



**ANNUAL REPORT**  
**BRADFORD & AIREDALE BOWEL CANCER**  
**SCREENING PROGRAMMES**

<b>Fiscal Year</b>	<b>April 2018-March 2019</b>
<b>Provider</b>	Bradford Teaching Hospitals NHS Foundation Trust
<b>Author(s)</b>	Julie Bradman/Conrad Beckett
<b>Job Title</b>	Programme Manager / Clinical Director of Screening, Consultant Gastroenterologist
<b>Email</b>	julie.bradman@bthft.nhs.uk conrad.beckett@bthft.nhs.uk
<b>Date of Report</b>	16.07.19

Names of:	
Local Authority Area(s)	Bradford, Airedale and part North Yorkshire and Lancashire
CCG(s)	Airedale Wharfedale & Craven, Bradford City and Bradford Districts
Sites of Delivery (Including static or mobile)	Bradford NHS Foundation Trust Airedale NHS Trust
Programme Lead	Dr Conrad Beckett/ Julie Bradman

Programme report	
Annual Programme Update	<p><i>Brief narrative on <b>significant changes</b> to staffing, equipment, facilities over the last 12 months.</i></p> <p>The Bradford and Airedale (BA) programmes provides bowel cancer screening services for the registered population of approximately, 638,000 across Bradford and Airedale. The Clinical Commissioning Groups (CCGs) covered by the centre include Bradford Districts, Bradford City, Airedale, Wharfedale and Craven.</p> <p>The Screening Centre had a successful Public Health England Quality Assurance Visit in 2018 and was commended on managing to meet or exceed NHSBCS key performance indicators. Strong team work and good working relations with the associated Trust Airedale was noted, and good external relationships which included NHS England Commissioners, CCGs, local authorities, and communities to support / develop a health promotion strategy.</p> <p>A significant change planned for 2019 is the introduction of FIT (faecal immunological test) to the screening programme for the population aged 60 – 74 years. This is more sensitive faecal occult blood test which is much more user friendly. It is anticipated that there could be quite a significant increase in the uptake by as much as 10% or more, and capacity &amp; demand plans were progressed through 2018 2019. If the uptake proves to be a lot higher than predicted staffing levels and facilities will need to be increased to meet demand.</p> <p>The bowel scope programme (a one-off sigmoidoscopy for all 55 year olds) is fully rolled out in Airedale Wharfedale &amp; Craven CCG and partially rolled out in Bradford District and City. Currently this programme is under review nationally due to the forthcoming implementation of FIT.</p>

	<p>There have been no significant changes to staffing over the past 12 months. However, pathology has 3 retirements in the future but due to a national shortage of pathologists there may be difficulty in filling the posts when they become vacant.</p>
<p><b>Performance over the last 12 months</b></p>	<ul style="list-style-type: none"> <li>• <i>How successfully are performance issues being managed?</i></li> <li>• <i>What are the <b>significant</b> issues?</i></li> <li>• <i>Are there any <b>significant</b> issues anticipated for next 12 months?</i></li> </ul> <p>Key Performance indicators have been consistently achieved.</p> <p>Anticipated impact on performance due to the loss of clinics resulting from annual leave and bank holidays are planned for in advance.</p> <p>The introduction of the FIT test will impact on the bowel cancer screening services capacity over the next 12 months. It may also affect the symptomatic gastroenterology service which is also under pressure with increased demand. The FIT test may affect the continued roll out of the bowel scope screening programme. If roll out does not continue we will not have equity for all 55 year olds in the 3 CCGs.</p> <p>Uptake is lowest in the Bradford City area for both screening programmes due to its diverse population and pockets of deprivation. All staff in the centre get involved in health promotion activities and the Programme Manager and nurse who lead on health promotion meet regularly with commissioners, screening and immunisation, local authorities and other external agencies to work towards improving uptake, particularly in learning disability patients and black and minority ethnic (BME) groups.</p>
<p><b>Health Promotion Activities</b></p>	<p><i>Brief narrative about successful activities over the last 12 months and the impact seen</i></p> <p>The service does not have a dedicated health promotion specialist and is reliant on the Specialist Screening Practitioners (SSPs) and administrative staff to promote and attend health promotion activities. This is a huge disadvantage when the Centre is busy or staffing is short due to sickness and annual leave. We have collaborated with Cancer Research UK, Cancer Research and Macmillan teams to promote screening. We have also visited GP surgeries mainly in the Bradford City and Districts and have worked with black and minority ethnic groups as well as sharing information about screening to mental health, learning disabilities</p>

	<p>and carers groups.</p> <p>There has been minimal impact on uptake from visiting GP surgeries. There are currently 2 pilot studies in progress to try and increase uptake in Bradford City &amp; Districts. One is being led by commissioners and involves pharmacists checking whether patients have filled in their test kit and explaining the screening programme in more detail. The pharmacists involved in the pilot can request a further faecal occult blood test for patients. Feedback to-date has been very positive. The second study is led by Yorkshire Cancer Research in collaboration with Bradford University. This involves 2 GP surgeries and community champions telephoning patients who have not taken part in the programme and giving them further information and answering concerns. The results of this study are still awaited.</p> <p>The team also share information with the Pennine Breast Screening health promotion team to share information and activities.</p>						
<b>Client Feedback/Client Involvement</b>	<p><i>Overall trend in numbers of Patient comments/complaints/compliments in the last 12 months (e.g. 12 comments 35 complaints and 72 compliments out of 200 patients screened)</i></p> <p><b>Customer Feedback – January 2018 to December 2019</b></p> <p>Customer feedback is collated from a national questionnaire which is sent to patients who participated in the FOBt (faecal occult blood test) programme, 30 days post procedure. There is currently no national questionnaire for bowel scope patients.</p> <p>Client Comment Sheets</p> <table><tr><td>Positive Comments</td><td>=</td><td>106</td></tr><tr><td>Negative Comments</td><td>=</td><td>20</td></tr></table> <p>Positive comments were mostly about the professionalism, helpfulness and consideration shown by nursing and medical staff in bowel cancer screening and endoscopy. Negative comments were mainly around the time patients waited for their procedure when they had been admitted to the department and the preparation patients drink to clear the bowel.</p> <p>There have been no formal complaints.</p>	Positive Comments	=	106	Negative Comments	=	20
Positive Comments	=	106					
Negative Comments	=	20					
<b>Programme Operational Group</b>	<p><i>How effective are the Programme Operational Groups at managing the Screening /Action Plans/Challenges etc.</i></p> <p>Programme Operational Groups are held on a monthly basis at</p>						

