

Annual Report 2017 – 2018

Bradford & Airedale Bowel Cancer Screening Programme

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FOREWORD



Dr Conrad G Beckett
Clinical Director

Aim of Report

This report has been produced to assist organisations in assessing and developing their services in relation to the current national standards for the Bowel Cancer Screening Programmes. This will provide a benchmark for future service planning and quality improvement initiatives for the programmes. The report will provide an understanding and insight into bowel cancer screening services for primary care and the general public.

The NHS screening agenda is driven by a range of NHS and Department of Health policies and standards. For a contemporaneous list of relevant documents please see NHS Bowel Cancer Screening Programme (NHSBCSP), <https://www.gov.uk/guidance/bowel-cancer-screening-programme-overview>

The UK National Bowel Cancer Screening Programme (NHSBCSP) currently recommends the offer of:

FOBT (faecal occult blood testing):-

- Automatic invite to screening for the population 60 – 74 years of age
- Self referral available for 75 years and above

Bowel Scope Screening (new programme currently being phased in and not yet widely available):-

- Automatic invite for screening for population aged 55 years
- Self referral available 55 – 59 years of age

EXECUTIVE SUMMARY & SERVICE OVERVIEW

LOCAL POPULATION STRUCTURE AND OVERVIEW SUMMARY

The Bradford & Airedale bowel cancer screening centre covers a population of approximately 620,000 across three Clinical Commissioning Groups (CCGs), Bradford City, Bradford Districts and Airedale, Wharfedale & Craven. The screening centre operates across two sites, the host site Bradford Teaching Hospitals Foundation Trust, and Airedale NHS Trust a provider site.

Bowel cancer screening is offered to all 60 to 74 year olds through the medium of a FOBt (faecal occult blood test) kit, and bowel scope screening (a one off sigmoidoscopy) is offered currently to a small percentage of 55 year olds. Bowel scope screening will be offered to all 55 year olds in the three CCGs by the autumn of 2018. Both screening programmes allow self-referrals above the specified age ranges.

FOB test kits are sent out from a central hub based in Gateshead to the eligible population. The hub analyse the returned kits and any participant with an abnormal result is offered an appointment to see a Specialist Screening Practitioner (SSP) at either Bradford Teaching Hospitals Foundation Trust (host provider), or Airedale NHS Trust (provider site). The Specialist Screening Practitioner (SSP) will counsel and assess the patient with a view to undergoing colonoscopy examination. All patients with an abnormal FOBt will be offered a clinic appointment within 14 days and a diagnostic test, usually colonoscopy, within a further 14 days of the clinic appointment. Depending on the results of the colonoscopy the patient may be discharged to be sent a further test kit in 2 years or be planned for a surveillance (repeat) colonoscopy in 1 or 3 years if adenomatous polyps are found. They will be referred to the multi-disciplinary team (MDT) if a cancer is diagnosed. The Specialist Screening Practitioner has undertaken advanced communication training in order to be able to deliver results to the patient by telephone or face to face.

Patients who are unfit for colonoscopy examination may be offered a CT scan of the colon, however colonoscopy is the “gold” standard of bowel investigation.

All endoscopists who scope patients have undergone extended training and accreditation to become an approved bowel cancer screening endoscopist.

The ‘bowel scope’ screening programme invites eligible 55 year olds to attend one of the screening sites for a “one-off” sigmoidoscopy. This involves the patient administering their own enema for bowel clearance at home on the day of the test, and a limited endoscopic examination by an accredited bowel scope endoscopist. A normal result will discharge the patient until the age of 60 when they will receive the FOBt kit. An abnormal test may result in the patient being counselled by a specialist screening practitioner and invited for a colonoscopy examination.

AREAS OF ACHIEVEMENT

Bradford and Airedale bowel cancer screening celebrated their 10th anniversary in 2017. During this time we were sad to see our long-standing Clinical Director, Dr Linda Juby retire from the Trust. However we were happy to welcome our new Clinical Director Dr Conrad Beckett who has seamlessly picked up the reins from Dr Juby and had been with the screening centre for many years as lead endoscopist.

In the last year 26 patients were found diagnosed with cancer and passed to our MDT (multi-disciplinary team) for surgery/treatment. Over 650 adenomatous polyps which can be pre-cursors of cancer were removed from patients.

The Centre is justly proud of its third and most successful SQAS (Screening Quality Assurance Service) visit which occurred in January 2018, the previous visit being in 2014:-

"The service has worked very hard to deliver bowel scope, and manage to meet or exceed the majority of key performance indicators and quality standards. This is testimony to the strong teamwork, clinical leadership and management. Last year, the long-standing Clinical Director (CD) retired, and the new CD has seamlessly taken over supporting the team to continue delivering the service."

