Public Health England

NHS Cancer Screening Programmes

NHS Bowel Cancer Screening Programme

Bowel scope screening – 2nd wave

Advice to the NHS and bidding process

September 2013

About the NHS Cancer Screening Programmes

The national office of the NHS Cancer Screening Programmes is operated by Public Health England. Its role is to provide national management, coordination, and quality assurance of the three cancer screening programmes for breast, cervical, and bowel cancer.

About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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Population affected	NHS Trusts CEs, Medical directors, Directors of Public Health, NHS England commissioners
Target audience	Health professionals
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Contents

1. Introduction

1.1 Bowel cancer is a major health problem in England. In 2011, 34,044 people (18,971 men and 15,073 women) were diagnosed with bowel cancer and 12,876 people (6,976 men and 5,900 women) died of bowel cancer.

1.2 *Improving Outcomes: A Strategy for Cancer* (January 2011) set out how, in order to save 3,000 lives a year, the Department of Health would invest £60 million between 2011 and 2015 to incorporate flexible sigmoidoscopy (bowel scope screening) into the current bowel screening programme.

Background

1.3 The effect of bowel scope screening will be to reduce the incidence of bowel cancer and achieve earlier diagnosis. The effect of the programme on reductions in incidence and improvements in survival rates should be apparent in the participating population about a decade after its introduction.

Pilots began to incorporate bowel scope screening into their screening programmes in 2012/13 and first wave sites are commencing in 2013/14 with the aim of achieving 30% of screening centres offering bowel scope screening by the end of March 2014 and 60% by the end of March 2015. Full roll-out will be achieved in 2016.

1.4 This document outlines the bowel scope screening process and the criteria for second wave bid submission for bowel scope screening.

1.5 Section 7a of the National Health Service Act 2006 details the public health functions to be carried out by NHS England, and is an agreement between the Secretary of State for Health and NHS England. The forthcoming agreement is expected to state that PHE will continue to be responsible in 2014-15 for the roll out of the bowel scope screening programme mentioned in the Mandate. The Secretary of State's commitment is to have this programme rolled out to 60% of England by the end of March 2015, and to the rest of England by the end of 2016. NHS England will work with PHE to help deliver the involvement of screening centres sufficient to meet the 60% commitment and to support preparatory steps in other bowel cancer screening centres to implement by the end of 2016.

1.6 Roll out of the original NHS Bowel Cancer Screening Programme using faecal occult blood (FOB) home testing kits began in 2006, and full roll-out (all screening centres open and inviting the original target group of men

and women aged 60-69) across England was completed in January 2010. The programme is one of the first national bowel cancer screening programmes in the world, and the first cancer screening programme in England to invite men as well as women.

1.7 Research undertaken in Nottingham[1] and Funen[2] in the 1980s showed that inviting men and women aged 45 to 74 for bowel cancer screening using the faecal occult blood test (FOBt) could reduce the mortality rate from bowel cancer by 16%[3]. An independently evaluated pilot in Warwickshire and Scotland showed that this research can be replicated in an NHS setting[4]. Based on the final evaluation report of the pilot and a formal options appraisal[5], a national screening programme for bowel cancer was introduced. The programme in England is screening men and women aged 60 to 74. Experts estimate that by 2025, around 2,400 lives could be saved every year by the FOB testing element of the NHS Bowel Cancer Screening Programme.[6]

[1] Hardcastle JD, Chamberlain JO, Robinson MH, Moss SM, Amar SS, Balfour TW, James PD, Mangham CM. Randomised controlled trial of faecal-occult-blood screening for colorectal cancer. *Lancet,* 1996, 348(9040):1472-7

[2] Kronborg O, Fenger C, Olsen J, Jorgensen OD, Sondergaard O. Randomised study of screening for colorectal cancer with faecal-occult-blood test. *Lancet*, 1996, 348(9040):1467-71

[3] Hewitson P, Glasziou P, Watson E, Towler B, Irwig L.Cochrane systematic review of colorectal cancer screening using the fecal occult blood test (hemoccult): an update. *Am J Gastroenterol.,* 2008,103(6):1541-9

