



Scope for change: what next for European colonoscopy services?

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EXPERTISE IN
COLONOSCOPY

Fast forward to 2035

Future patient case study

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It's 3rd March 2035 and Lucas celebrates his 55th birthday. A family man and football fanatic, Lucas doesn't spend a lot of time thinking about his health. He has the odd ache and pain, but is generally well.

When the screening pill camera arrives through the post a week after his birthday, it doesn't worry him. He remembers his general practitioner explaining in a previous video-call that everyone gets sent the pill camera when they turn 55 to help pick up potential bowel problems early.

Lucas downloads the required app. It explains that once he has swallowed the pill camera, the local hospital's colonoscopy team will be ready to control the camera remotely, taking pictures as it moves through his bowel. Lucas won't even be able to feel it. On the day, he will be told the results. If they've spotted anything unusual, he will have a colonoscopy to investigate further and remove any abnormal growths.

The app also explains that Lucas will need to take a state of the art bowel cleanser before the procedure to clean the bowel so that the pill camera has a clear view. The cleanser comes in different forms and flavours which he can choose in advance.

Before being directed to the MyHealth portal where he will be able to schedule an appointment, the app offers Lucas the chance to arrange a video call-back with a trained operator to ask further questions. He feels confident that he has understood the information, so logs on to proceed with a booking.

Entering the unique reference code that accompanied the pill camera, a list of local services comes up with a choice of available time slots.

He is pleased to find that he can book an appointment in 8 days at his local health centre – much easier than travelling half an hour to his nearest hospital. Even better, it's on a Saturday

so he doesn't need to take time off work. The appointment appears in his diary with a confirmation message that an advisor from the local health team will be in touch the following day.

The next day Lucas receives a call from the advisor. He has thought of a few questions that he wants to ask. What procedures will he have to go through if the team spots anything abnormal? Will he need to have a colonoscopy? Will it hurt? Will general anaesthetic be necessary? The advisor reassures Lucas that it is not unusual to undergo a colonoscopy if anything gets spotted while the pill camera is controlled remotely. Colonoscopies are recommended screening procedures that help to detect polyps. He can have a combination of sedation and local anaesthetic which will mean that he can be conscious throughout and not in pain.

Lucas chooses from a variety of state of the art bowel cleansers. The bowel cleanser arrives to his home three days in advance of the appointment. 24 hours before, he receives an e-alert, reminding him to take the bowel cleanser, as well as providing dietary advice.

On the morning of the appointment, Lucas is prompted to swallow the pill camera. Within a few hours, the hospital team is able to move it remotely forwards and backwards to check his bowel. Lucas has taken notice of all the instructions and his bowel is clean. This makes the procedure seamless; there won't be a need to repeat it. At the end of the procedure, during which the team spotted a couple of small growths (or polyps), Lucas is booked to go to his local health centre to undergo a colonoscopy for the next morning.

The team wants to examine and remove the two growths as a precaution.

Fortunately enough, the state of the art bowel cleanser is effective for up to 24 hours and Lucas is not required to take any further cleanser prior to his colonoscopy.

On the day of the colonoscopy, the colonoscopist checks that Lucas is still happy to be fully conscious throughout the procedure - which he is. She also explains that the scope will be operated by a robot, but she will be there at all times.

Lucas lies comfortably on the bed. The latest generation scope is inserted, projecting a high-resolution image onto a screen which both Lucas and his endoscopist can see. She points out the location of the two small growths. These are easily and painlessly removed. The endoscopist is confident that nothing has been missed and Lucas' comfortable experience means he has no reason to doubt this.

With the procedure complete, the endoscopist explains that the results of the biopsy will be available within the week. If there is anything concerning, she will phone him personally.

She also gives him her number and e-mail for anything in the meantime.

