

To: Cancer Alliance Chairs, Cancer Alliance Clinical Chairs, Cancer Alliance Managing Directors, Early Diagnosis Leads

For Action: New BSG/ACPGBI/PHE Post-polypectomy and post-colorectal cancer resection surveillance guidelines for implementation in the symptomatic service.

I am writing to share with you the new polyp surveillance guidance released in September by the British Society of Gastroenterology, the Association of Coloproctology of Great Britain and Ireland and Public Health England. The guidance can be accessed [here](#).

The new guidance considers the use of surveillance (“check-up”) colonoscopies and bowel imaging in people who have had either bowel polyps or a bowel cancer removed.

The guidance has the real potential to support more efficient and effective use of available endoscopy resources – a service that we know is often particularly challenged – by taking a more targeted approach to surveillance. Expert clinical opinion suggests that full implementation of the guidance could reduce the demand for surveillance colonoscopy in the symptomatic service by up to 70%.

In the short term, implementing the guidance could also support Trusts to maintain service availability over the winter, and, in the longer term, will support further expansion of the bowel cancer screening programme, an ambition laid out in the NHS Long Term Plan.

In addition, introduction of the guidance will mean surveillance is more personalised, ensuring those who need it can access colonoscopy more easily, whilst avoiding unnecessary colonoscopy in those who won’t benefit.

Next steps

We are asking Cancer Alliances to take specific action to ensure the guidance is rolled out as quickly as possible.

Informed by clinical advice on the best way to support delivery of the guidance, the specific deliverables for this year are as follows:

- By the end of Q3: all Trusts that provide colonoscopy services to appoint a consultant as a ‘Trust Surveillance Lead’ who has implementation of the guidance in their job plan.
- By the end of Q4: the guidance to be fully implemented in the symptomatic service for those patients who would have received a surveillance colonoscopy within this timeframe.

We recognise that this is a new deliverable that is not reflected in your 2019/20 funding agreements, however we expect it to help you to deliver your overarching aim of improving operational performance. We are also exploring options for making some additional funding available as soon as possible to support you. Recognising the importance of rapid implementation, we will be adding implementation of the guidance to our existing quarterly reporting process.

Public Health England has issued a separate communication about the guidance to bowel hub screening directors and NHSE regional screening commissioning teams which we will share with Alliances. In addition, we will be highlighting the guidance in the Provider and CCG bulletins. We will also be running two clinically led webinars, invites to follow shortly.

Finally, it is worth noting that implementation of this guidance will be monitored nationally. It will be discussed as part of the gastroenterology Getting it Right First Time (GIRFT) programme visits and is expected to be a key recommendation coming out of the gastroenterology programme National Speciality Report. It also forms part of the Joint Advisory Group (JAG) accreditation standards so will need to be implemented for trusts to achieve full JAG accreditation status.^[1]

If you have any questions, please do not hesitate to contact [Emily Watts](#) from the national team.

Kind regards,

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Dr Robert Logan
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^[1] JAG Global Rating Scale, Standard 5.8: All surveillance procedures are validated clerically and clinically according to the national guidance at least 2 months prior to their due date.