



Public Health
England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS South East London
Lewisham and Greenwich NHS Trust
Bowel Cancer Screening Programme

3 July 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 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

The NHS Bowel Cancer Screening Programme 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 South East London Bowel Cancer Screening Programme held on 3 July 2019.

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 screening 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
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during pre-review visits to South East London Bowel Cancer Screening Programme on 6 June 2019
- information shared with the London SQAS as part of the visit process

Local screening service

The South East London bowel cancer screening programme (SEL BCSP) is provided by Lewisham and Greenwich NHS Trust (LGNT). The programme is commissioned by NHS England (London).

SEL BCSP commenced faecal occult blood test (FOBt) screening in October 2007 on a phased roll out, completing full rollout in 2009. Men and women aged 60 to 69 years of age are invited to attend for FOBt. The screening programme extended the age range to 74 years of age in March 2015.

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).

FOBT screening colonoscopy, bowel scope screening (BoSS), SSP assessment clinics, administration, radiology and pathology are undertaken at University Hospital Lewisham.

The eligible population for the FOBT screening programme (individuals who are 60 to 74 years old) is 132,854 and for BoSS (individuals who are 55 years old) is 14,526 (Source: Office of National Statistics June 2019). The clinical commissioning groups (CCGs) that cover the screening programme are NHS Bexley, NHS Bromley, NHS Greenwich and NHS Lewisham.

BoSS is a one-off invitation for a flexible sigmoidoscopy for 55-year olds. University Hospital Lewisham went live with BoSS in July 2015. The programme has rolled out to 65% of its GP practices (92 out of 142 GP practices) which includes all GP practices in Lewisham and Greenwich, whilst a phased roll out plan to Bexley and Bromley is ongoing.

The programme will shortly be trialling evening BoSS sessions and are hoping to undertake BoSS by the end of the year at Queen Elizabeth Hospital (an associate hospital within the same Trust) once an additional endoscopy room has been built. Both hospitals are joint advisory group (JAG) accredited.

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 at St Marks Hospital which is part of London North West Healthcare NHS Trust and is outside the scope of this QA visit.

Findings

The South East London bowel cancer screening programme is well led by the Director of Screening and the Programme Manager. The screening programme has staff in post for all required leadership roles. There is an effective team with good communication across the various disciplines.

There is evidence of service improvement since the last QA visit in June 2015 with most of the recommendations identified at the last visit having been implemented.

Since the last QA visit there have been several new appointments including a new programme manager and lead specialist screening practitioner (SSP).

The screening programme needs to address capacity and workforce issues as the screening programme expands with bowel scope screening and faecal immunochemical testing (FIT).

Immediate concerns

No immediate concerns were identified.

High priority

The QA visit team identified 9 high priority findings, summarised as:

- the bowel cancer screening system (BCSS) dashboard is not being used on a daily basis to monitor failsafe alerts across the referral pathway
- there is insufficient workforce and capacity to enable the screening programme to manage the expected additional workload from the new faecal immunochemical test (FIT) and achieve full roll out of bowel scope screening (BoSS) programme
- there is insufficient office space for the expanding bowel cancer screening programme team
- there are no recruitment and training plans for specialist screening practitioner/ associate screening practitioner roles
- there is a backlog in surveillance patients which needs to be cleared
- the job plans in pathology and radiology have not been approved with sufficient dedicated time allocated to the lead roles
- there is no equipment replacement plan for pathology and the scanner within radiology is older than recommended guidelines
- the transportation of patient medical notes from the screening office to the clinic room/endoscopy unit were not risk assessed
- the reconfiguration of pathology did not include a risk assessment of the sample pathway to ensure there is no disruption to the transportation of samples

Shared learning

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

- good cancer and multi-disciplinary team meeting pathway for patients, and there is a good local leaflet provided to patients after a suspicion of cancer diagnosis
- a local radiology patient satisfaction survey resulted in improved patient information leaflets
- implementation of Commissioning for Quality and Innovation (CQUIN) to improve the delivery of the programme
- effective relationships between commissioners and the trust
- patient representative on NHS England Pan London Programme Board meetings

Recommendations

The recommendations 1 to 5 are for the commissioners of the service. All other recommendations are for the provider to action unless otherwise stated.

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	The commissioner should review Programme Board and Interim Programme Board terms of reference to ensure minimal duplication on provider reporting on performance	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Updated terms of reference for programme board and interim programme board
2	The commissioner should ensure agreements and outcomes of Commissioning for Quality and Improvement (CQUIN) are routinely reported and lessons learnt shared with key stakeholders	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Confirmation that outcomes of 2018/19 CQUIN have been shared with key stakeholders Confirmation that 2019/20 CQUIN has been agreed with provider

