



Public Health  
England



# NHS public health functions agreement 2019-20

Service specification no.26  
Bowel Cancer Screening Programme

NHS England and NHS Improvement



# **NHS public health functions agreement 2019-20**

## **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 and NHS Improvement 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)

# Contents

Purpose of the screening programme .....	7
1.1 Purpose of the Specification .....	7
1.2 The role of PHE Screening .....	7
1.3 Personal Informed Choice.....	7
1.4 Public Information .....	8
1.5 Addressing inequalities and ensuring equal access to screening.....	9
1.6 Education and training .....	10
2 NHS Outcomes Framework Domains and Indicators .....	11
3 Background .....	12
4 Aims and objectives of the bowel cancer screening service .....	13
5 Exclusions .....	14
6 Responsibilities and Criteria for bowel cancer screening.....	15
7 Service description and care pathway .....	18
7.1 Bowel Cancer Screening pathway .....	19
7.2 Identification .....	20
7.3 Invitation and Inform.....	20
7.4 Self-referrers/Opting in/Permanently opting out (ceasing).....	20
7.5 Testing FOBt kit .....	21
7.6 FOBt results .....	21
7.7 Reminders .....	22
7.8 Clinic/procedure .....	22
7.9 Diagnose/Histology .....	23
7.10 Procedure Results .....	24
7.11 Repeated cancellations or DNA's.....	24

8	Workforce and Training.....	26
9	Increasing uptake.....	30
10	Information technology.....	31
11	Information Governance .....	32
12	National Standards and Quality Assurance .....	34
13	Clinical and Corporate Governance, Accountability and Oversight .....	36
14	Safeguarding.....	37

## Service specification No.26

This is a service specification to accompany the 'NHS public health functions agreement 2019-2020 (the '2019-2020 agreement').

This service specification is to be applied by NHS England and NHS Improvement in accordance with the 2019-2020 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 2019-2020 agreement was made between the Secretary of State and NHS England and NHS Improvement Board, unless otherwise specified. Any changes in other published documents or standards may have effect for the purposes of the 2019-2020 agreement in accordance with the procedures described in Chapter 3 of the 2019-2020.

Please always refer to the service specification online to ensure you are using the latest version.

The agreement is available at [commissioning public health](#)

Throughout this service specification, Faecal Occult Blood Test (FOBt) will be used to represent both Guaiac (gFOBt) and Faecal Immunochemical Test (FIT) screening kits, as both tests will be in use during 2019/20

- NHSBCSP This describes the entire programme, from identifying participants to be invited to referral for treatment or return to routine screening as applicable
- Screening Hub Is responsible for the delivery of the call and recall and testing the returned screening kits
- Screening centre This describes the part of the programme where diagnostic tests take place and results processed and given to the participant. Screening centres may deliver endoscopy in several different locations, based even in different provider units (eg different NHS Trusts) – but the screening centre is the host trust
- 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 and NHS Improvement
- Eligible population This describes those who meet the criteria for invitation for screening. Currently this is men and women aged 60-75th birthday who are resident in England and registered with a general practice (GP). For people resident in England but registered with a Welsh GP for example (due to living on the boarder), will also be invited to the English screening programme.

# 1 Purpose of the screening programme

## 1.1 Purpose of the Specification

To ensure a consistent and equitable approach across England a common national service specification must be used to govern the provision and monitoring of bowel cancer screening.

The purpose of the service specification is to outline the service and quality indicators expected by NHS England and NHS Improvement for the population for whom it is responsible, and which meets the policies, recommendations and standards of the NHS Bowel Cancer Screening Programme.

This specification is not designed to replicate, duplicate or supersede any relevant legislative provisions which may apply, e.g. of the Health and Social Care Act 2008 or the work undertaken by the Care Quality Commission. The specification will be reviewed and amended in line with any new guidance as quickly as possible.

This specification should be read in conjunction with all NHS [BCSP guidance](#)

## 1.2 The role of PHE Screening

Public Health England (PHE) advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK National Screening Committee recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

Providers should subscribe to the [PHE Screening blog](#) for the latest national news and updates. [National documentation and guidance](#) are published on GOV.UK.

## 1.3 Personal Informed Choice

All screening is an individual choice. The UK NSC has published [guidance for screening programmes in the 4 UK countries](#) to follow. Everyone must be given the opportunity to make an informed choice about whether or not to be screened. The decision should be based on an understanding of:

- why they are being offered screening
- what happens during the test
- the benefits and risks of screening
- the potential outcomes (including types of result, further tests and treatment)
- what happens to their screening records

If someone is provided with the above information about the programme and chooses not to attend screening, then this is a valid choice and must be respected.

### Opting out

Services should respect the decision of any individual choosing to [opt out of screening](#), either on a single occasion or permanently. No pressure should be put on people to be screened and services should not require the individual to justify their decision.

## 1.4 Public Information

PHE Screening uses published best practice processes to develop public information leaflets. It also works with NHS Digital to ensure that information on the [NHS.UK](https://www.nhs.uk) website for the public is accurate.

Providers must:

- use the public information leaflets from PHE Screening at all stages of the screening pathway
- involve PHE in the development of any local awareness campaigns
- not duplicate clinical information on local websites
- involve PHE if they want to move from providing printed leaflets to online sources of information

Using the leaflets provided by PHE ensures accurate messages about the risks and benefits of screening and any subsequent surveillance or treatment are provided. PHE Screening must be consulted and involved before developing any other supporting materials.

Providers must involve PHE 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 so that the national screening helpdesk is not overwhelmed.

Local provider websites must not duplicate clinical information about screening but should be restricted to contact and logistical information. Links should be provided to the national information on NHS.UK (<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.

### Ordering leaflets

Providers can order [leaflets developed by PHE Screening](#) for free for core screening purposes.