Bradford and Airedale Bowel Cancer Screening Centre became one of the first sites in England to begin implementing the new bowel cancer screening programme; bowel scope, for all 55 year olds in Bradford City, Bradford Districts and the Airedale, Wharfedale & Craven areas. Currently the phased roll out is progressing slowly with full roll-out to all GP surgeries in the 3 CCGs anticipated by autumn 2018. Currently there we are approximately 60% of GP surgeries live to bowel scope. Audit has indicated that the Centre is finding, and removing, more adenomatous polyps (potentially the pre-cursors of cancer) than initial expectations. The bowel scope programme is a preventative rather than a diagnostic screening programme and pilot studies have shown that a "one-off" bowel scope examination will help to prevent bowel cancer.

The Screening Centre has met the following key performance indicators consistently throughout the year for bowel cancer screening by faecal occult blood testing (FOBt) to 60 – 74 year olds:-

- Waiting times from abnormal faecal occult blood test to clinic assessment less than 14 days.
- Waiting times for colonoscopy examination from clinic assessment less than 14 days.
- Adenoma/polyp detection rates within national guidelines.
- Pathology test results reported within 7 days.
- Radiology tests performed within 14 days.

AREAS FOR DEVELOPMENT

- Facilitate full roll out of bowel scope programme to Bradford Districts and Bradford City by autumn 2018, without compromising the FOBt (faecal occult blood testing) programme.
- Expansion in all staffing areas to accommodate the bowel scope programme.
- Expansion of office accommodation.
- Health promotion across all areas, particularly low uptake areas, learning disability, mental health and ethnic minority sections of the community, to improve knowledge and awareness of the programmes, increasing uptake and ensuring equity across the region.
- Explore service improvements through quality, innovation, productivity & prevention (QUIPP) and shared best practice with other screening centres.

AREAS OF CONCERN

- Delay in bowel scope roll-out due to endoscopy capacity and accredited bowel cancer screening sigmoidoscopists.
- Impact of proposed national implementation of FIT (faecal immunochemical test) which will replace the FOB test kit and will be easier to use for patients and more sensitive to human blood.
- Endoscopy capacity when FIT implemented and bowel scope fully rolled out.
- Maintaining accredited/trained staffing levels.

RECOMMENDATIONS

- Continue to sustain waiting times for colonoscopy examination following clinical assessment for an abnormal faecal occult blood test.
- Full roll out of bowel scope programme by autumn 2018.
- Forward plan staffing resources and equipment to facilitate continued bowel scope roll out and prepare for the implementation of FIT (faecal immunochemical testing).
- Increase uptake across the FOBt programme through a variety of health promotion activities.
- Continue to monitor capacity & demand.
- Progress and complete Quality Assurance visit action plan/recommendations.

"more than 90 per cent of bowel cancer patients survive if the disease is caught at the earliest stage"

Table 1 – Bowel Cancer Screening FOBt Activity

2017 - 2018 Activity – FOBt programme	Number
FOBt test kits sent out	48,434
FOBt test kits returned	28,112
Definitive abnormal test kits	385
Specialist Screening Practitioner appointments (Initial assessment - attended)	366
Diagnostic tests Colonoscopy/CT radiography (screening episode)	351
Surveillance colonoscopy/CT radiography	143
Adenomas resected & retrieved – screening & surveillance	696
Cancers found – screening & surveillance	26

Table 2 – Bowel Cancer Screening Bowel Scope Activity

2017 - 2018 Activity –Bowel scope programme	Number
Invites for bowel scope (including 49 self-referrals)	4987
Positive responses bowel scope	2816
Attended for bowel scope	2262
Actual number scoped	2159
Number bowel scopes with polyps	548
Total polyps seen	907
Total polyps resected	812
Adenomatous polyps resected & retrieved	274
Colonoscopies performed from bowel scope	88
Total polyps resected from colonoscopy	240
Adenomatous polyps resected & retrieved	139
Cancers found	4

" it is estimated that 1 in 16 males and 1 in 20 females in the UK will develop bowel cancer during their lifetime".

STRUCTURE AND ACCOUNTABILITY

Bradford and Airedale Bowel Cancer Screening Centre operate across two sites, Bradford Teaching Hospitals Foundation Trust (BTHFT) who are the host Trust and also a service provider, and Airedale Hospital NHS Trust (ANHST) a service provider site. The Centre is governed and funded by NHS England (NHSE). The Governance arrangements are provided through the Screening and Immunisation Team (SIT) who are embedded in NHSE and provide expertise on behalf of Public Health England. The SIT also have relationships with Local Authority based Public Health Departments and the Clinical Commissioning Groups (CCGs). The SIT provides assurance to local authorities as part of mandated policy of Public health Section 7A, Commissioning Intentions, 2017/18..

