

# Bowel Cancer Screening Programme (BCSP)

## Call for a Kit Clinic

### Project Report

October 2017 – March 2020

Bowel Cancer  
**Screening**  
Programme

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Section	Page
<b><i>Executive Summary</i></b>	
<b>1.0 Introduction</b>	<b>4</b>
<b>1.1 Call For A Kit (CFAKC) Update</b>	<b>4</b>
<b>1.2 BCSP National/Local Uptake Data</b>	<b>4</b>
<b>2.0 CFAKC Data Oct 2017 – March 2020</b>	<b>6</b>
<b>3.0 CFAKC Telephone Consultation Extension</b>	<b>8</b>
<b>3.1 BCSP Participants feedback</b>	<b>11</b>
<b>4.0 Evaluation Processes</b>	<b>12</b>
<b>4.1 An Evaluation of the CFAKC – Edgehill University</b>	<b>12</b>
<b>4.2 Independent Rugby HUB CFAKC Outcome Data</b>	<b>13</b>
<b>4.3 Cost Analysis of Bowel Cancer</b>	<b>14</b>
<b>4.4 Patient Perspective/Evaluation</b>	<b>15</b>
<b>4.5 CFAKC Inequalities Data evaluation by University College London</b>	<b>15</b>
<b>5.0 Morecombe Bay CCG and South Cumbria Update</b>	<b>15</b>
<b>6.0 Wider BCSP Health Promotion Activities</b>	<b>15</b>
<b>7.0 Conclusion</b>	<b>17</b>
<b>8.0 Acknowledgments</b>	<b>17</b>
<b>9.0 Appendices</b>	<b>18</b>

## Tables

<b>1. National BCSP Uptake/Coverage</b>	<b>5</b>
<b>2. No. of Call For A Kit Clinics held in Lancashire</b>	<b>6</b>
<b>3. No. of Non Responders (NRs) invited to CFAKC</b>	<b>6</b>
<b>4. No. of NRs Who Attended CFAKC</b>	<b>7</b>
<b>5. No. of NRs Who Attended and Requested a BCSP Kit</b>	<b>7</b>
<b>6. No. of NRs Seen But Declined a BCSP Kit</b>	<b>7</b>
<b>7. No. of NRs Who Failed to Attended CFAKC</b>	<b>8</b>
<b>8. No of Kits Ordered After NR Telephone Consultation</b>	<b>8</b>
<b>9. Gender Data</b>	<b>9</b>
<b>10. Ethnicity of CFAKC NRs</b>	<b>10</b>
<b>11. Age of individuals</b>	<b>11</b>
<b>12. BCSP Kit Non-Completion NR Feedback</b>	<b>11</b>
<b>13. Rugby Outcome Data for CFAKCs</b>	<b>13</b>
<b>14. 2 - year Post CFAKC Data of Kits Completed</b>	<b>13</b>
<b>15. Bowel Cancer Staging Costs from CRUK</b>	<b>14</b>

## Executive Summary

The Call for a Kit Project (CFAKC) engages with the hardest-to-reach communities in Lancashire and helps save lives by early intervention and early detection of bowel cancer.

The CFAKC is now in its fifth year, the project started as a small pilot in 2015. The ethos of the project has and is “community engagement with a clinical twist”. Hard-to-reach non-responders in low uptake areas in Lancashire have been targeted and seen by a Community Health Promotion Team within a Primary Care setting. Various community engagement models are then used to influence non-responders to participate in the Bowel Cancer Screening Programme (BCSP). After the initial 2 year pilot project it was prime funded by NHS England/Public Health England and Lancashire BCSP for a further 2 years. As a result of some excellent outcomes the project has now been block contracted and is a mainstream service within Lancashire.

### ***(Please note the following data presented in this report is pre FIT test implementation)***

The Rugby HUB has as per the Public Health England’s (PHE) Office of Data Release (ODR) contract collected and collated the CFAKC data independently and presented the results for 2017-2020 (2.5 years of the project). The key successes of the project include the following:

- In total the BCSP Health Engagement Team engaged with 10,231 non-responders via the CFAKC Project
- 349 CFAKC’s in total were held in GP practices across Lancashire and South Cumbria
- 7,762 non-responders were invited to the CFAKC
- 7371 non-responders were sent a BCSP kit
- 2,469 kits were ordered for patients that had a telephone consultation
- 3461 kits were completed
- 84 individuals had abnormal results

Further analysis of the independent data received from the Rugby HUB showed:

- 45 adenomas detected in non-responder individuals who completed the kits
- <5 actual bowel cancers detected of those who had abnormal results
- BCSP Uptake for non-responders participating in the CFAKC ranged from 48-50% from 2017-2020
- Total number of kits returned in 2017 was 217 this concludes that 50% of those non-responders who took part in 2017 then went on to complete the kit again without any intervention. Data to compare results for 2018/2019 will be released by the HUB in early January 2021.
- National BCSP data shows that in Lancashire 6 out of the 8 CCGS have an uptake rate ranging from 61 - 67%.

Independent evaluation from Edgehill University and independent outcome data from the CFAKCs have verified the success and impact of the project. The Edgehill University evaluation study showed GP practices greatly valued the service and welcomed the intervention especially due to its targeting of the persistent hard-to-reach non-responders and the South Asian communities. (Full report available on request)

The CFAK Project is currently being further analysed by the University College London with the aim of publishing the findings/results in the near future.

This report gives in-depth information about all aspects of the CFAKC project and future plans.

## **1.0 Introduction**

The Call for a Kit Clinic (CFAKC) project was first commissioned by NHS England and the Lancashire BCSP to Blackburn with Darwen Council for Voluntary Services (Community CVS) in October 2017. The funding included the following performance criteria for the BCSP Health Engagement Team;

- ❖ Promote and improve uptake of screening, reduce inequalities in uptake by targeting action amongst population groups with low uptake
- ❖ Increase participation and enable people to make an informed choice about whether or not to participate in the screening programme
- ❖ Improve awareness and understanding of the screening programme
- ❖ Improve awareness of the causes and symptoms of bowel cancer
- ❖ Improve access to information about the BCSP and bowel cancer
- ❖ Make the best use of screening resources
- ❖ Involve and give feedback to the population covered by the programme

### **1.1 Call For a Kit Clinic Update**

The CFAKC is a specific clinic where individuals registered with a GP practice who have not completed the Bowel Cancer Screening Programme (BCSP) kit (non-responders – NR) are invited to their GP surgery by the practice or the BCSP Health Engagement Team to meet members of the BCSP Health Engagement Team on a 1-1 basis. At this 15 minute clinic appointment the NR is shown the kit, multi-lingual leaflets are offered where appropriate, and a DVD is shown on how to complete the kit. All patient questions and worries are addressed within the clinic, if consent is given by the patient a kit is ordered on behalf of the NR from the HUB. Individuals unable to attend a CFAKC are offered a brief intervention model telephone consultation which covers the above.

