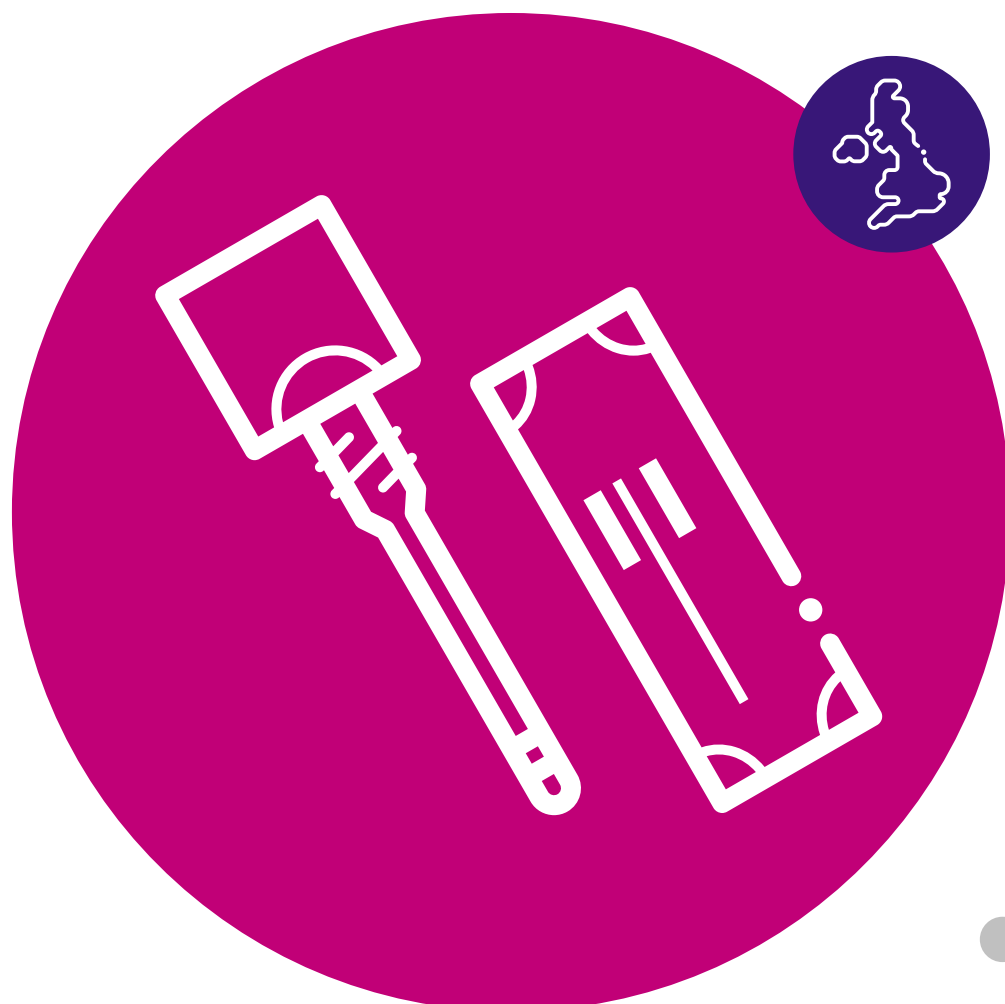

For health professionals

UK-wide version
February 2023



CANCER
RESEARCH
UK

Together we will beat cancer



Primary Care
Good Practice Guide:
Bowel Cancer Screening

Contents

Background	02
Statistics	02
Role of primary care in supporting informed participation	03
What the evidence says	03
Endorsement	03
Quality improvement	03
What you can do to support your practice population	04
Use practice data	04
Training	04
Know the test	04
Results	04
Identifying inequalities in your local population	05
Flowchart to engage first timers and non-responders	06
Safety netting	07
Appendix 1: Sample telephone script	08
Appendix 2: Sample GP endorsement letter for non-responders	09
Appendix 3: Use of SMS texts	09
Appendix 4: READ codes	10
Appendix 5: Key screening contacts	10
Appendix 6: National screening pathways	11 – 14

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 for compliance with data protection processes as appropriate.

Background

We know that primary care involvement in the bowel cancer screening programme can really drive engagement so we have prepared this guide to help brief you on the latest developments in the programme and suggest ways that you can support your eligible population to make an informed choice about their participation in bowel cancer screening.

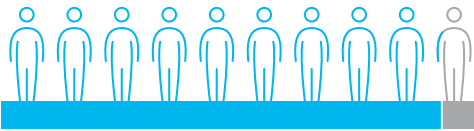
Bowel cancer screening aims to detect bowel cancer at an early stage before symptoms have a chance to develop. It may also help to prevent bowel cancer through the identification and removal of potentially harmful adenomas. When diagnosed at its earliest stage, survival is much higher compared to when it is diagnosed at a late stage (below).

Bowel cancer survival by stage at diagnosis

Proportion of people surviving their cancer for five years or more



Diagnosed at earliest stage



More than 9 in 10

Diagnosed at latest stage



1 in 10

Earliest stage = stage 1; latest stage = stage 4.

Data is age-standardised net survival for adults (aged 15 to 99 years) in England in 2015-2019 followed up to 2020.

Source: Cancer survival in England, NHS Digital 2022.

Across the UK, the bowel cancer screening programmes use the Faecal Immunochemical Test (FIT). FIT looks for hidden traces of blood in poo. For more information about FIT please see [CRUK's Bowel Cancer Screening Hub](#).

FIT is easier for people to complete than the previous guaiac test (gFOBT) as it requires only one stool sample, but some people may still experience barriers to participation that the support of their GP and wider practice team could help them overcome.



