Northern Ireland Bowel Cancer Screening Programme

Quality Assurance Standards and Criteria

This is the first version of this document approved for use in the Northern Ireland Bowel Cancer Screening Programme. Because the programme is just beginning at the time of writing, it is anticipated that the document will be subject to ongoing change and improvement. If you would like to suggest a change please do so by contacting Dr Tracy Owen at the Quality Assurance Reference Centre (QARC) tracy.owen@hscni.net

These changes will be version controlled, led by the Quality Assurance Director for the Programme. Any updated versions will be circulated and old versions should be withdrawn. Up to date versions will be held on the Northern Ireland Bowel Cancer Screening Programme website www.cancerscreening.hscni.net

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General Standards

Standard

1. An effective bowel cancer screening programme is available and offered to all eligible people within Northern Ireland registered with a GP.

Criteria

a) There are clearly defined arrangements for managing the Bowel Cancer Screening Programme in Northern Ireland. Overall responsibility lies with the Regional Director of Public Health, Public Health Agency.

b) The Health and Care Number should be used as the unique identifier at all steps of the person's journey through the screening programme.

c) There is a designated team and lead clinician for the Northern Ireland Bowel Cancer Screening Programme in each Trust. The team should comprise representation from the following services:
   - Colonoscopy
   - Pathology
   - Radiology
   - Management
   - Colorectal surgery
   - Nursing and Specialist Screening Practitioner

d) Each Trust has responsibility for meeting criteria specified by the Northern Ireland Bowel Cancer Screening Programme.

e) Each Trust must collect a minimum data set as requested by the Northern Ireland Bowel Cancer Screening Programme for monitoring and quality assurance of the programme. Data should be submitted electronically to the Public Health Agency on a quarterly basis.

f) The Public Health Agency will monitor effectiveness of the programme.

g) Each Trust must comply with the Northern Ireland Bowel Cancer Screening Programme protocols.

h) There is a regional multi-disciplinary Bowel Cancer Screening Co-ordinating Group with public involvement which meets at least annually. This group will review local performance data, address quality assurance recommendations and produce a report annually.

Standard

2. All eligible people in Northern Ireland will be offered bowel cancer screening every two years. The number of people responding to bowel cancer screening invitations is maximised within the principles of informed choice.

Criteria

a) There is a plan to maximise informed uptake for the local population profile including vulnerable groups.

b) There is a plan for the implementation of the programme.

Call / Recall Standards

Standard

3. Effective call and recall arrangements are in place to ensure all eligible people are invited for screening according to protocols.

Criteria

a) When the programme is fully implemented 100% of the eligible population will have received their first invitation for screening within 24 months of entering the eligible age group for bowel cancer screening.

b) When the programme is fully implemented 100% of the eligible population are recalled for screening within 24 months of either:

   i. their previous invitation, if they didn't respond, or
   ii. their last test result, if they did respond,

   providing the person is not suspended or ceased from the programme.

c) There are mechanisms to identify people who do not respond and offer them a further opportunity to respond within the screening round.

d) There are mechanisms in place to cease or suspend people from the programme.

e) There are mechanisms in place to ensure people who do not attend assessment appointments are offered an opportunity to rebook an assessment appointment.

f) There are failsafe procedures in place, appropriate to the outcome of the screening episode.

Screening Process Standards

Standard

4. Written information will be sent to all eligible people with the test kit and invitation letter. The information will give a full explanation of the screening process, and provide balanced information on the benefits and risks of screening.

Criteria

a) Written information will be given to all eligible people explaining the benefits and risks of screening and the significance of positive and negative results.

b) All people invited for screening are given appropriate standardised information explaining how to undertake the screening test and return it to the screening centre.

c) All people invited for screening are given appropriate information explaining that colonoscopy or other appropriate test will be offered if their screening test result is positive.

d) Information is made available in different formats and languages appropriate to the needs of the person.

Standard

5. Written information will be sent to all screening participants who have returned a faecal occult blood test (FOBt) / faecal immunochemical test (FIT) kit. The information will give a full explanation of the meaning of the results and the screening pathway.

