

Engaging Primary Care in bowel screening

GP good practice guide for Wales



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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 with this to promote patient engagement. However, it is up to each individual practice to decide if they want to facilitate that process.

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 Wales, a new test called FIT (faecal immunochemical test) is currently being introduced as the primary test of BSW. The FIT test looks for hidden traces of blood in poo. This test will replace the previous guaiac faecal occult blood test (FOBT).

From the end of January 2019, one in every 28 people will be invited to complete a new FIT test instead of the card-based FOBT test. This will be a phased implementation, and full implementation is expected in June 2019 from when everyone will receive the FIT test.

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 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.

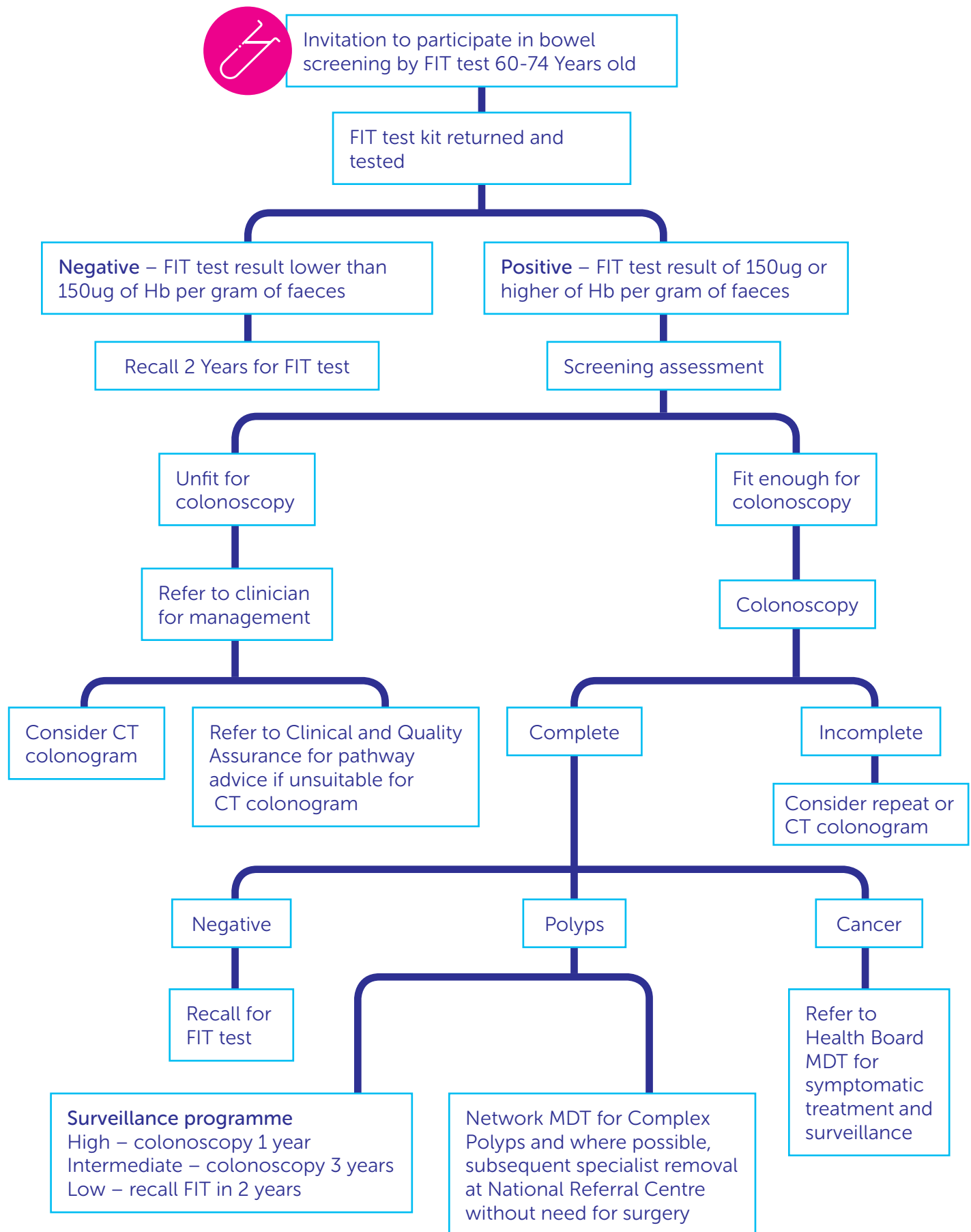


Eligible population:

- The FIT programme invites all men and women between the ages of 60 and 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 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.
- **Replacement test kit:** If you would like to request a replacement test kit please visit <https://bit.ly/2Lal1Ef>

1. Moss, S et al. Increased uptake and improved outcomes of bowel cancer screening with a faecal immunochemical test: results from a pilot study within the national screening programme in England. Gut 66, 1631-1644 (2017)

The FIT screening pathway in Wales



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:

- 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)?
- 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

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

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.