[4] UK Colorectal Cancer Screening Pilot Group Results of the first round of a demonstration pilot of screening for colorectal cancer in the United Kingdom. *BMJ,* 2004,329:133-5

[5] *Colorectal cancer screening options appraisal: Cost-effectiveness, cost-utility and resource impact of alternative screening options for colorectal cancer* (School of Health and Related Research, University of Sheffield: report to the Department of Health, September 2004) www.cancerscreening.nhs.uk

[6] Parkin, D.M., Tappenden, P., Olsen, A.H., Patnick, J., Sasieni, P., Predicting the impact of the screening programme for colorectal cancer in the UK. *Journal of Medical Screening*, 2008. 15: 163-174

Bowel scope screening

1.8 Bowel scope screening is an alternative and complementary bowel screening methodology to FOB testing. Evidence shows men and women aged 55 - 64 attending a one-off bowel scope ("bowel scope" in this document refers to flexible sigmoidoscopy screening) screening test for bowel cancer can reduce their mortality from the disease by 43% (31% on an invited population basis) and reduce their incidence of bowel cancer by 33% (23% on a population basis).[7]

1.9 A randomised controlled trial funded by Cancer Research UK, the Medical Research Council and NHS research and development leads took place in 14 UK centres, and evaluated screening for bowel cancer using a single bowel scope screening between 55 and 64 years of age, removing small polyps by flexible sigmoidoscopy and providing colonoscopy for "high risk" polyps.

1.10 The study concluded that bowel scope screening is a safe and practical test and, when offered only once between ages 55 and 64 years, confers a substantial and long lasting benefit. Based on the trial figures, experts estimate the programme would prevent around 3,000 cancers every year. A similar trial with similar results took place in 6 Italian centres. The UK National Screening Committee (UK NSC) reviewed the evidence, and in April 2011 concluded that screening for bowel cancer using flexible sigmoidoscopy meets the UK NSC criteria for a screening test. In England its implementation is being managed by NHS Cancer Screening Programmes within Public Health England.

1.11 In early 2011, pathfinder sites were identified to test organisational arrangements for the operation of bowel scope screening, with particular attention to the invitation and appointment process. This has enabled optimal strategies to be applied in the development of the national pilot. The pathfinder sites were the Tees, South of Tyne and Derbyshire local screening centres. First invitations were issued from the pathfinder sites in January 2011, and the first clinic was held in February 2011. The Pathfinder Project ceased in May 2011 as planned.

1.12 The valuable learning from the pathfinder sites enabled the NHS to begin the pilot process from March 2013. The six pilot sites are:

- South of Tyne Screening Centre (lead Trust: Gateshead Health NHS Foundation Trust
- West Kent & Medway Screening Centre (lead Trust: Dartford & Gravesham NHS Trust);

[7] Atkin W, Edwards R, Kralj-Hans I et al. Once-only flexible sigmoidoscopy screening in prevention of colorectal cancer: a multicentre randomised controlled trial. *The Lancet*, 2010, 375(9726):1624-1633

- Norfolk & Norwich Screening Centre (lead Trust: Norfolk and Norwich University Hospitals NHS Foundation Trust);
- St Mark's Screening Centre, London (Lead Trust: North West London Hospitals NHS Trust);
- Wolverhampton Screening Centre (lead Trust: Royal Wolverhampton Hospital NHS Trust); and
- Surrey Screening Centre (lead Trust: Royal Surrey County Hospital NHS Trust).

All six pilot sites are operational and all five bowel screening hubs have at least one pilot site in their area. These pilots are expected to enable significant shared learning as Wave 1 sites work to become operational, with pilots and Wave 1 sites offering that learning to Wave 2 sites and so on.

1.13 A further 12 first wave sites are expected to commence operations during 2013/14 in order to achieve 30% roll out by March 2014. A list of potential first wave sites is in Annex A. Similarly, to achieve 60% roll out by March 2015, Wave 2 would consist of at least 20 local screening centres beginning in 2014/15. The remaining local screening centres would be invited to begin as Wave 3 in 2015/16 with full rollout in 2016.

