



# Bowel Cancer Screening Programme

Health Promotion Team

Call For A Kit (CFAK)

Report

April 2023 – March 2024

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## **Tribute to Sadiq Patel**

We dedicate this report to the memory of Sadiq Patel, who sadly passed away in October 2024. Sadiq served as a Health Promotion Officer and later as Team Leader for the Lancashire Bowel Cancer Screening Programme (BCSP) for over 12 years. He was a passionate advocate for cancer prevention and early detection, and his dedication to improving public health was evident in all he did.

As the pioneer of the highly successful Call for a Kit (CFAKC) project, Sadiq played a vital role in increasing screening uptake across Lancashire. His work was recognised nationally and internationally, including his presentation of CFAKC at an International Cancer Conference in 2019. Today, the continued rollout of CFAKC in Liverpool and beyond stands as a testament to his vision, commitment, and impact—a legacy that continues to grow.

Sadiq was the soul of the team - warm, driven, and deeply respected. He is greatly missed by colleagues, partners, and the many communities he served. We honour his memory with immense gratitude. May he rest in peace



**Lancashire Bowel Cancer Screening Programme  
Health Promotion Team CFAKC Report April 2023 - March 2024**

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## **Executive Summary**

The Lancashire Bowel Cancer Screening Programme (BCSP) Health Promotion Team provides information and support that raises the awareness of the Bowel Cancer Screening Programme within local communities, frontline staff, and low uptake areas across Lancashire. The Community CVS is commissioned by NHSE North West and the Lancashire BCSP to deliver the service across Lancashire.

During April 2023 - March 2024 the Health Promotion Team delivered on some key projects which included the following:

### **Call for a Kit Clinics Project (CFAKCs)**

The team continue to deliver the Call for Kit Clinics within low uptake practices across Lancashire. The work also continues with the University of College London and University of Central Lancashire.

Key outcomes 1st April 2023 until 31st March 2024: -

- 131 CFAKC's were held in GP practices across Lancashire.
- 1,410 non-responders agreed to attend a CFAKC consultation, of which 997 non-responders attended. Those who did not attend (n=413) were called for a second time; 130 non-responders took the call and had a telephone consultation.
  - 1004 kits were ordered after the CFAKC/2<sup>nd</sup> telephone call
  - 527 were returned
- 837 non-responders had a telephone consultation when receiving the initial call.
  - 566 kits were ordered for those non-responders who opted for a telephone consultation rather than attending the CFAKC
  - 244 kits were returned
- Total kits returned – 49.11% (771/1570)

### **Rugby HUB outcome report 2022-2024**

Headlines: (variation in uptake figures due to individuals completing kits that they had at home)

- CFAKC uptake improved slightly between 22-23 and 23-24 (41% > 44%)
- Uptake among CFAKC kits is lower than routine kits across Lancs and positivity is substantially higher.

### **HUB Outcomes Data Report 2023-2024:**

- Uptake - 44.0%
- Positivity - 4.5%

Given that CFAKC patients are likely prior nonresponses, a 40%-plus capture rate is quite encouraging, considering it would otherwise be close to zero for these patients.

### **Other Key projects in 2023-2024**

- UCLAN Internship CFAKC Patient/Service evaluation Project
- CFAKC Service improvements and access to EMIS
- Improving protected characteristics data for non-responder

## 1. Introduction

The Lancashire Bowel Cancer Screening Programme (BCSP) Health Promotion Team provides information and support that raises awareness of the Bowel Cancer Screening Programme within local communities, frontline staff and low uptake areas across Lancashire.

The Community Voluntary Service (CVS) is commissioned by NHSE Northwest and the BCSP to deliver the service across Lancashire, with some additional GP non-responder clinics in South Cumbria. The main areas of work for the team include, providing GP Call for a Kit Clinics (CFAKC) in low uptake Practices in Lancashire & South Cumbria, delivering BCSP training and attending/providing BCSP awareness raising events across Lancashire.

The Health Promotion team members who are employed by the CVS are: -

Lorraine Morris – BCSP Health Promotion Team Lead

Andrea Pugh BCSP Health Promotion Officer

Gill Hughes BCSP Health Promotion Officer

Saima Zeb BCSP Health Promotion Officer

Shakil Salam BCSP Health Promotion Officer

Shahida Hanif (RGN RMW RHV BA MA) - BCSP Health Promotion Specialist is employed by Blackpool NHS Trust and provides strategic and operational support to the CVS team.

## 2. Work Streams - April 2023 until March 2024

**2.1. BCSP Workplan** – Twice a year work plan discussions are held with the Lancashire Bowel Screening Programme, NHS England Northwest, and the Community CVS. These meetings help give clarity, direction and lay down the foundation for the following years key project priorities. Every year a localised BCSP HP Team workplan is developed and approved by the commissioners.

### 2.2. Priorities:

The following are the key areas that were agreed for April 2023 until March 2024.

- Delivering CFAKC's in practices where uptake is below 60%, and practices where uptake is 60% to 66% who have lists of 150+ non-responder.
- Delivering a training package to Learning Disability Supported Living & Domiciliary staff in Lancashire on the BCSP – What is a kit and how to complete it, what happens if you get a positive result and capacity & consent.
- Health Promotion events to reduce inequalities and targeting the younger age group population within Lancashire.

## 3. Call For a Kit Clinic Project

The first key priority for the HP team was to hold CFAKC's in the below 60% GP practices, if not able to access these practices, then they offered CFAKC's to practices who had uptake between 60% to 66% and held a list of 150+ non-responders. The HP team are allocated geographical areas across Lancashire and given a list of the low uptake practices within their area.

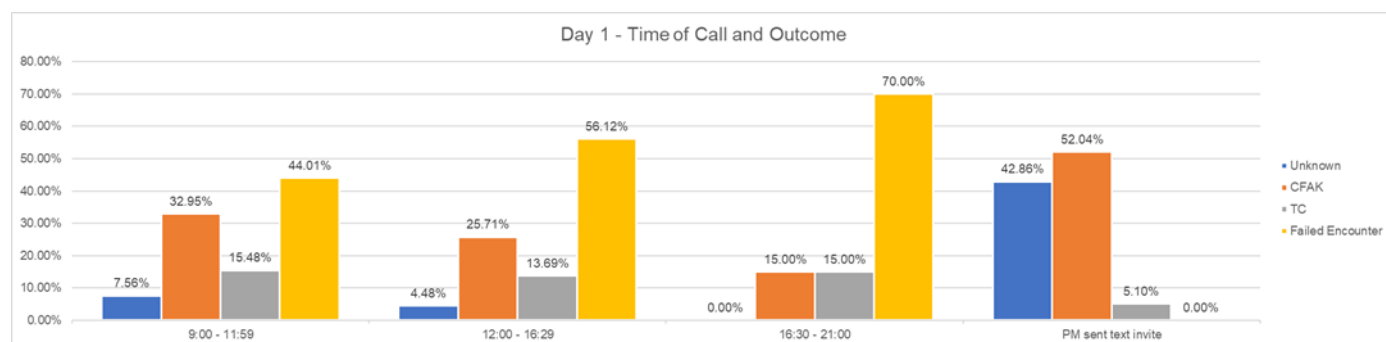
The officers contact the practices, meet the Practice Manager, and deliver the clinics as capacity allows within the practice. This GP uptake data is very important to the CFAK team as it helps the team target their clinics in low uptake practices across Lancashire. Variations in uptake mirror the local and national indices of deprivation statistics. The lowest uptake of the BCSP is within the most deprived areas across the Lancashire.

