



Public Health
England



Screening Quality Assurance visit report

NHS Bowel Cancer Screening Programme

North East London Bowel Cancer Screening Centre

11 July 2017

Public Health England leads the NHS Screening Programmes

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 are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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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. 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.

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Scope of this report

	Covered by this report?	If 'no', where you can find information about this part of the pathway
Underpinning functions		
Uptake and coverage	Yes	
Workforce	Yes	
IT and equipment	Yes	
Commissioning	No	Local public health commissioning team
Leadership and governance	Yes	
Pathway		
Cohort identification	No	Bowel cancer screening programme Hub
Invitation and information	No	Bowel cancer screening programme Hub
Testing	No	Bowel cancer screening programme Hub (faecal occult blood test (FOBt))
Results and referral	Part	Yes for bowel scope screening and colonoscopy. No for Bowel cancer screening programme Hub (faecal occult blood test (FOBt))
Diagnosis	Yes	
Intervention/treatment	Yes	

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 (QA) visit of North East London Bowel Cancer Screening Centre held on 10 and 11 July 2017.

Purpose and approach to QA

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
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during the pre-visits to the bowel screening programme on 30 May 2017
- information shared with the Screening Quality Assurance Centre (London)

Description of local screening service

The North East London bowel cancer screening programme is hosted by Homerton University Hospital NHS Foundation Trust. This is commissioned by NHS England London. Homerton University Hospital Foundation Trust delivers the bowel cancer screening programme for the North East London population from 3 sites: Homerton University Hospital, Royal London Hospital and Whipps Cross University Hospital. There is a contractual agreement between Homerton University Hospital NHS Foundation Trust and Barts Health NHS Trust for the provision of the bowel cancer screening programme from the Royal London Hospital and Whipps Cross University Hospital.

The eligible screening population for the screening programme (60 to 74 year olds) is 85,556 (Office of National Statistics 2015). The screening programme screens the population from Tower Hamlets, Newham, City and Hackney, and Waltham Forest Clinical Commissioning Groups (CCGs).

The screening programme commenced invitations for bowel cancer screening using faecal occult blood test (FOBt) in April 2007. 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) screening.

Programme co-ordination and administration for FOBt takes place across the 3 sites: Homerton University Hospital, the Royal London Hospital and Whipps Cross University Hospital. FOBt colonoscopy is also provided across the 3 sites. Radiology is performed at Homerton University Hospital and the Royal London Hospital. The pathology function is provided by the laboratory service at the Royal London Hospital.

Bowel cancer screening call and recall, issuing of faecal occult blood test (FOBt) kits, and the referral of participants with abnormal tests, is provided by the London Bowel Cancer Screening Hub for all London bowel cancer screening programmes. The London Bowel Cancer Screening Hub is hosted by the London North West Healthcare NHS Trust based at St Mark's Hospital. This service provision is not part of the QA visit.

In January 2012, the National Cancer Screening Programme issued advice to the screening programmes on the piloting of flexible sigmoidoscopy/bowel scope screening. Bowel scope screening is an alternative and complementary bowel screening methodology to FOBt and is a one-off bowel scope screen offered to all 55 year olds. The screening programme has an eligible bowel scope screening population (55 year olds) of 10,647 (Office of National Statistics 2015).

The programme commenced the roll out of bowel scope screening at Homerton University Hospital in November 2016 and is planning to expand bowel scope screening to the Royal London Hospital and Whipps Cross University Hospital by 2018. There are also national plans to replace the FOBt with a new form of testing known as the faecal immunochemical test (FIT). This is expected to be rolled out in 2018.

Findings

The North East London Bowel Cancer Screening Centre is well supported by the director of screening, programme manager and lead SSP. The screening service has staff in post for all required leadership roles.

The North East London Bowel Cancer Screening Centre provides high quality care and a good standard of clinical practice for its screening patients.

There is also evidence of service improvement since the last QA visit in June 2014, with the majority of recommendations identified at the last visit having been implemented.

A comprehensive annual report has been produced and is discussed at trust board, which is a matter of good practice.

There are clear accountability and leadership arrangements for the bowel cancer screening service within Homerton University Hospital NHS Foundation Trust. These were not in place between Homerton University Hospital NHS Foundation Trust and Barts Health NHS Trust.

