ENGAGING PRIMARY CARE IN BOWEL SCREENING
GP GOOD PRACTICE GUIDE FOR WALES

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If you have any feedback or want more information please contact earlydiagnosis@cancer.org.uk

BACKGROUND

We are delighted to share our GP Good Practice Guide for bowel screening with you. It presents some of the existing evidence based recommendations for increasing bowel screening uptake. The aim is to translate this into a practical resource that can be used by GPs and their primary health care teams.

It features practical tips, links to resources and information on some of the strategies that have been used successfully across primary care to overcome barriers to participation.

BOWEL SCREENING WALES (BSW)

Bowel screening is key to saving 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 Wales, bowel screening currently uses gFOBT (guaiac faecal occult blood testing). The gFOBT looks for hidden traces of blood in poo. Men and women between the ages of 60-74 are eligible.

A Faecal Immunochemical test (FIT) will replace the current gFOBT as the primary test of the BSW in 2019. FIT also identifies hidden traces of blood in poo, but it is a more effective test and is easier to use than gFOBT, because it requires fewer samples. Previous FIT pilots in the UK have indicated improved participation.

For more information visit the Cancer Research UK: http://bit.ly/1II63hx or Bowel Screening Wales (BSW): http://www.bowelscreening.wales.nhs.uk/

Unlike the other cancer screening programmes, the gFOBT does not involve any contact with a health professional. This guide provides the details of interventions with primary care involvement, which have been shown to have a positive impact on uptake.

ELIGIBLE POPULATION:

• The gFOBT programme invites all men and women between the ages of 60-74 years who are registered with a general practice.
• People are invited by letter to their home address every 2 years and are asked to complete a gFOBT by providing 6 samples (from 3 stools) and post it back to the national programme for analysis in a sealed free post envelope. They receive their result by letter and their GP is informed if there is a positive or negative result, or if someone is invited but does not respond.
THE SCREENING PATHWAY (gFOBt)

Invitation 60 – 74 Years old

Test kit returned and tested

Negative

Positive

Equivocal

Specialist Screening Practitioner (SSP) Assessment

FIT card-based test sent, returned and tested then follows positive or negative pathway

Unfit for colonoscopy

Fit for colonoscopy

Colonoscopy

Complete

Incomplete

Consider repeat or CT colonogram

Consider CT colonogram

Refer to Clinical and Quality Assurance for pathway advice

Refer to Clinical and Quality Assurance for pathway advice

Negative

Polyps

Cancer

RECALL 2 YEARS FOR FOBT TEST

SURVEILLANCE PROGRAMME
High – Recall 1 year
Intermediate – Recall 3 years
Low – Recall FOBt in 2 years

NETWORK MDT for Complex Polyps and where possible, subsequent specialist removal at National Referral Centre without need for surgery

RECALL FOR FOBT IN 2 YEARS

REFER TO HEALTH BOARD MDT for symptomatic treatment and surveillance

You can help patients make an informed decision about participating 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
THE ROLE OF GP PRACTICES IN SUPPORTING PARTICIPATION IN BOWEL SCREENING

Studies have shown the positive impact that general practitioners can have on increasing awareness of cancer screening with eligible populations. GP/primary care involvement in the process can address barriers to participation.

A peer reviewed study found that sending people that are eligible for bowel screening a letter from their GP endorsing the screening programme, increased bowel screening uptake by up to 6%\(^2\), and by up to 12%\(^2\) 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%\(^2\).

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/.

This hub aims to support local teams who want to carry out work to increase bowel screening uptake by providing evidence on what works and resources to help them do it.

To see a selection of case studies of local 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.

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.

Currently some but not all Welsh Health Boards (Abertawe Bro Morgannwg, Aneurin Bevan and Cardiff & Vale University) will have CRUK Health Professional facilitators who are able to offer advice and local statistics for your area.

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

SCREENING ENGAGEMENT TEAM

The Screening Engagement Team (SET) of Public Health Wales provides health promotion and engagement support for the national screening programmes in Wales.

Each GP practice across Wales has an identified Screening Link Person (SLP) whose role is to disseminate screening information and updates within the practice. A SLP may be a GP, practice nurse, practice manager or administrative officer. The SET will contact a SLP to disseminate screening information in line with national campaigns and screening rounds.

For more information about what support the SET can provide, please contact screening.feedback@wales.nhs.uk

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.


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Cancer Research UK

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WHAT CAN YOU DO TO SUPPORT YOUR PRACTICE POPULATION?

WHO ARE THE TARGET GROUPS?

WHERE SHOULD YOU BEGIN?

- How many of your patients have not taken part in bowel screening? Who are they?
- Who knows what about bowel screening - consider all staff/ is training required?
- Who in the practice team can follow up on patients who have not responded? Do you have a Screening Link Person or Screening Champion in your practice who could do this?
- Can your practice send letters? Make telephone calls? Advise patients as they come into contact with the practice?