**Key Challenges/Mitigation:** Due to issue with room availability, one of the GP practices asked if they could set up a link to book clinics sent via standard text message to their non-responders which gave time

& date of the next CFAKC asking the non-responder to book themselves in with Shakil. The link lasted for 1 week after its initial set up. This proved to be successful and is currently being tried with other GP practices. Phone calls are still being made to those who do not respond to the text.

#### 4. Analysing and Optimising Call for a Kit Clinics

To help improve future CFAKCs the team worked with two academic researchers to capture some extra data to optimise the clinic intervention. With support from University College London and University of Central Lancashire the CFAK team collected data around the day/ time of calls to NRs.



Analysis of the times of calls showed the above.

- The GP practice sending out a text for NRs to self-book an appointment with the team had the greatest number of booked appointments.
- 52% of individuals used this method to book their appointments to see the Health Promotion Officer at CFAKC.
- Calls made in the morning also showed better results in booking face to face appointments with double appointments booked as compared to Telephone Consultations.
- Failed Encounters were lowest in a morning call as compared to an evening call. The high percentage of Fes in an evening may also be the result of not many calls being made during this time by the team.

#### 5. Outcomes - University College London (UCL) & University of Central Lancashire (UCLAN)

Annual CFAKC data is always analysed 12 months after collection, the following data was analysed by UCL in 2023. 2022/2023 data – (data from 2360 individuals invited by the health promotion team between July 2022 and February 2023). This data has been written up to be considered for a peer reviewed publication. Currently under review in Frontiers in Cancer Care and Control.

The aim was to assess CFAK phone call response rates, invitation acceptance, and test kit returns for the overall sample, ethnic minorities, and individuals with self-reported disabilities. In summary: -

- 
- *14.1% of the overall non-responders who attended CFAKC and ordered a new kit, returned a completed test kit.*
- *Mainly individuals of Indian or Pakistani descent and those with disabilities preferred in-person consultations.*
- *Face-to-face consultations had a higher return of test kits than phone consultations (54.2% vs. 32.6%).*
- *CFAK holds promise in engaging ethnic minorities and individuals with disabilities and thereby reduce important inequalities in participation.*

## 6. UCLAN Internship CFAKC Patient/Service evaluation Project

A CFAKC Service Evaluation took place from December 2023 to March 2024. Every non-responder who attended a CFAKC appointment was given a CFAKC Service Evaluation pack as their appointment came to an end. The BCSP Health Promotion Officer explained that the pack contained an information sheet explaining about the evaluation, a questionnaire asking how we can improve the CFAKC's and a prepaid envelope. 500 packs were given out of which 120 were returned. Out of the responses 30 people agreed to be interviewed, 12 people were interviewed.

In summary the results showed:

- *The majority of CFAK attendees reported having a positive experience which was significantly associated with intention to complete the screening test kit in the future*
- *People who attended CFAK clinics felt “at ease”, “educated”, “relaxed” and “empowered”.*
- *Face-to-face clinics in GP practices could improve psychological capabilities that hinder bowel screening participation through a tailored and targeted health promotion programme demystifying bowel cancer screening among people with low health literacy.*

## 7. Improving Protected Characteristics Data for Non-Responders

The Lancs Health Promotion team leads work closely with the Rugby HUB team leads to improve various aspects of the health promotion projects. One area that was improved was data collection at the CFAKC to capture the language and ethnicity of non-responders at the clinic. The CFAKC Kit Request form has been updated in agreement with the HUB. The team are now able to state languages/support/additional needs on the form. This assists the HUB in sending out appropriate language, braille, easy-read information, and cardboard adapters for individuals who struggle to return the stick to the test kit bottle.

## 8. EMIS

Room availability continues to be an issue in some of the GP practices. A solution to this has been to have the EMIS App installed on the teams' NHS Laptops, as this allows, with consent from each GP practice, the team to make calls to invite non-responders to CFAKC's away from the practice. A guide on using EMIS remotely has been developed and approved by Blackpool Trust's IG Department. This new way of working is being offered to all the GP Practices that we are working with across Lancashire.

