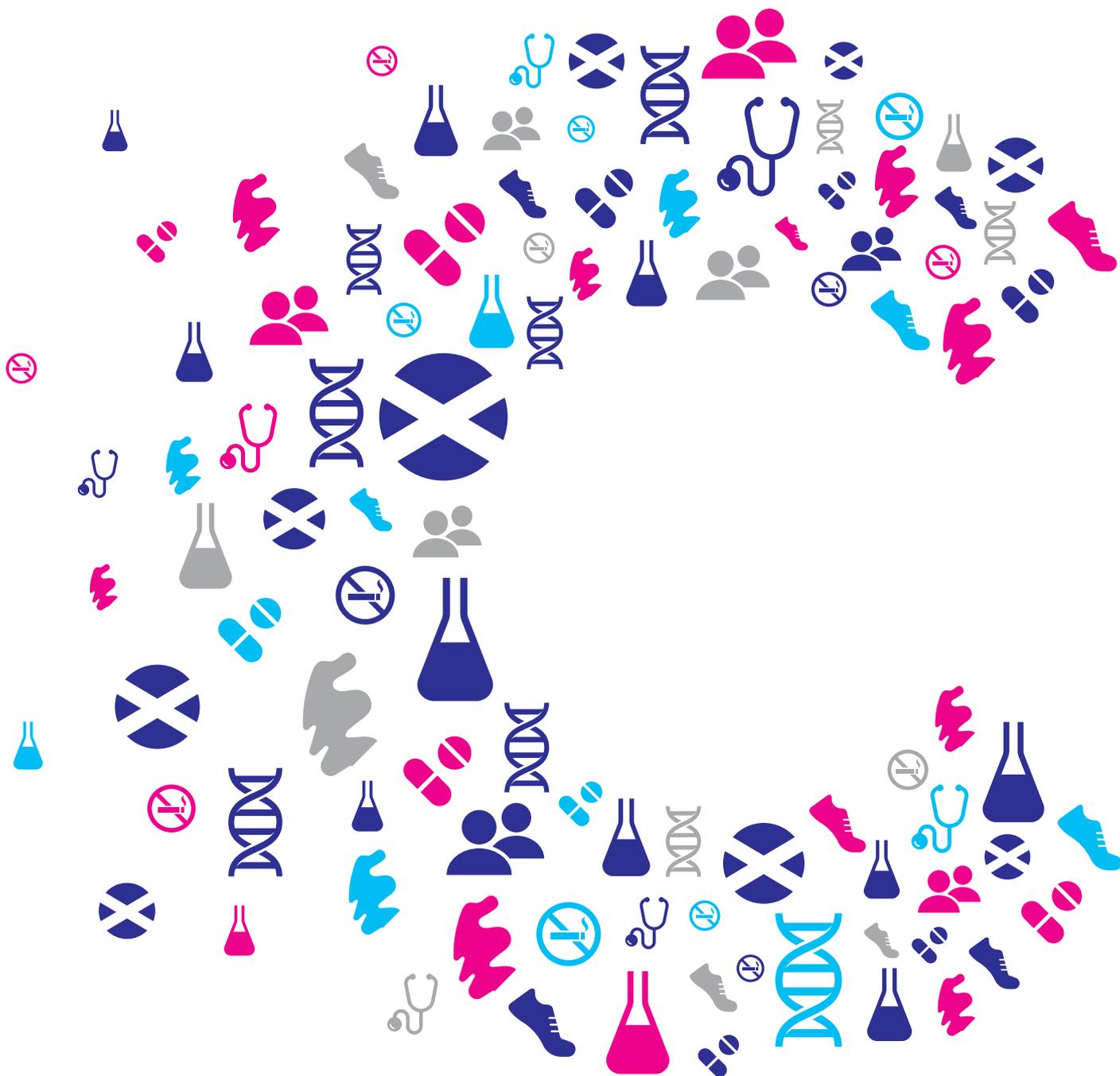


ENGAGING PRIMARY CARE IN BOWEL SCREENING

GP GOOD PRACTICE GUIDE
SCOTLAND VERSION



October 2017

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Registered Charity in England and Wales (1089464), Scotland (SCO41556) and Isle of Man (1103)

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GP GOOD PRACTICE GUIDE – SCOTLAND VERSION

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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.

