



National
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Screening
Service

Implementing a Colorectal Cancer Screening Programme in Ireland

Dr Alan Smith

25 May 2010

Colorectal Cancer in Ireland



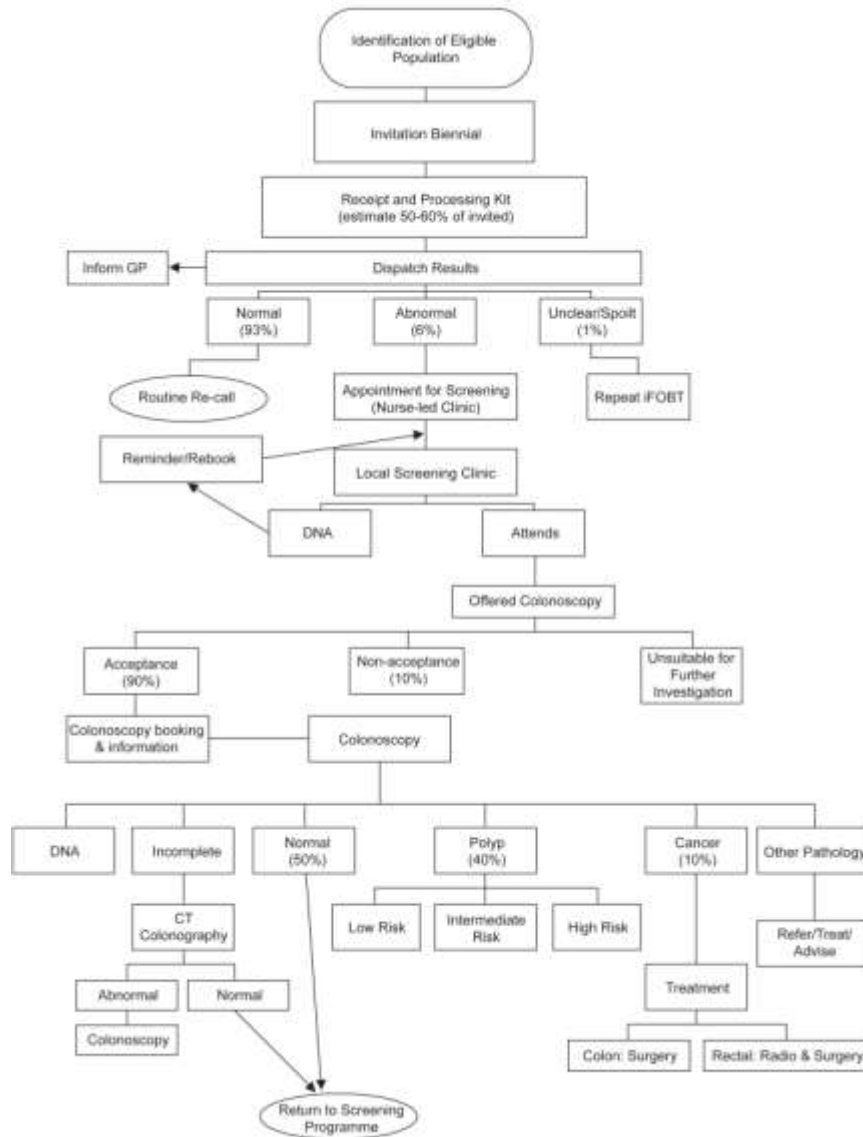
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- >2000 new cases of colorectal cancer
- 500 men and 400 women die
- The number of new cases of colorectal cancer will increase by 79% in men and 56% in women (by 2020)
- Incidence rates higher than the EU average
- 4th highest mortality rate amongst men and the 15th highest mortality rate for women (GLOBOCAN 2002)

Screening Algorithm



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Workstreams 2010-2012



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1. Colonoscopy capacity - baseline analysis visits
2. QA Infrastructure
3. Procurement of FIT service (Faecal Immunochemical Test)
4. Development of population communications
5. Creation of client support systems
6. Enhanced organisational capacity
7. Creation of data and programme evaluation systems



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Quality Assurance

Quality Assurance



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QA Committee

Mr Simon Kelly

Prof Diarmuid O'Donoghue
Dr Alan Smith
Mr Art Cosgrove

Quality assurance subgroups

Endoscopy & Radiology

Prof Padraic MacMathuna

Surgery

Mr Richard Stephens

Histopathology

Prof Kieran Sheahan

Programme & Admin

Ms Majella Byrne

First Meeting 5 May 2010



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Colonoscopy Capacity & Baseline Assessment Visits

Endoscopy Service



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Complex referral processes



Variation in protocols/guidelines

G.P./Outpatients



Booking systems
Poor prep
Consent issues



Admin



Poor patient flow

Admission



Patients & staff not in the right place right time.
Data & I.T.

