A Regional Be Clear on Cancer campaign will launch across the North West of England in early 2017, aimed at increasing participation of 60–74 year olds in the NHS Bowel Cancer Screening Programme. This is a pilot project therefore we do not have all the answers, yet welcome your support and regular feedback during and post campaign.

Why run this campaign now?
We know that bowel cancer screening is one of the best ways to detect cancer early. However, uptake in England remains low at 56% (2015/16), and as low as 35% in some areas; the North West has some of the poorest uptake in the country. This campaign provides an opportunity to test methods of improving participation in bowel screening, and thereby improving early diagnosis and potentially saving more lives. We acknowledge the difficulties screening centres are currently facing with regards to managing demand for services however this briefing aims to help you prepare for the campaign.

Why promote FOBT when FIT is due in 2018?
This campaign aims to normalise the behaviour of participating in the Bowel Cancer Screening Programme. The focus is currently on guaiac faecal occult blood test (gFOBT) however the messaging can be quite easily adapted to make relevant to the Faecal Immunochemical Test (FIT) once that is implemented.

Regional Bowel Cancer Screening Campaign
North West England, 9 January – 2 April 2017
Briefing for Pennine Bowel Cancer Screening Centre, to help you prepare.

What is this campaign aiming to achieve?
Increased awareness and participation in the English, NHS Bowel Cancer Screening Programme.

Who is the campaign aimed at?
• 55–74 year olds from lower socioeconomic groups, with a skew towards men. This targeting will allow us to reach both those eligible and soon to be eligible for screening, and to focus our advertising on those least likely to participate.

What activities will be taking place and when?
Advertising including TV, posters at bus stops, adverts in newspapers and on Facebook will run for 12 weeks from 9 January to 2 April 2017. Advertising will run for the full campaign period, whilst direct mail will run alongside advertising from 20 February to 31 March only. Direct mail will consist of two versions:
• Version one: A personalised Cancer Research UK (CRUK) endorsement letter, sent to First Timers only (i.e. those being invited to bowel screening for the first time)
• Version two: A personalised CRUK endorsement letter and a pack containing 3 pairs of latex-free gloves, sent to Non-Responders (i.e. those who have been invited previously but have never responded) only

The mailings will arrive two – three days following an NHS bowel screening test kit.

What are the main messages of the campaign?
• This little kit could save your life
• If you’re aged 60–74 you’ll be sent a free bowel cancer screening kit in the post, once every two years
• It’s meant for people with no symptoms
• It’s one of the best ways to find bowel cancer early, when it’s easier to treat successfully
• So don’t ignore it, take the test
• Be Clear on Cancer
What impact is it likely to have on our screening centre?
Modelling data which estimates the likely impact of the campaign on your screening centre is provided below. It has been prepared using available data from the three previous pilot projects conducted by Cancer Research UK (CRUK):

Should the campaign achieve a **10% increase** in uptake amongst first-timers and a **3% increase** in uptake in non-responders in NHS Bury, Heywood, Middleton & Rochdale, Oldham, and North Manchester CCGs, it is estimated:
- An additional **57 people** would be adequately screened
- Resulting in around **2 additional colonoscopies**, following one month of advertising and direct mail activity

Should the campaign achieve a **15% increase** in uptake amongst first-timers and a **5% increase** in uptake in non-responders in NHS Bury, Heywood, Middleton & Rochdale, Oldham, and North Manchester CCGs, it is estimated:
- An additional **88 people** would be adequately screened
- This would result in around **2 additional colonoscopies**, following one month of activity

**Please be aware:** This is the first Be Clear on Cancer campaign to focus on bowel screening, and TV has never been used to raise awareness of the programme previously, therefore we’re not certain what impact it might have on your service. The modelling is based on advertising and direct mail activity, yet advertising only will run for the first 6 weeks, and when advertising and direct mail does run, it will not run everywhere, some CCG areas will act as control areas (areas TBC*).

If the campaign is a success, we do expect to see an uplift in demand for imaging and surgical services. In terms of GP practice visits, since the advertising will not be directing people to their GP, we don’t anticipate seeing a significant increase in visits, however the campaign may still prompt some to contact their GP or Pharmacist.

What is being done to overcome the challenges around diagnostic capacity and workforce?
We are mindful of the challenges and although we cannot help practically on the ground, a number of recommendations were made by the Cancer Taskforce within the recent Cancer Strategy; ‘Achieving World Class Cancer Outcomes: a strategy for England’.

What is the evidence for this campaign?
Cancer Research UK has run three previous pilot projects which all aimed to explore ways of improving participation of 60–74 year olds in the Bowel Cancer Screening Programme. Evidence and insight from these pilots have been used to develop this campaign. Learn more.

How is the campaign being evaluated?
Bowel cancer screening uptake will be analysed by screening history in the target areas, and compared to those invited in a pre-campaign control period and those invited in comparison areas (demographically similar but not exposed to advertising). The impact of advertising on awareness, knowledge and attitudes will also be measured with pre and post surveys and impact on local services will also be carefully monitored. Some cancer outcomes data will also be analysed, e.g. number of bowel cancers diagnosed. Find out more.

How can our screening centre prepare for this campaign?

1. **Share this briefing** with all colleagues at your screening centre.

2. **Capacity planning** Make plans to accommodate for the anticipated increase as best you can by using the modelling data and what you know about your own screening population.

3. **Share feedback** re any capacity issues via your Screening & Immunisation team. They will keep Cancer Research UK regularly informed of any issues for concern.

**Useful links:**
- Further campaign information and to download campaign materials [www.cruk.org/bowel-screening-campaign](http://www.cruk.org/bowel-screening-campaign)
- Scoping the future: An evaluation of endoscopy capacity across the NHS in England was published in September 2015

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"Be Clear on Cancer is already seeing great gains in terms of raising awareness of symptoms of cancer and it will be interesting to see if we can replicate that success for screening too. Some teams may find the increase in the demand for services a challenge, especially when capacity planning may already be tough. But, we need to act now; we cannot let poor survival for bowel cancer continue. So I would encourage you to support the campaign, work with colleagues and plan for what we hope will be a successful addition to the Be Clear on Cancer programme of work."

Chris Harrison, National Clinical Director for Cancer

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2. Estimate d increases in number of First Timers and Non-Responders adequately screened have been calculated using the average number of invitations sent per day during 2014 and 2015 and percentage uptake data (2015/16) for first-timers and non-responders. Data were supplied by the Bowel Cancer Screening Programme for each campaign CCG. Estimates assume that 19% of the sample will be First Timers and 36% Non-Responders, as informed by the London and Wales pilots.
3. Number of colonoscopies was estimated as 2.82% of those adequately screened (calculated by Cancer Research UK from Annual Report Bowel Cancer Screening Programme, London Programme Hub, April 2011 – March 2012).