets monthly. There is good engagement from practices and Cancer Research UK (CRUK) to support work to identify barriers, using focus groups and local community groups.

### Incidents, risk management and escalation

The screening programme appropriately reports reportable events (AVIs) and incidents to the screening quality assurance service (SQAS). There have been 14 reportable events since January 2017.

All trusts have incident policies which outline routes of escalation within the trust for patient safety incidents. It is evident that there are close working relationships between the trusts. However, greater definition and documentation of the clinical governance structures across sites is advisable. This would further strengthen the mechanisms for ensuring that incidents and risks that occur on 1 site are duly reported and discussed across the programme. All open incidents are reviewed and discussed at the programme board.

Risks to the service from the host trust are reported through the programme board. The programme's risk register only includes 1 risk for equipment renewal at the host trust. The register does not include overarching multi-site risks to the service such as overall endoscopy capacity at NBT although there is evidence that these risks are being managed outside the BCSP. The risk register should record all risks to the programme. These risks need to be consistently reviewed at programme board meetings, with information provided to the board on how risks are being dealt with by each trust. At present there is no overarching business continuity plan and it is noted that this could be helpful to manage and understand the risks and pressures on the service as a whole.

### Audits and research

Audits are an essential tool for quality assurance of the screening programme. It would be beneficial to have quality audit as a regular item on the programme board to provide assurance against quality standards. Each audit should clarify how the outcomes of

audits will be reviewed by staff working within the screening programme, and where actions arising from audits will be tracked.

The mandatory audit requirements for data accuracy need to be reviewed. At the time of the visit the SSPs were using a paper copy of the investigation dataset, completed at the time of the colonoscopy, to audit dataset accuracy on Bowel Cancer Screening System (BCSS). As both are completed by the same SSP this does not satisfy the audit requirements. The audit should be undertaken by comparing the completed BCSS diagnostic test and cancer dataset against the endoscopy and histology reports, rather than against a paper copy of the diagnostic test completed by the same SSP who entered the data. If errors are found, particularly if this affects the patient pathway, these need to be amended, and a record of the audit maintained. It is a recommendation that the centre conduct regular dataset audits in line with guidance (to include 10% of BCSP and a proportion of bowel scope cases and 100% of all cancers found).

A systematic process should be implemented for the recording of audit outcomes, and these should become a standard item for discussion and review at programme board meetings. The audit schedule is currently managed by the Specialist Screening Practitioners, and it is recommended that this is co-ordinated by the administrative team and all outcomes embedded as part of the Quality Management System.

Audits for other specialties are discussed in the relevant sections.

## Communication and user feedback

The service obtains patient feedback via questionnaires sent to people 30 days after attendance for colonoscopy. This is a programme based questionnaire which is sent to all patients. The results are entered into the NHS Connecting for Health Open Exeter system by the clerical team and then reviewed at the monthly team meetings, which allows for the opportunity for the Lead SSP to address all complaints.

## Administration

Whilst the SSP and administrative team are co-located and have appropriate office equipment, they work in a large, open-plan office, shared with numerous other clinical teams. This does mean that confidential calls and sensitive conversations are compromised.

The Quality Management System requires some attention. All screening centre proformas and patient advice leaflets, such as bowel prep, should be document controlled. There is an annual review process in place for documentation but no process for archiving old versions which should be implemented immediately. The standard operating processes (SOPs) should be referenced to the Right Results Pathway.

At the last visit, in 2015, the centre was noted as having a non conformance log. This has since been discontinued. The centre may wish to consider reintroducing a non-conformance log as part of the screening centre's management of the AVI process. Such a log helps monitors issues, themes arising from incidents, and promotes learning from errors. The log can be reviewed regularly at quarterly team meetings.

There are good processes in place for managing patient episodes.

Recommendation 1

Recommendation 2

Recommendation 3

Recommendation 4

Recommendation 5

Recommendation 6

Recommendation 7

# Infrastructure

## Workforce

The screening centre is well supported with adequate staffing levels for administrative activity. There is a full time, dedicated programme Manager, part time lead administrator and 3.4 WTE administrative assistants (including a vacancy which is pending recruitment). This allows for cross cover during planned and unplanned absence.

The specialist nursing practitioner (SSP) team comprises of 1 lead SSP (0.85 WTE), and 8.86 WTE SSPs. The SSP team have recently faced a number of challenges. The lead SSP is currently on maternity leave and the role is being covered with an individual on a fixed-term contract. There have been some long term absences in 2018 and several new members joining the team. Despite this, the team has continued to support the delivery of the faecal occult blood test (FOBt) programme and the full roll out of bowel scope programme. At the time of the visit there was a full complement of staff and this was noted as adequate to cover the clinical activity for the FOBt and bowel scope programme.