Eligible population:

- ✓ In Scotland all people who are registered with a GP between the ages of 50-74 years are invited
- ✓ In England and Wales, as a phased approach over the next few years, people age 50-59 year olds will be invited to participate in the bowel cancer screening programme. Therefore, people may now receive a test before they turn 60. Check with your local Public Health teams to get the latest information
- ✓ Those aged 75 and over can request a kit by ringing or by emailing the screening hub* – see Appendix 5
- ✓ People are invited by letter to their home address every 2 years and are asked to complete a FIT kit 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

*may not be available in all nations

Statistics

Bowel cancer screening uptake increased after the introduction of FIT in England in June 2019. Quarterly uptake fell during the COVID-19 pandemic to its lowest point (since the introduction of FIT) but has now recovered and is exceeding pre-pandemic levels. Yearly uptake was 69.6% for 2021/22.¹

Uptake of bowel cancer screening in Scotland has been increasing since FIT was introduced, from 56.3% in 2015-2017* to 64.9% in 2019-21.²

While FIT is making a positive contribution to bowel cancer screening uptake, we're still seeing a short fall of that seen in other cancer screening programmes and inequalities in uptake may still exist.

* Two-year reporting period is from 1st of May to 30th of April in given years.

[See here for an overview of the latest statistics for bowel cancer screening programmes across the UK.](#)

1. OHID Fingertips Profiles, <https://fingertips.phe.org.uk/profile/cancerservices/data#page/4/gid/1938132830/pat/159/par/K02000001/ati/15/are/E92000001/iid/92601/age/280/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>. Accessed February 2023

2. <https://publichealthscotland.scot/publications/scottish-bowel-screening-programme-statistics/scottish-bowel-screening-programme-statistics-for-the-two-year-period-of-invitations-between-may-2018-and-march-2020/>. Accessed February 2023

Role of primary care in supporting informed participation

What the evidence says

Studies have shown the positive impact that primary care engagement can have on increasing the uptake of cancer screening with eligible populations. The studies described in this section were undertaken when the primary test was gFOBT.

A study found that sending people eligible for bowel cancer screening a letter from their GP endorsing the screening programme, increased bowel cancer screening uptake by up to 6%¹, and by up to 12%¹ when sent in combination with enhanced patient information. Since this study, a GP endorsement banner has been introduced on both pre-invite and invite letters across England.

The same study also found that phoning people to provide information about bowel cancer screening and offering to answer questions, used in combination with a GP letter, increased bowel cancer 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 cancer screening and overcome barriers to participation.²

For details of more interventions see [CRUK's Bowel Cancer Screening Hub](#).

Endorsement

Endorsement by a primary care team increases the uptake of screening.

Explaining what the test is for and how to do it will help people decide whether they wish to participate.

Any additional endorsement may be better targeted to previous non attenders so that subjects are not over contacted.

See [flowchart to engage first timers and non responders for some suggested approaches \(page 6\)](#).



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

Quality improvement

In England, the Primary Care Network (PCN) GP Contract for Early Diagnosis requires PCNs to:

Contribute to improving local uptake of National Cancer Screening Programmes by working with local system partners to agree the PCN contribution to local efforts to improve uptake in bowel cancer screening and follow up on non-responders to invitations.

This must build on any existing actions across the PCN's Core Network Practices and include at least one specific action to engage a group with low participation locally.

For more information see CRUK's [GP Contract Hub](#)

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 you can do to support your practice population



Key questions you could consider:

- ✓ How many eligible people do you have?
- ✓ What % of people have not responded to their bowel cancer screening invitation?
- ✓ Who knows about bowel cancer screening in your practice. Could you train staff (including non clinical) to support participation?
- ✓ Do you have a dedicated member of staff who could lead on reviewing/engaging bowel cancer screening non-responders? (e.g. results, READ codes, health promotion, communication)

Use practice data

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

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

Actions

- ✓ For PCN or practice level data you could access:
 - [OHID Fingertips Public Health Data](#)
 - [NHS Digital Cancer Screening Programme National Statistics](#)
 - [NHS Scotland](#)
 - [Public Health Wales](#)
 - [Northern Ireland - NISRA/HSC](#)
 - [CRUK Early Diagnosis Data Hub](#)
- ✓ Regularly review your practice lists and check people's contact details are up to date
- ✓ Review your practice data to understand those that are eligible and are being invited for screening for the first time and engage early with them
- ✓ Review your practices' non-responders to understand the profile of those not attending their screening and then identify methods to engage with these people
- ✓ Access the online Gateway C (England only) FIT (bowel cancer screening) module [here](#). Continuing Professional Development (CPD) points are available in the module

Training

Providing training to all of your staff (clinical and non clinical), will help them understand and be able to explain to your eligible population, the importance of bowel cancer screening in diagnosing bowel cancer early and 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 for screening vs symptomatic**.

Know the test

Being familiar with the FIT kit can help practice staff explain and support people to complete the test.

- 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](#)
- Keep a test kit for demonstration at your practice (the kit may look different to the one they receive in the post)
- Information can be displayed in the practice to alert eligible people to bowel cancer screening

FIT kit



Image will differ depending on nation

Results

Results are sent to individuals by post. GPs are informed of all results either electronically or by letter. Screening results do not provide a quantitative value, and rather indicate where further investigations are needed. For more information about results see [here](#).