The bowel scope screening process

1.14 The bowel scope screening process is a one-off invitation to people aged 55 years. Screening centres will need to ascertain the numbers of individuals in that age range over a 12 month period in order to calculate the number of people attending for a bowel scope screening examination. The bowel scope screening invitation process is shown at Annex B.

1.15 The flexible sigmoidoscopy trial had a 55% uptake for FS which is similar to acceptance of faecal occult blood testing in the same areas[8]. The invitation to an individual has the time, date and place for the bowel scope screening appointment and will incorporate a reply slip in order for the individual to confirm their attendance. Enemas will be posted to the individuals when they have confirmed their intention to attend.

1.16 Screening centres manage the whole invitation process and must plan to issue an invitation to all the eligible population. However, due to the anticipated acceptance rate, the actual flexible sigmoidoscopy lists required are expected to be half of that number (based on acceptance achieved in the trial and the early experience of the pilot sites to date). The Bowel Cancer Screening IT System (BCSS) has been set up with this in mind and allows for 'double booking' of bowel scope screening appointments with subsequent cancellations either explicitly or implicitly

[8] Robb et al. Flexible sigmoidoscopy screening for colorectal cancer: uptake in a population-based pilot programme. *Journal of Medical Screening,* 2010, 17: 75-78

due to lack of response within the time limit. It is also anticipated that there will be a large proportion of re-booking of appointments and changes in lists. An overview of the invitations and screening process timeline is shown at Annex B and C.

1.17 As Bowel scope screening capacity and delivery are controlled by the screening centre, it is expected that there will be a programme manager in the Screening Centre who will, together with the administrators, manage this in conjunction with the Hubs. This will require an increase in and strengthening of the current programme management within Screening Centres in order to co-ordinate the whole of the Screening Centre's activities. The clinical director of the combined bowel scope and faecal occult blood test bowel cancer screening programme should be a clinician who is directly involved in the service.

1.18 In the FOBt programme, screening centres see only those participants (2%) who have a positive faecal occult blood test result requiring further investigation. In order to provide the endoscopy capacity to deliver bowel scope screening to the population across broad geographical areas, consideration will need to be given to potentially using community hospitals, polyclinics, or independent treatment centres. Other options to be considered include running evening and weekend lists, which, together with more local delivery of endoscopy, will make it easier for individuals to attend.

1.19 To estimate the capacity required for a total population of 500,000

- assuming 1.6% of the population are aged 55 years
  = 8000 FS endoscopies per annum;
- Over 50 weeks with 10 individuals on a FS list
  =16 FS lists per week
- Assume 50% uptake
  = 8 FS lists per week

1.20 In addition, it is expected that 5% of the population attending for bowel scope screening will require a screening colonoscopy. This would amount to 4 additional screening colonoscopies per week which equates to one additional screening colonoscopy list per week.

1.21 Screening centres should consider their workforce provision to manage the numbers of flexible sigmoidoscopy lists and to ensure that lists are not cancelled because of lack of screening endoscopists or endoscopy staff in general. All screening endoscopists will be required to undertake an assessment process and meet the minimum criteria before being able to perform bowel scope screening on the invited population.

1.22 Individuals who on sigmoidoscopy examination are found to need a full colonoscopy according to set national criteria (based on the flexible

sigmoidoscopy trial) are to be managed with those requiring colonoscopy within the current programme. Lists can be merged and all current colonoscopy quality requirements will apply. Similarly where imaging is required for a small number of individuals computerised tomography (CT) scanning should be offered to the standards currently required in the screening programme.

1.23 In order to maximise appropriate use of resources and expertise, there should be one central pathology laboratory per screening centre where all polyps arising from the bowel scope screening examinations are reported.

