NHS public health functions agreement 2018-19

Service specification no.26
Bowel Cancer Screening Programme
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Promoting equality and addressing health inequalities are at the heart of NHS England’s values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic and those who do not share it (as required under the Equality Act 2010); and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities (in accordance with the duties under sections 13G and 13N of the NHS Act 2006, as amended).
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Service specification No.26

This is a service specification to accompany the ‘NHS public health functions agreement 2018-19 (the ‘2018-19 agreement’).

This service specification is to be applied by NHS England in accordance with the 2018-19 agreement. This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply.

Where a specification refers to any other published document or standard, it refers to the document or standard as it existed at the date when the 2018-19 agreement was made between the Secretary of State and NHS England Board, unless otherwise specified. Any changes in other published documents or standards may have effect for the purposes of the 2018-19 agreement in accordance with the procedures described in Chapter 3 of the 2018-19 agreement.

Service specifications should be downloaded in order to ensure that commissioners and providers refer to the latest document that is in effect.

The 2018-19 agreement is available at www.gov.uk (search for ‘commissioning public health’).

All current service specifications are available at www.england.nhs.uk (search for ‘commissioning public health’).
Section 1: Background and introduction

Purpose of the Bowel Cancer Screening Specification

1.1. The purpose of this specification is to ensure that there is a consistent and equitable approach to the provision and monitoring of bowel cancer screening across England.

1.2. This document is designed to outline the service and quality indicators expected by NHS England from the NHS Bowel Cancer Screening Programme (NHSBCSP) in order to ensure that a high standard of service is provided to NHS England’s responsible population. It therefore sets out the specific policies, recommendations, and standards that the NHSBCSP expects services to meet.

1.3. The service specification is not designed to replicate, duplicate, or supersede any relevant legislative provisions which may apply, e.g. the Health and Social Care Act 2008, or the work undertaken by the Care Quality Commission. In the event of new guidance emerging, the specification will be reviewed and amended with as much rapidity as possible, but, where necessary, both NHS England and Service providers should work proactively to agree speedy variations of contract ahead of the production of a revised specification.

1.4. This service specification needs to be read in conjunction with the current NHSBCSP guidance and recommendations. These can be found on the cancer screening programmes website: https://www.gov.uk/topic/population-screening-programmes

Aims, objectives, and health outcomes

Aims

1.5. The aim of the NHSBCSP is to reduce mortality from bowel cancer. This will be achieved by delivering evidence-based, population-based screening programmes that:

- identify the eligible population and ensure efficient delivery with optimal coverage
- are safe, effective, of a high quality, externally and independently monitored, and quality assured
- prevent cancer where possible, and lead to earlier detection, appropriate referral, and improved outcomes
- are delivered and supported by suitably trained, competent, and qualified, clinical and non-clinical staff who, where relevant, participate in recognised ongoing CME, CPD, and EQA schemes
- have audit embedded in the service
Objectives

Activities prior to screening

1.6. In line with good management practice and experience and in order to ensure appropriate and efficient use of NHS resources, the programme as a whole should:

- identify and invite those eligible for screening at appropriate intervals
- provide the invited population with the information they require, in the form in which they require it, so that they are able to make an informed choice about whether or not to participate
- ensure that GPs are informed of screening in their area and of the final outcomes of screening for each of their patients
- serve whole populations (all ages) numbering no less than 500,000 and up to about one million.

Screening

1.7. The provider should:

- provide people who participate with a high quality, effective, and people-centred service
- optimise participation rates and maximise accessibility of the service for all groups in the community
- allow people to opt out of the service, on a single occasion or permanently
- provide adequate numbers of appropriately trained, qualified, and competent staff to carry out high-quality screening
- implement screening tests that are acceptable to those who undergo them
- minimise any adverse physical/psychological/clinical aspects of screening (e.g. discomfort, anxiety, unnecessary investigations).