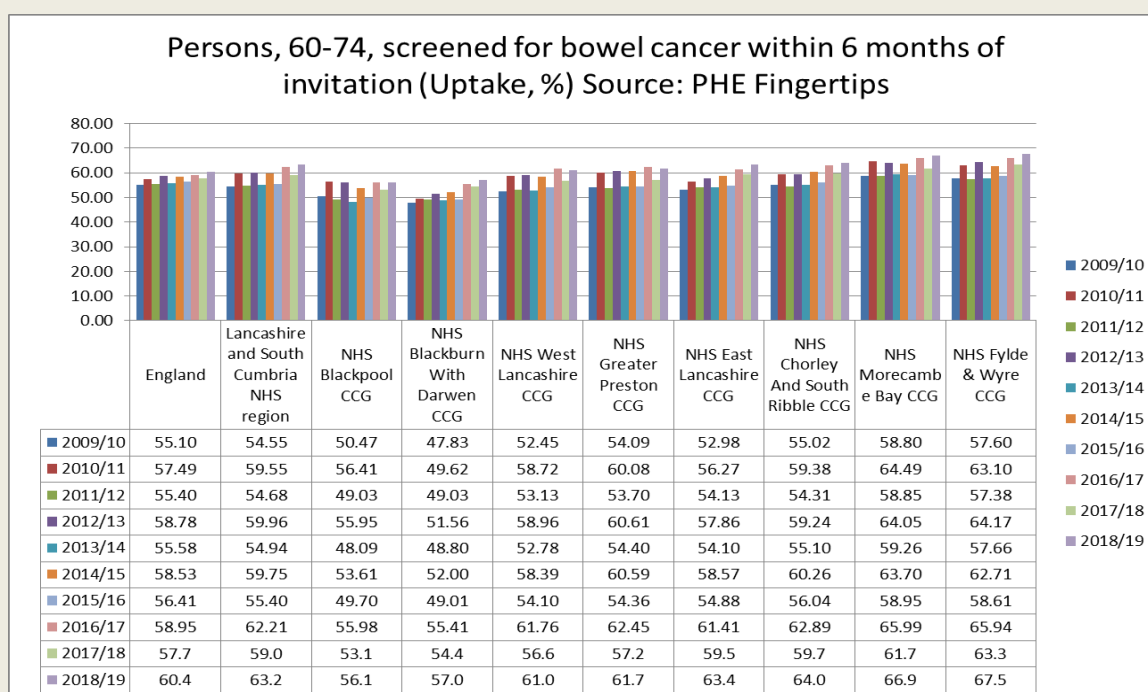
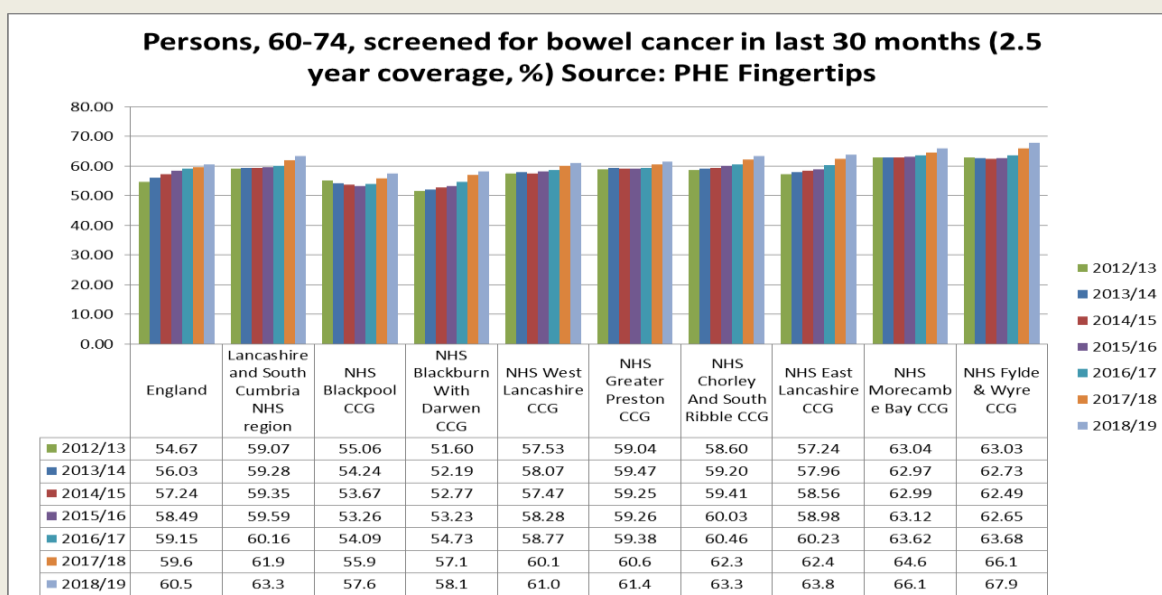
The current team includes the Community CVS Line Manager, the BCSP Operational Lead and three Community/GP Engagement Officers with additional support from the Lancashire Health Promotion Specialist.

The team have worked across Lancashire by splitting the area up into 3 geographical clusters. Additionally the team delivered CFAKCs in low uptake GP practices in the South Cumbria area.

### **1.2 National & Local BCSP Update**

Public Health Data for over the last few years for Lancashire has shown a steady increase in the BCSP coverage and uptake rates across the whole of Lancashire. 6 CCG areas have an uptake of above 60% (see table 1&2). The CFAKC initiative has greatly contributed to this increase and as it was targeting non-responders, the project has had a huge impact on local communities who would not have otherwise participated in the national BCSP. An independent evaluation of the GP perspective of the CFAKC project was undertaken by Edgehill University in 2019 (Full study available on request)

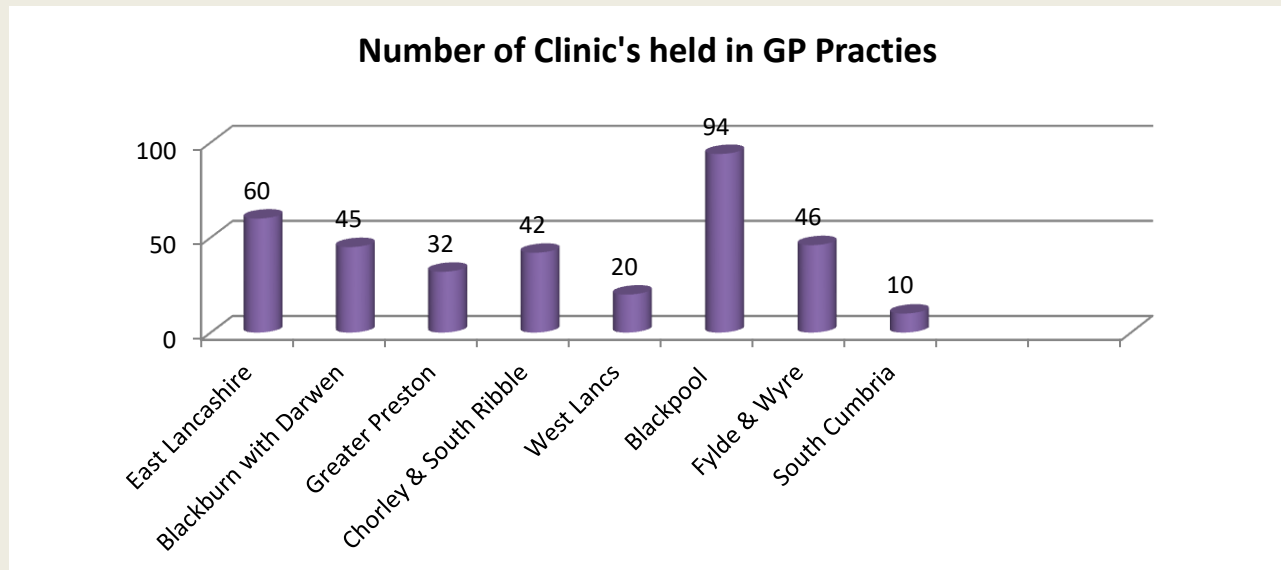
**Table 1 & 2 – National BCSP Uptake/Coverage Comparisons**



The following pages of this report share the clinic data and outcomes from the CFAKC initiative from October 2017 to March 2020

