



Public Health
England

Screening Quality Assurance visit report NHS Bowel Cancer Screening Programme Hampshire

13 December 2017

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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 from 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 Hampshire Bowel Cancer Screening service held on 13 December 2017.

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:

- 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 Hampshire Bowel Cancer Screening Programme is provided by University Hospital Southampton NHS Foundation Trust (UHS) and Hampshire Hospitals Foundation Trust (HHFT). The screening programme is based across 4 hospital sites within the 2 NHS trusts, serving a population of 984,939. The programme is commissioned by NHS England (Wessex).

The hospital sites are the University Hospital Southampton, Andover War Memorial Hospital (AWMH), Royal Hampshire County Hospital (RHCH), and Basingstoke and North Hampshire Hospital (HHFT). Staff based on these sites work as 1 centre to provide the bowel cancer screening services for the eligible screening population across Hampshire.

The Hampshire Bowel Cancer Screening Programme (BCSP) started in April 2008 inviting men and women aged 60 to 69 years of age for faecal occult blood test (FOBt) screening.

In 2013 the screening service extended the age range to 74. Bowel scope was started in April 2015 and the programme currently runs 7 lists per week.

The director of screening is based at the University Hospital Southampton - Southampton site. The screening programme manager and senior nurse are based at the Royal Hampshire County Hospital – Southampton where programme co-ordination and administration takes place. Colonoscopy is undertaken at Southampton, Winchester and Basingstoke. Pathology, radiology and Screening Specialist Practitioner (SSP) clinics are held on 3 sites: Basingstoke, Winchester and Southampton.

This was the third QA visit undertaken to the Hampshire centre, following a first round in April 2010 and an interim visit in November 2011. The second visit was in September 2013. There is 1 outstanding recommendation from the previous visit in September 2013; this was related to developing a Quality Management System (QMS).

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

From 2015 to March 2017, 68,401 people were invited to participate in the bowel screening programme in Hampshire, and 43,717 have been adequately screened, giving the centre an uptake of 63.9%. This compares with a regional average of 64% and a national average of 59.1% in 2016 to 2017.

Immediate concerns

The QA visit team had no immediate concerns.

High priority

The QA visit team identified 5 high priority findings which were that:

- the Winchester site does not have United Kingdom Accreditation Service (UKAS) accreditation
- Bowel Cancer Screening Programme (BCSP) pathologists do not use a standardised Royal College of Pathologists (RCPATH) compliant proforma for reported bowel cancer resections
- not all T1 cancers at all sites have verified double reporting by BCSP pathologists

- laboratory information systems and proformas have not been updated for the introduction of TNM8 (revised guidelines for the classification of malignant tumours)
- testing of colorectal cancers for MMR/MMSI – a technique to identify DNA mismatch repair – is not undertaken according to Royal College of Pathology (RCPATH) guidance

Shared learning

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

- the SSPs maintain good communication delivering all aspects of the FoBT and bowel scope programme despite the difficulties of multi-site working
- the team have been actively involved in health promotion activities – of particular note is the outreach work with a local homeless shelter
- teamwork continues to be a major strength of this screening centre with the clinical director promoting a collaborative approach and open culture for discussion of any issues or concerns
- the screening practitioner telephones bowel scope participants prior to their procedure, which pre-empts any issues that occur with access to the service or enema administration
- the team carry out live data entry at both assessment clinic and colonoscopy as the participant's progress through their screening episodes

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence
1	Develop the Quality Management System (QMS) and include document control of SOPs, forms and information leaflets	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Quality Management System – index and document control timetable
2	Draw up and implement an action plan to address issues highlighted in the previous Right Results audit	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	New Right Results audit
3	Develop an annual audit schedule to cover all elements of the programme	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Annual audit plan

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
4	Develop a workforce plan which demonstrates how capacity within the programme will be increased to meet planned roll out of bowel scope and FIT implementation (once threshold and timescale known). Include training and recruitment plan for SSP nurse endoscopists.	NHS public health functions agreement 2016-17 Service specification no.26 A Bowel Cancer Screening Programme	12 months	Standard	Workforce action plan based on bowel scope plans and the threshold value of the FIT test (once known)

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5	Consider the implementation of a Lead SSP role particularly with the continued roll out of bowel scope across the programme	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Workforce action plan