Leaflets are regularly updated so providers should not order more than 3 months' supply, or stockpile leaflets, as they could become out of date and need to be destroyed. Leaflets for non-core activities, such as local health promotion purposes, can be bought from the national print provider.

PHE can only provide one leaflet per person per screening episode. A screening episode is defined as an invitation (with any subsequent reminders) for a particular screening test. People who are referred for further assessment following a screen should get a single copy of the appropriate follow-up leaflet.

This means that duplicate copies should not be provided with reminder letters or if people lose or forget their leaflet. They should be signposted to electronic sources of information instead.



## 1.5 Addressing inequalities and ensuring equal access to screening

Screening is offered to all individuals within the eligible population. One of the objectives of the NHS Screening Programmes is to help reduce health inequalities.

All screening programme providers should ensure they have included members of the armed forces who are registered with Defense medical centres and Prison medical centres within their responsible population boundaries.

### Sharing personal information

Under the [2010 Equality Act](#), screening services are required to anticipate and prevent discrimination against people with learning disabilities.

The duty of care to share information can be as important as the duty to protect patient confidentiality. GPs and other health professionals should have the confidence to share relevant information with screening services in the best interests of their patients. For example, a GP may know that an individual with a learning disability requires accessible information about screening in easy read format or needs a longer than normal appointment slot.

See [NHS England's information sharing policy](#) for more detailed guidance.

PHE Screening's [privacy notice](#) has more information about how screening data is shared within the legal requirements, including those of the General Data Protection Regulation (GDPR).

### Reasonable adjustments

Under the [2010 Equality Act](#), screening providers have a legal duty to make [reasonable adjustments](#) to make sure services are accessible to disabled people as well as everybody else.

Screening providers must follow the [Accessible Information Standard](#) by law. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand with support, so they can communicate effectively with health and social care services.

As part of the Accessible Information Standard, screening providers must do 5 things.

1. Ask people if they have any information or communication needs and find out how to meet their needs.
2. Record those needs clearly and in a set way.
3. Highlight or flag the person's file or notes so it is clear that they have information or communication needs and how to meet those needs.
4. Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
5. Take steps to ensure that people receive information which they can access and understand and receive communication support if they need it.

### National accessible information materials

PHE Screening has published national easy read versions of screening information leaflets and screening appointment letter templates.

Local screening providers should use these national materials when inviting individuals for screening who have been identified as needing information in an easy read format.

Large print and audio versions (via screen reader) of standard information leaflets are also available to download from GOV.UK for people with sight loss in HTML format

Local screening providers should send any individual requests for hard copy Braille versions of PHE Screening leaflets to the [screening helpdesk](#).

## **1.6 Education and training**

PHE screening provides a variety of education and training for NHS screening staff. Evidence based, up-to-date e-learning resources, study days and courses can be accessed here <https://www.gov.uk/guidance/nhs-population-screening-education-and-training>

In addition, each screening programme will have specific guidance for the initial training and ongoing learning for people working in the programme. This learning should be facilitated, supported and monitored by local screening providers. In line with professional regulations individuals have a responsibility to ensure their practice is up-to-date and evidence based. Local programmes can use the national programme training guidance and resources to support this.

## 2 NHS Outcomes Framework Domains and Indicators

2.1 This specification will meet the following domains in the NHS Outcomes Framework

Choose from the list of domains that can be found here: <https://digital.nhs.uk/data-and-information/publications/ci-hub/nhs-outcomes-framework#framework-domains>

Domain 1	Preventing people from dying prematurely	√
Domain 2	Enhancing quality of life for people with long-term conditions	√
Domain 3	Helping people to recover from episodes of ill health or following injury	X
Domain 4	Ensuring that people have a positive experience of care	√
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm	√

### 3 Background

The UK National Screening Committee (UK NSC) recommended the use of biennial testing for small amounts of blood in faeces in 2003 to men and women aged 50-74 using the guaiac faecal occult blood test (gFOBT).

The introduction of the NHS Bowel Cancer Screening Programme (NHSBCSP) in England began in 2006 with full roll out across England by December 2009. Initially people aged 60–69 were invited to complete gFOBT every 2 years. In 2010 the programme commenced increasing the age of routine invitations until a person reached 75 years old.

In April 2011 UK NSC reviewed evidence that that showed a one-off bowel scope screening test (bowel scope screening also referred to flexible sigmoidoscopy screening) and concluded that it met the UK NSC criteria for a screening test. The [Bowel scope screening programme](#) began being introduced into the English programme in 2013 for people in their 55<sup>th</sup> year, alongside gFOBT screening.

In 2015 [the UK NSC](#) examined the evidence for using a more sensitive Faecal Immunochemical Test (FIT). It found that it is a cost-effective test and recommended its use as a replacement for gFOBT <https://legacyscreening.phe.org.uk/bowelcancer>. In England this change from gFOBT to FIT will take place in 2019.

In June 2018 following further recommendation from the UK NSC, the Minister announced that in England bowel cancer screening should be offered from aged 50 to 74 using FIT. NHS England and Public Health England (PHE) are working together to understand the implementation of this change, but the way forward is yet to be clarified.

## 4 Aims and objectives of the bowel cancer screening service

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 and invite those eligible for screening – (aged 60years until 75th birthday – once 75years old, participants can opt into the programme) at 2-year intervals
- 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 staff
- have audit embedded in the service
- provide the invited population with the information they require, in the form in which they require it, so that they can make an informed choice about whether to participate or not
- ensure that GPs are informed of screening outcomes for each of their patients

## 5 Exclusions

The criteria for exclusion from bowel cancer screening are:

- under 60 years of age
- not resident in England
- not registered with a GP
- if the individual has undergone total removal of the large bowel
- has made an informed choice not to take part in bowel scope screening and/or FOBt or is clinically unsuitable to take part in bowel cancer screening (ceased from the bowel cancer screening programme). That is, has signed a request that no further contact be made by the NHS BCSP at any time unless the individual changes their decision and they inform the programme
- treatment following a cancer diagnosis is outside of the screening pathway – this should be delivered by the symptomatic service

## 6 Responsibilities and Criteria for bowel cancer screening

The NHSBCSP requires both screening hubs (laboratories) and screening centres to deliver the service. The programme is delivered on a hub and spoke model – with a screening hub supporting up to 18 screening centres. A screening centre should cover a geographic population of a minimum of 500,000 people and a maximum of 2 million people.

