

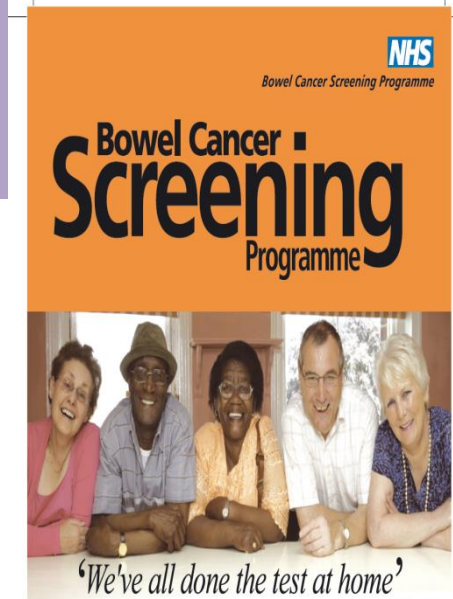
Bowel Cancer Screening - Update GP Education session 7.2.18

Hot Topics

- Bowel Screening & uptake Data
- How to increase uptake
- Bowel Scope Programme
- F.I.T.

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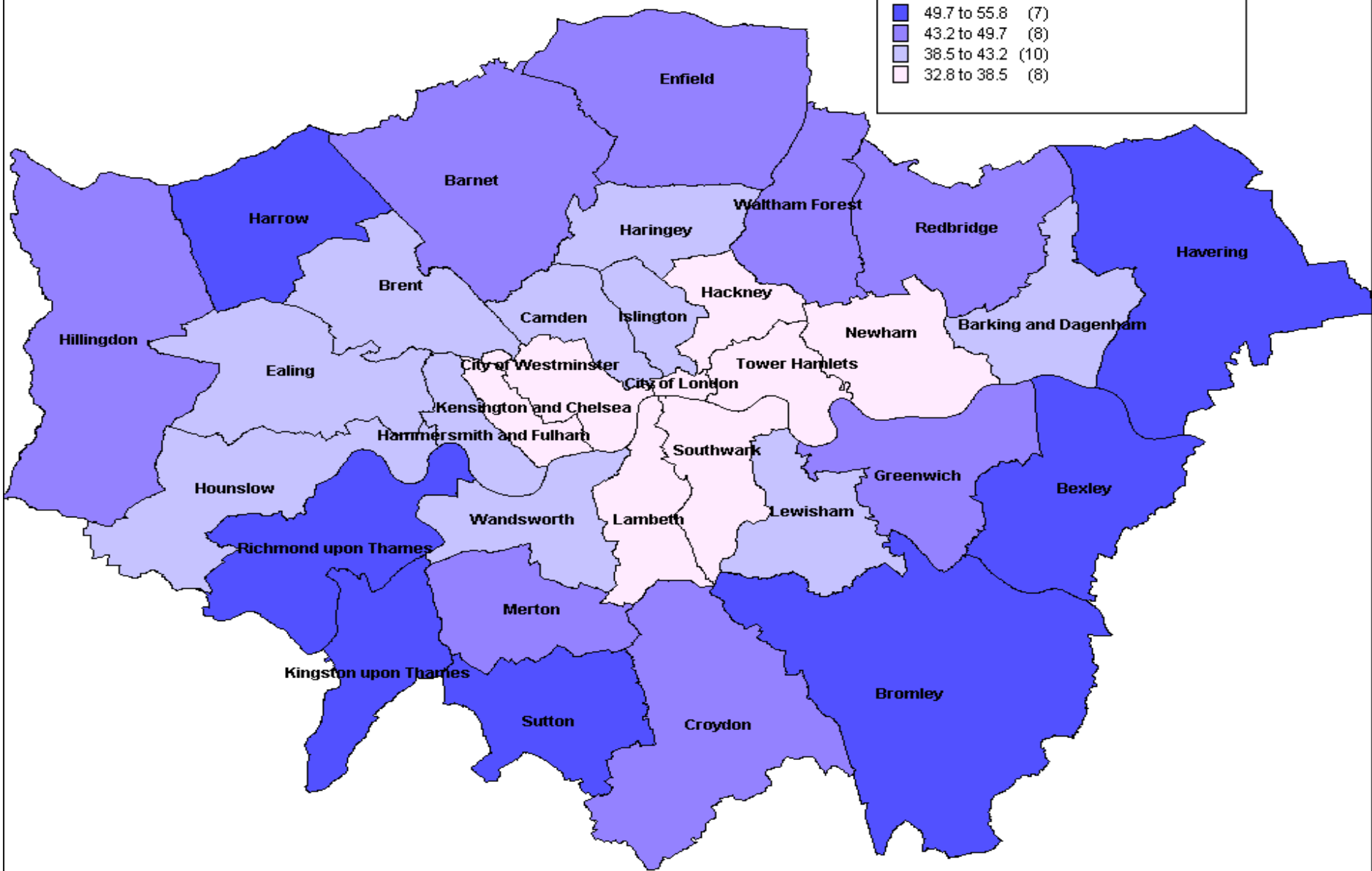
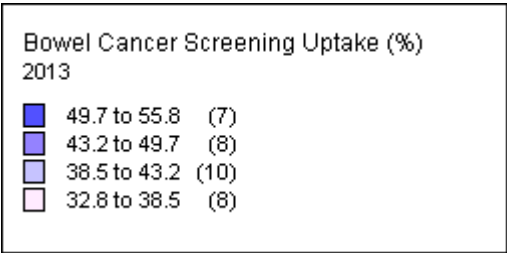
Excellence in specialist and community healthcare