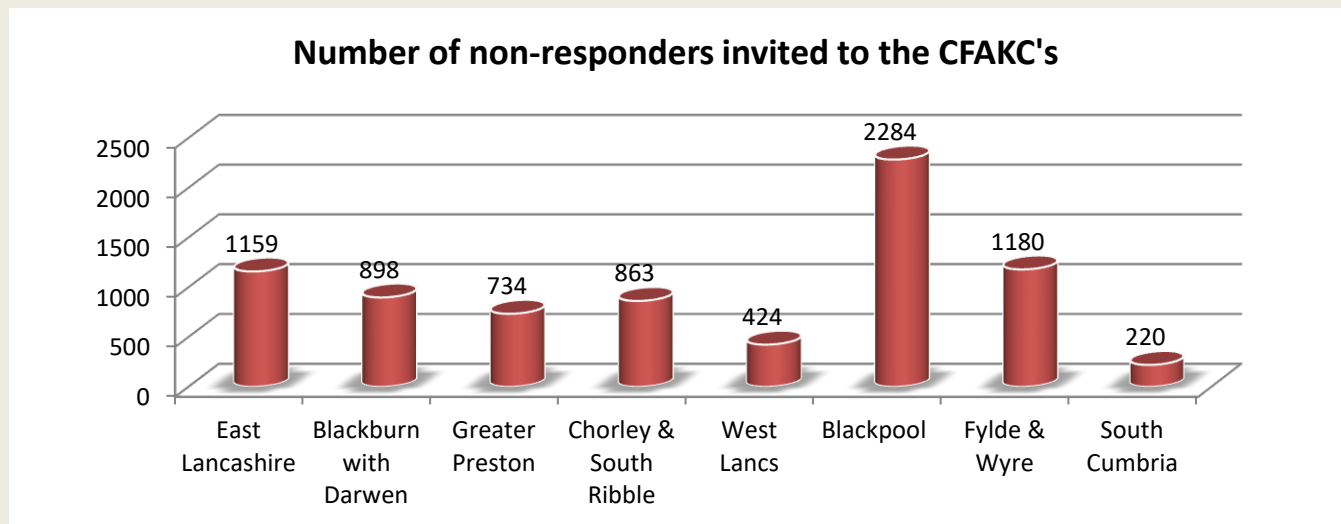
## 2.0 - Call for a Kit Clinic Data October 17-March 2020

Table 2



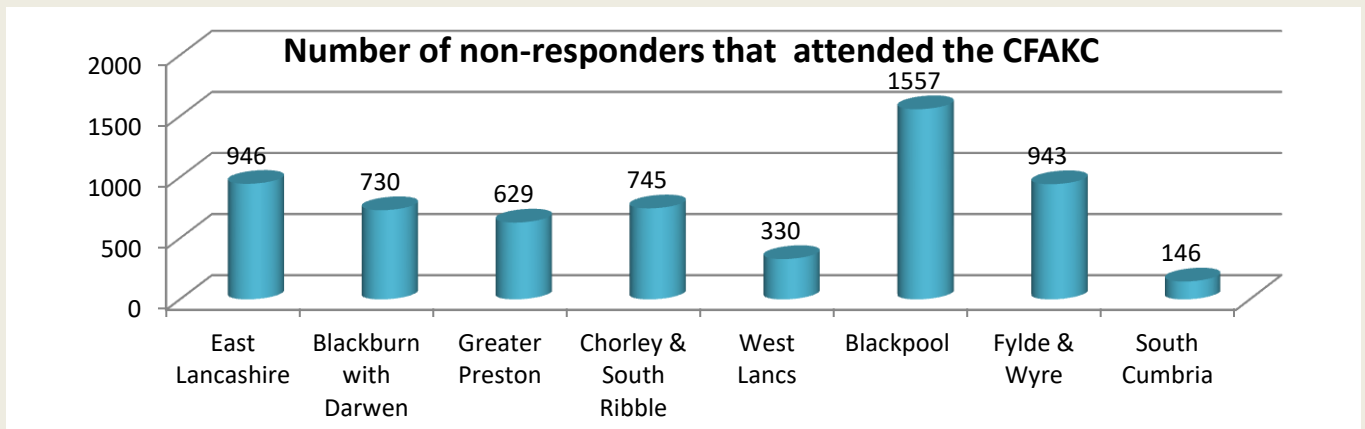
- **349** CFAKC's in total were held in GP practices across Lancashire and South Cumbria -
- Higher numbers of clinics were undertaken in Blackpool, Blackburn with Darwen and East Lancashire due to these being the lowest uptake areas in Lancashire

Table 3



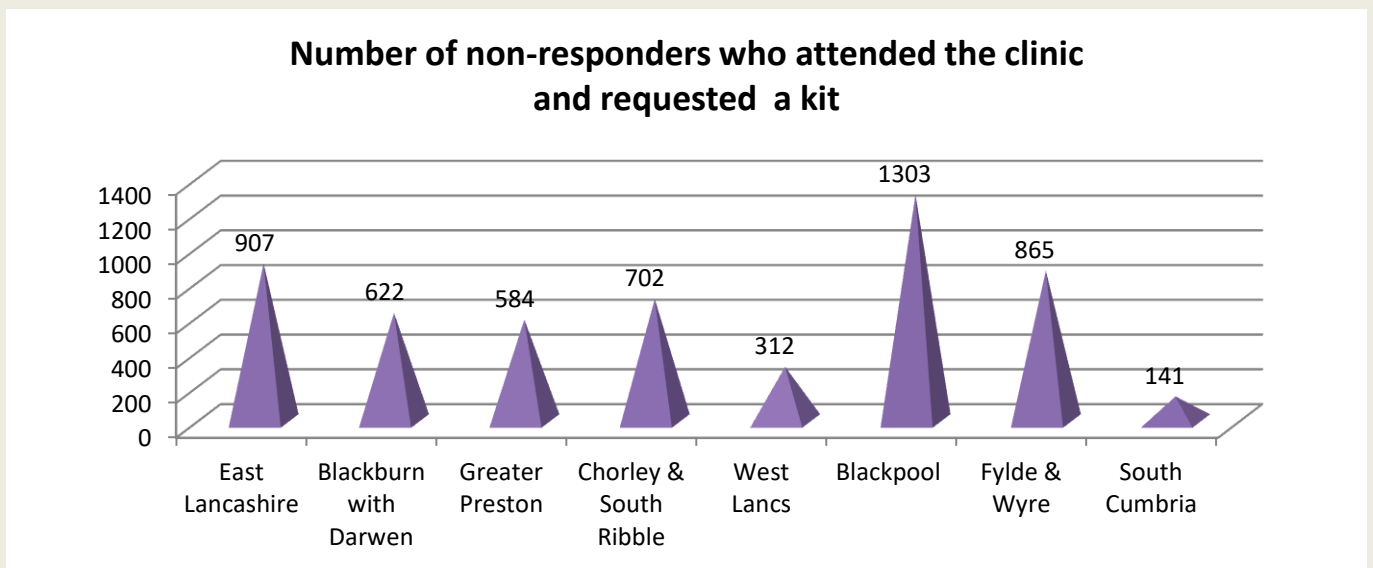
- **7,762** non-responders were invited to the CFAKC