The screening hub is responsible for:

- call/recall for the screening programme
  - providing the correct information about the screening kit for which a person has received
  - providing a freephone telephone helpline for people invited for screening
  - ensuring the dispatch and processing 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
  - work in partnership with NHS England and providers to support health promotion activities where possible
  - providing information and support for local people completing the screening kit
- To deliver the NHSBCSP Screening hubs are required to: -
  - have a hub director (see section 8 Workforce and Education for requirements)
  - have a dedicated local programme manager who is of an appropriate seniority to be responsible for the management of the screening hub
  - have a laboratory lead who is Health and Care Professions Council (HCPC) registered (further information in section 8 Workforce and Education)
  - have adequate numbers of HCPC registered staff to authorise FIT results ensuring adequate cover arrangements are in place
  - provide suitable premises and equipment for delivering the bowel cancer screening programme
  - have appropriate policies in place for equipment cleaning, decontamination, calibration, maintenance, and replacement
  - use the BCSS IT system to manage screening episodes and to support the programme with the supply of data for the purpose of auditing performance against national standards and KPIs
  - have accreditation by [UKAS](#) for all tests being carried out in the hub
  - meet the [pathway standards](#) of the Bowel Cancer Screening Programme

The screening centre is responsible for:

- providing specialist clinics for assessment of individuals with a definitive abnormal test result
- arranging screening colonoscopy appointments for individuals with a definitive abnormal test result, and for those scheduled for polyp surveillance
- arranging alternative investigations for individuals in whom screening colonoscopy has failed or for whom colonoscopy is clinically inappropriate as the first line diagnostic test
- arrange a screening colonoscopy under a general anesthetic for the very small number of participants in bowel cancer screening that wish to partake but require this option. These participants remain part of the screening programme
- ensuring appropriate follow-up or treatment for individuals after screening colonoscopy
- providing information about screening to the local health community, and promote the screening programme to the general public
- providing 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.

To deliver the NHBCSP Screening centres are required to: -

- have annual [Joint Advisory Group on GI Endoscopy \(JAG\)](#) accreditation at each endoscopy unit which offers screening colonoscopy
- have a clinical director for the screening centre, must be working at Consultant level directly involved in delivering the screening service. This person is accountable for the screening service, and should have designated sessions in their job plan to provide leadership for the service
- have a dedicated local programme manager who is operationally responsible for both FOBt and bowel scope screening, and is of an appropriate seniority to be in-charge of the management of the whole programme
- have a lead specialist screening practitioner (LSSP) to provide clinical leadership the nursing team
- have a named lead pathologist identified, who works directly within the NHBCSP service and with whom other reporting pathologists can liaise
- have a named lead radiologist, who works directly within the NHBCSP service and with whom other radiological staff can liaise
- provide suitable premises and equipment for delivering the bowel cancer screening programme
- have appropriate policies in place for equipment cleaning, decontamination, calibration, maintenance, and replacement
- use the BCSS IT system to manage screening episodes and to support the



programme with the supply of data for the purpose of auditing performance against national standards and KPIs

- meet the [pathway standards](#) of the Bowel Cancer Screening Programme
- provide CO2 for insufflation at all sites where screening colonoscopy is provide

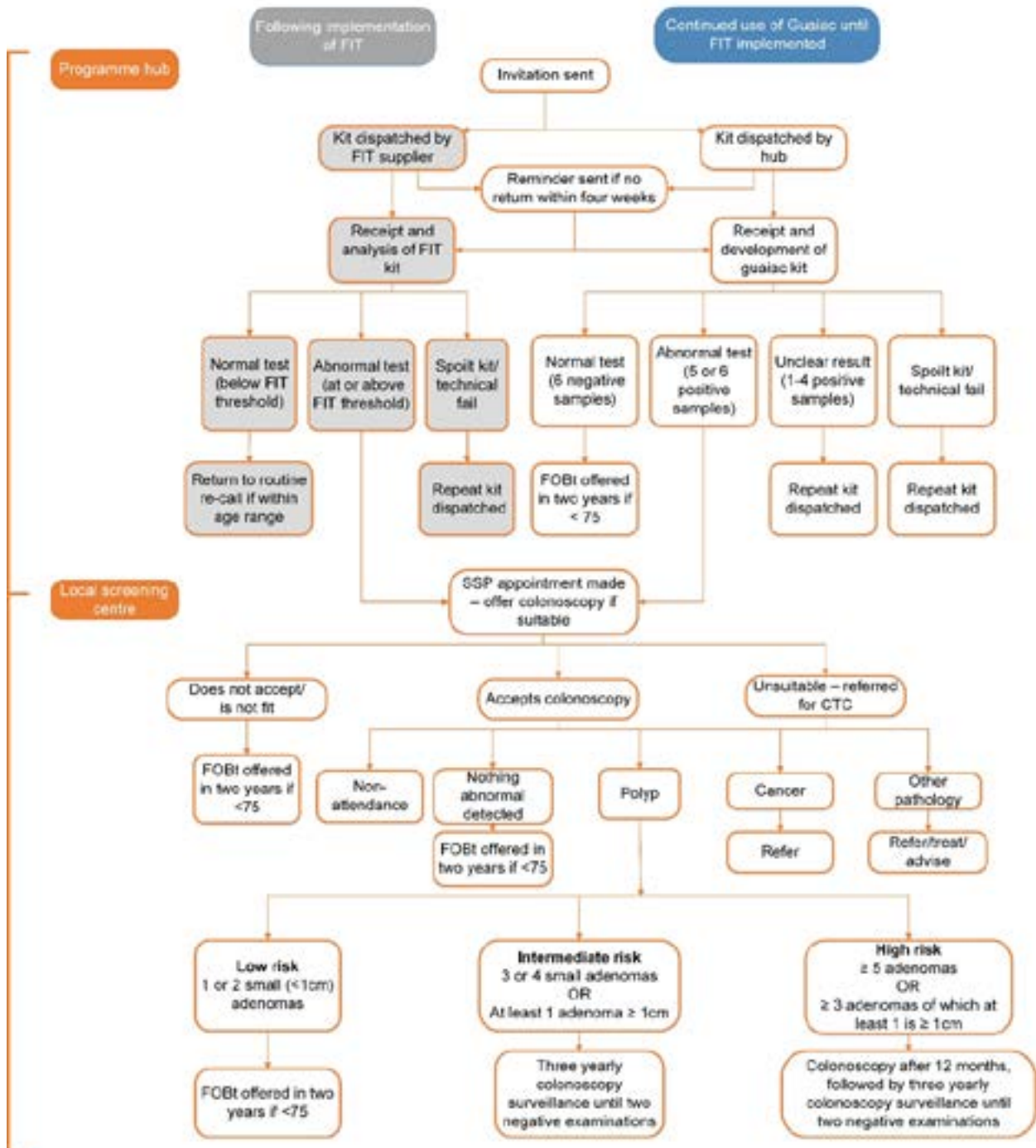
## 7 Service description and care pathway