N.B Practices are informed of their patients that have not responded at 6 weeks

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

FLOWCHART TO ENGAGE INVITEES AND NON-RESPONDERS

CODING
IDENTIFY INVITEES AND NON-RESPONDERS AND UNDERSTAND ENGAGEMENT PROFILE

- a. Ensure messages from bowel screening centres are coded in patients records

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
    - c. Reminders on leaflet prescriptions

CHECK
EVALUATE EFFECTIVENESS OF INTERVENTION

- a. Code engagement methods used for each patient
- b. Review which methods have been most effective
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

Actions:
- Contact the CRUK Facilitators or Screening Engagement Team to see what training they can offer. To find out if a Facilitator is working in your area and for more information: http://bit.ly/2chbLtv
- 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: http://bit.ly/1PBEL86

KNOW THE TEST

• Being familiar with the gFOBT test 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. Contact the BSW helpline and they will be able to provide you with one.
- BSW leaflets can be found here: http://www.bowelscreening.wales.nhs.uk/information-resources

DISPLAY SCREENING INFORMATION

• Information can be displayed in the practice to alert people to bowel screening

Actions:
- Consider displaying posters and leaflets in waiting and clinical areas. CRUK Bowel Screening posters can be accessed here: http://bit.ly/1ZdsS5r and Bowel Screening Wales posters can be found here http://www.screeningforlife.wales.nhs.uk/sitesplus/documents/1129/Poster%20A4%20final%202014.pdf
- Could you display messages on TV screens and display boards? Here’s a short subtitled animation video on how to do the bowel cancer screening test suitable for waiting rooms: http://bit.ly/1Pa3Z7O
- Consider having a bowel screening display during Bowel Cancer Awareness Month in April or to coincide with the practice plans to follow up DNAs or first invitees
- Proactively use messages that encourage people to ask about screening. Hand them a bowel screening information card. To receive copies order via our publications page http://bit.ly/2659otG

USE PRACTICE DATA

• You could check that the contact details of people aged 60 and over are accurate
• Consider checking how your practice’s uptake and coverage compares with local and national data
ENDORSE BOWEL SCREENING WALES AND SUPPORT PATIENTS TO PARTICIPATE

WHO ARE THE TARGET GROUPS

- People approaching the age of 60 who are soon to be invited for the first time
- People aged 60-74 years old who have had a non response to bowel screening result in the last 2 years

**Actions:**
- Every month:
  - Identify all patients approaching the age of 60 who are soon to be invited to participate in bowel screening for the first time
  - Identify all patients who the practice has received a non response result for (see appendix 5 for READ codes and Systome code).
  - Note: the practice receives notification that the patient did not respond if there is still no response 6 weeks after the invitation letter is sent. They are not counted as a final non-responder until 6 months so there is a window of opportunity to contact patients and for them still to be counted in uptake figures.
- Promote the programme at flu clinics and at other suitable opportunities
- Provide information about bowel screening and other screening programmes to Transgender patients. Bowel Screening Wales had produced a booklet and frequently asked questions to improve access for Transgender people. [http://www.screeningforlife.wales.nhs.uk/transgender-information](http://www.screeningforlife.wales.nhs.uk/transgender-information)

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

**Actions:**
- 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 programme). E.g.
  - People who are palliative
  - people who are having treatment or surveillance for bowel cancer
  - people who are under a surveillance programme for chronic inflammatory bowel disease
  - people who have had a colonoscopy in the last 2yrs
  - people who are coded as ineligible
- Telephone people to explain the test (sample script appendix 3)
- Remind people of the telephone number to request another kit if lost or discarded. You can request a kit on their behalf by telephoning 0800 294 3370
- Consider sending an endorsement letter by post, especially if you could not make contact by telephone (letter template appendix 1(a))
- Provide information in different formats. Bowel Screening Wales has produced accessible information in easy read, audio, large print and in British Sign Language [http://www.bowelscreening.wales.nhs.uk/accessible-information](http://www.bowelscreening.wales.nhs.uk/accessible-information)

IDENTIFY AND ADDRESS BARRIERS

- People are sometimes embarrassed to talk about bowel screening and scared to talk about cancer
- When practice staff are confident and practical in their approach, this can help patients to be more receptive to health messages
- Ensure that reasonable adjustments are made, so that you can reach your target audience (see more information overleaf on supporting vulnerable groups)

**Actions:**
- Reinforce the benefits of a test done at home in privacy
- Show them an example of the test kit, and offer to explain how to do the kit
CONSIDER HELPING PEOPLE IN VULNERABLE GROUPS TO PARTICIPATE IN SCREENING

It is really important that we don’t exacerbate inequalities in participation. Practice level support for these groups of patients may include:

- Demonstrating how to use the bowel cancer screening test
- Providing access to easy-to-read pictorial leaflets for patients to take away.