**Table 4**



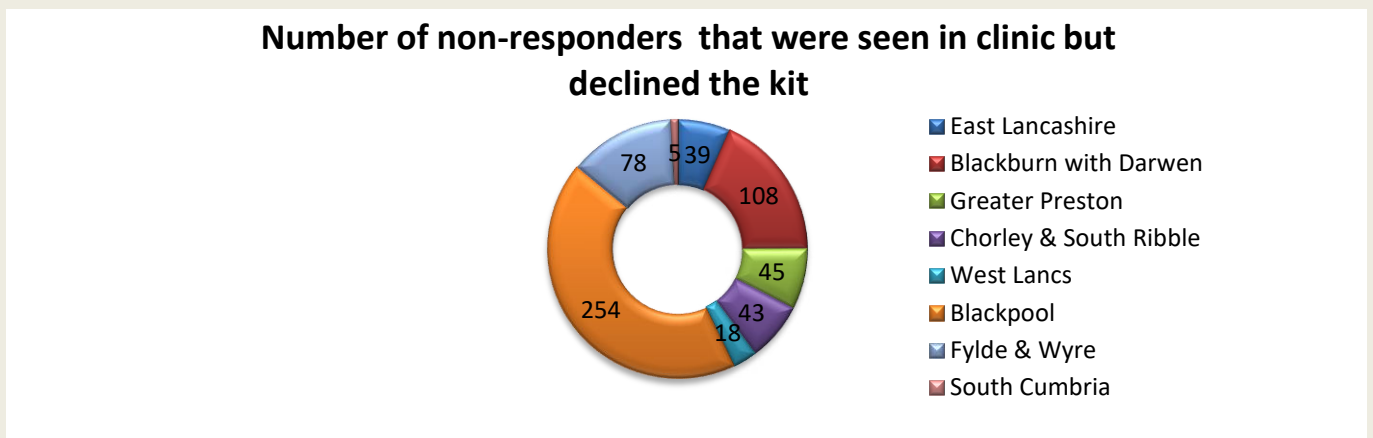
- **6,026** non-responders were seen across Lancashire and South Cumbria

**Table 5**



- From the **6,026** non-responders seen **5,436** kits were ordered

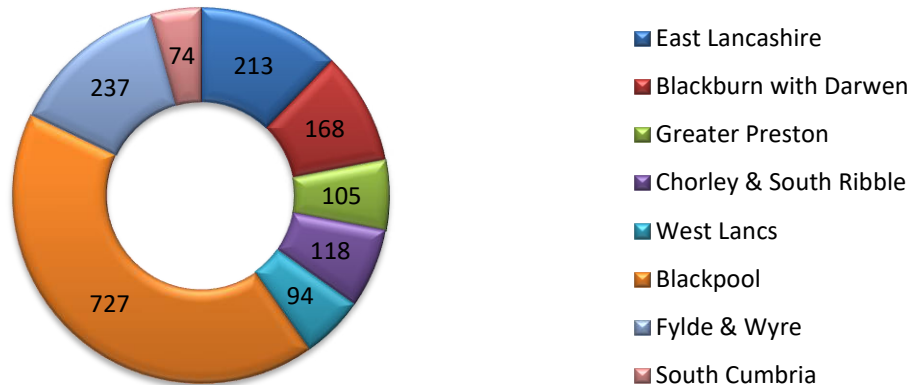
**Table 6**



- Reasons for declining to complete a kit are included in Table 3.1- BCSP Kit Non Participation Patient Feedback page 11

Table 7

### Number of non-responders that failed to attend their appointment



- Higher rate of non-responders in Blackpool due to higher numbers engaged with

### 3.0 CFAKC Telephone Consultation Project Extension

Very early on within the CFAKC project the team noted that some non-responders were unable to attend CFAKC's due to other life commitments such as work, ill health and family commitments. The team did not want to waste the opportunity of promoting the BCSP and kit request, so they adopted a Brief Intervention Telephone Consultation model and started to promote the BCSP kit in non-responders who were not able to physically attend the CFAKC appointment. This proved a very useful additional complimentary intervention as it had many benefits in capturing individuals who wanted a kit but did not know how to order it or complete it.

