

ENGAGING PRIMARY CARE IN BOWEL SCREENING GP GOOD PRACTICE GUIDE

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STATEMENT OF INTENT

CRUK is committed to informed choice with respect to screening participation. Screening has both benefits and harms, and these must be communicated appropriately.

If you have any feedback or want more information please contact earlydiagnosis@cancer.org.uk

BACKGROUND

We are delighted to share our GP Good Practice Guide for bowel screening with you. It presents some of the existing evidence based recommendations for increasing bowel screening uptake. The aim is to translate this into a practical resource that can be used by GPs and their primary health care teams.

It features practical tips, links to resources and information on some of the strategies that have been used successfully across primary care to overcome barriers to participation.

NHS BOWEL SCREENING PROGRAMME

For most CCGs cancer remains the largest single cause of premature deaths. Bowel screening is key to saving lives from bowel cancer. It aims to detect bowel cancer at an early stage before symptoms have a chance to develop. It may also help to prevent bowel cancer through the identification and removal of potentially harmful adenomas. Over 25,000 cancers have been detected in the first 10 years of the Bowel Cancer Screening Programme (BCSP) in England.¹

In England, bowel screening currently uses gFOBT (guaiac faecal occult blood testing). The gFOBT looks for hidden traces of blood in poo. Men and women from the age of 60 are eligible.

There are 5 Bowel Screening Programme Hubs and over 60 screening centres in England (see appendix 3) that co-ordinate and deliver the screening programme.

A Faecal Immunochemical test (FIT) will replace the current gFOBT as the primary test of the BCSP in 2018. FIT also identifies hidden traces of blood in poo, but it is a more effective test and is easier to use than gFOBT, because it requires fewer samples. Previous FIT pilots in the UK have indicated improved participation.

For more information, please see the **Cancer Research UK**: <http://bit.ly/1lI63hx> or **NHS Choices**: <http://bit.ly/1QKNuzY> websites.

An additional one-off test called bowel scope screening is currently being introduced in England. This is offered to men and women at the age of 55.

People who have received a bowel scope test at 55, will still be eligible for, and invited to participate in FOBT from the age of 60.

Unlike the other cancer screening programmes, the gFOBT does not involve any contact with a health professional. The next section provides the details of interventions with primary care involvement, which have been shown to have a positive impact on uptake.

You can help patients make an informed decision about participating in bowel screening by:

- ✓ Making sure they are aware of the programme
- ✓ Asking them if they have taken part, and encouraging them to participate every two years, even if previous results have been normal
- ✓ Informing them about the benefits and the risks of screening, and encouraging them to read the information pack carefully to help them make their decision
- ✓ Ensuring that any barriers to participation are minimised



ELIGIBLE POPULATION:

- The FOBT programme invites all men and women between the ages of 60 – 74 years who are registered with a General Practice.
- Those aged 75 and over can request a kit by ringing 0800 707 6060.
- People are invited by letter to their home address every 2 years, and are asked to complete a FOBT by providing 6 samples (from 3 stools) and post it back to the programme for analysis in a sealed envelope. They receive their result by letter free post and their GP is informed.

1. Public Health England "Health Matters: Improving the prevention and diagnosis of bowel cancer", published June 2016

THE SCREENING PATHWAY (FOBT)



PROGRAMME HUB

Invitation sent

Kit dispatched

Receipt and development of used kit

Reminder sent if no return within four weeks

If there is still no response 13 weeks after the reminder letter is sent, the person is counted as a non-responder. The practice receives notification that the patient did not respond. READ code 90w2

Normal result
(6 negative samples)
READ Code 686A
(see appendix 4)

FOBT OFFERED IN TWO YEARS IF < 74
READ CODE 68W2

Abnormal result
(5 or 6 positive samples)
READ Code 686B

OFFERED COLONOSCOPY AT NURSE APPOINTMENT

Unclear result
(1–4 positive samples)