Assessment, diagnosis, referral, follow-up

1.8. The provider should:

- detect asymptomatic abnormalities
- undertake assessment and diagnosis of individuals with abnormal results in appropriately staffed and equipped settings
- follow up individuals in accordance with national protocols where further investigation is required
- accurately diagnose invasive cancers and adenomas, discussing cases in MDTs where appropriate, and refer individuals for urgent treatment outside the programme when cancer is detected
- ensure that test results are communicated clearly and promptly
follow national protocols to monitor individuals according to BCSP guidelines and other professional body guidelines as specified by BCSP https://www.gov.uk/topic/population-screening-programmes/bowel

ensure that individuals needing neither cancer treatment or polyp surveillance are returned to routine screening recall, and that individuals with incidental findings are provided with appropriate advice and referral if necessary

Standards

1.9. The programme as a whole should aim to:

- maximise the number of cancers detected
- minimise the number of cancers presenting between screening episodes
- maximise the number of adenomas detected
- maintain minimum standards of screening as set out in Appendix 1 and 2
- strive to meet achievable standards of screening as set out in Appendix 1 and 2
- participate in both approved national routine audits and ad hoc audits to evaluate overall programme performance.

Administration, failsafe

1.10. The provider should:

- ensure effective and timely communication with the individuals who are invited, screened, assessed, or treated
- ensure effective and timely communication with clinical multidisciplinary teams, other screening centres, NHS England, the Bowel Cancer Screening Programme and Screening Quality Assurance Service (SQAS) teams within Public Health England (PHE) and NHS Digital
- work within a seamless and integrated pathway
- build robust failsafe measures into all stages of the pathway
- Use the automatically generated reports on BCSS to ensure that all persons are progressed through their care pathway in a timely manner.
- ensure that the NHSBCSP recommendations for handling safety concerns, safety incidents and serious incidents are adhered to, in addition to local reporting procedures.

Audit and Quality Assurance (QA)

1.11. The provider and the SQAS within Public Health England should work collaboratively to:
• regularly audit and evaluate the programme to ensure that the service is delivered in a safe, effective, timely, equitable, and ethical way, in accordance with national policy and NHSBCSP standards, guidelines, internal and external quality assurance arrangements, and risk assessments

• monitor, collect, and report statistical data and other relevant information to relevant bodies, and use this to: promote continuous improvement in service performance and outcomes; give formal feedback to NHS England and the population served by the programme; and provide key information and models of good practice/ innovation/ achievement to those working in the area of bowel cancer screening. Minimum data requirements for NHS England are shown in Appendix 1 and 2.

• The provider should:

• participate willingly in multidisciplinary quality assurance visits organised by the SQAS team within Public Health England.

Information Technology

1.12. The provider should:

• use the programme’s IT systems to manage people through the screening process, and to capture key screening data/ outcomes promptly and accurately, supporting local and national quality assurance and cancer registration processes and programme evaluation. Use of BCSS ensures that the automatic failsafe processes are in place (e.g. when a person moves there is an automatic recognition of this and creation of a new invitation where a none response was previously received)

• comply fully with local, NHSBCSP, and NHS information governance requirements relating to the confidentiality and disclosure of patient information and system/information security.

• ensure that technologies interfacing with Bowel Cancer Screening System (BCSS) have an up to date compatible internet browser as specified by NHS Digital

Accreditation, training, guidance, research

1.13. The provider should:

• ensure that staff are appropriately trained and supported by national continuing professional development and skills frameworks, enabling them to develop their skills, competencies, and potential. Only approved/ accredited training courses should be used contribute to nationally-approved research into the screening and diagnosis of bowel cancer, to inform screening practice and policy
Safety and Safeguarding

1.14. The provider should refer to and comply with the safety and safeguarding requirements as set out in the NHS Standard Contract.

Common Health Outcomes

1.15. The programme as a whole aims:

- to reduce the number of people in the target population who die from bowel cancer by 16%
- to maximise detection of bowel cancer at stages 1 and 2 (PHE domain 2)
- to maximise detection of adenomas which, if left untreated, could develop into bowel cancer
- to refer people promptly to treatment services
- to achieve high coverage levels across all eligible groups in society
- to minimise adverse physical/psychological/clinical aspects of screening (e.g. anxiety, unnecessary investigation).

Equality

The objectives of the screening programme should include:

Help reduce health inequalities through the delivery of the programme.

Key deliverables:

- Screening should be delivered in a way which addresses local health inequalities, tailoring and targeting interventions when necessary
- A Health Equity Audit should be undertaken as part of both the commissioning and review of this screening programme, including equality characteristics, socio-economic factors and local vulnerable populations. An application for any data release needs to be considered by BCSP and as set out by the PHE Office for Data Release. This process can be found at: https://www.gov.uk/government/publications/odr-data-request-form
- The service should be delivered in a culturally sensitive way to meet the needs of local diverse populations
- User involvement should include representation from service users with equality characteristics reflecting the local community including those with protected characteristics
- Providers should exercise high levels of diligence when considering excluding people with protected characteristics in their population from the programme and follow both equality, health inequality and screening guidance when making such decisions

The provider will be able to demonstrate what systems are in place to address health inequalities and ensure equity of access to screening, subsequent diagnostic testing and
outcomes. This will include, for example, how the services are designed to ensure that there are no obstacles to access on the grounds of the nine protected characteristics as defined in the Equality Act 2010.

