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Press release

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Bowel cancer: treatment good, but shorter waiting and more diagnostic training needed

NHS Scotland provides most bowel cancer patients with treatment in line with clinical standards, but waiting times must be improved and more staff trained to carry out diagnostic services says a new report, *A review of bowel cancer services*, published today by the Auditor General.

The recommendations come ahead of a new routine bowel cancer screening programme aimed at Scotland's over 50s. As with breast and cervical cancer tests, screening will be routinely offered to aid earlier detection of the disease. While bowel cancer screening is expected to save as many as 150 lives a year, its roll-out from 2006 will put increased pressure on services.

Speaking about the report, Caroline Gardner, Deputy Auditor General, said: 'Bowel cancer services in Scotland are performing well against clinical standards, and waiting times are improving. However, there is still considerable progress to be made. In addition, action is needed to train more staff in diagnostic testing and to make better use of existing resources.

'Planning services so that they are able to meet the demands of both diagnostic testing on symptomatic patients and the new routine screenings must be tackled with some degree of urgency.'

Bowel cancer teams at hospitals throughout Scotland were found to be working effectively and coordinating their services well. In particular good progress has been made in providing information to patients and involving them in decisions about their care. The role of specialist nurses was particularly valued by patients and their families.

Bowel cancer waiting times performance is improving, but between July and September of 2004 only six in ten patients referred urgently and diagnosed with bowel cancer started treatment within two months. If current trends continue, the Executive's aim that by the end of 2005 'the maximum wait from urgent referral to treatment for all cancers will be no more than two months' is unlikely to be met.

The report found that initial identification of the disease is difficult for GPs as the most common symptoms of bowel cancer arise in a wide range of conditions. Changes in bowel habit, rectal bleeding and abdominal pain all have many causes. As a result nearly three out of four patients found to have bowel cancer between July to September last year had not been given an urgent referral by their GP.

Another report finding is that few endoscopy suites (used to diagnose bowel cancer) are used to full capacity, largely because of a shortage of suitably qualified staff. Better use of resources could be achieved by ensuring that the most appropriate diagnostic tests are used for all patients. This would speed up diagnosis and help services to meet the 2005 waiting times target.

Other report recommendations include:

- better communication and working practices between GPs and hospital services currently less than half
 of health boards have clearly set out arrangements for referring patients from doctor's surgeries to
 hospitals.
- better use of IT, and simpler administrative systems to help patients pass more quickly through stages of consultation and treatment.
- more and better data on costs, results and service performance to inform future planning.

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.../2 Bowel cancer services report

Bowel cancer is the second highest cause of cancer death in Scotland. Some 3,500 cases are diagnosed every year. While survival rates are improving, they lag behind rates in other European countries. Bowel cancer cases are also on the rise in Scotland. By 2011-15 it is expected that 4,400 cases of the disease will be identified every year.

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Notes to editors

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