Table 8

### Number kits ordered after non-responders had a telephone consultation

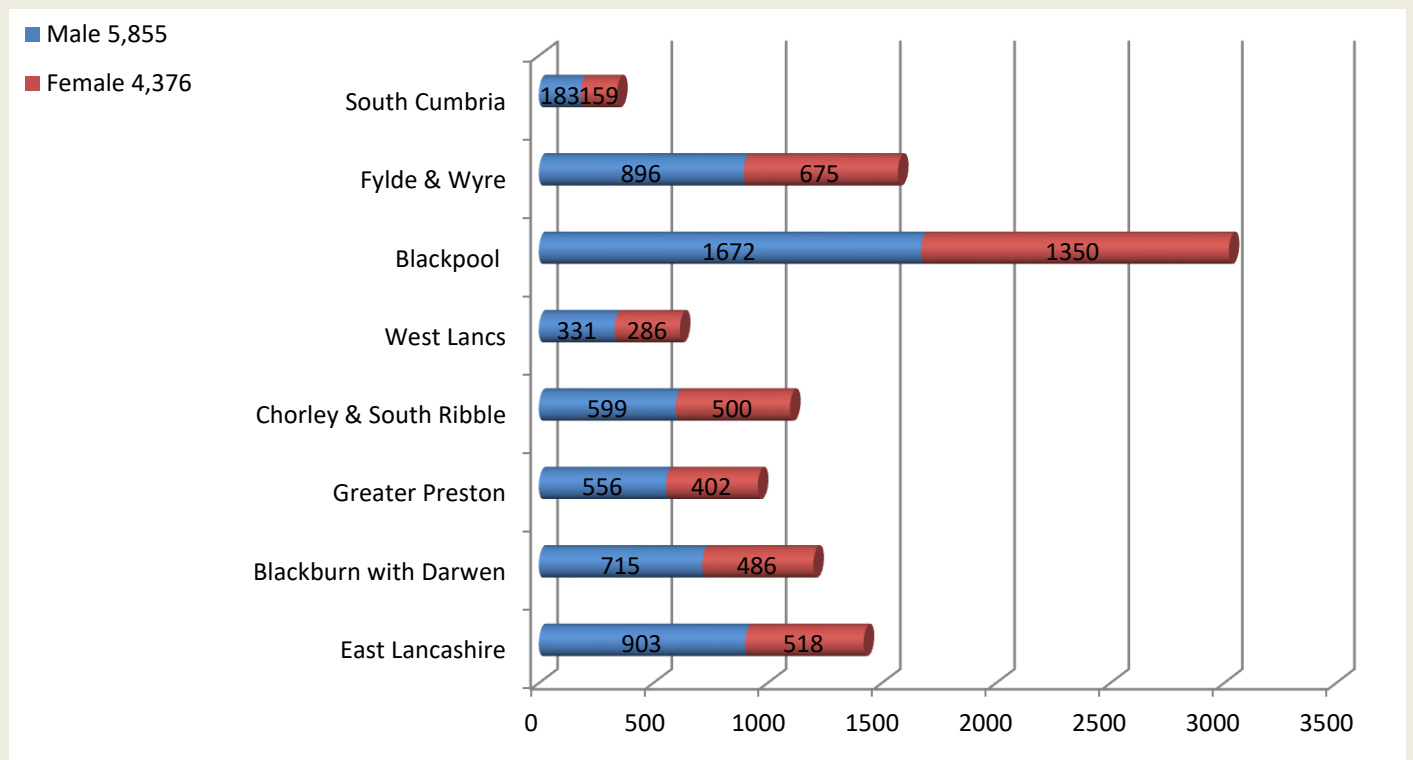


- **2,469** kits were ordered for patients that had a telephone consultation

**In total the BCSP Health Engagement Team engaged with 10,231 non-responders via the CFAKC project**

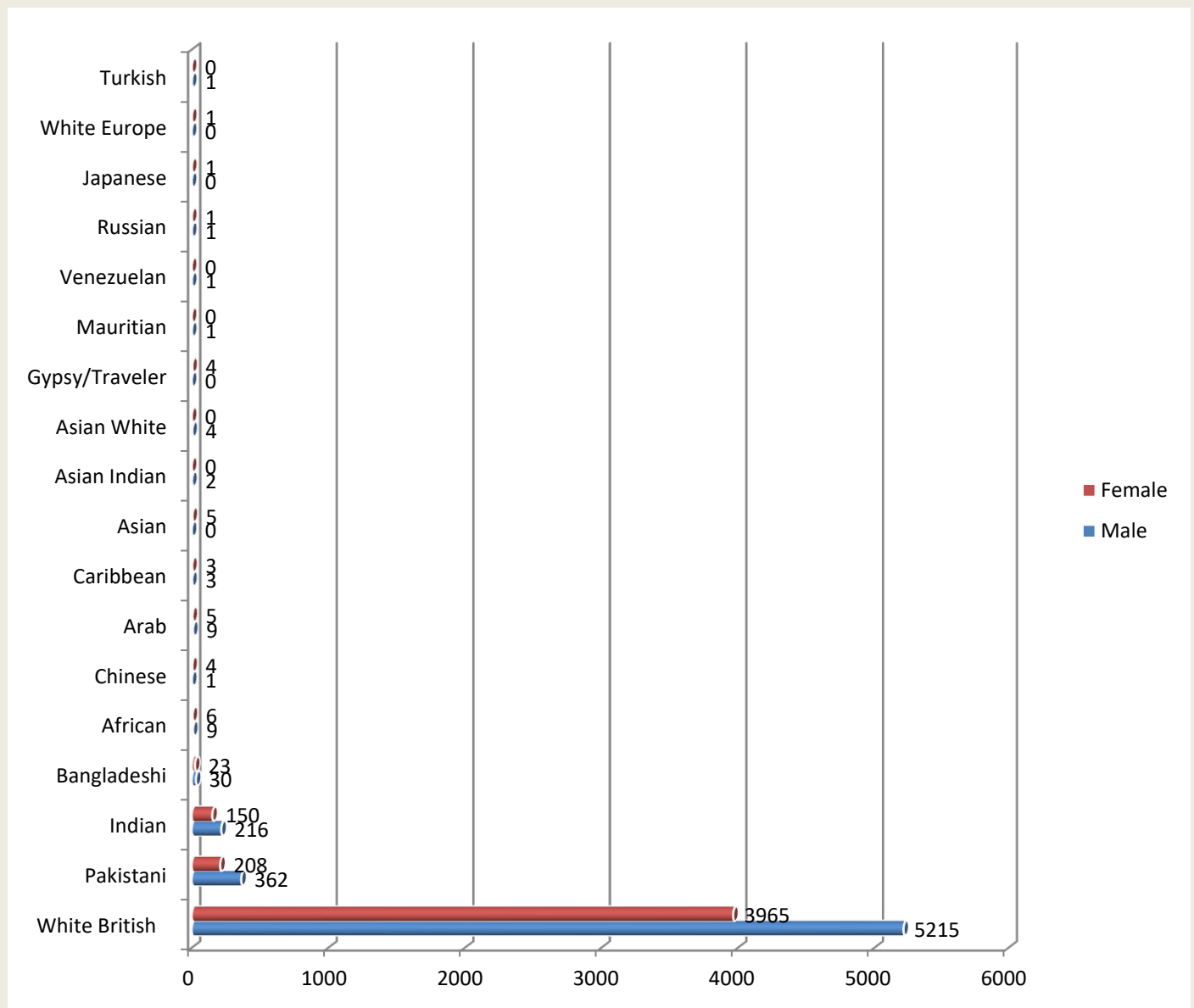
Of the 10,321 non-responders the following information was obtained:-

**Table 9**



- Slightly higher rate of males engaged when compared to females.

**Table 10 Ethnicity of CFAKC Non-Responders**



**Approximate %**

**White - 89.77%**

- 1 - English/Welsh/Scottish/Northern Irish/British
- 2 - Irish
- 3 - Gypsy or Irish Traveller
- 4 - Other European
- 5 - Any Other White Background

**Mixed/Multiple Ethnic Groups - 0.040%**

- 6 - White & Black Caribbean
- 7 - White & Black African
- 8 - White & Asian
- 9 - Any Other Mixed/Multiple Ethnic Background

**Asian/Asian British - 9.80%**

- 10 - Indian
- 11 - Pakistani
- 12 - Bangladeshi
- 13 - Chinese
- 14 - Any Other Asian Background

**Black/African/Caribbean/Black British - 0.20%**

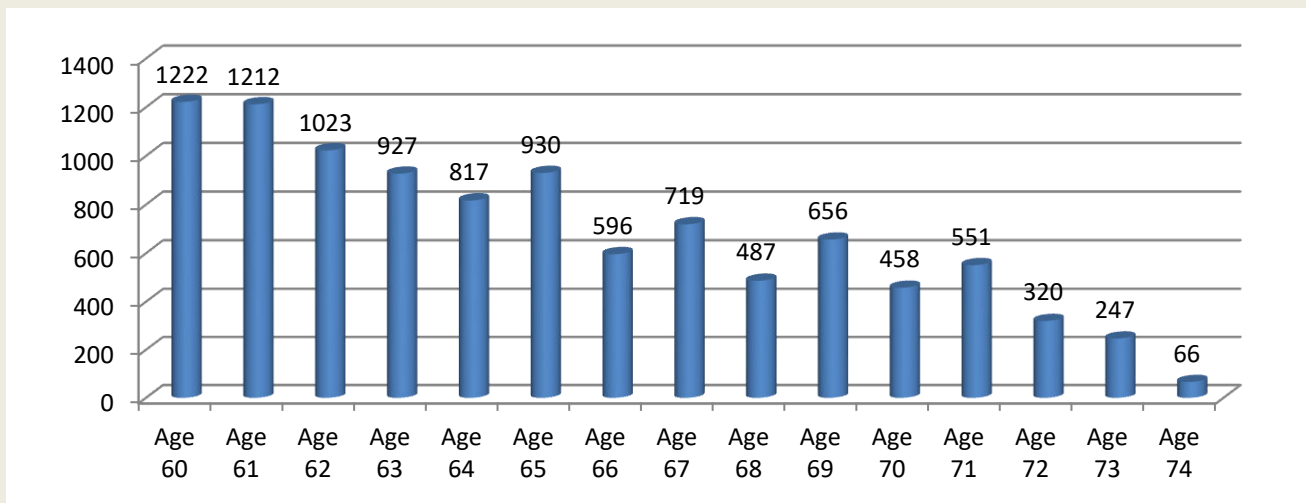
- 15 - African
- 16 - Caribbean
- 17 - Any Other Black/African/Caribbean Background

**Other Ethnic Groups - 0.19%**

- 18 - Arab
- 19 - Any Other Ethnic Group
- 20 - Unknown

- Blackburn with Darwen, East Lancashire and Preston CCGs had the highest percentage of BME communities

