

3. Programme Specification

3.1 Aim and Policy

The aim of the Scottish Bowel Screening Programme is to reduce the overall mortality from colorectal cancer in the population by at least 16%. This would be achieved by inviting the target population (men and women between 50 – 74 years) to complete a faecal occult blood test at home every 2 years.

On 3rd February 2006, a [Health Department Letter](#)¹ was circulated to NHS Boards.

3.2 Programme Scope

The Bowel Screening Programme invites all men and women between the ages of 50 – 74 years with a CHI number to participate. Eligible people not readily accessible through their CHI address (e.g. travelling people, people in long stay NHS care or in prison) will be able to participate following national and local protocols. Arrangements will be made for individuals who transfer in or out of Scotland who are undertaking, but have not completed, the screening pathway.

All individuals are sent a guaiac-based FOBt in the first instance. If the overall result is positive, the individual is referred to hospital for assessment and offered a colonoscopy, if appropriate. Robust plans for referral and safe guarding procedures have been agreed and implemented.

The National Screening Co-ordinator based within NHS Scotland Screening Programmes, National Services Division (NSD), NHS National Services Scotland (NSS), is responsible for co-ordinating and monitoring the screening programme. However, the screening programme is integrated with existing colorectal services to ensure equity for all patients.

The NHS Boards are responsible for ensuring the quality and performance of care for the patients within their Board area who are referred for further investigation and treatment, and also for encouraging uptake in their local population.

¹ HDL (2006)3 Bowel Cancer Screening Programme

3.3 Estimated Target Population and Projected Numbers

Target Population

Background

During the pilot the target population included all men and women between the ages of 50 – 69 years.

As stated previously, *The Council of the European Union - Proposal for a Council Recommendation on Cancer Screening* stated that screening tests which fulfil the requirements of the recommendation include initial FOBt screening for colorectal cancer in men and women age 50-74². Taking this into consideration, the Scottish Bowel Cancer Framework Group recommended that the national programme should extend the age range to 50-74.

Projected Numbers³

The table below provides the projected target population for Scotland. Due to the ageing population, this increases substantially by 2016.

Projections for 50 – 74 years

Year	2004	2011	2016
Males	657,000	722,000	770,000
Females	738,000	787,000	848,000
Total	1,416,000	1,510,000	1,617,000

Taking into consideration the projected numbers, and the biennial nature of the programme, it can be estimated that the programme would need to invite approximately 708,000 individuals in 2006 rising to 808,500 by 2016.

3.4 Colorectal Service

The screening programme is integrated with existing colorectal service within NHS Boards. Any participant with an overall positive screening test result is referred into the existing care pathway for

² The Council of the European Union – Proposal for a Council Recommendation on cancer screening, Brussels, 25 November 2003, 15026/03

³ <http://www.gro-scotland.gov.uk/> accessed March 09

patients with colorectal symptoms. The screening programme is viewed as an additional urgent high risk referral route and not as a separate service. The only exception to this will be that all referrals from the screening programme should be referred for colonoscopy in the first instance. Referral to colonoscopy should be agreed within local protocols that ensure that the quality standards set for the programme (e.g. waiting times) are met.

See Bowel Screening Flowchart – Figure 1.

In order to reduce anxiety, encourage participation and compliance, and minimise the risks of colonoscopy, all individuals who have a positive screening test are offered pre-colonoscopy assessment by a suitably qualified health care professional. This assessment can be completed in existing pre-assessment clinics if available. Ideally the nurses undertaking the assessment should be part of the endoscopy or colorectal cancer team and have undergone appropriate training. However, alternative arrangements may be made, e.g. telephone interview, or assessment by GPs. The reason for the pre-assessment is that these individuals will not have had any contact with health care professionals at this stage (unless they have visited their GP) and will require further advice, reassurance and explanation of the risks as well as the benefits of colonoscopy and identification of any co-morbidity. Informed consent will also be obtained for colonoscopy.

Following assessment, if the participant is a suitable candidate for colonoscopy, they will be provided with an appointment for colonoscopy. If the colonoscopy is incomplete, then either a repeat colonoscopy will be offered or a referral for a double contrast barium enema or CT colonography (when available) will be provided.

The result of the colonoscopy should be provided to the patient and also copied to their GP Practice.

Following colonoscopy, individuals will be managed appropriately depending on the result.

Colorectal services in NHS Boards will require to quality assure (QA) the service that is provided and this should be integral with existing QA procedures and must meet the programme's nationally set clinical standards (*NHS Quality Improvement Scotland (NHS*

Q/S) Bowel Screening Standards were published on 6 March 2007 and can be accessed at www.nhshealthquality.org)