EITHER 1 OR 2 REPEAT KITS DISPATCHED

Spoilt kit/ technical fail
READ Code 6867

1 REPEAT KIT DISPATCHED



LOCAL SCREENING CENTRE

OFFERED COLONOSCOPY AT NURSE APPOINTMENT

Does not accept

Accepts colonoscopy

Unsuitable –imaging

Non-attendance

Nothing abnormal detected

FOBT OFFERED IN TWO YEARS IF < 75

Polyp

Cancer

REFER

Other pathology

REFER/TREAT/ADVISE

LOW RISK
1 or 2 small (< 1 cm) adenomas

FOBT IN TWO YEARS IF < 75

INTERMEDIATE RISK
3 or 4 small adenomas
OR at least 1 adenoma ≥ 1 cm

THREE YEARLY COLONOSCOPY SURVEILLANCE UNTIL TWO NEGATIVE EXAMINATIONS

HIGH RISK
≥ 5 adenomas
OR ≥ 3 adenomas of which at least 1 is ≥ 1 cm

COLONOSCOPY AFTER 12 MONTHS, FOLLOWED BY THREE YEARLY COLONOSCOPY SURVEILLANCE UNTIL TWO NEGATIVE EXAMINATIONS

1. <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/02/serv-spec-26.pdf> – page 17

THE ROLE OF GP PRACTICES IN SUPPORTING PARTICIPATION IN BOWEL SCREENING

Studies have shown the positive impact that general practitioners can have on increasing awareness of cancer screening with eligible populations. GP/primary care involvement in the process can address barriers to participation.

A peer reviewed study found that sending people eligible for bowel screening a letter from their GP endorsing the screening programme, increases bowel screening uptake by up to **6%¹**, and by up to **12%¹** when sent in combination with enhanced patient information.

A study also found that phoning patients to provide information about bowel screening and offering to answer questions, used in combination with a GP letter, increases bowel screening uptake by **around 8%²**.

Providing the opportunity to speak to a trained bilingual advocate from a person's own GP practice may help increase awareness of bowel screening and overcome barriers to participation².

For details of more interventions see Cancer Research UK's Evidence and Intelligence Hub: <http://bit.ly/1Qr6fcr>

This hub aims to support local teams who want to carry out work to increase bowel screening uptake by providing evidence on what works and resources to help them do it.

To see a selection of case studies of local projects that aim to increase bowel screening uptake, please visit our Bowel Cancer Screening Projects Hub: <http://bit.ly/2uMapXS>

CRUK FACILITATORS

CRUK facilitators provide face-to-face, practical support to GP practices to improve cancer outcomes. They can work collaboratively with your practice to help implement some elements of this guide; offering advice, training and useful resources.

The CRUK facilitator programme operates across the UK. On average, facilitators interact with over 2,000 NHS professionals and organisations a month, including over 900 GP practices, 200 dentists and community pharmacists and 400 commissioners and planners of care.

For more information, please contact facilitators@cancer.org.uk.

A normal result does not guarantee the patient not having or developing bowel cancer in the future. Being aware of the symptoms of bowel cancer is important too.

1. Hewitson, P., Ward, A., Heneghan, C., Halloran, S. & Mant, D. (2011) "**Primary care endorsement letter and a patient leaflet to improve participation in colorectal cancer screening: results of a factorial randomised trial**".
2. Shankleman, J., Massat, N., Khagram, L., Ariyanayagam, S., Garner, A., Khatoun, S., Rainbow, S., Rangrez, S., Colorado, Z., Hu, W., Parmar, D. & Duffy, S. (2014) "**Evaluation of a service intervention to improve awareness and uptake of bowel cancer screening in ethnically-diverse areas**". BJC

WHAT CAN YOU DO TO SUPPORT YOUR PRACTICE POPULATION?

WHO ARE THE TARGET GROUPS?

WHERE SHOULD YOU BEGIN?

