Engaging Bowel Screening Non Responders:
GP Practice Workbook

Background

This resource has been developed specifically to share the engagement work undertaken by practices to support the GMS bowel screening contract initiative. It aims to develop an understanding of some of the barriers to participation and strategies that have been used successfully within NHS Greater Glasgow & Clyde to overcome these. Whilst these are engagement strategies that have been used for bowel screening, they could be used to engage patients for other workstreams e.g. cervical screening, Chronic Disease Management Clinics.

The role of GP practices in supporting participation in bowel screening

Studies (*e.g. Damery et al; 2012) have noted the positive impact that general practitioners can have on increasing awareness of cancer screening with eligible populations. Recognising this, the national Detect Cancer Early programme has developed a GMS Contract Bowel Screening Initiative encouraging GP practices to engage with their practice population to raise awareness of the bowel screening programme.

Scottish Bowel Screening Programme

**Purpose:** Bowel screening by guaiac Faecal Occult Blood test (FOBt) aims to detect colorectal cancers at the earliest possible time so that treatment may be offered promptly. In addition, the removal of precancerous lesions could lead to a reduction in the incidence of colorectal cancer.

**Population:** The programme invites all men and women between the ages of 50 – 74 years registered with a General Practice. All eligible individuals will be routinely recalled every two years.

**Process:** A Guaiac Faecal Occult Blood test (FOBt) kit is completed at home by providing 6 samples (from 3 stools) and sent to the National Bowel Screening Centre in Dundee for analysis.

www.bowelscreening.scot.nhs.uk

GMS Contract Bowel Screening Initiative

**Purpose:** Encourage GP practice staff to undertake awareness activities of bowel screening.

**Process:** GP practices developed an action plan (by December 2013) to deliver a reduction in the proportion of patients who do not participate in the national bowel screening programme (including the opportunity to make an informed decision not to undertake screening).

GP Practices will be awarded payment for achieving a reduction in the proportion of patients who do not participate in the national bowel screening programme. The initiative will run until end March 2015.

*NHS Circular: PCA(M)(2013) 07

Review of NHSGGC GP Practice Bowel Screening Action Plans

General Summary

A review of the existing bowel screening action plans showed common themes around proposed engagement methods:

### Identifying “what works”

Interim data shared with NHSGGC GP practices also showed 35 practices had more than a 5% decrease in bowel screening non-responder rates. Short interviews with these practices identified what engagement activities they think are having the best impact. Key findings from these interviews were:

- Adoption of passive promotional activities focused on patients who were already attending/engaging with the GP practice.

- Engagement with non-responders also focused on patients attending the practice. Fewer practices are using telephone calls to engage with patients.

- GP Practices keen to reduce non-response amongst patients with learning disabilities and Black Minority Ethnic patients.

- Ensuring all staff are informed of the bowel screening programme is crucial. Most practices have held bowel screening discussions at practice meetings. Most practices also felt it was important to have a Staff Lead for the programme.
The following good practice summary is based on the findings from these practice interviews. It also outlines a series of simple tasks to help your practice to adopt these methods.

**Good Practice Summary & Workbook**

**Engaging Non-Responders Flowchart**

**CODING:** Identify non-responders and understand engagement profile
- a) Ensure letters from national bowel screening centre are **coded** in patient records
- b) Review non-responder records to determine whether regularly engage with GP practice

**CONTACT:** Develop appropriate strategies to engage non-responders
- Add alerts/prompts to identify patients and support discussion

**NON-ATTENDERS at GP Practice**
- Example Activities
  - a) Letters
  - b) Telephone Calls
  - c) Texts

**ATTENDERS at GP Practice**
- Example Activities
  - a) Leaflet from receptionist
  - b) Discussion with clinical staff

**CHECK:** Evaluate effectiveness of interventions
- a) Code engagement methods used for each patient
- b) Review which methods have been most effective

**CODING:** Identify Target Population

There are no set READ codes to be used when coding patient response and outcomes for the bowel screening programme. However it is useful to agree standard READ codes for use within your practice to ensure consistency when entering screening information on your clinical system.

**Sample non responder READ codes* and descriptions:**
- 9Ow2 – “no response to bowel cancer screening invitation”
- 9Ni3 – “did not attend bowel cancer screening”
- 686C – “BCSP faecal occult blood testing incomplete participation”
- 6867 – “BCSP faecal occult blood testing kit spoilt”
- 68W2 – “bowel cancer screening programme”

*Please note, these READ codes focus on non-responders only. Other READ codes for the bowel screening programme are available from the PCE Team (see Staff Resources section)

**Letters and phone calls are commonly used by practices that have seen a high reduction in non-responder rates. Crucially, these practices have adopted multiple engagement strategies, rather than relying on one method. 50% of these practices are using 3 or more of these methods. 75% of practices who used telephone calls stated that this method had the most impact.**
Prior to agreeing what method(s) your practice will adopt to engage non-responders, it is important to review your list of bowel screening non-responders. Knowing who the patients are, how often they come into the practice etc may influence which engagement method you choose for them.

