

NHS North Cumbria CCG Primary Care Commissioning Committee	Agenda Item
18 January 2018	6

Bowel Screening Transformation Programme

Purpose of the Report							
<p>The purpose of the paper is:</p> <ul style="list-style-type: none"> a) To provide information of the proposed spending of the Northern Cancer Alliance funding b) To seek approval of direct payment to general practice 							
Outcome Required:	Approve	x	Ratify		For Discussion		For Information
Assurance Framework Reference:							
<p>1, Better Health – There is a need to ensure that Cumbria’s children and young people (including children looked after) are kept safe and transition into health adulthood.</p> <p>2, Better Care – Commission services that ensure the delivery of high quality and safe care for patients.</p> <p>3, Sustainability – Commission services that ensure the delivery of high quality and safe care for patients in a manner that is sustainable for the whole health economy.</p> <p>4, Leadership – The CCG needs to support its membership (i.e. general Practice) to provide high quality care to patients and support the delivery of safe, high quality financially sustainable health care services.</p> <p>The CCG needs to develop and implement robust governance and a management arrangements to operate in a safe and sound manner, including compliance with formal directions from NHSE.</p>							

Recommendation(s):
<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> a) Note the activities to be undertaken using the monies from Northern Cancer Alliance b) Approve the payment of £750 to each practice participating in the best practice protocol evaluation project

Executive Summary:	
<p>Key Issues: Due to tight timescales wider stakeholder engagement not sought in advance of bid for funding, due to tight timescales involved</p> <p>Key Risks: Northern Cancer Alliance have only given us until end of March 2018 to spend the funding. Lack of engagement from GP practices due to pre-existing pressures and priorities.</p> <p>Implications/Actions for Public and Patient Engagement: Public health will host focus groups with focus on co-production of best practice protocol Admin staff will support non-responders research by contacting population not engaging with bowel screening</p> <p>Financial Impact on the CCG: Nil</p>	
Strategic Objective(s) supported by this paper:	Please select (X)
Support quality improvement within existing services including General Practice	X
Commission a range of health services appropriate to Cumbria's Needs	
Develop our system leadership role and our effectiveness as a partner	
Improve our organisation and support our staff to excel	X

Impact assessment: (Including Health, Equality, Diversity and Human Rights)	Equality analysis detailed below.
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Protected Characteristics	Positive	Neutral	Negative
Age	X		
Disability	X		
Gender Reassignment		X	
Pregnancy and Maternity		X	
Race		X	
Religion or Belief		X	
Sex		X	
Sexual Orientation		X	
Carers	X		

Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed	GPs have been involved in the development of the project and may benefit from the project. The approval process mitigates any conflict of interest.
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Date Report Written	4 January 2018

Bowel Screening Transformation Programme in North Cumbria

1. Context

1.1 Bowel cancer accounts for 12% of all new cases diagnosed in the UK. It is the second most common cause of cancer death in the UK, and over half the bowel screening cases are diagnosed at a late stage.

1.2 Faecal occult blood (gFOBt) test is the primary screening test offered routinely every 2 years to men and women aged between 60 and 74. Recent PHE guidance wants to see fewer people develop bowel cancer and encourage more eligible people to come forward for screening, to achieve an uptake target of 75%.

1.3 North Cumbria CCG average uptake at April 2017 is 63.2%. England average is 59.2%
Chart 1 shows the % coverage for all the practices in North Cumbria CCG.
An uptake of 52% is deemed acceptable and 60% is considered achievable by NHSE Bowel Cancer Screening programme. Eight practices have uptake rates below 60%.

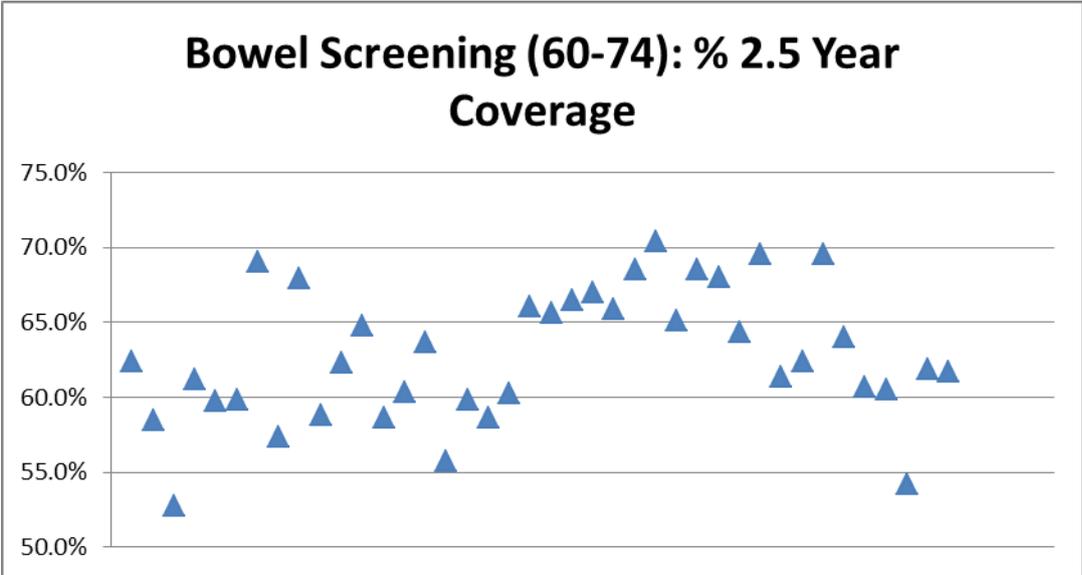


Chart 1. Bowel screening (60-74yrs): % 2.5 year coverage at April 2017

1.4 This data means that there is still over a third of the population who do not participate in screening, and North Cumbria must continue to strive for best and address this, and whilst the rest of England has improved its performance year on year, North Cumbria has seen a decline in performance.

