

Awareness and early diagnosis of bowel cancer - reminder national campaign 28 August to end of September 2012



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Improving outcomes for cancer patients: early diagnosis

Cancer survival is a key measure of the effectiveness of healthcare systems.

1 year and 5 year survival rates are generally lower than comparable countries in Western Europe.

Coleman et al, *Lancet* 2010: Up to date survival trends show that improvements in cancer survival but the gap between countries remains. Differences are consistent with late diagnosis and differences in treatment.

National Cancer Intelligence Network routes to diagnosis work

- About 25% of newly diagnosed cancer patients came through as emergency presentations.
- For all cancers (except acute leukaemia) 1 year relative survival rates were longer for patients presenting as emergencies than those presenting via other routes.

10,000 deaths could be avoided each year if our cancer survival rates matched those in the best countries (e.g. Australia, Canada and Sweden).

Policy

Improving Outcomes: A Strategy for Cancer (Jan 2011)

- Sets out the Government's ambition to save an additional 5000 lives p.a. by 2014/15. This would bring survival in England up to the average for Europe.
- £450 million over this Spending Review period to support work to improve earlier diagnosis.

The Operating Framework for the NHS 2012/13

- Expects less than 1 per cent of patients to wait longer than six weeks for a diagnostic test.
- Continue to work to meet expectations in service specific outcomes strategies that have been published including cancer.

National Awareness and Early Diagnosis Initiative

1. Raising public awareness of cancer symptoms and encouraging earlier presentation

- British public shows low awareness of symptoms of cancer and report barriers to seeing their GP.
- Prioritising cancers by number of “avoidable deaths”.
- Local testing → regional pilots → national campaigns.
- *Be Clear on Cancer* campaigns from 2010/11.
- Builds on local interventions since 2008.

National Awareness and Early Diagnosis Initiative

2. Optimising clinical practice and systems

Aim is to drive earlier diagnosis in primary care in the consultation setting, systems within the general practice or system improvements between primary and secondary care.

DH and NCAT building on learning from past initiatives to further progress work in 2012/13, including:

- Risk assessment tools
- GP leadership
- GP practice profiles
- Significant event audit (RCGP, NCAT and Macmillan Cancer Support)
- Primary care engagement programme pilot (CRUK and NCAT)
- Evaluation and learning from 2011/12

National Awareness and Early Diagnosis Initiative

3. Improving access to diagnostics

GPs need easy access to the right diagnostic tests to help them to diagnose or exclude cancer earlier. Four priority areas identified in cases for whom the two week urgent referral pathway is not appropriate, but symptoms require further investigation

- Chest x-ray: to support diagnosis of lung cancer
- NOUS: to support diagnosis of ovarian cancer
- Flexible-sig/colonoscopy: to support diagnosis of bowel cancer
- MRI brain: to support diagnosis of brain cancer

Best practice referral pathways for GPs published

<http://www.dh.gov.uk/health/2012/04/access-cancer-tests>

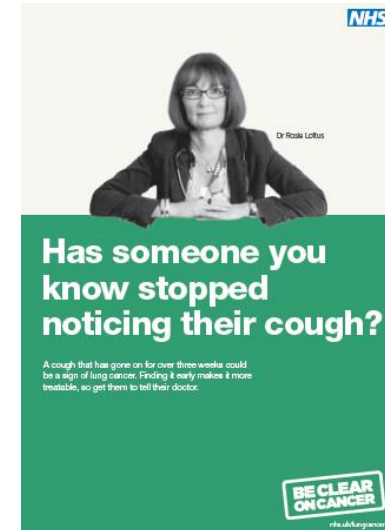
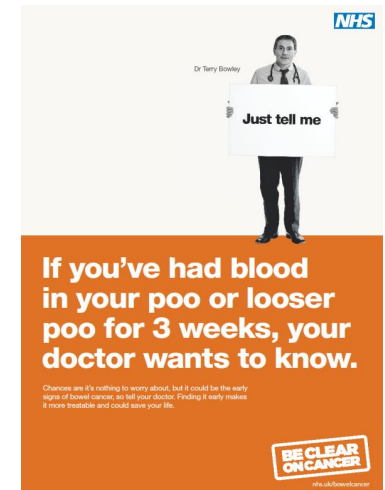
Diagnostic imaging dataset – new monthly collection to provide information about diagnostic imaging tests for NHS patients across the country