A week later, Lucas receives a text message confirming that the biopsy showed the growths were benign and that the images taken during the colonoscopy were nothing to worry about. It's such a relief. The text message says that the images and results have been uploaded onto Lucas' MyHealth portal so that he and his doctor have a record. Alongside the results is a patient questionnaire for Lucas to give feedback on his experience and the quality of the care he received. Lucas gives consent for his anonymised data to be used for research. If it helps other people in the future, it's worth it.



Foreword

Dr Alastair Benbow

Chief Development & Medical Officer,
Norgine



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To them, a story like Lucas’
would be science fiction.
For us, it is entirely plausible
and in the not-too-distant
future. ”

Almost 50 years have passed since the first colonoscopy was performed.¹ Thanks to this essential technology, thousands of people with colorectal cancer and other bowel diseases have had their lives improved, extended or saved.

50 years ago, physicians could not have imagined a digital world, where patients could consult their doctor via a video-phone or cameras the size of a pill operated remotely. To them, a story like Lucas’ would be science fiction. For us, it is entirely plausible and in the not-too-distant future.

Norgine wants every patient who needs a bowel investigation to have high quality care, available quickly and close to home. We want every patient to have as good an experience as possible. We want colonoscopy teams to be able to embrace the latest technology and make efficient use of scarce resources, and be recognised for the essential care that they deliver for individual patients and the population as a whole. Ultimately, it is about preventing disease at an early stage and saving lives.

Norgine is proud of its long heritage in colonoscopy, spanning decades including multiple innovative products, and our many partnerships globally with the colonoscopy community. Norgine’s numerous innovations have dramatically helped to support adenoma detection by improving bowel cleansing before colonoscopy and enhancing visualisation of the colon during the procedure.

We believe that catching bowel-related diseases at an early stage is achievable, but we understand the challenges and will not be complacent in seeking to overcome them. This discussion paper is based on conversations with healthcare professionals on the frontline of colonoscopy services across Europe, and insights from a listening exercise with some of the most respected opinion leaders.

Norgine's pan-European colonoscopy listening exercise heard from a range of stakeholders, including health care professionals that progress is being made, but there is still scope for change. Change is essential if services are to keep up with the increasing need as the European population grows and ages.

Each chapter in this paper sets out a key challenge facing the colonoscopy community:

- **Quality:** how do we address variations in the quality of services, both within and between European countries?
- **Access:** how can we ensure access to high-quality colonoscopy services in a timely manner and at a location close to home for all patients who need them?
- **Perceptions:** how can we improve understanding of the importance of colonoscopy and encourage people to take up the opportunity of screening?
- **Technology and medical innovation:** how do we boost innovation and spread technological advances?
- **Funding:** how should the community plan and invest to ensure sustainable colonoscopy services for patients today and in the future?

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By collaborating with partners across the colonoscopy community, we can advance patient care, and at a faster pace. ”

These challenges are not new. But they are increasingly urgent with funding and capacity constraints, as well as changing demographics. So, in addition to some suggestions for practical collective actions that could be taken, we set out our commitment to the colonoscopy community: how Norgine intends to pave the way for change.

By collaborating with partners across the colonoscopy community, we can advance patient care, and at a faster pace. We can improve patients' experience, save lives, and ensure appropriate use of resources within health systems. Let's fast-forward to a future that patients deserve.



Dr Alastair Benbow
Chief Development & Medical Officer,
Norgine



Improving quality

Colonoscopy has the potential to improve people's health, even save their lives, by detecting and removing lesions.² To ensure the patient receives the greatest possible benefit from colonoscopy, the quality of the procedure is absolutely paramount.² However, the evidence suggests that the quality of colonoscopy services can vary both within and across European countries.³ Five specific areas were identified during Norgine's pan-European listening exercise as barriers to quality improvement and effective colonoscopy service delivery.⁴

Data collection

Effective and accurate colonoscopy data collection at a local, national and international level will be essential for driving quality improvement, enabling benchmarking, quality assessment and performance monitoring. The better the data – including on bowel preparation, adenoma detection rate, polyp removal, withdrawal time, sedation levels and many other aspects of care – the easier it is to improve the quality of services and maximise the health benefit of colonoscopy. Currently, the robustness of data collected by health systems is varied.⁴ The parameters of a high-quality colonoscopy are generally understood,⁵ but in the absence of consistent processes to record service performance against them, the overall picture will remain unclear.