SUPPORTING VULNERABLE GROUPS

- People with learning disabilities
- People with physical disabilities
- People with sensory impairment
- Younger relatives and carers
- 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

☐ Use a pictorial resource to support people with learning disabilities to make an informed choice is available here: http://bit.ly/1ZdtbNL

☐ Accessible information, can be found here: http://www.bowelscreening.wales.nhs.uk/accessible-information

☐ The helpline provides information in a wide range of community languages which are available by freephoning 0800 294 3370. Information is also available for the attention of carers, older people living alone and people with complex health problems

☐ Consider liaising with community health teams to identify people in this age cohort who may benefit from additional support
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(a):
SAMPLE GP ENDORSEMENT LETTER NON-RESPONDERS

Building on the endorsement templates used in peer review studies, BSW has developed a template letter which promote informed consent.

Template Letter

<PATIENT DEMOGRAPHICS>

<Date>

Dear <PATIENT NAME>

I have been informed by Bowel Screening Wales that you have not returned the bowel screening test kit that was recently sent to you.

I would like to remind you that bowel screening is important and I would encourage you to complete your kit.

Taking part in bowel screening can lower the chance of you dying from bowel cancer by finding cancer early. Men and women aged 60 – 74 are invited to take part in bowel screening every two years.

You can call the Freephone helpline on 0800 294 3370 if you:
Have questions about doing the test, or if you should do the test
Need information in easy read, audio or Braille
Are a carer completing the test on behalf of someone else
Taking part in bowel screening is your choice. If you need more information to help you make your decision visit www.bowelscreening.wales.nhs.uk or call the helpline.

Yours sincerely

Dr <Senior Partner>

APPENDIX 1(b):

SMS TEXT

Texts can be used as an alternative to letters for patients. A 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.

SAMPLE TEXT:
Dear Mrs* Smith*, we have been informed that you have not yet completed your bowel screening test. The Doctors at XX Surgery encourage you to complete the test ASAP. If you are unsure about the test please talk to your Doctor.

APPENDIX 2:

BOWEL SCREENING CONTACTS

BOWEL SCREENING HELPLINE: 0800 294 3370
### 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 WELSH 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
- Unsure whether to complete or not
- Doesn’t want to participate

☐ SUGGEST PRACTICAL TIPS TO COMPLETE THE KIT

Common issues:
- How to collect poo
- Where to store Kit
- Collecting 3 samples

- Wishes to participate

#### NO

☐ CHECK IF THE ADDRESS IS CORRECT

☐ ENCOURAGE THE PATIENT TO CALL THE HELPLINE NUMBER

☐ ORDER REPLACEMENT KIT. CALL: 0800 294 3370

There is a formal opt out process for the programme. Would you like some further information on this?

☐ GIVE PATIENT BOWEL WELSH SCREENING CENTRE NUMBER 0800 294 3370

- Doesn’t want to participate

### Benefits:

Bowel screening saves lives from bowel cancer. It’s estimated that by 2025, bowel screening could prevent around 2000 deaths each year in the UK.

### Risks:

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 the wall of the bowel.
APPENDIX 5:
READ CODES AND SYSTOME CODE

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>STANDARD READ CODES</th>
<th>SYSTOME CODE</th>
<th>DETAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>9Ow</td>
<td></td>
<td>Bowel cancer screening programme administration</td>
</tr>
<tr>
<td>9Ow5</td>
<td></td>
<td>Endorsement letter sent</td>
</tr>
<tr>
<td>686A</td>
<td></td>
<td>Bowel cancer screening programme faecal occult blood test normal</td>
</tr>
<tr>
<td>686B</td>
<td></td>
<td>Bowel cancer screening programme faecal occult blood test abnormal</td>
</tr>
<tr>
<td>68W2</td>
<td></td>
<td>2 yr follow up Bowel cancer screening programme</td>
</tr>
<tr>
<td>6867</td>
<td></td>
<td>Bowel Cancer screening programme: faecal occult blood testing kit spoilt</td>
</tr>
<tr>
<td>686C</td>
<td></td>
<td>Bowel cancer screening programme faecal occult blood testing incomplete participation</td>
</tr>
<tr>
<td>9Ow2</td>
<td></td>
<td>No response to bowel cancer screening programme invitation</td>
</tr>
<tr>
<td>8CAy</td>
<td></td>
<td>Advice given about bowel cancer screening programme</td>
</tr>
<tr>
<td>8IA3</td>
<td></td>
<td>Bowel cancer screening declined</td>
</tr>
<tr>
<td>9Ow3</td>
<td></td>
<td>Not eligible for bowel cancer screening programme</td>
</tr>
<tr>
<td>373251000000108</td>
<td></td>
<td>No response to bowel cancer screening programme invitation (finding)</td>
</tr>
</tbody>
</table>

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