Development of Public Awareness Campaigns

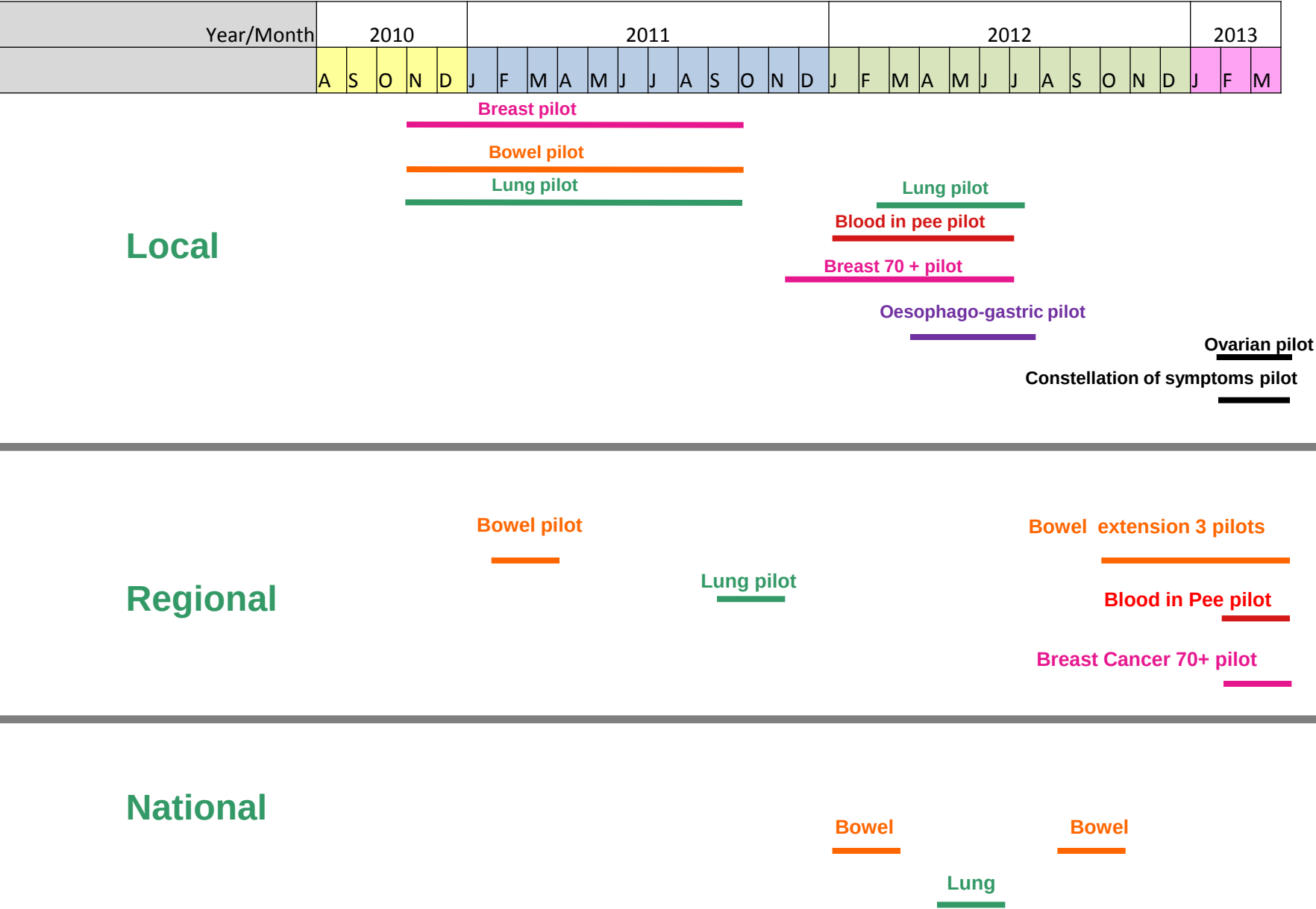
- **Test** locally and regionally before moving to national. This allows key messages to be sense checked and services to assess the impact.
- **Review** evidence with experts and gather their opinions, test with target audience and evolve the creative materials as we move from local pilot to national roll out.
- **Consistent** look and feel for the campaign that is tailored to the target audience.
- **Establish a programme** of work that builds on previous campaigns and covers a number of tumour sites, all reiterating that early diagnosis is important.

Be Clear on Cancer Campaign Strategy

- Establish overarching proposition – Be Clear on Cancer – used as a brand stamp on the advertising.
- “Originate once” approach results in economies of scale.
- Ensure consistency of messaging.
- The Doctor: both an advocate and an authority at the campaign’s heart.
- Encourages people to tell their doctor if they recognise the signs and symptoms of cancer.
- Our ambition is to create a positive campaign brand for the target audience to:
 - » become clear about the symptoms of cancer
 - » the action they need to take (visiting their GP)
 - » the benefits of doing so (cancer is treatable if caught early and the symptoms are often nothing to worry about).



Phasing of DH public facing activity



Avoidable deaths pa if survival in England matched the best in Europe

Breast	~ 2000	Endometrial	250
Colorectal	~1700	Leukaemia	240
Lung	~1300	Brain	225
Kidney / Bladder	~990	Melanoma	190
Oesophagogastric	~950	Cervix	180
Ovary	~500	Oral/Larynx	170
NHL/HD	370	Pancreas	75
Myeloma	250		

[NB Prostate has been excluded as survival 'gap' is likely to be due to differences in PSA testing rates.]

Data derived from Abdel-Rahman et al, BJC Supplement December 2009

National Bowel Cancer Campaign Strategy

- **Objectives**
 - Raise awareness of symptoms: 'blood in poo' 'looser poo'
 - Encourage those with symptoms to visit GP, to increase presentations
 - Increase numbers of cancers diagnosed at an earlier stage
- **Target audience:**
 - 55+ C2DE as more likely to be diagnosed with cancer
- **Key communication channels used for Jan – March 2012 campaign**
 - TV; National press; Radio; Women's Magazines, Out-of-Home; Events.
 - Key ethnic TV channels and press titles
 - Online – paid-for search and online content.
 - Commercial partnerships
 - Non-commercial partnerships/support (public sector e.g. libraries, Citizens Advice Bureaux)
 - National and regional PR activity

National Bowel Cancer Campaign Strategy

Key Messages

- Original messages developed based on research and expert group advice
- Review of campaign messages in August 2011
- Lessons learned
 - Retain “3 weeks” symptom duration message but issue clearer advice to GPs that they are to exercise their own clinical judgement in referrals
 - Flexible use of some collateral e.g. targeting BME groups
 - Language appropriate – only 2 public complaints about the use of the word “poo”

Phasing of bowel cancer campaign activity

- **Regional pilots** held in the South West and East of England January – March 2011.
- **National campaign** ran across England January – March 2012.
- **Reminder campaign** will run from 28 August to the end of September.
- **Extension pilots** will run in three areas of the country until March 2013. These will look at the best ways of amplify and sustaining activity.



