

Quality - What do we expect of you?

Phil Quirke

The same as the:

- Cervical screening programme
- Breast cancer screening programme



That is:

- Standards for reporting
- Good communication between Pathologists and SSP's
- Proforma reporting or structured reports +/- free text
- Return of RCPATH datasets on all cancers/local excisions
- EQA participation of all reporting NHSBCSP material
- Attendance at Regional/National meeting at least once a year
- Audit local as well as central

Structure

- Reporting pathologist
- Lead Trust pathologist
- Regional NHSBCSP quality assurance lead
- Regional quality assurance Director
- NHSBCSP pathology committee
- National Screening Director

Regional NHSBCSP quality assurance lead

- Responsible for the quality of the Trusts within the Region
- Review performance by QA visits
- Central and hub QA data
- Can recommend stopping pathology/pathologist reporting at a Centre

Trust lead

- Responsible for quality of reporting to SSP's and clinicians
- Responsible for reporting of colleagues
- Responsible for their attendance at one meeting a year
- Responsible for CRC returns to Registry and data to the NHSBCSP
- Has the power to stop colleagues reporting in conjunction with the Regional lead for QA
- Concerns about possible poor quality at a Trust will be reported to the Trust lead and Trust management.

Reminder

- Locum reporting is not welcomed and if taking place the Trust has to be able to justify it by proving:
 - EQA participation
 - Prior attendance at NHSBCSP meeting within the year
 - Audited quality reporting by NHSBCSP lead of screening lesions and quality CRC reporting
 - If in doubt discuss with Regional lead.

Next year

2011

- Post roll out
- Get quality in place
- Prepare for flexisigmoidoscopy roll out in 2012
- Ensure you are at the table when the budgets are decided.
- Significant pathology burden – see later

Thanks to:

- Reporting pathologists
- Trust leads
- Regional leads
- Pathology committee
- Julietta Patnick