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Prioritising bowel cancer screening

waiting lists under a new Labour Government

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Introduction

With nearly 43,000 new diagnoses annually and approximately 268,000 people currently living with the disease, bowel cancer is the fourth most common cancer in the UK. The majority of new cases (94%) occur in individuals over the age of 50, however, it can affect people of any age, with more than 2,600 new cases arising annually in those under 50.

If detected early, survival rates are high, but where the disease progresses these rates decrease sharply. In terms of lifetime risk, 1 in 17 men and 1 in 20 women will be diagnosed with bowel cancer, so early diagnosis is crucial to saving lives. Shockingly, more than 16,800 people in the UK die from bowel cancer each year.

However, the mortality rate has been decreasing since the 1970s due to earlier diagnosis, improved treatments, and the implementation of the national bowel cancer screening programme.

It cannot be overlooked that the COVID-19 pandemic of 2020/21 severely disrupted cancer services and treatment pathways in the UK. Government measures to control the virus's spread led to a reduction in patient visits. Likewise, many patients avoided medical appointments, which delayed access to essential diagnostic services.

This has resulted in a backlog of screenings and diagnoses, and a reduced capacity for follow-up examinations. Consequently, health experts in the UK are anticipating a surge in more advanced cancer cases as normal cancer services gradually resume. The concern among health experts is understandable. Patients are now more likely to present with advanced disease, requiring more complex treatments and leading to poorer outcomes.

The Bowel Cancer Screening Annual Report 2021 to 2022,which focused on programme performance in England during the screening year 2021 to 2022 (1 April 2021 to 31 March 2022) found that the uptake percentage rate was 68.9%. However, in quintile 1 (the most deprived areas) it was 57.1%, against quintile 5 (least deprived) uptake of 76.2%. The newly elected Labour Government has a great opportunity to not only increase screening, but to also reduce the gap between the most and least deprived, to impact positive change post Covid-19.

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The wider Covid-19 impact

Prior to the pandemic, bowel cancer survival rates in the UK unfortunately lagged behind those in other comparable countries. While the full impact of the pandemic on bowel cancer outcomes is still unfolding, there is a risk that, without concerted action and investment, survival rates could revert to levels not seen since 2010.

During the pandemic, there was a significant decrease in the number of urgent referrals for people with bowel cancer symptoms. Bowel cancer screening programmes and many endoscopy tests were suspended, leading to fewer diagnoses. This resulted in a hidden backlog, with thousands fewer bowel cancer cases diagnosed compared to pre-pandemic times.

Endoscopy was already under pressure before Covid-19 hit. In recent years, the demand for services has increased significantly, with around 35,500 procedures carried out each week on average. However, this demand has not necessarily been met with an investment in expanding workforces required to meet it. But now presents an opportunity to remedy this, with a new Government, new strategy and renewed vigour to fix what has often been referred to as a "broken NHS".

Lack of investment, compounded with limited access to training resources and funding for new equipment, resulted in missed waiting time targets and patients having a negative experience.

These concerns were first raised by the Joint Advisory Group on Gastrointestinal (GI) Endoscopy (JAG)'s 2017 census of UK endoscopy services. In 2019, JAG released another, more in-depth census, which found that whilst improvements had been made since 2017, such as endoscopist numbers increasing by 15% and better planning systems in place to meet waiting time targets, pressure on endoscopy services remained high in the UK.

According to Cancer UK research, in May 2020, more than 180,000 people in England were waiting for an endoscopy, with 66% waiting for six weeks or longer. This represented an increase of 44% on the same point in 2019, with the number of endoscopies falling by 90% in the month of April. The consequence of this was that 394 cancers being 'missed' each week on average, and more than half of these would have been detected at an early, treatable stage.

In addition, more than one million bowel cancer screening invitations were delayed in being sent out to homes across England, equating to around 675,000 people, 2% of whom would have had a positive result for cancer.

This delay, according to research published in The Lancet Oncology Journal, could have led to as many as 3,621 avoidable cancer deaths directly attributed to the Covid-19 lockdown as people avoided attending hospitals and diagnoses being delayed.

New opportunities, and the need for the new Labour Government to act now

The new UK Government, and particularly the new health secretary Wes Streeting, could do worse than prioritise investment in bowel cancer treatments and reduce waiting times for endoscopy screenings to address a critical public health issue. Early detection and timely treatment significantly improve survival rates, yet the current waiting times for endoscopy screenings are alarmingly high, leading to delays in diagnosis and treatment.

