

Bowel Screening

Standards

March 2015

Healthcare Improvement Scotland is committed to equality and diversity. We have assessed these standards for likely impact on the nine equality protected characteristics as stated in the Equality Act 2010 and defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. A copy of the impact assessment is available upon request from the Healthcare Improvement Scotland Equality and Diversity Advisor.

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About Healthcare Improvement Scotland

We believe that every person in Scotland should receive the best healthcare possible every time they come into contact with their health service.

We have a key role in supporting healthcare providers to make sure that their services meet these expectations and continually improve the healthcare the people of Scotland receive.

We are part of NHSScotland and have four principle functions:

- providing sound evidence for improved healthcare, through the Scottish Medicines Consortium, the Scottish Health Technologies Group, and the Scottish Intercollegiate Guidelines Network
- supporting the delivery of a safer health service and the reliable spread of best practice in quality improvement
- ensuring the effective participation of the public in the design and delivery of healthcare, principally through the Scottish Health Council, and
- scrutinising and quality assuring the provision of healthcare.

Our work programme supports the healthcare priorities of the Scottish Government, in particular those of NHSScotland's Healthcare Quality Strategy and the 2020 Vision.

For more information about our role, direction and priorities, please visit:

www.healthcareimprovementscotland.org/drivingimprovement.aspx

Background

Revision of the bowel screening standards

Healthcare Improvement Scotland, previously NHS Quality Improvement Scotland, published the national *Clinical Standards for the Bowel Screening Programme*¹ in February 2007. These standards were used to support implementation, monitor and quality assure the Scottish Bowel Screening Programme.

A national multidisciplinary project group was set up to review these standards to ensure:

- the Scottish Bowel Screening Centre provides a quality-assured, safe, effective and person-centred screening service to the people of Scotland, and
- NHS boards have the most current and evidence-based standards to provide local bowel screening and treatment services.

This group was chaired by Professor Bob Steele, Clinical Director, Scottish Bowel Screening Programme with representation from NHS staff and members of the public (membership is detailed in Appendix 1).

Why these standards are important

Bowel cancer (or colorectal cancer) is a major public health problem in Scotland. It is one of the three most common causes of cancer diagnosis and death in Scotland. Together, breast, lung and bowel cancer accounted for over 40% of all cancer diagnosed in Scotland in 2012². Each year about 4,000 new cases are diagnosed and 95% of these are people aged 50 years and over³. Although death from bowel cancer is falling among men and women, around 1,600 people die of the disease each year in Scotland³.

Bowel screening can detect blood in the stool. Where this is found, an investigation (usually a colonoscopy) is offered to check for cancer or pre-cancerous signs in the bowel of men and women who otherwise have no symptoms, allowing investigation and treatment to be offered at a very early stage which can mean better chances of survival³.

The Scottish Bowel Screening Programme began in Scotland in 2007 and by December 2009 all NHS boards were participating in the programme. All men and women who have a Community Health Index number and are between 50–74 years old are invited to take part in screening every two years³.

For more information on bowel screening:

- visit www.nhsinform.co.uk/screening/bowel
- visit www.bowelscreening.scot.nhs.uk
- call the Scottish Bowel Screening Centre helpline on 0800 0121 833.

Purpose of these standards

The aim of this document is to set out minimum standards for bowel screening in Scotland. A standard is a statement of an expected level of service which shows delivery of person-centred, safe and effective healthcare, and promotes understanding, comparison and improvement of that care. Standards can be used for national consistency and for local improvement.

Format of these standards

All our standards follow the same format. Each standard includes a statement of the level of performance to be achieved, a rationale providing reasons why the standard is considered important, and a list of criteria describing the structures, processes and outcomes. Within these standards, all criteria are considered essential or required in order to show the standard has been met. At the end of each standard is a list of examples of evidence, matched to specific criteria, which will enable healthcare organisations to show they have met the standard.

Who these standards apply to

These standards apply to all people in Scotland who are eligible to take part in the Scottish Bowel Screening Programme regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation under the Equality Act 2010.

These standards also apply to healthcare organisations in Scotland with responsibility for providing services as part of the Scottish Bowel Screening Programme.

Who these standards do not apply to

These standards do not apply to some people with manual dexterity or visual impairment who cannot complete the bowel screening test.