## 9. Local Uptake and positivity Data

### Local CFAKC Data

#### GP - CFAKC/Telephone Consultation Uptake & Positivity Data 2023-2024

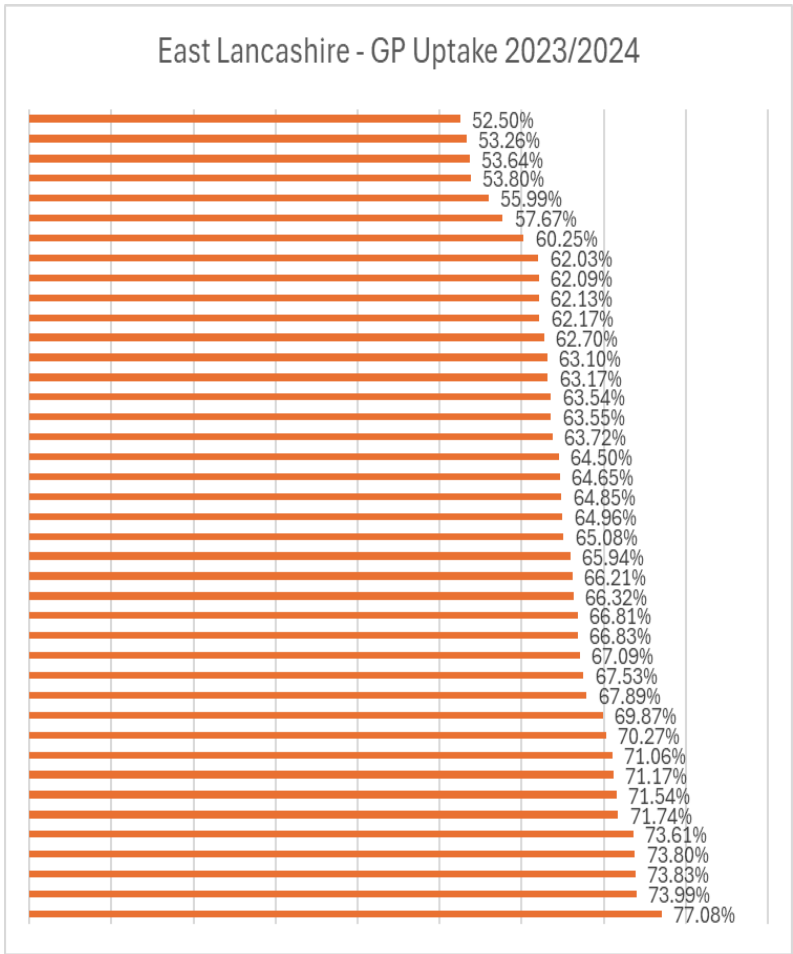
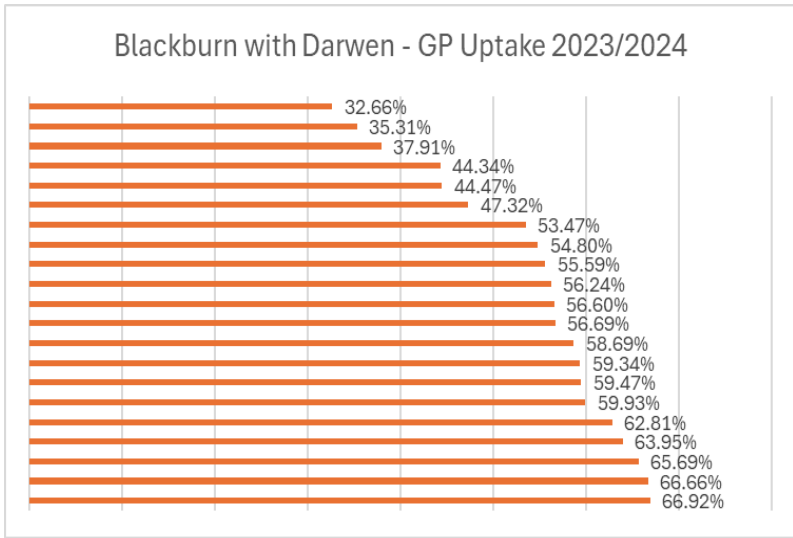
Area	Uptake	Positivity
BwD	60.06%	2.65%
East Lancashire	45.41%	4.25%
Blackpool	48.85%	2.35%
F&W	36.11%	0.00%
Greater Preston	44.04%	3.52%
West Lancashire	58.62%	3.92%

There is no previous information to compare due to CFAKC's not recommencing after COVID until June 2022. These figures will be compared with 2025/2026

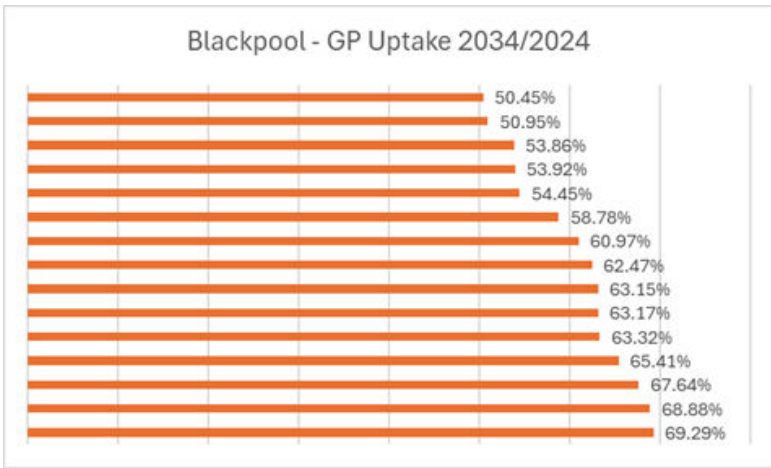
The starting point when planning delivery of CFAKCs within GP practices is to look at the local geographical/GP practice uptake data. The graphs below show the varying uptake data within each geographical area across Lancashire. Within a geographical area the practice uptake data can be as

low as under 40% and over 66%. The uptake data represents participation by local communities and local issues such as deprivation, literacy, language and cultural issues .

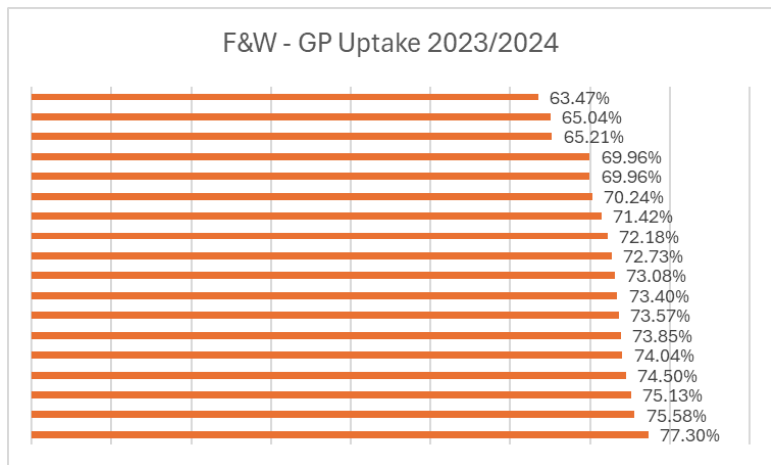
### 9.1 Geographical uptake across GP practices in Lancashire



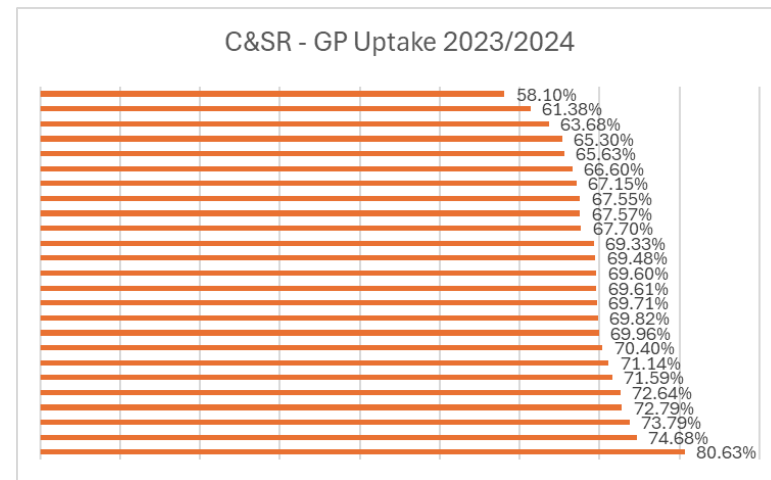
Blackburn with Darwen has a high number of BME communities and white deprived communities which impacts on uptake hence the lower uptake rates in the practices. The Blackburn and East Lancashire have some of the lowest GP practice uptake rates in Lancashire.



