NHS Bowel Cancer Screening Programme

Wolverhampton Bowel Cancer Screening Centre

Annual Report

April 2015 to March 2016
Introduction

Bowel cancer is the fourth most common cancer in the UK (2012) accounting for 12% of all new cases in the UK. In 2012 there were around 41,900 new cases of bowel cancer in the UK, that’s around 115 people every day. Bowel Cancer is not gender specific with 23,500 males diagnosed and 18,300 females diagnosed in 2012.

Over the last decade, bowel cancer incidence rates have increased by less than a tenth (7%) in the UK. Worldwide, an estimated 1.36 million new cases of bowel cancer were diagnosed in 2012, with incidence rates varying across the world. (Cancer Research UK 2012).

Our service 2015/16

The Wolverhampton Bowel Cancer Screening Centre is based at New Cross Hospital, Wolverhampton and covers the eligible population of Wolverhampton, Dudley, Walsall and the Seisdon peninsula of South Staffordshire. This takes in a total population in excess of 900,000. The Centre is fully rolled out to all eligible patients wishing to partake in the Bowel Cancer Screening and the Bowel Scope Programmes. The service provides six new patient and surveillance clinics weekly, spread across the catchment area. The colonoscopy screening and bowel scope procedures are completed at New Cross Hospital, Wolverhampton and Russells Hall Hospital, Dudley, with a total of six colonoscopy lists and thirteen bowel scope lists running each week. The team is led by Bowel Cancer Screening Clinical Director, Dr Andrew Veitch (pictured), who is supported by five accredited screening Colonoscopists, nine accredited bowel scope Endoscopists, and a team of Specialist Screening Practitioners (SSPs) and endoscopy nurses.
The service is run in accordance with the National Bowel Cancer Screening QA, maintaining timescales and contact time within National Cancer Pathways. In addition to this, Specialist Screening Practitioners complete health promotion activities, and attend operational meetings.

Every three years the endoscopy service as a whole is rigorously examined by the external body, JAG (Joint Advisory Group on GI Endoscopy). The JAG ensures the quality and safety of patient care by defining and maintaining the standards by which endoscopy is practiced. We are extremely pleased to report that the visit in 2015 raised no major issues and the units of New Cross Hospital and Russells Hall maintained their accreditation.

**Activity Overview**

**Bowel Cancer Screening**

The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 74 who are registered with a GP. The Screening Programme aims to detect bowel cancer at an early stage in people with no symptoms when treatment is likely to be more effective.

Residents in this age group will automatically be sent an invitation through the post, followed by their screening kit, so they can complete the test in the privacy of their own home. The GP records provide the contact details, so it is important that they are kept up to date with any changes.

The Faecal Occult Blood test or FOB (occult blood means hidden blood) does not diagnose bowel cancer, but the results will tell whether an examination of the bowel is needed. This is called a colonoscopy.
Bowel Cancer screening can also detect polyps, which are not cancers, but may develop into cancers over time. They can be easily removed at a screening colonoscopy, reducing the risk of bowel cancer developing.

**Bowel Scope Programme**

In 2013, the Royal Wolverhampton NHS Trust in partnership with the Dudley Group of Hospitals Foundation Trust was chosen as one of the six pilot sites to implement Bowel Scope Screening. NHS Bowel Scope Screening is a new test offered to all men and women aged 55, which looks inside the lower bowel. The aim is to find and remove any small growths, called polyps, in the bowel that could eventually turn into cancer.

The Wolverhampton Screening Centre is the first site in the country to offer this new preventative service to the whole of its local population, of which we are very proud.

**Why does the NHS offer Bowel Scope Screening?**

NHS bowel scope screening helps prevent bowel cancer. For every 300 people screened, it stops 2 from getting bowel cancer and saves 1 life from bowel cancer.

Over 3,000 patients have been screened at the Wolverhampton Bowel Cancer Screening Centre since its implementation in August 2013. Despite this, uptake is lower than expected. For those who receive an invite to attend for their bowel scope screening test, encouragement is needed as BOWEL SCOPE SCREENING helps prevent bowel cancer.
## Colonoscopy Screening Activity at Wolverhampton Bowel Cancer Screening Centre - April 2015 to March 2016

<table>
<thead>
<tr>
<th>2015/16</th>
<th>Participants seen in clinic</th>
<th>Diagnostic Tests</th>
<th>Findings at colonoscopy</th>
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<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Number of colonoscopies</td>
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<tr>
<td><strong>MONTH</strong></td>
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<tr>
<td>March</td>
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<td>28</td>
<td>60</td>
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<tr>
<td><strong>SUBTOTAL</strong></td>
<td>576</td>
<td>341</td>
<td>804</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>917</td>
<td>834</td>
<td>389</td>
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### Bowel Scope Activity at Wolverhampton Bowel Cancer Screening Centre - April 2015 to March 2016

Findings at colonoscopy

<table>
<thead>
<tr>
<th>2015/16</th>
<th>Findings at colonoscopy</th>
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<tbody>
<tr>
<td>Number of Bowel Scope attended</td>
<td>Number of Colonoscopies</td>
</tr>
<tr>
<td>4,552</td>
<td>207</td>
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Health Promotion

National Context
This strategy is aimed to build upon national initiatives which seek to raise awareness amongst the general population on the importance of early diagnosis for cancers. Specifically, it builds on the NAEDI campaign (National Awareness and Early Diagnosis Initiative) and the ‘Be Clear on Cancer’ campaigns. Locally, both of these initiatives have been linked to increases in endoscopy activity but the impact this may have had on bowel cancer screening is unknown. Nationally, the target set for uptake of the programme is 52%.