- ⚠ A negative result does not guarantee the person not having or developing bowel cancer in the future. Being aware of the symptoms of bowel cancer is important too. [Click here to find out more about the symptoms of bowel cancer.](#)



You can encourage informed participation in bowel cancer screening by:

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

Identify inequalities in your local population

Understand who are your lower participation groups in bowel cancer screening:

- People with lower socioeconomic status¹
- Men²
- People from ethnic minority communities³
- People who do not read or write English or where English isn't their first language
- People with learning disabilities³
- People with physical disabilities
- People with sensory impairment
- People with severe mental illness⁴

Understand the barriers to participation. These may include:

- Language and literacy
- Fear
- Practicalities and ease of use
- Cultural barriers

Actions

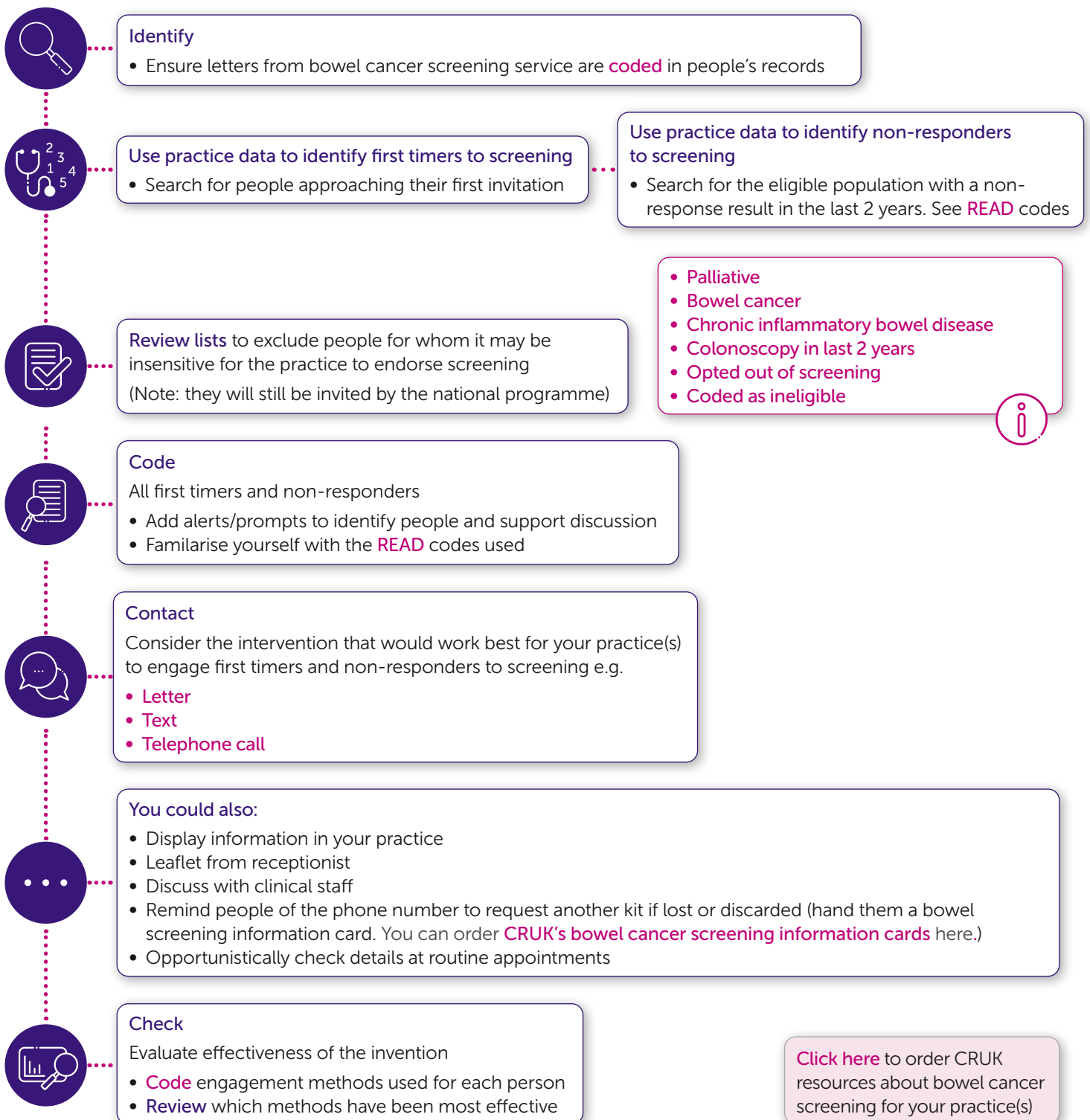
- ✓ Recognise those that may need some additional support
- ✓ Use your practice IT system to identify those eligible for screening from the lower participation groups:
 - who are not likely to engage
 - who are approaching the age of their first invitation
 - who have not responded to their invitation
 - who have not participated in screening previously
- ✓ Agree a protocol to discuss bowel cancer screening with those who may require further support to access and complete their bowel cancer screening
- ✓ If a patient requires additional support to complete their bowel cancer screening, contact your local screening hub to record this information



Access our reducing inequalities in cancer screening resource for more tips **here**.