**Table 11 - Age**

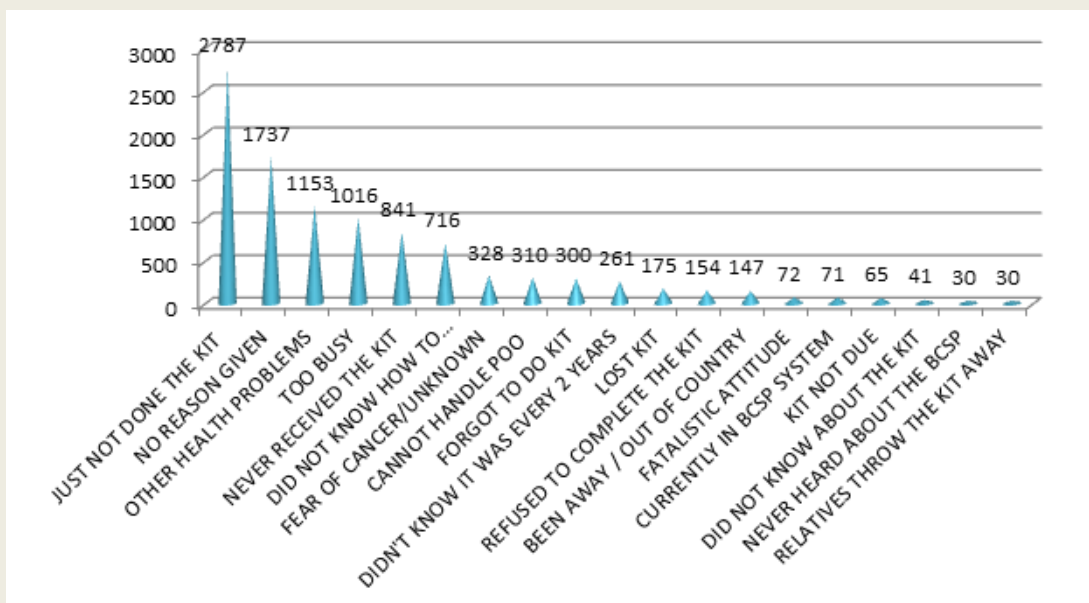


The majority of the non-responders that were contacted were between 60 and 65. The intention was once they had the brief intervention with the CFAKC Health Engagement Team they would continue completing the kit every two years. (This 2 year data will be obtained from the HUB in due course)

**3.1 BCSP Kit Non Completion Patient Feedback**

The team routinely captures the reason for non-completion of the kit when engaging with non-responders. The patients’ feedback were analysed to give the project evidence around why individuals did not complete the kit.

**Table 12 Patient feedback**



## **4.0 - Evaluation Processes**

### **4.1 - AN EVALUATION OF THE CALL FOR A KIT CLINICS – THE PRACTICE PERSPECTIVE GP (2019) - Full report available on request**

Edgehill University was independently commissioned to evaluate the CFAKC within GP practices. Full Ethical approval was obtained by the Trust and Edgehill University Ethics Committees. (Full report available on request)

To assess the impact of the clinics from the primary care perspective, an evaluation was undertaken by researchers from Edge Hill University involving practices across 6 CCG in which a CFAKC had been delivered between September 2017 and February 2018; some of these practices had had previous CFAKC, while others had not. Ten practices sent back questionnaires on the primary care resources required to support the CFAKC and eight staff from eight practices were interviewed to gather their opinions on the clinics.

The evaluation showed that in the main the practice resources required to support the team were not substantial and this was supported by the interviews. The survey outlined the range of time and resources that needed to be committed by the practice. The main issue, which was confirmed by the interviews, was finding two rooms with phones; this was achievable with some flexibility, but practices felt this could be an issue for other practices.

At present as an ongoing action the team always send the practice a post clinic questionnaire to capture some immediate evaluation. (See appendix 1 for GP Evaluation feedback statements)

The practices felt that the service was worthwhile. They said that the CFAKC raised their awareness about their coverage rates, was successful in engaging non-responders with screening, increased practices' coverage rate and had an added benefit of increasing the knowledge of bowel screening among practice staff, which could then support patients on an ongoing basis. Practices suggested ways in which the CFAKC may be further promoted to engage other primary care teams. Practices would welcome further CFAKC delivered in their practice. From the practice perspective, the evaluation concluded that CFAKC is a successful intervention.

## 4.2 - Independent Rugby HUB CFAKC Outcome Data

The CFAKC project gained full PHE ODR approval to obtain outcome data from the Rugby HUB. Data sharing agreements were set up between PHE, Rugby HUB, Blackpool NHS Trust and UCL.

The following CFAKC data has been provided in July 2020 by the Rugby HUB

**Table 13 - Rugby HUB Outcome Data from Oct 2017 – Dec 2019**

Time Frame for CFAKC Project	Number of kits sent out to CFAKC non responders	Number of kits returned with a definitive result	Number of people with an abnormal screening result	Number of people with an open episode	Age Profile			Gender	
					60-64	65-69	70+	Female	Male
Oct-Nov 17	541	217	8	0	98	91	28	101	116
Jan – Dec 18	3206	1440	21	0	676	503	261	654	786
Jan – Dec 19	3624	1804	55	7	1756	1261	607	1475	2149
<b>Total Nos</b>	<b>7371</b>	<b>3461</b>	<b>84</b>	<b>7</b>	<b>2530</b>	<b>1855</b>	<b>896</b>	<b>2230</b>	<b>3051</b>
<b>Cancer Detection Numbers</b>									
Adenomas	45								
Bowel Cancers	<5								

### Key points:

- 7371 non-responders were sent a BCSP kit
- 3461 kits were completed
- 84 individuals had abnormal results
- 45 adenomas detected in individuals who attended CFAKCs
- <5 bowel cancers detected from those who attended CFAKCs (Staging Audit to be undertaken in 2021)

### BCSP Participation Data 2 Years Post CFAKC Data 2017 (Oct – Dec)

Data from non-responder's who participated in the CFAKCs in 2017 as then checked 2 years later to see if these non-responders had participated in the BCSP without any further intervention. Analysis showed the following results:

**Table 14 – 2 Year Post CFAKC Data**

CCG	Number of kits returned with a definitive result	Age Profile			Gender	
		60-64	65-69	75+	Female	Male
NHS Blackburn With Darwen CCG	21	6	8	7	10	11
NHS Blackpool CCG	22	9	8	5	9	13
NHS Chorley And South Ribble CCG	17	6	7	4	9	8
NHS East Lancashire CCG	34	12	15	7	14	20
NHS Fylde & Wyre CCG	49	8	33	8	22	27
NHS Greater Preston CCG	5	2	2	1	4	1
NHS West Lancashire CCG	20	5	10	5	7	13
<b>Totals</b>	<b>168</b>	<b>48</b>	<b>83</b>	<b>37</b>	<b>75</b>	<b>93</b>

#### Further Analysis by the HUB:

- Of the 168 who returned a BCSP kit 109 of the subjects took part again, the remaining 59 were new participants who had not taken part in 2017
- Total number of kits returned in 2017 was 217 this would conclude that 50% of those non responders who took part in 2017 then went on to complete the kit again without any intervention. **Further analysis to be done on the data post 2017 in early 2021**

#### 4.3 Cost Analysis

Analysing the costs attached to diagnosis, treatment and ongoing care for individuals with bowel cancer is very complex as many things need to be taken into consideration to assess the cost to an individual and their life prospects. The issues for consideration are just not monetary costs and economic issues but a whole array of wider factors such as the long term mental, social, employment and quality of life effects on someone diagnosed with bowel cancer. The Cancer Research UK (CRUK) report, "Saving lives, averting costs", 2014 shows approximate costs attached to treatment of bowel cancer (excluding recurrence) in the following table (CRUK 2014,p19):

**Table 15 – CRUK Staging Costs**

Table 2: cost of treatment by stage, excluding the costs of recurrence

	Colon cancer	Rectal cancer
Stage 1	£3,373	£4,449
Stage 2	£7,809	£6,944
Stage 3	£9,220	£8,302
Stage 4	£12,519	£11,815

Unfortunately at present the cancer staging data is not available for the CFAKC project so the team are unable to give an exact figure of costs attached to those cancers picked up within the project.

45 individuals were diagnosed with adenomas. Again staging data is not available for these cases so it is difficult to analyse the costs of how many cancers have been prevented. Internal NHS Hospital Trust financial information that has been obtained states costs around £600 for a colonoscopy to diagnose bowel cancers. So it can be assumed that the 45 colonoscopies carried out costed approximately £27,000. Furthermore it can be concluded that the colonoscopies that removed adenomas in 45 individuals would have helped to prevent 45 future bowel cancers and that the worst case scenario Stage 4 cancer costs from above table this could have cost the NHS in the region of £563,355..... It is worth noting here that the CFAKC project targeted non-responders who were reluctant to complete kits and had ignored the invitations on numerous occasions until they were actually seen/telephoned by the CFAKC team so it can be assumed that they would have presented late for diagnosis and most unlikely have been diagnosed at an early stage.

