



# Cancer: bowel screening (60 to 74 years)

NICE indicator

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[www.nice.org.uk/indicators/ind64](https://www.nice.org.uk/indicators/ind64)

## Indicator

The proportion of eligible people aged 60 to 74 years whose record shows a bowel screening test has been performed within the last 2.5 years.

## Indicator type

Network / system level indicator.

The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

## Rationale

Cancer Research UK report that bowel cancer (also known as colorectal cancer) is the second most common cause of cancer deaths in the UK, with approximately 16,800 deaths each year (2017 to 2019). This makes prevention and early detection a healthcare priority because if bowel cancer is found early, it is easier to treat. Age is a risk factor for bowel cancer, with the highest incidence rates being in older people. In the UK in 2016 to 2018, age-specific incidence rates rose steeply from around age 50 to 54. On average each year more than 4 in 10 new cases (43%) were in people aged 75 and over ([Cancer Research UK: Bowel cancer incidence statistics](#)).

There are variations between areas and demographics. [Office for Health Improvement and Disparities \(OHID\)'s Fingertips Cancer Services profile: Bowel cancer screening coverage: aged 60 to 74 years old \(indicator ID 92600\)](#) data for 2021 to 2022 shows performance among primary care networks ranged from around 42% to around 81% (England: around 70%).

## Source guidance

- [Bowel cancer screening programme overview](#). Public Health England (2015, updated 2021)
- [Bowel cancer screening programme standards: valid for data collection from 1 April 2018: BCSP-SO1: Coverage](#). NHS England (2018, updated 2021)

## Specification

Numerator: The number of people registered to the practice who were screened adequately in the previous 30 months.

Denominator: The number of eligible people (aged 60 to 74 years) on the last day of the review period.

Calculation: Numerator divided by the denominator, multiplied by 100.

Definitions: An adequate faecal occult blood test (FOBt) screening result is defined as reaching a definitive FOBt outcome: normal or abnormal, from potentially multiple test kits (NHS England and the OHID's: Bowel cancer screening programme standards: valid for data collected from 1 April 2018 (BCSP-S01: Coverage)).

Denominator: NHS England and OHID's: Bowel cancer screening programme standards: valid for data collected from 1 April 2018 (BCSP-S01: Coverage).

Caveat: There are a number of men and women in the eligible age range who are not registered with a GP and subsequently not called for screening as they are not on the screening population index (SSPI). Screening units have a responsibility to maximise coverage of eligible men and women in their target population and should support GP registration where appropriate, or employ programme-approved alternative mechanisms, on request (NHS England and OHID's: Bowel cancer screening programme standards: valid for data collected from 1 April 2018 (BCSP-S01: Coverage)).

Data source: National Health Application and Infrastructure Services (NHAIS). OHID publishes Fingertips Cancer Services profile: Bowel cancer screening coverage: aged 60 to 74 years old ID 92600.

Expected population size: Data was extracted from the Bowel Cancer Screening System (BCSS) via the Open Exeter system reported on OHID's Fingertips Cancer Services profile ID 92600 for the denominator for 2021/22 shows that 0.16%: 1,622 per 10,000 patients served by a network. There is no minimum number of patients required for network level indicators. However, consideration should be given to whether the majority of results would require suppression because of small numbers.

Minimum population: The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

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