Early diagnosis is crucial for successful treatment; when detected at an early stage, bowel cancer is highly treatable and curable. However, delays in diagnosis often result in advanced disease stages, requiring more complex and costly treatments and leading to poorer outcomes. By investing in faster diagnostics, the new Labour Government can ensure more cancers are caught early, improving survival rates and reducing long-term healthcare costs.

Additionally, the backlog of endoscopy procedures, exacerbated by the COVID-19 pandemic, has strained the healthcare system. Reducing waiting times through investment in additional diagnostic capacity, extending clinic hours, and training more healthcare professionals will ease this burden.

Economic benefits also arise from reducing cancer morbidity and mortality. Early diagnosis and treatment can lead to faster patient recovery, reducing the economic burden of long-term care and increasing productivity as individuals return to work sooner.

The new Labour Government has a unique opportunity to make a substantial impact on public health by investing in bowel cancer treatments and reducing endoscopy waiting times. This investment will not only save lives but also create a more efficient and effective healthcare system, yielding long-term economic and social benefits.

In the initial years under the Conservatives, Labour's strict waiting time targets were maintained. However, the key target of 92% of patients waiting no longer than 18 weeks has not been met since 2015. Median waiting times have nearly tripled since 2010, with more than 300,000 people waiting more than a year for treatment. Emergency admissions have also increased due to the growing and aging population.

An increasing number of older adults are being admitted to hospitals, and discharging them is becoming more challenging, primarily due to insufficient capacity in social care.

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Before the election, the Labour Party introduced a new initiative called the "Fit for the Future Fund," which aimed to equip the NHS with advanced technology to reduce waiting times. Labour committed to providing an additional 40,000 operations, scans, and appointments weekly in England by expanding weekend services and utilising the private sector when necessary.

To "put the NHS back on its feet again," Labour proposed a £1.1 billion package to recruit and train more nursing staff.

Bowel Cancer in UK

What is Bowel Cancer?

The colon and rectum are parts of the large intestine, and bowel cancer, also known as colorectal cancer, can affect any part of the colon or rectum. Depending on its location, it may be referred to as colon cancer or rectal cancer. Most bowel cancers begin as benign, non-threatening growths called polyps on the bowel wall or lining, and typically grow in two shapes - flat or stalked - and can vary in size from a few millimetres to several centimetres. They are fairly common, with around 30 - 40% of adults having polyps. Polyps are more prevalent in men and older adults. While usually harmless, adenomatous polyps can become cancerous if left undetected.

Bowel cancer can affect men and women of all ages. About 30% of those who develop bowel cancer have a hereditary contribution, family history, or both. The other 70% have no family history or hereditary factors. The risk of developing bowel cancer increases significantly after the age of 50, but the number of people under 50 diagnosed with bowel cancer has been steadily rising, with 1 in 10 cases now occurring in individuals under 50.

Screening

Bowel cancer screening in the UK is a critical public health initiative aimed at early detection and prevention. The NHS Bowel Cancer Screening Programme invites individuals in England aged 60 to 74 to participate in screening every two years. This age is gradually being extended to include 50 – 53 year olds. This involves a home test kit that checks for hidden blood in stool samples, a possible indicator of bowel cancer.

Those over 74 can request screening kits. Additionally, individuals at higher risk may undergo regular colonoscopies. Early detection through screening significantly improves survival rates, as bowel cancer is highly treatable when identified early. Despite its importance, participation rates vary, and efforts continue to increase awareness and accessibility.

Recent disruptions due to the COVID-19 pandemic have underscored the need for robust screening programmes to reduce delayed diagnoses and improve cancer outcomes. Enhanced screening efforts are vital to saving lives and improving long-term health prospects.

In Scotland, people aged between 50 and 74 will be invited to take part in bowel cancer screening every two years and those aged 75 or over can ask for a bowel cancer screening test by calling the free bowel screening centre helpline.

In Wales, if you're aged between 51 and 74, you'll be invited to take part in bowel cancer screening every two years. The age that people are invited to take part is gradually being extended to include people aged 50. Those 75 or over, are currently not able to self-refer back into the programme.

Those in Northern Ireland, and aged between 60 and 74, will be invited to take part in bowel cancer screening every two years. Those aged 75 or over, are currently not able to self-refer back into the programme.

