



6TH DECEMBER 2011

Dear Member/Colleague,

CAMPAIGN TO PROMOTE EARLY DIAGNOSIS OF BOWEL CANCER – JANUARY 2012

In advance of the forthcoming national bowel cancer symptom awareness campaign, we are writing collectively to highlight specialist societies' support for the campaign's aims and request your support at a local level. The BSG and the ACPGIB back the aims of the Department of Health's campaign to improve both earlier diagnosis of, and outcomes for, colorectal cancer. We have collaboratively engaged with Professor Sir Mike Richards and his team to ensure that the lessons from the pilot campaigns held earlier this year are fully taken in to account.

We would now like to encourage you to proactively engage with your Trust at a local level, to ensure the appropriate preparation and funding is in place for endoscopy units to deliver good outcomes and experience for patients. Chief Executives and clinical colleagues at a local level must work together to ensure the increased demand associated with the campaign will be catered for appropriately and the predicted longer term increases in endoscopy demand are actively considered.

As you are probably aware the Department of Health is rolling out a national campaign for 9 weeks on 30th January 2012 following pilot campaigns which took place in the South West and East of England for 7 weeks from the end of January 2011. Results from the pilot campaigns showed¹:

- 48% increase in attendances in primary care of people aged over 50 with relevant symptoms
- 32% increase over a 6 month period in 2 week wait colorectal cancer referrals during the campaign (up to 100% in some areas)
- 28.5% increase in number of people waiting for a colonoscopy in East of England and 16.4% increase in South West England (some Trusts in core TV coverage in South West saw up to a doubling in colonoscopy waits)

The impact on demand for endoscopy services is evident. The resultant need for local clinicians to engage with Trust Chief Executives, Managers and Commissioners is vital. The Department of Health has set out the following high level campaign messages which need to be considered carefully in preparing for the campaign in January and the anticipated longer term demand pressures²:

1. Lower GI endoscopy saves lives.
2. Lower GI endoscopy activity in England is very low in comparison with other countries (including Scotland).
3. Some Trusts still have unacceptable waiting times (>6 weeks), precluding full roll out of bowel cancer screening to people aged 70-75.
4. Activity is set to increase markedly over the next five years. Increased capacity needs to be planned for now.
5. A national awareness campaign on bowel cancer will create extra demand in early 2012: Plan now.
6. Lower GI endoscopy is highly cost effective.

¹ Department of Health

² Department of Health



7. Increased activity must not compromise quality and patient safety.

We support these messages and would draw particular attention for the need to address the following in relation to the short term for the awareness campaign:

- Pilots resulted in a very significant impact on urgent 2 week wait referrals (a doubling in some Trusts)
- It is estimated that the national symptom awareness campaign will result in at least an additional 15,000 colonoscopies being required
 - Trusts will need to undertake around 10 additional colonoscopies (i.e. 2 sessions) per week for 10 weeks. For a large Trust this figure is likely to be doubled
 - The total cost of 15,000 colonoscopies is around £9m. The cost to an average PCT or Trust is likely to be around £50,000
 - The Department of Health has indicated that funding for this is in already accounted for in PCT baselines and is supported by the 2011-12 Operating Framework (4.35)
- **Waiting list initiatives will NOT be an appropriate way of meeting the longer term increase in demand for lower GI endoscopy. Trusts and commissioners need to plan proactively.**

In addition, Trusts should also be planning now for long-term lower GI endoscopy demand increases. We also draw attention to the following:

- Patients waiting more than 6 weeks for diagnostic colonoscopy and flexible sigmoidoscopy is not acceptable and is impeding planned age extension of the BCSP
- The NHS in England should be achieving internationally comparable levels of colonoscopy
- Activity is predicted to increase due to a range of drivers (age extension, increased symptomatic referrals, roll out of flexible sigmoidoscopy screening, increased surveillance colonoscopy and a shift away from Barium enema)
- **These drivers are predicted to result in at least a 10-15% year on year increase in demand for lower GI endoscopy over the next 5 years to 2016-17**
- **At a local level this means there will be a need to provide additional sessions to cope with demand for lower GI endoscopy**
 - **45,000 additional colonoscopies a year (each year) = 9000 “sessions” a year**
 - **85,000 additional flexible sigmoidoscopies a year (each year) = 8500 “sessions” a year**
 - **An average sized Trust will need 110 extra sessions pa (year on year) i.e. 2 sessions per week**
 - **For a large Trust this will be 220 extra sessions pa (year on year) i.e. 4 sessions per week**

We urge you to approach your Trust Chief Executive, Managers and Commissioners, in conjunction with your clinical colleagues and leaders, to address the planning, preparation and funding issues outlined at the earliest opportunity.



The NHS Medical Director, Professor Sir Bruce Keogh, has already [written](#) to Trust Chief Executives to highlight this. Please use the information provided in this letter as an initial basis for this engagement. We are hopeful that the Department of Health can provide further central support for this preparation process.

The BSG and ACP are also willing to provide members and colleagues with as much support as is possible locally to support the case for essential planning. We are preparing a support toolkit to structure the clinical and business case. We would also draw your attention to the Planning and Productivity Assessment [Tool](#) (PPAT) and [guidance](#) which has gone live on the GRS website. The PPAT provides teams with a framework for planning for the future and for delivering a productive service. In addition, regional representatives will also be available to provide guidance where it is needed.

We urge you to start this dialogue at the earliest opportunity.

Kind regards,

Professor Jon Rhodes
President, British Society of Gastroenterology

Mr Nigel Scott
President, Association of Coloproctology of Great Britain and Ireland

Professor Sir Mike Richards
National Cancer Director

Dr Steve Hughes
Vice-President for Endoscopy, British Society of Gastroenterology

Dr Andrew Goddard
Bowel Cancer Screening Centre Directors Group