Criteria

a) Information is made available in different formats and languages appropriate to the needs of the screening participant on request.

b) Screening participants receiving a negative result are informed of the limitations of the screening test. Screening participants are advised to be observant of and report relevant symptoms to their GP.

c) The letter sent to screening participants with a positive screening result will be accompanied by a standardised information leaflet explaining the significance of a positive result in terms of further investigation and possible outcome.

d) The letter sent to screening participants with an equivocal screening test result contains standardised information explaining the significance of an equivocal result and a further test kit.

e) The letter sent to screening participants whose screening test kit was unusable contains standardised information explaining the significance of an unusable result and a further test kit.

f) The letter sent to screening participants with a positive screening test result gives a date for a face-to-face assessment with a Specialist Screening Practitioner, with a telephone number to contact to re-arrange the appointment if not suitable.

Standard

6. There is an adequately staffed helpline to support the Northern Ireland Bowel Cancer Screening Programme.

Criteria

a) The free-phone helpline is staffed continuously between 9.00am and 5.00pm, Monday to Friday, excluding bank holidays.

b) Outside working hours a recorded message advises callers of the hours the helpline is staffed.

c) Arrangements should be in place for the provision of additional means of communication to the helpline e.g. 24hr answer service, email.

d) Helpline staff should have access to translations of bowel cancer screening leaflets and letters.

e) All staff involved with the screening helpline must receive relevant training before undertaking unsupervised work.

f) All staff involved with the screening helpline undertake annual update training.

g) The time taken to answer calls to the telephone helpline is audited.

h) Calls to the helpline will be recorded for quality assurance and training purposes and callers will be informed.

i) Individual staff members' activity will be audited including the number of calls taken and the duration of calls.

j) The call volume, nature, date and time of day will be logged and audited to ascertain if the helpline is staffed appropriately.

Standard

7. The time between returning the screening test and receiving the result is minimised. At least 95% of screening participants returning a screening test are sent a result letter within 7 calendar days of receipt of the test result by the screening centre.

Criteria

a) All test kits received by the screening laboratory are tested within 2 working days of receipt in the laboratory.

b) 100% of positive results will be validated within 1 working day of being tested.

c) The screening centre is notified of a positive result on the day the test result is validated.

d) Positive results letters are normally posted first class within 1 working day of validation.

e) In at least 95% of cases, screening participants are sent their screening test result within seven days of the result being validated in the screening laboratory.

f) In at least 95% of cases, GPs are sent information on screening participants with a positive screening test result within seven days of the result being validated in the screening laboratory. The GP should get the result first so that he/she is aware in advance of any call by their patient.

Laboratory Process Standards

Standard

8. The laboratory providing bowel screening test analyses meets recognised professional standards.

Criteria

a) All bowel cancer screening laboratory staff receive relevant training before undertaking unsupervised work.

b) All bowel cancer screening laboratory staff should undertake regular updates organised by the Northern Ireland Bowel Cancer Screening Programme and undertake appraisal and continuous professional development.

c) The screening laboratory holds or is working towards accreditation from Clinical Pathology Accreditation (UK) Ltd.

Standard

9. The quality of the bowel screening laboratory test analyses is continually assessed and monitored, and there is evidence of internal quality control, external quality assessment and quality assurance.

Criteria

a) Internal quality control procedures are undertaken and documented.

b) The laboratory demonstrates overall satisfactory performance in an accredited independent national external quality assessment scheme (EQAS).

c) The laboratory demonstrates overall satisfactory performance in an accredited independent national technical quality assessment scheme (TQAS).

Pre-Colonoscopy Assessment Standards

Standard

10. The interval between receiving a positive faecal occult blood test (FOBt) / faecal immunochemical test (FIT) result and Specialist Screening Practitioner assessment is minimised. The first offered appointment is within 14 calendar days of the participant contacting the Call / Recall Centre to arrange a pre-colonoscopy assessment, following receipt of notification of the positive FOBt / FIT result.

Criteria

a) Screening participants who have had a positive FOBt / FIT result will be sent a letter and an information leaflet advising them of the positive result, and asking them to contact the Call / Recall Centre within 3 working days to arrange an appointment date for a face-to-face screening colonoscopy pre-assessment with a Specialist Screening Practitioner.

b) The first offered appointment will be within 14 calendar days of the participant contacting the Call / Recall Centre to arrange a pre-colonoscopy assessment, following receipt of notification of the positive FOBt / FIT result by the screening participant.

c) There will be arrangements in place to identify all screening participants who do not respond to letters advising them of the positive result, and to remind them that they can contact the Call Recall Centre to book an appointment at any time in the future.

d) The first available appointment and chosen appointment must be documented for audit purposes.