The TV advert is hosted on the NHS Choices website. Click the link to watch the 30 second advert: <http://www.nhs.uk/bowelcancer/Pages/bowel-cancer.aspx>

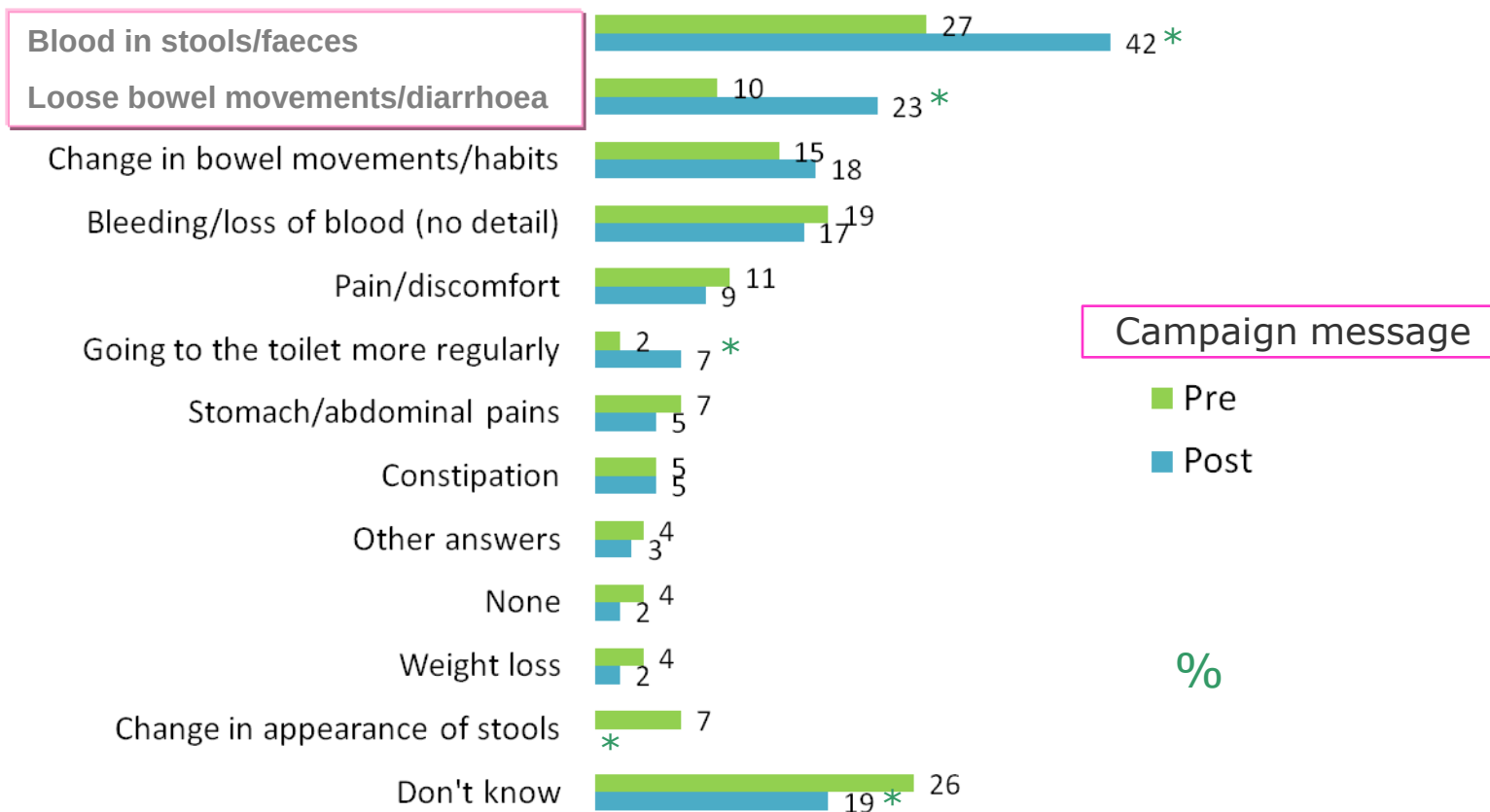
Bowel Campaign Evaluation Metrics

DATA	RATIONALE	SOURCE	TIME LAGS	NOTES
Public awareness	To assess campaign effectiveness in raising awareness of symptoms	National pre and post tracking research	2-3 months	
Presentations at GP	To assess campaign effectiveness in prompting behaviour change	GP Read codes	Variable; bespoke data collection	Not being collected for national reminder campaign
2WW referrals and conversion data	To assess any changes in GPs' referral patterns	Cancer Waiting Times	10 weeks for refs, approx 6 mths for conversion	Information governance restrictions
Screening uptake	To assess any knock-on impact on screening services	Bowel Cancer Screening Programme	3-4 months	
Endoscopies	To assess impact on diagnostic services	DM01 and HES	Monthly, 3-4 months	
Histopathology	To assess impact on histopathology services and assess how many polyps are found	Pilot project in the West Midlands	Variable; bespoke data collection	Pilot extending to cover polyps diagnosed to end of 2012
Staging data	To assess whether any down-staging is occurring	Registries	8+ months	
Diagnoses	To assess whether more cancers are being diagnosed	Registries	8+ months	
One year survival rates	To assess whether campaign ultimately is improving survival	Registries; NCIN	18+ months	

Results of the national campaign so far

- **Campaign recognition was high**, with 80% of over 55s in England claiming to have seen the advertising
- **Very high levels of support** for the campaign from the public (92%) and GPs (89%)
- **Statistically significant increase** in **spontaneous awareness** of blood in stools (27%-42%), loose bowel motions (10%-23%)
- Interim analysis of **GP attendance** data reports a **30% increase** in attendances amongst patients over 50 reporting key campaign-related symptoms of rectal bleeding, change in bowel habit and/or loose stools, when comparing the nine weeks from the start of the campaign in 2012 with the same period in 2011
- A **statistically significant increase** in colonoscopy and flexible-sigmoidoscopy activity when comparing Apr-Jan 2011-12 and Feb-Apr 12 but no overall impact on long waits.

