Engaging Primary Care in bowel screening

GP good practice guide for England
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### Statement of Intent

CRUK is committed to informed choice with respect to screening participation. Screening has both benefits and harms, and these must be communicated appropriately.

Cancer Research UK aims to share examples of good practice in this guide. It is up to each individual practice to explore what methods they wish to facilitate and to take responsibility to compliance with data protection processes as appropriate.
Background

We know that primary care involvement in the bowel screening programme can really drive engagement so we have prepared this guide to help brief you on the latest developments within the programme and suggest ways that you can get involved.

Bowel screening is a key way to save lives from bowel cancer. It aims to detect bowel cancer at an early stage before symptoms have a chance to develop. It may also help to prevent bowel cancer through the identification and removal of potentially harmful adenomas.

In 2019, a new test called FIT (faecal immunochemical test) is being introduced into the bowel cancer screening programme. The FIT test looks for hidden traces of blood in poo. This test will replace the previous guaiac faecal occult blood test (FOBt). For more information about the new test please see our website: https://bit.ly/2NKQLFy or our Cancer Insight issue: https://bit.ly/2Xtuttd

FIT is easier to use than gFOBt as it only requires one stool sample. The participant unscrews the cap of the test, dips the end of the stick into the stool sample and then replaces the stick.

FIT screening pilots in the UK have indicated improved participation. In the England pilot, overall uptake was 66.4% for FIT compared to 59.3% for gFOBt. Uptake was shown to be higher with FIT than with gFOBt for all deprivation quintiles.

While it is anticipated that FIT will make a positive contribution to bowel screening uptake, we’re still expecting it to fall short of that seen in other cancer screening programmes. This guide aims to help give examples of how you could get involved to help support the bowel screening programme.

Eligible population:

- The FIT programme invites all men and women between the ages of 60 and 74 years who are registered with a General Practice.
- Those aged 75 and over can request a kit by ringing 0800 707 6060 or by emailing the screening hub – see Appendix 4
- People are invited by letter to their home address every 2 years and are asked to complete a FIT test by providing a sample from one stool and then posting it back to the programme for analysis in a sealed envelope. They receive their result by letter and their GP is informed.

The FIT/FOBt screening pathway in England

The information in this guide is the best we have at this time and may be subject to change. Please refer to our web pages for the most updated version.

Programme hub

Pathway following implementation of FIT

- Invitation sent
- Kit dispatched by FIT supplier
- Receipt and analysis of FIT kit
  - Normal test (below FIT threshold)
    - Return to routine recall if within age range
  - Abnormal test (above or at FIT threshold)
    - Repeat kit dispatched
    - FOBt offered in 2 years if <75

Pathway for continued use of guaiac until FIT implemented

- Kit dispatched by hub
- Reminder sent if not return within 4 weeks
- Receipt and analysis of guaiac kit
  - Normal test (6 negative samples)
  - Abnormal test (5 or 6 positive samples)
- Unclear result (1-4 positive samples)
- Spoilt kit / technical fail

SSP appointment made – offer colonoscopy if suitable

- Does not accept
  - FOBt offered in 2 years if <75
- Accepts colonoscopy
  - Non-attendance
  - Nothing abnormal detected
  - Polyp
  - Adenoma
  - Cancer
  - Other pathology
    - Refer
    - Refer/treat/advise
- Unsuitable – imaging
  - Low risk
    - 1 or 2 small (<1cm) adenomas
    - FOBt offered in 2 years if <75
  - Immediate risk
    - 3 or 4 adenomas OR At least 1 adenoma ≥ 1cm
    - Three yearly colonoscopy surveillance until two negative examinations
  - High risk
    - ≥ 5 adenomas OR ≥ 3 adenomas of which at least 1 ≥ 1cm
    - Colonoscopy after 12 months, followed by three yearly colonoscopy surveillance until two negative examinations

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The role of GP practices in supporting participation in bowel screening

Studies have shown the positive impact that GP and primary care engagement can have on increasing uptake of cancer screening with eligible populations. The studies described in this section were done when the primary test was gFOBt. FIT will be easier for people to complete because it requires only one stool sample, but we anticipate that patients will still experience barriers to participation that the support of their GP and wider practice team could help them overcome.

