Public Health England

NHS

Screening Quality Assurance visit report

NHS Bowel Cancer Screening Programme
Norfolk and Norwich

15 November 2017

Public Health England leads the NHS Screening Programme

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG
Tel: 020 7654 8000 www.gov.uk/phe
Twitter: @PHE_uk Facebook: www.facebook.com/PublicHealthEngland

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 four UK countries. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

www.gov.uk/topic/population-screening-programmes
Twitter: @PHE_Screening Blog: phescreening.blog.gov.uk
Prepared by: Screening QA Service (Midlands and East).
For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net

Published June 2018
PHE publications
gateway number: 2018200

PHE supports the UN
Sustainable Development Goals

Contents

Executive summary 4
Recommendations 7
Next steps 10

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 Norfolk and Norwich screening service held on 15 November 2017.

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 shared with the Midlands and East regional SQAS

Local screening service

The Norwich Bowel Cancer Screening Centre provides bowel cancer screening services for an eligible screening population of 892,900 across the county of Norfolk (Office for National Statistics, 2016).

The clinical commissioning groups (CCGs) covered by the centre include:

- NHS Great Yarmouth and Waveney CCG
- NHS North Norfolk CCG
- NHS Norwich CCG
- NHS South Norfolk CCG
- NHS West Norfolk CCG

The Norfolk and Norwich University Hospitals NHS Foundation Trust hosts the screening centre. Programme co-ordination and administration takes place at the Norwich and Norfolk University Hospital (NNUH).

The service started inviting men and women aged 60 to 69 years of age for faecal occult blood test (FOBt) screening in July 2006. In September 2008 the age range was extended to invite men and women up to the age of 74 years. In 2016, 95,273 invitations for FOBt screening were sent to eligible people in the Norfolk and Norwich area. 65,270 kits were returned of which 1,158 were abnormal.

Bowelscope screening began for men and women aged 55 in July 2013 as one of the first services in England to start this new screening programme. Since then, the service has carried out more than 18,500 bowelscope procedures. The service is only the second in England to achieve full roll out of bowelscope to its population.

The screening programme hub, which undertakes the invitation of individuals eligible for FOBt screening, the testing of screening samples and onward referral of individuals needing further assessment, is based at the Queen's Medical Centre, Nottingham University Hospitals NHS Trust and is outside the scope of this QA visit.

Findings

This well-led and resilient bowel screening team is at the forefront of bowel screening in England. The enthusiastic and collaborative team has worked hard to maintain a high quality service that meets national standards despite pressures on staffing and capacity. The service is well organised and has good performance monitoring and audit systems that demonstrate service improvement and changes to clinical practice.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified one high priority finding as summarised below:

- the process for obtaining patient consent for a computerised tomography colonography (CTC) following a pre-assessment clinic was not clear

Shared learning

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

- quarterly management meetings with sub-contracted organisations where bowel screening takes place

- a comprehensive analysis of FOBt patient feedback questionnaires broken down by colonoscopy and radiology and routine and surveillance patients
- specialist screening practitioners (SSPs) use a live electronic calendar to allow real-time booking of colonoscopy appointments
- multi-disciplinary 6 monthly meetings are held and show evidence of changes to clinical practice
- a complex polyp multi-disciplinary team (MDT) meeting is in place and there is evidence of high performance compared with national guidelines for complex polypectomy procedures
- there is 100% completeness of radiology data on the bowel cancer screening system (BCSS) which reflects the comprehensive system in place for the collection of data from the radiology department
- comprehensive CTC audits covering patient experience, timeliness, compliance with protocol and accuracy of the test are regularly undertaken
- there is a high standard of bowel cancer screening radiology protocols linked to external accreditation of the department by the Imaging Services Accreditation Scheme

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 allocated sessions in the service leads' job plans to undertake the full range of duties	4	3 months	Standard	Updated job plans for lead radiologist and lead histopathologist
2	Document how programme performance issues are discussed, escalated and managed within the trust governance system	1 and 2	3 months	Standard	Updated terms of reference for each meeting and copy of the standard operating procedure (SOP) and diagram describing how the meeting structure links together
3	The commissioners and stakeholders should develop an action plan to reduce screening inequalities in under-served groups	1 and 6	6 months	Standard	Action plan presented to programme board
4	Clarify and document local arrangements for screening individuals in prison	1 and 2	3 months	Standard	Copy of SOP established
5	Update the screening incident SOP to include all programme professional areas and sites and ensure all staff are aware	3	3 months	Standard	The screening incident SOP along with confirmation that staff are aware

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Establish a system to obtain and analyse feedback from bowelscope participants	1	6 months	Standard	Copy of questionnaire and SOP established along with first report
7	Implement a non-conformance and audit process within the quality management system (QMS)	4	3 months	Standard	Evidence that a non-conformance log has been implemented

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Establish an induction process for new bowel screening pathologists	4	3 months	Standard	Documented process for induction
9	Document an equipment replacement and maintenance programme for bowel screening activity at the St Nicholas Endoscopy Unit in Dersingham	1 and 2	3 months	Standard	Equipment replacement and maintenance programme
10	Establish IT arrangements to support live data entry at all lists at clinic sites	4	3 months	Standard	Written confirmation of live data entry at sites
11	Implement a process to identify and track bowel cancer screening patients in the CTC service	1	3 months	Standard	Confirmation of the system put in place

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Establish a process for commencing consent by the SSP team prior to CTC	1 and 5	3 months	High	Copy of SOP established

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Document the process for the management of histology results including those that require endoscopist input	1	3 months	Standard	Copy of SOP established
14	Document the process for the management of patients referred for surgery with benign pathology	1	3 months	Standard	Copy of SOP established
15	Update the patient information leaflet to include appropriate references to the bowel cancer screening programme	1 and 5	3 months	Standard	Copy of the updated patient information leaflet
16	Amend the pathology SOPs to include urgent notification of unexpected cancers	1	3 months	Standard	Copy of SOP established

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 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.