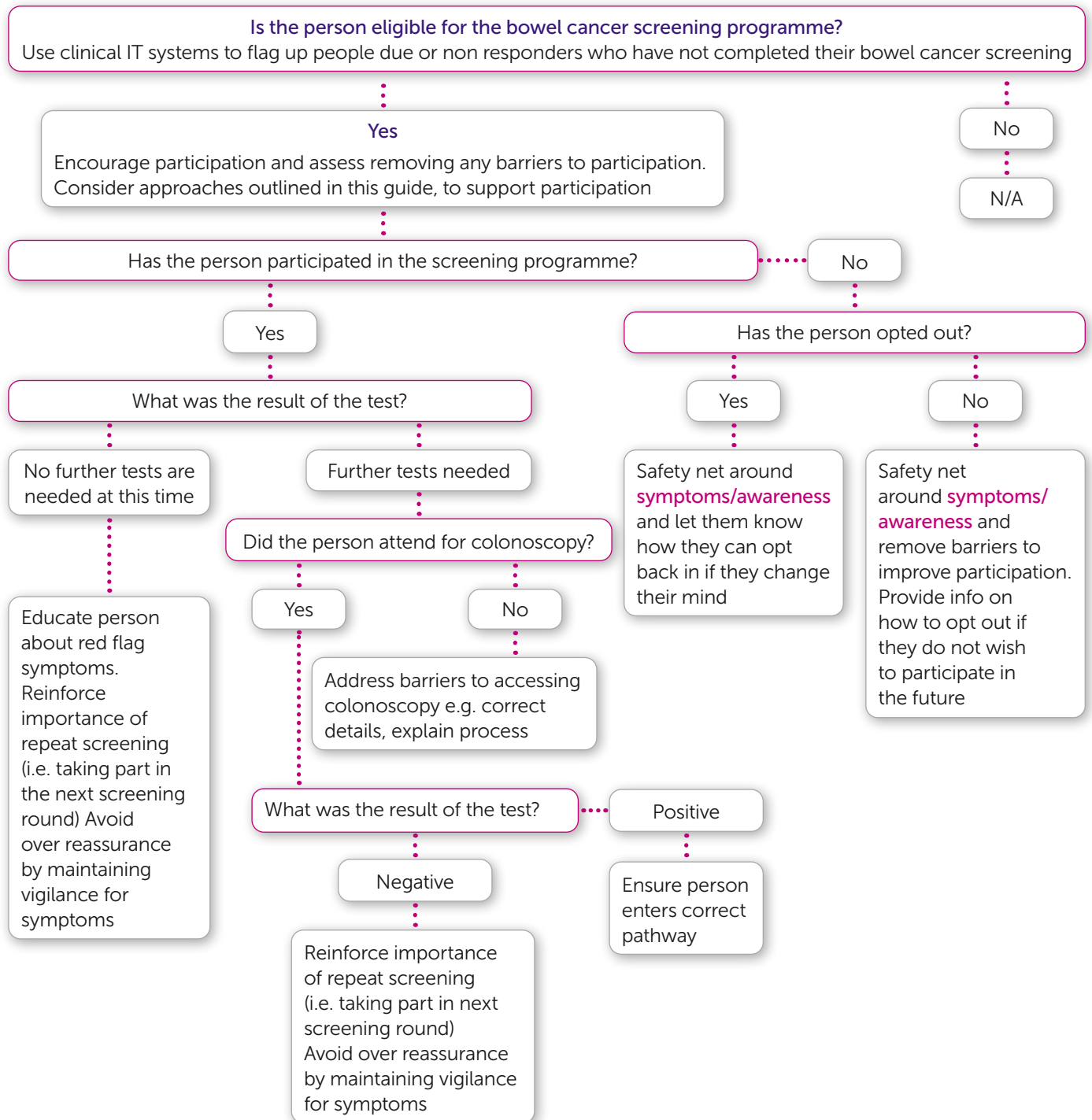
1. https://www.cancerresearchuk.org/sites/default/files/cancer_inequalities_in_the_uk.pdf
2. [https://bmccancer.biomedcentral.com/articles/10.1186/s12885-018-4786-7#:~:text=%E2%80%93932012%20%5B11%5D-,Screening,%25%20\(p%20%3C%200.001\)](https://bmccancer.biomedcentral.com/articles/10.1186/s12885-018-4786-7#:~:text=%E2%80%93932012%20%5B11%5D-,Screening,%25%20(p%20%3C%200.001))
3. Young, B. and K. A. Robb (2021). Understanding patient factors to increase uptake of cancer screening: a review. *Future Oncology* 17(28): 3757-3775.
4. <https://www.gov.uk/government/publications/severe-mental-illness-inequalities-in-cancer-screeninguptake/severe-mental-illness-smi-inequalities-in-cancer-screening-uptake-report>

Flowchart to engage first timers and non-responders to screening



Safety netting

People and health professionals should be aware that a previous negative bowel cancer screening test result does not rule out cancer. If a person has any symptoms or changes that are not normal for them they should contact a health professional.