During 2021-22, the NHS Bowel Cancer Screening Programme diagnosed 6,500 people with cancer and placed 12,034 individuals into surveillance due to high-risk or large non-pedunculated colorectal polyps. Additionally, 12,060 people were classified with intermediate-risk adenomas and subsequently reviewed according to new British Society of Gastroenterology (BSG) guidelines introduced during the same period. Another 34,763 people were found to have low-risk adenomas or other findings that led to their return to routine recall. Only 6,231 people received a normal (nothing abnormal detected - NAD) result following a diagnostic test, indicating a false positive rate of less than 9%.

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Colonoscopy and the treatment pathway

Colonoscopy is a procedure to detect abnormalities in the large intestine (colon) and rectum. During the procedure, a long, flexible tube (colonoscope) with a small video camera at the tip is inserted into the rectum. The procedure allows a colonoscopist to view the inside of the entire colon and identify findings that may indicate the presence bowel cancer or detect and additionally remove pre-cancerous polyps, thus preventing them from ultimately becoming bowel cancer.

Colonoscopies are associated with up to a 75 per cent reduction in risk of death for bowel cancers, and a reduced risk of developing the disease [1,2]. Repeated colonoscopies have also been proven to save two to three times more lives than a single colonoscopy [3]. Patients are referred for colonoscopy following a positive screening test result or to investigate symptoms.

Delays in screening impacts the entire treatment pathway

With increased screening to make up for the shortfall, there will be a greater need for increased colonoscopy capacity as more referrals are made. This will significantly increase pressure on existing colonoscopy services, already trying to clear the backlog. Capacity is a key concern as demand often exceeds supply, leading to long waiting times. In the UK, a Lancet study predicts that catch-up screening might temporarily increase colonoscopy demand to nearly twice that of normal levels [4].

Endoscopy recovery plans

The UK has implemented endoscopy recovery plans to address the backlog caused by the COVID-19 pandemic. These plans focus on increasing diagnostic capacity, optimising resource allocation, and improving patient pathways. Key strategies include extending clinic hours, utilising mobile endoscopy units, and training additional staff. Emphasis is also placed on prioritising urgent and high-risk cases to ensure timely diagnoses and treatments. Collaboration between NHS trusts, enhanced funding, and streamlined processes are integral to these recovery efforts.

The goal is to reduce waiting times, restore service levels, and ultimately improve patient outcomes by ensuring prompt and efficient endoscopic examinations. In addition, all this is exacerbating waiting times, with many Trusts putting in funding applications from NHS England, to help reduce backlogs.

The Joint Advisory Group, and the importance of accreditation

Accreditation from the Joint Advisory Group for Gastrointestinal Endoscopy (JAG) is crucial for ensuring high standards and quality in endoscopy services across the UK. JAG accreditation signifies that an endoscopy unit meets rigorous criteria for patient care, safety, clinical governance, and procedural excellence. Units undergo comprehensive assessments, which include reviews of equipment, staff training, and adherence to protocols.

Accreditation not only enhances patient confidence in the quality of care they receive but also promotes continuous improvement within endoscopy services. It ensures that units maintain best practices and adhere to national guidelines, thereby reducing variations in care and enhancing consistency in outcomes. Additionally, JAG accreditation supports professional development for endoscopy staff, encouraging a culture of excellence and accountability in gastrointestinal healthcare.

Healthcare providers and patients alike benefit from JAG-accredited units, which strive to deliver efficient, effective, and safe endoscopic procedures, ultimately contributing to improved patient outcomes and satisfaction.

Delays and increased deaths

Data from the UK demonstrates the impact of lockdown measures on bowel cancer services, with dramatic reductions in the demand for and supply of cancer services that have not fully recovered with the easing of lockdowns:

- Between April and July 2020, the number of patients starting cancer treatment fell by 26% compared to the same period the previous year [5].
- As of August 2020, two-week-wait referrals for all cancers decreased by 43% [6].
- The number of endoscopies dropped by 76% [7].
- NHS figures published in January 2021 show that in May 2020, the number of colonoscopies performed fell to 7,332 from 48,804 in January 2020. By November, the number had still not recovered [8].
- Between March and September 2020, the waiting list for colonoscopies in England rose by 68%, from 44,561 to 75,300 [9]. By March 2021, this figure was still 63,637.

