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# NHS Bowel Cancer Screening Programme Annual Report for South West London 2010/11

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## NHS KINGSTON

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## 1. Background

The NHS Bowel Cancer Screening Programme (BCSP) offers screening every two years to men and women aged between 60 and 69 years.

The aim of the BCSP is to detect colorectal cancer at an early stage when treatment would be more effective and less invasive and to identify pre-cancerous polyps which may become malignant. Faecal occult blood test (FOBT) screening of all 60-69 year olds in the population every two years is estimated to reduce colorectal cancer mortality by 16%.<sup>i</sup> It is hoped that the UK programme will reduce the incidence of colorectal cancer by 4% and mortality by 14%.<sup>ii</sup>

Bowel cancer screening was rolled out across South West London during 2006/7 targeting the 60-69 years age group. In addition people aged 70-74 years have been invited for screening programme since early 2011 (age extension). People aged over 74 can refer themselves for screening every two years by calling the national free phone line.

GPs are not directly involved in the delivery of the NHS Bowel Cancer Screening Programme; however they have an important role in encouraging their patients to participate and helping them to make an informed decision. They also receive a copy of the results letters sent to their patients.

In England there are 5 regional hubs which each coordinate up to 20 screening centres. The hub for London is based at Northwick Park Hospital and it manages all of the administrative aspects of the screening programme for London, including call and recall services. Further it processes FOBT kits and arranges appointments with specialist screening practitioners.

Screening centres provide positive FOBT nurse clinics, colonoscopy, alternative imaging, surveillance assessment clinics, 24 hour telephone call clinics and post-investigation histology results clinics. In South West London (SWL), patients with positive results are referred to the SWL Bowel cancer Screening centre (BCSC) at St George's Hospital.

Appendix 1 provides further information about the screening pathway including the FOBT and further investigations. Further information about bowel cancer screening can be found at <http://www.cancerscreening.nhs.uk/>.

## 2. Targets and quality standards

The BCSP is a relatively new screening programme. Its principal quality targets relate to screening uptake and age extension. Performance against these is monitored by regular commissioner-provider meetings and is explored in detail within the next section. In addition to the indicators highlighted in this report there are many more targets for the clinical and non-clinical components of the programme including call-recall delivery.



### 3. Service provision and performance

In 2010/11 over 70,000 people aged 60-69 years were invited to be screened (15,000 increases on the previous year) and approximately 34,000 attended for screening (7000 more people compared to the previous year).

#### Uptake

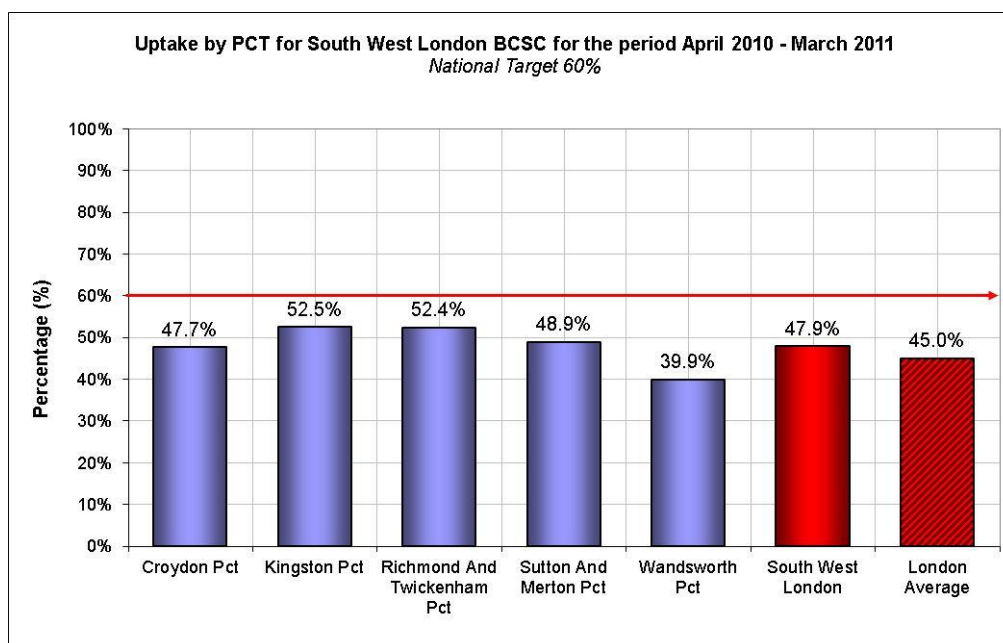
In 2010/11 the uptake was maintained at approximately 48% compared to the previous year, but remained below the target of 60%. Uptake in SWL was highest in Kingston (52.5%) and lowest in Wandsworth (39.9%; see Figure 1).

