A pilot study exploring primary care involvement in re-engaging patients with the Bowel Cancer Screening Programme who have tested positive on screening but failed to complete colonoscopy.

Shenna Paynter, Screening and Immunisation Co-ordinator/ NW BCSP QA
Public Health Support

INTRODUCTION

Bowel cancer is the fourth most common cancer and is the second leading cause of death from cancer in the UK [1]

Evidence shows that the earlier a cancer is diagnosed the more receptive it is to treatment, patients have better 5-year survival, and treatment related morbidity will be lower. Therefore bowel cancer screening aims to identify bowel cancers at an early asymptomatic stage when patients have a better prognosis. The NHS Bowel Cancer Screening Programme (BCSP) was introduced in 2006 and rolled out across Greater Manchester (GM) by 2009.

Increasing bowel cancer screening uptake improves the likelihood of identifying bowel anomalies that may develop into cancer. Regular bowel screening reduces an individual's risk of dying from bowel cancer by 16%. However, the uptake of screening nationally is only 57.78% (2014 data) and this is lower in the North West (55.76%) and in GM (52.45%) [2]

Patients aged between 60-74 years registered with a GP practice are invited to complete a home testing kit every two years (Faecal Occult Blood test). The FOBt identifies traces of blood in the faeces; an abnormal result is not a diagnosis of bowel cancer. When anomalies are identified the patient is referred to a BCSP assessment clinic to see a Specialist Screening Practitioner Nurse (SSP) within 14 days.

These assessments take place at one of a number of sites in GM- operated by three designated screening centres. During the clinic consultation, the SSP explains the test result and that further investigation with colonoscopy is needed to reach a diagnosis. The risks, benefits and nature of the colonoscopy procedure are explained and a health assessment completed. If the patient makes an informed choice to proceed, an appointment is made within 14 days at an accredited screening site.

However, about 20% of these individuals with abnormal FOBt results either do not attend this clinic or do not proceed to colonoscopy. Within this group, 10% may have bowel cancer and 50% have other significant pathology.

A GM audit showed that 349 individuals failed to complete the screening pathway in 2013. After excluding those who were medically unfit or already under symptomatic services, there were still approx 200 patients, which is potentially 20 undiagnosed early malignancies

% of GM BCSP non-completer audit (n = 349)

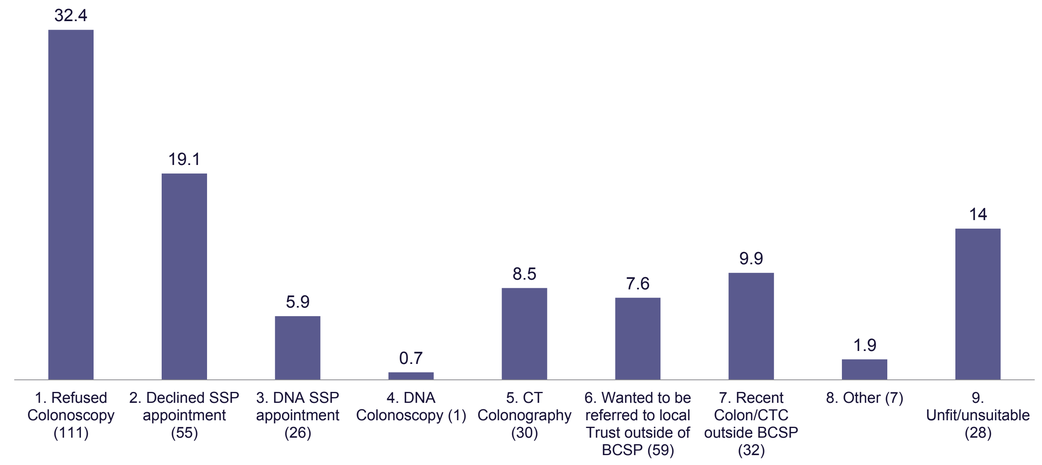


Figure 1. BCSP non completer audit results (Greater Manchester 2013) (Source NW BCSP QA- PHE).

There is evidence that personal recommendation and discussion by GP's can enhance uptake of screening services [3]. It is therefore conceivable that individuals that fall into categories 1 to 4 above (DNA or Decline SSP clinic, or Refuse or DNA Colonoscopy) could be encouraged by their GP to re-engage with the BCSP and complete colonoscopy.

AIMS AND OBJECTIVES

Project Aims

Re-engage patients with the BCSP who have tested positive on screening but failed to complete colonoscopy.