At present, in Wales, there is a facilitator manager and 1 facilitator covering 3 health boards in South Wales.

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.

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

Screening contacts

Bowel screening helpline 0800 294 3370

Endorse NHS bowel screening and support patients to participate

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

Prior notification list

Practices do not automatically receive Prior Notification Lists (PNLs) for bowel screening. Contact your screening hub to see if one can be provided.

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.

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:

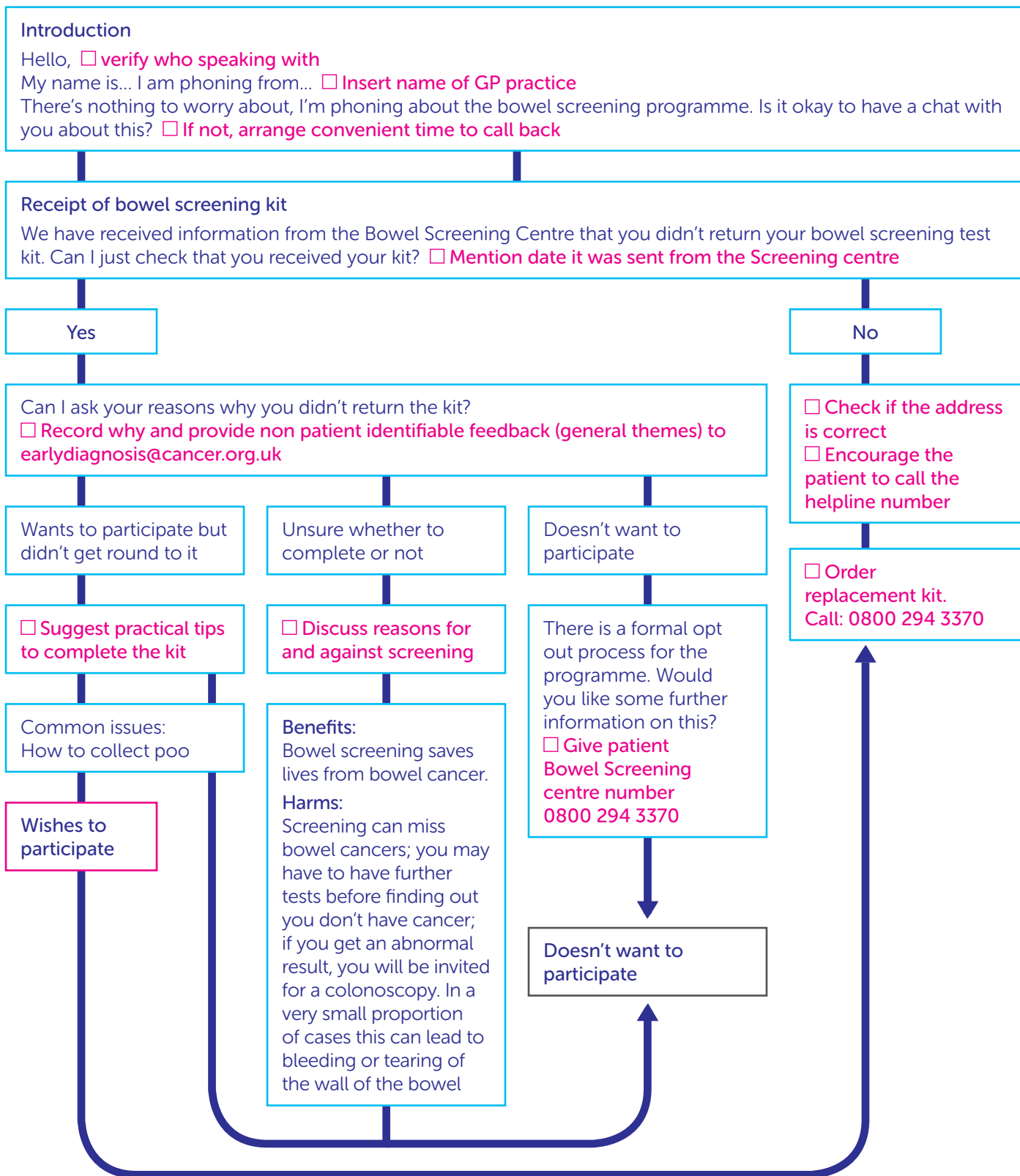
- In the absence of Prior Notification Lists, search for patients approaching their 60th birthday and 60-74 year olds with a non-response result in the last 2 years.
- Review lists to exclude people for whom it may be insensitive for the practice to endorse screening (note: they will still be invited 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)