Spontaneous awareness of signs and symptoms of bowel cancer



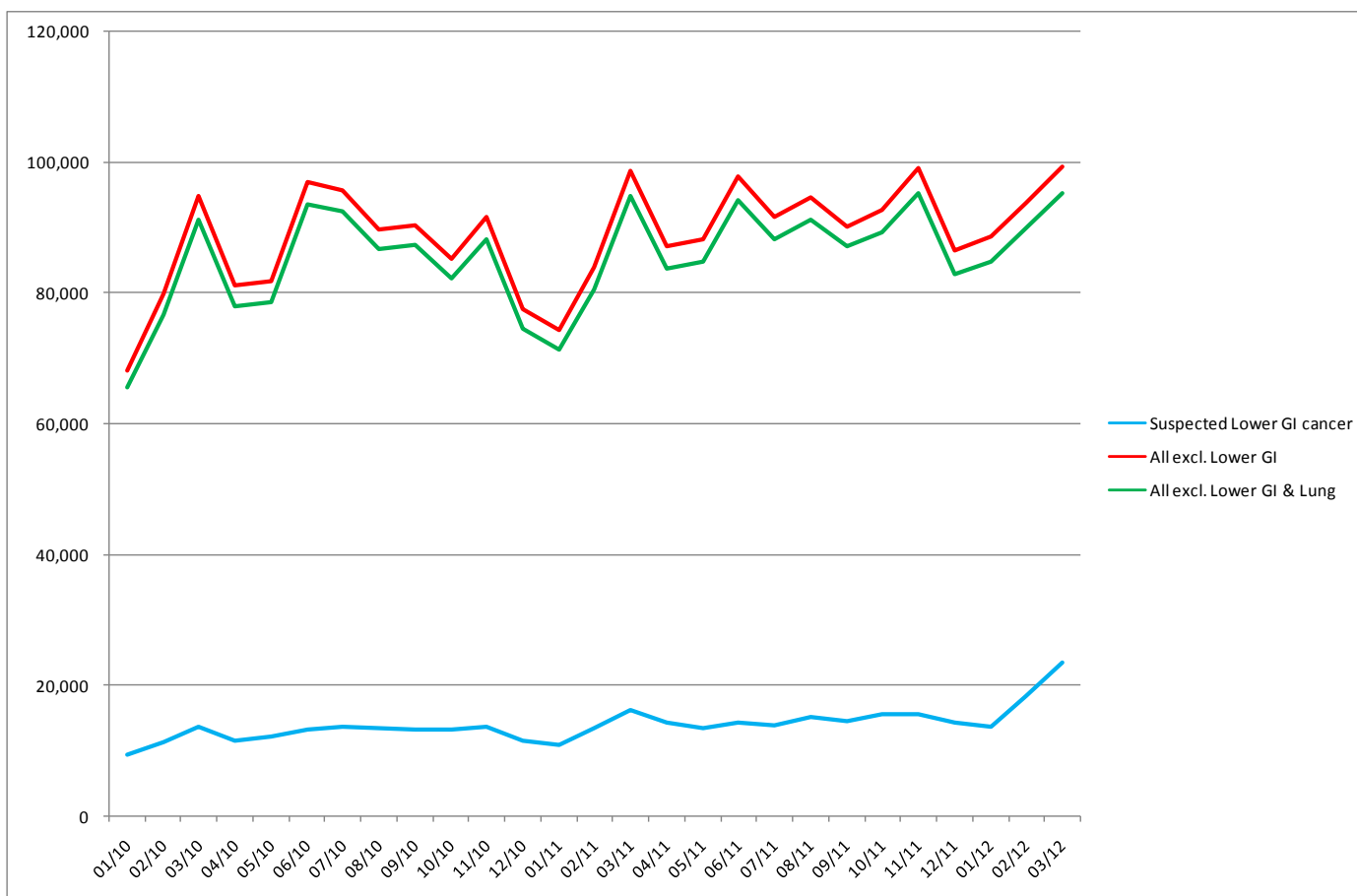
* Significantly different to the pre-stage @ 95%

Base (General Public): All respondents (Pre:1245) (Post: 1140)
 Q16 (General Public). There are many signs and symptoms of bowel cancer. Please write in as many as you are aware of.
 Showing responses given by 4% or more at pre stage

Results of the national campaign so far – referrals

Clear **increase in urgent referrals** for suspected lower gastrointestinal cancer coinciding with the campaign period – 41.6% for all England.

The **size of the increase varied**, with regions previously exposed to the pilot reporting smaller increases: 5.5% South West SHA , 27.8% East of England SHA.



National campaign results to come

- Full report on GP attendance expected end of September 2012
- Updated referral data for referrals made to August 2012 (expected circa Nov '12)
- Conversion rates following urgent referral, for referrals made to August 2012 (expected circa Nov '12 and Mar '13)
- Polyps detected during national campaign period (first results expected by September '12)
- Cancers diagnosed and staging data (initial indication anticipated early 2013)
- Full report expected Summer 2013.

National reminder campaign overview

Less advertising than in January-March 2012, when 94% of the target audience were likely to have seen the advert 16 times. This time 82% are likely to see the TV advert 10 times.

Key communication channels:

- PR launch managed by DH Media Centre (28 August).
- Adverts on TV and radio (28 August – 30 September).
- Over 114 events across England (from 3 September).

Briefing sheets:

- Briefing sheets available for healthcare professionals (GPs, practice teams, pharmacy teams, service providers) and community-based volunteers/groups.
- Additional information on NAEDI website.

Implications for Primary Care (GPs, Practice Staff and Pharmacists)

Expected Impact:

- Anticipate a manageable increase in attendance of patients with relevant symptoms - increase of 1 extra patient per week per practice from start of campaign.