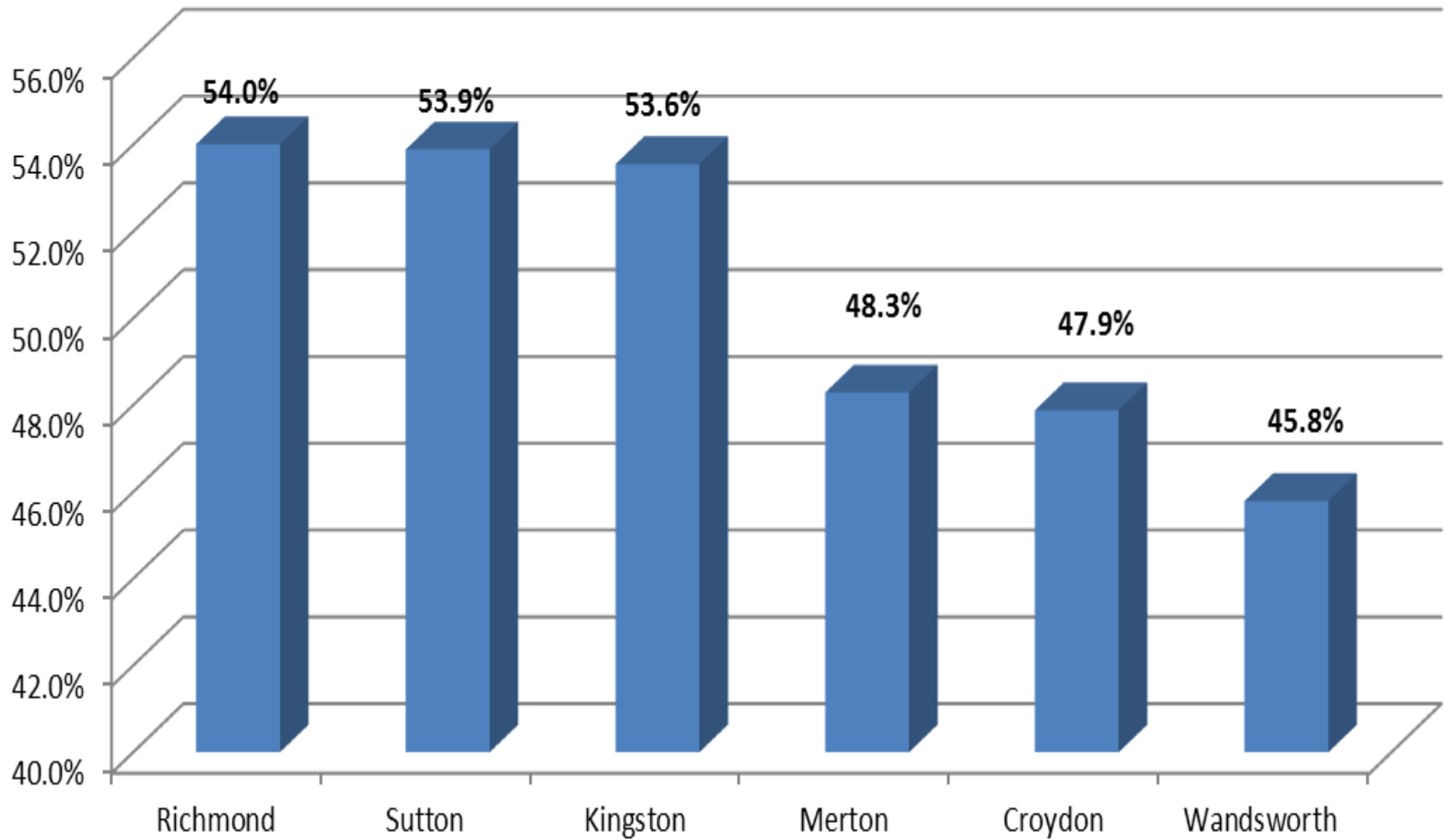


Facts about Bowel Cancer

- Major PH concern - **1 in 20 people** (40,000 a year) develop bowel cancer.
- **Second most common cause of cancer deaths** in the UK
- For most CCGs, cancer remains the **largest single cause of premature death**.
- **UK has poor survival rate** for cancer.
- **Treatable if diagnosed at early stage**, survival rate around 90%.
- Improving uptake of cancer screening will help CCGs meet indicators in NHS Outcomes Framework to **reduce premature deaths**.
- **Cancer screening** is important in preventing & detecting cancer at early stage.
- **10% diagnosed via screening**, 55% via GP referral, 25% as an emergency

Dukes Stage	Explanation	5 year Survival Rate
A	Tumour confined to Intestinal Wall	85-95%
B	Tumour invading through Intestinal Wall	60-80%
C	Lymph node involvement	30-60%
D	Distant Metastasis	<10%





Bowel Screening Uptake Q2 (July-Sept 17) Access from Open Exeter Dashboard 1.2.18

This is non published data for information only- data will change over months

How can we increase uptake of bowel cancer screening?

Interventions that have supporting evidence:

GP/primary care endorsement letter



Telephone advice in combination with GP endorsement letter



Bowel screening reminder letters



Face to face following GP endorsement letter



The roll out of the Faecal Immunochemical Test (FIT) could increase uptake by 10%



The role for local authorities and GPs



Bowel Cancer Awareness Month April

- Display posters in waiting areas
- Obtain material from Charity organisations
- Give out reminder cards
- Put message on prescriptions for those over 60
- Use the Good Practice Guide for Cancer Screening to increase uptake.
- Obtain support from -CRUK facilitators & SWL BCS Health Improvement Specialist & Macmillan GP lead
- Training for clinical and non clinical staff run by SWL STP Team
- Update practice website



BOWEL CANCER SCREENING SAVES LIVES



The test can detect invisible early signs of bowel cancer. Taking part is easier than you think.