### TASK 2: Review your list of non-responders

Complete search to identify which patients regularly attend the practice

**Potential Searches**
- Patients who receive repeat prescriptions
- Patients booked in for an appointment in the next 4 weeks

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**CONTACT: Engagement Methods**

**Choosing the right method**

The action plans showed a range of contact methods have been used with bowel screening non-responders. These included:

- **Letters**
- **SMS text**
- **Telephone calls**
- **Face to face discussion**

Feedback from the interviews (as well as other literature) shows that direct methods are more successful, especially where GP staff are able to tailor the conversation to address the concerns of each individual patient. GP practices have also spoken of the benefits of adopting multiple engagement strategies.

**Contact: All Patients**

**Alerts**

Adding a prompt or alert to patient records is a useful way of identifying non participants to all practice staff. This presents a number of different options to raise the programme with the patient when they next attend the practice.
TASK 3: Add prompts to computer system

Suggested code (if using READ codes): 68W2 – “bowel cancer screening programme”

OR

Add text to consultation notes

Contact: GP practice attenders

Below are examples of activities that other GP practices have used to engage with bowel screening non-responders who are attending the practice for other reasons.

Written Communication

Reception staff

- Some practices have used the alerts to prompt reception staff to hand patients tailored letters about non-participation in the bowel screening programme when they come in to the practice for appointments. This allows patients the chance to read about the programme prior to their appointment with the GP/Practice Nurse/Health Care Assistant who could answer any questions that the letter may prompt.

SAMPLE LETTER: See Appendix 1

- Leaflets and letters could be automatically printed with their repeat prescriptions (and accessed regardless of whether picked up at practice or pharmacy).

Verbal Communication

Clinical Staff

Computer alerts within clinical notes can also be used to prompt clinical staff to raise the issue of bowel screening opportunistically with patients who are attending for other reasons (e.g. Chronic Disease Management clinics). Key issues to raise as part of the discussion include:

- Check received kit
- Ask why chose not to participate previously
- Offer practical information if they wish to participate
- Order replacement kit
Contact: non-attenders

Letters

Feedback from practices using this method to engage bowel screening non responders shows that there are 3 key pieces of information to include in a letter:

- Acknowledge non response to previous invite
- Information about the programme and early detection
- Practical steps to participate e.g. order replacement kit, info on how to do test.

SAMPLE LETTER: See Appendix 2

SMS Text

Texts can be used as an alternative to letters for patients. 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. The key pieces of information that should be used in text are similar to letters, as outline above.

SAMPLE TEXT:

Dear Mrs* Smith*, We understand that you have not completed your bowel screening test. The Doctors at XX surgery encourage you to complete the test. If you have concerns or questions about the test, please talk to your Doctor.

Telephone Calls

Feedback from practices using this method to engage bowel screening non responders shows that there are 4 key pieces of information to include in telephone calls:

- Check received kit
- Ask why chose not to participate
- Offer practical information if they want to participate
- Order replacement kit

SAMPLE TELEPHONE SCRIPT: See Appendix 3
## CHECK: What’s working for you

Coding your own engagement methods will help your practice to review response rates and determine the effectiveness of interventions implemented to engage with non-responders. This will ensure you use your resources most effectively. Again, no national READ codes have been agreed, but please see below some suggested codes to record the engagement methods your practice staff are undertaking to encourage participation.

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<thead>
<tr>
<th>Engagement Method</th>
<th>READ Code</th>
<th>Description</th>
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<tr>
<td>Face to Face conversation</td>
<td>8CAy</td>
<td>“Advice given about bowel cancer screening programme”</td>
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<tr>
<td>Telephone Call</td>
<td>9Ow4</td>
<td>“Bowel screening telephone invite”</td>
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<td>Letter</td>
<td>9Ow5</td>
<td>“Bowel screening letter invite”</td>
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### TASK 4: Agree contact methods

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<th>Method</th>
<th>Patients to be contacted by this method</th>
<th>Staff member(s) responsible for contact</th>
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### TASK 5: Code patients who have been contacted by practice staff

<table>
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<th>Method</th>
<th>Code Used</th>
<th>Staff member(s) responsible for adding code</th>
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In order to monitor the effectiveness of the engagement methods you are undertaking with bowel screening non-attenders, it is important to review your original list of non-responders and the subsequent outcomes following your practice interventions. This can be done using a simple search for the above READ codes in your clinical systems.