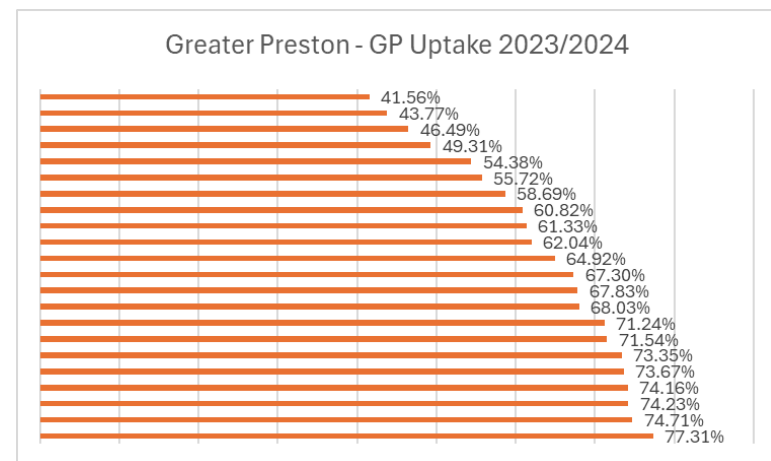
Blackpool has high numbers of deprived communities so again the uptake is lower in large number of GP practices.

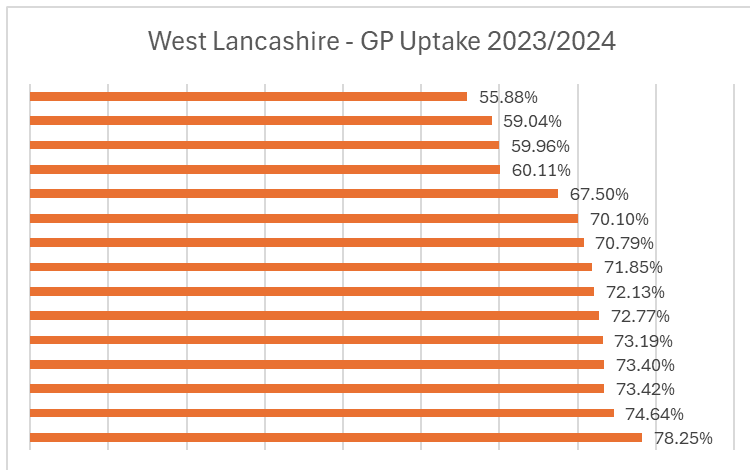


Fylde and Wyre next door to Blackpool has more affluent communities so the uptake of the BCSP is much higher.



Greater Preston has pockets of BME and White deprived communities and the GP uptake data reflects this; Uptake is lower in these surgeries that serve these communities. Chorley and South Ribble have more affluent communities with some areas of deprivation. Overall, though the uptake is the highest in the best performing GP practices.

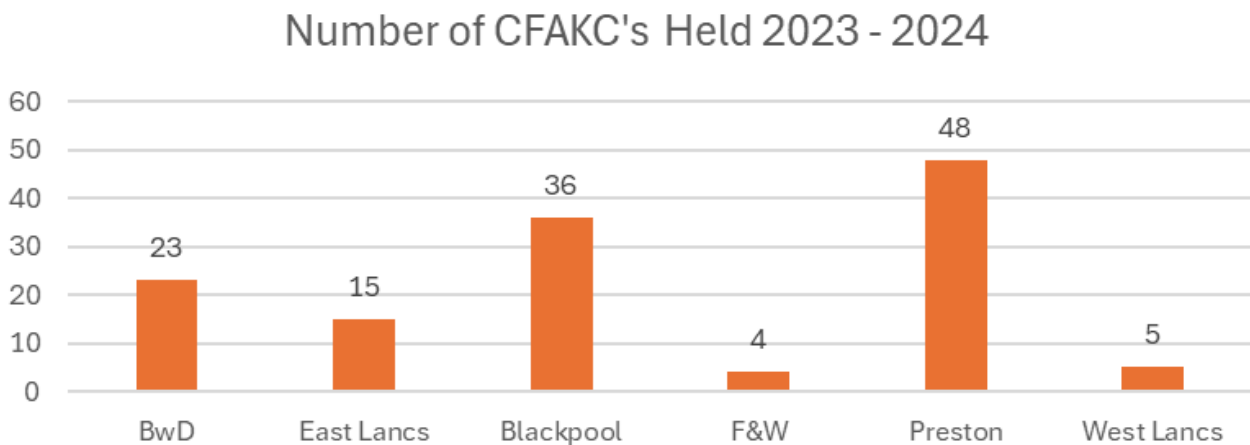




### 9.2 Call for a Kit Service Performance Data

The following section shows the full data sets from the Call for a Kit service held in April 2023-March 2024. This data is then broken down further to give more detailed information for each geographical area across Lancashire.

#### 9.2.1 Number of Clinics held



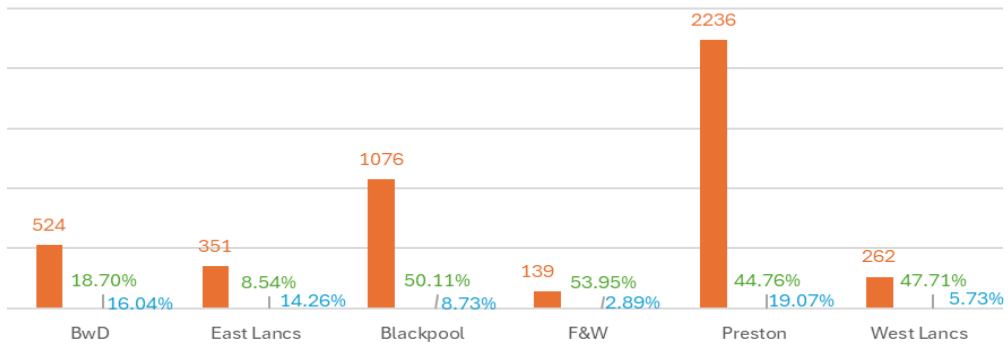
#### Key points:

- 131 days of CFAKCs delivered in total from April 2023 – March 2024. These CFAKCs were delivered in low uptake GP practices (identified in BCSS) across Lancashire. The clinics were run as full day 10-4pm or half day clinics within the practices.
- The highest number of clinics were delivered in Preston with the lowest number of clinics in West Lancashire.

