



Bowel Screening

1. Introduction

About one in 20 people in the UK will develop bowel cancer during their lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer deaths, with over 16,000 people dying from it each year¹.

The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 69 and 70 to 74. The programme aims to detect abnormalities (such as polyps) and other changes in the bowel that may develop into cancer. Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16%². Screening for colorectal cancer using the faecal occult blood test: an update).

2. The Local Picture

2.1 Prevalence

The prevalence of colorectal cancer in Hounslow is 46 per 100,000 population³. This does not significantly differ from the UK average of 46.7 per 100,000 population. Prevalence amongst males in Hounslow is slightly higher than females, at 50.8 and 41.2 per 100,000 population (respectively); again, these figures are similar to the UK averages of 56.9 and 36.5 cases per 100,000 population.

2.2 Mortality

The overall one-year survival rate for colorectal cancer in Hounslow is 75.8% (74.9% male; 76.9% female). The three-year overall survival rate is 60.6% (58.5% male; 63% female), while the five-year overall survival rate is 51.3% (48.6% male; 54.8% female). Hounslow's survival rates are within close range of those for the UK at one, three and five years.

2.3 Screening

There were 12,694 people invited to participate in bowel cancer screening in Hounslow during 2010/11, while there were 13,919 testing kits mailed out. Approximately 46% of screening kits were returned for analysis, a higher proportion than much of North West London. ([Table 1](#))

The number of men and women aged 60-69 invited for screening during 2010/11 in Hounslow was 9,395. This was more than Hammersmith and Fulham and Kensington and Chelsea, but significantly fewer than Ealing and slightly lower than Westminster. However, Hounslow had the highest rate of uptake during this year, with 43.68%. This is still below the target of 60%, but on a par with the London average of 43%. Approximately 3.53% screens were positive. ([Table 2](#))

¹ Cancer Research UK, 2005. Cancerstats.

² Cochrane Database of Systematic Reviews, 2006

³ National Cancer Intelligence Network (2010) www.ncin.org.uk/cancer_information_tools/eatlas/default.aspx



The number invited for screening within the 70-74 age cohort was 4,016, fewer than Ealing but significantly more than Hammersmith and Fulham, Kensington and Chelsea and Westminster. Hounslow again had the highest uptake rate amongst these PCTs, with 44.35%. Approximately 3.65% of those screened in Hounslow had a 'positive' result. ([Table 2](#))

Hounslow had a higher proportion of people who attended their follow-up appointment (73.9%) than other areas in North West London. ([Table 3](#)) Of the 172 patients in Hounslow who underwent a diagnostic test in 2010/11, most had a colonoscopy (96.5%), while smaller numbers had a flexible sigmoidoscopy (2.3%), abdominal CT scans (0.6%) or a virtual CT (0.6%). No patients in Hounslow had a limited colonoscopy. ([Table 4](#)) Approximately 29.3% of diagnostic tests in 2010/11 returned normal results, while 4% showed that the patient had bowel cancer. The majority of tests indicated that the patient had polyps of varying risk. ([Table 5](#))

3. Strategic Leadership and Collaboration

NHS Hounslow along with NHS Ealing, NHS Kensington and Chelsea and NHS Hammersmith and Fulham has one Service Level Agreement with Imperial College Healthcare for the provision of Bowel Cancer services. Delivery of services is monitored by the Bowel Cancer Screening Consortium (with representatives from the four PCTs and the provider [Imperial College Healthcare]). The responsibilities of the Consortium are to oversee the implementation of national policy, coordinate the effective delivery of the programme, monitor the performance of the programme locally to ensure compliance with National Standards and Quality Assurance Guidelines and to provide annual feedback to the Regional Quality Assurance Team. The Consortium commissions a follow-up (call/recall) service from the Hub.

The Hub, set up by the Department of Health and hosted by Croydon PCT, commissions the central coordination of bowel screening test kit mail-outs and laboratory testing at St. Mark's. The Hub has pan-London responsibility for ensuring all those eligible for screening are sent screening kits.

3.1 Measures to increase uptake

The Consortium employs a Bowel Cancer Health Improvement worker who is tasked with liaising with local providers, third sector organisations and community groups to increase awareness and improve uptake. She has carried out a programme of GP visits this year. In addition to this, there will be a national awareness campaign rolled out from Jan 2012 which should have a positive impact on uptake figures.

4. Priorities

In 2011/12, Hounslow aims to improve bowel cancer outcomes through:

- Improving screening uptake rates;
- Building capacity at local screening sites in preparation for the effect of the national awareness-raising campaign for early detection; and
- Setting up local campaigns.



5. Summary of Need

The following table summarises the needs in Bowel Screening in the Borough of Hounslow.

SUMMARY OF NEED: CHECKLIST	
Is need increasing over time?	No
Is need greater than the London average?	No
Is there qualitative intelligence indicating that need is substantially unmet?	Yes
Is there an external inspection or report suggesting need is unmet?	Yes
Are quality indicators worsening over time?	No
Are quality indicators worse than the London average?	No
Is there an intervention of proven effectiveness to address the need which is not currently delivered in Hounslow (or not delivered enough)?	Yes