The screening pathway is divided into the following stages:

- Identification
- Invitation/inform
- Self-referrers/opting in and Ceasing
- Testing FOBt kits
- FOBt results
- Reminders
- Clinic/procedure
- Diagnose/histology
- Procedure results
- Repeated cancellations/DNA's

## 7.1 Bowel Cancer Screening pathway

The screening pathway



## 7.2 Identification

The responsibility for an individual's screening episode rests with the screening hub (laboratory) until that individual attends their first FOBt positive clinic appointment (SSP Clinic). At this point, the lead responsibility then transfers to the local screening centre.

Using the bespoke IT system Bowel Cancer Screening System (BCSS) the screening hubs are required to:

- 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

## 7.3 Invitation and Inform

The screening hubs will work in partnership with the screening centres in their geographical area, to ensure that invitation rates enable participants to be invited for FOBt screening +/- 6 weeks of their screening invitation due date. If screening centres are operating outside of the +/- 6 weeks for screening invitation due date, they must have discussions with their regional NHS England commissioners and PHE SQAS team and a robust action plan to recover the position must be produced.

The screening hub will generate the invitations via BCSS for each screening centre that they are responsible for. On a regular basis (as a minimum this should be monthly) contact should be made by each screening hub with their screening centres to ensure invitation numbers reflect the capacity at the screening centre.

The screening hub is responsible for managing the freephone helpline for people to gain further information about NHSBCSP or their screening invitation/FOBt kit. If the hub cannot resolve the query at any point in the participants pathway, they can escalate it to the local screening centre for further clinical input. This information needs to be captured on BCSS to ensure everyone is kept up to date and a participant's pathway is not delayed.

### Pre-Invite

The screening hub sends participants the pre-invite letter advising them about an imminent invitation to participate in bowel cancer screening. There will also be a leaflet included to inform the participant's decision.

### Invite

The screening hub is required to work closely with suppliers to ensure enough stocks of FOBt kits are ready for dispatch. Information about screening participants that is transferred to the supplier or subcontractors must be done securely and following national guidance.

Within 2 weeks after the pre-invitation letter, the screening hub will ensure an FOBt kit is sent to the participants home address, with instructions as to how to complete the kit that they have been sent and how to return it to the laboratory for analysis.

## 7.4 Self-referrers/Opting in/Permanently opting out (ceasing)

### Self-referrers/Opting in

Individuals from their 75<sup>th</sup> birthday, who are resident in England and registered with a GP, can self-refer to the programme. The potential participant can contact the hub who will arrange for an FOBt kit to be dispatched, if there is not a screening result on BCSS within

the last 2 years. If there is a screening result on the BCSS system within the last 2 years, the screening hub should inform the participant of when they are next eligible to partake in screening.

### **Permanently opting out (Ceasing)**

When a participant is clinically unsuitable for bowel scope screening and/or FOBt, they can be permanently opted-out (ceased) from the programme. This information should be clarified by the hub, with the participants GP or Consultant in writing. This is to ensure there is no misunderstanding and to ensure that they are permanently not going to be eligible to partake in any part of the programme in the future, due to their medical situation.

When a participant makes an informed choice not to take part in FOBt screening, the screening hub needs to ensure the person fully understands their decision and they must send the person the information leaflet about the screening invitation to ensure they are fully informed.

This information needs to be captured in a written format. If the participant is adamant they do not wish to have any future contact with the bowel cancer screening programme, and does not wish to receive an invitation to FOBt screening, a form needs to be signed or written confirmation from the participant requesting that no further contact be made by the NHS BCSP at any time. It should be made clear that they are able to change their decision at any time in the future to opt back into the programme.

Permanently opting out (ceasing) a participant that lacks capacity to make an informed choice or consent, requires serious consideration and where necessary a best interest meeting should be held. This should not be done in isolation and documented evidence of the discussions and professionals involved must be recorded on BCSS.

An annual audit of people permanently opted out (ceased) from the NHSBCSP needs to be carried out by the screening hubs.

## **7.5 Testing FOBt kit**

The screening hub are responsible for processing and analysing the returned screening kits. The test result needs to be entered onto BCSS as this automatically drives the next part of the participants screening episode.

To ensure the accuracy of the result, the screening hub is required to provide an auditable process that must include appropriate failsafe mechanisms. The hubs are also required to follow national guidance and adhere to programme structural standards and have robust quality control (QC) procedures in place.