Pre ~ Peri ~ Post procedure



Productivity
Scheduling
Kit issues
List Backfilling

Post Information
Discharge practices

Discharge



Delays with results before discharge & reports to G.P.,

Performance management information

Lack of patient and staff surveys feedback

Follow Up



No post procedure information or plan

Challenges across the entire patient pathway

Endoscopy Units



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Looking at...

- Unit design and layout
- Decontamination
- Information and audit
- Nursing workforce
- Access/waits
- Training



Expected Challenges



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1. Decontamination

- Non-compliant AERs
- Flow of endoscopes

4. Environment

- Privacy and dignity
- Recovery space

“ We do not expect to see anything that we have not seen before”

2.

“Some, not all, areas will require investment”

NHS Endoscopy Team

3. Training

- No lists adjusted
- No induction
- Feedback trainers/trainees

- Assessment and appraisal
- Training, maintaining competence

Outputs



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Site visits 1-15
3 June 2010

Site visits 16-30
Aug/Sept 2010

Individual endoscopy unit reports

National report on endoscopy services

Level of investment required

Screening Endoscopy Units



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Greatest potential...

- Quality outcomes
- Flexibility
- Capacity
- Geography



Initial Selection



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Or...



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Or...



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Or...



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Or...



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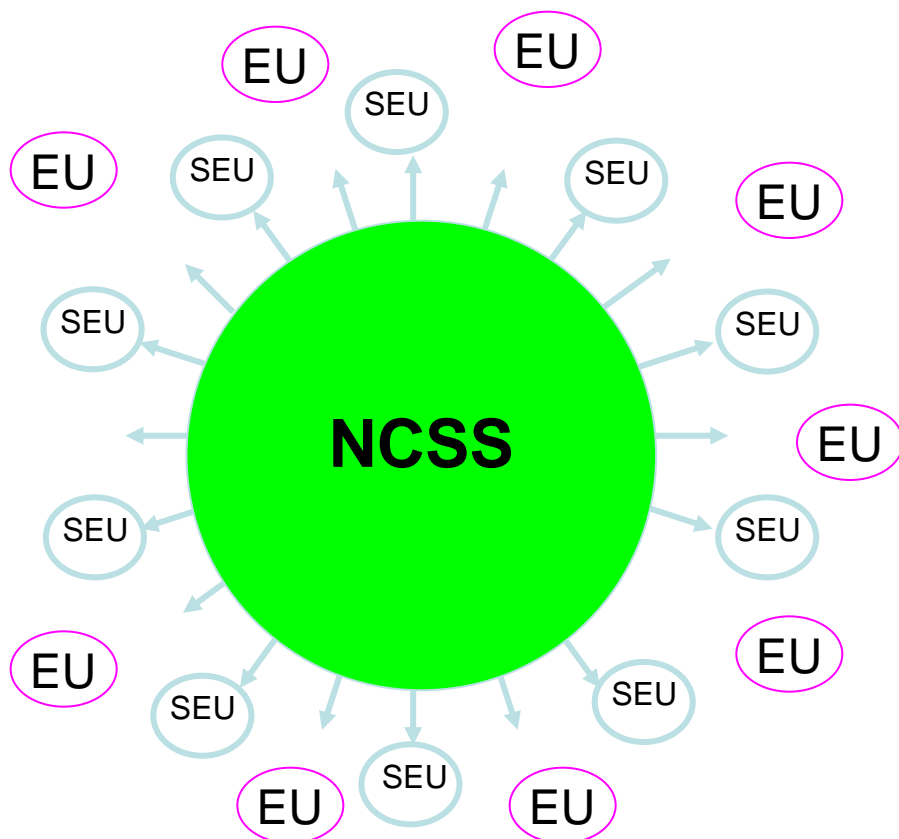


- Every accredited unit has the potential to be a screening endoscopy unit
- Variables
 - Minimum number of procedures
 - Population coverage

NCSS Destination - 2012



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SEU= Initial screening endoscopy unit

EU= Endoscopy unit

Persons aged 60-69

'Contractual' relationship

Payment per endoscopy
- QA standards
- Symptomatic waiting times

Screening unit status
dependent on meeting
'contractual' obligations



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Thank You