One way of recording data is through operating national and international colonoscopy registries. These data repositories would help to give an accurate representation of the quality of colonoscopy across different services and uncover areas for improvement. To date, only a few countries have introduced such initiatives.

Another aspect of data use is clinical audit. There is a responsibility for individual healthcare providers to ensure that the quality of the colonoscopies they deliver is monitored, benchmarked and continuously improved. The robustness of colonoscopy clinical audits across European providers is varied.

Norgine's suggestion



A common dataset adopted by all European countries should be collected and published every year which enables:

- Service quality improvement
- Preparation for future funding
- Identification of gaps in provision and capacity levels.

In addition, clinical audits should be undertaken by every healthcare provider offering colonoscopy services to drive improvements in patient care and outcomes.

Consistency in quality between European countries would benefit from the international colonoscopy community collaborating in this way to gain consensus and drive behaviour change.

Variation in quality

All people in need of colonoscopy should be able to access services of equal and high quality. Unfortunately, unwarranted variation in quality in colonoscopy services across Europe can be observed along a number of dividing lines, both across countries and within them. For example, we have learned of variation in the quality of services across urban and rural areas; public and private practice; and specialist centres and general hospitals. Such variation in service is adversely impacting the equity of care for patients, and, ultimately, reduces the societal benefit of colonoscopy.⁴

Too often, variation can be witnessed in the ability to spot lesions and diagnose colorectal cancer at an early stage. To avoid this, quality

must be high at each stage of the procedure, starting with preparing the bowel effectively. The efforts of the international colonoscopy community to set common quality standards are welcome.

In particular, the European Society of Gastrointestinal Endoscopy's *performance measures for lower gastrointestinal endoscopy* has great potential to raise the standard of colonoscopy quality across Europe.⁵ However, the existence of the guidelines themselves will not be enough. Stakeholders will need to work together to ensure their consistent implementation and to provide adherence monitoring.

Norgine's suggestion

Every European country at a national level should commit to the European Society of Gastrointestinal Endoscopy's *performance measures for lower gastrointestinal endoscopy*⁵ in all phases of the colonoscopy procedure and monitor adherence to these standards. Local clinicians and commissioners should demonstrate how they are ensuring it features at the centre of their approach to colonoscopy services.

Norgine's commitment

For a number of years, Norgine has been the primary sponsor of the European Colonoscopy Quality Investigation (ECQI) Group, an independent working party of colonoscopy experts, academics and thought leaders from Europe with the aim of improving quality in colonoscopy. ECQI is tasked with helping improve international clinical practice in colonoscopy through clinical audit – routinely measuring, benchmarking and sharing data. Norgine is committed to provide long-term funding and support to the initiative as it continues to grow in its scope and to accept new participants and funding from additional sources.

Professional training

Patient experience of colonoscopy will be, to a large extent, determined by the standard of professional training and qualifications of those delivering their care. Professional training and continued professional development of healthcare staff delivering colonoscopies is essential for the delivery of high quality service as well as increased capacity. However, faced with financial and time pressures, health systems and individual providers may not always give training the prioritisation that this area deserves.

In the absence of optimal professional training, awareness of the latest clinical guidance and ability to fully embrace new technologies can suffer.

Norgine's suggestion

Every European country should commit the necessary time and resource to training staff involved in colonoscopy, particularly on the latest bowel preparation, technology and new techniques. This should form part of colonoscopy workforce plans (explored further in the paper).