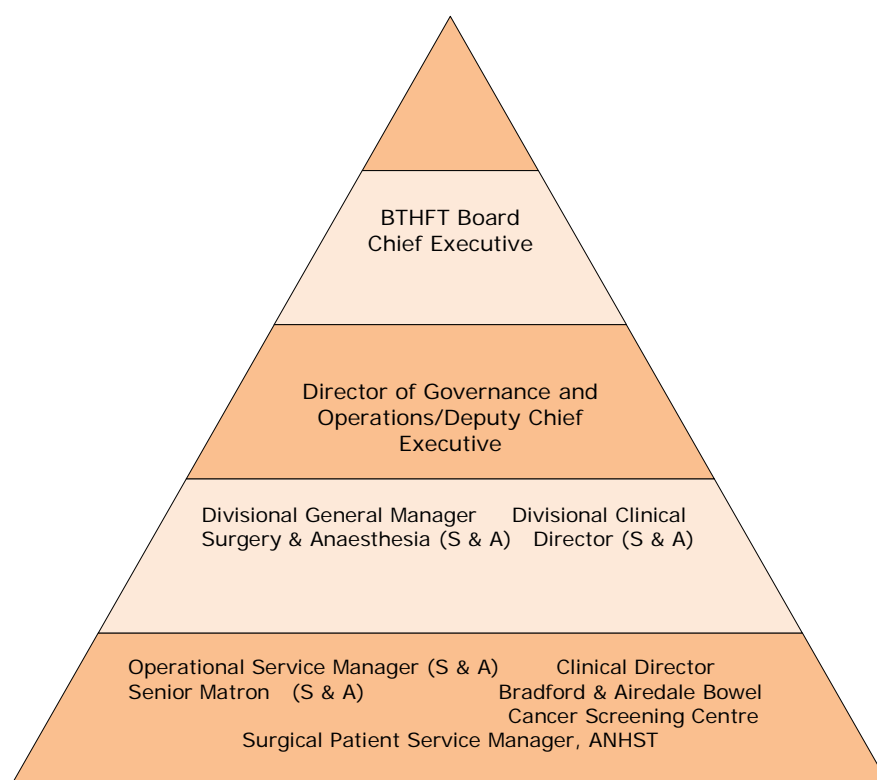
Ensuring the Centre meets national bowel cancer screening quality standards is the role of the SQAS team (Screening Quality Assurance Service). SQAS is part of Public Health England.

Currently the Bowel Cancer Screening Centre is led by a Clinical Director and supported by a team of bowel cancer screening accredited endoscopists, specialist screening practitioners, endoscopy staff, a programme manager and administrative team.

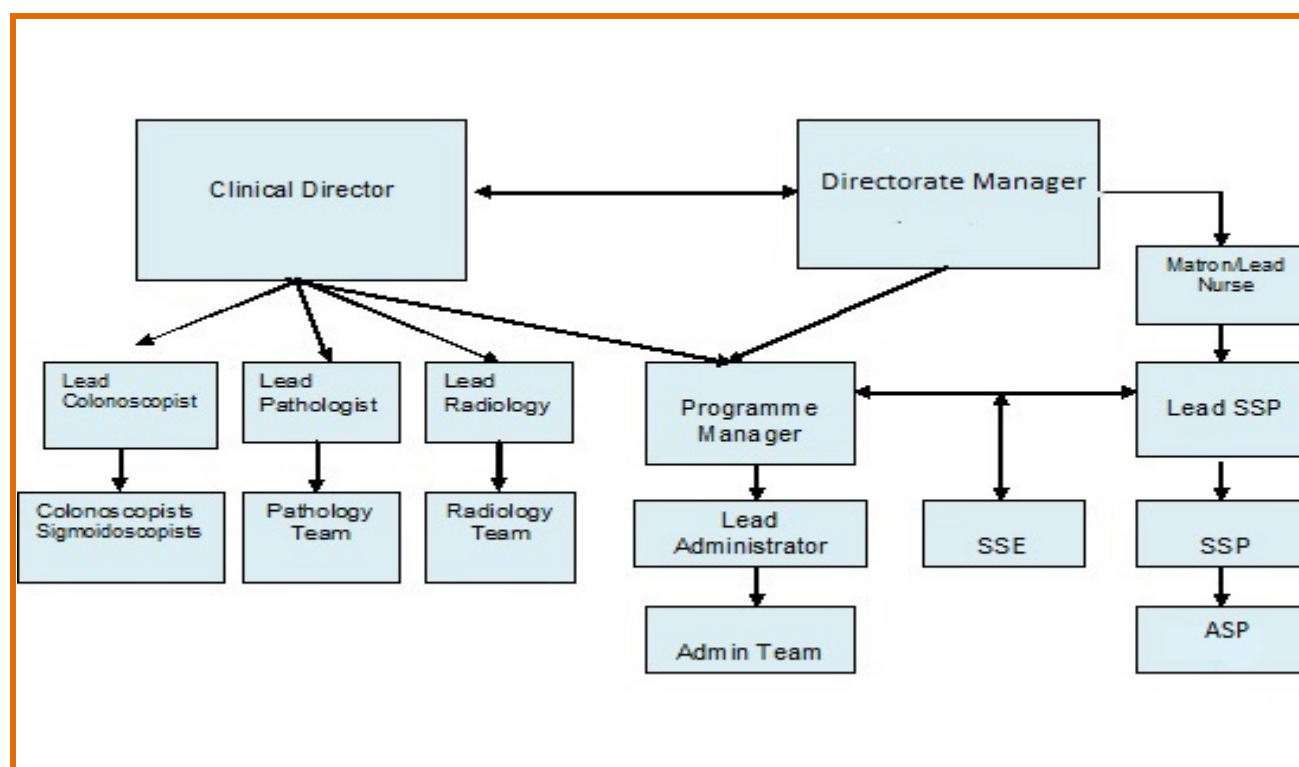
The Screening Centre is further supported by a Lead Pathologist and Lead Radiologist. CT colonography is offered to patients who are deemed unsuitable for the "gold" standard test of colonoscopy.