Standard

11. Screening participants with a positive FOBt / FIT result are offered assessment by a Specialist Screening Practitioner. They are given appropriate information, and an explanation of why, how and when colonoscopy or other investigations could be undertaken, according to Northern Ireland Bowel Cancer Screening Programme guidelines.

Criteria

a) All screening participants with a positive FOBt /FIT result are offered an assessment. A full explanation of the process of colonoscopy, the possible risks and the possible outcomes is given. The opportunity to discuss any concerns is provided at this stage.

b) Assessment is carried out by a Specialist Screening Practitioner with appropriate skills and knowledge using the Northern Ireland Bowel Cancer Screening Programme Pre-assessment Protocol.

c) The Specialist Screening Practitioner must have undertaken a training programme specified by the Northern Ireland Bowel Cancer Screening Programme.

d) Clear and appropriate pathways are followed for screening participants with a positive FOBt / FIT result who do not proceed for colonoscopy.

e) All screening participants deemed fit and who consent to colonoscopy are offered a date for the procedure at the assessment appointment. This should be within 28 days of the date that the participant contacted the Call / Recall Centre to arrange a pre-colonoscopy assessment, following receipt of notification of the positive FOBt / FIT result.

f) Written information on colonoscopy and bowel preparation will be given to screening participants who have been deemed fit and have accepted the offer of colonoscopy.

g) Bowel preparation medication will be prescribed and distributed according to local protocol.

h) Information on colonoscopy or other appropriate tests will be available in other languages and formats.

i) GPs are informed of all screening participants with a positive screening test result who do not proceed to colonoscopy.

Standard

12. The time between notification of a positive FOBt / FIT result and colonoscopy is minimised. In at least 95% of cases, the interval between the Specialist Screening Practitioner assessment appointment and the first date offered for colonoscopy is within 14 calendar days. In at least 95% of cases, the interval between the participant contacting the Call / Recall Centre to arrange a pre-colonoscopy assessment, following receipt of notification of the positive screening result and the date offered for colonoscopy is within 28 days.

Criteria

a) The first available colonoscopy appointment will be offered to the screening participant.

b) The first available appointment and the chosen appointment for colonoscopy must be recorded.

c) Consent for colonoscopy must be captured using the agreed Northern Ireland Bowel Cancer Screening Programme Consent to Colonoscopy form.

Colonoscopy Standards

Standard

13. Screening colonoscopy is only undertaken by colonoscopists who have been assessed and meet Northern Ireland standards for screening colonoscopists.

Criteria

a) Screening colonoscopists must satisfy the agreed Northern Ireland criteria prior to being approved by the Northern Ireland Bowel Cancer Screening Programme.

b) Colonoscopists providing screening colonoscopy should access regular update sessions as per agreed Northern Ireland protocol.

c) Individual screening colonoscopists must submit colonoscopy reports and audit data as required by the Northern Ireland Bowel Cancer Screening Programme.

d) There is a system for collection of data on screening colonoscopies performed by individual screening colonoscopists.

e) Screening colonoscopists must participate in local and regional multidisciplinary education sessions and management meetings.

f) A lead screening colonoscopist needs to be identified for bowel cancer screening in each Trust, and is responsible for local Trust coordination of the screening programme.

g) There is a system in place to provide screening participants undergoing colonoscopy with an indication of the findings, options and next steps (where appropriate) before being discharged.

h) In at least 95% of cases, GPs are notified of the results of the colonoscopy within seven days.

Standard

14. Colonoscopy is performed in an endoscopy unit that meets the Northern Ireland criteria for Bowel Cancer Screening Colonoscopy Centres.