Other national initiatives

These standards will complement the following national initiatives:

- the Scottish Bowel Screening Key Performance Indicators
- Detect Cancer Early, and
- the Scottish trial of flexible sigmoidoscopy.

Implementation of these standards

Performance against these standards will be measured by Healthcare Improvement Scotland as part of the external quality assurance of health screening services provided by NHSScotland. The National Specialist and Screening Directorate of NHS National Services Scotland will also monitor some areas of these standards as part of its responsibility for the safe delivery of the Scottish Bowel Screening Programme.

Standard 1 – General

Standard Statement 1

Scotland has an effective bowel screening service.

Rationale

Death from bowel cancer can be reduced by effective population-based screening.

References: 4, 5, 6, 7, 8, 9, 10

Criteria

- 1.1 NHS boards and the Scottish Bowel Screening Centre have standard operating procedures for managing bowel screening services which detail lines of accountability.
- 1.2 NHS boards have a designated consultant in public health medicine or registered specialist in public health acting as the bowel screening co-ordinator.
- 1.3 NHS boards have a designated lead clinician.
- 1.4 NHS boards collect a minimum bowel screening dataset for people with a positive screening test result and submit it to Information Services Division Scotland twice a year.
- 1.5 NHS boards have a multidisciplinary team for bowel screening with public involvement that meets annually to review how the service is performing, address quality recommendations and produce an annual report.
- 1.6 Information Services Division Scotland provides annual key performance indicators nationally and locally to all NHS boards.

Examples of evidence of achievement

(NOTE: this list is not exhaustive.)

Practical examples

1. Standard operating procedures. (1.1, 1.2, 1.3)
2. Scottish Bowel Screening Key Performance Indicators report. (1.4, 1.6)
3. Annual reports. (1.5)
4. Minutes of meetings. (1.5)

Standard 2 – Call-recall

Standard Statement 2

Eligible people are invited for screening.

Rationale

There is evidence that population-based screening amongst the age range 50–74 years reduces death caused by bowel cancer.

An effective call-recall service increases the number of people returning the screening test.

Having procedures in place ensures people receive the follow-up appropriate to the outcome of their screening episode. It is important to ensure that people with a positive screening test result, meaning that blood was present, are offered the opportunity to be screened for bowel cancer by undergoing a colonoscopy.

References: 4, 5, 6, 7, 8, 9, 10, 11, 12

Criteria

- 2.1 People between the ages of 50–74 years are invited for screening.
- 2.2 People are recalled for screening every two years.
- 2.3 People who do not respond are identified and offered further opportunities to respond.
- 2.4 People can opt out of the screening programme for an indefinite period. If they opt out, they must sign a disclaimer form which includes information about reinstatement. Their General Practitioner will then be informed.
- 2.5 People aged between 50–74, who have not responded to the screening invitation, can ask for screening at any time if it is more than two years since a valid result was recorded.
- 2.6 People who are over the age of 75 years can request screening at two year intervals if it is more than two years since a valid result was recorded.
- 2.7 NHS boards and General Practitioners are sent information on people with a positive screening test result within 24 hours.
- 2.8 General Practitioners are sent the outcomes of the screening test within 24 hours.

Examples of evidence of achievement

(NOTE: this list is not exhaustive.)

Practical examples

1. Bowel Screening Information System report. (2.1, 2.2, 2.3, 2.5, 2.7, 2.8)
2. Standard operating procedures. (2.1, 2.2, 2.3, 2.5)
3. Disclaimer form. (2.4)
4. General Practitioner letter. (2.4)
5. Scottish Care Information Gateway protocol. (2.6)

Standard 3 – Information on the screening process

Standard Statement 3

Eligible people are provided with information explaining the screening process.

Rationale

Accurate information on how to complete the screening test kit will ensure that people return a kit that can be analysed, reducing the stress of having to do the test again.

Information on the screening process, including benefits and risks, will help people to make an informed decision on whether or not to take part in the Scottish Bowel Screening Programme.

References: 9, 13

Criterion

3.1 People invited for screening are provided with information explaining:

- the benefits and risks of screening
- how to take the screening test
- how to return it to the screening centre
- the significance of both positive and negative screening test results
- how to access other languages, easy to read and other formats, and
- they can call the Scottish Bowel Screening Centre helpline to discuss any bowel screening related questions.