There is a lead colonoscopist and 5 colonoscopists, with 10 further endoscopists and nurse endoscopists to deliver colonoscopy and bowel scope screening. These staffing levels are adequate for the current capacity required for FOBt. However, for BoSS, while there is sufficient scopists to carry out the number of lists, it was noted during the QA visit that some of the lists were very heavy which could lead to burn out of the scopists. It is recommended that review is done on the weighting of these lists, with a view to lessening the numbers and reducing the pressure on the bowel scopists.

The planning for the introduction of FIT is well advanced and the centre noted that for the anticipated additional capacity required there are plans to recruit and accredit 2 further colonoscopists, potentially at NBT. There may be further recruitment required.

The scopist at Weston General Hospital is a bank worker and therefore it was noted that this has the potential to put the provision of service at WGH at risk. Measures should be put in place to address this.

## Equipment and IT

The SSP offices have appropriate IT access at all their sites. However, between sites the SSPs transport patient identifiable information using lockable wallets and this practice is not fully secure. The host trust Caldecott Guardian has reviewed this practice. However, it is recommended that advice is sought from each trust's IG lead on the continuation of this practice and the associated risks.

There are bids in to replace the scopes at UBHT and the scopes at NBT are being renewed from May 2019 onwards. Prime Endoscopy and WHT have no equipment issues.

Recommendation 8

Recommendation 9

# Pre-diagnostic assessment

## Specialist Screening Practitioner (SSP)

It was evident from interviews conducted for the visit that the SSPs are enthusiastic about the programme and their role, and there was evidence of good team working.

Line management of the SSP team sits with the lead SSP. The lead SSP's maternity leave is currently being covered by a fixed-term contract. There was evidence of good support from both the lead SSP and peer to peer within the team. New SSPs are well supported and there is a good induction process.

All of the SSPs have either successfully completed the Liverpool John Moores University course or are registered to attend. Some of the team have not completed a direct observation of practice (DOPS) assessment recently but have been advised to complete this as part of their annual appraisal this year.

The accommodation for the SSP team is a large open-plan office that the BCSP team share with a number of other specialties. It was observed that there is no dedicated private space for confidential calls to patients nor for the team to have sensitive conversations. The team can get access to a meeting room but the room does not have a phone line. Consideration needs to be given to the provision of private space for confidential calls and conversations.

Recommendation 10

Recommendation 11

# The screening test – accuracy and quality

## Bowel scope screening

BoSS commenced in March 2015 and at the time of the visit the centre had rolled out to 100% of the eligible population. The Bristol and Weston centre is 1 of the few centres in the country to complete roll out and should be congratulated on this achievement.

The centre runs 12 lists across 4 sites: South Bristol Community Hospital, Prime Endoscopy, Southmead Hospital and Weston General Hospital. The lists are undertaken by nurse endoscopists and GP endoscopists. KPIs, specifically lifetime adenoma detection rate (ADR), are above standard for all the bowel scopists. All units are fully equipped and give good access to the local community.

In some of the sites, the lists seem quite heavy and no time is available to give a second enema should it be necessary. These lists currently have 1 SSP to collect data and manage those participants who have histology or require colonoscopy booking. This could introduce delay into an already busy list as the endoscopist will need to wait until the SSP has finished speaking to the previous patient before the lists can continue. The pressure on the lists also creates a risk of burnout for endoscopists. The size of bowel scope lists should be reviewed with consideration to reducing the number of subjects seen, especially at the South Bristol site.

It is also recommended that there is a mechanism established for feeding back to all bowel scopists outcomes from subsequent colonoscopies for their patients.

**Recommendation 12**

**Recommendation 13**

# Diagnosis

## Endoscopy

This is a well-established screening centre with colonoscopy provided at 2 sites (BRI and Southmead) by 6 colonoscopists providing 7 to 8 lists per week.

There is good evidence of a high quality clinical service. Colonoscopy is provided to a high standard as evidenced by very good KPI achievements, with the centre achieving adenoma detection rates of 46.46% for 2017 and 48.44% for 2016. The number of colonoscopies carried out by clinicians is reasonably balanced across the sites and these will increase in number with the anticipated increase in activity forecast for FIT implementation.

There was 1 logged use of a reversal agent within the unit in 2017 and on investigation it is noted that this was an error on the BCSS and has been addressed.

There is good evidence of cross cover, particularly at the BRI, where there is also occasional doubling up of colonoscopists to manage the more complex polyps. The multi-disciplinary team (MDT) works well across both sites and this is the advantage of having surgeon endoscopists within the programme at both BRI and Southmead. The complex polyps are discussed as part of the MDT at Southmead and informally between the screening colonoscopists at the BRI.

There is regular use of Buscopan or Glucagon to improve adenoma detection rate and patient comfort and if there is contraindication to their use then peppermint oil enemas are inserted through the scope by 1 of the endoscopists at Southmead Hospital.