The Screening Centre works closely with the programme Hub in Gateshead and has links with the colorectal team, gastroenterology units, multi-disciplinary teams, general practitioners, other specialist areas and nursing and admin teams across both provider sites.

Organisational Structures



Bowel Cancer Screening Centre



Please see details below of operational group meetings and their frequency:-

Table 3 – Operation and group meetings

Meeting/Group	Frequency	Attendees
Programme Board	Quarterly	Joint meeting with Calderdale BCS, Clinical Directors, Screening & Immunisation team (S & I), Programme Managers, Lead Nurse, Lead SSPs, Senior Matrons, Service Managers from both sites, Senior Quality Assurance co-ordinator (SQAS)
Operation & Communications group	Monthly on alternate sites	Clinical Director, Programme Manager, Lead SSP, SSPs, ASP, administration, endoscopy unit managers, senior matrons, Lead Nurse, S & I representative, SQAS representative, Service Managers, Pathology Lead & Radiology Lead
Team Brief	Ad hoc	Clinical Director, Programme Manager, Lead Nurse, Lead SSP, SSPs, ASP, administration, senior matron
Specialist Screening Practitioner (SSP) meeting	Quarterly	Lead SSP and SSPs
Bowel Scope meetings	As & When required	Incorporated within Operational Group Meeting unless ad hoc meeting required
Endoscopists' meetings	Quarterly	Lead endoscopist and all accredited bowel cancer screening endoscopists, Clinical Director, Lead SSP, Programme Manager

