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To: All Trust Chief Executives

Copied to: SHA Cancer Leads and Cancer Network Directors

Dear Colleague

Be Clear on Cancer – national campaign to promote earlier diagnosis of bowel cancer

Sir Bruce Keogh, the NHS Medical Director, wrote to you in August asking you to prepare for the forthcoming national bowel cancer symptom awareness campaign. This letter provides more information to help you prepare.

National bowel cancer campaign

The aim of the campaign is to raise public awareness of the symptoms of bowel cancer and to encourage those with persistent symptoms to present promptly. Although the great majority of those presenting with symptoms will not have bowel cancer, some will – and by catching the cancer earlier, it should be more treatable. This is part of our programme to improve cancer survival rates.

The campaign will start on 30 January 2012 and run to the end of March 2012. It will feature on national television and radio and in the press (a copy of the press advertisement is attached). There will also be online and outdoor activity such as face-to-face events and bus advertising.

The campaign is designed to:

- give simple information about bowel cancer symptoms
- provide a clear call to action to see the GP
- give a reassuring message that earlier diagnosis improves the chances of successful treatment.

The campaign is aimed at people over the age of 55 from lower socio-economic backgrounds (C1&C2DE). The message will be that, if a person has had loose stools or blood in their poo for more than 3 weeks, they should go to see their GP. This message has been developed with a range of stakeholders and was successfully trialled in pilots earlier this year.

Impact of the campaign

In Bruce Keogh's letter, Chief Executives were asked to prepare early for the expected increases in referrals to secondary care and the additional activity in endoscopy and pathology services.

In the pilot campaign in the East of England and the South West earlier this year, there was a 32% increase in the number of 2 week wait colorectal referrals to secondary care over 6 months (January – June 2011), with a consequential increase in endoscopy activity. In some places, at the peak of the campaign, there was a 100% increase in referrals.

We have done further modelling work to calculate the short and the longer term increase in demand for endoscopy.

We estimate that the campaign in January is likely to generate an additional 15000 colonoscopies across England. This equates to:

- approximately 100 additional colonoscopies at an average sized NHS trust
- the main increase will be spread over 8 to 10 weeks, so an average trust will need to undertake around 10 additional colonoscopies (ie 2 sessions) per week for 10 weeks (for a large trust, this figure is likely to be doubled)
- the total cost of 15,000 colonoscopies is around £9m - the cost to an average PCT or trust is likely to be around £50,000.

It is important to note that this is intended as a guide and trusts are encouraged to do more detailed modelling at a local level.

It should also be noted that funding for additional diagnostic tests and treatment in order to deliver earlier diagnosis of cancer has been put into PCT baselines.

Over the next 4-5 years, we estimate that the NHS will be a need to plan for a 10-15% year on year increase in lower GI endoscopy activity. This is as a result of:

- the age extension of FoBt screening which is currently under way
- increases in symptomatic referrals requiring flexible sigmoidoscopy and/or colonoscopy – partly driven by awareness campaigns
- the planned introduction of flexible sigmoidoscopy screening for people at aged 55
- increased surveillance activity (eg of patients found to have polyps)
- the shift from barium enema to colonoscopy.

The Operating Framework for the NHS for next year has made it clear that we expect less than 1% of patients to be waiting more than 6 weeks for diagnostic tests, and so it will be very important for trusts to plan and deliver the additional endoscopy capacity needed.

Engagement with primary care

I have recently written to all GPs to provide them with more information about the campaign. We have made it clear that we are not suggesting that they refer to secondary care all patients who present as a result of the campaign - GPs will need to exercise their clinical judgement about the appropriate handling for the individual patient.

Summary

Bowel cancer is the second largest cancer killer in England with around 32,000 new cases and 13,000 deaths each year. Incidence is increasing (especially in men). Survival following a diagnosis of bowel cancer is steadily improving but survival in England lags considerably behind that in Australia, Canada and Sweden (roughly 50% versus 60% 5-year

survival). There is a need now for a concerted effort across public health, primary care and secondary care to improve these outcomes. Cancer Network leads are working closely with local trusts to prepare for the national campaign and the support of your trust will be crucial.

If you have any queries, the DH Cancer Team and I would be happy to answer them. Please send any queries to Jennifer.Benjamin@dh.gsi.gov.uk.

Thank you in advance for your support.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Mike Richards', with a stylized flourish at the end.

Professor Sir Mike Richards CBE
National Clinical Director for Cancer