The colonoscopists continue to enjoy the BCS colonoscopy lists and the complex work entailed. All are invited to the screening centre's regular board meeting. Attendance is variable due to competing priorities in clinical workload.

Each endoscopy unit has generally modern equipment although some of the endoscopy kit at the BRI is ready for renewal on the trust replacement programme.

Planning for the future introduction of FIT is well advanced and the centre is well aware of the need for future-proofing the service, particularly in light of the impending retirement of 1 of the colonoscopists at Southmead. The centre feels ready to consider early adoption of FIT extension when it should happen.

Thought does need to be given to perhaps providing an annual forum for sharing best practice, discussing quality indicators and adverse events such as the recent national incident which related to difficulties with anticoagulation and bridging. Learning from a national incident involving bridging could be usefully discussed at this forum, with any changes to local practice agreed by the team and would be a good forum for giving feedback on any internal investigations. It is a recommendation that the centre looks to

establish an annual multi-disciplinary meeting (MDM) or similar forum to enable endoscopists to review learning from AVIs, KPIs, and audits.

## Radiology

CT colonography (CTC) for the service is provided by University Hospitals Bristol at the Bristol Royal Infirmary (BRI) and North Bristol Trust, at Cossham Hospital.

The BRI radiology department is Imaging Services Accreditation Scheme (ISAS) accredited. The NBT site is working towards this goal.

The CT equipment, image acquisition and reporting facilities are state of the art and satisfactory. The high specification Phillips/Siemens MSCT scanners and 3D navigational software is good.

The visit noted a high standard of CT colonography (CTC) service in place under the guidance and leadership of the local QA leads.

At the BRI site the lead radiologist's extensive prior experience as clinical director in radiology has helped shape the local service as well as recruitment of motivated gastrointestinal colleagues and ensuring compliance with the national standards. This fact, together with experienced and enthusiastic CTC radiographers, has been pivotal in ensuring the quality, training and mentoring of all involved in delivering the local CTC service.

At the NBT site the majority of the CTC studies take place at Cossham, in a well-run dedicated unit under the supervision of very experienced CTC radiographers and the lead radiologist and his team. The patients' journeys through this unit is seamless with excellent feedback noted in letters and cards. As this is an outpatient diagnostic facility consultant radiologists are not on site but are easily accessible if required for opinions or urgent reviews.

There is a cohesive group of 5 radiologists and 6 gastro-intestinal radiographers that deliver the local CTC service at the BRI site and a similar number of CTC radiologists in the North Bristol site. The Cossham site has 8 trained CTC radiographers. Increasing demand has led to the need for training and recruitment of more CTC radiographers and radiologists and in this respect the units have been recently successful. Additional recruitment, together with robust mentoring and training supervision, has helped maintain the quality standards expected of the service.

The referral rate to CTC as a diagnostic test was just under 11% for 2018, with 81% of those CTCs being the first test. This is well above the national average of 5.7%. All referrals for CTC are agreed with a screening colonoscopist. The centre has been asked to undertake an audit reviewing the numbers and reasons for the use of CTC as part of a regional initiative from SQAS. Outcomes and learnings from this audit will be shared when available.

There are a significant number of overall (non-screening and screening) CTCs performed between the 2 main CTC sites (total 2057), with far more taking place in North Bristol Trust, mainly due to the easy and rapid access for CTC (a large number are GP referrals). The large volume of CTC reporters are those based in North Bristol Trust. On the BRI site, of the 5 CTC reporters, 2 have reported fewer than the required 100 CTCs in the year up to the pre-visit questionnaire documentation. These 2 individuals had reported more than 100 CTC studies in the preceding year and it was agreed that in future, low volume CTC reporters will have their BCSP CTCs double reported.

There is need for fine tuning in the CTC reports to include audit codes for every BCSP CTC reported. Otherwise all other quality metrics are satisfied.

There is a notable lack of recent audit documentation since the last QA visit. This was acknowledged. The lead radiologist agreed to roll out the required audits in the coming year, such as recording of CTC outcomes, report turnaround times, radiation dose and patient satisfaction. It is hoped that an annual audit strategy would be introduced in the coming year.

The lead radiologist regularly attends the programme board or provides an update if unable to attend

Attendance at regional or national meetings can be difficult, especially for the CTC radiographers, and attendance at least 1 bowel cancer screening educational meeting annually is encouraged.

It was noted that there is a very good working relationship between the radiology department, the SSPs and colonoscopists.

## Pathology

Pathology reporting for the whole programme is provided by the cellular pathology department based at Southmead Hospital (SMH), North Bristol NHS Trust.

