

**From the Acting Chief Medical Officer  
Dr Elizabeth Mitchell**



Department of  
**Health, Social Services  
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

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HSS(MD) 31/2009

To:

Chief Executive, Public Health Agency  
Chief Executive, Health and Social Care Board  
Chief Executive, Business Services Organisation  
Director Public Health, Public Health Agency – *for onward distribution to public health screening leads*  
Chief Executives of HSC Trusts – *for onward distribution to lead directors for colonoscopy services*  
Medical Directors of HSC Trusts – *for onward distribution to consultant surgeons, physicians, radiologists and pathologists*  
Director of Nursing, Public Health Agency  
Directors of Nursing of HSC Trusts – *for onward distribution to nurse endoscopists and endoscopy nurses*  
All General Practitioners

Your Ref:

Our Ref: HSS(MD) 31/2009

Date: 22 June 2009

Dear Colleague

## **BOWEL CANCER SCREENING PROGRAMME IN NORTHERN IRELAND**

### **Summary**

1. The UK National Screening Committee which advises the four UK Health Departments on screening programmes has recommended that bowel cancer screening using faecal occult blood testing is offered to all men and women above 50 years of age.
2. The Department of Health, Social Services and Public Safety (DHSSPS), in the recently published Priorities for Action for 2009-10, has set a target for the introduction of bowel cancer screening by December 2009.

***Bowel cancer screening (PSA 1.11): by December 2009, Commissioners and Trusts should establish a comprehensive bowel screening programme for those aged 60-69 (to include appropriate arrangements for follow-up treatment).***

3. The new Public Health Agency, established from 1<sup>st</sup> April 2009, has lead responsibility for implementing all screening programmes, as informed by policy decisions from the Department of Health, Social Services and Public Safety.
4. The purpose of this circular is to outline the policy for the implementation of a high quality bowel cancer screening programme in Northern Ireland and to ensure the Public Health Agency, the Health and Social Care Board, the Business Service Organisation and Health and Social Care Trusts have the appropriate arrangements in place by December 2009.



## **Background**

5. Bowel cancer is a major cause of morbidity and mortality. It is the third most common cancer in Northern Ireland after lung and breast. Every year approximately 1,000 people are diagnosed with the disease and around 400 die from it. Over 80% of cases occur in people who are aged 60 and over.
6. A number of research studies have found that screening men and women for bowel cancer using the guaiac faecal occult blood testing reduced the mortality rate from bowel cancer by 16% in the study populations.

## **Aim of the Screening Programme**

7. The aim of the Bowel Cancer Screening Programme is to decrease mortality from colorectal cancer in the general population by inviting all eligible men and women to complete a Faecal Occult Blood Test (FOBT) kit at home every two years.
8. From December 2009 all eligible men and women aged between 60 and 69 should be offered screening within 24 months and every 2 years thereafter. From January 2012 the programme should be extended to include those up to age 74 years. The programme will be further extended to include all eligible men and women aged 50-74 from January 2014.

## **Implementation of the Bowel Cancer Screening Programme**

9. A project management structure is currently in place to oversee the implementation of the bowel cancer screening programme across Northern Ireland. This includes a Regional Bowel Cancer Screening Project Board, Project Management Team and Project Manager. A number of project subgroups have been established to take forward work on specific issues including those relating to call/recall, public and professional awareness, laboratory testing, secondary care services and quality assurance, and to support the Project Team.
10. A Regional Modernising Endoscopy Group was established in September 2007 to support secondary care services in ensuring that they have the capacity to manage those referred for colonoscopy and further treatment if required and that staff are trained to the required level. A regional clinical lead for endoscopy and a regional lead for training have also been appointed on a sessional basis for 3 years. A regional nurse lead for endoscopy was appointed in February 2009 for 18 months.
11. The programme should meet the standards set out in *“Northern Ireland Bowel Cancer Screening Programme - Quality Assurance Standards and Criteria”*, and the DHSSPS Quality Standards for Health and Social Care.