Support available:

- Primary Care resources for GPs, practice teams, pharmacists, and community champions.
- Cancer Networks will be actively working with local GPs on the campaign plans and impact.
- Letter sent July 2012 from Prof Sir Mike Richards, National Cancer Director, sent to GPs informing them of the campaign.
- Working with Professional Bodies to promote the campaign e.g. RCGP, Royal Pharmaceutical Society.

Implications for the NHS

Secondary Care (Gastroenterologists, Coloproctologists, Histopathologists, NHS Managers)

Expected Impact:

- Increase in urgent GP referrals for suspected Lower GI; pilot showed a peak 4 weeks into the campaign, then a moderate decline but in some trusts referrals have not gone back to pre campaign levels.
- Increase in colonoscopies: need to plan for short term as well as find longer term sustainable solutions.

Support available:

- Sharing of more detailed modelling work on endoscopy demand and capacity.
- Cancer Networks will be actively working with secondary care community to prepare for the campaign.

Key messages on lower GI endoscopy

1. Lower GI endoscopy saves lives.
2. Lower GI endoscopy activity in England is very low in comparison with other countries (including Scotland).
3. Some Trusts still have unacceptable waiting times (more than 1% waiting 6 weeks or longer), precluding full roll out of bowel cancer screening to people aged 70-75.
4. Activity is set to increase markedly over the next five years. Increased capacity needs to be planned for now.
5. A national awareness campaign on bowel cancer may create extra demand.
6. Lower GI endoscopy is highly cost effective.
7. Increased activity must not compromise quality and patient safety.

Key message 1: Lower GI endoscopy saves lives

- Bowel cancer screening by FoBt and colonoscopy reduces mortality by around 16%. This should be available for all people aged 60-75 in England.
- A UK trial has shown that a one-off flexible sigmoidoscopy reduces both incidence 23% and mortality 31%. This will be introduced across England over the next five years at age 55. An Italian trial has confirmed the UK findings.
- Colonoscopy is a key diagnostic test for patients presenting symptomatically with bowel cancer.

Key message 2 : Activity in England started from a low baseline

- Colonoscopy rates (per 1000 population)

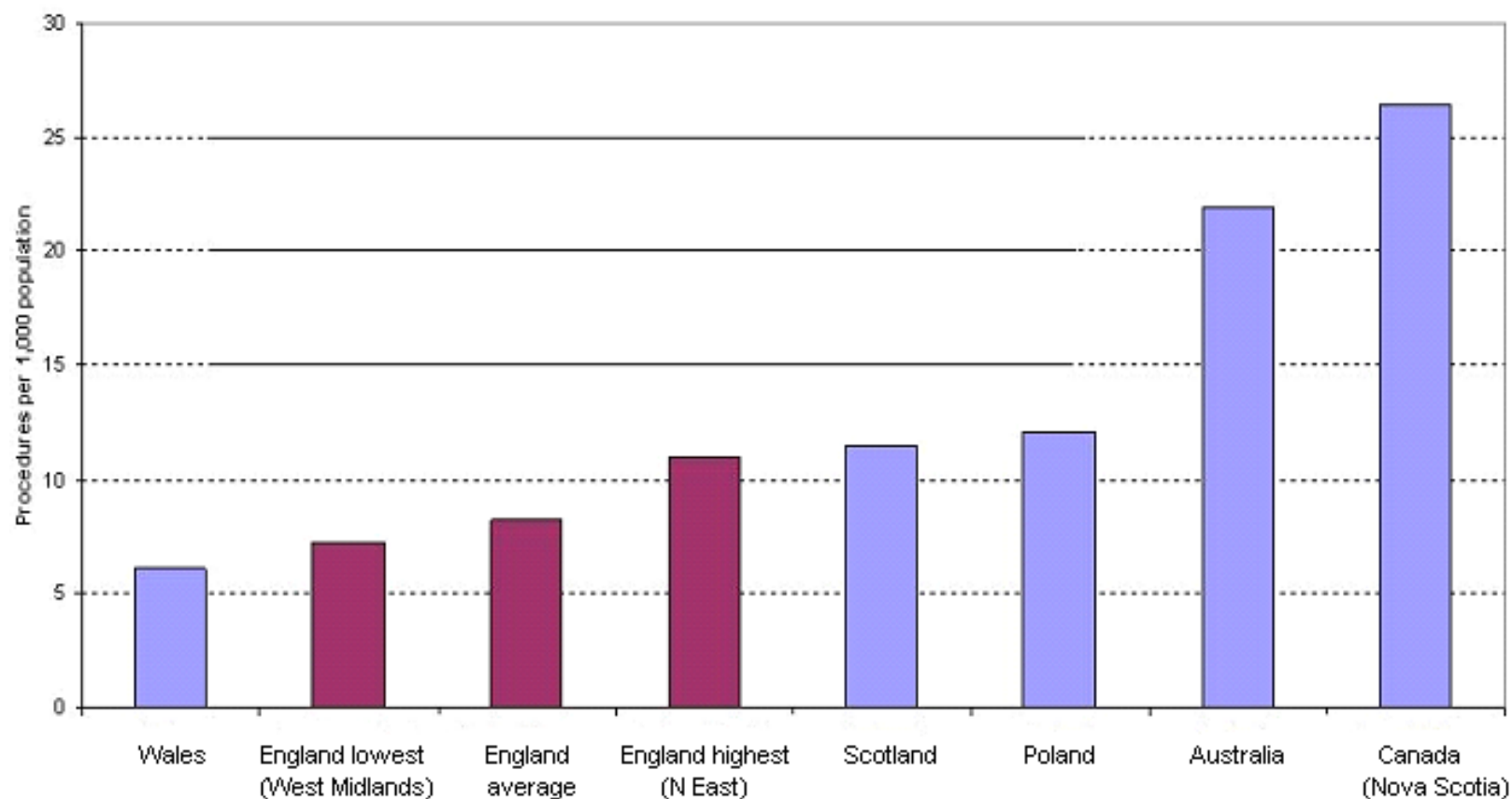
England	8
Norway	10
Scotland	12
Poland	12
Australia	22
Alberta – Canada	21
Nova Scotia – Canada	26
- And...there are variations within England.
Particularly low endoscopy rates are observed in the south of the country.