Preparing the screening centre for bowel scope screening

1.24 The screening centre management should be meeting regularly with all relevant parties and stakeholders, to agree how and where bowel scope screening will be delivered. This group must include the quality assurance team, NHS England commissioners for the current faecal occult blood test programme and screening and immunisation leads working in the relevant NHS England Area Team.

1.25 Many screening centres work across several Trusts to deliver the bowel cancer screening programme. It is essential that all Chief Executives of the Trusts have signed up to the delivery of bowel scope screening. Screening and immunisation leads will be able to work cross-Trust to ensure engagement at all levels.

1.26 Bids will not be accepted without sign off from all parties listed in the bid pro forma (Annex D).

2. Bowel scope screening: 2nd wave sites – criteria

2.1 To ensure the quality and safety of symptomatic bowel cancer services and the colonoscopy element of the faecal occult blood test programme, Public Health England have set the following criteria for local screening centres expanding or opening in order to participate in both the faecal occult blood test and in the bowel scope screening programme. The operation of bowel scope screening alone will not be considered.

2.2 Bowel scope screening sites should have achieved:

i) sustained operation of the faecal occult blood test programme and sustained implementation of the faecal occult blood test age extension (70 up to 75th birthday)[9] while meeting the Quality Assurance standards of the Bowel Cancer Screening Programme including waiting times for Specialist Screening Practitioner appointment and screening colonoscopy

ii) demonstrable sustainable endoscopy capacity for facilities and staff to deal with the increased workload with the expansion to incorporate bowel scope screening and continued growth in screening colonoscopic surveillance

iii) provision of CO^2 for insufflation at all sites where bowel scope screening and screening colonoscopy is provided in accordance with European Guidelines for Quality Assurance of Colorectal Cancer Screening and Diagnosis

iv) provision of entonox at all sites where bowel scope screening is provided

v) maintenance of full Joint Advisory Group on GI Endoscopy (JAG) annual accreditation at each endoscopy unit which offers bowel scope screening and screening colonoscopy

vi) maintenance of GRS scores:

- waiting times at level A for a minimum of three months prior to commencing bowel scope screening at all screening sites
- waiting times at all other hospitals within the trust must be at level A before bowel scope screening can commence
- at least level B for all other GRS (Global Rating Scale) scores

[9] The Operating Framework for the NHS in England 2011/12, Department of Health (15th December 2010)
www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122736.pdf

vii) sustained achievement of the operational standards for the relevant cancer waiting times commitments:[10]

Commitment	Operational Standard
All cancer two week wait	93%
62 day (urgent GP referral to treatment) wait for first treatment: all cancers	85%
62-day wait for first treatment from consultant screening service referral: all cancers	90%

viii) agreed direction to work towards the identification of a single pathology laboratory with the capacity to deal with all the polyps arising from bowel scope screening and screening colonoscopy examinations in a screening centre. The laboratory would need two to four nominated consultant histopathologists who participate in the BCSP External Quality Assurance (EQA) scheme to report these samples. In addition, pathology laboratories which will report suspected bowel cancers arising in the programme should also have an identified BCSP lead with whom the FS polyp reporting pathologists can liaise. Note: a named lead pathology laboratory should at least be identified and evidence that the screening centre is working towards the completion of the processes for a single pathology laboratory

ix) sign off from the regional quality assurance team, trust chief executive(s) and NHS England area team which commissions the current faecal occult blood test programme

x) the population size of the screening centre to deliver bowel scope screening would be 500,000 as a minimum and up to approximately 1,000,000 (and to achieve this a small number of screening centres may need to split / reconfigure)

xi) commitment to advance equality of opportunity for groups with poor screening uptake, including identifying where difficulties lie in the local population and considering innovative strategies to engage with people who do not respond to their initial invitation.

The Public Health Commissioning Team within the NHS England Area Team would need to assess the proposal from a public health perspective, engaging with local commissioners of related services e.g. CCGs which

[10] Dear Colleague letter, *Operational Standards for the Cancer Waiting Times Commitments*, Professor Sir Bruce Keogh, Department of Health (30th July 2009, Gateway ref: 12320) www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103431.pdf

commission symptomatic services. Additionally the Public Health Commissioning Team could assist with reconfiguration, ensuring appropriate outreach to all sectors of the population, liaising with Directors of Public Health in Local Authorities and ensuring that the service is promoted and delivered in a culturally appropriate manner.