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
6	All SSPs to have their activity recorded within their job plans	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	SSP job plan
7	Create a feedback process for bowel scope participants to allow service monitoring and development	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Updated Standard Operating Procedure (SOP) Questionnaire or other feedback mechanism
8	Review programme incident to investigate whether a reversal agent was used in 2016 and report if necessary as an adverse incident (AVI)	Public Health England Managing Safety Incidents in NHS Screening Programmes (2015)	3 months	Standard	Summary of investigation
9	Authorise Patient Group Directive (PGD) for UHS to enable SSPs to issue oral systematic bowel preparations	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Ratified Patient Group Directive (PGD) which includes completed Screening Specialist Practitioner (SSP) sign off

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
10	Review and amend PGDs for Moviprep and Fleet enema for HHFT to include clarification of sections 1.1 and 1.2	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Updated PGDs
11	Update anticoagulation policy to incorporate current British Society of Gastroenterology (BSG) guidelines	NHS public health functions agreement 2016-17 Service specification no.26 A Bowel Cancer Screening Programme	3 months	Standard	Updated anticoagulation policy

The screening test – accuracy and quality

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

Diagnosis

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
12	Make sure that CTC reports contain the minimum dataset information needed for entry onto Bowel Cancer Screening System (BCSS)	Guidelines for the use of imaging in the national cancer screening programme	3 months	Standard	Audit of CTC reports with evidence that minimum dataset is included
13	For screening-related CTC procedures introduce appropriate document control, in line with local QMS requirements with double reporting of BCSP CTCs	Guidelines for the use of imaging in the national cancer screening programme	6 months	Standard	Procedure documentation with appropriate version control and signatures
14	Make sure that all BCSP patients sign for consent on all sites in accordance with the national recommendation	Guidelines for the use of imaging in the national cancer screening programme	3 months	Standard	Confirmation that signed consent has been added to the pre-scan checklist for radiographers
15	Develop a schedule for audits of radiation dose	Guidelines for the use of imaging in the national cancer screening programme	3 months	Standard	SOP with frequency and lead for audits of radiation dose

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
16	Conduct an audit of CT Colonography (CTC) cases within the last 12 months to identify any patient pathway issues and embed this into the annual audit plan	Guidelines for the use of imaging in the national cancer screening programme	6 months	Standard	Audit of CTCs within the last 12 months
17	Practices and procedures to be standardised at all 3 sites for histopathology through shared SOPs including joint meetings	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Updated SOP with version control and author added Minutes of joint meetings
18	Achieve UKAS accreditation at Winchester	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	3 months	High	UKAS confirmation
19	All BCSP pathologists to attend an update meeting in each screening cycle	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Record of attendance for BCSP pathologists at educational meetings

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
20	All BCSP pathologists to have their activity recorded within their job plans	NHS BCSP Quality Assurance arrangements for the NHS Bowel Cancer Screening Programme, Draft version 2.1 (December 2010)	6 months	Standard	Updated job plans for BCSP pathologists
21	All BCSP pathologists to use standardised Royal College of Pathologists (RCPATH) compliant proforma for reported bowel resections at Basingstoke	NHS BCSP Reporting lesions in the NHS bowel screening programme (2007); Guidelines from the Bowel Cancer Screening Programme Pathology Group Publication No 1 (September 2007)	3 months	High	Audit of Basingstoke cancer dataset items demonstrating compliance
22	All T1 cancers to be double reported particularly at Winchester	Guidelines from the Bowel Cancer Screening Programme Pathology Group Publication No 1 (September 2007)	3 months	High	Audit of Winchester pathology reports to ensure double reporting

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
23	DNA Mismatch repair (MMR) / Microsatellite instability (MSI) testing of colorectal cancers to be undertaken according to RCPATH guidance	NHS BCSP Reporting lesions in the NHS bowel screening programme (2007); Guidelines from the Bowel Cancer Screening Programme Pathology Group Publication No 1 (September 2007)	3 months	High	Audit of pathology reports to verify that MMR/MSI testing is carried out
24	Update laboratory information systems and proforma to align with the introduction of TNM8	NHS BCSP Reporting lesions in the NHS bowel screening programme (2007); Guidelines from the Bowel Cancer Screening Programme Pathology Group Publication No 1 (September 2007)	3 months	High	Updated proforma
25	Conduct an audit to investigate low tattooing rates for colonoscopies	NHS BCSP Quality Assurance Guidelines for Colonoscopy Publication No 6 (February 2011)	6 months	Standard	Audit of tattooing

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 with the commissioners to complete the recommendations in this report.

SQAS will work with commissioners for 12 months to monitor activity and progress in response to the recommendations following the final report. SQAS will then send a letter to the provider and the commissioners summarising the progress and will outline any further action needed.