Table 1

SWL PCT	Invited (60-69)	Adequately screened	Uptake (%)
Croydon	17755	8469	47.7
Kingston	9174	4815	52.5
Richmond and Twickenham	10796	5652	52.4
Sutton and Merton	19725	9648	48.9
Wandsworth	13269	5298	39.9
<b>Grand Total</b>	<b>70719</b>	<b>33882</b>	<b>47.9</b>

Source: London QARC, December 2011

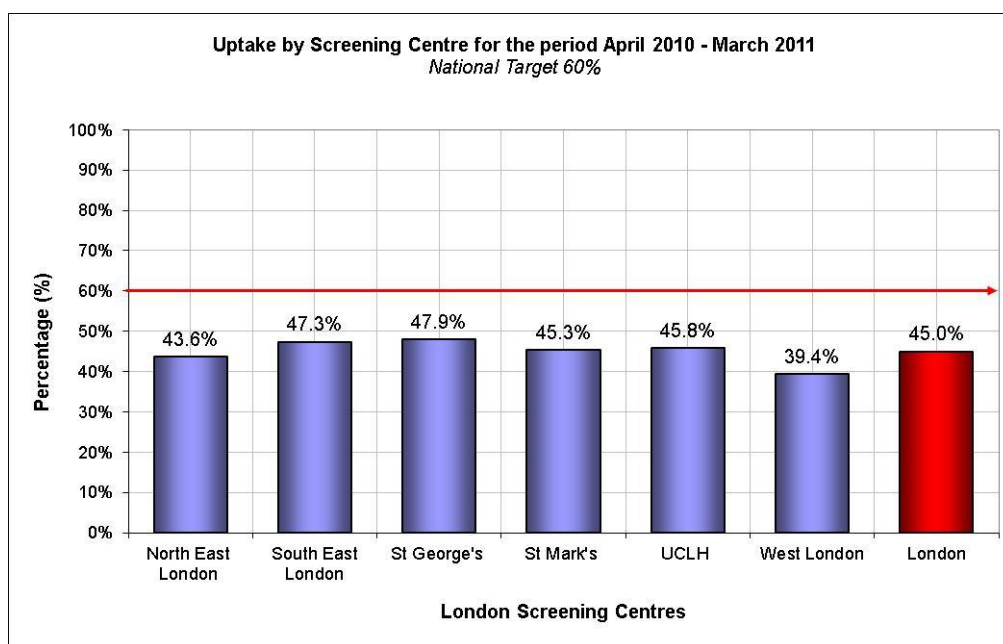
Figure 1



Source: London QARC, December 2011

Amongst the London screening centres the SWL BCSC achieved the highest uptake for its catchment area (see Figure 2).

Figure 2



Source: London QARC, December 2011

In SWL five health improvement specialists (four from PCTs and one from the screening centre) continued to raise awareness of bowel cancer screening within local communities (see Appendix 2). Clearly there is further promotion work to be done to engage local populations. A national bowel cancer awareness campaign will take place in January to March 2012 and local awareness raising will continue alongside this campaign.

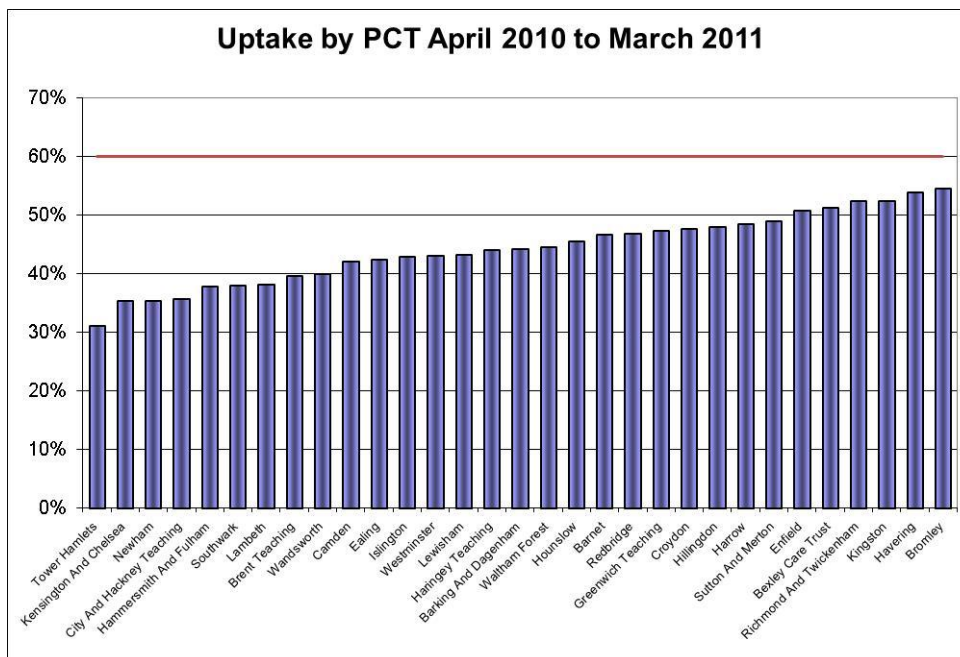
In SWL approximately 2.6% of FOBt results were 'positive' (positivity rate) indicating a potential abnormality (see Table 2). It appears that positivity and uptake rates are inversely related (see Figures 3 and 4).