Norgine's commitment

Norgine is proud of its record of working with healthcare providers to offer locally-tailored professional training to their workforce. Going forward, Norgine is eager to build on initiatives in some countries, such as:

- Tailored Resources: Advancing Colonoscopy Training (TRACT) - online portal developed, in partnership with Beating Bowel Cancer, Bowel Cancer UK and GI Endoscopy for Nurses, as an educational resource providing access to materials for health care professionals involved in colonoscopy to improve patient outcomes and share best practice
- Standardised Lesion Assessment Tests in Endoscopy (SLATE) - e-Learning for trainees part of the British Society of Gastroenterology
- El Rincón del Residente en Aparato Digestivo (The Resident's Corner in the Digestive System) - a Spanish online platform which enables physicians to share materials and participate in training courses regarding the digestive system.

Patient experience

Every patient requiring a colonoscopy should receive the best possible experience, feeling at the centre of the care they receive, provided with the relevant information and consulted throughout the clinical process. This is a central tenet of quality, however, historically, patient experience of colonoscopy has not been given the attention it merits. A negative experience of care has the potential to adversely impact health outcomes by reducing the likelihood of patients returning for follow-up appointments, as well as perpetuating the negative public perceptions of colonoscopy.⁷ Furthermore, a poor experience can perpetuate negative public perceptions if this feedback is shared with friends and family. This may undermine compliance of future patients undergoing a colonoscopy; efforts to identify colorectal cancer at an early stage would be undermined. Moreover, patient compliance is important, so that patients can avoid having to undergo a repeat procedure.⁶

Norgine's suggestion

Develop standardised metrics and regularly collect data on measures of patient experience, routinely using it in designing service specifications.



Some of the negative experiences of care that we have come across in our research included:⁴

- Lack of patient information before and after the procedure
- Uncomfortably large volumes of bowel preparation solution
- Inadequate and inconsistent sedation levels
- Lack of respect for patients' dignity and privacy.

Putting in place systems to gather data on patient experience will be an essential driver of improvement in this area. There is a particular responsibility on patient groups and healthcare professionals to take the initiative in pushing forward this agenda.

Norgine's commitment



Norgine has a long and proud record of working with patient groups to improve detection of colorectal cancer whilst ensuring patient experience is enhanced. With a view to enabling more robust data collection on patient experience, Norgine pledges to support EuropaColon's Survey on the 'Unmet needs of patients living with metastatic colorectal cancer'. Norgine will welcome and consider proposals by other patient organisations to improve the community's understanding of patient experience of care in this area.

Expanding access

In order to deliver maximum value to patients and health systems, colonoscopy services should be available to all people who could benefit from them. The quality of services is important, but patients must be able to access them. Unfortunately, access to services continues to vary both within and between European health systems. Four frequently quoted reasons for the variation in patient access⁴ to colonoscopy were identified during Norgine's pan-European listening exercise.

Location of care

People who could benefit from colonoscopy should be able to undergo the procedure at a location that is convenient for them. However, there is often a reliance on the larger city hospitals to provide colonoscopy services.⁴ This can make it difficult for people living outside the main cities to attend their appointments, reducing their access to this important service.

With the right equipment and qualified staff, high-quality colonoscopy service can be delivered safely outside of hospitals and closer to the communities at which the service is targeted. Primary care has the potential to ease some of the pressure on conventional colonoscopy services in secondary care and mitigate some of the capacity challenges they may face. Bringing services into the community could help to enhance access to services and reduce waiting times.

Waiting times

Colonoscopy is a crucial diagnostic tool for serious diseases of the bowel, including colorectal cancer, and any delay in diagnosis can have severe consequences for patients' prognosis.⁸ If increases in demands for colonoscopy services are not met by corresponding capacity adjustments, patients' waiting times are likely to grow.⁹

Health systems should consider the adequacy of their maximum waiting time targets for diagnostic colonoscopies. They should also be provided with additional resource if these cannot be met within the constraints of existing capacity.