- How many eligible patients do you have?*
- What % of your patients have not responded to their bowel screening invitation?*
- How many patients per month is this?
- Who knows what about bowel screening - consider all staff/ is training required?
- Who in the practice team can manage these activities (e.g. results, READ codes, health promotion, patient communication)?
- Can your practice send letters? Make telephone calls? Advise patients as they come into contact with the practice?

*this information can be obtained from the NCRAS Fingertips data at <http://bit.ly/1TRvwud>

This information can be used to contact patients, encourage them, and offer them further advice/ signposting (ie. to request a screening kit).

FLOWCHART TO ENGAGE INVITEES AND NON-RESPONDERS



CODING

IDENTIFY INVITEES AND NON-RESPONDERS AND UNDERSTAND ENGAGEMENT PROFILE

- Ensure letters from bowel screening centres are **coded** in patient records
- Review** non-responders records to determine level of engagement with GP practice



CONTACT

DEVELOP APPROPRIATE STRATEGIES TO ENGAGE INVITEES AND NON-RESPONDERS

ALL INVITEES AND NON-RESPONDERS

Add **alerts/prompts** to identify patients and support discussion

NON-ATTENDERS AT GP PRACTICE example activity

- Letters
- Telephone calls
- Texts

ATTENDERS AT GP PRACTICE example activity

- Leaflet from receptionist
- Discussion with clinical staff



CHECK

EVALUATE EFFECTIVENESS OF INTERVENTION

- Code** engagement methods used for each patient
- Review** which methods have been most effective

PRACTICAL TIPS

TRAINING

- Providing training to all of your staff will help them understand and be able to explain the importance of bowel screening in **diagnosing bowel cancer early**, giving people the best chance of successful treatment

▶ Actions:

- Contact the CRUK Facilitators to see what training they can offer. To find a Facilitator working in your area and for more information: <http://bit.ly/2cHbLtv>
- You could watch this useful video produced by CRUK. It addresses practical issues and patients' potential concerns about the test. You can access the video here: <http://bit.ly/1P8EL86>
- Take part in our Talk Cancer workshops. The workshops help to build knowledge, skills and confidence in talking about cancer with the public. For further information please see: <http://bit.ly/12WtGUI>
- Use RCGP e-learning to help you explore the ways in which you can support patients. More information: <http://bit.ly/1k47C2a>
- Visit Doctors.Net for more online education and resources: <http://bit.ly/2mmhTKc>

KNOW THE TEST

- Being familiar with the **FOBT test kit**, can help practice staff explain it to patients

Note: A normal result does not guarantee the patient not having or developing bowel cancer in the future. Being aware of the **symptoms** of bowel cancer is important too.

▶ Actions:

- Keep a test kit for demonstration at your practice. A CRUK facilitator may be able to provide you with one.
- Provide a link to the NHS screening pictorial leaflet. See: <http://bit.ly/1O87dnk>
- CRUK Bowel Cancer Leaflets can be found here: <http://bit.ly/1O9TQZX>

DISPLAY SCREENING INFORMATION

- Information can be displayed in the practice to alert people to bowel screening

▶ Actions:

- Consider displaying posters and leaflets in waiting and clinical areas [CRUK Bowel Screening posters](#)

can be accessed here: <http://bit.ly/1ZdsS5r>

- Could you display messages on TV screens and display boards? Here's a short subtitled **animation video** on how to do the bowel cancer screening test suitable for waiting rooms: <http://bit.ly/1Pa3Z7O>
- Consider having a bowel screening display during Bowel Cancer Awareness Month in April or to coincide with the practice plans to follow up DNAs or first invitees
- Proactively use messages that encourage people to ask about screening. Hand them a **bowel screening information card**. To receive copies order via our publications page <http://bit.ly/2659OtG>

USE PRACTICE DATA

- You could check that the contact details of people aged 60 and over are accurate
- Consider checking how your practice's uptake and coverage compares with local and national averages