The provider will have procedures in place to identify and support those persons who are considered vulnerable/ hard-to-reach

Providers are expected to meet the public sector Equality Duty which means that public bodies have to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees

https://www.gov.uk/equality-act-2010-guidance

It also requires that public bodies:

- have due regard to the need to eliminate discrimination
- advance equality of opportunity
- foster good relations between different people when carrying out their activities

All screening programme providers should ensure they have included members of the armed forces who are registered with Defence Medical Centres within their responsible population boundaries.

Scope of the screening programme

Description of the NHSBCSP

1.16. In this section of the document, the following terms are used:

- **NHSBCSP** This describes the entire programme, from identifying subjects to be invited to referral for treatment or return to routine screening as applicable

- **Screening centre** This describes the part of the programme where endoscopy takes place. It may deliver endoscopy in a number of different locations, based even in different provider units (eg different NHS Trusts) (see figure 2)

- **Hub** Is responsible for the delivery of the Hub programme part of the Bowel Cancer Screening Pathway

- **Provider** This is the Organisation which is contracted to provide hub and/or screening centre activities. If a centre comprises more than one provider, one will be the lead and hold the contract with NHS England

- **Eligible population** This describes those who meet the criteria for invitation for screening. Currently this is men and women aged 60-74 who reside in England and are registered with a general practice.
Activities Prior to Screening

1.17. In accordance with agreed professional best practice set out in Appendix 3, the provider should:

- invite men and women aged 60 to 74 for routine screening every two years
- enable those aged 75 and over to self-refer for screening
- contribute to health promotion activities to improve access to screening services for all groups within the eligible population
- identify the population eligible for screening and ensure all participants receive the necessary information for the screening kit which they are sent.
- employ trained and competent staff to provide the NHSBCSP helpline.

Screening

1.18. The provider in relation to gFOBt

- should maintain a suitable stock ready for despatch to avoid service interruptions until the switch over date to the use of FIT
- despatch repeat faecal occult blood test (gFOBt) kits as appropriate.
- process received FOBt kits and act on the results
- using the Bowel Cancer Screening System (BCSS), ensure that all individuals with abnormal results are booked into Specialist Screening Practitioner (SSP) clinics within appropriate timescales.

1.19. The provider in relation to FIT

- Should ensure a suitable stock of kit is maintained
- Should ensure despatch repeat screening kits as appropriate.
- process received screening kits and act on the results
- using the Bowel Cancer Screening System (BCSS), ensure that all individuals with abnormal results are booked into Specialist Screening Practitioner (SSP) clinics within appropriate timescales.

Assessment, diagnosis, referral, follow-up

1.20 In accordance with NHSBCSP standards and protocols, the provider should:

- undertake colonoscopic assessment (or, if indicated, whole colon CT imaging) of individuals who have a suspected polyp or cancer. Carbon dioxide must be used for insufflation of the bowel.
- remove early cancers and precursor lesions and retrieve them for histological evaluation
biopsy suspected bowel cancer and retrieve material for histological evaluation

ensure surveillance for individuals where appropriate, which may include colonoscopic assessment or CT colon imaging.

work with MDT and treatment services to ensure appropriate follow-up of results and to facilitate audit

continue to develop quality assurance processes and procedures to ensure safe and effective delivery of the programme

Standards

1.21 The provider should:

- ensure that all staff working in the NHSBCSP are familiar with relevant and current quality assurance guidelines
- ensure that all staff maintain minimum standards and aspire to achievable standards as referenced in Appendix 1 and 2. Also to adhere to NHSBCSP guidance and recommendations via internal audit and external quality assurance monitoring
- take prompt action where standards are lower than expected to identify the causes and improve the service to the appropriate level or beyond
- agree early warning systems and triggers with the local SQAS within Public Health England
- manage serious failures to provide services to the level specified in the NHSBCSP quality assurance guidelines according to NHSBCSP protocols. Specific colonoscopy guidelines are available in NHSBCSP publication number 6, Quality Assurance Guidelines for Colonoscopy Aug 17
- ensure that all programmes engage with quality assurance processes use nationally developed and agreed letters and leaflets