Project Objectives:

1) Engage GP's to encourage patients to re-engage with the Bowel Cancer Screening Programme.

2) Obtain qualitative evidence from GP's of the approaches used to encourage their patients to re-engage, therefore identifying the most effective methods to use in future.

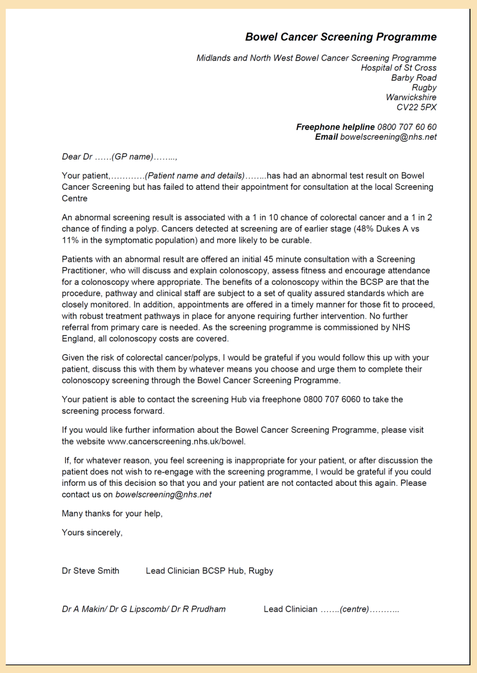
3) Enhance GP education and knowledge by provision of information and key statistics giving rationale for encouraging re-engagement, and provide project feedback after evaluation to reinforce learning.

4) Develop links between key stakeholders to lead to development of further projects to roll on from this initial project – General Practice, Bowel Cancer Screening Centres, Quality Assurance Team (QA), NHS England, and Manchester Cancer Colorectal Pathway Board.

METHODS

The project identified appropriate individuals from each of the three GM screening centres who had not completed the screening process by DNA of SSP clinic or colonoscopy, or who had refused SSP clinic or colonoscopy. There is an existing notification of disengagement triggered by the Bowel Cancer Screening System (BCSS- IT system), which is sent to their GP. However, in this intervention, a letter from the Clinical Director (CD) of the Screening Centre was sent to the patient's General Practitioner to inform them of the reason for non-completion and the programmes efforts undertaken to re-engage the patient. Patients who have not attended for the initial screening appointment are still the responsibility of the screening Hub (The service provider who is responsible for call and recall, despatch and testing of FOBt kits, arrange follow-up appointments for screen positive people). The letters for the GPs of this cohort of people came from the North West and Midlands Screening Hub CD. It was decided that those people who wanted to be referred locally were not to be included in the project (as the screening centre will already have wrote to the GP asking them to refer the patient via symptomatic route- therefore this second letter would be contradictory).

In the letter, the GP was asked to encourage the patient to re-attend and provided with some education; information and key statistics explaining the rationale for undergoing screening. Specific details of how the person could re-engage with the screening process were provided. The GP was asked to provide information about the methods used to re-engage the patient.



Bowel Cancer Screening Programme

Midlands and North West Bowel Cancer Screening Programme
Hospital of St Cross
Barby Road
Rugby
Warwickshire
CV22 5PX

***Freephone helpline** 0800 707 60 60*
***Email** bowelscreening@nhs.net*

Dear Dr ……(GP name)……..,

Your patient,……*(Patient name and details)*……has had an abnormal test result on Bowel Cancer Screening but has failed to attend their appointment for consultation at the local Screening Centre

An abnormal screening result is associated with a 1 in 10 chance of colorectal cancer and a 1 in 2 chance of finding a polyp. Cancers detected at screening are of earlier stage (48% Dukes A vs 11% in the symptomatic population) and more likely to be curable.

Patients with an abnormal result are offered an initial 45 minute consultation with a Screening Practitioner, who will discuss and explain colonoscopy, assess fitness and encourage attendance for a colonoscopy where appropriate. The benefits of a colonoscopy within the BCSP are that the procedure, pathway and clinical staff are subject to a set of quality assured standards which are closely monitored. In addition, appointments are offered in a timely manner for those fit to proceed, with robust treatment pathways in place for anyone requiring further intervention. No further referral from primary care is needed. As the screening programme is commissioned by NHS England, all colonoscopy costs are covered.

Given the risk of colorectal cancer/polyps, I would be grateful if you would follow this up with your patient, discuss this with them by whatever means you choose and urge them to complete their colonoscopy screening through the Bowel Cancer Screening Programme.