Key message 2 : Activity in England started from a low baseline

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International comparisons - crude colonoscopy rates per 1,000 in 2010/11



Key message 3:

Some Trusts have unacceptable waits

- In March 2012 the number of trusts with 6+ weeks waits for flexi-sig and colonoscopy remains about the same as the year before, although number of patients waiting 6+ weeks is falling.
- Colonoscopy and flexible sigmoidoscopy are a major cause of diagnostic waits exceeding 6 weeks.
- The Cancer Reform Strategy committed the NHS to extend bowel cancer screening to men and women aged 70-75 from April 2010.
- 38/59 screening centres have commenced this age extension (at August 2012). Long endoscopy waits are the main barrier to extending bowel cancer screening to age 70-75 in the remaining areas.

March DM01 data.

Key message 4: Activity is set to increase markedly

- There are 5 key drivers of increased endoscopic activity:
 1. Extension of FoBt screening to age 70-75 (underway).
 2. Increases in symptomatic referrals requiring flexible sigmoidoscopy and/or colonoscopy – partly driven by awareness campaigns.
 3. Flexible sigmoidoscopy screening (planned).
 4. Increased surveillance activity (e.g. of patients found to have polyps).
 5. Shift from barium enema to colonoscopy.

Increase in lower GI endoscopy

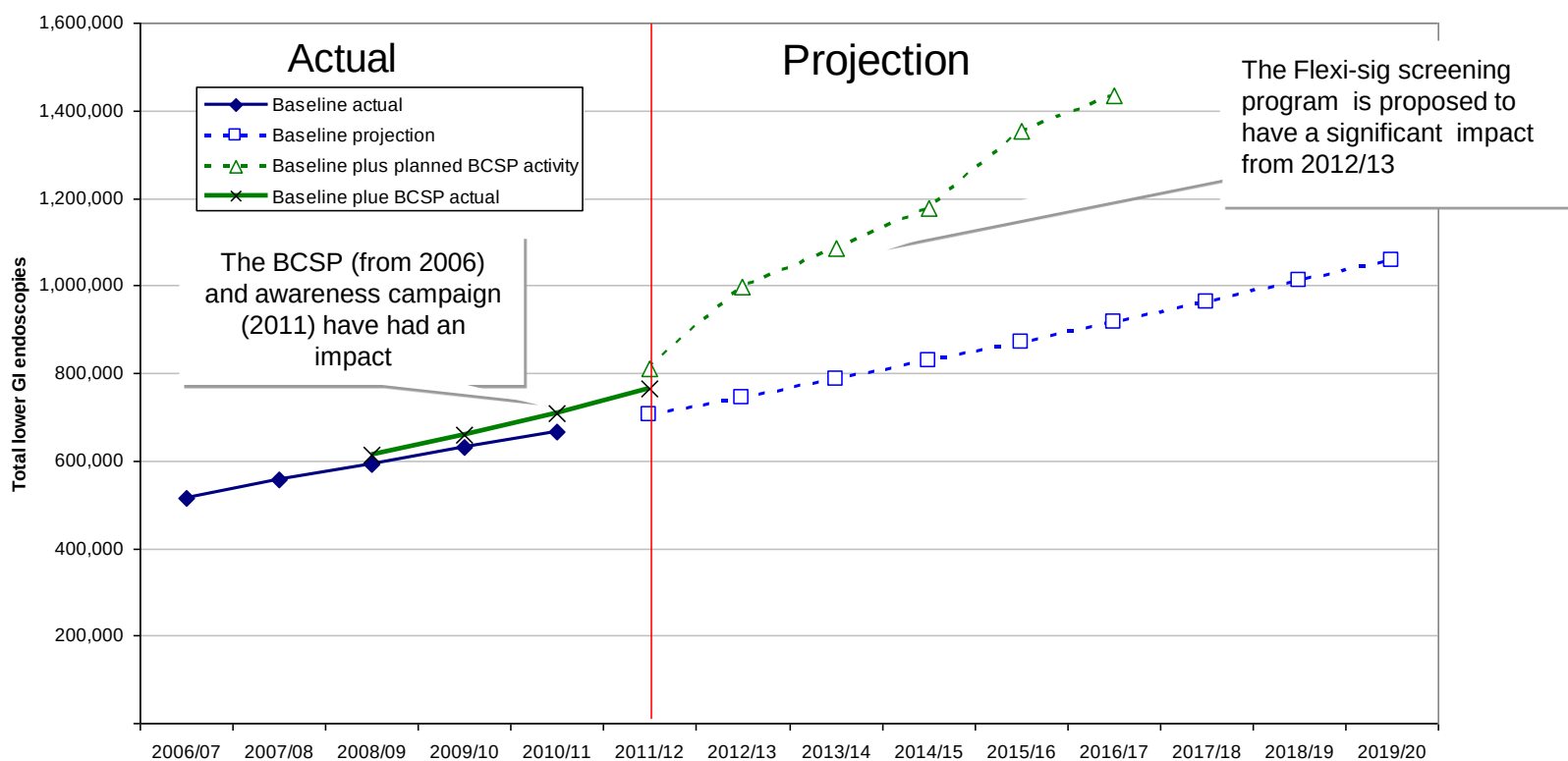
The commitments in the Cancer Strategy, expansion of the screening programme and underlying pressures could all add up to an annual average increase of lower GI endoscopic average activity growth of over 10% per year for the next 5 years.