▶ Actions:

- Opportunistically check details at routine appointments.
- Uptake by GP** practice is available from general practice profiles, see here: <http://bit.ly/1TRvwud>
- Contact the CRUK Facilitators to arrange a visit to discuss practice data

SIGN UP TO RECEIVE ELECTRONIC RESULTS

- Electronic result reports (EComms) are available for bowel cancer screening (in place of hard copy result letters) and these can be requested from the Bowel Cancer Screening Hub. GP result reports that are sent electronically are automatically READ coded. GPs are informed of abnormal screening results, either electronically or by a hard copy letter, and in some cases it may be both.

▶ Actions:

- Contact your local screening hub to sign up for electronic results (see appendix 3)
- Familiarise yourself with the READ codes used by the screening hub (appendix 4)

ENDORSE NHS BOWEL SCREENING AND SUPPORT PATIENTS TO PARTICIPATE

The NHS BCSP has adapted their range of bowel screening invitation letters to now include positive statements of GP endorsement. We recommend that all GP practices should consent to these changes (permissions to include the GP Practice detail has to be renewed annually) and these new arrangements should be accelerated by the BCSP hubs.

PRIOR NOTIFICATION LIST

Practices do not automatically receive Prior Notification Lists (PNLs) for bowel screening. Contact your local screening hub to see if one can be provided (see appendix 3).

NB: The Hub might be able to send the list of patients due for screening, within a specified time frame, to a nominated person in your practice via NHS mail. These lists can serve as a valuable health promotion tool allowing a targeted approach.

Alternatively, you can identify patients due to be invited for the first time by carrying out a monthly search for patients soon to turn 60 years old.

Evidence suggests that pre-invitation letters (on practice letterhead signed by a GP see appendices 1a) may increase participation in bowel cancer screening. A letter could be sent to patients before the invitation letters are sent out.

- People approaching the age of 60 who are soon to be invited for the first time
- People aged 60-74 years old who have a non response to bowel screening result in the last 2 years

▶ Actions:

Every month:

- Identify all patients approaching the age of 60 who are soon to be invited to participate in bowel screening for the first time
- Identify all patients who the practice has received a non response result for (see appendix 4 for READ codes). Note: the practice receives notification that the patient did not respond if there is still no response 13 weeks after the reminder letter is sent. The screening kits are still live after the episode is closed at 13 weeks so there is a window of opportunity to contact patients and promote the benefits of screening.
- Promote the programme at flu clinics and at other suitable opportunities

- Consider groups of people who could support the informed participation of others, for example, younger people who provide support for relatives or carers

ENDORSEMENT

- Endorsement by a GP or member of the practice team increases the uptake of screening
- Explaining what the test is for and how to do it will help patients decide whether they wish to participate

▶ Actions:

- In the absence of Prior Notification Lists, search for patients approaching their 60th birthday and 60-74 year olds with a non response result in the last 2 years
- Review lists to exclude people for whom it may be insensitive for the practice to endorse screening (NOTE: they will still be invited by the programme). E.g.
 - palliative
 - bowel cancer
 - chronic inflammatory bowel disease
 - colonoscopy in last 2yrs
 - opted out of screening
 - are coded as ineligible
- Telephone people to explain the test (sample script appendix 2)
- Remind people of the telephone number to request another kit if lost or discarded
- Hand them a **bowel screening information card**. You can order some copies via our publications page <http://bit.ly/2659OtG>
- Consider sending an endorsement letter by post, especially if you could not make contact by telephone (Letter template appendix 1)
- Provide a pictorial guide or the information in a different language - For more information: <http://bit.ly/1RTAaZX>
- To endorse the programme opportunistically as patients contact the practice, use the built in alert on EMIS Web, or create your own alert on other clinical systems
- Record in the patient notes that a telephone call was made or endorsement letter sent (see READ codes appendix 4)