	<p>alternate sites, Bradford Hospitals FT and Airedale FT. This is chaired by the Clinical Director or Programme Manager and includes representation from:-</p> <ul style="list-style-type: none"> <li>bowel cancer screening nursing team</li> <li>endoscopy nursing team from both sites</li> <li>endoscopists from both sites</li> <li>lead radiologist</li> <li>lead pathologist</li> <li>clinical director</li> <li>screening &amp; immunisation management from both sites</li> <li>administration</li> <li>programme management</li> </ul> <p>The operational group has a standard agenda and is effective in ensuring the team work to the national service specifications 26 and 26a and SQAS (screening quality assurance service) guidelines for bowel screening. Having the meetings on alternate sites has ensured an excellent working relationship between Trusts and issues which arise are discussed and dealt with expediently. The operational groups are an opportunity to review staffing, capacity &amp; demand, KPIs and other matters arising and set actions in order to manage these. They are also useful when identifying risks to the service and how these risks can be mitigated.</p> <p>The meetings also discuss any adverse incidents which have occurred in the previous month and action any lessons to be learnt.</p>
<b>QA Action Plan</b>	<p><i>Consider the outstanding actions on the QA action plan for the next 12 months and how they will be prioritised</i></p> <p>The Centre had a very positive QA visit in 2018 and currently there is only 1 outstanding action. This is an audit around accuracy of data entered into the national bowel cancer screening system and is due to be completed by the end of August 2019.</p>
<b>Next Steps/Service Developments or Expansion Plans</b>	<p><i>Are there any significant service developments underway or planned for the next 12 months?</i></p> <p>FIT implementation roll-out from June 2019 and a full assessment of impact will be carried out 3 months post-FIT. This will dictate future development or expansion plans.</p> <p>Possible full roll out of bowel scope if this can be achieved without compromising the FIT roll-out or the symptomatic services.</p> <p>A business case for a dedicated health promotion specialist is planned for 2019 2020 if uptake is still very low in the Bradford City area post-FIT.</p>

<b>Incidents</b>	<p><i>What is the overall trend of incidents over the last 12 months (e.g. have incidents in/de/creased in number, are they generally less/more serious than the previous 12 months?)</i></p> <p>There were 7 incidents reported to the Screening Quality Assurance Service (SQAS) and Commissioning Team in 2018-2019 which is a reduction on the previous year. SQAS required further investigation on 2 of the incidents; a delay to specimens reaching pathology and missed pathology on a CTC report. SIAFs (screening incident assessment forms) were requested and root, cause analyses. The final conclusion was no official 'screening incident' and no harm to patients. Recommendations from SQAS and commissioners were put in place.</p> <p>Investigations were completed and submitted within timescales. All incidents were discussed at the monthly operational meeting and any recommendations from SQAS or lessons learnt actioned appropriately.</p>
<b>Risks &amp; Issues</b>	<p><i>What were the most <b>significant</b> risks/issues affecting the programme over the last 12 months?</i></p> <p>The most significant risk affecting the programme over the last 12 months was unprecedented unplanned absences within the SSP (Specialist Screening Practitioner) nursing team. The whole team was recognised for its hard work and achievements during this particularly stressful time and congratulated for a nomination for team of the month.</p>
<b>Achievements</b>	<p><i>Any good news/achievements/proud to share events/staff awards/ over the last 12 months?</i></p> <p>We are very proud of the whole team for rising to the challenges faced with staffing shortages over the last 12 months. Patients were still seen in clinic and had their diagnostic tests within the cancer tracking targets. The team went above and beyond to ensure continuity of a high quality service.</p> <p>A member of the SSP nursing team has successfully completed a degree in gastroenterology at Hull University.</p>
<b>Future vision/horizon planning</b>	<p><i>Over the next 12 months</i></p> <p><u>FIT</u> We plan to rise to the challenge of the new FIT test implementation and expand staffing levels in all area if dictated by demand.</p> <p><u>Bowel Scope</u> The vision would be to ensure equity across all 3 CCGs for 55 year olds by putting resources in place to progress to full roll out.</p>

	<p><u>Advanced Practice</u></p> <p>1 SSP is currently training to become an endoscopist for bowel scope screening and we anticipate successful completion in the coming year. This is a flexible role, a combination of SSP and endoscopist.</p> <p><u>Health Promotion</u></p> <p>We aim to have a dedicated health promotion expert to assist the SSPs in building on the strong links we have already developed with other stake-holders and the community. We aim to increase uptake of bowel screening in low uptake areas and within learning disabilities and black and ethnic minority groups.</p>
--	--