



E: Screening@gov.scot

Dear Colleague

CHANGES TO THE BOWEL SCREENING PROGRAMME

1. I am writing to inform you of a change to the primary screening test used in the Scottish Bowel Screening Programme (SBSP). From 20 November 2017 Quantitative Faecal Immunochemical Testing (FIT) will replace the current guaiac Faecal Occult Blood Test (gFOBT) as the primary screening test for bowel cancer.

2. The introduction of FIT into the screening programme should lead to better outcomes for individuals, with increased uptake of screening and greater early identification of cancers and precancerous polyps.

3. This change follows a recommendation made by the UK National Screening Committee (UK NSC) in January 2016.

Action

4. NHS Boards should:

- Ensure the programme quality continues to be delivered and maintained to meet agreed national standards e.g NHS Healthcare Improvement Scotland.
- Continue to ensure robust failsafe mechanisms for all FIT positive individuals.
- Continue to ensure that the data required for the monitoring of the screening programme is available.
- Performance manage the programme and provide data to PHI against Key Performance Indicators for the national screening programme.

NHS Boards are asked to bring this letter to the attention of all those who will be involved in the implementation of the new screening test.

Yours sincerely

Dr Catherine Calderwood

Dr Catherine Calderwood
Chief Medical Officer

From the Chief Medical Officer
Dr Catherine Calderwood MA
FRCOG FRCP (Edin)

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Addresses

For action

NHS Boards Chief Executives,
NHS Boards Directors of Public
Health
NHS Boards Bowel Screening
Coordinators,

For information

NHS Boards Medical Directors,
NHS Boards General Practitioners,
NHS 24,
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Further Enquiries

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Annex A

BOWEL CANCER SCREENING PROGRAMME

Background

5. Bowel cancer is the fourth most common cancer in the UK accounting for 13% of all diagnosed cancers and is the second most common cause of cancer death (10% of all cancer deaths). Although bowel cancer is common, it is also highly treatable if found early.

6. Every year, almost 4,000 people are diagnosed with the disease. For men the risk of getting colorectal cancer over the age of 50 is 1 in 18 (5.5%) and for women the equivalent risk is 1 in 22 (4.5%).

7. The three main symptoms of bowel cancer are blood in the stools (faeces), changes in bowel habit (such as more frequent, looser stools) and abdominal pain.

8. The current gFOBT represents technology that is rapidly becoming obsolete. It has been available for more than 30 years, it is not a direct measure of human haemoglobin and it relies on subjective interpretation of a subtle colour change by laboratory staff.

Aim of the Screening Programme

9. The aim of the Scottish Bowel Screening Programme is to decrease mortality from colorectal cancer in the general population by inviting all eligible men and women in Scotland between the ages of 50 to 74 for screening every two years. They are invited using their CHI number and a letter is sent to the address registered on CHI. Once a patient is 'called' they will typically be recalled during the same month every 2 years until they are 75.

The New Test

10. Individuals living in Scotland aged between 50 – 74 who are registered on the Community Health Index will continue to be invited to participate in bowel screening every two years. Individuals over the invitation age range can self-refer. FIT will still involve a test being sent in the post to individuals to complete in the privacy of their own home with a pre-paid envelope to return to the Bowel Screening Centre in Dundee for testing.

11. FIT is easier to use and can be measured more reliably and is sensitive to a much smaller amount of blood than gFOBT and therefore provides further opportunity to detect and prevent more cancers. It requires a single faecal sample and is more acceptable to those invited for bowel screening. A projected increase in screening uptake for FIT of 5 percentage points and a resultant increased colonoscopy demand of 9% is expected following introduction of the new test. Owing to the more specific nature of FIT fewer negative colonoscopies can be expected.

12. The increased numbers of individuals being diagnosed with adenomas through screening, in particular, at endoscopy will increase the need for surveillance colonoscopies. The frequency of surveillance being dependent on the number and size of the adenomas detected.

The Bowel Screening Centre

13. If individuals have questions about the new test, or require a replacement test kit they can contact the Bowel Screening Helpline on 0800 0121 833 or email bowelscreening.tayside@nhs.net.

Annex B

ROLES AND RESPONSIBILITIES

National Services Division, NHS National Services Scotland

15. NSD commission the central elements of the programme including the Screening Centre, IT system and test kits.

16. NSD will inform the Scottish Screening Committee, chaired by a Board Chief Executive, on the programme's performance.

NHS Boards

17. NHS Boards are responsible for the delivery of investigation and treatment services according to national quality standards. NHS Boards should assure programme quality is delivered; by ensuring data capture is sufficient to support performance management of the programme.

Public Health Intelligence, NHS National Services Scotland

18. Public Health and Intelligence (PHI) develop, collect and publish key national statistics on screening programmes. In conjunction with NSD and NHS Boards PHI collect, provide and analyse statistics to support evaluation of the programme. PHI also help develop KPIs, data definitions and minimum datasets as necessary.

NHS Health Scotland

19. NHS Health Scotland have an ongoing responsibility for developing, publishing and reviewing national information material for the programme.

NHS Healthcare Improvement Scotland (HIS)

20. NHS HIS develop national standards for the screening programme that reflect UKNSC standards. The Bowel Screening standards were reviewed and published in 2015. HIS also provide external quality assurance of the governance and monitoring arrangements in place to assure the safety and quality of the programme.

Annex C

COMMUNICATION

Information for Professionals

12. A Healthcare Professional Briefing Pack has been produced for the new test and can be used to support discussions with participants around FIT and the benefits and limitations of bowel screening. The pack will be distributed to a wide range of stakeholders, including all GP Practices, and will include a sample kit for demonstrating the new test to eligible patients. A downloadable version of the Briefing Pack will be available on NHS Health Scotland's website a week in advance of the 20 November 2017.

www.healthscotland.scot/bowelscreening

Information for the Public

13. A new suite of participant information materials, including clear test kit instructions, have been developed to support the introduction of the new bowel screening test and are being launched on 20 November 2017 to coincide with the changes. These materials will replace the current information materials and will be sent out to participants alongside the new test kit. The public should be directed to www.nhsinform.scot/bowelscreening for all the relevant information, including a short one minute guide on how to complete the test.

14. The information leaflets, including easy read version and translations, will be available from www.nhsinform.scot/bowelscreening. You can also order copies from nhshealthscotland-publications@nhs.net.