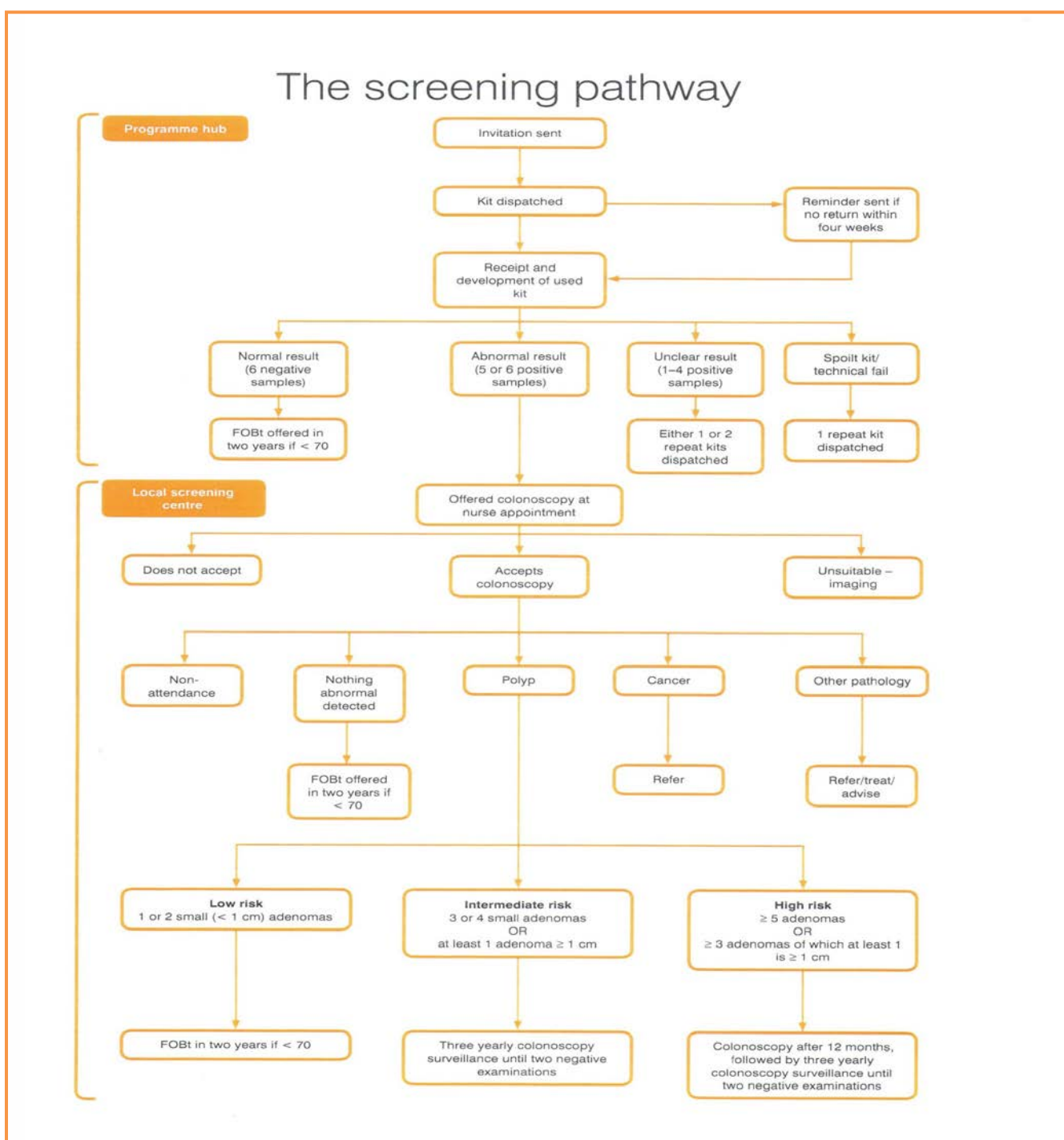
"8 out of 10 people who get bowel cancer will be over 60 years of age"