Administration, audit, QA, failsafe, IT

1.22 The provider should:

- ensure that all hubs and screening centres meet the necessary criteria to be recognised as part of the NHSBCSP
- record results on BCSS and despatch these to participants and their GPs within specified timescales
- utilise the BCSS IT system to ensure that the care pathway is managed to its planned conclusion
• utilise the BCSS IT system which features automatic failsafe processes to ensure that all eligible persons are invited and continue to be able to participate in the screening process.

• implement/operate BCSS for call/ recall, and recording/distribution of results

• participate in the external quality assurance process, and ensure that robust internal quality assurance processes are also in place

Accreditation, training, guidance, research

1.23 The provider should ensure that:

• screening colonoscopists are appropriately accredited as set out in the Screening Assessment and Accreditation System guidelines, commit to providing a minimum of one screening list a week, and undertake a minimum of 120 screening colonoscopies in a 12 month period. This can include procedures arising from bowel scope referrals.

• endoscopy units providing screening services are JAG accredited

• SSPs have undertaken the SSP training course within 12 months of starting in post. The course should be successfully completed for the SSP to remain in post

• Assistant Screening Practitioners (ASP)/Screening Practitioners (SP) must complete the 6 week workplace induction along with BCSS training. There is an optional further training course available through endorsed providers

• pathologists reporting pathology for the programme participate in the EQA scheme and adhere in their reporting to RCPath/NHSBCSP guidance including the minimum dataset

• ensure that all pathology laboratories dealing with screening programmes are formally accredited by UKAS or equivalent

• ensure that radiologists are reporting images on behalf of the NHSBCSP adhere to RCRad/NHSBSCP reporting guidelines

Care Pathway

1.24 The flow diagram shows the pathway from the despatch of an invitation to the final outcome of the screening examination.
Managing Risk

1.25 Failsafes are a back-up mechanism, designed to ensure that, where something goes wrong, processes are in place to identify what is going wrong and what actions are necessary to ensure a safe outcome. In BCSP most failsafes are built within BCSS. Where manual intervention is required BCSS produces reports that a screening centre should use. The local service needs to have protocols for the management of the information in the reports.

1.26 The provider will:
- include appropriate failsafe mechanisms across the whole screening pathway.
• review and risk-assess local screening pathways in the light of guidance offered by quality assurance NHSBCSP or teams within PHE

• ensure that appropriate links are made between the programme and internal provider governance arrangements, such as risk registers

• work with NHS England and local SQAS teams within Public Health England to develop, implement, and maintain appropriate risk reduction measures

• ensure that mechanisms are in place for implementation and regular audit of risk reduction measures and reporting of safety concerns, safety incidents and serious incidents

**Roles and accountabilities**

1.27 The NHSBCSP is dependent on systematic, specified relationships between stakeholders (which include treatment services, the laboratory, external diagnostic services, Primary Care representatives, etc.). The provider will be expected to take the lead in ensuring that inter-organisational systems are in place to maintain the quality of the whole screening pathway. This will include, but is not limited to:

- providing coordinated screening across organisations, so that all parties are clear about their roles and responsibilities at every stage of the screening pathway, and particularly where responsibility for a patient is transferred from one party to another.

- developing joint audit and monitoring processes

- agreeing joint failsafe mechanisms, where required, to ensure safe and timely processes across the whole screening pathway

- contributing to any initiatives led by NHS England or PHE to develop the screening pathway in line with NHSBCSP expectations

- maintaining robust electronic links with the IT systems of relevant organisations across the screening pathway

- agreeing links with primary care, and with secondary and/ or tertiary care.

1.28 The lead responsibility for an individual’s care rests with the hub (laboratory) until that individual attends his or her first SSP appointment. At this point, lead responsibility transfers to the local screening centre.

**Links with the National Programme and ‘do once and share’**

1.29 Certain functions of English national screening programmes are managed from PHE by the NHS screening programmes team. National guidance documents can be accessed via the gov.uk website: [https://www.gov.uk/topic/population-screening-programmes/bowel](https://www.gov.uk/topic/population-screening-programmes/bowel)

1.30 PHE, through the national screening programmes, is responsible for leading high-quality, uniform screening, providing accessible information to both the public and health care professionals, and developing and monitoring standards. It is also
responsible for the delivery of national quality assurance, based at regional level, and for ensuring training and education for all those providing screening is developed, commissioned and delivered through appropriate partner organisations.