Examples of evidence of achievement

(NOTE: this list is not exhaustive.)

Practical examples

1. Bowel Screening Centre letters. (3.1)
2. Bowel Screening Centre standard operating procedures. (3.1)
3. NHS Inform information leaflet. (3.1)
4. Health Scotland leaflets in other formats and languages. (3.1)

Standard 4 – Uptake

Standard Statement 4

The number of people taking part in bowel screening is maximised within the principles of informed choice.

Rationale

The death rates from bowel cancer can be reduced where around 60% of people take part in a population-based screening programme. Increasing uptake must be achieved by people making informed decisions based on clear information provided on bowel screening.

Engaging with the eligible population is important for maximising uptake. This should include increased effort with hard to reach groups whose rates of uptake tend to be lower. These include deprived communities, black and minority ethnic people, including gypsy travellers, asylum seekers, refugees, the homeless, prisoners, people with learning and physical disabilities or mental health issues and people in long stay institutions.

It is recognised that some people with manual dexterity or visual impairment are unable to complete the bowel screening test.

References: 4, 10, 13

Criteria

- 4.1 60% of women and 60% of men complete the screening test.
- 4.2 NHS boards maximise uptake for screening by ensuring that people are provided with the opportunity to participate regardless of their personal circumstances or characteristics.

Examples of evidence of achievement

(NOTE: this list is not exhaustive.)

Practical examples

1. Scottish Bowel Screening Key Performance Indicators report. (4.1, 4.2)
2. Local strategy or action plan. (4.2)
3. Local audit. (4.2)

Standard 5 – Outcome result

Standard Statement 5

The time between returning the screening test kit and receiving an outcome letter is minimised.

Rationale

People who are waiting for their screening result may experience anxiety which can be reduced by providing them with timely information.

References: 9, 14, 15

Criterion

- 5.1 People, whose identifiable screening test (name, community health index number and kit number) is received in the laboratory, are sent an outcome letter within 10 working days.

Example of evidence of achievement

(NOTE: this list is not exhaustive.)

Practical example

1. Bowel Screening Information System report. (5.1)

Standard 6 – The laboratory process

Standard Statement 6

The laboratory providing bowel screening test analysis meets recognised standards.

Rationale

Accreditation is regarded as a key element in ensuring good clinical governance and high level of test accuracy.

References: 9, 16, 17

Criterion

6.1 The laboratory holds external accreditation to relevant and current International Organization for Standardization standards.

Example of evidence of achievement

(NOTE: this list is not exhaustive.)

Practical example

1. Current certificate of accreditation. (6.1)

Standard 7 – Pre-colonoscopy assessment

Standard Statement 7

People with a positive screening test result are offered a timely pre-colonoscopy assessment and a colonoscopy, if appropriate.

Rationale

Colonoscopy is an essential part of the screening process and there is evidence that patient anxiety is reduced when waiting times are minimised.

Reference: 18

Criteria

- 7.1 People with a positive screening test result are offered a pre-colonoscopy assessment which will include:
- an explanation of the colonoscopy process
 - the possible risks of bleeding or perforation
 - the outcomes (normal, polyps, cancer)
 - written information explaining the above, and
 - the opportunity to discuss any concerns.
- 7.2 Pre-colonoscopy assessment is carried out by registered healthcare professionals who have the relevant skills, knowledge and experience to follow national guidance in assessing risk for the patient having a colonoscopy.
- 7.3 People who have not taken part in a pre-colonoscopy assessment are identified and offered a further opportunity to do so.
- 7.4 General Practitioners are informed of people with a positive screening test result who do not go on to have a colonoscopy.
- 7.5 The time between NHS boards being notified of the positive screening test result and the date offered for colonoscopy is within 31 days for 95% of cases.

Examples of evidence of achievement

(NOTE: this list is not exhaustive.)

Practical examples

1. NHS board bowel screening service audit dataset. (7.1, 7.3, 7.4, 7.5)
2. NHS board bowel screening service lead clinician. (7.2)
3. Job descriptions. (7.2, 7.3)
4. Standard operating procedures. (7.2, 7.3, 7.4)

Standard 8 – Diagnostics

Standard Statement 8

Safe and effective investigation is available to people with a positive screening test.