There are 3 consultants undertaking BCSP pathology reporting. There are a total of around 20 consultants within the department and a further 5 of these also undertake gastrointestinal pathology reporting, although these individuals do not currently perform BCSP-derived work.

The pathology department is located within a recently constructed and purpose-built building at SMH and has been operational since spring 2016, since when it has undertaken all reporting for North Bristol Trust and for University Hospitals Bristol NHS Foundation Trust. The department currently reports a total of 67000 requests (total histopathology requests) annually and is due to take on all reporting from Weston General Hospital from 1 April 2019 representing a further 7,000 specimens (50% of which will be gastrointestinal in nature). There is a plan to recruit 3 additional consultants in order to deal with this extra work.

The pathology department holds full United Kingdom Accreditation Service (UKAS) accreditation and participates in National External Quality Assurance Scheme (NEQAS) external quality assurance schemes. Transport links with the other endoscopy sites are good and specimens are received with stickers indicating that they are BCSP-derived. Communication links with the rest of the BCSP team are satisfactory.

The lead BCSP pathologist has 0.5PA in his job plan to reflect this administrative activity. This work includes preparation of reports for the quarterly local programme board meetings, with attendance at these meetings when they take place at SMH.

Appropriate standard operating procedures (SOPs) are in place that detail, for example, approaches to the management of difficult cases and dealing with a change in diagnosis.

All 3 BCSP pathologists are members of the BSCP pathology External Quality Assessment (EQA) Scheme and all 3 BCSP pathologists also attend educational events that include material relevant to the BCSP.

The BCSP pathologists work well together as a team. All pT1 cancers are double-reported (as are all first diagnoses of cancer across the department). There is potential for inviting a fourth pathologist to join the BCSP reporting team if required particularly with the introduction of FIT testing. The lead BCSP pathologist believes that there is sufficient reporting capacity to deal with the recent increase in BoSS-derived specimens (over the last 6 months) and the forthcoming introduction of FIT testing.

The BCSP work is prioritised in the department such that the turnaround times for this activity are maintained at an acceptable level. Turnaround times for 2018 were 96.5% which is above the national standard. This contrasts with the situation in the department as a whole, where a shortage of pathologists has contributed to the requirement to outsource some reporting (not BCSP specimens) and to longer turnaround times in some areas. The proportion of adenomas in which high grade dysplasia is diagnosed is entirely satisfactory – 5.3%.

Evidence to support the statements made in this report was provided as requested prior to the QA visit. During the QA visit, examples of serrated polyps and those showing high-grade dysplasia, epithelial misplacement and pT1 adenocarcinoma were viewed and discussed on a double-headed microscope with the lead BCSP pathologist.

Recommendation 14

Recommendation 15

Recommendation 16

Recommendation 17

## Referral

There is a referral protocol in place for patients who have a suspected or confirmed cancer during bowel scope screening. This covers referral to the colorectal MDT where treatment for patients diagnosed with cancer is discussed.

## Appendix: References

1. NHS public health functions agreement 2018 -19 Service specification no.26 Bowel Cancer Screening Programme [online] available from:  
<https://www.england.nhs.uk/wp-content/uploads/2017/04/Gateway-ref-07847-181002-Service-specification-No.-26-NHS-Bowel-cancer-screening-programme.pdf>  
(accessed November 2018)
2. NHS public health functions agreement 2018 -19 Service specification no.26a Bowel Cancer Screening Programme [online] available from:  
<https://www.england.nhs.uk/wp-content/uploads/2017/04/Gateway-ref-07848-180913-Service-specification-No.-26A-NHS-Bowel-Scope-screening-programme.pdf>  
(accessed November 2018)
3. Public Health England Managing Safety Incidents in NHS Screening Programmes (2017)[online] available from:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/672737/Managing\\_safety\\_incidents\\_in\\_National\\_screening\\_programmes.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/672737/Managing_safety_incidents_in_National_screening_programmes.pdf) (accessed November 2018)
4. NHS BCSP Quality Assurance Guidelines for Colonoscopy Publication No 6 (February 2011) [online] available from:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/427591/nhsbcsp06.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/427591/nhsbcsp06.pdf) (accessed November 2018)
5. NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)
6. Department of health Information Security Management: NHS Code of Practice [online] available from:  
<https://digital.nhs.uk/binaries/content/assets/legacy/pdf/1/k/information-security-management-nhs-cop.pdf> (accessed November 2018)
7. NHS BCSP Guidance on reporting lesions (2018) [online] available from:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/427582/nhsbcsp01.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/427582/nhsbcsp01.pdf) (accessed November 2018)
8. Guidance for the Use of Imaging in the NHS Bowel Cancer Screening Programme, second edition, publication no. 5, (November 2012) [online] available from:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/423848/nhsbcsp05.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/423848/nhsbcsp05.pdf) (accessed November 2018)