IDENTIFY AND ADDRESS BARRIERS

- People are sometimes embarrassed to talk about bowel screening and scared to talk about cancer
- When practice staff are confident and practical in their approach, this can help patients to be more receptive to health messages
- Ensure that reasonable adjustments are made, so that you can reach your target audience (see more information below on supporting vulnerable groups)

- Reinforce the benefits of a test done at home in privacy
- Show them an example of the test kit, and offer to explain how to do the kit

APPENDIX 1(b):

▶ **Actions:**

CONSIDER HELPING PEOPLE IN VULNERABLE GROUPS TO PARTICIPATE IN SCREENING

It is really important that we don't exacerbate inequalities in participation. Practice level support for these groups of patients may include:

- Demonstrating how to use the bowel cancer screening test kit
- Providing access to easy-to-read pictorial leaflets for patients to take away.

SUPPORTING VULNERABLE GROUPS

- People with learning disabilities
- People with physical disabilities
- People with sensory impairment
- Younger relatives and carers
- People who do not read or write English

▶ **Actions:**

- Consider identifying people who may find it difficult to understand and complete the test, and carers to whom information and support can also be provided
- Agree and record how this will be offered

- A pictorial resource to support people with learning disabilities to make an informed choice is available here: <http://bit.ly/1ZdtbNL>
- Leaflets available in 20 different languages here: <http://bit.ly/1RTAaZX>
- The helpline provides information in a wide range of community languages which are available by freephoning 0800 707 6060. Information is also available for the attention of carers, older people living alone and people with complex health problems
- Consider liaising with community health teams to identify people in this age cohort who may benefit from additional support

APPENDIX 1(a):

SAMPLE GP ENDORSEMENT LETTER NON-RESPONDERS

Building on the endorsement templates used in peer review studies, Cancer Research UK has produced a version that incorporates elements to promote informed consent.

Insert GP letter-head including GP practice phone number FREEPHONE 08007076060

Dear < Patient - insert name >

We are writing to you to express our support for the NHS Bowel Screening Programme. This is in follow-up to the bowel screening kit that you would recently have received through the post (see photo).

Bowel cancer is the fourth most common cancer in the UK. The aim of the Bowel Screening Programme is to discover bowel cancer at an early stage, before symptoms have a chance to develop. The sooner it's caught, the easier it is to treat and treatment is more likely to be successful.

Bowel screening involves a simple test that you carry out in your own home.

We encourage you to consider doing this screening test, which you then send off in the envelope for analysis.

Whether or not to do the test is your choice, so you should read the information you were sent with your screening invitation to help you decide.

If you have not received your screening pack or wish to have another sent out to you, please telephone the following number, which is the bowel screening helpline: 0800 707 6060.

If you're not sure how to complete the test itself, and have access to the internet, this link will give you further information: [How to complete the test \(http://bit.ly/1Pa3Z7O\)](http://bit.ly/1Pa3Z7O) or speak to your practice nurse who can show you how to complete the kit.

If there is anything else that you'd like to know or discuss about bowel screening, please do not hesitate to contact the surgery for further advice.

Yours sincerely,

Dr



The Bowel Cancer screening kit contains testing kit, sample sticks, leaflet & prepaid envelope

SMS TEXT

Texts can be used as an alternative to letters for patients. A few practices have used it for engaging non-responders (using it for general promotion of the programme to all eligible patients instead); therefore, it is unclear how effective this method is.

SAMPLE TEXT:

Dear Mrs* Smith*, we have been informed that you have not yet completed your bowel screening test. The Doctors at XX Surgery encourage you to complete the test ASAP. If you are unsure about the test please talk to your Doctor.