During the QA visit, no evidence was presented from Barts Health NHS Trust of an approved bowel scope business case for the roll out of bowel scope screening at this trust (Royal London Hospital and Whipps Cross University Hospital).

Immediate concerns

No immediate concerns were identified.

High priority

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

- Barts Health NHS Trust does not have an agreed bowel scope business plan in place for Royal London and Whipps Cross University Hospitals
- there is insufficient workforce capacity for FOBt bowel cancer screening and bowel scope screening programme activities
- Whipps Cross University Hospital's endoscopy unit does not have Joint Advisory Group (JAG) accreditation
- the contract between Homerton University Hospital Foundation Trust and Barts Health is not sufficiently explicit with current national standards and detail of the level of service required for the FOBt and bowel scope screening programme
- the governance arrangements between Barts Health NHS Trust and Homerton University Hospital NHS Foundation Trust are unclear, impacting on the director of screening from having oversight of the whole screening programme and being able to manage risks appropriately
- there was no deputy programme manager in post
- the screening office arrangements for patient information was not secure
- the process in place to ensure that histopathology samples are correctly labelled was inadequate
- there were no process in place to check the number of samples within the transport bag

Shared learning

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

- the tracking system of all computed tomography colonography (CTC) cases for the purposes of good auditing at Homerton University Hospital
- training for specialist screening practitioners (SSPs) to undertake the consent process
- good health promotion plan and activities in place

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R1	Barts Health NHS Trust to produce 1 bowel scope business plan that encompasses the Royal London Hospital and Whipps Cross University Hospital for sign off	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Trust confirmation from the that 1 business case has been signed off by Barts Health NHS Trust
R2	Ensure sufficient workforce and capacity for FOBt bowel cancer screening and bowel scope screening programme activities	National Bowel Cancer Screening Programme Standard A5.4	3 months	High	Workforce and capacity planning to be included as part of the bowel scope screening business case. An SSP workforce action plan for Whipps Cross University Hospital site
R3	Whipps Cross University Hospital to achieve mandatory Joint Advisory Group (JAG) accreditation	National Bowel Cancer Screening Programme Standard A1.6	12 months	High	Action plan to be developed and implemented to achieve JAG accreditation. JAG accreditation certification to be submitted

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R4	Homerton University Hospital NHS Foundation Trust to ensure the contract with Barts Heath NHS Trust is explicit in the level and quality of service required for faecal occult blood test (FOBT) and bowel scope screening.	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Confirmation of a signed contract for 2017-2018. Director of Screening to confirm contract performance management meetings schedules and updates are in place between Homerton University Hospital and Barts Health NHS Trust
R5	Clarify the governance arrangements between Barts Health NHS Trust and Homerton University Hospital NHS Foundation Trust	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Governance structure to be provided which shows how the deputy director of screening escalates risks within Barts Health NHS Trust and how risks are escalated to the director of screening
R6	Develop a capacity plan to account for the expected increase in uptake with the implementation of the faecal immunochemical test (FiT) in 2018	National Bowel Cancer Screening Programme Standard A8.11	6 months	Standard	Trust approved capacity plan for FiT

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R7	Appoint a deputy programme manager	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	High	Confirmation from trust of the appointment of a deputy programme manager
R8	Review the management of the quarterly internal operational meetings to ensure staff attendance and participation	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Confirmation that all staff are able to attend the internal operational meetings
R9	Barts Health NHS Trust to ensure that trust incident policy references national guidance for the management of screening incidents	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Confirmation that trust incident policy has been updated to reference NHS Screening Programmes 'Managing Safety Incidents in NHS Screening Programmes' October 2015

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R10	Undertake routine audits and ensure outcomes are reviewed at local operational team meetings to identify areas for service improvement	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Updated audit schedule with dates of audits undertaken including audits identified in R11, R20, R21, R22, R24, R25 and R27. Confirmation that audit outcomes have been discussed and minuted at the operational team meetings
R11	Undertake a more detailed satisfaction survey for computed tomography colonography to review facilities offered	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Outcome of more detailed computed tomography colonography (CTC) patient satisfaction survey audit
R12	Ensure work instructions and procedures are up to date and meet programme requirements	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	12 months	Standard	Confirmation of regular review and audit of procedures and work instructions. Confirmation that surveillance work instruction is updated to reflect the entire screening pathway