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	The commissioner should continue with the focused work on specific groups to reduce health inequalities and agree shared actions with key stakeholders to ensure the programme is fully supported in making improvements to access	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Update on actions agreed with the programme to reduce health inequalities
4	The commissioner should develop a clear action plan to ensure the planned focus groups for wider patient representation is progressed, including clear milestones and expected outcomes	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Agreed action plan with milestones and expected outcomes from patient focus group
5	The commissioner should ensure clear timelines for receiving London Patient Voice reports to enable recommendations from the London Patient Voice reports to be promptly actioned and progress on actions documented	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Confirmation that recommendations from Patient Voice reports for 2017/18 and 2019/20 have been promptly actioned and progress on actions documented.
6	Produce an annual report for 2018/19 to be presented to the trust board	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme (p20)	6 months	Standard	Confirmation that an annual report has been produced and presented to trust board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Amend trust incident policy to include reference to managing screening incidents in accordance with "Managing Safety Incidents in NHS Screening Programmes" August 2017	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme (p28)	3 months	Standard	Confirmation that trust incident policy has been updated to reference NHS Screening Programmes "Managing Safety Incidents in NHS Screening Programmes" August 2017
8	Update the Trust governance and reporting structure for the escalation of incidents and risks	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme (p19)	3 months	Standard	Updated Trust governance structure to reflect the escalation pathways by the Director of Screening be submitted
9	Ensure patients screening episodes are updated on the BCSS under late complications if reported as an adverse event	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme (p14)	6 months	Standard	Confirmation that this is been reviewed with necessary SOPs updated and in place
10	Establish a log for recording non-conformances	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme (p17)	6 months	Standard	Non-conformance log and copies of meeting minutes to show where these non-conformances are discussed

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Update audit process across the screening pathway ensuring audit outcomes are disseminated across the programme and appropriate training is provided	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme (p10)	3 months	Standard	<p>SOP outlining process of how audits are managed.</p> <p>Updated audit schedule demonstrating audit objective, lead staff member, completion timeframe</p> <p>Evidence of any actions implemented post audit(s) and discussed at operational meetings</p> <p>Confirmation that audit training has been provided to SSPs and administrators</p>
12	Implement daily monitoring of the bowel cancer screening system (BCSS) dashboard failsafe alerts across the referral pathway	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme (p14)	3 months	High	<p>Work instruction outlining who is responsible and what the process is for monitoring failsafe alerts and ensuring that the service monitoring tool on the BCSS is being appropriately utilised and audited</p>

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Complete the audit for completeness of endoscopic mucosal resection of polypectomies >2cms	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Copy of audit including any recommended actions
14	Establish mechanism to track and monitor actions agreed at screening centre meetings and identify ways of ensuring attendance from all disciplines	National Bowel Cancer Screening Quality Assurance Standards (A8.6)	6 months	Standard	Audit on attendance over the next six months
15	Make sure the quality management system (QMS) meets the requirements of the programme	National Bowel Cancer Screening Quality Assurance Standards (A8.5)	3 months	Standard	Confirmation gap analysis of QMS undertaken Confirmation that staff (particularly the SSPs) have received the appropriate training on QMS, writing of SOPs/WIs and right results Provide screening specific SOPs regarding anticoagulation and diabetic patients

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	The administrative team to provide support for the administration, booking and capacity monitoring process around surveillance patients	National Bowel Cancer Screening Quality Assurance Standards (A8.12)	3 months	Standard	Confirmation that this is taking place

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Make sure there is sufficient workforce and capacity for implementation of faecal immunochemical test (FIT) and roll out of bowel scope screening (BoSS) programme to accommodate increases in workload	National Bowel Cancer Screening Quality Assurance Standards (A8.11)	3 months	High	Workforce and capacity plan for FIT and BoSS to include all staffing levels including pathology and radiology Confirmation of approved associated bowel scope screening site at Queen Elizabeth Hospital

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Make sure there is sufficient office space for bowel screening cancer team and storage facilities for medical notes	National Bowel Cancer Screening Quality Assurance Standards (A 9.3)	3 months	High	Health and safety assessment of current office space Confirmation that suitable office space has been identified
19	Make sure a recruitment and training plan is in place for any future recruitment of specialist screening practitioner (SSP) and associate specialist practitioner (ASP) posts	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme (p25)	3 months	High	Confirmation of recruitment and training plan for SSP/ASP
20	Ensure surveillance backlog is cleared	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme (p28)	3 months	High	Confirmation and timescale of plan to clear backlog in surveillance

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Review induction process for new staff	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme (p15)	6 months	Standard	Confirmation that review has been undertaken and staff induction process has been updated
22	Pathology to maintain United Kingdom Accreditation Service (UKAS) accreditation	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme (p15)	6 months	Standard	Confirmation of accreditation and outcome from UKAS visit in September/October 2019
23	Approval of job plans in pathology and radiology with sufficient dedicated time allocated to the lead roles	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme (p8)	3 months	High	Confirmation that the job plans for pathologists have been approved and finalised Confirmation that additional sessional time is provided for the Lead Radiologist to undertake work and is reflected in his job plan

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Develop an equipment replacement plan within pathology and radiology to ensure delivery of the screening programme	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme (p25)	3 months	High	<p>Confirmation of an equipment replacement plan in pathology should equipment fail (such as printer/immunostainer) and a replacement plan in radiology for a new scanner with improved technology to help with further dose reduction and better image quality as per Royal College Radiologists Good Practice Guide for Clinical Radiologists.</p> <p>Confirmation that software for the 3D review is available on Lead Radiologist's PACS terminal</p>

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Risk assess the transportation of patient medical notes from the screening office to the clinic room or endoscopy unit to ensure compliance with the trust information governance policy	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme (p10)	3 months	High	Outcome of risk assessment

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
None					

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Plans for the reconfiguration of pathology to include a risk assessment to minimise disruption in the transportation of pathology samples between screening endoscopy units and cellular pathology	NHS public health functions agreement 2018 to 2019 Service specification no.26 Bowel Cancer Screening Programme (p16)	6 months	High	Outcome of risk assessment Report risks and mitigations to the appropriate forum

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
None					

Next steps

The screening programme 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.