If you've been invited to take part and need more information or a new test kit contact:

freephone 0800 707 6060

www.nhs.uk/bowel

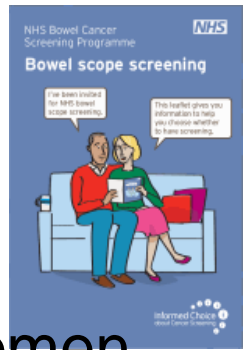


Action Plan

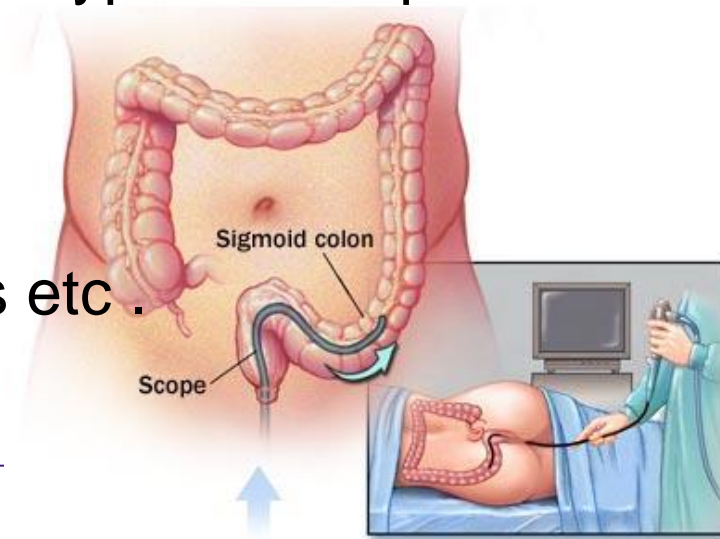
(Good Practice Guide for P. Care)

- Check patient contact details at each encounter and regularly maintain the practice list (action ghost patients).
 - Designate a cancer screening lead from the practice healthcare team.
 - Ensure that when DNA's or non-responder reports are received for a patient, this is flagged on their notes, using the correct read code.
 - Contact non responders to identify any barriers and support them to overcome these barriers.
 - Promote cancer screening awareness within the practice.
 - Ensure arrangements are in place for patients with special needs.
 - Ensure all practice staff know how to use the fobt bowel screening kit and where required the details of how to request a new kit.
 - Make screening and signposting information for each screening programme readily available. Resources available.
-

Bowel Scope Screening



- **Once-only** flexible sigmoidoscopy for all men & women at 55. New programme – part of Bowel Screening
- Rolled out across SWL from March 2014 to Wandsworth, Richmond & Sutton
- Invitations and home enemas sent from Hub.
- If invited they can postpone the appt. until reach 60
- About 60% of bowel cancers and polyps occur up to or in sigmoid colon.
- Nationwide by end of 2020
- Takes 5 minutes, no sedation.
- Follow up for abnormalities /Polyps etc .
- If IBS etc referred to GP



BOWEL SCOPE (FS) Emis Codes

GP surgery to add when letter is received

- 68W21 | Bowel scope normal - no further action
 - 68W2C | Bowel scope incidental findings
 - 68W23 | Bowel scope referred for colonoscopy
 - 68W24 | Bowel scope cancer detected
 - 68W27 | Bowel scope screening invitation declined
 - 68W28 | Bowel scope (invite) did not respond
 - 68W29 | Bowel scope (appt) did not attend
 - 68W2A | Bowel scope attended but not screened
 - 68W2B | Bowel scope (invite) unsuitable at this time
-

When do I use the enema?

You need to use the enema around an hour before leaving home for your screening appointment.

Don't eat for 30 minutes before you use it, or afterwards until you've had your screening carried out.

You can drink water, but no other liquids.

The effect of the enema wears off within an hour, so you don't need to worry about travelling to the hospital.

What does the enema do?

An enema makes you go to the toilet within a few minutes of using it. This cleans your lower bowel so that it can be seen clearly during bowel scope screening.

The enema doesn't give you diarrhoea.

Advice on using the enema:

If you aren't sure about whether you should use the enema, or need to speak to someone about how to use it, call us on freephone: **0800 707 60 60**.

Calls will be dealt with in confidence. Please don't feel embarrassed to ask for information or advice.

For more information about bowel cancer screening, you can:

- Speak to your GP
- Go to: www.cancerscreening.nhs.uk/bowel
- Call the NHS Bowel Cancer Screening Programme freephone helpline on **0800 707 60 60**. Calls are free from UK landlines.