#### 9.2.2 Number Calls made/Not Answered/Declined

Prior to a clinic taking place non-responders are contacted via telephone inviting them to attend the CFAKC, the above graph shows the numbers of calls made, calls not answered and patients that declined the offer of either attending a clinic or having a telephone consultation

Number of 1st Calls Made  
Calls Not Answered  
Declined CFAKC/Telephone Consultation



**Key points of analysis:**

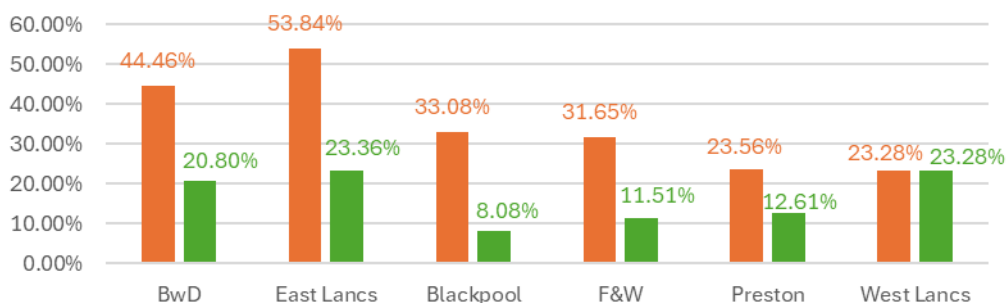
- Preston, Blackpool and Blackburn with Darwen had the highest calls made.
- Blackpool, F&W, West Lancs and Preston had the highest number of calls not answered Blackpool
- 50%, Preston 45%, F&W 54% and West Lancs 48% of the calls were not answered
- Preston had the highest number of declines for CFAKC and telephone consultations
- East Lancashire and Blackburn with Darwen had the lowest number of phone calls not answered
- Preston had the highest number of declines at 19%, followed by BwD at 16% and East Lancashire at 14%.

**Key learning:** Greater number of calls not being answered/wrong numbers impact greatly on the time of the CFAKC Health Promotion Officers. A significant amount of time is spent making calls but then the calls not being answered is frustrating to the officers as it results in reduced outcomes. More calls answered by individuals increases the effectiveness of community engagement and ultimately increases attendance at clinics and thus increasing uptake of the BCSP. Going forward the team will explore other ways to increase engagement with individuals who did not answer their phones. GP texts, self-booking links and letters being sent are all options that will be considered to increase engagement with non-responder individuals.

- The age of the non-responder and time of calls not answered will be analysed thus enabling future clinics to be planned/held at different times, e.g. evenings and weekends.
- Reasons for declining either attending a clinic or telephone consultation is also being analysed enabling future clinics to be held at different times, e.g. evenings and weekends, gender/language appropriate clinics

**9.2.3 Agreed to attend Clinic v Number of Telephone Consultations**

Non-Responders Who Agreed to Attend the CFAKC  
Non-Responders Who Had A Telephone Consultation  
on the 1st Call



**Key points:**

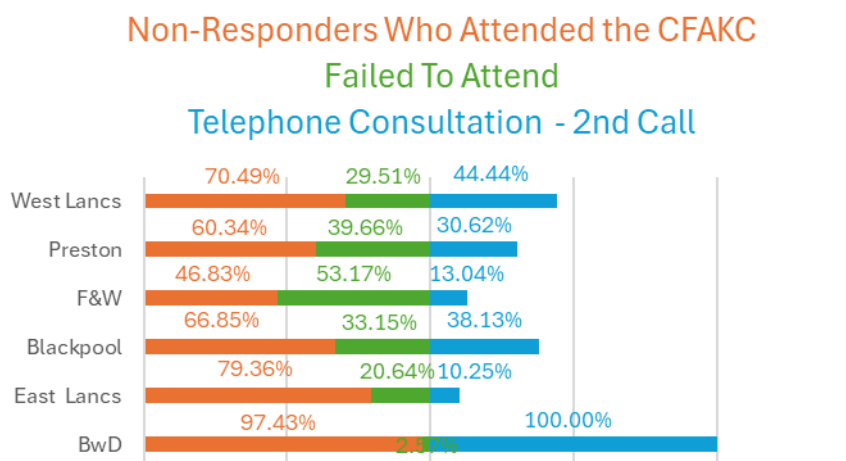
In all areas the number of attendees who agreed to attend a clinic was higher than those who had a telephone consultation, other than West Lancashire where there was a 50/50 split

BwD and East Lancashire had the highest numbers of individuals agreeing to attend clinics and the highest number of telephone consultations on the 1<sup>st</sup> call.

**Key learning:** The team aim to encourage individuals to attend face to face appointments as the local evidence shows that kit completion is higher in this group as compared to individuals having telephone consultations. Telephone consultations are only given as a second option to individuals if they are unable to attend the face-to-face appointment.

**9.2.4 Attendance at Clinics/Failed to attend/2<sup>nd</sup> Call Made**

The graph below shows the percentage of non-responders that attend from those that originally agreed to attend. If a non-responder fails to attend a clinic a curtesy call is made, if appropriate a telephone consultation is offered, in some cases an appointment at a future clinic can also be offered.



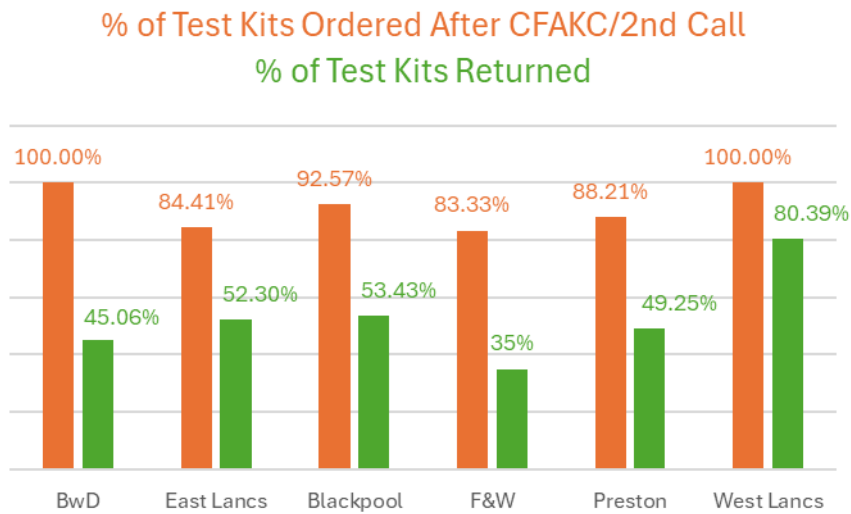
**Key analysis points:**

- BwD had the highest numbers of Non – responders attending clinic at 97.43% with 2.5% Failed to attend rate and 100% 2<sup>nd</sup> call rate.
- East Lancashire had a 79% attendance rate with West Lancs at 70%.
- F&W had the highest rate 53% of failed to attend at clinic. Followed by Preston at 39.6% and Blackpool at 33% fail to attend rates.