Rationale

High quality investigation improves outcomes by reducing the risks of complications and of missing polyps and cancers.

References: 19, 20, 21

Criteria

- 8.1 Screening colonoscopy is undertaken in a unit taking part in the Global Rating Scale.
- 8.2 Colonoscopy is carried out by a colonoscopist who can show at least 90% colonoscopy completion, 35% adenoma detection rate and a six-minute withdrawal time for diagnostic colonoscopy in mandatory, continuous audit of screening colonoscopy.
- 8.3 Patients undergoing colonoscopy are informed of the outcome, options and next steps before being discharged home.
- 8.4 If bowel preparation has not been effective in clearing out the bowel, or the entire colon has not been inspected, the patient is offered a date for a computed tomography colonography or repeat colonoscopy to be performed within 14 working days.
- 8.5 Computed tomography colonography is carried out and reported by a suitably trained radiologist or radiographer and the outcome is communicated within seven working days of the examination.
- 8.6 General Practitioners are notified of the results of colonoscopy or computed tomography colonography within seven working days of the examination.

Examples of evidence of achievement

(NOTE: this list is not exhaustive.)

Practical examples

1. Census and other supporting documents. (8.1)
2. Evidence of learning (certificates, personal development plan). (8.2)
3. NHS board bowel screening service audit dataset. (8.2, 8.3, 8.5, 8.6)
4. NHS board bowel screening service protocols. (8.4)

Standard 9 – Histopathology

Standard Statement 9

Histopathology is carried out to a recognised standard.

Rationale

The management of patients with screen-detected neoplasia must be based on accurate histopathology.

References: 22, 23

Criteria

- 9.1 Histopathology reporting is in line with the Royal College of Pathologists standards and the Scottish Intercollegiate Guidelines Network (SIGN) guideline relating to colorectal pathology, if applicable to the specimen type being reported.
- 9.2 Departments reporting bowel screening resection cases are able to demonstrate that their colorectal reporting practice is in line with the audit criteria recommended by the Royal College of Pathologists standards (including lymph node number, serosal involvement and venous invasion).
- 9.3 The pathology department of each NHS board fully participates in the slide review scheme commissioned by the National Specialist and Screening Directorate of NHS National Service Scotland, for known or suspected polypoid carcinoma.
- 9.4 Pathologists reporting bowel screening histopathology specimens fully participate in the UK bowel screening external quality assessment scheme.

Examples of evidence of achievement

(NOTE: this list is not exhaustive.)

Practical examples

1. Audit report of bowel cancer reporting standard. (9.1, 9.2)
2. Standard operating procedures from pathology department (9.2)
3. Database of cases received by the review panel. (9.3)
4. Certificate of external quality assessment scheme participation. (9.4)

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Appendix 1: Bowel screening standards project group membership

Name	Position	Organisation
Professor Bob Steele (Chair)	Clinical Director	Scottish Bowel Screening Programme/ NHS Tayside
Linda Brownlee	Scottish Bowel Screening Service Manager	Scottish Bowel Screening Centre
Frank Carey	Lead Pathologist Bowel Screening Programme	NHS Tayside
Carol Colquhoun	National Screening Coordinator	National Services Division
Jennifer Darnborough	Consultant in Public Health Medicine	NHS Lanarkshire
Bob Diament	Consultant Colorectal Surgeon	NHS Ayrshire & Arran
Audrey Henderson	Public Partner	Healthcare Improvement Scotland
Belinda Henshaw	Senior Programme Manager	Healthcare Improvement Scotland
Karen Linton	Gastrointestinal Nurse Practitioner	NHS Ayrshire & Arran
Andrew MacLeod	Consultant Radiologist	NHS Highland
Michael Macmillan	Public Partner	Healthcare Improvement Scotland
Paula McDonald	Laboratory Team Leader	Scottish Bowel Screening Centre
Fiona McLaren	Senior Programme Manager	National Services Division
Craig Mowat	Consultant Gastroenterologist	NHS Tayside
Jackie Rodger	Colorectal Lead Nurse Specialist	NHS Tayside
Greig Stanners	Senior Information Analyst	Information Services Division Scotland
Judith Strachan	Consultant Clinical Scientist	NHS Tayside
Scott Sutherland	Senior Screening Policy Officer	Scottish Government



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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are part of our organisation.



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