Screening for Colorectal Cancer: Setting it up and making it work

Julietta Patnick

4 December 2014
Evaluation of the UK Colorectal Cancer Screening Pilot

- Two sites, population ~ 1m
  - Coventry & Warwickshire
  - Grampian, Tayside & Fife

- One UK screening round & evaluation 2000 – 2002

- 2nd incident round in England 2003-5 for people 52-69 only & evaluation

- 3rd ‘bridging’ round in England before national programme began

- Nottingham RCT as benchmark

UK Colorectal Cancer Screening Pilot Group  Results of the first round of a demonstration pilot of screening for colorectal cancer in the United Kingdom BMJ 2004;329:133–5

Acceptance by Age and Sex

England 58.6% vs Scotland 55.4%
Male 52.1% vs Female 61.4%
Acceptance by Social Class

<table>
<thead>
<tr>
<th>Deprivation Index</th>
<th>Acceptance (%)</th>
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<tbody>
<tr>
<td>1/2</td>
<td>60.00%</td>
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<tr>
<td>3</td>
<td>50.00%</td>
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<td>4</td>
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<td>5</td>
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<td>6/7</td>
<td>40.00%</td>
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Policy decisions

• 60-69 year olds would be invited: group with highest uptake
• Guaiac FOBt would be offered (as per the trials) every two years
• Limited age range would not overburden services and would leave options open for later service development
• Surveillance of screen detected polyps would be part of programme
A new screening programme for bowel cancer will be rolled out from April 2006. This will be one of the first national bowel screening programmes in the world and will be the first cancer screening programme in this country to include men as well as women. When fully operational, around 2 million people each year will be sent a self-sampling kit to use in the privacy of their own homes. The kit is then returned by post to a regional laboratory. A pilot in the West Midlands has run very successfully for several years.
Political announcements

In August 2005, in a Ministerial press release the DH announced that from April 2006 ‘we will invite men and women aged 60-69 to participate in the screening programme’. The funding for 2006/7 and 2007/8 was also re-announced.
‘Stop spending’ memo reveals NHS cash crisis

Managers ordered to freeze funding for patients

by Antony Barnett
and Solomon Hughes

The financial crisis gripping the NHS has been laid bare in an extraordinary email sent from a senior civil servant in the Department of Health, which tells officials to ignore ministers’ promises on spending. It also threatens staff with disciplinary action if they disobey an order to freeze new investment.

The email – details of which have been obtained by The Observer – was sent at the end of last month from the office of Sir Liam Donaldson, the chief medical officer.

It promises to sound the death knell for a range of public health programmes set up to tackle everything from alcohol abuse and cancer screening to sexually transmitted diseases and obesity. Health experts believe the spending freeze could even hit attempts to reduce deadly MRSA outbreaks in hospitals and affect contingency planning in the event of an outbreak of bird flu.

The email warns that any department staff failing to follow the orders will “commit a disciplinary offence”.

Written by Samdannah Horsfall, Donaldson’s chief of staff, the email tells officials that NHS finance director Richard Douglas has imposed an embargo on all programme staff. It orders an ‘embargo on all new commitments’ for this year and ‘all future years’ covering all programme budgets (capital and revenue).

The memo flies in the face of reassurances by the Health Secretary, Patricia Hewitt, and the NHS chief executive, Sir Nigel Crisp, over health funding. The government has said local hospital trusts must sort out their financial problems and that overall NHS care is improving.

Hewitt has been forced to defend staff lay-offs, mounting financial deficits in NHS hospital trusts and an official policy of delaying operations to save money. This week, she will urge hospital staff to tackle waste and inefficiency.

News of the spending freeze emerges as The Observer reveals widespread cutbacks in the NHS. These include:

- GPs not referring patients for routine surgery across Swindon in Wiltshire for the next month.
- No hernia operations for patients in Oxfordshire.
- A cut in the number of beds at Aintree hospital, near Liverpool.
- The mounting crisis has triggered an outbreak of back-papers, with Downing Street said to be unhappy with the way the Department of Health has handled the problems.

But one paragraph of the leaked email will prove highly embarrassing for the government. It suggests that any public announcement by a minister promising extra funding should be disregarded. It was this that so angered an official at the department that details of its contents were passed to The Observer.

The email states: “Commitment to spend by virtue of an announcement, including ministerial announcements, is not considered a commitment in this context.”

Opposition politicians said the email proved that headline-grabbing proposals by ministers are worthless.

Andrew Lansley, the shadow health secretary, said: “What is disturbing about this disclosure is that key public health priorities will suffer. It appears pre- and post-election promises by ministers will prove not worth the paper they are printed on.” Lansley believes the email reveals the true state of NHS finances.

“Patricia Hewitt has been complacent about the scale of the financial problems facing the health service and this shows the problems are much greater than she has acknowledged,” he said.

Professor David Turner,

Continued on page 2
What preparations were made?

- Ministerial decisions
- Training bottleneck
- IT systems
- Infrastructure in hospitals
- Integration and flow through from screening to treatment
- A Commitment to Quality
PROPOSED ORGANISATION

Overarching Structure:

- 5 Programme Hubs across England, based on IT Local Service Providers (LSP) undertaking call/recall and lab functions
- 1 Programme Hub per LSP
- Each Programme Hub will have a number of Screening Centres
Training bottleneck

- 10 endoscopy training schools funded for 3 years
- Development of nurse endoscopists
- Development of endoscopy technicians: more controversial
IT system

- National database of eligible population
- Web access for all units (secure)
- Kit despatch, receipt and reporting managed through hubs
- Booking of nurse clinics managed through hubs
- Helplines provided through hub
- Local systems for colonoscopy
- National reporting and monitoring
Four levels of statistical reporting

- Overall population reports
- Professional quality reports
- Operational reports
- Ad hoc reports (downloads to excel/access etc)
Monitoring by Hub and Centre

• Analysed by hub
  – No. Days from positive result to first offered nurse appointment
  – Polyps removed (number and percentage)
  – Cancers detected (number and percentage)

• Analysed by screening centre
  – Number of patients attending a positive test kit nurse clinic appointment
  – Fail to Attend nurse clinic
  – Number of patients attended at a colonoscopy or other test
  – Fail to attend colonoscopy
  – No Days from nurse clinic to colonoscopy
  – Other test (imaging)
  – Polyps removed (number and percentage)
  – Cancers detected (number and percentage)
What did people worry about?

- Prevalent round peak in incidence
- Workload for endoscopy units, pathologists and cancer teams
- Missed cancers
- Deaths in healthy people
- Politics and publicity
So what happened?

• 2006: first centre opened
• 2008: early implementer of screening 60-74 (4 year plan for each centre)
• January 2010: last centre opened to screen 60-69
• January 2010: general roll out began of screening 60-74
• March 2013 flexisig screening 6 month pilot began
• January 2015: final centre should expand to screen 60-74!
Thank you for listening

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