Education and training:

1.31 Providers must facilitate screener training in line with programme requirements/standards as detailed in each NHS screening programme specification. Providers should ensure training has been completed satisfactorily and recorded and that they have a system in place to assess on-going competency.

1.32 Providers must allow appropriate annual CPD in line with programme and requirements, for example a screening study day or completion of e-learning.

Public information:

- Providers must always use the patient information leaflets from PHE Screening at all stages of the screening pathway to ensure accurate messages about the risks and benefits of screening and any subsequent surveillance or treatment are provided. PHE Screening should be consulted and involved before developing any other supporting materials.
- Providers must involve PHE Screening and PHE Communications in the development of local publicity campaigns to ensure accurate and consistent messaging, particularly around informed choice, and to access nationally-developed resources. For local awareness campaigns, local contact details must be used.
- Providers must not develop their own information about screening for local NHS websites but should always link through to the national information on NHS Choices (http://www.nhs.uk/Livewell/Screening/Pages/screening.aspx or the relevant programme page) and GOV.UK (https://www.gov.uk/topic/population-screening-programmes or the relevant programme page).
- To support PHE Screening to carry out regular reviews of the national screening public information leaflets and online content, providers are encouraged to send PHE Screening the results of any local patient surveys which contain feedback on these national resources.

Section 2: Delivery of the screening programme

Service model summary

2.1 Hubs and screening centres must deliver in line with the guidance on bowel cancer screening and in accordance with the national standards:

Population Coverage

2.2 NHS England and service providers will work together to:
- optimise coverage and uptake across their catchment area
- co-operate with regular analysis of screening coverage to identify groups who either access screening at lower levels, or do not access services at all
- ensure that the participation rates are optimal

2.3 NHS England will provide annual estimates of the eligible (resident) population for at least three years ahead, based on the current resident population database.

Programme Coordination

2.4 The provider will:

- be responsible for ensuring that the part of the programme they deliver is co-ordinated. Where collaboration is necessary, each part of the programme should interface seamlessly with others, particularly in the areas of timeliness and data sharing. This will ensure that the aims and objectives of the NHSBCSP are met.

- ensure that each screening centre has a named programme manager who is responsible for the co-ordination of planning and delivery. This individual should be given appropriate administrative support to ensure timely reporting and response to requests for information.

- appoint a named Director and Programme Manager at each hub and each screening centre. Both must be actively involved in the screening programme, and the provider must provide both with adequate resources to carry out their role effectively. The addition of bowel scope screening to the bowel cancer screening programme means that there is a need for a dedicated local Programme Manager who is operationally responsible for both bowel cancer and bowel scope screening and be of an appropriate seniority to be accountable and responsible for the management of both programmes.

- ensure that adequate cover arrangements are in place to ensure sustainability and consistency of the programme.

- meet with NHS England at regular intervals (at least annually). The meetings will include representatives from programme management, clinical services, laboratory services, and service management.

Governance and leadership

2.5 The provider will:

- cooperate with and have representation on local oversight arrangements as agreed with NHS England commissioners
- identify a Trust director who is responsible for the screening programme
- ensure internal clinical oversight and governance is overseen by an identified clinical lead and a programme manager
provide documented evidence of clinical governance that includes:
  o compliance with the NHS Trust and NHSE information governance/records management
  o user involvement, experience and complaints
  o failsafe procedures
  o risks and mitigation plans
  o Compliance with the NHS cancer screening programme confidentiality and disclosure policy

ensure that there is regular monitoring and audit of the screening programme, and as part of the organisation’s clinical governance arrangements, the board is assured of the quality and integrity of the screening programme

produce an annual report of screening services, which is signed off by the board

ensure the programme is delivered by trained workforce that meet national requirements

Definition, identification, and invitation of cohort/eligibility

2.6 The target population to whom screening is to be offered comprises all individuals in the eligible age group who are registered with a GP in the specified area, entitled to NHS care, and have a functioning bowel.

2.7 The target age group for the bowel cancer screening programme is currently men and women aged 60-74, who are sent an invitation to screening every 2 years. People aged 75 and over can self-refer to the screening programme.