Sometimes it will be necessary for a participant to repeat their screening kit, due to it being spoilt/not able to be processed. In this situation, the screening hub is responsible for ensuring another kit is sent to the participant with any extra information that they may require to enable them to provide a kit that can be processed, and a result obtained.

## **7.6 FOBt results**

The screening hub are also responsible for providing the participant and their General Practitioner (GP) with a letter containing their FOBt results within 2 weeks, to ensure any unnecessary anxiety is kept to a minimum or if a positive test result there are no delays to the participants pathway.

## Normal result

up-date BCSS with normal result, which will automatically return the person to routine recall in 2 years' time (if they remain in the eligible age range)

print and send normal result letter for participant and GP

## Abnormal result

- up-date BCSS with abnormal result
- ensure that all individuals with abnormal results are booked into Specialist Screening Practitioner (SSP) clinics within appropriate timescales. If there are no available appointments to meet the [standards](#), the screening hub should make contact with the screening centre to inform them and to request more clinic capacity if possible. Screening centres should provide extra SSP clinic capacity if possible, to support national standards
- produce the paperwork for the appointment for each participant
- a letter confirming the time, date and location of their appointment
- a map with the screening centres contact details

## 7.7 Reminders

If no FOBt kit has been received back into the screening hub after 4 weeks, a reminder letter is issued. If no FOBt kit is then received the episode will be closed on BCSS which will automatically return the person to routine recall - sending another screening kit in two years (if the person remains in the eligible age range)

## 7.8 Clinic/procedure

Once the individual attends their first clinic appointment, the lead responsibility for their care transfers from the screening hub to the screening centre. It is advisable to use the automatically generated reports on BCSS to ensure that all persons are progressed through their care pathway in a timely manner

Attendance for a bowel cancer screening procedure will require the participant to be added to the local hospital patient administration system (PAS). This is required to make sure that bowel cancer screening participants are not included in hospital symptomatic activity. They will also need to be added to the local hospital cancer tracker (62-day referral to treatment target).

### SSP Clinic

The Specialist Screening Practitioner (SSP) will conduct an assessment to verify the individual's health status and suitability for a colonoscopy.

- undertake assessment and diagnosis of individuals with abnormal results – providing a 45-minute consultation in the clinic
- prepare the participant for their diagnostic procedure – eg explain diet, bowel preparation etc

- provide date and time for procedure, this should be within 14 days to meet the NHSBCSP [standards](#) – but waiting times should be kept to a minimum in support of other national standards
- accurately record all the information on BCSS
- ensure effective and timely communication with the individuals in a format that the person can understand

## Procedure

There is a requirement for the service to have endoscope processors with data capture to support the taking of photographic images and CO2 for insufflation to improve participant comfort and a recovery area with oxygen and suction. It is also good practice to have a scope guide available for use.

- undertake colonoscopic assessment (or, if indicated, whole colon CT imaging) of individuals who have an abnormal screening result. 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
- accurately record all the information on BCSS
- a clinical member of the bowel cancer screening team or endoscopy nursing team can discharge participants as soon as they are comfortable. They will receive an agreed discharge plan, contact information and instructions as to how to seek emergency help if required
- contact patient at 24hours after colonoscopy for courtesy call and to confirm when they will expect results
- build robust failsafe measures into all stages of the pathway

## 7.9 Diagnose/Histology

Patients who have had tissue samples/polyps removed which require histopathological analysis will be informed of how long it will take to receive their results and how they will be contacted to deliver the findings. Every patient should be offered a face to face consultation to receive their results – but they can opt to receive their results over the telephone if it is deemed appropriate. For patients with an unexpected cancer diagnosis, a face to face consultation must be provided.

Histology sampling in endoscopy will be performed in accordance with local Trust policies and protocols. The process of “right test, right patient, and right result” must be part of this policy.

Pathology reporting must be standardised within the Trust with clear pathways and protocols for the management of pathology specimens, especially if screening is performed on peripheral sites.

Pathology results must be available to meet the NHSBCSP [standards](#) with regards to turn around times.

## 7.10 Procedure Results

Any endoscopic diagnostic procedure undertaken to get a definitive result, should be done as part of the screening pathway and not referred to the symptomatic service - this includes complex Endoscopic Mucosal Resections (EMR's).

Where samples have been taken, the data will need to be entered on to BCSS when the histology report is received. The SSP can enter [all pathology data](#). The Specialist Practitioner (SP) can enter non-adenomatous pathology to advance the episode in BCSS but must not manage participants with adenomatous pathology, this must be undertaken by an SSP.

The screening centre must: -

- ensure that test results are entered onto BCSS and communicated clearly and promptly
- ensure that individuals needing neither cancer treatment nor polyp surveillance are returned to routine screening recall by up-dating BCSS, and that individuals with incidental findings are provided with appropriate advice and referral if necessary (the process for onward referral to symptomatic care should be decided locally. This can either be by the screening centre making the referral and informing the GP or by the screening centre informing the GP for them to decide where to refer their patient)
- have documented pathways agreed with local commissioners, to ensure people requiring on-going surveillance - but will be out of screening age range (75years or over) when their next surveillance episode is due are not lost in the system. This can either be by the screening centre making the referral for surveillance to the symptomatic service and informing the GP or by the screening centre informing the GP for them to refer their patient for the surveillance in the symptomatic service.
- follow up individuals in accordance with national protocols where further investigation as part of the screening pathway is required
- discuss cases in MDTs where appropriate, and refer individuals for urgent treatment outside the programme when cancer is detected

Screening centres must ensure accurate and timely communication and handover across clinical interfaces to reduce the potential for errors and ensure a seamless pathway for patients. It is essential that there always remains clear named clinical responsibility and at handover of care, the clinical responsibility is clarified.