A peer reviewed study found that sending people eligible for bowel screening a letter from their GP endorsing the screening programme, increased bowel screening uptake by up to 6%\(^1\), and by up to 12%\(^2\) when sent in combination with enhanced patient information. Since this study a GP endorsement banner has been introduced on the pre-invite and invite letters. All GPs have endorsed this unless they choose to opt out.

A study also found that phoning patients to provide information about bowel screening and offering to answer questions, used in combination with a GP letter, increased bowel screening uptake by around 8%\(^1\).

Providing the opportunity to speak to a trained bilingual advocate from a person’s own GP practice may help increase awareness of bowel screening and overcome barriers to participation.\(^2\)

For details of more interventions see Cancer Research UK’s Evidence and Intelligence Hub: [http://bit.ly/1Qr6fcr](http://bit.ly/1Qr6fcr)

To see a selection of case studies of projects that aim to increase bowel screening uptake, please visit our Bowel Cancer Screening Projects Hub: [http://bit.ly/2uMapXS](http://bit.ly/2uMapXS). This is an ongoing resource and we are looking to build up a selection of case studies profiling efforts to address screening inequalities and uptake. Details of how to submit case studies can also be found at this link.

What can you do to support your practice population?

It could be helpful to review the bowel screening data within your practice and/or across your practices. Reviewing the data will give you an understanding of the particular population groups who may need more attention.

Some key questions you could consider:

- How many eligible patients (and recognised ‘active’ patients) do you have?
- What % of your patients have not responded to their bowel screening invitation?
- How many patients per month is this?
- Who knows about bowel screening – consider all staff/ is training required?
- Who in the practice team can manage these activities (e.g. results, READ codes, health promotion, patient communication)?
- Review engagement methods – see Appendix 1.

This information can be used to contact patients, encourage them, and offer them further advice/ signposting (i.e. to request a screening kit).

Reviewing the bowel screening data within your practice and/or across the practices within your cluster could support the completion of the Macmillan Cancer toolkit as well as cluster quality improvement activity.

You can encourage informed participation in bowel screening by:

- Making sure they are aware of the programme
- Asking them if they have taken part, and encouraging them to participate every two years, even if previous results have been normal
- Informing them about the benefits and the harms of screening, and encouraging them to read the information pack carefully to help them make their decision
- Ensuring that any barriers to participation are minimised

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Practical tips

Training
Providing training to all of your staff will help them understand and be able to explain the importance of bowel screening in diagnosing bowel cancer early, giving people the best chance of successful treatment. Training can also help ensure the whole practice team are aware of the different uses of FIT and the differences in its use in screening vs symptomatic patients.

Actions:
- Contact the CRUK Facilitators to see what training they can offer. To find the contact details of the facilitator working in your area and for more information: http://bit.ly/2cHbLtv
- Facilitators can offer 15 minutes bite-size training and more in-depth information sessions, depending upon your practices’ requirements.

Know the test
Being familiar with the FIT kit can help practice staff explain it to patients

Note: A normal result does not guarantee the patient not having or developing bowel cancer in the future. Being aware of the symptoms of bowel cancer is important too.

Actions:
- Keep a test kit for demonstration at your practice
- Information can be displayed in the practice to alert people to bowel screening
- You could watch this useful video produced by CRUK. It addresses practical issues and patients’ potential concerns about the test. You can access the video here: https://bit.ly/2PZU5cE

Use practice data
You could check the contact details of people aged 60 and over are accurate

Actions
- Opportunistically check details at routine appointments
- Contact the CRUK facilitators to arrange a visit to discuss practice data
- Familiarise yourself with the READ codes used

Consider helping people in vulnerable groups to participate in screening
Supporting vulnerable groups:
- People with learning disabilities
- People with physical disabilities
- People with sensory impairment
- People who do not read or write English

Actions:
- Consider identifying people who may find it difficult to understand and complete the test, and carers to whom information and support can also be provided
- Agree and record how this will be offered
- Contact your local screening hub to record this information.