Norgine's suggestion



Health care professionals within settings that could make a greater contribution towards the delivery of colonoscopies should be encouraged to do so, and work with the community to make this possible.

Norgine's suggestion



No individual with bowel-related symptoms should have to wait longer than two weeks, as a colonoscopy could be important in diagnosing a health condition. Data on waiting times should be collected and published.

Workforce

Positively, health systems have increasingly recognised the importance of colonoscopy in detecting, treating and managing various diseases of the bowel, leading to increased use of the procedure. However, the steep rise in the demand on providers in recent years often outstrips their capacity. Many countries are faced with a shortage of staff qualified to deliver colonoscopy services.^{9,10,11} This can result in patients having to face long waiting times and, occasionally, not receiving the best service quality they could.⁹

There are a range of short-term as well as longer-term measures that policy-makers can take to ensure that their workforce is fit to meet the demand on colonoscopy services. It is known that in the short-term much of the capacity gap could be addressed by increased recruitment of non-medical endoscopists. Health systems should consider whether they could benefit from a recruitment drive in this area.

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The quality of services is important, but patients must be able to access them. ”

Norgine's suggestion

Every European country should incorporate workforce-related ongoing initiatives and future plans into a comprehensive colonoscopy workforce strategy, covering issues such as numbers to meet service needs, the potential settings for care, and training requirements.

Norgine's commitment

Norgine continues to collaborate with providers, supporting their workforce to deliver high quality colonoscopy services through training and sharing information for both clinicians and patients. We intend to build on our collaboration with existing and new partners in any setting where colonoscopy services are or could be undertaken (e.g. primary care).

Thresholds for investigation

A colonoscopy should be made available to all patients who need it. Currently, the criteria used to determine which patients should undergo a colonoscopy differ from country to country. Health systems employ different thresholds for investigation both in terms of diagnostic colonoscopies and their screening programmes – this can be seen in the differences between Faecal Occult Blood Tests and Faecal Immunochemical Tests.

The differential thresholds for investigations can result in procedures being undertaken unnecessarily (if the threshold is too low) or not being offered to people who could benefit the most (if the threshold is too high).⁴

It should be recognised that there might be variations in local populations' characteristics and needs, which may need to be reflected in differential thresholds. However, all health systems should ensure that the thresholds that are set for colonoscopy investigations are based exclusively on clinical need rather than other considerations, such as capacity issues and cost. Taking this approach is crucial to putting in place sustainable and high quality services for patients who need them.

Norgine's suggestion



Harmonisation of thresholds for investigation across Europe would help to ensure that no patient is denied a colonoscopy where it could be clinically important.

Norgine's commitment



Norgine is eager to work with existing and new partners to help determine the appropriate level of harmonised thresholds for investigation that could be implemented in every European country.

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CHAPTER 3

Changing perceptions

Low awareness of colonoscopy's potential amongst policy-makers can result in failure to prioritise the service in terms of resourcing and policy attention. Furthermore, the potential for colonoscopy services to improve population health is undermined by the often-negative perceptions of the procedure held by the public. These negative perceptions may prevent individuals from attending their appointments and from participating in bowel cancer screening programmes.¹²

Policy prioritisation

Improved quality and access to colonoscopy service can be effectively driven by the introduction of national policy initiatives. Initiatives targeting earlier cancer diagnosis and the roll-out of national bowel screening programmes have proven effective in increasing the availability of colonoscopy services and improving health outcomes over time.¹⁵

In addition, policy-makers need to provide incentives and adequate funding systems to enable prevention of disease and avoid treatment costs.

Increased focus from policy-makers has the potential to initiate not only a drive within health systems to prioritise colonoscopy services, but to also raise public awareness about the importance of the procedure.

Helping a greater number of policy-makers to understand the benefits of and challenges in colonoscopy could lead to its increased policy prioritisation and introduction of impactful initiatives.