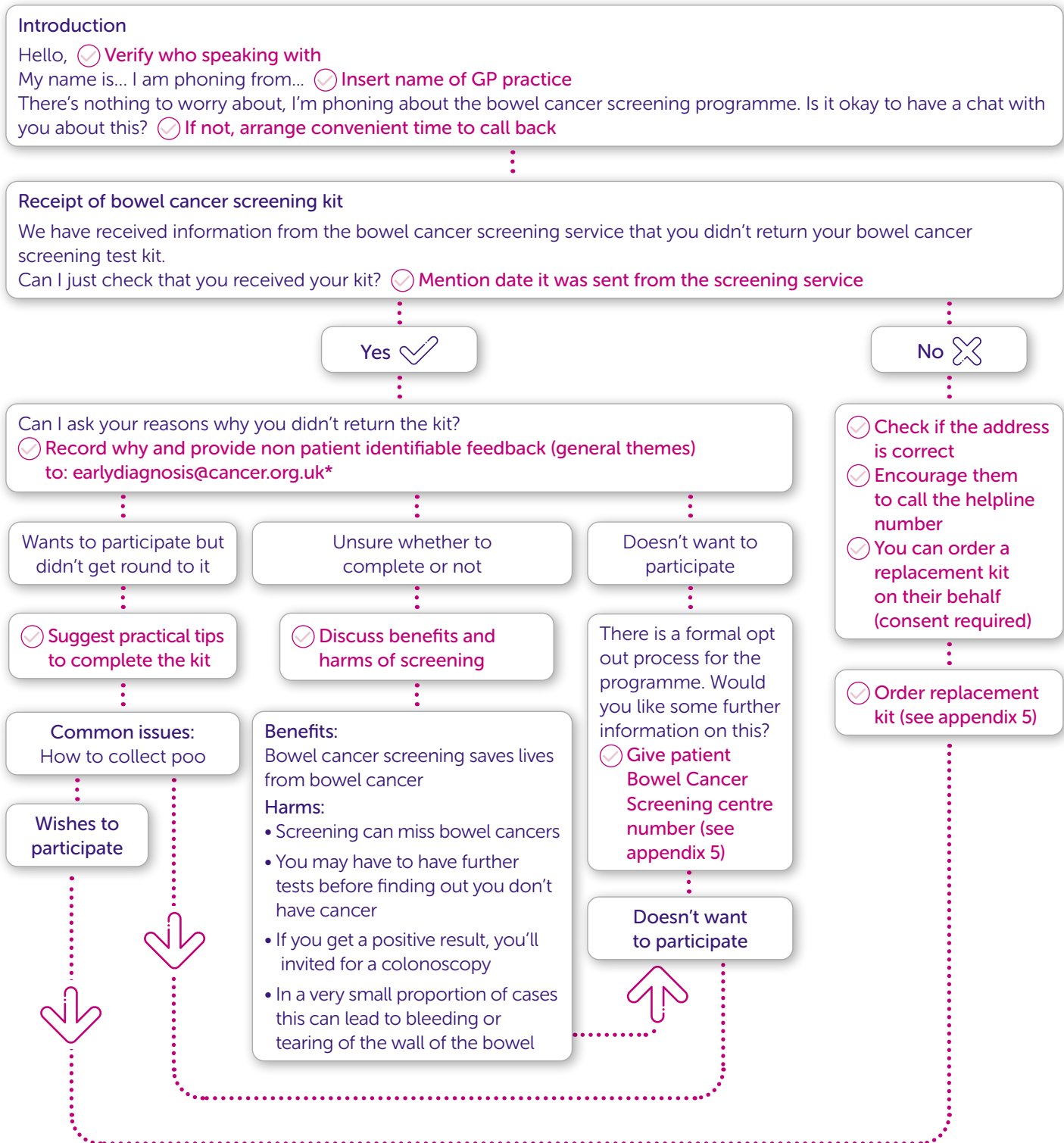


Appendix 1

Sample telephone script – A guide to having a conversation with a person who has not completed their bowel cancer screening.

Before the call, it might be a good idea to have the following in front of you:

- Benefits/harms of bowel cancer screening
- Practical tips/how to collect poo



*We would be interested to hear what the barriers to screening are.

Appendix 2

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.

Example letter

<Insert GP letter-head including
GP practice phone number>
Freephone – <see appendix 5 and
include number relevant to nation>

Dear <Patient – insert name>

We are writing to you to express our support for the NHS Bowel Cancer Screening Programme. This is in follow-up to the bowel cancer 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 Cancer 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 cancer 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 cancer screening helpline:

<Insert your hub's telephone number> or email
<insert your hub's email address (Appendix 5)>

If you're not sure how to complete the test itself, and have access to the internet, this link will give you further information:

<https://www.cancerresearchuk.org/about-cancer/bowel-cancer/getting-diagnosed/screening> 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 cancer screening, please do not hesitate to contact the surgery for further advice.

Yours sincerely

Dr <insert name>

Appendix 3

Use of SMS texts

Texts can be used as an alternative to letters for people. Primary care can use it for engaging non-responders as well as using it for general promotion of the programme to all eligible people. Some screening services have started to encourage the use of text reminders in practices. This is an emerging intervention that we are closely monitoring to build an evidence base.

Sample text

Dear <Patient Name>, we have been informed that you have not yet completed your bowel cancer screening test. The Doctors at <XXXX> Surgery encourage you to complete the test ASAP. If you are unsure about the test please talk to your practice.



You might want to consider sending a copy of the how to do your kit infographic with this letter - you can find them [here](#)

Appendix 4

READ codes

Appropriate READ codes are useful when recording activity relating to bowel cancer screening and the results of the screening test kits. Consider working with your data quality team to understand how to carry out searches. Here are some suggested codes*:

Read Description	V2	CTv3	SNOMED
Bowel cancer screening programme invitation letter sent	9Ow5.	XaZx5	862031000000107
Advice given about bowel cancer screening programme	8Cay.	XaPyB	382161000000102
Bowel cancer screening declined	8IA3.	XaN4r	294201000000109
BCSP faecal occult blood test negative	686A.	XaPkd	375211000000108
BCSP faecal occult blood test positive	686B.	XaPke	375241000000109
BCSP faecal occult blood testing kit spoilt	6867.	XaPka	375121000000106
Bowel cancer screening programme faecal occult blood testing incomplete participation	686C.	XaQ1z	384241000000100
Provision of written information about BCSP	8OA5.	XaZu9	860781000000108
No response to bowel cancer screening programme invitation	9Ow2.	XaPf6	373251000000108
Bowel cancer screening programme telephone invitation	9Ow4.	XaZx4	862011000000104
Not eligible for bowel cancer screening programme	9Ow3.	XaX8y	758851000000101

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

Appendix 5

Key screening contacts

✓ England – Bowel cancer screening helpline (all hubs) 0800 707 6060

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
Guldford, GU2 7YS

Email: rsc-tr.BCSPSouthernHub@nhs.net

London

Level 5V 013 St Mark's Hospital
Watford Road
Harrow, Middlesex, HA1 3UJ

Email: lnwh-tr.bcspp@nhs.net

Eastern

University Hospital Queens Medical Centre
Nottingham, NG7 2UH

Email: nuhnt.bcspeastern@nhs.net

North East

Queen Elizabeth Hospital
Sheriff Hill
Gateshead, NE9 6SX

Email: gan-tr.north-east-bowel-hub@nhs.net

✓ Scotland – Bowel cancer screening helpline 0800 0121 833 or email bowelscreening.tayside@nhs.net