1. Digby J, McDonald PJ, Strachan JA, Libby G, Steele RJ, Fraser CG. (2013) "Use of faecal immunochemical test narrows current gaps in uptake for sex, age and deprivation in a bowel cancer screening programme." J Med Screen

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 Scotland, bowel screening uses FIT (faecal immunochemical test). The FIT looks for hidden traces of blood in poo. This test was newly introduced in November 2017 to replace the previous guaiac faecal occult blood test (gFOBT).

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 Scottish FIT pilot, overall uptake was 58.7% for FIT, significantly greater than the 53.9% for gFOBT¹. Uptake was shown to be higher with FIT than with gFOBT for all deprivation quintiles.

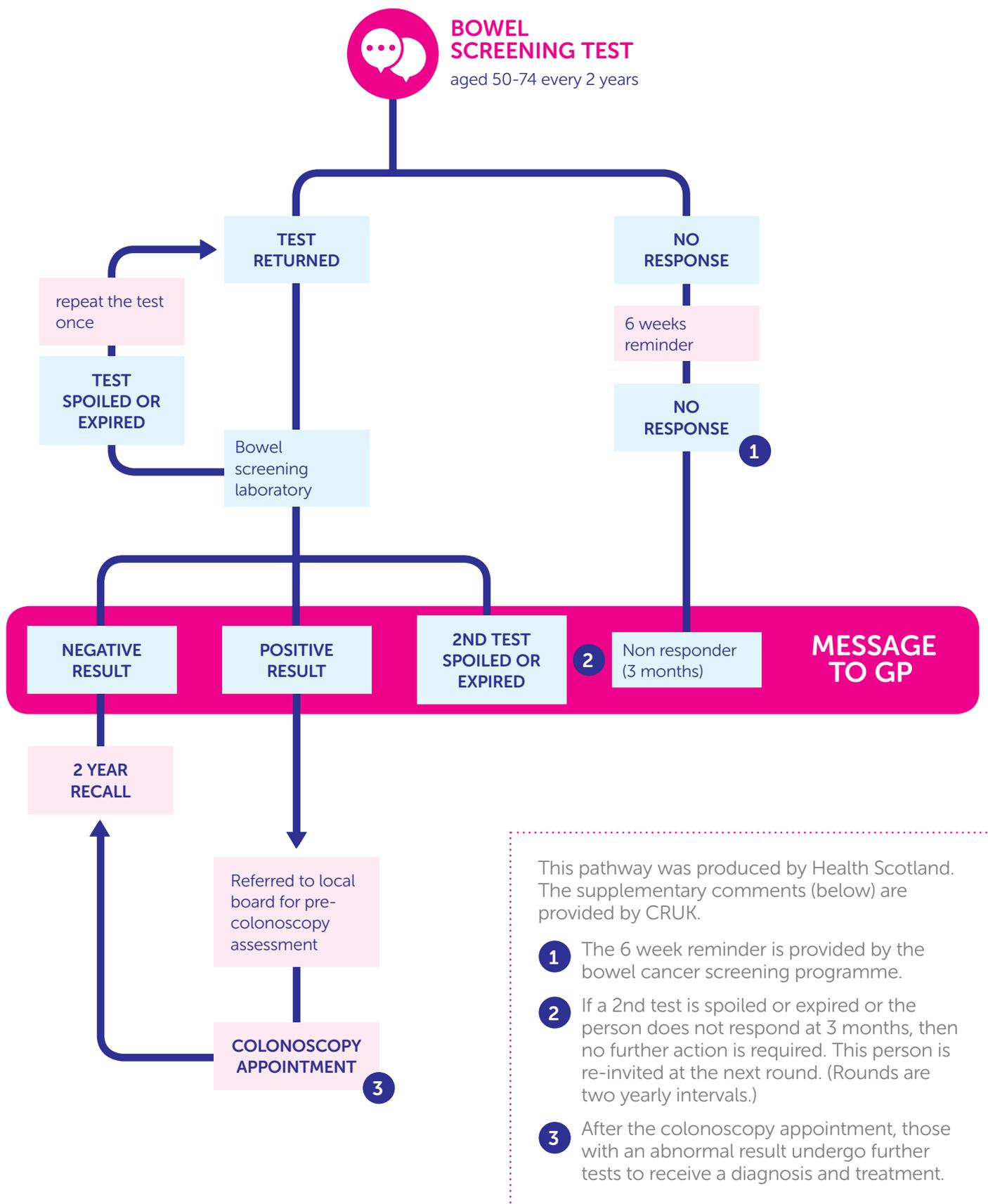
While it is anticipated that FIT will make a positive contribution to bowel screening uptake, we're still expecting it to fall short of that seen in other cancer screening programmes. This guide aims to help give examples of how you could get involved to help support the bowel screening programme.