Criteria

a) Screening colonoscopy is undertaken in a unit participating in the Global Rating Scale.

b) All Screening Colonoscopy Centres must comply with the protocols and standards of the Northern Ireland Bowel Cancer Screening Programme.

c) All Screening Colonoscopy Centres must submit data requested by the Northern Ireland Bowel Cancer Screening Programme.

d) All Screening Colonoscopy Centres are expected to participate in Joint Advisory Group on Gastrointestinal Endoscopy (JAG) visits.

e) All Screening Colonoscopy Centres will facilitate visits from the Northern Ireland Bowel Cancer Screening Programme and external Quality Assurance Teams as requested.

Radiology Standards

Standard

15. If colonoscopy is incomplete further investigation is carried out to ensure the entire large bowel has been seen.

Criteria

a) Repeat colonoscopy should be considered if the initial procedure was limited by suboptimal bowel preparation. A date for repeat colonoscopy is given within 24 hours of the day of the incomplete colonoscopy and the procedure will be undertaken within 28 days for 100% of screening participants.

b) CT colonography (CTC) or double contrast barium enema (DCBE) is offered depending on local protocol and screening participant suitability.

c) A date for CT colonography or double contrast barium enema is given within 24 hours of the day of the incomplete colonoscopy.

d) The first available appointment and the chosen appointment for further investigation must be recorded.

e) Following incomplete colonoscopy further investigations will be undertaken within 28 days for 100% of screening participants.

f) Radiological investigations must be reported by named individuals who can demonstrate that they are suitably trained.

g) All double contrast barium enema should be double reported.

h) The referring screening colonoscopist will receive the results of all investigations within 7 calendar days of the final procedure.

i) Named individuals should participate in local and multidisciplinary education sessions and management meetings.

j) Trusts should submit radiology reports and audit data as requested by the Northern Ireland Bowel Cancer Screening Programme.

Standard

16. If a screening participant is not deemed fit for colonoscopy, yet might be suitable for radiological investigation, further investigation is carried out to ensure the entire large bowel has been seen. The first available appointment offered for an alternative investigation is within 14 calendar days of the clinician's decision.

Criteria

a) There is a clinician agreed individual management plan for all screening participants deemed unfit for colonoscopy.

b) CT colonography (CTC) or double contrast barium enema (DCBE) is offered depending on local protocol and screening participant suitability.

c) All screening participants requiring a CT colonography or double contrast barium enema are given a date for the procedure on the day they are deemed unfit for colonoscopy.

d) The first available appointment and the chosen appointment for further investigation must be recorded.

e) Radiological investigations must be reported by named individuals who can demonstrate that they are suitably trained.

f) All double contrast barium enema should be double reported.

g) The referrer will receive the results of all investigations within 7 calendar days of the final procedure.

h) Named individuals should participate in local and regional multidisciplinary education sessions and management meetings.

i) Trusts should submit radiology reports and audit data as requested by the Northern Ireland Bowel Cancer Screening Programme.

Histopathology Standards

Standard

17. Histopathology must be reported in a timely manner and within recognised professional standards.

Criteria

a) Histopathology reporting is in accordance with the Royal College of Pathologists guidelines, as applicable to the specimen type being reported and should include a clear indication of the main diagnosis.

b) Histopathology reports are authorised and relayed to referrer within 7 calendar days of receipt of the specimen in the laboratory.

c) All specimens should be identified using the Health and Care Number of the screening participant.

Standard

18. All Trust histopathology laboratories participating in the Northern Ireland Bowel Cancer Screening Programme should hold or be working towards achieving CPA accreditation within the agreed time limit and must retain CPA accreditation. All laboratory procedures should be undertaken in an appropriate laboratory.

Criteria

a) Every laboratory must be under the supervision of a consultant pathologist personally responsible for reporting abnormal specimen results. This consultant must be contractually responsible for delivering a quality service to an agreed specification.

b) In every laboratory there must be clear documented lines of accountability.

c) Screening specimens must only be examined by suitably trained medical staff and biomedical scientist staff.

d) All screening results must be validated by a named screening pathologist.

e) There should be double reporting on all specimens where there is a diagnosis of polyp cancer or any uncertainty over the histological diagnosis.

f) Trusts must have a pathway for discussion of polyps or other lesions that are difficult to interpret.

Standard

19. Trust pathology laboratory staff working within the Northern Ireland Bowel Cancer Screening Programme must remain up to date in their knowledge base and be appropriately trained and monitored according to the local management structure.