Sample telephone script

Having conversations about bowel screening

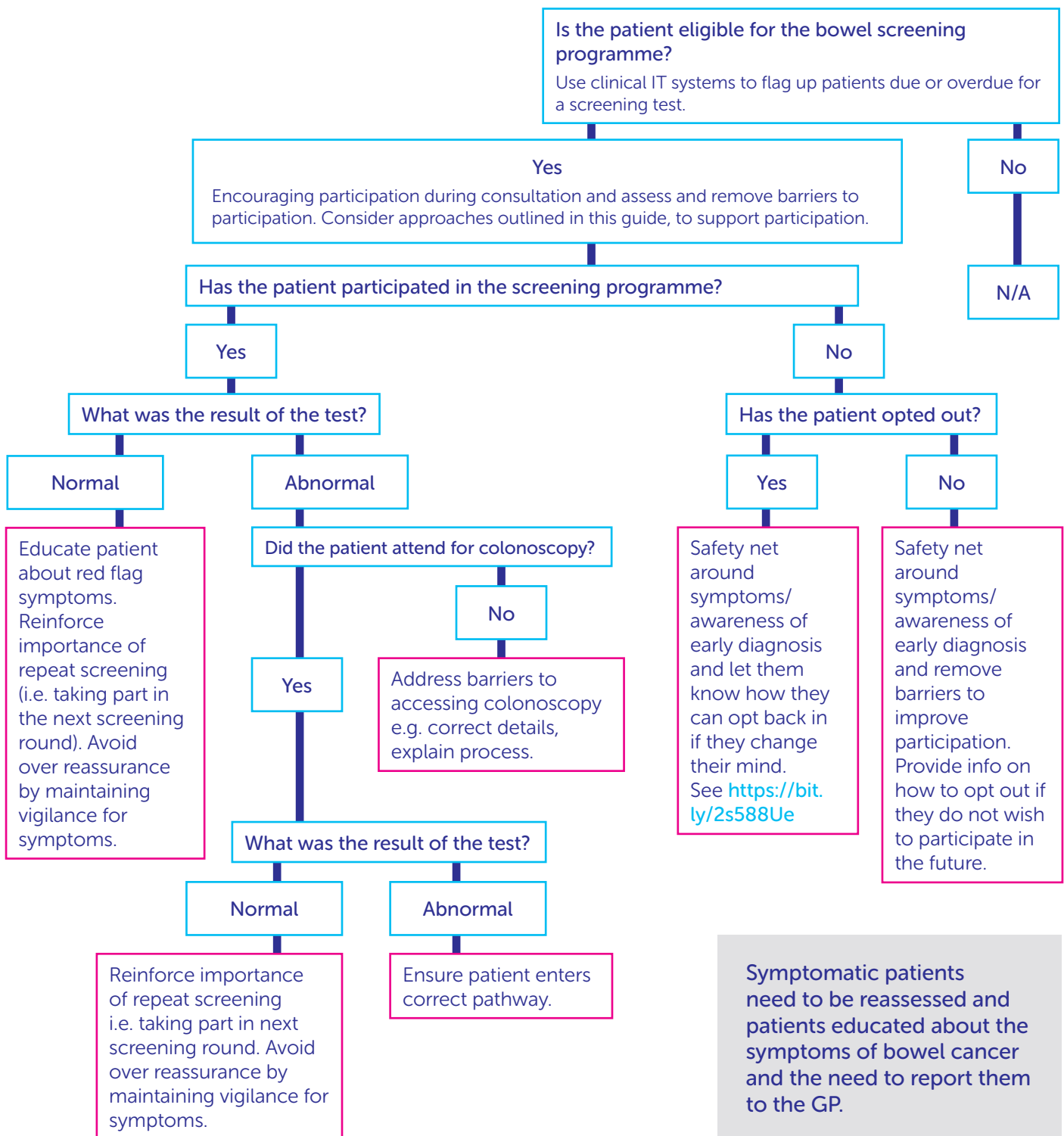
Proactive interaction with non-responders has been shown to increase uptake of bowel screening using the gFOBt. This has included direct telephone conversations and letters detailing GP endorsement. Although these have been tested with gFOBt and not FIT we anticipate that they could also have a positive 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.



Safety netting

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.