- Compared to March 2020, the proportion of patients waiting six weeks or more for endoscopy increased by 26% in March 2021 [10].
- Patients waiting more than six weeks for a colonoscopy procedure increased from 6,838 to 43,274 between January and June 2020. By November, 33,252 people had still been waiting more than six weeks, and by March 2021, the figure was 28,731 [11].
- Patients waiting more than thirteen weeks for a colonoscopy procedure increased from 1,897 to 29,582 between January and July 2020 [12].
- In November 2020, 21,868 people were still waiting more than thirteen weeks, and by March 2021, the figure was 18,958 [13].

For those already diagnosed with cancer, treatments were also affected. Figures for April, May, and June 2020 show:

- Radiotherapy procedures fell by 10% [14].
- Chemotherapy attendances dropped by 31% [15].
- The number of surgeries performed fell between 29% and 40% [16].
- In May 2020, 29% of cancer surgeries were cancelled, later falling to an estimated 0% [17].

A February 2021 British Medical Journal study predicts that these disruptions may result in significant excess mortality among cancer patients. The research estimated that declines in urgent referrals and chemotherapy attendances during the initial UK lockdown period (March-May) would result in between 7,165 and 17,910 excess cancer deaths in a one-year total [18].

A Lancet study published in August 2020 assessed the impact of delays in the two-week wait cancer referral pathway during the COVID-19 pandemic on cancer survival in the UK for the 20 most common tumour types, including bowel cancer. The study shows that delays in presentation over a three-month lockdown period (with an average presentational delay of two months per patient) would result in [19]:

- 181 additional deaths for a 25% backlog of referrals,
- 361 additional deaths for a 50% backlog of referrals, and
- 542 additional deaths for a 75% backlog of referrals.

The study also analysed the compound effects of delaying additional diagnostic capacity. It found that a delay in additional diagnostic capacity spread over three to eight months after lockdown would result in [20]:

- 401 additional lives lost under the 25% backlog scenario,
- 811 additional lives lost under the 50% backlog scenario, and
- 1,231 additional lives lost under the 75% backlog scenario.

Another Lancet study demonstrated that delays in diagnoses for bowel cancers due to COVID-19 are likely to result in a 15.3-16.6% increase in deaths from the disease in the UK [21].

Case studies and testimonials

Wexford - Mobile endoscopy suite at Wexford General Hospital, Ireland.

Wexford General Hospital took delivery of a mobile endoscopy suite from Vanguard Healthcare Solutions back in May 2023, in a project managed by the organisation's partner and distributer, Kildare-based Accuscience Ireland.

The hospital suffered extensive damage in a fire earlier in the year, including a partial roof collapse alongside water and fire damage to buildings and medical equipment. The damage extended to 'large parts' of the hospital leaving it in need of significant construction and electrical works.

Thankfully no-one was injured in the blaze. All but 29 of the 219 patients on site at the time had to be evacuated or relocated to other facilities and half of the hospital's beds were closed.

Alongside the accident and emergency department, endoscopy procedures were one of the services at the 270-bed hospital to have been impacted because of the fire.

Working alongside Vanguard and Accuscience, the hospital took delivery of a 18m mobile endoscopy suite which is designed to allow for a complete patient pathway from admission to discharge. The facility includes a decontamination suite to reprocess equipment used in the procedures.

The standalone facility was placed in a dedicated area on site connected to the main hospital by a newly purpose-built corridor. Patients can attend their appointments without a need to visit the main hospital building.

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Patricia Hackett, operations manager clinical services from Wexford General Hospital said: “Our endoscopy unit was completely destroyed during the fire. The mobile unit is helping us keep essential diagnostic procedures running. It is being used five-days-a-week on average.

“These really are essential procedures, and the fire affected our waiting times for them. We needed a solution which could be deployed as quickly as possible.

“When it arrived, it did so seamlessly. There was the need to build a corridor and for the unit to be commissioned and tested, but it was still by far the quickest option to get as full a service up and running as possible.

“We can facilitate as many procedures on the facility as we did previously and are now able to also run the service two Saturdays a month. It really is playing an essential part in maintaining services, managing the waiting lists and helping people be seen in as timely a way as possible. Without it, doing so would have been impossible.”

James McCann, managing director at Accuscience said: “We’re delighted to have been able to help Wexford General Hospital resume on-site endoscopy services as they continue to recover from the after-effects of the fire. These are essential diagnostic procedures which are in high demand, and we are proud to be supporting the hospital maintain services for the local community in this way.”