		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Activity	Baseline symptom driven colonoscopy	409	431	454	478	502	527
	Awareness campaign driven diagnostic colonoscopy	15					
	BCSP 60-69 FOB +ve colonoscopy	49	51	51	51	51	51
	BCSP 60-69 Surveillance colonoscopy	11.5	15.7	19.6	22.7	26.0	28.6
	BCSP 70-74 FOB +ve colonoscopy	0	5	9	15	19	27
	BCSP 70-74 Surveillance colonoscopy	0.0	0.0	0.4	0.8	2.5	4.1
	From flexi-sig bowel cancer screening (at 5%)	0.25	0.5	6	8.75	15	16.25
	GP direct access symptom driven diagnostic colonoscopy total	7	15	24	43	44	46
		492	518	564	620	660	700
	Baseline Symptom driven Flexi-Sig	278	290	302	315	327	340
	BCSP driven flexi-sig (5% of colonscopy)	2.5	2.8	3	3.3	3.5	3.9
	GP direct access symptom driven diagnostic	32	65	97	64	64	64
	Flexi-sig bowel cancer screening	5	10	120	175	300	325
	Flexi-sig total	318	368	522	558	695	733
	Total lower GI Endoscopic activity	810	886	1086	1177	1355	1433
	% growth		9%	23%	8%	15%	6%

The NHS needs to plan for a year on year increase of around 10% - 15% (i.e. around 120,000 more lower GI endoscopies each year)

Additional pressures on endoscopy activity

Expansion of the BCSP and commitments in the Cancer Outcome Strategy mean that there will be additional intensive pressures on endoscopic activity for the next 5 years



Note: For the historical data the difference between the green and blue lines largely reflects the current impact of bowel screening on endoscopy

Capacity implications

- 45,000 additional colonoscopies a year (each year)
= 9000 “sessions”.
- 85,000 additional flexible sigmoidoscopies a year
(each year) = 8500 “sessions”.
- An average sized Trust will need 110 extra
sessions pa (year on year) i.e. 2 sessions per
week.
- For a large Trust this will be 220 extra sessions pa
(year on year) i.e. 4 sessions per week.

Key message 5: Extra colonoscopies and flexible- sigmoidoscopies needed for the 'reminder' campaign

- A review of March 2012 activity showed that, nationally, there were around 7,000 additional colonoscopies and around 2,500 additional flexible-sigmoidoscopies compared to March 2011. The activity varied across SHAs.
- For the national 'reminder' activity the Department of Health estimates that the average sized trust should plan to be able to offer 20 extra diagnostic colonoscopies per month from August 2012 to meet the anticipated growth in demand.
- Funding for this is in PCT baselines.

What activity levels in 2012/13 could look like to meet anticipated demand - colonoscopy

	Total activity 2010/11	Provisional total activity 2011/12	Growth 2010/11-2011/12	Forecast 2012/13	Growth 2011/12 to 2012/13
NORTH EAST	29,936	33,060	10%	34,119	3%
NORTH WEST	60,540	66,749	10%	74,089	11%
YORKSHIRE AND THE HUMBER	50,313	55,623	11%	60,260	8%
EAST MIDLANDS	26,847	29,622	10%	42,368	43%
WEST MIDLANDS	39,483	42,236	7%	50,143	19%
EAST OF ENGLAND	41,193	47,384	15%	55,591	17%
LONDON	68,703	74,300	8%	74,334	0%
SOUTH EAST COAST	38,068	40,532	6%	49,166	21%
SOUTH CENTRAL	29,150	34,505	18%	39,400	14%
SOUTH WEST	44,842	50,224	12%	56,606	13%

Source HES IP & OP– 2010/11 final V14, 2011/13 provisional V13; H20-H22 any mentioned in procedure field; Forecast DH, SHA breakdown of slide 33

What activity levels in 2012/13 could look like to meet anticipated demand - flexi-sigmoidoscopy

	Total activity 2010/11	Provisional total activity 2011/12	Growth 2010/11-2011/12	Forecast 2012/13	Growth 2011/12 to 2012/13
NORTH EAST	17,390	18,255	5%	22,405	23%
NORTH WEST	54,941	58,907	7%	69,647	18%
YORKSHIRE AND THE HUMBER	26,404	27,258	3%	36,711	35%
EAST MIDLANDS	19,404	21,312	10%	31,017	46%
WEST MIDLANDS	24,865	27,390	10%	35,078	28%
EAST OF ENGLAND	25,596	31,149	22%	38,443	23%
LONDON	30,967	34,676	12%	42,356	22%
SOUTH EAST COAST	20,353	23,894	17%	28,691	20%
SOUTH CENTRAL	19,832	24,183	22%	29,195	21%
SOUTH WEST	29,559	30,894	5%	40,142	30%

Source HES IP & OP – 2010/11 final V14, 2011/13 provisional V13; H23-H25 any mentioned in procedure field; Forecast DH, SHA breakdown of slide 33

Supporting endoscopy services

- NHS Improvement, in collaboration with NHS IMAS working with selected NHS Trusts to support service improvement interventions to deliver improved capacity and productivity to endoscopy services.
- NHS Improvement undertook a 'Rapid Review of Endoscopy Services' (published in March 2012) which shares good practice from 14 endoscopy services.
- Joint Advisory Group on GI endoscopy (JAG), in collaboration with Bowel Cancer Screening Programme, are delivering (with support from NHS Improvement and NHS IMAS) a series of capacity planning and productivity workshops. The aim is to empower and enable endoscopy teams to provide the optimal business case for increased capacity and to ensure they are using the resource available most effectively.