2.8 The provider will:
  • Ensure that non responders are sent a reminder letter. If an individual does not respond to this reminder, he/she will be sent another screening kit in two years. This is in accordance with national policy.
  • Make every effort to optimise screening participation from vulnerable and hard-to-reach groups within the eligible population.

Location(s) of programme delivery

2.9 The NHSBCSP is organised around five programme hubs, located in Gateshead; Nottingham; Rugby; London; and Guildford. The hubs:
  • manage call/recall for the screening programme
  • provide a telephone helpline for people invited for screening
  • ensure despatch and process of screening kits
  • send test result letters and notify GPs of results
  • book the first appointment at an SSP clinic for individuals with a definitive abnormal result.
2.10 Up to 20 screening centres are linked to each programme hub (see Figure 2). The clinical tasks for each screening centre are:

- to provide SSP clinics for individuals with a definitive abnormal test result
- to arrange screening colonoscopy appointments for individuals with a definitive abnormal test result, and for those scheduled for polyp surveillance
- to arrange alternative investigations for individuals in whom screening colonoscopy has failed or for whom colonoscopy is inappropriate as the first line diagnostic test
- to ensure appropriate follow-up or treatment for individuals after screening colonoscopy
- to provide information about screening to the local health community, and promote the screening programme to the general public
- to provide information and support for local people completing the screening kit
- to ensure that data are collected to enable audit and evaluation of the screening programme.

![Figure 2. Relationship of Programme Hubs and Screening Centres](image)

### Days/ hours of operation

2.11 The days and hours of operation will be locally determined. However, timeliness of screening, assessment and follow-up is essential, and this is a key criterion of quality along all parts of the screening pathway. The provider should therefore be able to:
• demonstrate efficient and effective use of resources.

**Working across interfaces**

2.12 The screening programme is dependent on strong working relationships (both formal and informal) between the professionals and organisations involved in the screening pathway. Accurate and timely communication and handover across these interfaces are necessary to reduce the potential for errors and ensure a seamless care pathway. The provider will

- ensure that there are clear, named lines of clinical responsibility at all times, and particularly where there is handover of care.
- state these lines of clinical responsibility in an operational policy within the programme.

2.13 The provider will ensure that appropriate systems are in place to support an inter-agency approach to the quality of the interface between these services. This will include, but is not limited to:

- agreeing and documenting roles and responsibilities relating to all elements of the screening pathway across organisations
- providing strong clinical leadership and clear lines of accountability
- developing joint audit and monitoring processes
- working to agreed NHSBCSP standards and policies
- agreeing jointly, between all agencies, on the failsafe mechanisms that are required to ensure safe and timely processes across the whole screening pathway
- meeting the standards set by the Screening Programmes team within Public Health England

2.14 The provider must ensure that procedures at interfaces should follow these guidelines:

- hubs must send screening kits to individuals in the eligible population
- screening hub staff should send letters to deliver normal results or to recall individuals for further assessment
- the report of the findings of screening colonoscopy provided on the day of assessment should be given in person by appropriately trained clinical staff at the screening centres, in a manner that meets the needs of the individual concerned
• a failsafe system should be in place at screening centres to ensure receipt by the local Trust pathology laboratory of correctly identified samples from the endoscopy unit
• GPs should be informed of screening outcomes by the hubs.

2.15 In addition, see Care Pathway in Chapter 2 section 2.8.

Information on test/screening programme

2.16 The provider will:
• ensure that, at relevant points throughout the screening pathway, those invited are provided with approved information on bowel cancer screening
• ensure that a trained interpreter is available during appointments for those people whose functional language is not English, along with appropriate written information
• provide appropriate support for people with physical disabilities
• ensure that people with learning disabilities are provided with support to enable them to understand all processes and results

Testing (laboratory service, performance of tests by individuals)

2.17 The provider will ensure that
• hub laboratories follow the policy guidance and standards laid out in condition-specific laboratory handbooks covering screening
• pathologists reporting specimens from the programme participate in the EQA scheme and report according to the Royal College of Pathologist’s minimum dataset
• laboratories provide routine data to the screening programme in a timely manner and an agreed format

Results reporting and recording

2.18 The provider will ensure that
• Conclusive results are recorded on the BCSS national database at all points of the pathway, for the whole screened population

Providing results

2.19 The provider will ensure that:
• Individuals are notified of a normal result from the screening process by letter, and that their GP is also informed
• the results of any diagnostic tests undertaken are given by appropriately trained clinical staff
• a Specialist Screening Practitioner will be available to support the individual as required after a benign diagnosis or a diagnosis of cancer

**Scope for screening**

2.20 The NHSBCSP includes:

• all investigations necessary to prove or disprove the presence of bowel cancer
• surveillance of individuals deemed to be at high or intermediate risk of cancer following adenoma findings at a previous screening episode.

