Public Health England

Protecting and improving the nation's health

NHS

NHS Bowel Cancer Screening Programme

Guidance for Heads of Public Health Commissioning on managing the NHS Bowel Cancer Screening Programme in the event of a local outbreak or subsequent waves in the Coronavirus pandemic

1. Introduction

This **internal** document aims to provide guidance to NHSEI regional public health commissioning teams which will support conversations they may have with providers of NHS Bowel Cancer Screening Programme services in their area, where there are local outbreaks, or as subsequent waves in the coronavirus pandemic progresses. This document will be reviewed regularly, updated as necessary, and reissued to NHSEI regional public health commissioning teams as and when national guidance evolves.

2. Background

In a communication to the NHS on 31 July 2020, NHS England and NHS Improvement (NHSEI) outlined the third phase of responding to the COVID-19 pandemic and identified that the Government has agreed as of 1st August 2020 that the NHS EPRR incident level will move from level 4 (national) to level 3 (local). The communication also sets out the priorities for the rest of the financial year (2020-21) which included fully restarting all cancer screening programmes. On 22nd September 2020, the incident level was raised again to a level 4.

The NHSEI Operational priorities for winter and 2021/22 letter sent on 23rd December 2020 to NHS system leaders stated that the NHS will remain in a level 4 incident for at least the rest of this financial year. This letter makes clear that, alongside roll out of the COVID-19 vaccine and responding to winter pressures, systems must prioritise response to COVID and maximise capacity in all settings to treat non-COVID patients.

NHSEI advises that there is an expectation that screening and immunisation services must continue as contracted, including continuing actions to support the restoration of NHS screening services. This includes the expectation that screening, and immunisation staff should not be diverted towards other services, or their buildings or facilities repurposed for other uses, without the specific agreement of the relevant regional public health commissioner.

Any indication of service change due to local or national lockdowns should be raised by the provider to NHSEI regional commissioners so that it can be considered, and mitigations put in place that minimises any disruption to delivery of the screening and immunisation programmes.

It is therefore recommended that regional plans should be put in place to ensure that NHS Bowel Cancer Screening Programme services continue and operate to safely restore services.

The Public Health England (PHE) Screening QA Service will continue providing advice to both providers and commissioners on quality and safety issues related to continuing the programme.

3. Actions if services are impacted

If a screening service cannot operate at full capacity due to the impact of COVID-19, as a result of reduced staffing and/or loss of endoscopy capacity, and where alternative capacity/staffing cannot be sourced from the independent sector or from neighbouring screening centres and regions via mutual aid, commissioners need ensure that the following takes place in parallel:

- Issues are escalated to PHCO national team as early as possible to consider where further support is required;
- Issues are escalated with and within Integrated Care Systems and Cancer Alliances to consider the following actions:

a) <u>Altering the flow of invitations to ensure that there is sufficient capacity to cope with demand</u>

A regular review of invitation rates is already part of the restoration process however it may be that review frequency will need to increase in this situation.

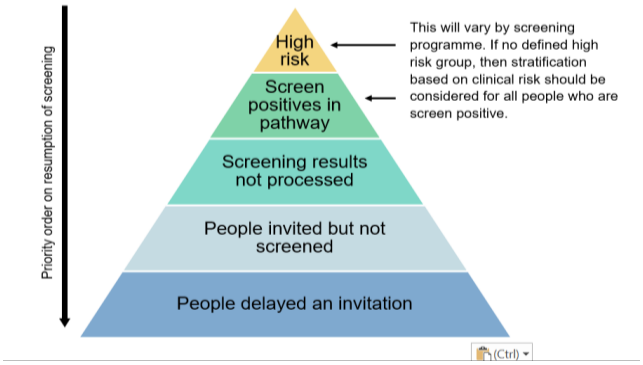
NHS BCSP Hub providers may temporarily flex the +/- 6-week invitation standard, thus increasing the 2 year invitation interval which offers another option. This needs to be supported by a clear recovery plan to return to scheduled invitations within the standard and to deal with the delayed routine invitations, in collaboration with PHE SQAS, commissioners, and screening centres.

b) <u>Temporary pausing routine invitations</u>

If no screening colonoscopy is available and is likely to be unavailable for some time, and where all options for additional capacity have been exhausted (including (a) above), temporarily pausing the routine invitations may be considered.

This option is a last resort where opportunities to access mutual aid or source additional resource via the independent sector have been exhausted.

Screen positive participants in the pathway (either waiting for an SSP appointment, or for a diagnostic test), should be prioritised using the prioritisation pyramid below:



This should be applied in line with clinical judgement and teams should look to develop a risk stratification process that reflects their local SSP and screening colonoscopy capacity.

4. Additional considerations:

a) Strong Working Relationships

It is important to work across the system with providers, other NHSEI regional teams e.g. performance and medical, PHE SQAS, STPs, ICSs, CCGs and Cancer Alliances to discuss and resolve emerging issues. Working relationships must include providers and commissioners of symptomatic and screening bowel cancer services to enable collective planning for restoration of services.

In order to maximise acute capacity the national arrangement with the independent sector has been extended to the end of March therefore this should be explored in relation to endoscopy capacity.

This should include support to ensure providers are maintaining rigorous infection prevention and control procedures including asymptomatic testing and implementing the ten key actions on infection prevention and control, where appropriate.

b) Communications

Effective and timely communications with all stakeholders is essential utilising national guidance provided by the central PHCO. This will support

local discussions and development of local materials and briefings as appropriate.

c) Funding/contract management

There is currently an amended financial framework in place based on block contracting as part of COVID-19 response, therefore discussion with providers around utilisation of the funding allocated support recovery and restoration across both symptomatic and screening services is key.

Public Health Commissioning should be working with their local systems to prepare a plan to return to local commissioning from the beginning of April 2021 where they are utilising diagnostics in the Independent Sector.

d) Workforce

Commissioners need to continue to liaise with providers to ensure that there are clear plans for screening staff to return to the bowel cancer screening where they may be re- deployed to support work on Covid-19 in the short term.

In order to maximise capacity in all settings to treat non-Covid-19 patients £150m funding has been made available for general practice capacity expansion in order to help GP practices maintain / PCNs to offer pre-pandemic appointment levels.

e) Data

Commissioners and providers should continue to use the PHE endoscopy capacity modelling tool to support the management of invitation rates, based on the endoscopy capacity each centre has available.

f) BCSS technical guidance

This guidance needs to be read in conjunction with BCSS technical guidance attached.

5. Further Communication

We will ensure that this document is reviewed regularly, and any changes and updates will be reissued to NHSEI regional public health commissioning teams via the weekly HOPH bulletin.