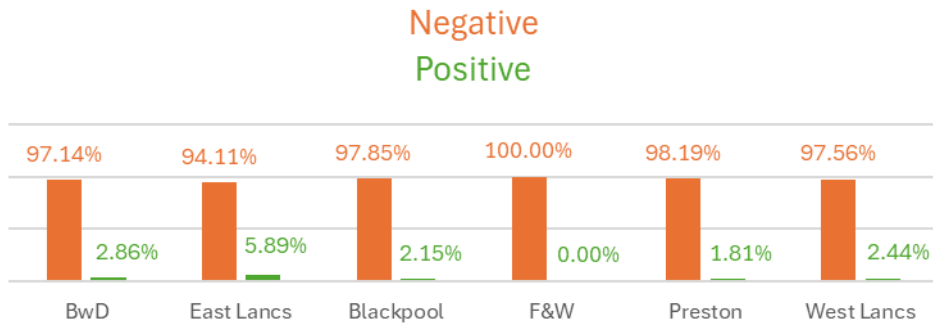
**Key Learning:**

Non-Responders failing to attend a CFAKC again impacts greatly on time wasted for the team. Communication skills and convincing individuals at the invitation phone calls is key in ensuring individuals attend their CFAKC appointment. The experience from the team highlights the

### 9.2.5 Kits ordered, returned & results

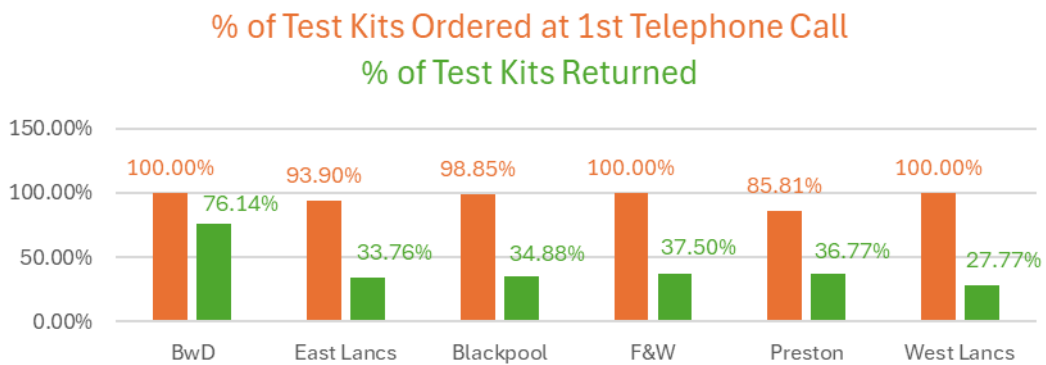


### CFAKC/2nd Call Test Kit Results

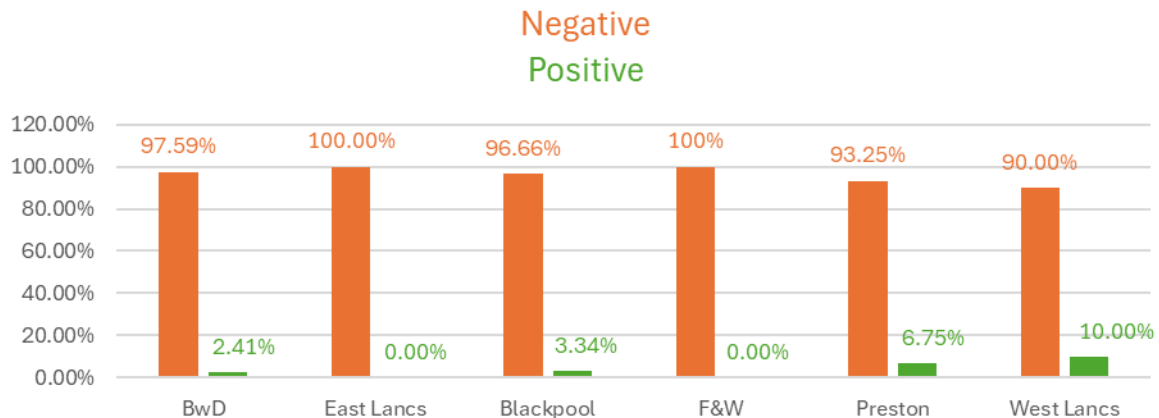


- BwD and Blackpool and 100% kits ordered after CFAKC/2<sup>nd</sup> phone calls
- West Lancs, Blackpool and East Lancs had the highest kits returned.
- Lowest number of kits returned were in F&W
- East Lancs had the highest number of positive results at 5.89% with 2.86% in Blackburn and 2.44% in West Lancs.

### 9.2.6 Kits ordered, returned & results after 1<sup>st</sup> call



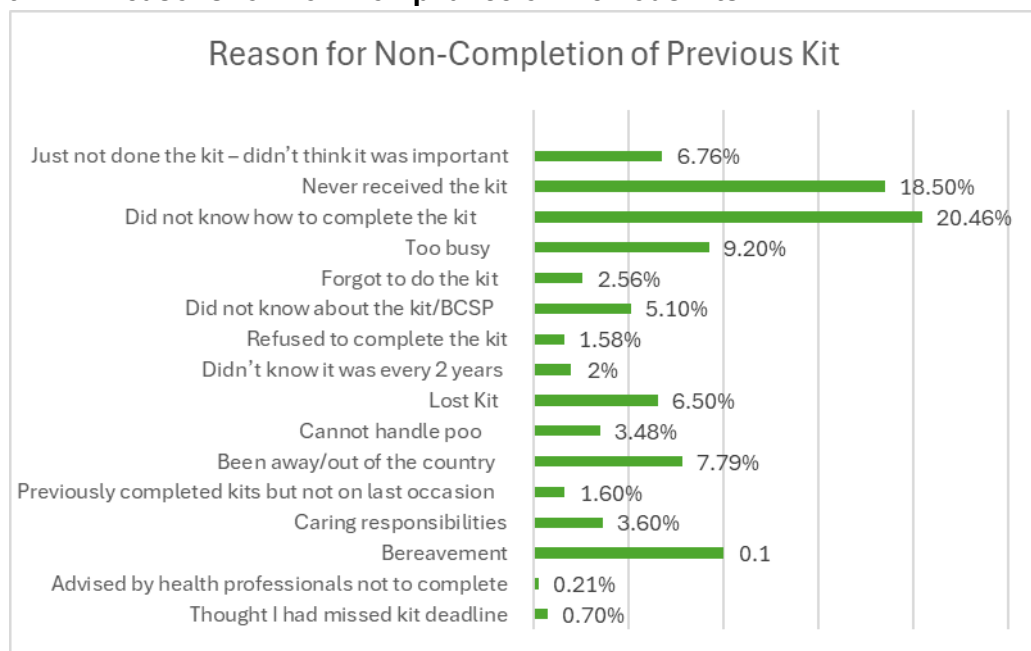
## 1st Telephone Consultation Results



### Key analysis points:

- All areas identified positive results from the kits ordered other than the F&W area
- Blackburn with Darwen had the highest rate return of kits at 76% kits
- Preston had the lowest rate of kits ordered at 85.81%
- Blackpool, Preston and West Lancs had the highest positivity rates
- Overall GP outcome data for kits returned shows 49.10% with an overall positivity rate of 3.11%

