6.1 The Cancer LIS 2014 aimed to raise the level of practice intervention and promote the encouragement of patients to participate in the Bowel Screening programme. The cancer LIS 2016 introduced a method whereby practices could request screening kits on patients behalf, using an EMIS template. A process that was supported by the Bowel Screening Hub.

6.2 Initial analysis of the LIS 2016 project (Use of template) has indicated that it has resulted in a significant number of kits being requested with approximately 44% of these being returned for analysis. More review of this data is required and further information will be made available to practices at the educational events.

6.3 Following discussions with the Bowel Screening Hub agreement has been reached for the project to continue as it is recognised as being a significant development in the Bowel Screening Process. The learning points are being shared at a CRUK Early Diagnosis Event and the process is being developed and adopted by other CCGs and Bowel Screening Hubs.

6.4 Practices will therefore continue with the opportunistic discussions with patients who have not participated in the bowel screening program when they are identified, by means of a popup, during a consultation. The process for activating the pop ups is included in Appendix F.

6.5 To improve the capture of relevant data and simplify the process for practices the form has been edited and is now called “Bowel Screening Practice Endorsement Form”. Appendix G. The Read Code 8CAy “Advice given about bowel cancer screening programme” is embedded in this form.

6.6 This form is evidence that the practice has opportunistically endorsed Bowel Cancer Screening in a patient that has recently not participated. The G.P. is requested to document one of four potential outcomes of this conversation.

1 the patient requested another kit be sent directly to them from the bowel cancer screening hub, or
2 the patient agreed to complete and return a test kit they already have, or
3 the patient requested to be considered for the ‘Call for a Kit’ programme (where they will be offered extra information and support from the Bowel Cancer Screening team), or
4 the patient declined to participate in the bowel cancer screening at the present time

6.7 The practice administrator/champion will be asked to E mail this form to the hub in all circumstances that the G.P.or practice nurse has endorsed bowel cancer screening (not just when the patient request a new kit)

6.8 The Hub will act on the the request including the circumstance when the patients request being sent a new kit to the patient. The Hub will also analyse the outcomes for each patient.
6.9 In order to identify the appropriate populations practices should code all electronic results received from the hub, using the codes identified below:

686A BCSP faecal occult blood test normal
686B BCSP faecal occult blood test abnormal
686C BCSP faecal occult blood testing incomplete participation
6867 BCSP faecal occult blood testing kit spoilt
8IA3 BCSP Declined
9Ow2 no response to BCSP invitation
8Cay Advice given about bowel cancer screening programme (Embedded in Bowel Screening Practice Endorsement Form)

6.10 Once the Bowel Screening Practice Endorsement Form has been completed it is automatically saved on the EMIS system. Hence the practice will easily be able to search and validation their activity to ensure practice payment form 6.

6.11 A funding allocation of £40,000 has been identified to support increased participation. £25,000 of this will support practices to increase patient participation as identified above and will be allocated based on list sizes.

6.12 As in the previous LIS practices will be expected to identify and encourage an additional 2 patients per 1,000 population.

6.13 If practices exceed the expected numbers of interventions (2 /1,000 registered population), as evidenced by EMIS searches, there will be additional payments allocated for this extra work. Furthermore any practice able to describe and to demonstrate innovative methods of increasing patient engagement will be able to apply for bonus moneys. In total approximately £15,000 has been allocated for this enhance work which goes beyond the basic expectation of the Bowel Cancer Screening Project in this years Cancer LIS.

6.14 Evidence and information to support the bid can be submitted on form 6a (reverse side of form 6).