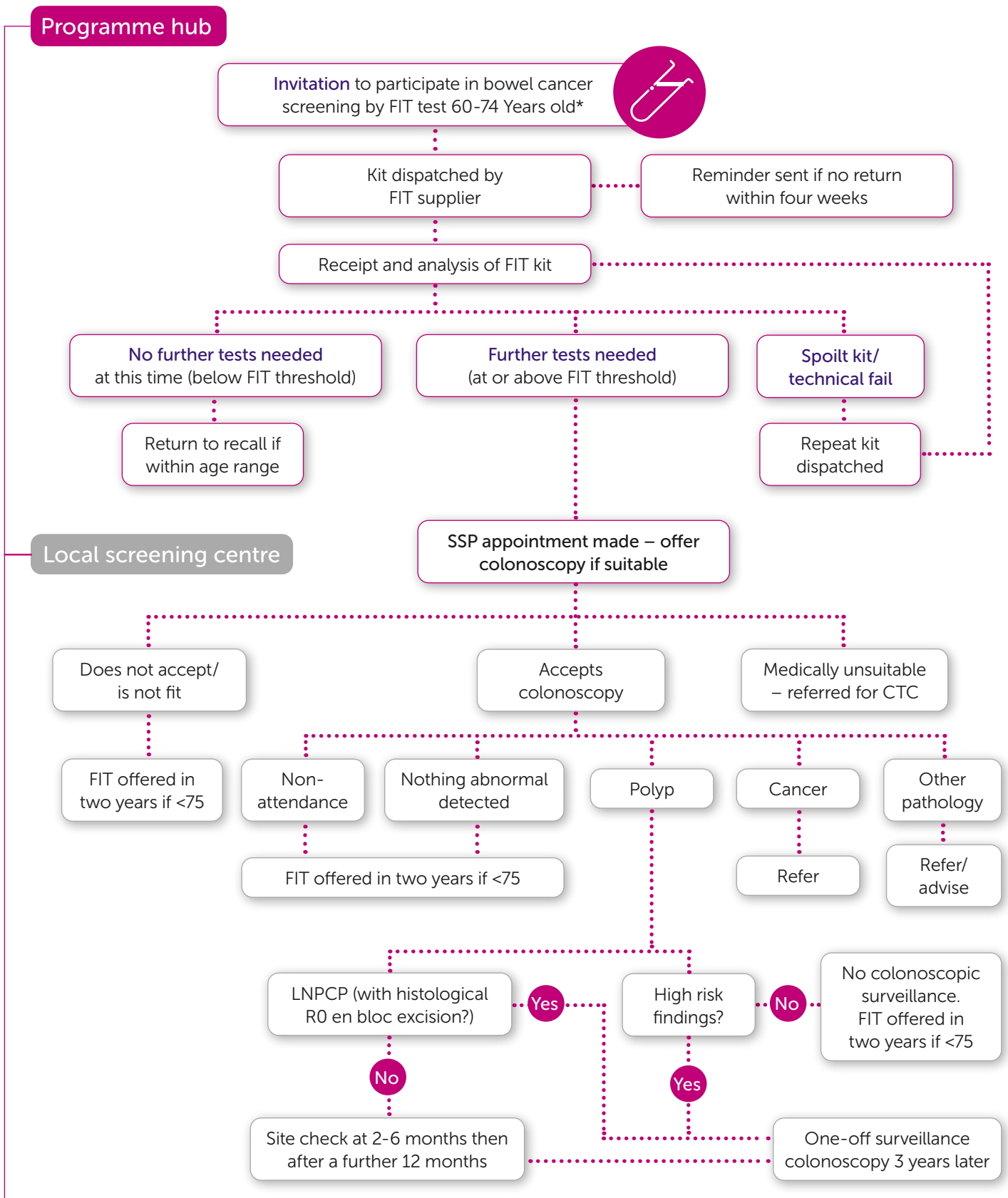
✓ Wales – Bowel cancer screening helpline 0800 294 3370

Replacement test kit: if you would like to request a replacement test kit please visit [here](#)