NHS
Cancer Screening Programmes

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NHS
Cancer Screening Programmes

NHS bowel scope screening: using the enema



Please read the whole of this leaflet before you use the enema.

In your enema pack you will find:

- A packaged enema 'pouch' with a thin tube attached
- A small white plastic clip with the enema (you don't use this)
- A manufacturer's patient information leaflet

Enema instructions

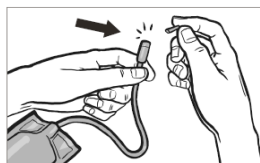
- 1 Have a plastic bag ready to dispose of the enema after use. Peel the outer plastic packaging open to remove the enema pouch.



- 2 You can use a little Vaseline or cooking oil to lubricate the thin tube if you wish.

- 3 Lie down close to the toilet e.g. in a nearby bedroom. Lie on your left side if possible. You may like to lie on a towel. Draw your knees up towards your chest.

- 4 Break off the very thin tip of the blue nozzle. Make sure the nozzle is left with a smooth end.



- 5 Gently insert the nozzle and thin tube into your bottom (anus). Insert as much of the tube as you comfortably can.



- 6 Use gentle pressure to squeeze the liquid into your bottom. Stop squeezing if you feel any resistance. You might not empty the whole pouch.

- 7 Keep a firm hold of the used pouch as you pull the nozzle and tube from your bottom. Put the used enema in the plastic bag for disposal.



- 8 Stay lying down, and try to hold the liquid inside you for as long as you can before going to the toilet (2-5 minutes if possible).

- 9 If your lower bowel is empty when you use the enema, you may not have a bowel movement. You may just pass the enema liquid. Don't worry if this happens to you – the enema has still worked. You can dispose of the used enema in your normal household waste.



F.I.T. Faecal Immunochemical Test will replace the existing gFOBt

<https://phescreening.blog.gov.uk/2017/08/04/new-home-test-kit-for-bowel-cancer-screening-what-gps-need-to-know/>

FIT - one sample only, easier to do. Uptake better.

FIT measures human -specific 'globin' part of Hb (More accurate)

FIT uses an automated laboratory instrument to detect blood.



- Write the date on the sample bottle.
- Use layers of toilet paper to catch your poo.
- Twist cap to open sample bottle.



- Collect sample by scraping the green stick along the poo until all grooves are covered.



- Put stick back in bottle and 'click' the green cap to close it.
- Do not repeat the collection.
- Wash hands after use.



- Put the sample bottle back into the box.
- Write your name on the box in the space provided.
- Peel off the tape, close and seal the box.

F.I.T. - modelling by PHE of predicted total screening colonoscopy & pathology capacity needed at SGH

- Nearly **90,000** invited across SWL
- **52%** Uptake in 2016. Pilot reported 10% increase = **62%**
- **729** required colonoscopy (plus 234 on surveillance) in 2016
- **Increase to 1,452 incl. surv. (extra 723) if +11% uptake**
- **905** required Pathology in 2016
- **Increase to 2,426 (extra 1,521) require Pathology if +11% uptake.**
- Need to **increase Pathologists / Colonoscopists / SSP's/ Admin/ Endoscopy nurses/ Radiologists/ decontamination staff**
- Need to **increase Endoscopy room capacity/** consultation rooms/ recovery area.
- Also need to accommodate increase of procedures due to further **roll out of Bowel Scope** and **diagnostic** referrals (NICE)

Diagnostics guidance [DG30] NICE Use of FIT Published July 2017

- FIT to guide referral for suspected colorectal cancer in primary care
- In people without rectal bleeding
- Who have unexplained symptoms
- Who do not meet criteria for a suspected cancer pathway referral
- Currently not enough evidence to recommend routine adoption of the haemoglobin (FIT) assay in primary care.
- Pilot running in Croydon U.H.
- Diagnostic level to be lower than screening level which looks to be set at 120ug/g