SCREENING CO-ORDINATION

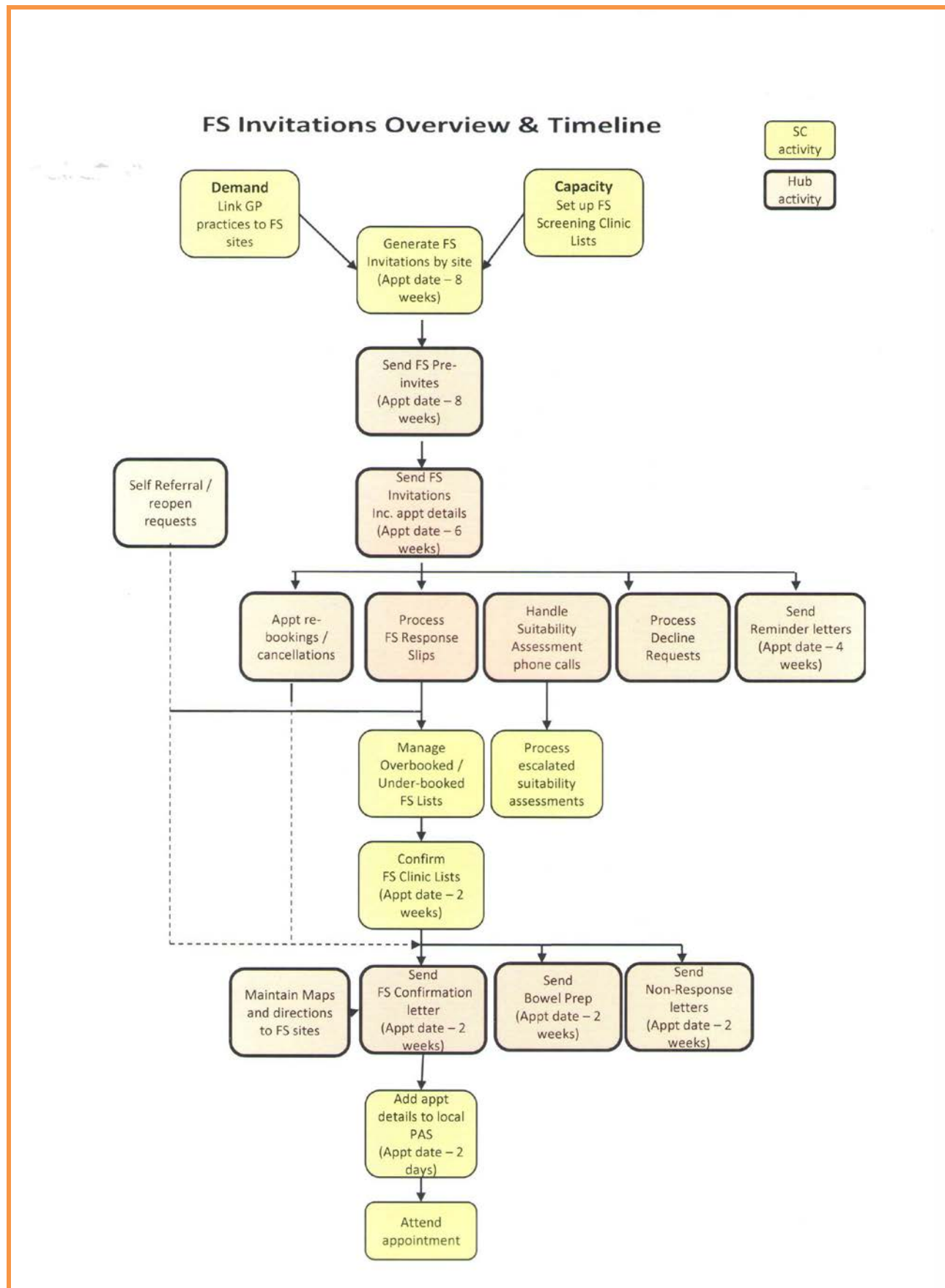
National standards state that there should be dedicated, bowel cancer screening accredited/trained staff, to organise and deliver the bowel cancer screening programmes (see organisation structure on page 7).

FOBT screening pathway

NB - FOBT screening is now offered to the population aged 60 to 74



Bowel Scope Screening Pathway



SUMMARY OF MAIN NATIONAL GUIDELINES AND TRUST POLICIES

Table 4 - Guideline and Policies

Guideline/Policy	Policy in place Yes/No	Last review date	SOP (standard operating procedure) in place Yes/No
NHS Public Health 2017-2018 Service Specification No. 26 Bowel Cancer Screening Programme	Y	April 2017	Y
NHS Public Health Service 2017-2018 Specification No 26A Bowel Cancer Screening.	Y	April 2017	Y
Managing Safety Incidents in NHS Screening Programmes	Y	August 2017	Y
NHS BCS (bowel cancer screening guidebook) V3	n/a	January 2009	Right Results in place
Quality Assurance Guidelines for Colonscopy	n/a	February 2011	Right Results in place
Information Governance	Y	September 2017	Quality Management System in place
Operating Model for PHE Screening Quality Assurance Service	Y	2017-2018	Right Results in place
Bowel Cancer Screening Standards	Y	April 2018	Quality Management System in place

PATIENT INFORMATION

NHS England has produced standardised information booklets for participants of the FOBt and bowel scope screening programmes. All participants receive a copy of the information booklets and nationally approved consent forms. The information booklets are sent automatically from the central Hub based in Gateshead at initial invitation and some test specific booklets are given to the patients by the Specialist Screening Practitioner at assessment and counselling clinics.

The screening centre have their own leaflets and posters, devised by the team, for patients and health promotion which have all been approved by NHS England national office and are regularly reviewed.

The booklets and information are available on the bowel cancer screening website:-
<http://www.cancerscreening.nhs.uk/bowel/index.html>

Videos and DVDs explaining the processes and tests in different languages, including sign language, and easy to read booklets are also available in addition to CD audio versions.

88% of participants who responded to their first invitation (prevalent round) completed a second kit when invited.

DATA COLLECTION

All participants of the bowel cancer screening programmes are recorded on Trust patient data systems and each episode, and details of care, are recorded on the national bowel cancer screening database. It is a mandatory requirement of the programme that all staff have external training to input data appropriately on the national system.

Data and audit pertaining to invites is produced by the Hub in Gateshead. Data and audits which the screening centre collates are usually collected manually or data is downloaded from the “Dashboard” of the national bowel cancer screening system. Audits are also recorded on the host Trust’s database. The bowel cancer screening system holds information for each participant from the start of the pathway to closure. Audit outcomes are discussed to promote change and service improvement.