Table 2

SWL PCT	Adequately screened	Abnormal results	Positivity (%)
Croydon	8469	246	2.9
Kingston	4815	124	2.6
Richmond and Twickenham	5652	116	2.1
Sutton and Merton	9648	241	2.5
Wandsworth	5298	153	2.9
<b>Grand Total</b>	<b>33882</b>	<b>880</b>	<b>2.6</b>

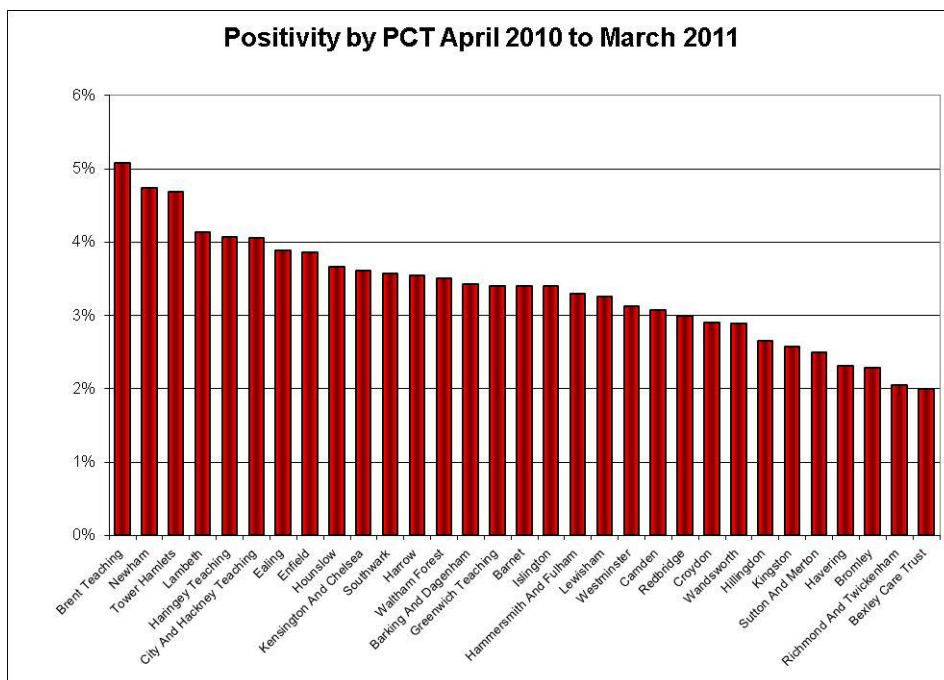
Source: London QARC, December 2011

Figure 3



Source: London QARC, December 2011

Figure 4



Source: London QARC, December 2011

## Investigations

Following FOB testing, over 900 colonoscopy or flexible sigmoidoscopy procedures were undertaken at the SWL BCSC (see Table 3). Alternative procedures are listed in Table 3. Alternative investigations, such as barium enema and Virtual CT colonoscopy were offered to patients who were not fit for colonoscopy or who had a failed colonoscopy; the latter being a more accurate diagnostic test and therefore the preferred alternative option.