CRUK Facilitators
CRUK facilitators provide face-to-face, practical support to GP practices to improve cancer outcomes. They can work collaboratively with your practice to help implement some elements of this guide; offering advice, training and useful resources.

The CRUK facilitator programme operates across the UK. On average, our team of facilitators interact with over 2,000 NHS professionals and organisations a month.

For more information, please contact facilitators@cancer.org.uk.

Screening contacts
Bowel screening helpline
0800 707 6060
Endorse NHS bowel screening and support patients to participate

You may wish to develop a plan that details your approach for targeted activity.

Practices do not automatically receive Prior Notification Lists (PNLs) for bowel screening. However, you could ensure that the list you hold locally for the eligible age range is accurate so that any updates received from NHS Digital are then matched appropriately.

NB: The Hub might be able to send the list of patients due for screening, within a specified time frame, to a nominated person in your practice via NHS mail. These lists can serve as a valuable health promotion tool allowing a targeted approach.

Evidence suggests that pre-invitation letters (on practice letterhead signed by a GP) may increase participation in bowel cancer screening. An endorsement banner on the pre-invite and invite letters has been introduced for all GPs unless they opt out. Any additional endorsement may be better targeted to previous non attenders so that subjects are not over contacted.

Endorsement

• Endorsement by a GP or member of the practice team increases the uptake of screening
• Explaining what the test is for and how to do it will help patients decide whether they wish to participate

Around 80% of people who have completed the kit once will do so again when they are invited in the future.

Actions:

☐ In the absence of Prior Notification Lists, search for patients approaching their 60th birthday and 60-74 year olds with a non-response result in the last 2 years.

☐ Review lists to exclude people for whom it may be insensitive for the practice to endorse screening (note: they will still be invited by the national programme). May include:
  • palliative
  • bowel cancer
  • chronic inflammatory bowel disease
  • colonoscopy in last 2yrs
  • opted out of screening
  • are coded as ineligible

☐ Telephone people to explain the test (see sample script – page 8)

☐ Remind people of the telephone number to request another kit if lost or discarded (Hand them a bowel screening information card, for copies ask your Facilitator.)

☐ Consider sending an endorsement letter by post, especially if you could not make contact by telephone (see letter template – Appendix 3)

☐ To endorse the programme opportunistically as patients contact the practice, could you create your own alert on your clinical system.

☐ Record in the patient notes that a telephone call was made, or endorsement letter sent (see READ codes – Appendix 2)

Receive electronic results

Electronic result reports are available for bowel cancer screening (in place of hard copy result letters) and these can be requested from the Bowel Cancer Screening Hub. GP result reports that are sent electronically are automatically READ coded.

Abnormal results sent electronically will always be accompanied by a hard copy letter

Actions:

☐ Familiarise yourself with the READ codes used by the screening hub (see Appendix 2).
Sample telephone script

Having conversations about bowel screening

Proactive interaction with non-responders has been shown to increase uptake of bowel screening using the gFOBT. This has included direct telephone conversations and letters detailing GP endorsement. Although these have been tested with gFOBT and not FIT we anticipate that they could also have a positive effect with FIT. Although no evidence of telephone conversations and letters is available for FIT, the following diagram provides some suggestions for a conversation with non-responders.