## 7.11 Repeated cancellations or DNA's

Repeated cancellations and Do Not Attends (DNAs) are a very costly waste of resource within the NHS and so it is important for providers to have a focused plan of action to pro-actively manage them.

## 7.12 Cancellations

Participants have the right to cancel their appointment ahead of the appointment time, if they are unable to attend. It is considered good practice to agree a date for another appointment at the time of the cancellation where possible.



Where a participant cancels a subsequent appointment (cancels their 2nd appointment), it will be necessary for a member of the screening team to telephone or write to the participant to explain that no further appointments will be offered unless there are extreme unforeseen circumstances (this is at the discretion of the screening centre). The screening centre is responsible for informing the participants GP and closing the screening episode on BCSS. If the participant does want to be screened, they can contact the screening centre who will provide an appointment if appropriate. Closing of the screening episode enables BCSS to automatically recalculate the participants invitation date for FOBt screening and produces letters to the participant and GP.

### **7.13 DNA's**

If the person does not attend their bowel cancer screening procedure, it will be necessary for a member of the screening centre team to telephone or write to the participant to understand the reason for the DNA. The screening centre should make every effort to explain the necessity of the appointment and arrange another appointment that is suitable. They should also explain that if the person does not attend this 2nd appointment, no further appointments will be offered unless there are extreme unforeseen circumstances (this is at the discretion of the screening centre). The screening centre is responsible for closing the screening episode on BCSS which will produce a letter informing the participants GP and automatically recalculates the participants next screening invitation due date. If the participant does want to be screened, they can contact the screening centre who will provide an appointment if appropriate.

## 8 Workforce and Training

Training and education for all staff groups must be conducted in line with screening hub/ screening centre national programme guidance.

The Providers shall ensure all staff groups engaged in providing bowel cancer screening are trained and complete continual professional development. The Providers should ensure training has been completed satisfactorily and recorded and that there is a system in place to assess on-going competency.

### Hub Director

Each Hub requires a hub director. They must either be GMC registered with FRCPATH membership, or a Consultant Clinical Biochemist with HCPC registration and FRCPATH membership. The person must have sufficient sessions in their job plan to undertake the role of Director.

They:

- are responsible for strategic, professional and operational performance, including quality assurance (QA)
- are responsible for the management and smooth running of the programme hub
- provide advice and support to the programme manager and hub staff
- ensure the hub meets all key performance indicators (KPI's) and any underachievement is acted upon
- participates in root cause analysis of adverse incidents
- ensures close liaison with associated screening centres and other hubs

### Hub Manager

There is a need for a dedicated Hub Manager at each hub, who is operationally responsible for both FOBT and bowel scope screening and is of an appropriate seniority to be accountable and responsible for the management of both programmes.

They:

- manage in conjunction with local screening centres, the flow of patients to SSP and colonoscopy clinics through the monitoring of screening centre invitation plans
- manages the activities of the hub administrative team, including the provision of telephone helpline, production and dispatch of letters, booking nurse clinic appointments and production of activity reports
- manages the activities of the laboratory team

### Hub laboratory staff

The laboratory staff should include a HCPC registered laboratory lead who will oversee the function of the hub, state registered Bio Medical Scientist (BMS) staff and non-registered staff

The state registered staff will be responsible for:

- ensures robust quality control processes and protocols are in place

- ensures FIT results are authorised by a HCPC registered staff prior to results being sent to individuals. This is due to the FIT kit being an analytical test – processed by a machine and checks are required to ensure the results are validated before being released

Non-state registered staff working within the lab will:

- open and log test kits as they arrive into the hub
- process test kits following agreed processes within the hub

### **Administrative staff**

The administration team should include staff to produce and dispatch letters, log test kits and to answer the telephone helpline and deal with any enquiries.

### **Screening Centre Clinical Director**

The Clinical Director for the screening centre must be working at Consultant level directly involved in the screening service with designated sessions in their job plan to provide managerial support for the bowel cancer screening programme. If the Clinical Director is not a colonoscopist screener, then a Clinical Lead that is a colonoscopist screener must be appointed.

They:

- are responsible for strategic, professional and operational performance, including quality assurance (QA)
- ensure endoscopists within the programme meet all key performance indicators (KPIs) and any underachievement is acted upon
- participate in root cause analysis of adverse incidents

The Clinical Director is accountable for ensuring a high-quality effective bowel cancer screening programme on behalf of commissioners, delivered in line with agreed protocols. It is recommended that screening centres have a nominated deputy, to provide clinical leadership in the absence of the Clinical Director.

### **Screening Centre Programme Manager**

There is a need for a dedicated local Programme Manager who is operationally responsible for both FOBt and bowel scope screening and is of an appropriate seniority to manage both programmes. This individual is required to have undertaken BCSS training from NHS Digital.

### **Administration staff**

There is a considerable amount of booking of appointments and changes to screening lists both on internal patient administration systems, cancer tracking systems and within BCSS. The adequate number of administration staff and bookings staff will be an essential part in the efficient running of the programme. These individuals are required to have undertaken BCSS training from NHS Digital.

### **Endoscopy unit workforce**

A minimum of 2 nurses (1 of which must be a registered nurse) must be present during the bowel screening colonoscopy procedure. Where the endoscopist is a nurse, there is still a requirement for 2 additional people – this could be a combination of endoscopy and bowel screening nurses, but at least one must be a registered nurse and with an SSP in addition.

## **Bowel screening endoscopists**

Bowel screening endoscopists must undertake the bowel screening [accredited assessment process](#) and meet the minimum standards and criteria in order to perform colonoscopy/ bowel scope procedures on the screening population.

The endoscopist is required to have at least 1 clinical session per week in their job plan dedicated to providing a colonoscopy screening list and undertake a minimum of 120 screening colonoscopies in a 12-month period. This can include procedures arising from bowel scope referrals.

Nurse endoscopists working alone for evening/weekend sessions (with no medical cover on site) will need local Trust clinical governance protocols to acknowledge autonomous practice.