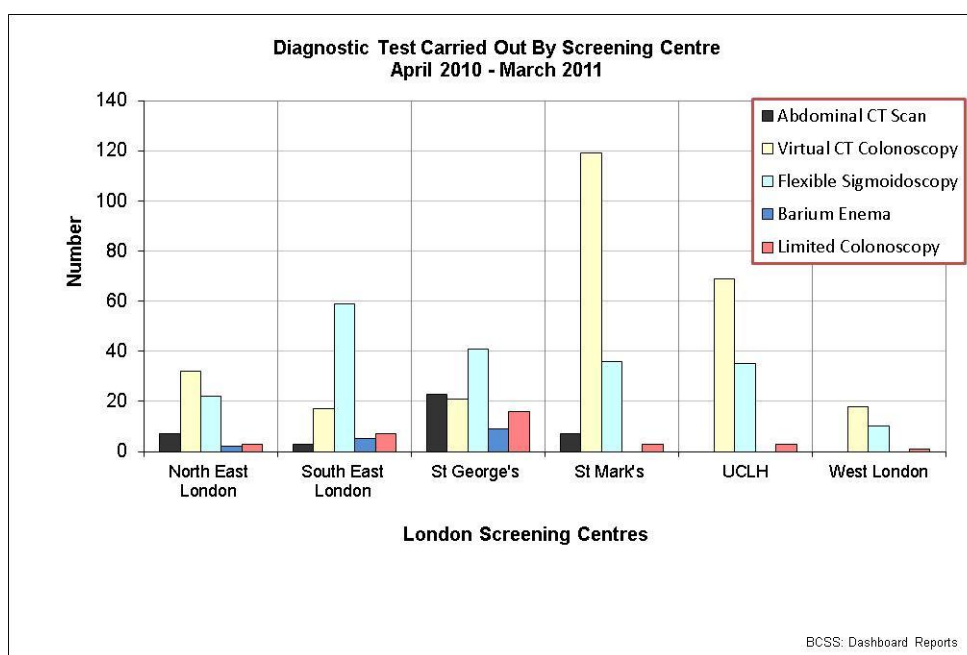
It was reported in 2009/10 that the SWL BCSC undertook a higher number of Barium enemas compared to other London centres. During 2010/11 the number of Barium enemas undertaken was reduced (from 21 to 9) although the number of Barium enemas undertaken in 2010/11 is still slightly higher than elsewhere in London (see Figure 5).

Table 3

SWL PCT	Colonoscopy	Flexible sigmoidoscopy	Abdominal CT scan	Virtual CT colonoscopy	Barium Enema	Limited colonoscopy
<b>Croydon</b>	229	12	18	8	5	4
<b>Kingston</b>	106	4	5	0	0	3
<b>Richmond and Twickenham</b>	116	8	2	3	1	1
<b>Sutton and Merton</b>	254	11	5	6	2	6
<b>Wandsworth</b>	160	6	2	4	1	2
<b>Other</b>	2	0	0	0	0	0
<b>Grand Total</b>	867	41	32	21	9	16

Source: SWL Bowel Cancer Screening Centre, December 2011

Figure 5



Source: London QARC, December 2011

### Cancer detection

In 2010/11, 64 cancers were diagnosed through the screening programme (Table 4); 24 more compared to the previous year. Of the 64 patients 47 met the 62 day waiting time target. Of those who did not meet the target 7 patient requested to postpone procedure; 6 had medical review; 1 had medical review and requested to postpone; 2 were delayed due to decreased colonoscopy capacity and had medical review; and 1 was rebooked for poor colonoscopy preparation and interpreter was required.

Of the 64 patients diagnosed with cancer 55 met the 31 day waiting time target. Most of the patients who did not meet the target waited 34-41 days for their surgery. One patient requested postponement of his surgery because of a period of time spent abroad and as a result waited 50 longer than the target of 31 days.

Table 4

PCT	Cancer	Normal	Polyps			Abnormal result, not polyps	No result	Polyp no histology
			L	M	H			
<b>Croydon</b>	19	53	40	45	10	82	8	9
<b>Kingston</b>	8	26	19	22	3	36	1	3
<b>Richmond &amp; Twickenham</b>	14	26	27	18	7	34	2	3
<b>Sutton &amp; Merton</b>	16	67	54	40	18	82	2	5
<b>Wandsworth</b>	7	48	24	20	12	58	2	4
<b>Other</b>	0	0	1	0	1	0	0	0
<b>Total</b>	64	220	165	145	51	292	15	24

### Age extension

Age extension was successfully introduced in SWL during early 2011. Local population aged 70-74 years are now invited for bowel cancer screening across the 5 SWL PCTs. Queen Mary's Roehampton unit provides additional capacity to support age extension.



## **4. Quality assurance and performance monitoring**

The performance of the local screening programme including uptake, early warning signs of potential adverse events, and failsafe mechanisms are monitored by a local stakeholder group which met quarterly during 2010/11. Stakeholders include lead clinicians, the screening centre director, commissioner and public health leads from across the sector.