Local Context
The uptake data for the respective CCG’s indicated that there were predominantly two CCG areas not achieving the 52% uptake. Dudley had achieved consistently higher uptake rates than Walsall and Wolverhampton, with South Staffordshire (including Cannock and Stafford) having the highest uptake.

The aim of the strategy was to work with GPs and Practice Managers within those areas of low uptake, to identify ways to reduce barriers to screening. The GP practices with the lowest uptake within Wolverhampton, Walsall and Dudley CCGs would be targeted.

Evaluation
There has been significant Health Promotion activity during the last 12 months which can be summarised as follows:

- Letter circulated to those GP’s with lower than average uptake. The letter highlighted that the practice was below the national average and encouraged engagement. The aim was to increase patient participation in the screening programme. One GP responded and this was followed up with a GP Practice Study Event for Bowel Cancer Screening and supported by the attendance of a Specialist Screening Practitioner.
- Specialist Screening Practitioners attended a practice nurse event held at Bantock Park to promote the screening programme; 32 practice nurses attended.

- Health Promotion Meetings were held at New Cross Hospital with GP Macmillan Leads for Wolverhampton and Walsall and the public health leads for Dudley and Wolverhampton. The group discussed promotional opportunities to include nurse and pharmacy educational events and promotional materials. Local actions were agreed and followed up.

- A press article and patient story published in local Express & Star raised public awareness in the community.

- A meeting held with Cancer Research UK Health Professional Facilitator who agreed a strategy to target GP practices on their visits.

- Attended Walsall CCG Project Meeting (representation included MacMillan Lead GP, Cancer Research UK, Senior Commissioning Manager) to increase the uptake of Bowel Cancer Screening in the Walsall area. On-going support was agreed with literature and planned attendance to launch education events.

- A Specialist Screening Practitioner attended an education event for 20 breast screening staff at Russells Hall.

- Promotional literature was agreed, funded and supplied by Health Promotion Lead Practitioner, PHE Wolverhampton to include 2000 trolley coins and 4000 ‘z’ cards.

- Further on-going support with a Walsall Project group leading up to a launch in March 2016.
Heath promotional activity this year has been based on building relationships and links within the CCGs and cancer services teams. Whilst overall CCG uptake does not show significant changes, we have seen some individual progress within the lowest uptake targeted GP practices. A lot of ground work has been made this year and we feel confident that this will help set the foundations for the forthcoming year.

It is also important to note that we have also used health promotion interactions to increase awareness and encourage uptake of Bowel Scope Screening. We have targeted our own areas, specifically as this is not completely rolled out nationally.

Looking Ahead to 2016/17 Promotional Activity

OBJECTIVES

- To promote uptake of bowel cancer screening, targeting specific localities with GP practice populations with the lowest uptake.

- To evaluate existing local initiatives to further develop and expand across the CCG areas.

- To focus on the people who are being invited for the first time as the uptake amongst this group is the lowest (prevalent round).

- Improve access to information about bowel cancer screening and bowel scope.

Patient Feedback

- I found the staff were wonderful. They took care of me very well.

- Please may I take this opportunity to thank everyone involved in my recent treatment. The care and Consideration I received was excellent.

- All the staff were very kind and helpful, they all made my appointment as easy as possible.
• If I had not carried out the screening bowel test that came through the post, my tumour would not have been detected. I have absolute admiration for the way you test the over 60’s for bowel cancer and your follow up treatment right through to surgery and aftercare. Without your quick actions after detection my situation could have been so different. Many, Many Thanks.

• The care I received before, during, and after my colonoscopy was very good. I can’t thank everyone involved enough, it was first class.

• Doing the screening test was a good decision. The treatment I received from start to end was excellent and I would certainly recommend to anyone. A Big Thanks to all involved! Better treatment than having to through GP.

• Staff were very courteous and kind. Contacted the following day to enquire after my condition. Also to inform me in 7 days for results which they also did. I don’t how you could improve on your services.

• The staff were “Brilliant”. They did have trouble getting the cannula into my hand, but they were very kind about it and the doctor explained why they had a problem. There must be a better taste to the liquid you have to take, it made me feel ‘sick’ towards the end, I can honest say I never felt a thing.

Education Day

Following the success of our Education Day last year, this was repeated in February 2016, headed by our Bowel Cancer Screening Clinical Director, Dr Andrew Veitch, and led by Training Lead and Gastroenterologist, Dr Brian McKaig (pictured). First and foremost, these annual learning symposiums bring together all levels of staff across both sites to ensure the maintenance and consistency of high levels of service. It also promotes good working relationships and understanding between the teams.
Staffing
We were pleased to celebrate significant achievements by SSPs Diane Mathers and Kerry Castle who both obtained their Specialist Screening Practitioner Module awarded by John Moores University. A stipulation of their role of SSP is to pass this during the first year of employment. Furthermore, we welcomed Gemma Fieldhouse who took up a temporary role for maternity cover and, due to the expanding service, has now become a permanent member of the SSP team.

Conclusion
Bowel Cancer Screening is progressing and expanding its reach to capture and encourage patient participation within the catchment areas and beyond. The increase in education and health promotion opportunities have been supported with the full roll out of bowel scope and bowel Cancer Screening to all GP surgeries. We will continue to build upon the foundations of engagement with our CCG partners and contacts in order to promote the service and the benefits of screening to our patients and general public which, in turn, should see an increase in uptake and delivery of the programme as a measurement of our success.