### 9.2.7 Reasons for Non-Compliance of Previous kits

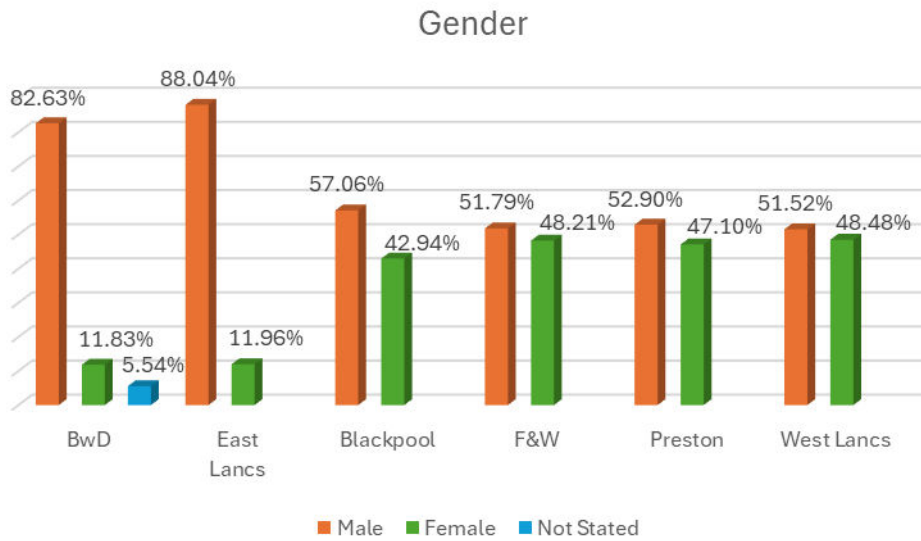


The main reasons for non-completion of the previous test kits were:

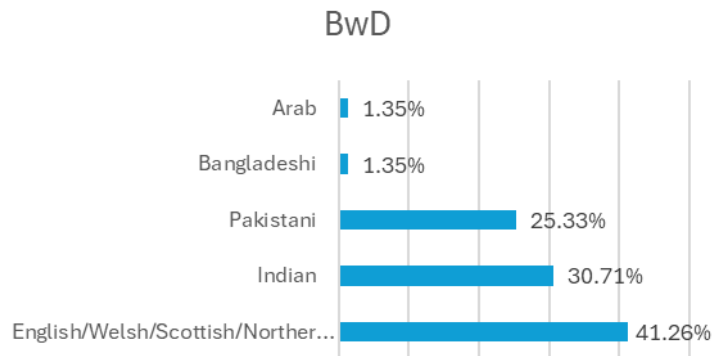
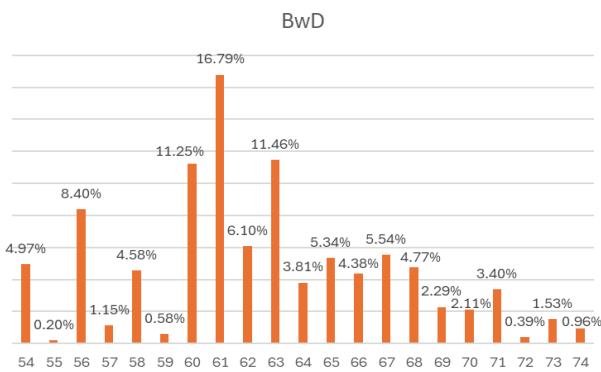
- Did not know how to complete the test kit
- Never received the kit
- To busy
- Been away/out of the country
- Just not done the kit as did not think it was important
- Lost the kit
- Did not know about the kit/BCSP

### 9.2.8 Gender of non-responders

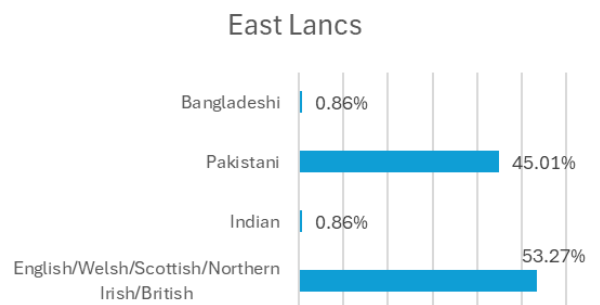
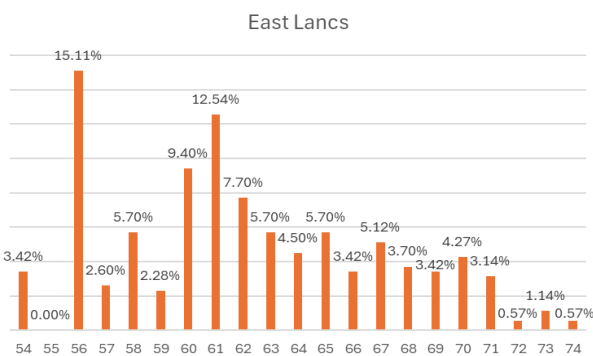
The CFAK team engaged with more male non-responder males than female non-responders in Lancashire



### 9.2.9 Age & Ethnicity by Area

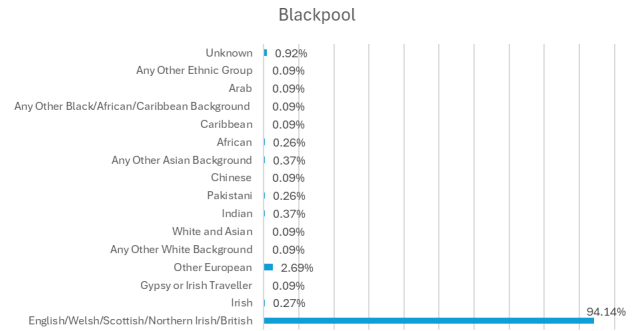
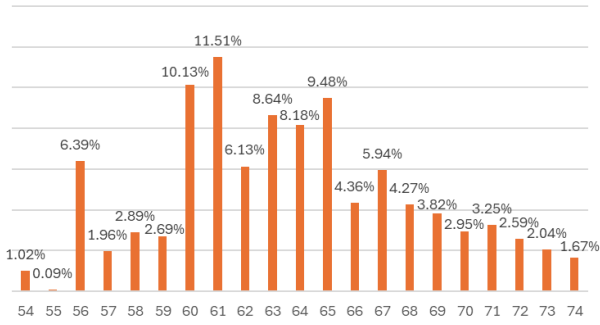


- The main age groups of non-responders in BwD were 61,63-,60-,56- and 62-year-olds with high numbers of Pakistani, Indian and white communities.