ELIGIBLE POPULATION:

- The FIT programme invites all men and women between the ages of 50 and 74 years who are registered with a General Practice.
- Those aged 75 and over can request a kit by ringing 0800 0121 833 or by emailing the helpline at bowelscreening.tayside@nhs.net.
- 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 SCREENING PATHWAY IN SCOTLAND



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%¹ when sent in combination with enhanced patient information.

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>

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>. 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.

1. Hewitson, P., Ward, A., Heneghan, C., Halloran, S. & Mant, D. (2011) "Primary care endorsement letter and a patient leaflet to improve participation in colorectal cancer screening: results of a factorial randomised trial". BJC
2. Shankleman, J., Massat, N., Khagram, L., Ariyanayagam, S., Garner, A., Khatoon, S., Rainbow, S., Rangrez, S., Colorado, Z., Hu, W., Parmar, D. & Duffy, S. (2014) Evaluation of a service intervention to improve awareness and uptake of bowel cancer screening in ethnically-diverse areas. BJC

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 ARE:

- How many eligible 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)?
- Can your practice send letters? Make telephone calls? Advise patients as they come into contact with the practice?

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 risks 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

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>

KNOW THE TEST

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

▶ Actions:

- Keep a test kit for demonstration at your practice
- Information can be displayed in the practice to alert people to bowel screening

USE PRACTICE DATA

- You could check the contact details of people aged 50 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

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.

In Scotland, 2 facilitator managers are responsible for the West of Scotland and North and East Scotland. 3 full time facilitators are located in the West of Scotland and 1 covers NHS Lothian. The facilitator managers also work part time across various other areas of Scotland.