1.5 North Cumbria Cancer Locality Group’s work plan identifies that whilst Cumbria has comparatively high cancer screening coverage there is significant variability across GP practices, with our most vulnerable patients least likely to take up screening invitations.

2. Northern Cancer Alliance bid

2.1 At the beginning of December 2017, the Northern Cancer Alliance invited local health economies to submit bids for projects that would seek to address these health inequalities.

2.2 Timescales for submission were extremely tight – less than one weeks notice was given for submission.

2.3 The North Cumbria Cancer Locality group submitted a bid to support the following projects

- a) **Support for roll out of new bowel screening FIT programme via GP education:** Education events will ensure that GPs / primary care workers understand the change to the screening programme and its implications for patients.
- b) **Bowel screening public awareness campaign:** A public health campaign comprised of a media campaign, patient focus groups, 'call for a kit' pilot (Health Promotion Specialists) and Social Care Staff education
- c) **Local evaluation to establish best practice protocols to improve screening uptake at practice level:** evaluation of current systems & processes in general practices that have poor coverage as well as those practices that have good uptake of the bowel screening programme. To develop a local best practice protocol that can be adopted across the region to help improve screening uptake rates for North Cumbria and ensure a consistent approach is adopted across the region. We propose to make consultation payments to GP practices (£750 per practice) that engage with this evaluation and agree to interviews. The first 5 practices performing in the lower quartile and the first 5 practices performing above this would be eligible for payment. The GP communications for this are included as an attachment and provide further detail. Total £7,500 to be spend on general practice project.
- d) **Local evaluation project focused on non-responders:** A pilot to pro-actively contact non-responders for bowel screening will be launched from key strategic practices, running for a period of 3 months. The pilot will establish the key reasons why the population does not attend screening and then this insight will be utilised to develop and implement recommendations in order to deliver service improvement, and improve bowel screening uptake within North Cumbria.

2.4 Due to tight timescales wider stakeholder engagement not sought in advance of bid for funding, due to tight timescales involved. However, conversations being held retrospectively have been very positive to date.

2.5 Northern Cancer Alliance awarded £40,000 to undertake the above projects to be spent by March 2018.

3. Recommendations

3.1 Approve the spending of up to £7,500 of the £40,000 as direct payments (of £750) into general practice for the purposes of the project as outline above and the attached GP invite letter

Dear Colleagues

RE: Bowel Screening Coverage – Commissioned Research Opportunities

Bowel cancer accounts for 12% of all new cases of cancer diagnosed in the UK. It is the second most common cause of cancer death in the UK, and over half of bowel cancer cases are diagnosed at a late stage.

In light of these statistics, it is a great achievement that North, East and West Cumbria have performed so well in terms of bowel screening coverage, as per the table below:

Bowel screening coverage for persons aged 60-74 over the past 30 months (Data as of December 2017, from PHE Fingertips) (
North Cumbria regional average	63.2%
National average	59.2%
Cumbria and North East region average	59.7%

Thank you all for your effort and focus, working on behalf of our patients to ensure they receive the best quality healthcare provision possible. We are grateful for your continued support to improve our screening coverage, and want to work with you to help improve this performance even further and reach the 36.8% of our population who do not participate in screening.

However, the CCG is keenly aware of the pre-existing pressures and demands within each of your practices. Therefore, we want to develop support and tools that will have a minimal impact on your time, but will have a maximum impact on screening coverage, and have commissioned a research programme to help support improve the bowel screening programme accordingly:

- **Research opportunity: Best practice for screening coverage**
 - To establish best practice, North Cumbria CCG propose to hold individual consultation sessions with relevant staff at practices that have high levels of bowel screening coverage, so that we can research the approaches and protocols in place. This consultation will contribute to and inform a best practice guide for the region. The first 5 practices in this cohort who express an interest in participating in this element of the research project will be eligible for a consultation payment (payable before March 2018).
 - For practices in the lowest quartile that are seeking to improve their screening coverage, North Cumbria CCG propose to hold individual consultation sessions with relevant staff at practices so that we can research and explore the different approaches and protocols in place, whilst identifying any support and tools that can be developed for these practices to help improve screening coverage rates. The first 5 practices in this cohort who express an interest in participating in this element of the research project will be eligible for a consultation payment (payable before March 2018).

With use of the information gathered from these consultations, a best practice protocol will be developed which will help us to be more effective and consistent as a region. This best practice protocol will be accessible to all North, East and West Cumbria GP practices and will be designed with the sole purpose of supporting you in practice. In order to be eligible for payment (£750 per participating practice) the research interviews must be completed before 15 March 2018.

- **Research opportunity: Non-responders (available to any interested practice)**

North Cumbria CCG proposes to commission research into establishing the key reasons why the population does not attend screening. This insight will be utilised to develop and implement recommendations in order to deliver service improvement, and improve bowel screening uptake within North, East and West Cumbria. As part of this, we are offering payment for administrative support within GP practices to contact non-responders and audit their reasons for not participating. There are 50 research hours available in total, with a maximum of 8 hours available to be paid to individual practices, dependent upon participation across the region. Scripts and audit templates will be provided to all staff involved in this research. In order to be eligible for payment the research and audit must be completed before 15 March 2018.

If you would like to get involved with either research projects outlined above or have any queries that you would like to discuss please contact Laura Waddington (laura.waddington@nhs.net), Senior Commissioning Officer at NECS.

In closing, we would again like to thank you for your hard work within the bowel screening programme, and your continued support within this service.

Many thanks

Colin Patterson
GP, Clinical Lead