✓ Northern Ireland – Bowel cancer screening helpline 0800 015 2514

Appendix 6

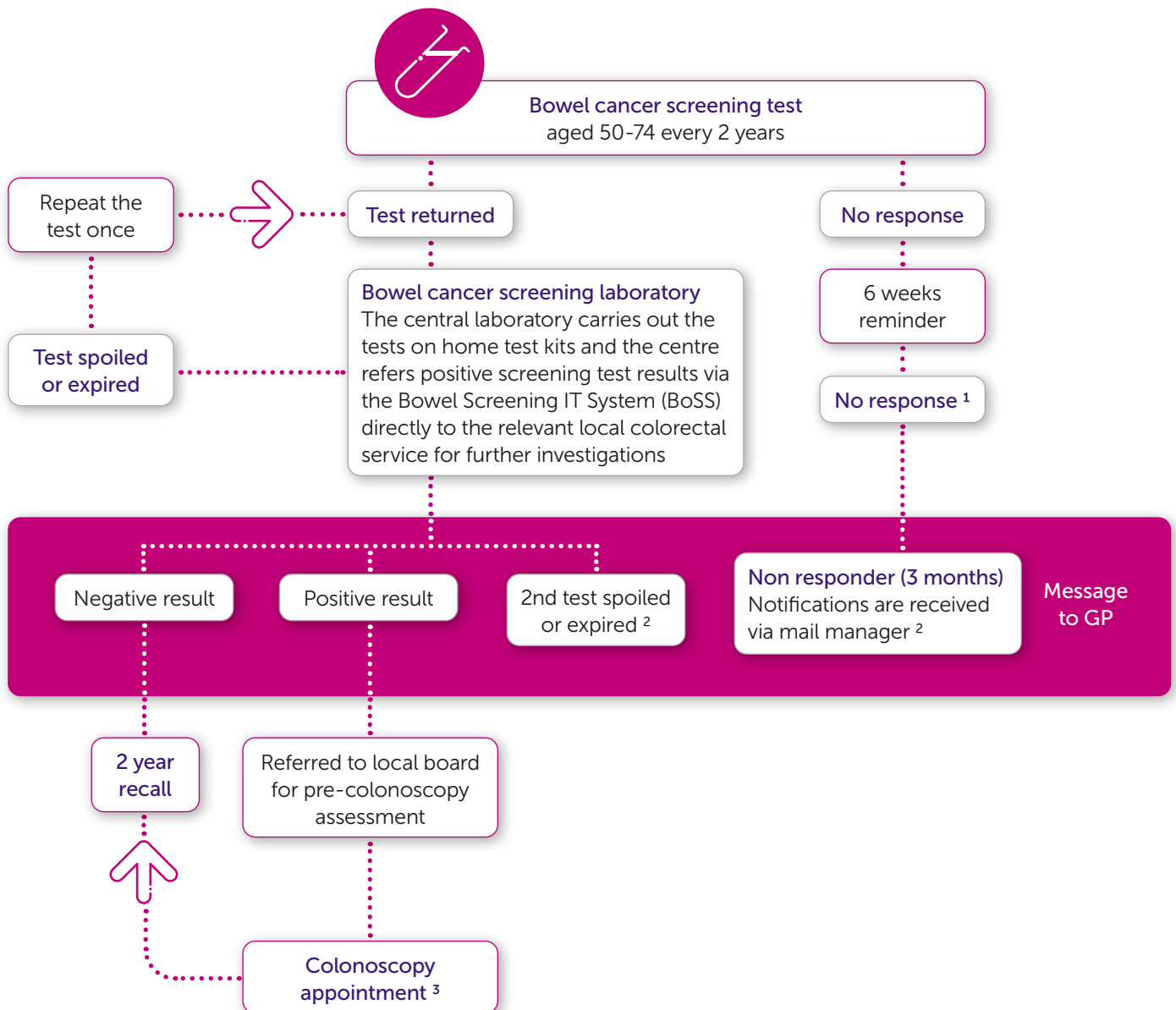
The bowel cancer screening pathway in England



This pathway was produced by NHS England and NHS Improvement

* As a phased approach over the next few years, people age 50-59 year olds will be invited to participate.