In addition the screening service is quality assured by the London Quality Assurance Reference Centre (QARC). The London QARC maintains standards to improve the performance of all aspects of cancer screening, and to ensure that the population have access to a high quality screening service wherever they live.

### **Serious Incident(s)**

The SWL BCSP reported one Serious Incident to the London QARC during 2010/11. The incident involved a patient registered in NHS Wandsworth. The report was fully investigated and followed up by the SWL BCSP and London QARC.

### **Achievements and progress**

The SWL BCSP was the first screening programme visited by the London QARC in March 2010. The SWL BCSP, NHS Kingston and other stakeholders continued to implement the QARC action plan during 2010/11. Most of recommendations have been fully implemented to date (see Appendix 2). In 2010/11 improvements continued around incident management and failsafe, but policy updates need to be finalised. Commissioning arrangements improved over the past year.

## **5. Summary**

The SWL BCSP has been offering screening to men and women in South West London for over 3 years. During 2010/11 considerable effort was made to further improve uptake and to implement age extension. The SWL BCSP continued to implement the QARC recommendations in close collaboration with the London QARC team.

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February 2012

## APPENDIX 1

### The Screening Pathway

Men and women eligible for screening receive an invitation letter from the bowel screening programme hub explaining the programme and an information leaflet entitled [Bowel Cancer Screening - The Facts](#). About a week later, an FOB (Faecal Occult Blood) test kit will be sent out along with step-by-step instructions for completing the test at home and sending the samples to the hub laboratory. The test will then be processed and the results sent within two weeks.

Around 98 in 100 people will receive a normal result and will be returned to routine screening. They will be invited for bowel cancer screening every two years if still within the eligible age range. Around 2 in 100 people will receive an abnormal result. They will be referred for further investigation and usually offered a colonoscopy.

Around 4 in 100 people may initially receive an unclear result which means that there was a slight suggestion of blood in the test sample. This could be caused by conditions other than cancer such as haemorrhoids (piles). An unclear result does not mean that cancer is present, but that the FOB test will need to be repeated. Most people who repeat the test will then go on to receive a normal result.

Polyps and bowel cancers sometimes bleed, and the faecal occult blood (FOB) test works by detecting tiny amounts of blood which cannot normally be seen in bowel motions. 'Occult' means hidden. The FOB test does not diagnose bowel cancer, but the results will indicate whether further investigation (usually a colonoscopy) is needed.

People who receive an abnormal result will be offered an appointment with a specialist nurse. The nurse will explain what a colonoscopy involves, assess the patient's fitness for the procedure, and answer any questions.

A colonoscopy is an investigation that involves looking directly at the lining of the large bowel. A sedative is given and then a thin, flexible tube with a tiny camera attached (a colonoscope) is passed into the back passage and guided around the bowel. If polyps are found, most can be removed painlessly, using a wire loop passed down the colonoscope tube. These tissue samples are then checked for any abnormal cells that might be cancerous.

About five in 10 people who have a colonoscopy will have a normal result. About four in 10 will be found to have a polyp, which if removed may prevent cancer developing. About one in 10 people will be found to have cancer when they have a colonoscopy.

A colonoscopy is the most effective way to diagnose bowel cancer and for most people it is a straightforward procedure. However, as with most medical procedures, there is the possibility of complications. These can include heavy bleeding (about a one in 150 chance) which will need further investigation or medical advice. There is approximately a one in 1,500 chance that the colonoscope could cause a hole (perforation) in the wall of the bowel. In extremely rare cases, colonoscopy may result in death. Current evidence suggests that this may only happen in around one in 10,000 cases.

## APPENDIX 2

### Cancer Screening Health Promotion Activity 2010/11

(including Bowel Cancer Screening)



Copy of SWL Health  
Promotion Activities 2

## APPENDIX 3

### Bowel Cancer Screening QARC Action Plan Update May 2011



SWL Full Action Plan  
SC Response 3 May 2

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<sup>i</sup> Cochrane Systematic Review of Colorectal Cancer Screening Using the Fecal Occult Blood Test (Hemoccult): An Update. Hewitson P, Glasziou P, Watson E *et al.* (2008). *Am J Gastroenterol* 2008;103:1541–1549

<sup>ii</sup> Colorectal cancer and screening options appraisal: Cost-effectiveness, cost-utility and resource impact of alternative screening options for colorectal cancer. Report to the English Bowel Cancer Screening Working Group. September 2004. Tappenden P, Eggington S, Nixon R, Chilcott J and Sakai H. University of Sheffield, School of Health and Related Research.  
<http://www.cancerscreening.nhs.uk/bowel/scharr.pdf> (checked 22.06.2010)