#### **4.4 Patient Perspective / Evaluation – Appendix 2**

The CFAK team regularly capture patient feedback on reasons for non-compliance and experience of the CFAKC service. (See Appendix 1)

The CFAKC team would like to formally evaluate the patient experience of the CFAK service, so early discussions have started to take place between the CFAK team and the Blackpool Trust Patient Experience Team. The plan is to survey non responders who attend the CFAKC and seek clinic experience views. Future reports will share the results of this project

#### **4.5 - CFAKC Inequalities data evaluation by University College London**

Discussions and meetings have taken place between the CFAKC team and the research team at UCL. Professor Christine Von Wagner is leading the project at UCL and a PHE ODR contract is in place for data sharing. The outcome data from the CFAKCs will be further analysed to help identify the uptake/ impact of the project on various communities across Lancashire. This evaluation will be shared and hopefully published in the near future

#### **5.0 Morecambe Bay CCG & South Cumbria**

The Lancashire Bowel Cancer Screening Programme & NHS England jointly commissioned a scoping exercise and Pilot CFAKC's in Morecambe Bay & South Cumbria based on a successful 18 month pilot in Lancashire. CFAKC's were held in low uptake GP practices across Morecambe Bay & South Cumbria during this period. The work will be continuing in the future with the latest low uptake practices as identified and agreed by the Morecambe Bay and South Cumbria BCSP.

A full report is available that shares the full details of the Pilot and the results from the CFAKC's.  
(Report available on request)

#### **6.0 Wider BCSP Health Promotion Activities From 2017 to Present**

The CFAKC Health Engagement Team has raised the profile of the BCSP at local, regional and international levels in innovative ways that have included:

##### **❖ Delivery of over 28 BCSP presentations and attendance at over 51 events**

- Including Flu & Poo clinics at local GP Practices, UCLAN Health Mela's - University of Central Lancashire, Macmillan H&W Events Blackpool, Rolls Royce Factory Employee Event, Blackburn & District Blind Society, H&W Event Brierfield Mosque, Cancer Research UK - Cancer Awareness Roadshow Burnley & Blackpool, Improving Health & Well Being in Burnley West PCN Event, Presentation to CRUK Cancer Champions Wesham, Our Health Event Chorley District Hospital, N-Vision Support Group Blackpool, Fylde Coast Living & Beyond Cancer Event, St Katherine's Hospice Lockstock Hall Event, Presentation Bladder and Bowel Team Moor Park Health Centre Bispham

##### **❖ Cancer Research UK (CRUK) -**

The team has worked in partnership with CRUK to help them train and support their Cancer Champions to promote BCSP/CFAKCs within their own GP practices. Support has also been provided by the team by attending the CRUK cancer roadshows across Lancashire

- ❖ **BCSP Ten Year Anniversary**
  - BCSP Team Celebration Workshop – The team supported this event with an information stall and poster presentation
  - Blackpool Teaching Hospital staff, patient and public BCSP Awareness Day – the Health Promotion team with support from the Screening Specialist Practitioners facilitated and coordinated a BCSP awareness event. The inflatable bowel was hired and put up outside the entrance of Blackpool Hospital. Over 300 members of staff and patients came to visit and have a guided tour of the bowel.
  - A Radio show was facilitated by Shakil Salam for a local community radio station called Pendle Radio. The show included interviews with a BCSP patient and BCSP professionals.
- ❖ **Lancashire BCSP Conferences - North West Sharing Good Practice Conference 2017, Together Against Cancer Conference 2018 & Back to Basics with FIT Conference 2019**
  - Joint partnership with CRUK, PHE, NHS England and Lancashire BCSP – the 3 events in total engaged with over 300 individuals from across the Northwest/England.
- ❖ **Vienna WEO Coalition to Reduce Inequities in CRC Screening:** The Lancashire BCSP Health Engagement Team was invited by WEO Colorectal Cancer Screening Committee (WEO Coalition to Reduce Inequities in CRC Screening). The Chairs of the event were Christian Von Wagner (UK), Peter Liang (USA), The CFAKC Project was to be 1 of the 3 UK projects to present at the International Conference in Vienna in October 2018
- ❖ **Urdu BCSP Video** - Blackpool Trust Communications Team and the BCSP Health Engagement Team have produced a BCSP English/Urdu health promotion video
- ❖ **Media Work** - Various News articles have been produced for local press releases within Lancashire
- ❖ **POO News Videos** - an light-hearted visual insight into the BCSP Health Promotion work that the team have developed and delivered from October 2017 until March 2020 - <https://youtu.be/pl6yMtnKSMS>
- ❖ **CCG Engagement** - Local CCGs have been supported by the BCSP Health Engagement Team to increase awareness of the BCSP within their communities especially in Blackburn with Darwen with their screening community engagement projects
- ❖ **Edgehill University CFAKC GP Evaluation** – This independent evaluation was completed in 2019 – Full report available on request
- ❖ **CFAKC data** – The team have collected and collated anonymous clinic data for the last 2.5 years for the Rugby HUB and UCL
- ❖ **Community Engagement** - Lancashire BCSP Community Bids project 2020/2021 – on hold
- ❖ **Purchase of Inflatable Bowel** – on hold
- ❖ **CFAKC Patient Perspective Project** – pending
- ❖ **CFAKC Cancer Data Audit/ Equity Audit** - pending

## Future

Pending contracts to be signed by NHS England, the BCSP Health Promotion Budget & the Community CVS - the BCSP Health Engagement Team look forward to continuing to reduce the inequalities faced by local communities in Lancashire and South Cumbria through the continued delivery of the CFAKC's across Lancashire and South Cumbria raising awareness of the BCSP at CFAK community events and CFAK community & Professional Training, aimed at the hardest of hardest of hard to reach communities in Lancashire.

## 7.0 Conclusion

The CFAKC Project has been accepted by the majority of GP practices across Lancashire. Some GP practices have not yet facilitated the CFAKC's due to lack of room availability and other internal capacity issues. The GP practices that have held the CFAKC's state have been impressed with the success of the CFAKC project, especially the engagement with BME communities and the excellent outcome results. (Rugby HUB outcome data Sept 2020) Many GP practices have requested more clinics but due to capacity the team this has been restricted. GP evaluation after each CFAKC shows excellent feedback. This feedback is echoed by the independent Edgehill University Evaluation. ***(Report available on request)*** as well as our own evaluation received from patients and GP Practice.

The recent HUB outcome data has independently verified the success of the project. Approximately 50% non-responders who attended the CFAKC then went onto complete the BCSP kits. This is a great achievement for the Lancashire BCSP as they have successfully engaged with persistent BCSP non-responders and influenced them to access a kit and then complete the BCSP kits. The overall outcome data has shown that 45 adenomas and <5 bowel cancers were detected within this time period. The CFAK project contributes greatly in helping to reduce the economic cost of late diagnosis of bowel cancers in communities that are hard-to-reach. The innovation, dedication and sheer enthusiasm of the whole CFAK team and supporting partners has brought significant benefits for local communities and the national and international recognition that this innovative project has gained has helped to raise the profile of the Lancashire BCSP/NHS England.