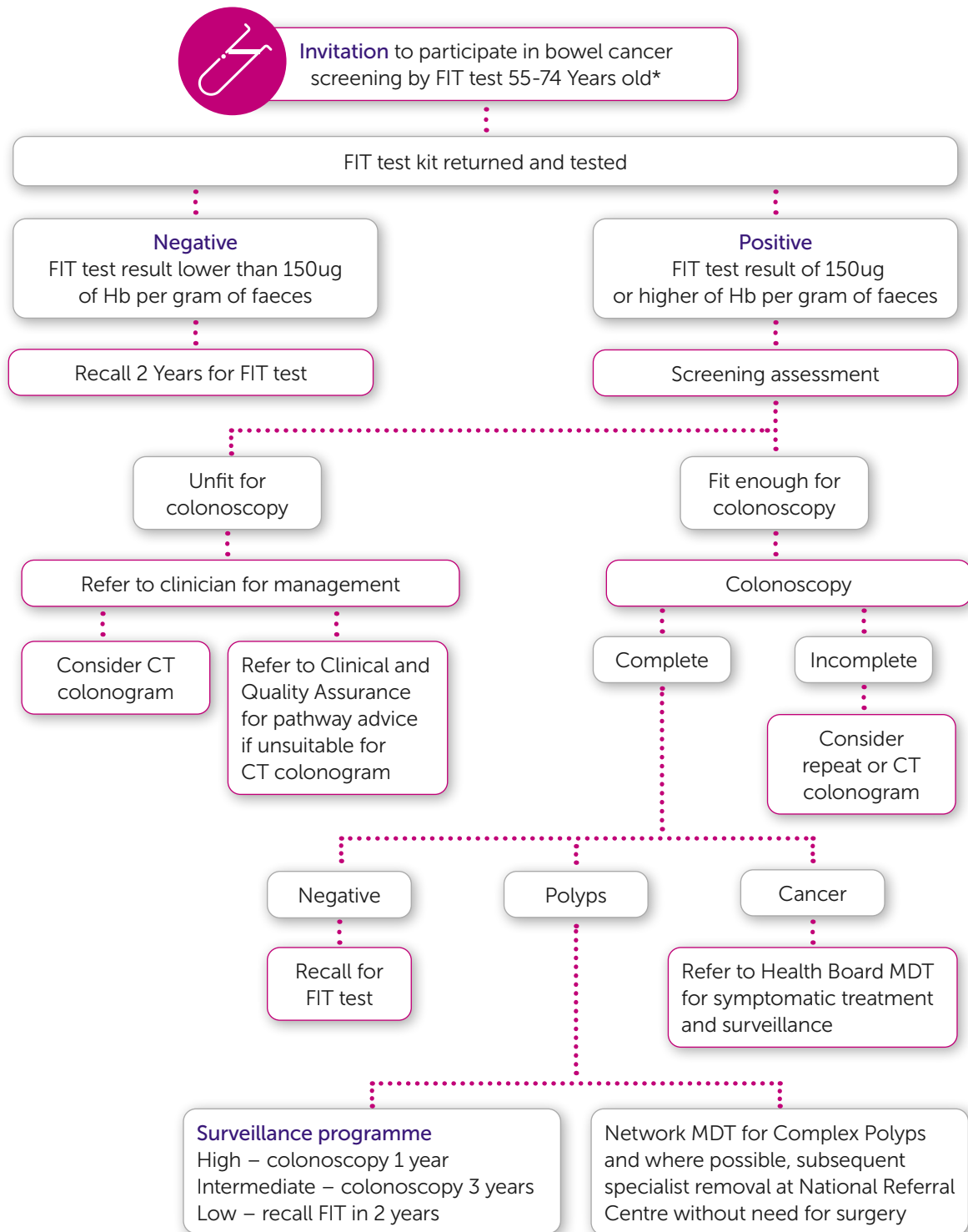
The FIT screening pathway in Scotland



This pathway was produced by Health Scotland. The supplementary comments (below) are provided by CRUK.

1. The 6 week reminder is provided by the bowel cancer screening programme.
2. If a 2nd test is spoiled or expired or the person does not respond at 3 months, then no further action is required. This person is re-invited at the next round (Rounds are two yearly intervals.)
3. After the colonoscopy appointment, those with an abnormal result undergo further tests to receive a diagnosis and treatment.

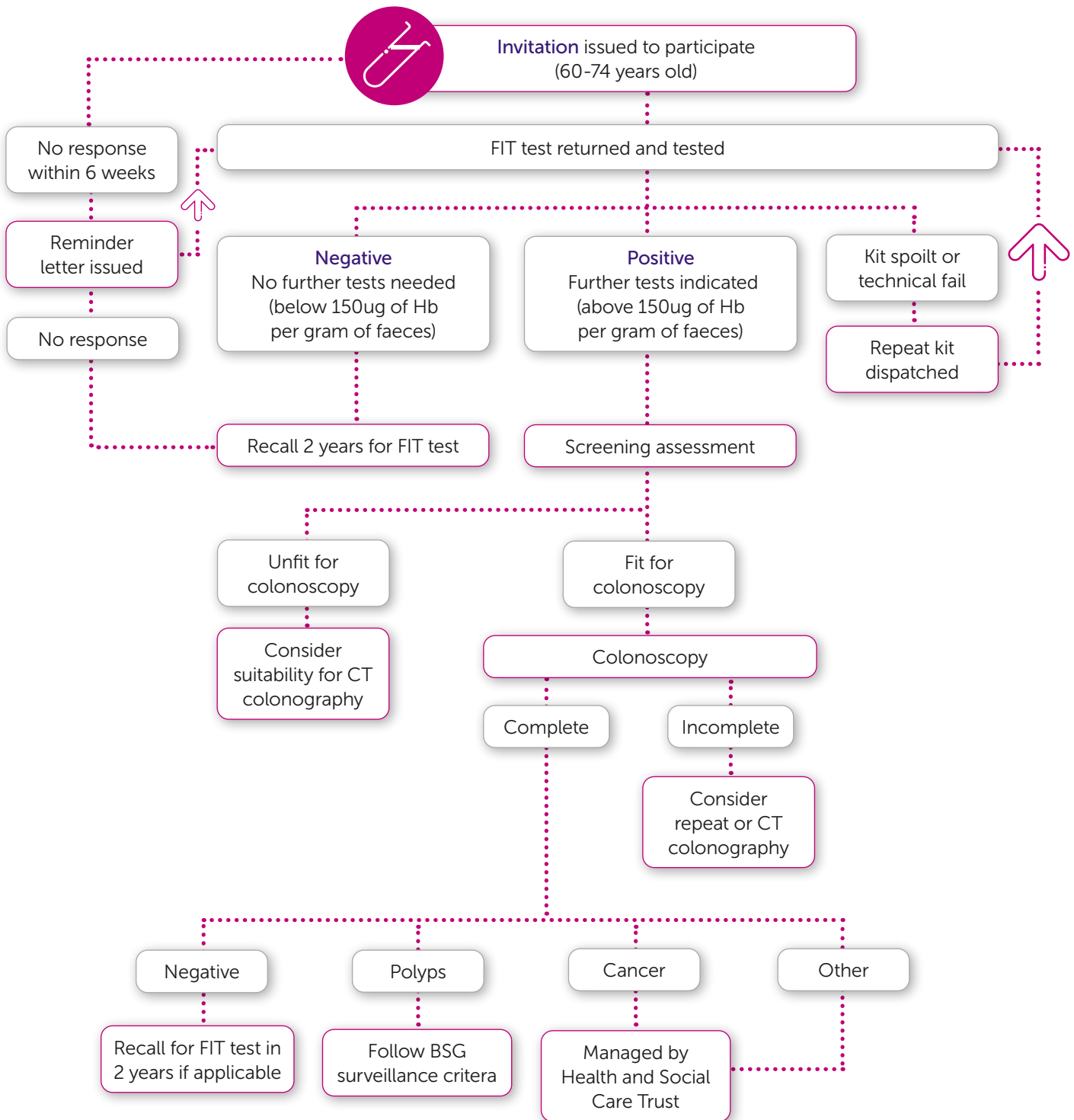
The FIT screening pathway in Wales



This pathway was produced by Public Health Wales

* As a phased approach over the next few years, people age 50-54 year olds will be invited to participate.

The FIT screening pathway in Northern Ireland



This pathway was produced by Public Health Agency