Bowel Cancer UK's response to the joint All-Party Parliamentary Group consultation on solutions to the COVID induced cancer backlog

Bowel cancer is the fourth most common cancer in the UK with over 42,000 people diagnosed each with bowel cancer. Yet, sadly around 16,500 people die every year from bowel cancer, making it the second biggest cancer killer. This shouldn't be the case as bowel cancer is treatable and curable.

The COVID-19 pandemic has had a profound impact on healthcare services and will continue to have an impact for months and perhaps years to come. While the NHS staff have worked incredibly hard to restore cancer services, a substantial backlog[i] of patient demand had built up as a result of disruption to diagnostic and treatment services throughout the peaks of the COVID-19 pandemic.

The full impact of the pandemic on bowel cancer outcomes is yet to be realised. Before the pandemic, bowel cancer survival was improving and had more than doubled in the last 40 years in the UK[ii]. Yet, the UK still lagged behind international counterparts so it is not sufficient to simply return to pre-pandemic performance. This presents an opportunity to innovate and do things differently to transform bowel cancer outcomes.

However, early diagnosis followed by swift access to the most effective treatment remains as important as ever to provide patients with the best chance of survival so they must be at the heart of the recommendations produced from this joint consultation.

Protecting capacity in diagnostic and treatment services

NHS England must maintain the COVID-protected sites created during the initial response to the pandemic so bowel cancer patients can receive effective treatment, and patients with suspected cancer or patients with positive screening results can receive endoscopy tests as safely and timely as possible. These sites are pivotal to protecting cancer diagnostic and treatment services from future peaks of COVID-19. NHS England should maximise the use of the Independent Sector to provide additional COVID-protected sites especially for bowel cancer surgery.

Using COVID-protected sites will build public confidence and alleviate worries about NHS capacity and infection control in hospital settings which was a significant factor in a decline in people seeking help for potential cancer symptoms during the first wave[iii].

In future peaks of COVID-19, NHS England must limit the redeployment of staff in key cancer services, including support staff who are integral to the running of services. In January 2021, as a result of the COVID-19 peak, patients had their bowel cancer surgery cancelled[iv] due to the redeployment of anaesthetists, which has added to the growing cancer backlog.

The challenge facing endoscopy services

While national endoscopy waiting times for the urgent referral pathways for suspicion of cancer have recovered to pre-pandemic levels there continues to be variation across the country, more support is needed in areas that are struggling to bring them in line with national waiting times.

However, almost a quarter of bowel cancer patients are diagnosed after routine GP referral[v]. Recent research conducted by UCL estimates that the endoscopy backlog reached almost half a million in England by January 2021. Even increasing endoscopy capacity to 130% would still take up to June 2022, to eliminate the backlog[vi].

Bowel cancer patients cannot wait over a year to be diagnosed as their cancer will likely progress to late stage, or worse they will be diagnosed after emergency presentation, when outcomes are poor therefore more support is urgently needed to build capacity in endoscopy services. Consideration should be given to developing interim waiting times for routine referrals and must be supported by appropriate safety-netting measures to ensure adequate monitoring and follow up of patients as some of them will have cancer.

Harnessing innovation and new technology to build capacity

While the NHS has faced unprecedented challenges over the last year, there have been some positive developments in this crisis. As the substantial backlog of patients requiring further testing continues to grow it is crucial to understand which patients are at highest risk of bowel cancer, as this can help the NHS prioritise those who need further testing.

The roll out of qFIT (quantitative Faecal Immunochemical Test) can, alongside the patient's clinical features, help GPs and other relevant health professionals decide who to refer based on their risk of having cancer.

A new procedure known as Colon Capsule Endoscopy being piloted in the urgent cancer referral pathway as an alternative to colonoscopy. It is a capsule, no bigger than a large vitamin pill, that a patient swallows which contains small cameras to take pictures to look for any problems or signs of disease.

The implementation of triage tests and new technology should happen as a priority where evidence supports but this must be accompanied by national guidance and adequate funding. While this has been happening at pace in some places, there is still a need to share best-practice across all nations in the UK to understand it can be used in other pathways.

Investing in the NHS workforce and kit

Staff shortages in key cancer professions has been a growing issue for years[vii] and has stifled England's ability to make transformative change. It is the biggest single barrier to improving earlier diagnosis and meeting commitments NHS England's Long-Term Plan.

This is evident by the fact that lack of capacity within endoscopy services continues to prevent England from having a world-class and world-leading bowel cancer screening programme, or even offering an equivalent screening programme as Scotland[viii]. Screening is one of the best ways to detect bowel cancer early, when curative treatment is more likely, and can even prevent bowel cancer from developing by identifying and removing polyps.

With a growing ageing population, the capacity crisis is only going to become more urgent, as more people will need to be referred for tests. The Government must urgently provide multi-year funding for a long-term workforce plan which meets current and future demands.

We are awaiting on the publication of the Getting It Right First Time report on Gastroenterology to understand the true picture of the current state of endoscopy services across England, and recognise the investment needed in infrastructure and kit to replace ageing scopes and procure new equipment to expand endoscopy capacity. This should be published as a matter of urgency as ageing equipment can slow recovery and impact patient safety.

For more information, please do not hesitate to contact: Corrie Drumm, Policy and Campaigns Manager (corrie.drumm@bowelcanceruk.org.uk)

About Bowel Cancer UK:

Bowel Cancer UK is the UK's leading bowel cancer charity. We're determined to save lives and improve the quality of life of everyone affected by bowel cancer. We support and fund targeted research, provide expert information and support to patients and their families, educate the public and professionals about the disease and campaign for early diagnosis and access to best treatment and care. For more information visit bowelcanceruk.org.uk

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[iiiiii] https://www.cancerresearchuk.org/sites/default/files/cabs_policy_briefing_report_final_250221_002.pdf

[iv] https://www.bbc.co.uk/news/health-55546710

[v] Routes to Diagnosis 2006-2016 workbook http://www.ncin.org.uk/publications/routes_to_diagnosis Accessed 12 May 2020

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