All staff undertake regular mandatory training sessions which include Information Governance and confidentiality in addition to health and safety courses appropriate to the individual.

KEY PERFORMANCE INDICATORS (KPIs)

Public Health England requires Key Performance Indicator (KPI) data to be collated and submitted on a quarterly basis to the Screening and Immunisation team. This information is mandatory and necessary to reassure key stake holders that the screening centre is achieving national quality and performance standards. The KPIs link in to National and Trust standards for cancer waiting times.

The North East Hub has KPIs specific to hubs in the NHS Public Health Functions Agreement 2017 - 2018 Service Specifications No. 26 and 26a. <https://www.england.nhs.uk/commissioning/pub-hlth-res/>

A summary of FOBt KPIs 2017 - 2018 for this centre is in the table on the following page, produced from data recorded on the “dashboard” of the national bowel cancer screening system.

The target for an appointment with an SSP is within 14 days of the abnormal FOBt result.

KEY PERFORMANCE INDICATORS – 2017 - 2018

Table 5 – FOBt KPIs

KPI	Definition	Minimum Standard	Achieved %	Standard met Y/N
Uptake	Percentage of people adequately screened out of those invited for FOBt screening.	52%	55.04%	Y
Positivity	Percentage of people with a definitive FOBt outcome of “abnormal” out of those who were adequately screened (via FOBt).	Expected value = 2%	1.44%	N
SSP waiting times	Percentage of people with a definitive abnormal FOBt date and offered an SSP colonoscopy assessment date with 14 days.	100% <14 days	100% <14 days	Y
Diagnostic test waiting times	Percentage of people where the elapsed time between SSP colonoscopy assessment date falls within the 14 day specified time limit, out of those given an SSP colonoscopy assessment date.	over 90% <14 days	93.41% < 14 days	Y
Colonoscopy uptake	Percentage of people who attend at least 1 screening colonoscopy out of those with a definitive abnormal FOBt result (within the same episode).	81%	79.27%	N
Adenoma detection	Percentage of colonoscopies where at least one histologically confirmed adenoma was detected. Achievable value >50%	40%	58.94%	Y
Colonoscopies performed	Total number of screening programme colonoscopies performed per year, per colonoscopist.	>150 per year (pro rata)	>150 per year (pro rata)	N (1 out of 4 met the KPI)
Cancers Found	Percentage of confirmed cancers, out of the total number of people who had at least one diagnostic test.	8%	7.12%	N
Pathologist Reporting	Percentage of NHSBCSP pathology samples (polyps & cancers) reported within the target time, out of all the NHSBCSP samples reported.	over 90% <7 days	99.58%	Y

In addition to the KPIs routine data is also required to monitor against selected consolidated standards around numbers attending clinics, did not attend (DNAs), number of patients screened and other tests undertaken. These figures are provided quarterly at Programme Boards.

Bowel scope KPIs and standards have not been fully finalised by National Office and the Dashboard is still under review. The main KPI for bowel scope at present is that endoscopists achieve an adenoma detection rate of 6.8%. All Bradford and Airedale endoscopists have achieved an adenoma detection rate of over 6.8% in 2017 – 2018.

ADVERSE INCIDENTS

In order to assure governance and safety of screening programmes it is important to report and share learning from screening incidents. This should assist in the prevention of recurrence and support service improvement and failsafe processes. Any adverse incidents are reported to the following:-

- Clinical Director – Bowel Cancer Screening Centre
- Administration Officer - SQAS (Screening Quality Assurance Service)
- Senior Regional SQAS co-ordinator - SQAS
- Regional SQAS Director - SQAS
- Programme Manager – Bowel Cancer Screening Centre
- Directorate Manager - Surgery & Anaesthesia, Bradford Teaching Hospitals
- Screening & Immunisation co-ordinator, Public Health England
- Screening & Immunisation Manager, Public Health England
- Lead Specialist Screening Practitioner – Bowel Cancer Screening Centre
- Patient Service Manager, Airedale NHS Trust
- Ward Managers (if applicable)

In 2017 - 2018 there were 14 adverse incidents reported from the Screening Centre. All these incidents were discussed at Operational Group meetings, Programme Board meetings, Team meetings and Endoscopy User Group meetings. All incidents are investigated and lessons learnt. Protocols are introduced or strengthened if applicable. The Centre had 2 screening incidents which required further investigation in accordance with the Managing Screening Incidents in the NHS guidelines. There was no harm to patients identified but as a result of the investigation procedures were changed and standard operating procedures updated to ensure robust procedures in place.