### TASK 6: Conduct audit to review effectiveness of contact methods

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<th>Method</th>
<th>Number of patients contacted by this method</th>
<th>Number who completed test following contact</th>
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Staff Resources

1. TRAINING

Two key training programmes may support your work to engage with bowel screening non-responders:

**Bowel Cancer Screening Workshop**: a half hour or hour interactive workshop aimed to improve staff awareness of the bowel screening programme (including access to letters sent from the National Screening Centre, run through of completing the kit, what happens after the test is completed)

**Raising the Issue of Cancer Prevention and Screening**: a 90 minute session aimed to give staff the confidence to sensitively raise the issue of the importance of lifestyle factors in cancer prevention and participation in screening programmes with patients.

Both courses are FREE and are delivered by the PCE team (contact details below).

2. ORDERING REPLACEMENT KITS

Ordering a replacement bowel screening test kit on behalf of patients can reduce some of the barriers to participation. GP practice staff can order replacement kits in two ways:

- Telephone the national screening centre: 0800 0121 8333
- Email using GP Replacement Kit Order Form: See Appendix 4

3. IT MENTORING TEAM

NHSGGC’s IT Mentoring Team has developed computer searches to support the tasks outlined in this workbook. For a copy of these searches, please contact Helen Granton.

Email: Helen.Granton@nhsggc.scot.nhs.uk

4. HEALTH IMPROVEMENT RESOURCES

Your local Health Improvement Team based within your CH(C)P will have dedicated staff to support cancer prevention and bowel screening awareness activities with the general public.

The Public Health Directorate’s Resource Directory is an online catalogue to order health promotion materials: www.phrd.scot.nhs.uk

5. NHSGGC/CANCER RESEARCH UK PRIMARY CARE ENGAGEMENT PROGRAMME

Cancer Research UK and NHS Greater Glasgow and Clyde have established a Primary Care Engagement (PCE) Programme to provide GPs and other key primary care practitioners with practical support, information and educational resources to improve cancer outcomes. The programme works with GP practices to improve early diagnosis and reduce barriers to participation in the national cancer screening programmes.

To arrange a visit, please email the team: PublicHealth.HealthServices@ggc.scot.nhs.uk
Appendix 1: SAMPLE LETTER (Reception Staff)

Scottish Bowel Screening Programme

We have been advised by the Bowel Screening Centre that you have not participated in the Bowel Screening Programme.

Bowel cancer is the third most common cancer in Scotland. The aim of the Bowel Screening Programme is to discover bowel cancer at an early stage. The sooner it’s caught, the easier it is to treat.

Bowel screening involves a simple test that you conduct at home. For these reasons, we encourage you to consider participating in the bowel screening programme.

At your appointment with the Nurse/Doctor, they will talk to you about whether you want to participate in the bowel screening programme. They can also chat through some of the practical issues that might prevent you from participating.

Please find enclosed a leaflet about the programme that might help your discussions with your Nurse/Doctor.

Yours sincerely,
Appendix 2: SAMPLE LETTER (Post)

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Bowel screening involves a simple test that you conduct at home. For these reasons, we encourage you to consider participating in the bowel screening programme.

Whether or not to take part in bowel screening is your choice, so you should read the information materials 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: 0800 0121 8333.

If you’re not sure how to complete the test itself, and have access to the internet, this link will give you further information: http://www.bowelscreening.scot.nhs.uk/bsdvd#6 or speak to your practice nurse who can show you how to complete the kit.

If you have any concerns regarding the screening, please do not hesitate to contact the surgery for further advice.

Yours sincerely,
INTRODUCTION

Hello (verify who speaking with)

My name is… I am phoning from your Doctor’s practice. I’m phoning about the national 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 National 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 Screening Hub)*

Yes

- Can I ask your reasons *why you didn’t return* the kit?
  - Wants to participate but didn’t get round to it
  - Unsure whether to complete or not
  - Doesn’t want to participate

- Suggest Practical Tips on Completion of Kit

- Discuss reasons for and against screening

  *Benefits:*
  - 90% chance of curing bowel cancer if detected early
  - With regular bowel screening, 1 in 6 fewer people die from bowel cancer

  *Drawbacks:*
  - Screening may not prevent cancer *(e.g., bowel cancer may be missed if not bleeding at time of test)*
  - The screening test, like others, may not always be reliable

No

- Check if the *address is correct*
  - Offer to *order replacement kit* on behalf of patient

  *Further information to support these conversations can be found in the following document:*
  

- Wishes to participate

Order Replacement Kit:

- Call: 0800 0121 8333
- Or
- Email: See Appendix 4
Appendix 4: GP REPLACEMENT KIT ORDER FORM

REPLACEMENT KIT REQUESTS

F.A.O. THE BOWEL SCREENING HELPLINE

From: ____________________________________
Contact Name_____________________________
Contact Number: _________________________

We require the following information to make sure that a replacement kit can be issued to the correct participant.

PLEASE COMPLETE ALL DETAILS CLEARLY

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Completed forms can be faxed to 01382 425679 or emailed to bowelscreening.tayside@nhs.net