IMPROVING BOWEL CANCER SCREENING UPTAKE IN LANCASHIRE: AUTOMATIC EMAIL REQUEST FROM EMIS GP SYSTEMS

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BACKGROUND

INITIAL PROJECT

In 2014/15, a successful project aimed at improving uptake in bowel cancer screening was run as part of the Pennine Lancashire Primary Care Local Improvement Scheme for Cancer. This project ensured that all GP practices could readily identify non-responders to the BCSP. Practices were then encouraged to contact the non-responders by telephone, letter or appointment face to face consultation. An educational event to launch the cancer LIS and this project was held. Each Practice was provided with a Bowel Screening pack and encouraged to display posters in their surgery. Bowel Cancer screening uptake was an item on the Agenda at CCG Locality meetings. Each GP Practice was challenged to contact at least 5 patients who had not recently participated in bowel cancer screening. GP Practices were asked to provide information on the following:

- First contact date and method used to contact patient e.g. telephone/letter/other
- Did patient subsequently complete the Bowel Screening test?
- Was test result positive or negative?
- What was the diagnosis/outcome?

OUTCOMES

INITIAL PROJECT

- 85 out of 89 practices returned completed forms.
- 1009 people who had not initially participated in the BCSP were contacted.
- 160 (15.9%) people asked for a kit and returned it.
- 14 positive tests (8.75% positivity – almost 5x the national average).
- At least 2 new cancers found.
- During the first four months, the number of self-referrals more than trebled and the number of late responders nearly doubled in comparison to the preceding 4 years.
- Face to face consultation was more than twice as likely to encourage subsequent participation than letters or telephone calls.
- GPs unanimously asked to be able to order kits directly via their IT systems during a consultation. This function is not currently available within the BCSP.

FOLLOW-UP PROJECT

- Preliminary data shows that 729 requests have been made and 317 people have completed their kits (43.5%) with 7 abnormal results from 38 practices (Figures 2-5).
- Pop up reminder now appears in all consultations for non-responders.
- GPs and practice nurses are encouraged to advocate bowel cancer screening opportunistically in practice.
- Improving IT systems and providing information acted as a foundation to develop bowel screening in practices.

COMMENTARY

This is an encouraging start and it is anticipated that a full review of the requests will be carried out early in 2017 and a review meeting held for participating GPs. Peer review and discussion was useful in the initial project in facilitating change and is anticipated to support this follow up project.

As a caveat it has to be remembered that only those patients who saw a GP or practice nurse were able to be contacted. Further work needs to be done to enable people who do not visit a practice to be contacted.

The amount of extra work at the Hub has been absorbed because the requests come as emails and so responding to them can be planned. However, a longer term sustainable way forward will need to be identified, as part of the project review.

These projects were funded by East Lancashire CCG and Blackburn with Darwen CCG. Strategic GP input was undertaken by the Hub.

CONCLUSION

A straightforward method which allows GPs to discuss non-participation in the BCSP with patients has been developed with a robust audit trail.

Early results indicate that the project will be successful in increasing uptake and could be easily transferred to other areas.

This project demonstrates that a large regional screening hub based in an acute hospital setting can work collaboratively with health professionals at a local level to achieve a good outcome.

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