In addition to the criteria above, the bid proforma in Annex D must provide the following detail:

- A capacity/demand plan with the proposed number of bowel scope screening sessions at each of the named sites demonstrating the capacity and demand to roll out bowel scope screening to the screening centre's population. The pace of roll out within screening centres will vary dependant upon factors such as JAG accreditation of subsidiary sites. However, all sites must be operational no later than18 months from the commencement of services. A capacity and demand template is available as a separate document from the national office. The national office can also provide individual screening centres population figures by GP practice on request to assist screening centres with their capacity and demand planning
- The screening centre weekly timetable for all screening activity identifying the staffing at all clinical sessions delivered locally and the names of the endoscopists and SSPs where available
- Confirmation that the pathology service will be able to meet the current requirements (as in paragraph 2.2 vii)
- Confirmation of the screening centre named clinical team members with designated sessions in their job descriptions. The director of the screening centre must be a clinician directly involved in the service
- Identification of dedicated screening centre programme manager post (WTE and pay band)
- The screening centre's project plan for delivering bowel scope screening within an agreed timeframe

3. Practical details

Funding

3.1 Funding for bowel scope screening is £400 per person attending for bowel scope screening following an invitation. The figure includes the costs of additional screening centre staff and, for those patients who require them, additional diagnostic investigations (e.g. screening colonoscopy, CT) in order to exclude a diagnosis of cancer.

3.2 In order to facilitate effective roll out of an operational bowel scope screening programme, screening centres will need to recruit project management capacity, endoscopy staff, purchase training and equipment etc. before any of the 'per person' funding is received. In recognition of this, set up costs will be provided by Public Health England to enable sites to become operational.

3.3 As pilot sites will be expected to share their learning, and help to facilitate the operational start-up of later waves, implementation funds will be tapered to take account of a) the additional pressures of becoming operational without other sites to learn from and b) the expectation of assistance being provided to other sites who are setting up. Screening centres will receive the following implementation/set up funding according to the wave in which they commence bowel scope screening.

Pilot sites -	£200,000
Wave 1 sites -	£150,000
Wave 2 sites -	£100,000
Wave 3 sites -	to be confirmed

National actions

3.4 In addition to this advice and bidding information, NHS Cancer Screening Programmes will follow due process in assessing second wave bids against the criteria and feeding back to successful and unsuccessful bidders.

3.5 The NHS Cancer Screening Programmes has developed the bowel scope screening protocol and a guidance document for screening centres. Additional information for bowel scope screening sites including information for primary care and national patient materials (e.g. letters, leaflets) is also available. See http://www.cancerscreening.nhs.uk/bowel/index.html

Local actions

3.6 Potential bidders should complete the bid pro forma at Annex D.

3.7 In the first instance, bids for second wave bowel scope screening should be sent to:

Professor Julietta Patnick
Director
NHS Cancer Screening Programmes
Fulwood House
Old Fulwood Road
Sheffield S10 3TH
E-mail: Julietta.Patnick@phe.gov.uk

3.8 Bids should be submitted by **Monday 14 October 2013**.

3.9 Once a local screening centre has been confirmed as a second wave site, other local actions will include:

i) Working with the local public health teams to raise awareness of the new programme in the relevant population

ii) Educating primary care

iii) Preparing to deliver the agreed bowel scope screening pathway to the required quality and timeliness standards including establishment of new posts and clinics

Participating in evaluation, data collection and quality assurance protocols and procedures as required by the national programme

iv) Adopting national template letters/leaflets

3.10 The national office will work collaboratively with the regional QA teams and screening centres to support their preparation for roll out of bowel scope screening.

A national conference on 7 November 2013 in London will provide further learning from the pilot sites. Invitations with further details will follow in due course.

