

# REDUCING INEQUALITIES IN BOWEL CANCER SCREENING

Bowel screening uptake is lower than other national cancer screening programmes, and there are considerable inequalities between areas and across different demographic groups.

Uptake is lower in men and people from more deprived groups. Evidence suggests that uptake is also lower in those from Black, Asian and Minority Ethnic (BAME) groups<sup>1</sup> and vulnerable groups, such as those with learning disabilities, although gaps in data availability persist.

**Taking part in screening is an individual choice, but it must be a choice that is equally available to all.**

We believe it is crucial to reduce inequalities in bowel screening uptake and as a minimum ensure that interventions do not exacerbate inequalities.

This guide offers practical tips to help reduce inequalities, as well as signposting to further resources and information.

## WHAT CAN YOU DO TO SUPPORT YOUR PRACTICE POPULATION?

- 1. Be alert to who tends to be less likely\* to take part in bowel screening.**
  - People with a lower socioeconomic status.
  - Men.
  - People from British Black, Asian and Minority Ethnic (BAME) groups.
  - People who do not read or write English or where English isn't their first language.
  - People with learning disabilities.
  - People with physical disabilities.
  - People with a sensory impairment.
- 2. Identify people from these groups in your practice data/population.**
- 3. Apply the correct clinical coding to every screening result and use a flag or alert system to identify non-responders.**
- 4. Understand the barriers to participation**

These may include:

  - language and understanding
  - fear
  - practicalities and ease of use
  - hygiene concerns and other cultural barriers.

\* Please note this list is not exhaustive and you may be able to identify other people in your practice population who are less likely to take part in bowel screening.

Can someone in your practice lead on this activity?



**CRUK Facilitators** ([facilitators@cancer.org.uk](mailto:facilitators@cancer.org.uk)) can 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; advice and training.

**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.

<sup>1</sup>Hirst, Y et al. (2018) Uptake of the English Bowel (Colorectal) Cancer Screening programme: an update 5 years after the full roll-out. *European Journal of Cancer* 103:267-73

## TOP TIPS & RESOURCES

### Proactively raise bowel screening with your patients

- ✓ **Identify people who may find it difficult to understand and complete the test, and carers to whom information and support can also be provided.**
  - Those patients approaching the age of 60 who are soon to be invited \*50 in Scotland
  - Those patients who have not responded to their invitation

You may be able to pull off a report of people with learning disabilities from your GP system.
- ✓ **Agree on a whole team approach and record how support will be offered.**

Update your system with appropriate read codes. Refer to CRUK Good practice guides <https://bit.ly/2NA0azL> for codes.
- ✓ **Can you discuss bowel screening as part of routine appointments or at health checks?**
- ✓ **Consider sending a follow up letter from your practice or offering drop-in clinics to non-responders.**

### Use different formats of information

- ✓ **Provide access to the wide range of accessible formats:**
  - easy-to-read pictorial leaflets for patients to take away and leaflets available in different languages can be found here <https://bit.ly/2Q8NmOg>
- ✓ Advise patients that the **screening helpline** can provide information <https://bit.ly/2PZU5cE>
- ✓ CRUK have produced a **step-by-step infographic** 'how to complete the test' <https://bit.ly/2FrXkZb>
- ✓ Watch this **CRUK video** addressing practical issues and patients' potential concerns about the test <https://bit.ly/2OcMvde>
- ✓ Providing access to a **trained bilingual advocate in your GP practice** may help increase awareness of bowel screening and overcome barriers to participation.
- ✓ For tailored training and resources\* specifically aimed at supporting people with **learning disabilities** <https://bit.ly/2OcYaOi>  
\* Bowel Cancer UK resources

### Explore the opportunities for support in your area

- ✓ **Consider liaising with community specialist services\* to identify people in the eligible age cohort who may benefit from additional support.**
  - *Community Disability Teams*: multiagency health and social care team supports adults with disabilities.
  - *Primary Care Liaison Nurses*: work in partnership with GPs/CCGs to provide training, advice and support.
  - *Community Health Teams*: health promotion and awareness.
- ✓ **Contact your local screening hub to identify opportunities for support.** See CRUK's Good practice guides <https://bit.ly/2NA0azL> for contact details.

\*This list is not exhaustive. You may identify other teams in your area who could provide support.

### WHERE CAN I FIND OUT MORE?

For details of more interventions see **CRUK's Evidence and Intelligence Hub**

<http://bit.ly/1Qr6fcr>. This hub aims to support teams who want to carry out work to increase bowel screening uptake by providing evidence on what works and resources to help do it.

**FIT screening** pilots in the UK have shown improved participation compared to gFOBT for all deprivation quintiles. See <https://bit.ly/2NKQLFy> for more information on FIT. While we anticipate that FIT will make a positive contribution to bowel screening uptake and reduce some inequalities, it is likely to still fall short of other cancer screening programmes.

**SHARING AND LEARNING OPPORTUNITIES:** We are always interested to hear of any projects that you may be involved in or planning. Please contact [earlydiagnosis@cancer.org.uk](mailto:earlydiagnosis@cancer.org.uk)