**Transfer of, and discharge from, care obligations**

2.21 The screening programme covers the period from identification of the eligible population to diagnosis. The provider will ensure that:

• Individuals are transferred efficiently to treatment services on diagnosis. Any post-treatment follow-up will be the responsibility of the treatment services.
• Individuals who have been diagnosed with bowel cancer continue to receive invitations to screening as long as they remain eligible.

**Exclusion criteria**

2.22 This specification does not include the following, or any work or cost associated with them:

• Screening for people who fall below the current eligible age range
• Screening for people who are not registered on any population registration systems
• Screening for people who have had a total colectomy or other bowel surgery which prohibits screening
• Symptomatic referrals
• Post cancer diagnosis follow-up and management

2.23 See NHS England standard contract under Service Condition 13 (SC13) for the contractual requirements for equity of access, equality, and the avoidance of discrimination.
Staffing

2.24 The provider will:

- ensure that there are adequate numbers of trained, qualified, and competent staff in place to deliver a high-quality bowel cancer screening programme, in line with best practice guidelines and NHSBCSP national guidance.

- Ensure that all staff demonstrate competence in their area, linked to training (qualifications will be specific to the groups of staff delivering the service across the care pathway).

- have in place a workforce plan designed to maintain a sustainable programme, especially where an increase in the eligible population is predicted (generally this is the case until 2027) and/or where there are difficulties in the recruitment of appropriately qualified healthcare staff.

- ensure that professionals involved in the NHSBCSP are required to keep up-to-date with nationally approved training programmes and CPD/CME. They should participate in educational schemes and histopathology EQA where appropriate.

User involvement

2.25 In accordance with good practice, to gain feedback on services provided and to have public involvement on the provision of services, the provider will collect the views of service users via surveys or questionnaires. It is expected that such surveys will take place on a regular (rather than ad hoc) basis and that the results will be made available to NHS England. The provider will:

- demonstrate that they have collected (or have plans in place to collect) the views of service users (both people invited for screening and those who have attended for a colonoscopy or an appointment with a Specialist Screening Practitioner), in respect of the services they provide.

- demonstrate how those views will influence service delivery for the purposes of raising quality.

- show that all participants are given information about how to provide feedback about services they receive, including the complaints procedure.

Premises and equipment

2.26 The provider will ensure that:

- suitable premises and equipment are provided for the screening programme.

- appropriate policies are in place for equipment cleaning, decontamination, calibration, maintenance, and replacement.
the BCSS IT system is able to support the programme and to supply data for the purpose of auditing performance against national standards and KPIs
the BCSS IT system is able to perform failsafe checks
laboratories and endoscopy services are accredited by UKAS or JAG, as appropriate
only technologies and protocols that have been evaluated and recommended by the Screening Programmes team within PHE are used in the programme, and that the manner of their use accords with national guidelines. The provider must make all staff aware that unorthodox use of approved technologies or use of unapproved technologies is prohibited within the NHS Bowel Screening Programme, except as part of a formal national pilot, or a properly constituted and approved research project. The definition of ‘technology’ here is an inclusive one.

Key Performance Indicators
2.27 These are set out in Appendix 1.

Data collection and monitoring
2.28 The provider will
- provide routine data to NHS England, Public Health England, and NHS Digital, in a timely manner to monitor performance
- Contribute to national data collection exercises where required
- Provide annual data measuring performance against both standards and the Key Performance Indicators to monitor performance and measure trends

Data reporting
2.29 The Quality Assurance service, in liaison with the providers, will:

Increasing Uptake
2.30 It is recommended that:
- Commissioners and providers work with local authorities and third sector organisations to understand and develop plans to address uptake and inequalities. QA visits include an assessment of the process to develop such plans and their implementation at a local level.
• Commissioners work with providers to ensure that letters and invitations have been endorsed by GPs (where the GP agrees), timed first and second appointments are offered and appointment reminders are used.

