

Influence Panel feedback

2 November 2017

NHS Bowel Cancer Screening Programme (BCSP) – Sadiq Patel, BCSP community engagement officer

Lyndsey Shorrock, senior communications and engagement officer, introduced Sadiq Patel and Hannah McKearnen, Macmillan service user involvement coordinator to the Panel. Sadiq Patel delivered a presentation in relation to the BCSP before the Panel was invited to ask questions and discuss the specific questions which were presented to them.

Roy Willetts chaired the discussion.

General discussion:

Why does the Scottish programme start at 50, but here it starts at 60?

- The BCSP is one of three national programmes; the other programmes focus on symptoms and target everyone.

Are men worse at returns?

- Yes. This is the first experience of screening for men which can be a barrier.

Do cultural factors have an influence?

- Yes. There is a poorer uptake in Asian communities, they can often have a fatalistic attitude i.e. it's in the hands of God.

Question 1: What are the barriers to bowel cancer screening?

- The kit is very fiddly, particularly if you're not mobile or dextrous.
- The fact that the kit doesn't come from your GP.
- Nobody likes doing them; it's not an easy process.
- People get nervous about screening, they work themselves up.

Question 2: Is information about bowel cancer screening accessible?

- Does our population understand the national posters/leaflets? Not sure it does, particularly the more deprived areas.
- Need to consider appropriate language for target audience.
- More deprived areas may not have access to phones/computers etc.
- In relation to men, need to target places such as Rotary clubs, golf clubs, football and rugby clubs etc.

Question 3: Are people informed about the importance of bowel cancer screening?

- The panel felt that the bowel screening programme is well publicised.

Question 4: What more can be done to make the public aware of the bowel cancer screening programme so they can make informed decisions?

- Social media campaigns seem successful – could target younger people asking them to speak to their parents/grandparents about the issue.
- An explanation of how to actually do the kit – diagrams, videos etc – would be helpful.
- If the kit came from the GP it would have a better take up – *Sadiq explained there is an option to include a GP endorsement banner on the letters, this is now being followed up by the CCG.*
- Involve PPG chairs to promote and also cancer champions.
- Somebody in authority needs to deliver the messages.

- The letter which comes through with the kit should contain any relevant links which would give people more information about bowel cancer and specifically how to use the kit.
- People need to understand why this is so important – that it could save their life.

FIT test

The panel was also introduced to the Fit test, which will eventually replace the current test. It is expected to be launched in Spring/Summer 2018.

Sadiq explained how the new test:

- is easier to use and can be measured more reliably by machine than by the human eye
- is sensitive to a much smaller amount of blood and can detect cancers more reliably and at an earlier stage
- has increased sensitivity enabling detection of more pre-cancer lesions
- needs just one tiny faecal sample from a single bowel motion

The panel felt that this test would be much easier to sell to the public and as such there will be a much greater uptake of screening once it is introduced. The panel felt any publicity concerning the current kit may be a waste of effort and the CCG (and others) should wait until they can publicise the new kit.