APPENDIX 2: SAMPLE TELEPHONE SCRIPT

INTRODUCTION

Hello, **VERIFY WHO SPEAKING WITH**

My name is... I am phoning from... **INSERT NAME OF GP PRACTICE.**

There's nothing to worry about, I'm phoning about the bowel screening programme. Is it okay to have a chat with you about this? **IF NOT, ARRANGE CONVENIENT TIME TO CALL BACK**

RECEIPT OF BOWEL SCREENING KIT

We have received information from the Bowel Screening Centre that you didn't return your bowel screening test kit. Can I just check that you received your kit? **MENTION DATE IT WAS SENT FROM THE SCREENING HUB**

YES

Can I ask your reasons why you didn't return the kit?

RECORD WHY AND PROVIDE NON PATIENT IDENTIFIABLE FEEDBACK (GENERAL THEMES) TO EARLYDIAGNOSIS@CANCER.ORG.UK

Wants to participate but didn't get round to it

SUGGEST PRACTICAL TIPS TO COMPLETE THE KIT

Common issues:

- How to collect poo
- Where to store Kit
- Collecting 3 samples

Wishes to participate

Unsure whether to complete or not

DISCUSS REASONS FOR AND AGAINST SCREENING

Benefits:

Bowel screening saves lives from bowel cancer. It's estimated that by 2025, bowel screening could prevent around 2000 deaths each year in the UK.

Risks:

Screening can miss bowel cancers; you may have to have further tests before finding out you don't have cancer; if you get an abnormal result, you will be invited for a colonoscopy. In a very small proportion of cases this can lead to bleeding or tearing the wall of the bowel.

Doesn't want to participate

There is a formal opt out process for the programme. Would you like some further information on this?

GIVE PATIENT BOWEL SCREENING HUB NUMBER 0800 707 6060

Doesn't want to participate

NO

CHECK IF THE ADDRESS IS CORRECT
 ENCOURAGE THE PATIENT TO CALL THE HELPLINE NUMBER

ORDER REPLACEMENT KIT. CALL: 0800 707 6060

APPENDIX 3: SCREENING HUBS & CONTACTS

BOWEL SCREENING HELPLINE (ALL HUBS) 0800 707 6060

The Bowel Cancer Screening Programme Hub contact details are:

MIDLANDS & NORTH WEST (RUGBY)

Hospital of St Cross
Barby Road
Rugby, Warks, CV22 5PX

Email: bowelscreening@nhs.net

SOUTHERN

20 Priestley Road
Surrey Research Park
Gulldford, GU2 7YS

Email: rsc-tr.BCSPSouthernHub@nhs.net

LONDON

Level 5V 013 St Mark's Hospital
Watford Road
Harrow, Middlesex, HA1 3UJ

Email: lnwh-tr.bcsp@nhs.net

EASTERN

University Hospital Queens Medical Centre
Nottingham, NG7 2UH

Email: nuhnt.bcspeastern@nhs.net

NORTH EAST

Queen Elizabeth Hospital
Sheriff Hill
Gateshead, NE9 6SX

Email: nehub@bcspghnt.nhs.uk

APPENDIX 4: READ CODES

Appropriate READ codes are useful when recording activity relating to bowel screening and the results of the screening test kits. Here are some suggested codes*:

STANDARD READ CODES	SYSTMONE CODES	DETAIL
9Ow	XaN2I	Bowel cancer screening programme administration
9Ow5	N/A	Endorsement letter sent
686A	XaPkd	Bowel cancer screening programme faecal occult blood test normal
686B	XaPke	Bowel cancer screening programme faecal occult blood test abnormal
68W2	N/A	2 yr follow up Bowel cancer screening programme
6867	XaPka	Bowel Cancer screening programme: faecal occult blood testing kit spoilt
686C	XaQ1z	Bowel cancer screening programme faecal occult blood testing incomplete participation
9Ow2	XaPf6	No response to bowel cancer screening programme invitation
8CAy	XaPyB	Advice given about bowel cancer screening programme
8IA3	XaN4r	Bowel cancer screening declined
9Ow3	XaX8y	Not eligible for bowel cancer screening programme

* Please note, these codes may be subject to change during our next review.