## **Follow-up of patients diagnosed with bowel cancer**

12. The Health and Social Care Board and Trusts should ensure that arrangements are in place for the timely management of those diagnosed with bowel cancer.

Approximately 2% of those screened will require a colonoscopy of whom 10% will have bowel cancer.

## Resources

- 13 Under CSR 2007 the total amount for cancer control over the three financial years 2008/09, 2009/10 and 2010/11, is £3m, £10m and £13m respectively. For bowel cancer screening £1m will be allocated to the Public Health Agency for the 2009-10 financial year to commence its implementation. £3.5million is budgeted from 2010-11 to implement bowel cancer screening in Northern Ireland to include all eligible men and women aged 50-74. As stated in paragraph 8 the programme will be rolled out over a number of years.

## Monitoring and quality assurance

14. The bowel cancer screening programme should be subject to ongoing regional performance management and audit. A minimum core of information should be collected to support performance monitoring of the programme, including how it meets programme standards and quality assurance measures. The Quality Assurance Reference Centre within the Public Health Agency should undertake a similar function for bowel screening as it currently does for the Northern Ireland Breast and Cervical Screening Programmes.
15. Appropriate fail-safe mechanisms should be in place to ensure that screening is offered to all eligible people and that those who require referral are followed up in a timely and appropriate way.

## Actions

16.
  - a) The Public Health Agency, Health and Social Care Board, Business Service Organisation and Trusts should work together, with support of the Bowel Cancer Screening Project Board, to ensure appropriate arrangements are in place by December 2009 to offer bowel cancer screening to eligible men and women aged between 60 and 69 in the first instance.
  - b) Commissioners and Trusts should ensure that arrangements are in place for the timely management of those who are diagnosed with bowel cancer.
  - c) Commissioners and Trusts should have appropriate fail-safe mechanisms in place to ensure that screening is offered to all eligible people and that those who require referral are followed up in a timely and appropriate way.
  - d) The programme should meet the standards set out in *“Northern Ireland Bowel Cancer Screening Programme - Quality Assurance Standards and Criteria”*. All care should also meet the DHSSPS Quality Standards for Health and Social Care.

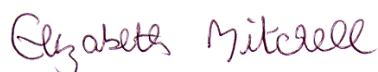
## Further information

17. For further information please contact Mrs Sarah Liddle, Project Manager for the bowel cancer screening programme. Email [SLiddle@nican.n-i.nhs.uk](mailto:SLiddle@nican.n-i.nhs.uk) or telephone: (028) 90 565860.

Or

Dr Margaret Boyle, Senior Medical Officer, DHSSPS. Email [Margaret.Boyle2@dhsspsni.gov.uk](mailto:Margaret.Boyle2@dhsspsni.gov.uk) or telephone (028) 90 520713

Yours sincerely



**DR E MITCHELL**  
**Acting Chief Medical Officer**

cc Andrew McCormick – Permanent Secretary  
Dr M McBride - Acting Permanent Secretary  
Mr Martin Bradley (CNO)  
Members of Bowel Cancer Project Board  
Members of Bowel Cancer Project Team  
Members of the Regional Modernising Endoscopy Services Project Team  
Professor P Johnston, Dean Head of School of Medicine, Dentistry & Biomedical Sciences QUB  
Dr T McMurray, NIMDTA  
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Dr Owen Barr, Head of School of Nursing, University of Ulster  
Dr Margaret Boyle (Senior Medical Officer – DHSSPS)  
Mr Andrew Elliott (Director Population Health)  
Mr Dean Sullivan (Director Planning and Performance Management Directorate)  
Mr David Galloway (Acting Director Secondary Care)  
Mr Seamus Camplisson (Health Protection Branch)  
Mrs Sarah Liddle (Project Manager – Bowel Screening Programme)  
Mr Sean Donaghy – (Deputy Secretary - Resource and Performance Management)

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