Norgine's suggestion



Every European country should launch a strategy to ensure optimal use of colonoscopy as part of a cancer prevention plan.

Norgine's commitment



Norgine is keen to work with the colonoscopy community to engage with, and raise awareness of, the benefits of colonoscopy amongst policy-makers. Norgine would support this by developing a suite of colonoscopy resources that demonstrate this procedure is an important and cost-effective tool in preventing colorectal cancer.

Public perceptions

Public awareness of colonoscopy and the benefits of the procedure remains low. Individuals may be deterred from attending their colonoscopy appointments and participating in screening programmes due to the often-negative perceptions of colonoscopy.¹³ Stakeholders told us that the most commonly held negative perceptions of colonoscopy by the public include: uncomfortable bowel preparation; high likelihood of complications; an assumption that the procedure is painful; and belief that colonoscopy is exposing, embarrassing and undignified.⁴

Without a new mind-set on these issues, rates of attendance at colonoscopy appointments and participation in bowel cancer screening programmes will remain lower than they should be, stopping many patients from benefiting. There is also significant variation in attendance rates between countries and it is important to understand why populations view colonoscopy differently. All stakeholder groups within the colonoscopy community have an important role in driving long-term societal change by educating the public on bowel-related disease and colonoscopy as an important means of saving lives.

Norgine's suggestion



Every European country should develop public education programmes to highlight the symptoms and eligibility for colonoscopy, break down the misconceptions about undergoing the procedure and raise awareness about the importance of procedures.

Norgine's commitment



Norgine plans to undertake two activities to address the issue of the taboos and negative perceptions of colonoscopy. This year we will be commissioning comprehensive international polling of public attitudes to understand the perceptions of colonoscopy and to inform public education programmes. Later on, drawing on the results of our polling, we will be developing a digital myth-buster designed to challenge some of the myths associated with colonoscopy.

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Stakeholder groups within the colonoscopy community have an important role in driving long-term societal change. ”

Embracing technology and medical innovation

Medical innovation and technological advances in colonoscopy will help in improving patients' experience of the procedure.¹⁴

An example of the former is through decreasing the volume of bowel preparation liquid, with the aim to ensure better patient compliance by improving their experience and avoiding repeat procedures

Regarding technological advances, the areas of scoping and imaging have all seen the introduction of novel technologies in recent times, with the potential to enhance the quality as well as patient experience of colonoscopy. However, evidence suggests that there is variable and often limited uptake of new technologies, undermining their potential impact on population health outcomes.

New technologies are arriving at pace, and artificial intelligence has the potential to offer opportunities. Health systems will need to learn to embrace new technologies to maximise improvements to patient care.

Uptake of existing technologies

In the face of growing demand for colonoscopy services, adoption of new technologies opens the door to significant efficiency increases, by enhancing the quality of colonoscopies and improving outcomes. There may be a variety of reasons for this limited uptake, including inadequate funding, lack of professional training and clinical conservatism.

Healthcare professionals should have the freedom to choose, in consultation with patients, the bowel preparation agents and the equipment to maximise the quality and efficiency of their service.

Norgine's suggestion



Every European health system should have a range of different cost-effective options available to those requiring a colonoscopy, to reflect patient and clinical preference.

Norgine's commitment



Norgine has been at the cutting edge of innovative technologies in colonoscopy for decades. Norgine supplies a number of market-leading bowel preparation products and a medical device. We endeavour to make the variety of our products available at a fair price that represents their value, with the aim to enable more efficient use of resources and delivery at scale.

In addition, we will continue partnering with organisations to develop new technology applications, on existing projects, such as Colon COP, a Spanish app that calculates when the patient is due their next colonoscopy depending on risk factors; and Ma Colo, a French platform that helps patients to follow instructions on bowel preparation in an interactive way.

We will also continue to offer professional training and information support to healthcare professionals.