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R13	Ensure all screening appointments including surveillance appointments are booked onto the trust's patient administration system (PAS) as soon as possible	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Confirmation that the work instruction has been updated to reflect that surveillance appointments are booked onto the trust's PAS
R14	Review and streamline processes to minimise error and duplication of tasks being performed	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	<p>Confirmation that review of activities between specialist screening practitioners (SSPs) and administrators has been undertaken to include:</p> <ul style="list-style-type: none"> • entering data live at SSP assessment • identifying similar names on clinic lists <p>Confirmation that work instructions have been updated</p>
R15	Ensure access to the screening office is secure in order to safeguard patient information	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Confirmation that screening offices and information are secure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
R16	Ensure the NHS number is used as the primary identifier	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Confirm that standard operating procedure has been updated

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R17	Facilitate training of radiographic staff at Royal London Hospital in performing computed tomography colonography (CTC) to enhance capacity and maintain acceptable request- to-scan times	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Confirmation of the facilitation of training of radiographic staff at the Royal London Hospital
R18	Ensure adequate printing facilities at Whipps Cross University Hospital and maintain patient confidentiality	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Confirmation of a workable printer

R19	Information technology for operation of the bowel screening programme to be reviewed to ensure national standards are achieved	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	<p>Information technology plan to confirm:</p> <ul style="list-style-type: none"> • entering of screening appointments on to the local Trust's patient administration systems (PAS) remotely • identifying ways of increasing speed of access to picture, archiving and communication system (PACS) at Royal London to allow 3D viewing of images • transfer of computed tomography colonography (CTC) images from Whipps Cross University Hospital to Royal London Hospital using picture, archiving and communication system (PACS) • rectifying problems with the links between pathology IT system (WinPath) at the Royal
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No.	Recommendation	Reference	Timescale	Priority *	Evidence required
					London Hospital with the electronic patient records at Homerton University Hospital
R20	Undertake a retrospective audit on the positive predictive and negative predictive values by radiologists at the Royal London Hospital	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Outcome of PPV and NPV audit for 2016-17. Confirm that the audit has been added to the annual audit schedule

Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
	None				

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R21	Implement a process of having the SSPs undertake a final check to ensure that all pathology samples are correctly labelled	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Confirmation of updated standard operating procedure for labelling of histopathology samples and undertake an audit to ensure compliance
R22	Audit of colonoscopist workload to ensure that the national standard of 150 cases per annum is being met	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	Confirmation that audit has been included on the annual audit schedule Confirmation that the audit of colonoscopy workload by individual colonoscopist has been completed and appropriate action taken

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No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R23	Result letters for bowel scope screening to be printed at the end of the procedure. To give to the patient immediately prior to discharge	NHS public health functions agreement 2017-18 Service specification No. 26A NHS bowel scope screening programme	3 months	Standard	Confirmation of updated standard operating procedure for issuing of bowel scope screening result letters to the patient immediately prior to discharge

Diagnosis

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R24	Ensure that all computed tomography colonoscopy (CTC) reports issued at Royal London Hospital are in line with the national minimum dataset	Guidelines for the use of imaging in the NHS Bowel Cancer Screening Programme (Nov 2012)	3 months	Standard	Confirmation of outcome of investigation and actions put in place
R25	Ensure pathology reporting turnaround times at the Royal London achieve national QA standards	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	Standard	Actions identified put in place and evidence of turnaround time improvement

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No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R26	Ensure the number of pathology samples within the transport bag is clearly indicated to minimise the risk of loss of samples	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	3 months	High	Confirmation of updated standard operating procedure

Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R27	Increase the number of pathology audits undertaken	NHS public health functions agreement 2016-17 Service specification no.26 Bowel Cancer Screening Programme	6 months	Standard	<p>Confirmation that the following audits have been included on the annual audit schedule:</p> <ul style="list-style-type: none"> • Elastic Van Gieson (EVG) staining to increase the detection of extramural venous invasion • reported frequency of extramural venous invasion and serosal involvement in colorectal cancer resections among pathologists

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.

The screening quality assurance service (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.