Introduction
Hello, verify who speaking with
My name is... I am phoning from... Insert name of GP practice
There’s nothing to worry about, I’m phoning about the 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 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 the Screening centre

Yes

Can I ask your reasons why you didn’t return the kit? Record why and provide non patient identifiable feedback (general themes) to earlydiagnosis@cancer.org.uk

Wants to participate but didn’t get round to it

☐ Suggest practical tips to complete the kit

Common issues: How to collect poo

Wishes to participate

Unsure whether to complete or not

☐ Discuss reasons for and against screening

Benefits: Bowel screening saves lives from bowel cancer.
Harms: Screening can miss bowel cancers; you may have to have further tests before finding out you don’t have cancer; if you get an abnormal result, you will be invited for a colonoscopy. In a very small proportion of cases this can lead to bleeding or tearing of the wall of the bowel

Doesn’t want to participate

There is a formal opt out process for the programme. Would you like some further information on this? Give patient Bowel Screening centre number 0800 707 6060

No

☐ Check if the address is correct
☐ Encourage the patient to call the helpline number
☐ You can order a replacement kit on their behalf (consent required)

☐ Order replacement kit. Call: 0800 707 6060 Email: see Appendix 4

Doesn’t want to participate
Safety netting is a diagnostic management strategy or consultation technique to help manage diagnostic uncertainty. It helps ensure that patients are monitored throughout the diagnostic process until their symptoms and signs are explained and results acted upon.

Eligible patients can opt out of bowel screening and opt back in. Discussions with patients about opting in and out of bowel screening, and about patients’ past bowel screening results, needs to include information around red flag symptoms. A previous negative screening test result does not rule out cancer in patients who have symptoms and further tests are needed. Administrative help is needed in ensuring that all screening tests are returned and colonoscopy test results received and followed up on.

![Diagram of safety netting process](https://bit.ly/2L7dh6X)

- **Is the patient eligible for the bowel screening programme?**
  - Yes: Use clinical IT systems to flag up patients due or overdue for a screening test.
  - No: Encouraging participation during consultation and assess and remove barriers to participation. Consider approaches outlined in this guide, to support participation.

- **Has the patient participated in the screening programme?**
  - Yes: What was the result of the test?
    - Normal: Educate patient about red flag symptoms. Reinforce importance of repeat screening (i.e. taking part in the next screening round). Avoid over reassurance by maintaining vigilance for symptoms.
    - Abnormal: Did the patient attend for colonoscopy?
      - No: Address barriers to accessing colonoscopy e.g. correct details, explain process.
      - Yes: What was the result of the test?
        - Normal: Reinforce importance of repeat screening i.e. taking part in next screening round. Avoid over reassurance by maintaining vigilance for symptoms.
        - Abnormal: Ensure patient enters correct pathway.
  - No: Has the patient opted out?
    - Yes: Safety net around symptoms/awareness of early diagnosis and let them know how they can opt back in if they change their mind. See https://bit.ly/2L7dh6X
    - No: Safety net around symptoms/awareness of early diagnosis and remove barriers to improve participation. Provide info on how to opt out if they do not wish to participate in the future.

**Symptomatic patients need to be reassessed and patients educated about the symptoms of bowel cancer and the need to report them to the GP.**
Appendix 1:
Flowchart to engage invitees and non-responders

Coding
Identify invitees and non-responders and understand engagement profile
a. Ensure letters from bowel screening centres are coded in patient records
b. Review non-responders records to determine level of engagement with GP practice

Contact
Develop appropriate strategies to engage invitees and non-responders

All invitees and non-responders
Add alerts/prompts to identify patients and support discussion

Non-attenders at GP practice
Example activity
a. Letters
b. Telephone calls
c. Texts

Attenders at GP practice
Example activity
a. Leaflet from receptionist
b. Discussion with clinical staff

Check
Evaluate effectiveness of intervention
a. Code engagement methods used for each patient
b. Review which methods have been most effective

Appendix 2:
READ codes

Appropriate READ codes are useful when recording activity relating to bowel screening and the results of the screening test kits. Here are some suggested codes*:

<table>
<thead>
<tr>
<th>Read Description</th>
<th>V2</th>
<th>CTv3</th>
<th>SNOMED CT Description ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowel cancer screening programme invitation letter sent</td>
<td>9Ow5</td>
<td>XaZx5</td>
<td>22292710000000111</td>
</tr>
<tr>
<td>Advice given about bowel cancer screening programme</td>
<td>8Cay</td>
<td>XaPyB</td>
<td>753161000000017</td>
</tr>
<tr>
<td>Bowel cancer screening declined</td>
<td>8IA3</td>
<td>XaN4r</td>
<td>517221000000016</td>
</tr>
<tr>
<td>BCSP faecal occult blood test normal</td>
<td>686A</td>
<td>XaPkd</td>
<td>737931000000018</td>
</tr>
<tr>
<td>BCSP faecal occult blood test abnormal</td>
<td>686B</td>
<td>XaPke</td>
<td>737991000000017</td>
</tr>
<tr>
<td>BCSP faecal occult blood testing kit spoilt</td>
<td>6867</td>
<td>XaPka</td>
<td>737751000000011</td>
</tr>
<tr>
<td>Bowel cancer screening programme faecal occult blood testing incomplete participation</td>
<td>686C</td>
<td>XaQ1z</td>
<td>758151000000012</td>
</tr>
<tr>
<td>Provision of written information about BCSP</td>
<td>8OA5</td>
<td>XaZu9</td>
<td>22262410000000113</td>
</tr>
<tr>
<td>No response to bowel cancer screening programme invitation</td>
<td>9Ow2</td>
<td>XaPf6</td>
<td>733601000000014</td>
</tr>
<tr>
<td>Bowel Cancer Screening Programme Telephone Invitation</td>
<td>9Ow4</td>
<td>XaZx4</td>
<td>2229231000000014</td>
</tr>
<tr>
<td>Not eligible for bowel cancer screening programme</td>
<td>9Ow3</td>
<td>XaX8y</td>
<td>1673281000000010</td>
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</tbody>
</table>

* Please note, these codes may be subject to change during our next review.
Appendix 3:
Sample GP endorsement letter for non-responders

Building on the endorsement templates used in peer review studies, Cancer Research UK has produced a version that incorporates elements to promote informed consent.

Insert GP letter-head including GP practice phone number
Freephone 0800 707 6060

Dear <Patient – insert name>

We are writing to you to express our support for the NHS Bowel Screening Programme. This is in follow-up to the bowel screening kit that you would recently have received through the post.

Bowel cancer is the forth most common cancer in the UK. The aim of the Bowel Screening Programme is to discover bowel cancer at an early stage before symptoms have a chance to develop. The sooner it's caught, the easier it is to treat, and treatment is more likely to be successful.

Bowel screening involves a simple test that you carry out in your own home.

We encourage you to consider doing this screening test, which you then send off in the envelope.

Whether or not to do the test is your choice, so you should read the information 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, which is the bowel screening helpline: 0800 707 6060 or email: insert your hub’s email address (Appendix 4).

If you’re not sure how to complete the test itself, and have access to the internet, this link will give you further information: How to complete the test (https://bit.ly/2PZU5cE) or speak to your practice nurse who can show you how to complete the kit.

If there is anything else that you’d like to know or discuss about bowel screening, please do not hesitate to contact the surgery for further advice.

Yours sincerely

Dr

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Appendix 4:
Screening hubs and contacts

Bowel screening helpline (all hubs) 0800 707 6060

The Bowel Cancer Screening Programme Hub contact details are:

**Midlands & North West (Rugby)**
Hospital of St Cross
Barby Road
Rugby, Warks, CV22 5PX
Email: bowelscreening@nhs.net

**Southern**
20 Priestley Road
Surrey Research Park
Guildford, GU2 7YS
Email: rsc-tr.BCPSouthernHub@nhs.net

**London**
Level 5V 013 St Mark’s Hospital
Watford Road
Harrow, Middlesex, HA1 3UJ
Email: lnwh-tr.bcsp@nhs.net

**Eastern**
University Hospital Queens Medical Centre
Nottingham, NG7 2UH
Email: nhuht.bcsp.eastern@nhs.net

**North East**
Queen Elizabeth Hospital
Sheriff Hill
Gateshead, NE9 6SX
Email: gan-tr.north-east=bowel-hub@nhs.net