### **Lead Specialist Screening Practitioner**

The lead specialist screening practitioner (LSSP) plays a pivotal role in leadership of the nursing team. Together with the clinical lead and programme manager they manage the day-to-day operational matters of the bowel cancer screening programme.

The LSSPs are required to lead clinical audit and benchmarking to improve clinical effectiveness in the pursuit of reduction in colorectal mortality and morbidity.

## **Specialist Screening Practitioners**

Specialist Screening Practitioners (SSPs) are required to have commenced on a formal education programme within 12 months of starting in post. The course should be successfully completed for the SSP to remain in post. Screening centres should allocate a mentor for the SSP, for support and on-going assessment. It is also in the screening centres best interest to support some study time, to ensure the SSP successfully completes the course.

An SSP is required to deliver the initial assessment clinic (SSP clinic/ Pre-Assessment clinic) for all people who have had a positive FOBt. The SSP should always also be present in the procedure room during bowel screening colonoscopy sessions, to assist the participant, observe the procedure and input live clinical data into BCSS. They should also support with the delivery of any clinical results.

## **Screening Practitioners**

A screening practitioner (SP) must be a registered healthcare professional. They are not required to undertake any formal training courses other than completing the BCSS training provided by NHS Digital.

They can work in a procedure room and input the information into the data set and support the patient during their procedure but should handover to an SSP if further investigations are required or if cancer results from the procedure are to be given.

## **Lead Pathologist**

Each screening centre requires a Lead Pathologist to provide support to the reporting Histopathologists working in the BCSP. All Histopathologists reporting pathology samples for the programme are required to participate in the EQA scheme and adhere to RCPATH and [NHSBCSP](#) guidelines.

## **Lead Radiologist**

Each screening centre requires a Lead Radiologist to provide support to the radiographers and radiologists working with people from the NHSBCSP. Radiologists reporting images on behalf of the NHSBCSP need to adhere to RCRad and NHSBSCP guidelines.

## 9 Increasing uptake

Bowel cancer screening is aimed at people from the age of 60 – many of whom will still be working, hence screening centres should be looking to deliver weekend and evening bowel screening clinics and lists as well as those during normal working hours to improve accessibility.

Consideration should be made for providing services in local community hospitals, independent treatment centres, mobile screening facilities, and local GP health centres, providing the facility meets the required criteria for delivering a BCSP screening clinic or colonoscopy list – ensuring robust plans for patient safety, if there is a requirement for acute medical/surgical intervention.

All applications for additional screening sites should be submitted to regional SQAS for approval and have commissioner support.

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.
- increasing screening uptake and accessibility is both the responsibility of the screening hub and screening centre alongside their commissioners
- text reminder services be used by screening centres, according to individual Trusts local guidelines
- providers, commissioners and local authorities are encouraged to pilot, evaluate and publish 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
- providers share new and emerging knowledge via the screening inequalities network and [blogs](#). PHE national team can support the sharing of this information and assist with the construction of blogs if needed.

## 10 Information technology

The existing BCSS IT information system is bespoke for the bowel cancer screening programme and supports all elements of the bowel screening pathway. Both screening hubs and screening centres are required to use BCSS to manage people through the screening process, and to capture key screening data/ outcomes promptly and accurately along with timely communication. Using BCSS ensures that automatic failsafe processes are in place (e.g. when a person moves location, there is automatic recognition of this once a person re-register with a new GP)

Bespoke training was provided by NHS Digital to all people working in the NHSBCSP when each hub and screening centre joined the programme. As new staff join they are required to have training on BCSS usually delivered by NHS Digital to ensure quality and [governance](#).

The screening centre and endoscopy unit where bowel cancer screening is taking place, needs to have computer terminals and printers in close proximity, to enable the printing of endoscopy reports for an efficient discharge process.

# 11 Information Governance

All providers are required to: -

- comply with the statutory data protection requirements of the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018 (DPA 2018)
- comply with the best practice guidance on collecting, analysing and disseminating confidential patient information set out in the NHS Digital (previously the Health & Social Care Information Centre) Code of Practice on Confidential Information
- comply with the best practice guidance on the management of screening records set out in the Information Governance Alliance Records Management Code of Practice for Health and Social Care 2016
- achieve, or have in place an improvement plan to achieve, at least the 'good' performance standard for the NHS Digital Data Security & Protection Toolkit
- only access screening records held in PHE controlled IT systems that are to be used for multi-centre audit, evaluation and research purposes through the PHE Office for Data Release (ODR)

## 11.1 Data and Intelligence

The collection, analysis and comparison of good quality data is critical for the all NHS screening programmes in England. Monthly data is provided by PHE to NHS England as part of the data sharing agreement for Section 7a screening services, to support the monitoring of bowel cancer screening programme.

PHE Screening aims to develop a consistent approach to data collection and reporting across all screening programmes and is committed to making sure that stakeholders have access to:

- reliable and timely information about the quality of the screening programme
- data at local, regional and national level
- quality measures across the screening pathway without gaps or duplications

BCSS uses personal details from GP practice registration just before people become eligible to invite them to participate in the programme. The Secretary of State for Health has given special permission to do this on the basis that cancer screening is in the public interest (Section 251 of the NHS Act 2006).

The NHS BCSP is reliant on GP practices cleansing their practice lists to provide accurate information that is then automatically shared with BCSS, to ensure the eligible population is invited to the programme at the correct time.

Data is collected on each screening 'episode' while people remain eligible. Data on clinicians involved in the screening process are also collected to ensure the programme maintains the highest clinical standards.

Where people move outside England and de-register from their GP practice, BCSS retains their data in case they return in the future and need to be screened again. When people reach the age where routine screening ceases (their 75th birthday) their data is retained in case they decide to self-refer (opt in) to the programme.