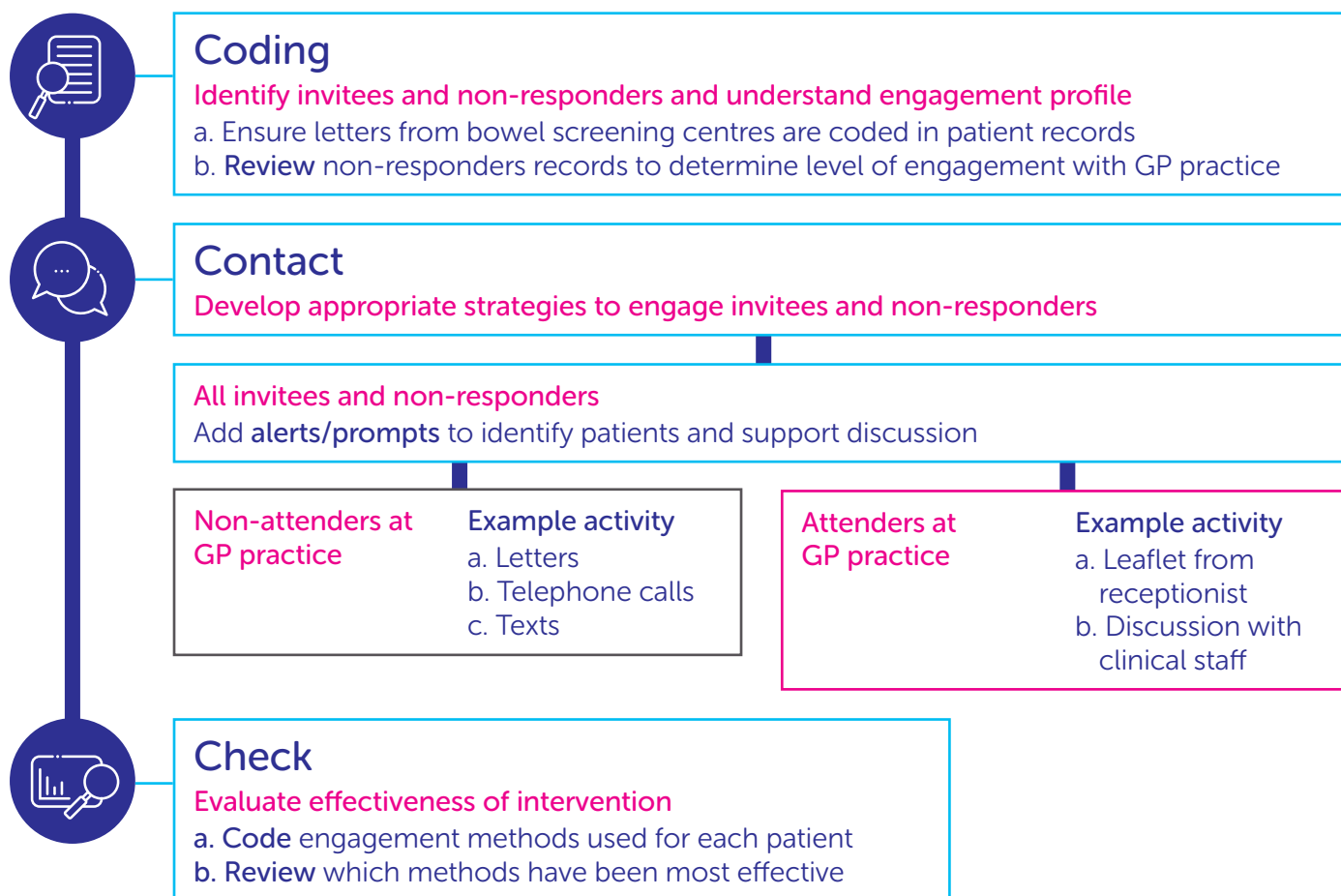
Eligible patients can opt out of bowel screening and opt back in. Discussions with patients about opting in and out of bowel screening, and about patients' past bowel screening results, needs to include information around red flag symptoms. A previous negative screening test result does not rule out 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.



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



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*:

Read Codes	Detail
9Ow5.	Bowel cancer screening programme invitation letter sent
8Cay.	Advice given about bowel cancer screening programme
8IA3.	Bowel cancer screening declined
686A.	BCSP faecal occult blood test normal
686B.	BCSP faecal occult blood test abnormal
6867.	BCSP faecal occult blood testing kit spoilt
686C.	Bowel cancer screening programme faecal occult blood testing incomplete participation
8OA5.	Provision of written information about BCSP
9Ow2.	No response to bowel cancer screening programme invitation
9Ow4.	Bowel Cancer Screening Programme Telephone Invitation
9Ow3.	Not eligible for bowel cancer screening programme

* 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 294 3370

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 fourth 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 294 3370.

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