Your patient is able to contact the screening Hub via freephone 0800 707 6060 to take the screening process forward.

If you would like further information about the Bowel Cancer Screening Programme, please visit the website www.cancerscreening.nhs.uk/bowel.

If, for whatever reason, you feel screening is inappropriate for your patient, or after discussion the patient does not wish to re-engage with the screening programme, I would be grateful if you could inform us of this decision so that you and your patient are not contacted about this again. Please contact us on *bowelscreening@nhs.net*

Many thanks for your help,

Yours sincerely,

Dr Steve Smith Lead Clinician BCSP Hub, Rugby

Dr A Makin/ Dr G Lipscomb/ Dr R Prudham Lead Clinician ……*(centre)*……..

Stakeholder meetings were held between the screening centres, Hub CD, Bowel Screening QA, Manchester Cancer and NHSE (who commission the service). Once all stakeholders were fully engaged, all contributed to the production of a letter to send to GP's in GM, signed by the appropriate CD (see Fig 2 for example).

Between January 2015 and March 2015 appropriate subjects were identified, screening centres, Hub and QA also identified several patients from the previous 6-8 months whom it was appropriate to include. Patients were then given until the end of May 2015 before QA undertook an audit of the screening status of all people included in the intervention.

The project is also supported by the Cancer Research ACE (Acceleration, Co-ordination and Evaluation).

Figure 2. Example of Intervention letter to GP

RESULTS

A total of 101 letters were sent to GPs of non-completers between January 2015 and end of March 2015, or patients who had recently disengaged prior to this. As of late June 2015, 12 of these people had subsequently re-engaged and completed colonoscopy. One person is currently in the process of re-engaging (possible 12.87% re-engaged).

In addition there have been patients identified with health and social care issues, and of which the screening service would not be aware of prior to attendance at follow up clinic. One GP was able to help organise support for the person to attend their follow up appointment. One GP contacted the programme to help the patient book into clinic whilst sat with the patient in surgery, and another contacted the centre to say they had been unable to change their patients mind about refusing a colonoscopy.

Of the 12 colonoscopy procedures carried out, one person was identified as having high risk adenomas, several with lower risk polyps or other bowel pathology, and one was normal. No cancers have been identified. One person is awaiting their colonoscopy procedure.

DISCUSSION

A pragmatic review of the intervention data shows that after the 101 letters were sent to the GP's of people who had disengaged, approximately 12% of people have re-engaged, similar to the Hewitson study regarding GP's endorsing screening uptake.

At this stage there are no cancers identified but there were abnormal outcomes- including a patient at very high risk of cancer, and who is now under a surveillance programme. A cost benefit analysis has not yet been undertaken, but the cost and time for screening services was kept to a minimum. However, further information is required on the methods used by GPs to re-engage people. Also, if the majority of letters were brought to the attention of the GP, and whether some of the GPs had information that prevented them from contacting the patient (e.g. aware of other health or social issues) -or did try to contact the patient but was not able to encourage them to accept colonoscopy.

CONCLUSIONS

GP contact with patients who have tested positive on FOBt screening but have failed to complete colonoscopy is a low cost but effective method of re-engaging these people- approximately 12% of people have re-engaged after contact from their GP.

ACRONYMS

BCSP- Bowel Cancer Screening programme BCSS- Bowel Cancer Screening System
CD- Clinical Director (of BCSP service) CRC- Colorectal Cancer FOBt- Faecal Occult Blood Test
GM- Greater Manchester GP- General Practitioner OBIEE- Oracle Business Intelligence Enterprise Edition
QA- Quality Assurance Team SSP- Specialist Screening Practitioner

ACKNOWLEDGEMENTS

Thanks must be given to all the GM Screening Teams, in particular Sarah Morgan, Helen Bartlett, and Tracey Lawton, Tariq Sheikh and the NW and Midlands Screening Hub (Steve Smith and Lucy Guess). Thanks must also be given to NW BCSP QA team- in particular Billie Moores, QA Director, and also Dr Sarah Duff from Manchester Cancer CRC Pathway Board for driving this project forward.

REFERENCES

1. Cancer Research UK (2015) http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/bowel-cancer#heading-Zero accessed June 23rd 2015

2. Data taken from QA BCSP quarterly performance report- and OBIEE BCSS System June 2015

3. Hewitson, P., et al. "Primary care endorsement letter and a patient leaflet to improve participation in colorectal cancer screening: results of a factorial randomised trial." *British journal of cancer* 105.4 (2011): 475-480.