4. Further details and support

4.1 Further support and advice can be obtained directly from the national office of the NHS Cancer Screening Programmes; Professor Julietta Patnick, Mrs Lynn Coleman or Mr John Davy (tel: 0114 2711060) or from the local quality assurance teams (see Annex E).

Annex A List of potential first wave sites

Calderdale, Kirklees and Wakefield Screening Centre

South Essex Screening Centre

Lancashire Screening Centre

Bradford & Airedale Screening Centre

Pennine Screening Centre

Aintree Liverpool	current Merseyside & North Cheshire Screening Centre to be split into 'Aintree Screening Centre' and 'Liverpool Screening Centre'

Tees Screening Centre

South Devon Screening Centre

Somerset Screening Centre

Discussions in progress with:

St George's Screening Centre, London

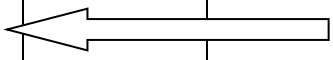
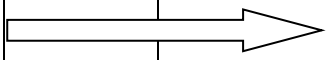
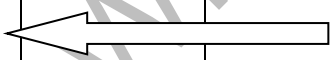
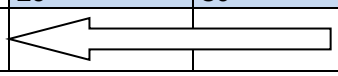
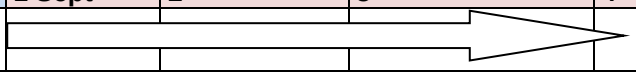
Leicester, Northampton & Rutland Screening Centre