## 8.0 Acknowledgements

The CFAK Health Engagement Team would like to thank:

- Lancashire BCSP management team especially Judith Statham and Nicola Lewis
- NHS England team Kerry Crooks, Carol-Ann Mcelhon and special thank you to Kathryn Jones - Screening and Immunisation Coordinator at NHS England.
- CVS management team Garth Hodgkinson, Kate Lee (Special thanks to Kate for proof reading)
- Rugby Hub team especially Steve Smith, Angela Little, David Vernon and Dionne Trivedi
- Dr Christian von Wagner and Sandro Stoffel at University College London
- Mary Doherty BCSP Manager Cumbria & Morecambe Bay Screening Centre
- All the GP practices/Partners/CRUK within Lancashire & the CCG s who have participated in the CFAKC
- Gill Hughes, Shakil Salam and Andrea Pugh - Last but not least a special thank you to Sadiq Patel for the last 12 years of being our BCSP 'partner in crime' (left in Feb 2020)

## Authors

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## 9.0 Appendices

### Appendix 1

#### GP Practice Feedback –

Non responders that are contacted verbally can voice any concerns or worries they have and may have a better understanding of what the test entails and the benefits of participating in screening leading to increased uptake of bowel screening. The CFAKC addresses inequalities as the team can communicate with patients when English is not their main spoken language. A great team, great project and welcome support enabling our patients and practice team to gain a better understanding of the Bowel Cancer Screening Programme and awareness of bowel cancer hopefully leading to improved uptake/participation without putting extra workload on the practice Thank You - **East Lancashire Medical Services**

We felt that the clinics are always well ran and very well organised. The CFAKC team are friendly and approachable. The main benefit of the CFAKC's is the fact that they can spend the quality time with the patients explaining the procedure. As a practice we only have a limited time with each patient and therefore do not often have the chance to talk about the bowel screening kits in much detail - **Dr Nagpal's Surgery**

Very professional & excellent communication, the team are passionate about the Bowel Cancer Screening Programme and are making a real difference to patients' lives, by helping patients understand and encouraging them to take part each year - **Darwen Healthlink**

Shakil was organised and professional which made both days run very smoothly. It was especially useful that Shakil was able to speak Urdu with patient's who struggle to speak and understand English, it meant that they could fully understand the process and ask questions around any problems/concerns they had. I think patients feel more valued that we were able to provide a specific clinic aimed at helping them to understand the screening programme and how to complete it - **Nelson Medical Practice**

It really works and actually increases screening uptake, it's a pleasure to have your team at the practice. It has minimal to no impact on our daily workload. It allows our practice to work on screening uptake, which is something that can often fall lower down the priorities due to daily workload pressures. Come round more often – expand into other screening programmes? - **Library House Surgery Chorley & South Ribble**

Excellent communication through emails and face to face, a really worthwhile service; outcome of your service attending 4 positive results were picked up, the service is really beneficial to a patient's health and for helping them understand why they should take the test - **Dr Dawouds Surgery Clayton-le-Brook**

Well organised and friendly staff, CFAKC's are a quick and efficient way of getting in touch with patients who did not respond to the bowel screening kit; I think that by speaking to patients both on the phone and face to face they are more likely to engage with the programme; more so than they would from receiving a text or letter. CFAKC's are also beneficial for the practice in terms of increasing uptake of the BCSP - **The Elms Medical Practice West Lancashire**

Having the staff come in and make the appointments in advance of the clinics works very well for us at Bloomfield. They are able to explain to the patients about the importance of being tested and what it all entails in more detail, this promotes more people to make appointments to be seen. We have seen a significant increase in attendance at our clinics due to this since we started holding clinics over a year ago. The main benefit for our patients is that they can have an appointment to attend here at the surgery, this means they don't have to travel to another location for the appointment. Our patients are familiar with the surgery which enables them to feel less anxious while being made aware of the importance of being tested - **Bloomfield Medical Centre Blackpool**

The clinic ran very smoothly. The sessions were very well attended and included several people who are known to us and are known to miss appointments so clearly the phone calls made to invite patients to the CFAKC's were very well handled. Patients can sometimes be reluctant to do something if it is not explained to them properly. The CFAK clinic gives these patients a clear understanding of the why's and how's, and gives them a chance to ask questions and raise any concerns they may have. The CFAKC process was explained in detail from the initial meeting and ran smoothly. Ongoing contact with the service since the CFAKC's has been relevant and regular. Both representatives worked well within the surgery causing little disruption to the daily running of the surgery (apart from the odd IT malfunction) No complaints at all. Everything ran smoothly from inception to completion - **Adelaide Street Surgery & Harris Medical Centre Blackpool**

Being new to this practice I thought that was a good way of promoting to our patients the importance of screening, also as the staff do not have the time at the practice or the knowledge this was a great way of getting to our patient population. The main benefits are that our patients are getting a good service from this promotion with someone with the knowledge to answer the questions that patients may have or any doubts about it - **Beechwood Surgery Thornton**

Good, independent assistance for the surgery from experts in the field. They have the time and the expertise to explain screening to the patients and more co-operate as a result. More patients take up screening which is beneficial for their health. Healthy patients make for happy patients for the surgery and should reduce the chances of major complications for them in later life. We have had 2 patients now (one in each clinic) that have had a positive result from the screening test. This means much earlier treatment for those people for a condition that might have gone unnoticed until it became much worse - **Holland House St Anne's**

## **Patient feedback - Appendix 2**

**Samples of Patient Feedback** - "My grandad died of bowel cancer, I thought if I did the kit and got a positive result it would mean I had bowel cancer too and that would be that, so I didn't do it as I didn't want to know, but now you have explained to me what a positive results means then I want to do the kit. I don't want to go through what my grandad did"

"I didn't complete my kit as I have a stoma bag so didn't think that the kit was for me". We rang the Hub for the patient so that he could ask them if this was the case, the HUB confirmed that as he still had a large section of his large bowel then he was still eligible to take part in the BCSP

"My eldest brother died from bowel cancer, my youngest brother is undergoing tests at Preston Hospital for bowel cancer, I have completed the kits in the past and received a weak positive result; the result scared me so I didn't complete the test again. My daughter encouraged me to attend the CFAKC today, I am so glad I came I didn't realise that the test only identified hidden blood, I thought a weak positive result meant I had early stages of bowel cancer, please order me the kit and I will complete it as soon as it arrives"

"I was brought up that poo was dirty, you didn't talk about it and you certainly didn't intentionally touch it. My dad died of bowel cancer and again we didn't talk about that, I am so glad that I came today, if you had not called me to invite me to the CFAKC I would have just thrown the kit away"

"I am not concerned about cancer as it isn't in my family, however from what we have discussed and the fact I am getting to that age were people's health start to decline then really I should complete the kit, please order me one"

A patient attended the CFAKC who only spoke cantonese/mandarin, an explanation of how to complete the kit was explained during the appointment via a telephone interpreter in Cantonese. Patient gave consent to order a kit from the HUB. A call was made to the HUB asking them to send a kit to the patient with written information in Cantonese

2 patients explained that they were going back to Hong Kong for 6 months, they hadn't done the kit as they had not understood the process. The patients were provided with factsheets written in Chinese, a call was made to the HUB and a request was made that the kits would be sent with all information in Chinese, the patients said they would complete the kit before they left

"The information leaflet that came with the kit put me off completing the kit, meeting with you and going through why kits are sent out and how to complete the kit has made me feel I can do this"

"I have supported residents where I work to complete the kits, never thought of doing it myself, but now you have explained the reasons why kits are completed I will do one"

"You rang me at the right time, I needed a prompt, coming to this clinic has made me realise that I should complete the kit"

"My wife has had a stroke, I am her main carer, I don't have the time to complete the kit, after talking with you I realise that I should start taking care of myself, please order me a kit"

"My mother threw my kit away, I didn't know until I told her that I was coming to the CFAKC today"