Research and development

Norgine recognises the essential role of research and development, and has products in the pipeline whereby this has been central from the start of the process.

In order to effectively trial new technologies – building on our bowel preparation products and medical device – we rely on a multitude of partnerships, including with inventors, academics and researchers but also with existing colonoscopy services whose cooperation is absolutely crucial to bringing new innovative technologies to market. The aim of these partnerships is to further enhance the patient experience of colonoscopy and efficacy of the procedure. This remains at the heart of Norgine's approach to innovation.

Norgine's suggestion



Medical centres should be encouraged and incentivised to participate in the development and training for new techniques and approaches to colonoscopy.

Norgine's commitment



Norgine will continue supporting the commercialisation of new technologies by seeking potential partnerships with companies developing new techniques as well as with medical centres open to trialing them.

Artificial intelligence

Healthcare, just like other sectors, is close to an artificial intelligence (AI) revolution. Services will need to embrace this transformation to maximise its benefits to patients and increase their own efficiency.

It remains unknown exactly how the AI revolution will impact on colonoscopy services but, in time, it is likely to create major changes. In the future, colonoscopy investigations could involve robots in some form, helping to reduce the potential for human error, and completing the investigation more quickly, reliably and without items of interest being missed. Moreover, this will create a huge opportunity to significantly increase capacity to collect, process and analyse data, which, if used effectively, could lead to improved services.

Norgine's suggestion



Data on colonoscopy, combined with advanced computing techniques should be investigated for the potential to introduce AI to support symptom detection and diagnosis.

Furthermore, every organisation should have an equipment modernisation plan that includes new technologies for colonoscopy – a clinical 'champion' should be appointed in each organisation to drive the plan forward.

CHAPTER 5

Ensuring funding

Prevention is crucial to avert health complications and associated high costs. Colonoscopy plays a major role in preventing diseases, such as colorectal cancer. However, inadequate funding of services and technologies could undermine the potential for the procedure to contribute more - quality, patient experience, uptake and capacity are impacted.

In certain countries, the tariff system provides a disincentive to scaling up service provision, as hospitals may operate at a loss by doing so.

The cost savings driven by detecting cancer earlier far outweigh the costs of performing colonoscopies. With this in mind, it must be a priority to address funding issues where possible to ensure the benefits of the procedure are harnessed.

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Norgine's suggestion



Across Europe, the level of funding required to meet demand and enable the adoption of new technology to improve detection of disease, such as colorectal cancer, will require long-term thinking from budget holders.

Policy-makers must provide additional (at appropriate levels) funding to payers for colonoscopies to take place in the best conditions possible, meeting quality and patient experience measures.

Manufacturers and providers of colonoscopy should introduce new technologies through opening the dialogue with payers, policy-makers and providers to ensure their needs are met.

Norgine's commitment



To alleviate funding pressures, Norgine strives to develop products that offer value to patients and physicians, and healthcare systems.

Closing remarks

The potential of colonoscopy to detect cancer earlier, save lives, and help health systems to allocate resources appropriately is undoubtedly great. However, if we are to fully maximise the benefits of colonoscopy, and achieve the vision of a high-quality, patient-centered service of the future, the community must work together.

If the proposals in this paper are collectively pursued for all European patients, these small incremental steps could bring us closer to our shared vision to prevent colorectal cancer and save lives. A service resembling the standard of care experienced by Lucas, the patient of our futuristic case study at the start of this paper, is achievable.

Building on our rich heritage in colonoscopy, Norgine remains committed to the international colonoscopy community. We hope that this discussion paper will stimulate conversation, foster the development of new partnerships and, ultimately, lead to collective action to improve the health of patients, saving many lives in the process.

We would urge you to submit your feedback on the content of this paper and any other issues you believe are pertinent to *Scope for change*.

Contact details

For further information or to offer your insights on the content of this paper, please email us: contact@norgine.com

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