County Durham & Darlington Screening Centre

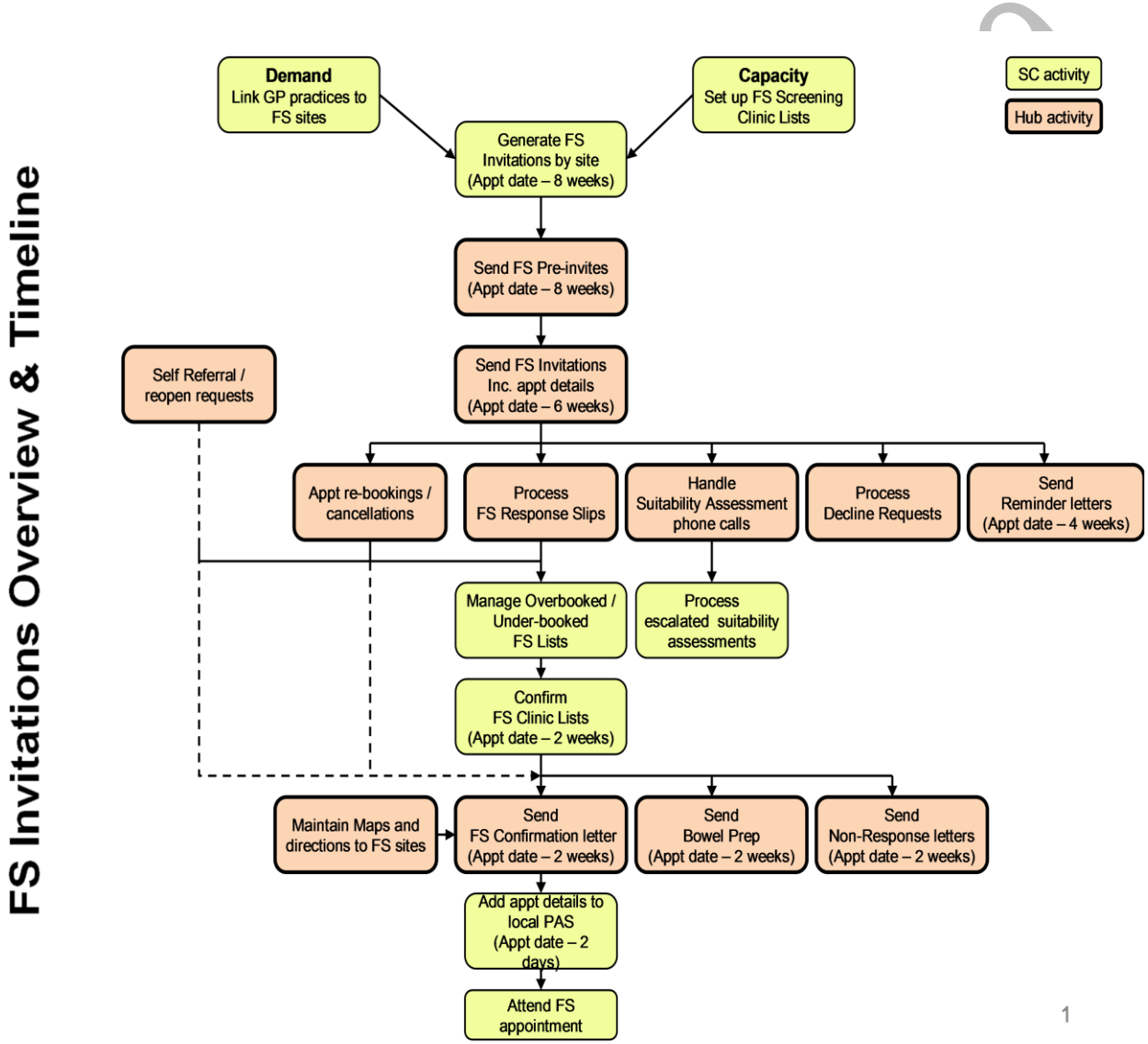
Manchester Screening Centre

Annex B Bowel scope screening Invitation Process

8 Week Timeline

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Week – 8	**4 Jul**	**5**	**6**	**7**	**8**	**9**	**10**
			Selected for FS Screening and matched to appointment Pre-invitation letter generated				
Week – 7	**11**	**12**	**13**	**14**	**15**	**16**	**17**
Week – 6	**18**	**19**	**20**	**21**	**22**	**23**	**24**
	Full invitation letters generated Full invitation letter sent		Full invitation letter received				
Week – 5	**25**	**26**	**27**	**28**	**29**	**30**	**31**
Week – 4	**1 Aug**	**2**	**3**	**4**	**5**	**6**	**7**
	Reminder Letter generated (Appt w/c/ date - 28 days) and sent		Reminder letter received				
Week – 3	**8**	**9**	**10**	**11**	**12**	**13**	**14**
Week – 2	**15**	**16**	**17**	**18**	**19**	**20**	**21**
			Appointment confirmed by SC Confirmation letter generated Non-response letter generated				
Week – 1	**22**	**23**	**24**	**25**	**26**	**27**	**28**
					Subjects added to PAS		
Appt Week	**29**	**30**	**31**	**1 Sept**	**2**	**3**	**4**
			FS Screening Appointment				

Annex C Bowel scope screening overview and timeline



Annex D NHS Bowel Cancer Screening Programme

Bid for 2nd wave of Bowel scope screening

Current or Planned Screening Centre Name:

Address:

Proposed Start Date:

Screening Endoscopy sites to be used (Bowel scope screening or colonoscopy):

Total population served (between 500,000 and 1 million people):

CCGs (please identify lead CCG if agreed) and NHSE Area Team(s):

Criteria to be met	Evidence required to demonstrate compliance	S/C confirm evidence supplied
1. Sustained operation of the FOBt programme and sustained implementation of the FOBt age extension (70 up to 75th birthday)[11] while meeting the QA standards of the BCSP including waiting times for SSP appointment and screening colonoscopy	Reports demonstrating all SSP appointments and screening colonoscopies are being undertaken within 14 days as required	
2. Demonstrable sustainable endoscopy capacity to deal with the increased workload with the expansion to incorporate bowel scope screening and continued growth in surveillance	Capacity and demand plans for forthcoming 2 years for FOBt and bowel scope screening	
3. Provision of CO^2 for insufflation in accordance with European Guidelines for Quality Assurance of Colorectal Cancer Screening and Diagnosis	Confirmation of availability of CO^2 at all sites	
4. Provision of entonox at all sites where bowel scope screening is provided	Confirmation of availability of entonox at all sites	
5. Maintenance of full Joint Advisory Group on GI Endoscopy (JAG) annual accreditation at each endoscopy unit which offers bowel scope screening and screening colonoscopy	JAG accreditation certificates	