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Patricia Hackett, operations manager clinical services from Wexford General Hospital

Bury - Fairfield General Hospital

The Greater Manchester Elective Reform Programme, dual procedure endoscopy suite

The Greater Manchester Provider Federation Board identified the need for additional support in delivering endoscopy services across Greater Manchester after the disruption caused by the COVID-19 pandemic.

The Greater Manchester Elective Reform Programme brings health providers across the region together to ensure patients' needs are being met. We were commissioned to design a bespoke endoscopy facility to meet the Alliance's specific needs.

The plan

The plan was to create an additional modular endoscopy suite, separate from the main hospital building, with a laminar flow theatre plus two procedure rooms, seamlessly integrated with a further multi-room bespoke modular building.

The solution

In addition to the two procedure rooms, the suite was constructed with a six-bed recovery bay, two consulting rooms and full staff and patient facilities. We partnered with 18 Week Support to assist the Trust to staff the unit. They provided eight specialist endoscopy nurses and two clinical consultants. Between them, they would deliver all patient endoscopy procedures. Reception and porter services are provided by the Trust.

The outcome

The endoscopy unit is fully operational seven days a week performing full colonoscopy, sigmoidoscopy, and gastroscopy procedures. Feedback from patients and staff at the unit has been very positive.

In its first six months, the unit supported patients from the Pennine Acute Hospitals NHS Trust, Manchester University NHS Foundation Trust, Stockport NHS Foundation Trust and Salford Royal NHS Foundation Trust. On average, each day's list accumulates around 48 to 52 JAG points and lists are run on a single-gender basis daily. Waiting times for endoscopy procedures have reduced considerably.

Asia Bibi, programme manager at the Greater Manchester Elective Reform Programme, said: "A number of NHS partners have been working together to support the recovery of services as a region and this is one of the first projects to provide access for all regional patients. I am pleased at the pace we have been able to set this up in order to restore services for our patients."

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Clydebank - Golden Jubilee, National Hospital

Helping to increase capacity to carry out more of the operations and reduce waiting times

The endoscopy department identified a need to increase capacity. A mobile endoscopy facility was considered crucial to elective care catch-up and to meet ongoing treatment demand.

The contract was supported by the endoscopy and urology diagnostic recovery and renewal plan, backed by £70million of Scottish Government investment to help hospitals return to pre-pandemic treatment levels, and go beyond.

The plan

The plan was to provide a single mobile endoscopy facility that would remain on-site for a minimum of 12 months, with the opportunity to extend at the end of the contract term. The aim of this solution was to ensure that elective capacity was both maintained and increased, and to drastically reduce patient waiting times.

The solution

A single mobile endoscopy facility was delivered and installed in June 2021. As a standalone facility, it operated without the need for access to the main hospital site. This high-quality healthcare space was designed for clinicians to perform both upper and lower procedures, including gastroscopies, colonoscopies, and sigmoidoscopies.

We provided equipment for one procedure room, including a set of 290 endoscopes, stacks, and scope guides. In addition to unit facilitators, we also provided nurses and endoscope decontamination technicians to work alongside the Endoscopist.

The outcome

The facility is operational seven days a week, 8am—6pm with up to 24 JAG points achieved per day. There have been no periods of downtime and therefore no disruption to hospital functions or elective care lists.

Vanguard staff worked closely with the Health Board's staff from the early weeks of facility usage and throughout the life of the contract to increase familiarity of the unit. The hospital staff's high satisfaction with the single procedure unit is demonstrated through their extension of the contract until June 2024.

About us

Founded 25 years ago, in 1999, Vanguard Healthcare Solutions has steadily built a reputation as a leading global provider of flexible clinical infrastructure and services. Today, we proudly partner with NHS Trusts and independent sector organisations across the UK, with over 50% of UK public hospital providers having used one of our Healthcare Spaces. Our clients rely on us for high-quality, technically advanced solutions that deliver rapid improvements in health outcomes, returning to us as their needs evolve.

In 2018, we launched Q-bital Healthcare Solutions, our international division, marking the start of our global expansion. Our growth has continued both in the UK and internationally, and we now operate in the Netherlands, Sweden, Australia, and France, with plans to explore new markets to meet the growing demand for our innovative solutions. For more information on our international operations, visit **www.q-bital.com.**

In 2023, Vanguard Healthcare Solutions acquired a purpose-built manufacturing facility in Hull, increasing our capacity to produce both temporary and permanent modular healthcare spaces. This strategic investment enhances our ability to meet the infrastructure demands of the healthcare sector.

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