FAILSAFE AUDIT

The Screening Centre conduct failsafe audits on a weekly basis, using the national bowel cancer screening database. The failsafe reports include details of participants with inactive open episodes and participants awaiting colonoscopy assessment and incomplete data entry. To complement the failsafe reports the bowel cancer screening national system also produces “alerts” that the specialist screening practitioners (SSP) and administrators check on a daily basis. A sample of alerts include participants waiting over the specified 14 days for their appointment or procedure, number of patients awaiting test results, bowel scope availability and appointment slots available for SSP assessment.

The Failsafe Audit was last conducted on the 4 June 2018. Alerts are checked on a daily basis by administration, Programme Manager and Lead SSP.

SCREENING QUALITY ASSURANCE

A fundamental part of the NHS Cancer Screening Programmes is quality assurance. The core purpose of quality assurance is to monitor and maintain minimum standards of service, performance and quality across all aspects of the Bowel Cancer Screening Programmes, to promote and lead the continual pursuit of excellence in bowel screening, and provide a safe, effective screening programme. Each region has its own Screening Quality Assurance Service (SQAS) and the SQAS for the Screening Centre is currently based in the

North East. The quality assurance team visit screening centres on a 3-4 yearly cycle. Bradford & Airedale had a successful quality assurance visit in January 2018 (see p5 areas of achievement). The role of the SQAS includes:-

- Providing a programme of QA (Quality Assurance) visits to the screening centres on a 3-4 year cycle or sooner if deemed appropriate.
- Providing QA support for the centres in between the visits.
- Providing support for professionals within the programme to meet, review processes and promote best practice.
- Provide information on national policy and standards by liaising with the National Office of NHS Cancer Screening Programmes.
- Collect and review performance data in the region to ensure standards on performance and quality are being met.
- Take part in local and national audits and liaise with Cancer registries.

TRAINING AND EDUCATION

It is a requirement that all health care professionals involved in the provision of bowel cancer screening services undertake mandatory training, assessment and successful accreditation to have a role in the bowel screening programmes. All staff undertake regular educational updates, attending workshops, regional and national meetings. Personal development is encouraged through appraisals and “one to ones”. Endoscopists must continue to meet key performance indicators around adenoma (polyp) detection rates and perform a minimum number of scopes per year. All new staff must have a Trust induction, local induction and a period of mentorship within the department. All staff must undergo a residential course in order to have access granted to the national bowel cancer screening database. Specialist Screening Practitioners must undergo and successfully pass the John Moores University, Liverpool, Specialist Screening Practitioner modules. The SSPs also undergo nurse re-validation on a 3 yearly basis organised by the Nursing & Midwifery Council (NMC).

Key knowledge and skills are kept up-to-date by regular Trust mandatory training sessions appropriate to the staffing skill mix and national and local policies and protocols. Trust mandatory training comprises, Information Governance, Equality & Diversity, Infection control, basic resuscitation, conflict resolution, safe-guarding vulnerable adults, safe-guarding children, fire safety and moving and handling. Regular attendance by the team at operational meetings and Trust clinical governance meetings provides further educational forums to discuss quality issues and performance.

Please see the table 6 below for a brief summary of some of the training/assessments required:-

Table 6 – Training and Education

	Endoscopist	Specialist Screening Endoscopist	Specialist Screening Practitioner	Assistant Screening Practitioner	Administrator
Trust Induction	√	√	√	√	√
Local Induction	√	√	√	√	√
Competency, induction & assessment for Assistant Screening Practitioners	x	x	x	√	x
JMU (John Moores University Course) Liverpool	x	√	√	x	x
Competency, induction & assessment training for SSPs	x	√	√	x	x
Bowel Cancer Screening (BCS) Residential Database Course	x	√	√	√	√
Gastroenterology University Course (Hull)	x	√	x	x	x
Bowel Scope Assessment & Accreditation	√	√	x	x	x
Colonoscopy Assessment & Accreditation	√	x	x	x	x
Regular Trust mandatory training	√	√	√	√	√
Consistent 1-1s, appraisal and personal development	√	√	√	√	√

CONTACT INFORMATION


Bradford & Airedale Bowel Cancer Screening Programme
Fieldhouse, Floor C
Bradford Royal Infirmary
Duckworth Lane
Bradford
BD9 6RJ
Tel: 01274 382033

For further information about the bowel cancer screening programmes, please contact the **National Helpline: 0800 707 60 60**.

Questions about Bowel Cancer Screening?

Call the HELPLINE
0800 707 60 60

You can ring this number to request a screening kit if you are over 74



Website: NHS Bowel Cancer Screening <http://www.cancerscreening.nhs.uk/bowel/>