Details of funding from the Cancer Outcomes Strategy Impact Assessment

The following sums have been allocated for promoting awareness and early diagnosis, including additional costs of diagnostic tests and treatment:

- 2011/12 - £33m
- 2012/13 - £136m
- 2013/14 - £146.7m
- 2014/15 - £198m

This funding is going into PCT baselines – on the basis that the NHS will use the money to improve survival rate through earlier diagnosis i.e. it takes account of the additional tests needed.

SHA Breakdown of Colonoscopy procedures needed to meet underlying growth plus commitments in the cancer outcomes strategy – long term

SHA	Number of procedures in 2010/11	Annual increase in colonoscopy procedures needed						2016-17 activity	% change over whole period	Crude colonoscopy rates per 100,000 population	
		10-11 to 11-12	11-12 to 12-13	12-13 to 13-14	13-14 to 14-15	14-15 to 15-16	15-16 to 16-17			2010/11	2016/17
N East	28,077	14.2%	6.2%	8.8%	9.4%	6.9%	6.4%	46,290	64.9%	1,084	1,744
N West	59,098	18.1%	6.2%	9.3%	10.0%	7.1%	6.6%	101,689	72.1%	854	1,440
Y & H	48,732	16.4%	6.2%	9.1%	9.9%	7.1%	6.6%	82,471	69.2%	918	1,480
E Mids	32,574	22.4%	6.3%	9.9%	10.7%	7.4%	6.9%	59,213	81.8%	724	1,254
W Mids	38,715	22.2%	5.9%	10.0%	10.7%	7.2%	6.7%	69,827	80.4%	709	1,240
E Eng	42,967	20.7%	7.1%	9.9%	10.6%	7.4%	6.9%	77,628	80.7%	737	1,258
London	61,491	13.3%	6.6%	9.1%	10.1%	6.7%	6.3%	101,308	64.8%	788	1,234
S E Coast	39,211	18.1%	6.3%	9.4%	10.0%	7.1%	6.8%	67,640	72.5%	897	1,480
S Cent	30,914	20.1%	6.2%	9.6%	10.6%	7.3%	6.8%	54,717	77.0%	749	1,265
S West	44,170	20.1%	6.6%	9.7%	10.3%	7.3%	6.8%	78,569	77.9%	834	1,414
England	425,949	18.2%	6.4%	9.5%	10.2%	7.1%	6.7%	739,352	73.6%	816	1,357

SHA Breakdown of Flexisig procedures needed to meet underlying growth plus commitments in the cancer outcomes strategy – long term

SHA	Number of procedures in 2010/11	Annual increase in flexi-sigmoidoscopy procedures needed						2016-17 activity	% change over whole period	Crude flexi-sig rates per 100,000 population	
		10-11 to 11-12	11-12 to 12-13	12-13 to 13-14	13-14 to 14-15	14-15 to 15-16	15-16 to 16-17			2010/11	2016/17
N East	16,604	18.7%	13.7%	37.5%	7.1%	22.7%	5.2%	42,565	156%	641	1,604
N West	53,249	16.5%	12.2%	31.2%	6.2%	20.2%	5.2%	122,759	131%	770	1,738
Y&Hum ber	25,819	22.1%	16.5%	43.3%	6.8%	25.3%	5.5%	74,265	188%	487	1,333
E Mids	21,752	22.5%	16.5%	44.2%	7.2%	25.9%	5.8%	63,745	193%	483	1,350
W Mids	24,177	23.6%	17.4%	45.6%	6.7%	25.8%	5.5%	72,463	200%	443	1,287
E Eng	26,617	23.3%	17.1%	45.8%	7.1%	26.3%	5.9%	80,282	202%	457	1,301
London	27,919	26.9%	19.5%	46.5%	5.5%	26.3%	5.8%	87,392	213%	358	1,065
S E Coast	19,841	23.7%	17.1%	46.4%	7.4%	26.6%	5.8%	60,539	205%	454	1,325
S Cent	20,666	21.8%	15.9%	42.5%	7.0%	25.0%	5.8%	58,732	184%	501	1,358
S West	28,817	20.8%	15.2%	41.4%	7.0%	24.5%	5.5%	79,955	177%	544	1,439
England	265,461	21.5%	15.8%	41.6%	6.7%	24.6%	5.6%	742,697	180%	509	1,363

Key message 6: Lower GI endoscopy is highly cost effective

- Increased diagnostic activity will prevent cancer and lead to earlier diagnosis.
- This will reduce the incidence of metastatic cancer (with associated costs).
- Health economic modelling undertaken to inform development of the Cancer Outcomes strategy indicated a cost per year of life saved of £6241.
- This suggests that earlier diagnosis would be very cost effective.

Key message 7: Increased activity must not compromise quality and patient safety

- Previous work to improve quality through JAG.
- No compromise in terms of quality of endoscopy services – working closely with National Clinical Director, British Society of Gastroenterologists and Association of Coloproctologists.

Summary: Lower GI endoscopy services

- Action is needed now:
 - To prepare for the national bowel cancer awareness campaign August 28th – end of September 2012.
 - To deal with existing endoscopy waits of 6 weeks or longer to enable extension of screening to people aged 70-75 where necessary.
 - To prepare for the longer term need to expand endoscopy capacity.
- Although there will be costs and workforce implications, this will save lives and will be highly cost effective.

Campaign extension pilots

Objective:

- To pilot and evaluate different approaches to amplify and sustain the Be Clear on Cancer bowel campaign.

Pilots in three areas of England:

- Yorkshire TV region - extension of TV advertising.
- North West – community engagement.
- North London and North East London – community engagement.

Timing:

- Activity running from September 2012 to 10 March 2013.
- A break from 23 November 2012 to 7 January 2013 to avoid putting additional pressure on services at an already busy time of year.

Awareness and early diagnosis of bowel cancer - reminder national campaign 28 August to end of September 2012

