NHS Bowel Cancer Screening Programme

Bowel scope screening

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Second wave sites workshop
Summer 2014
ROLL-OUT OF BOWEL SCOPE SCREENING
Why are we doing this?

• Reduce incidence of left-sided colorectal cancer by 50% in those who attend for screening after 10 years
• In this way reduce mortality from colorectal cancer
• This is prevention and FOBt is early detection
Flexible-sigmoidoscopy screening

- May 2010: Prof Wendy Atkin publishes 'Flexiscope’ trial results
- Oct 2010: PM announces Flexi-sig programme to commence
- Jan 2011: ‘Improving Outcomes’ strategy for cancer published
- Jan 2011: Pathfinder sites offering Flexi-sig screening to people aged 55 years
- April 2011: National Screening Committee approves Flexi-sig screening
Timeline for delivery

2012/13 - 1\textsuperscript{st} pilot of Bowel scope screening

2013/14 - Pilots & 1\textsuperscript{st} wave roll out of Bowel scope screening
= 30% centres open by 31 March 2014
\textbf{Achieved 36.6\% (22 centres in total)}

2014/15 - 2\textsuperscript{nd} wave roll out of Bowel scope screening
= 60\% centres open by 31 March 2015

2016 - roll out complete!!
Roll out of Pilot sites

- South of Tyne 18 March 2013
- West Kent & Medway 15 April 2013
- Norfolk & Norwich 13 May 2013
- St Mark’s, London 27 May 2013
- Wolverhampton 10 June 2013
- Surrey 8 July 2013
1st wave roll out centres

- Calderdale, Kirklees & Wakefield Nov 2013
- Lancashire Dec 2013
- South Devon Jan 2014
- Bradford & Airedale; County Durham; Tees; Kettering; Sandwell & W Bham; Manchester; Merseyside; Cheshire; North of Tyne; Bristol & Weston; Somerset; St Georges, London; Pennine - all in March 2014
Proposed 2\textsuperscript{nd} wave roll out centres

- 29 Screening Centres:
  
  South Yorks; East Kent; Bedfordshire;
  Gloucestershire; UCLH; Sussex; Oxford; Solent;
  Liverpool & Wirral; Leicestershire;
  Buckinghamshire; South East London; Cumbria;
  Bolton; Western Sussex; South Derbyshire;
  Dorset; Shropshire; West London; Bath, Swindon & Wilts; Cambridge; Cornwall; Hereford & Worcs; East & North Herts; West Herts; North East Devon; North Derbyshire; Lincolnshire
Delivering 2\textsuperscript{nd} wave

• Letter on 24\textsuperscript{th} June 2014 clarifying timelines to be met by Screening Centres
• National Office tel cons through August for current status of Centres
• Bowel scope screening Delivery Board meeting in September to review 2\textsuperscript{nd} wave
• Planning to enable roll out during quarter 4
Bowel scope data at 30 June 2014

- Invitations sent to date: 37,346
- Self refer: 170
- Responded: 17,478
- Reschedule rate: 34.02%
- Attended for bowel scope: 12,295
- Number of FS procedures: 12,192
- Colonoscopies following BSS: 480 (3.94%)
# Bowel scope episode outcomes

- Cancer: 8
- High risk: 74
- Intermediate: 128
- Low risk: 170
- Abnormal, not polyps: 4,718
- Normal: 6,863
- Inadequate outcome: 335
OVERVIEW OF
BOWEL SCOPE SCREENING
Preparing to deliver bowel scope screening

- One-off invitation to all people aged 55 years (with self-referrals up to age 60)
- Process is different to FOBt screening and screening colonoscopy delivery at local level
- Different infrastructure and will need detailed capacity and demand planning
Issues to consider - 1

Sustainability of the service

• Bowel scope screening will be relentless once it starts (start small and increase gradually)

• Bowel scope screening lists must be available – cannot cancel lists when you have invited them in the first place

• People can’t screen all day every day – need a greater pool of endoscopists
Issues to consider - 2

This is like primary care

• People don’t have to attend
• The service has to be local and convenient
• The service has to be an acceptable experience
• Most people (80%) will have a perfectly normal bowel
• The rest won’t have much wrong with them
• Cancer will be a very rare finding
Local delivery of bowel scope screening locally (1)

• Innovative ways of working
• Potential to use community sites and ITCs (JAG approved)
• Working evenings and weekends (this age group are working)
Local delivery of bowel scope screening (2)

• Invitations with booked appointments – initially overbooked
• Will require managing subsequent under/over booking
• Must have capacity for everyone who attends on the day
Estimating demand for bowel scope screening

- For a 500,000 population with approx 1.6% aged 55 years
  
  = 8000 FS invites per annum
  
  = 160 FS invites per week (50 weeks)

- Assume 50% uptake =
  
  8 FS lists (80 people) per week

  PLUS an additional 5% referred for a screening colonoscopy (4 people per week)
Criteria for bowel scope screening

- Waiting times: screening, symptomatic, cancer
- JAG annual accreditation at all sites
- Workforce – all screening staff
- Designated programme manager
- Endoscopy capacity – staff and facilities
- Provision of CO₂ and entonox at all sites
- Single pathology laboratory for bowel samples
- Business case approved (each site)
Endoscopy workforce

- Nurse endoscopists
- SSPs
- Registrars and clinical research fellows
- Staff grades and other non consultant grades
- Screening colonoscopists
QA and QA standards

• QA teams will be supporting screening centres in preparation for bowel scope screening
• Regular update reports to National Office
• QA standards have been developed and under review
• 1st pilot of QA standards at West Kent
Health promotion expectation

• This is a new programme and until you commence, can only estimate demand based on current FOBT programme
• Keep health promotion low key until you can determine what the level of uptake is
• People can self refer between 56 and 59
• Posters and GP information available
NEXT STEPS

• Complete tel con calls with centres and QA

• Continue working with QA and monthly updates to National Office

• National Office will review position of each centre 3 months prior to start date and agree a visit date

• Please let us know as soon as there are changes which affect your ability to start
And finally

- Please contact any of us if you have any queries
- We look forward to working with you over next few months

GOOD LUCK

www.bcsp.nhs.uk
Programme management/Admin

- This is managed and driven by the Screening Centre locally – your lists and you managing the capacity and demand
- Criteria to have a dedicated programme manager overseeing FOBt and bowel scope
- Additional admin to look after the bowel scope screening in the BCSS
- Ensure good cover arrangements
Commissioning and Quality Assurance

Section 7A mandate (National Specification)

Secretary of State

NHS England

4 Regions

27 Area Teams

Commissioning of FOBT

Bowel Screening Centre

Commissioning of FS

Public Health England

National Office (Health and Wellbeing)

8 QA teams

FS site

FS site

FS site

FS site

NHS Cancer Screening Programmes Operated by Public Health England