[11] The Operating Framework for the NHS in England 2011/12, Department of Health (15th December 2010) www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122736.pdf

<table>
<tr><th>Criteria to be met</th><th>Evidence required to demonstrate compliance</th><th>S/C confirm evidence supplied</th></tr>
<tr><td>6. Maintenance of GRS scores:
waiting times at level A for a <u>minimum of 3 months prior to commencing bowel scope screening</u> <u>at all screening sites</u>
<u>waiting times at all other hospitals within the Trust must be at level A before bowel scope screening can commence</u>
<u>at least level B for all other GRS scores</u></td><td>BCSP waiting times templates completed for active and surveillance waits for the preceding 3 months at all sites/Trusts</td><td></td></tr>
<tr><td>7. Sustained achievement of the operational standards for the relevant cancer waiting times commitments:<table><tr><th>Commitment</th><th>Operational Standard</th></tr><tr><td>All Cancer Two Week Wait</td><td>93%</td></tr><tr><td>62-Day (Urgent GP Referral to Treatment) Wait For First Treatment: All Cancers</td><td>85%</td></tr><tr><td>62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers</td><td>90%</td></tr></table></td><td>Trust data returns</td><td></td></tr>
<tr><td>8. Working towards the identification of a single pathology laboratory with the capacity to deal with all the polyps arising from bowel scope screening examinations in a screening centre. Note: a named lead pathology laboratory should at least be identified and evidence that the screening centre is</td><td>Name of identified designated laboratory and current status of process if not yet finalised.</td><td></td></tr>
</table>

Criteria to be met	Evidence required to demonstrate compliance	S/C confirm evidence supplied
working towards the completion of the processes for a single pathology laboratory 9. The laboratory would need two to four nominated consultant histopathologists who participate in the BCSP External Quality Assurance (EQA) scheme to report these samples. In addition, pathology laboratories which will report suspected bowel cancers arising in the programme should also have an identified BCSP lead with whom the bowel scope screening polyp reporting pathologists can liaise.	Named histopathologists with job plans identifying sessions for BCSP work and EQA participation	
10. Sign off from the Regional Quality Assurance team, Trust Chief Executive(s) and NHSE Area Team which commissions the current FOBt programme	Bid proforma signed by all parties. Minutes of screening centre meetings where bowel scope screening discussion has taken place and agreement reached.	

BID PROPOSAL:

Please provide details of how your Screening Centre proposes to offer bowel scope screening to the population of your Screening Centre.

The details must include the following:

- A capacity and demand plan with the proposed number of bowel scope screening sessions at each of the named sites demonstrating the capacity and demand to roll out bowel scope screening locally to the Screening Centre's population within an 18 month timeframe
- The full screening centre weekly timetable for **all** screening activity and staffing at all clinical sessions delivered locally together with the names of the endoscopists and SSPs where available
- Confirmation that the pathology service will be able to meet the current requirements (as in para 2.2 viii)
- Confirmation of the Screening Centre clinical team members with designated sessions in their job descriptions. The Director of the Centre must be a clinician directly involved in the service
- Identification of dedicated programme manager post (WTE and pay band)
- The screening centre's project plan for delivering bowel scope screening within an agreed timeframe

Bid completed by Screening Centre Director name……signature……Date……

Bid supported by Regional QA team name……signature……Date……

Bid supported by Area Team/Commissioner name……signature……Date……

Bid supported by all Trust C/E(s) name……signature……Date……

name……signature……Date……

Annex E Quality Assurance Teams

Region	Regional QAD	Contact
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Region	Regional QAD	Contact
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West Midlands	Ms Philippa Pearmain	philippa.pearmain@phe.gov.uk 1st Floor 5 St Philip's Place Birmingham B3 2PW