Data from the programme is used to assure the quality and safety of screening and to evaluate and improve the way the screening process works. Data may be shared with university research departments where they have the legal and ethical permission to access it. This is overseen by PHE's Research Advisory Committee (RAC) and the Office of Data Release (ODR).

The [NHS national data opt out](#) should be applied to any personal data used as part of the bowel cancer screening programme which is shared for research.

## 12 National Standards and Quality Assurance

PHE Screening Quality Assurance Service (SQAS) systems support commissioners and the providers in the quality and clinical governance aspects of the service so that core processes are safe, and the programme achieves better outcomes. The SQAS regional teams will give ample notice to providers about QA visits – these will have a maximum interval of 5 years, but this is decided by an annual review process.

The Provider shall always cooperate and participate fully in national Quality Assurance processes, co-operate in undertaking ad-hoc audits and reviews as requested by SQAS. Commissioners may request other ad hoc audits from time to time, for example support with Health Equity Audits. Hub and Screening Centres should co-operate with such requests.

The Provider shall ensure that it submits the following to SQAS: -

- self-assessment questionnaires/tools and associated evidence - annually
- audits or data relating to nationally agreed internal quality assurance processes incidents and serious incidents as they occur in accordance with the [policy](#).
- agreed data and reports from external quality assurance schemes, including national QA data collections on service and clinician specific activity
- minimum data set as required
- adherence to and submission of any audit requests from SQAS

### 12.1 Performance Thresholds

The Provider will meet the acceptable and work towards the achievable [programme standards](#). Where national recommendation for acceptable standards, KPIs and the results of internal and external quality assurance checks are made, the Provider will be expected to develop action plans. The plan will respond to any performance issues highlighted by the commissioners, having regard to any concerns raised via any feedback from service users. The plan will contain defined timescales and responsibilities and will be agreed with the commissioners.

The acceptable threshold is the lowest level of performance which screening services are expected to attain. All screening services should exceed the acceptable threshold and have plans to meet the achievable threshold. Screening services not meeting the acceptable threshold are expected to put in place recovery plans to deliver rapid and sustained improvement.

The achievable threshold represents the level at which the screening service is likely to be running optimally. All screening services should aspire to attain and maintain performance at or above this level.

Screening standards give a high-level overview of the quality of screening programme at key points on the screening pathway. They contribute to the quality assurance of the screening programme but are not, in themselves, sufficient to quality assure or performance manage screening services.

To ensure the quality of the screening procedures, bowel cancer screening patients need to be scoped on dedicated screening lists. There should be a maximum of 4 index BCSP colonoscopy patients on a screening list at any time. If the screener is in agreement, a site check patient may be added to the end of the list.

## 12.2 Safety concerns, bowel screening adverse incidents (AVI's), safety incidents and serious incidents

It is expected that: -

- providers will comply with [Managing Safety Incidents in NHS Screening Programmes](#). This is PHE's national guidance for the management of safety concerns and incidents in screening programmes. All suspected screening incidents are to be reported to the regional SQAS team and the local Screening and Immunisation team
- providers will also comply with NHS England's [Serious Incident Framework](#) until updated guidance is issued by NHS Improvement

## 12.3 Risk Management

The Provider shall have internal quality assurance and risk management processes in operation always and be able to demonstrate to the Commissioner that those processes are commensurate to the risks, quality assurance issues and best practice.

The Provider will be able to demonstrate that they have audited procedures, policies and protocols in place to ensure best practice is consistently applied for all elements of the screening programme.

The Provider shall:

- ensure that mechanisms are in place to regularly audit implementation of risk reduction measures and report incidents
- ensure that appropriate links are made with internal governance arrangements, such as risk registers;
- review and risk assess local screening pathways
- work with the Commissioner and SQAS to develop, implement, and maintain appropriate risk reduction measures

On a quarterly basis high scoring risks will be identified and agreed between the Provider and the Commissioners and plans put in place to mitigate against them. It is expected that Providers will investigate anything outside the acceptable levels.

Failsafe systems must be able to identify, as early as possible, people that may have been missed or where screening results are incomplete.

**Where SQAS believe there is a significant risk of harm to the population, they will recommend to commissioners to suspend a service.**

# 13 Clinical and Corporate Governance, Accountability and Oversight

The Provider shall ensure that:

- an appropriately skilled and competent executive officer within its organisation is accountable for, and oversees, the service.
- the Provider's board of directors is part of the clinical governance procedures and must be responsible for receiving assurance on the quality of the service
- the providers trust board should sign off the annual report
- there is appropriate internal clinical oversight of the service and have its own management and internal governance processes
- an internal multi-disciplinary operational group is established and that it meets quarterly as a minimum, with minutes/action notes as evidence of the discussions

## 13.1 Programme board

The programme board is chaired by the regional commissioner, but the provider must:

- ensure co-operation with and representation on the local screening oversight arrangements/ structures
- ensure good governance of the screening programme; a screening programme board must meet at a minimum of every 6 months, at a schedule agreed with commissioners
- for the hubs – this should include hub director or hub manager (both if possible)
- for screening centres – this should include clinical director or programme manager (both if possible), lead SSP (or nominated SSP), representative from the administration staff, screener representative, lead pathologist (or nominated other pathologist), lead radiologists (or nominated other radiologist) and radiographer if possible, commissioners, public health and PHE SQAS representative. The programme boards must consider service user engagement and involvement.

## 13.2 Governance policies

The Provider must have an appropriate governance framework in place that has been approved by the Commissioner, covering the following aspects of the Services:

- Information governance/records management
- Equality and diversity
- User involvement, experience and complaints
- Failsafe procedures,
- Risk register & mitigation plans

## 14 Safeguarding

Safeguarding vulnerable people is at the heart of all health service delivery. NHS England and the Providers are required to ensure that services adhere to local multi agency safeguarding policies and procedures, have appropriate training in place and arrangements to work with local authorities and partner agencies through safeguarding boards and other relevant bodies