Criteria

a) New and existing staff involved in Northern Ireland Bowel Cancer Screening Programme reporting will be required to undertake training organised by the Northern Ireland Bowel Cancer Screening Programme and participate in regular updates.

b) Regular audit or discussions among relevant professionals must be held in each laboratory to include discussion of interesting and problem cases.

c) Update training and close monitoring of work must routinely follow when staff are absent for a period exceeding 3 months according to local protocol.

d) All staff have access to the Northern Ireland Bowel Cancer Screening Programme standards and protocols for laboratories.

e) The laboratory demonstrates overall satisfactory performance in an accredited independent national technical quality assessment scheme (TQAS) and pathologists reporting specimens for the Northern Ireland Bowel Cancer Screening Programme shall participate in the national external quality assurance scheme (NEQAS) for Bowel Screening Pathology.

Referral Pathways Standard

Standard

20. Screening participants with malignant results will be referred to the Multi Disciplinary Team (MDT) in a timely and appropriate manner. Following a diagnosis of cancer participants must be referred to the colorectal MDT on the day of confirmation of histology.

Criteria

a) If a cancer is diagnosed by histopathology the result must be conveyed by the Specialist Screening Practitioner to the screening colonoscopist for referral to the MDT on the day of confirmation of histology. The SSP will inform the screening centre. The screening participant's care should be managed and coordinated according to local protocol.

b) There must be a local protocol for conveying the result to screening participants and referring to appropriate clinicians within the MDT.

c) Local protocols should be in line with national guidance on referral to MDT.

d) Specialist Screening Practitioners should ensure that all colonoscopy specimen results are relayed to the referrer within 7 calendar days of colonoscopy.

Evaluation and Performance Management Standard

Standard

21. Trusts must comply with the Northern Ireland Bowel Cancer Screening Programme quality and performance management framework.

Criteria

a) Trusts must submit data as required by Northern Ireland Bowel Cancer Screening Programme for monitoring and quality assurance purposes.

b) Trusts must agree a mechanism for regular review of performance and audit reports by the Trust Bowel Cancer Screening Management Group.

c) Where deficiencies are identified, action plans should be developed by the Trust's lead clinician for bowel cancer screening to address any problems. These should be agreed with the Regional Quality Assurance Director for the Northern Ireland Bowel Cancer Screening Programme.

Risk Management and Incident Reporting Standard

Standard

22. Trusts must have appropriate mechanisms in place for managing and reporting risk, incidents, complaints or claims.

Criteria

a) Feedback is given to the local Trust Bowel Cancer Screening Management Group in order to learn from events.

b) Incidents, complaints or claims must be reported to the Northern Ireland Bowel Cancer Screening Programme using agreed mechanisms.

c) Where deficiencies are identified, action plans should be written to address these and agreed with the Regional Quality Assurance Director for the Northern Ireland Bowel Cancer Screening Programme.

Programme Statistics Standard

Standard

23. Data is captured for key quality and performance indicators.

Criteria

a) There is a mechanism to routinely capture data in the required format as requested by the Northern Ireland Bowel Cancer Screening Programme.

b) There is a mechanism to receive information from and feed back to the Health and Social Care Services.

c) Quarterly statistics will be reported to the Regional Public Health Agency. Annual statistics will be reported 6 months after the end of the financial year.

IM&T Standard

Standard

24. IM&T systems and equipment are fit for purpose, provide resilience, are well supported, and are developed to continue to support the Northern Ireland Bowel Cancer Screening Programme. Users must be provided with sufficient regular training to maintain expertise in the use of IT systems.

Criteria

a) There is regular review of equipment and infrastructure and its funding required for the programme. There is sufficient equipment and a documented business continuity plan to ensure services are maintained.

b) There are sufficient staff and suitable mechanisms to provide effective and efficient IM&T support for the Northern Ireland Bowel Cancer Screening Programme.

c) There are suitable maintenance contracts and service level agreements to ensure equipment and systems are maintained, and systems developed to meet the changing requirements of the Northern Ireland Bowel Cancer Screening Programme.

d) There are sufficient resources to provide regular training on key systems to ensure users' expertise is maintained.

e) There are regular reviews to ensure systems are aligned with local strategies.

f) There are regular reviews and audits to ensure systems meet regional IT security standards.