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

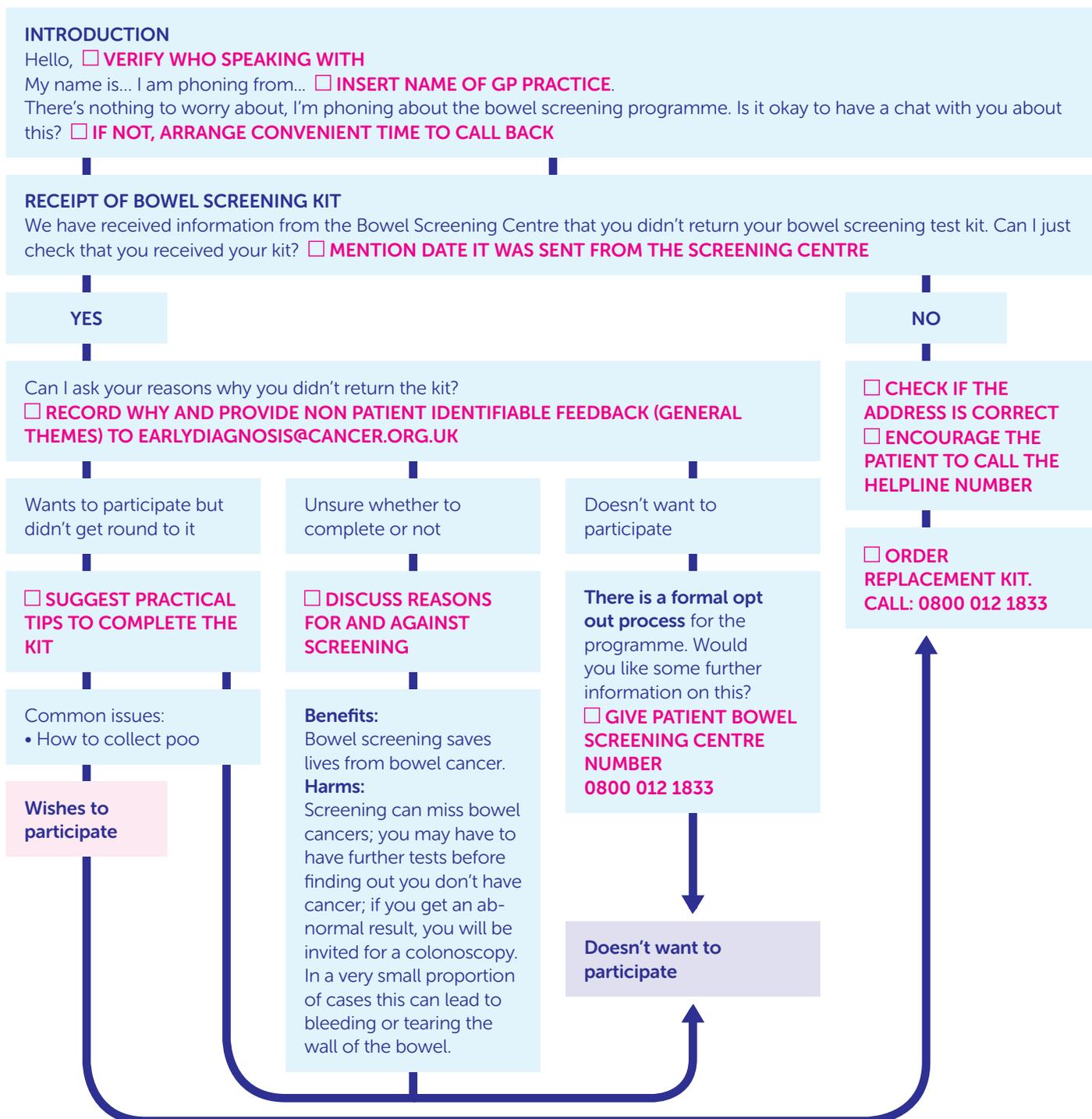
SCREENING CONTACTS

BOWEL SCREENING HELPLINE 0800 012 1833

SAMPLE TELEPHONE SCRIPT

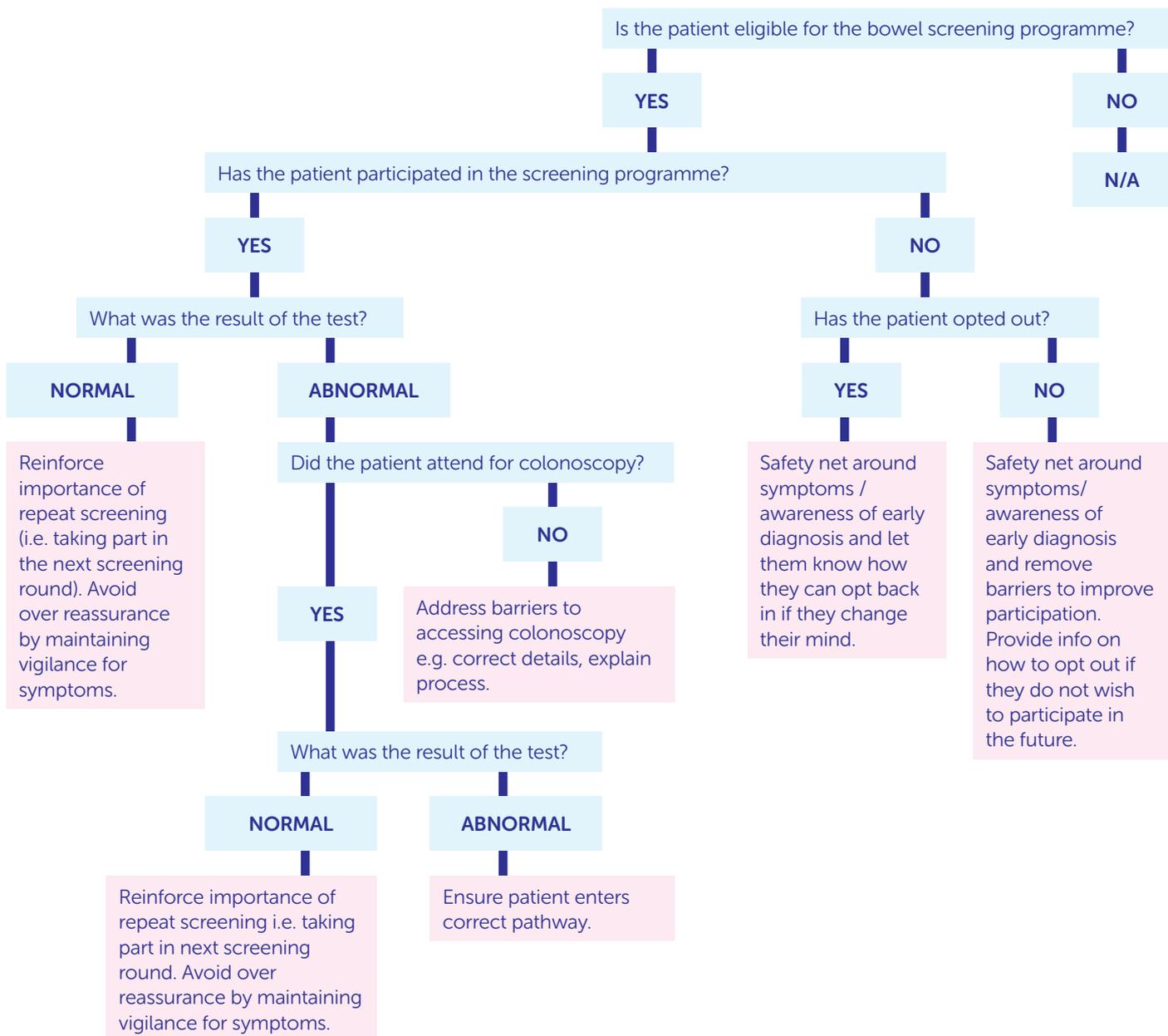
HAVING CONVERSATIONS ABOUT BOWEL SCREENING:

Proactive interaction with non-responders have 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.



SAFETY NETTING

Safety netting is a process or technique which results in the monitoring, provision of information or follow-up of a patient with symptoms not requiring immediate action. Within the bowel screening programme there are several different groups of patients who choose different options and who safety netting would be valuable to. You can give additional support to these individuals, who may otherwise be missed. The following diagram identifies each of these key groups and suggests ways that you can support them.



A normal result does not guarantee the patient doesn't have or won't develop bowel cancer in the future. Being aware of the symptoms of bowel cancer and reporting them to the GP is important too.

APPENDIX 1: FLOWCHART TO ENGAGE INVITEES AND NON-RESPONDERS



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*:

STANDARD READ CODES	DETAIL
90w	Bowel cancer screening programme administration
90w5	Endorsement letter sent
686A	Bowel cancer screening programme faecal occult blood test normal
686B	Bowel cancer screening programme faecal occult blood test abnormal
68W2	2 yr follow up Bowel cancer screening programme
6867	Bowel Cancer screening programme: faecal occult blood testing kit spoilt
686C	Bowel cancer screening programme faecal occult blood testing incomplete participation
90w2	No response to bowel cancer screening programme invitation
8CAy	Advice given about bowel cancer screening programme
8IA3	Bowel cancer screening declined
90w3	Not eligible for bowel cancer screening programme

* Please note, these codes may be subject to change during our next review.