2.31 Providers, commissioners and local authorities are encouraged to pilot, evaluate and publish (preferably in peer reviewed journals) local solutions to address inequalities of access. Before piloting, these local proposals must be agreed with the PHE screening team to ensure consistency of message with nationally agreed letters. The process set out by the PHE Office for Data Release can be found at https://www.gov.uk/government/publications/odr-data-request-form

2.32 PHE screening team will share new and emerging knowledge via the screening inequalities network and blogs.
3 National standards, risks and quality assurance

3.1 The provider will:

- meet the acceptable national programme standards and work towards attaining and maintaining the achievable standards
- adhere to specific professional standards and guidance
- maintain a register of risks, working with NHS England and quality assurance teams within Public Health England to identify key areas of risk in the screening pathway, and ensure that these points are reviewed in contracting and peer review processes
- participate fully in national quality assurance (QA) processes which includes:
  - submitting agreed minimum data sets and reports from external quality assurance schemes
  - undertaking ad-hoc audits and reviews as requested
  - completing self-assessment questionnaires / tools and associated evidence
  - responding to SQAS recommendations within agreed timescales providing specified evidence
  - producing with agreement of commissioners of the service an action plan to address areas for improvement that are identified in recommendations
- operate and evidence
  - check points that track individuals through the screening pathway
  - identify, as early as possible, individuals that may have missed screening, where screening results are incomplete or where referral has not happened
  - have process in place to mitigate against weakness in the pathway
- have arrangements in place to refer individuals to appropriate treatment services in a timely manner and these should meet programme standards
- demonstrate that there are audited procedures, policies and protocols in place to ensure the screening programme consistently meets programme requirements
- ensure business continuity - business continuity plans must be in place where required
- ensure sub-contracts and/or service level agreements with other providers meet national standards and guidance

Service improvement:
3.2 Where national recommendations and acceptable/achievable standards are not fully implemented the provider is expected to indicate in service plans what changes and improvements will be made over the course of the contract period. The provider shall develop a CSIP (continual service improvement plan) in line with the standards and key performance indicators and the results of internal and external quality assurance checks. The CSIP will respond to any performance issues highlighted by the commissioners, having regard to any concerns raised via any service user feedback. The CSIP will contain action plans with defined timescales and responsibilities, and will be agreed with the commissioners.

New technologies

3.3 New technologies should not be used for screening unless approved by the UK National Screening Committee.
4 Teaching and research activities

4.1 Research activities are encouraged, but must have the appropriate approvals, including the NHSBCSP Research Committee. The process set out by the PHE Office for Data Release can be found at https://www.gov.uk/government/publications/odr-data-request-form
5 Appendices

Appendix 1 – Key Performance Indicators

5.1 Key Performance Indicators (KPIs) for cancer screening programmes are produced by the BCSP and are available for NHS England Screening and Immunisation Team, Commissioners, Screening Programme Personnel and QA Professionals to assess the performance of their programmes. The reporting period is variable depending on the individual indicator and may be reported in arrears to ensure that the data is valid and reliable.

5.2 Some indicators are reported quarterly, although data is generated monthly to allow for monitoring of trends and more in depth analysis. Current KPIs are available here BCSP KPIs 2018/19

Appendix 2 – Measurable Standards

5.3 Measurable standards are available here: BCSP measurable standards 18/19. These are reported at various intervals and also monitored by SQAS.

5.4 The cancer screening programmes have published guidelines for all disciplines involved in the three services (bowel, breast and cervical). The SQAS provide on-going monitoring of the numerous indicators associated with the guidance and these are formally reported at QA visits. Commissioners who require confirmation on the quality of any aspect of their screening services can access this information readily from the regional SQAS.

Appendix 3: Professional Best Practice Guidance

NHSBCSP 1: Reporting Lesions in the NHS Bowel Cancer Screening Programme
Published March 2018

NHSBCSP 2: Bowel Cancer Screening Programme Ceasing Guidelines
Published October 2007

NHSBCSP 3: Guidance for public health and commissioners
Published January 2008

NHSBCSP 4: Evidence summary: patient information for the NHS Bowel Cancer Screening Programme
Published November 2008

NHSBCSP 5: Guidelines for the use of imaging in the NHS Bowel Cancer Screening Programme. Second edition
Published November 2012

NHSBCSP 6: Quality assurance guidelines for colonoscopy
Published February 2011

Classification: Official
Programme Specific Operating Model for Quality Assurance of Bowel Cancer Screening Programmes
Gateway number 2017189
Published July 2017

6 References