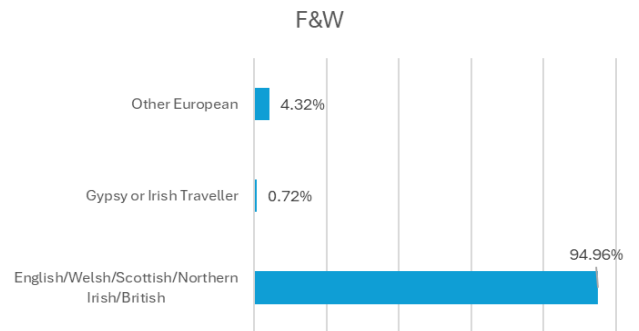
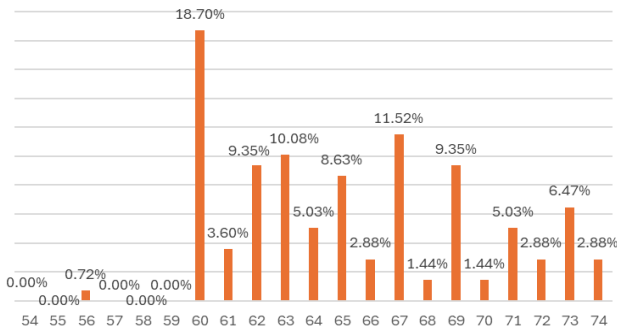
- The main age groups of non-responders in East Lancs were 56,61,60, 62 and 65. With high number of communities from Pakistani and white communities.

### Blackpool



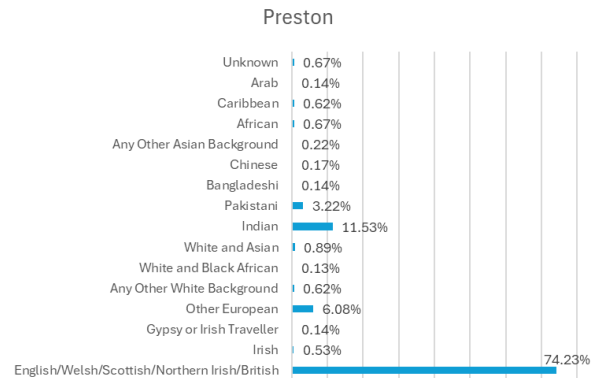
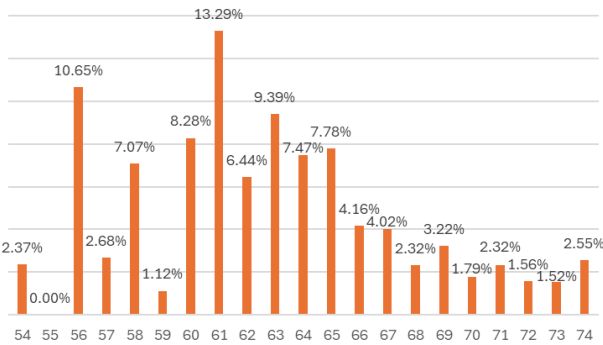
- Main age group of communities in Blackpool were 61, 60, 65, 66 and 67, with mainly white communities and a small number of other European communities.

### Fylde & Wyre



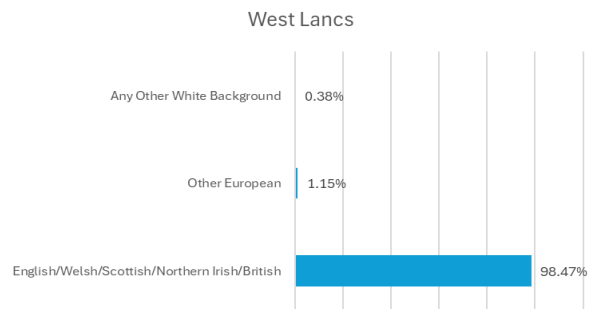
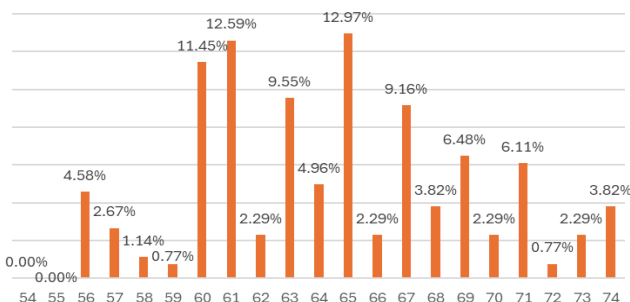
- Main age groups in Fylde and Wyre were 60, 67, 63, 62- and 69-year-olds with all white British communities

### Preston



- In Preston the key ages were 61, 56, 63, 58, and 65 with Indian, European and white communities

### West Lancashire



## Key points:

The ages of the non-responders mainly engaged with ranged from 56, 58, 60, 61, 63, 65 and 67 years of age

Ethnicity of individuals

- The main groups of individuals engaged with were White British, Pakistani, Indian and Bangladeshi communities.
- The 2 main languages were English and Urdu

## 10 Conclusion

The BCSP/ CVS Health Promotion Team have returned to their groundbreaking work in clinics and within the communities. The GP practices were very pleased to have the team back in their surgeries delivering CFAKCs. Community engagement activities slowly developed after COVID years, the local communities needed to be re-engaged with to help them access services and improve the uptake of the BCSP in Lancashire.

Further developing the CFAKCs and working with UCL and UCLAN to embed evaluation is the key to the success of the CFAKC project. New ways of working in the CFAKCs after analysis of the data is so valuable to the team it has helped improve services for our local communities. CVS and the BCSP team will work together to further develop all the health promotion projects. The team look forward continuing to be trailblazers in helping reduce inequalities and delivering projects with sound evaluation processes in place with UCL and UCLAN. 2024-2025 will be the year that sees the CFAK project gain more strength and become bigger and better across the Northwest.

## 11 Thanks & Appreciation

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- Lancashire BCSP management team especially Judith Statham Lancashire Bowel Cancer Screening Programme Manager, Lucy Stanley Deputy Programme Manager, Hannah Brown Acting Deputy Programme Manager, Cathy Corcoran Lead Specialist Screening Practitioner, Natalie Beddows Deputy Lead Specialist Screening Practitioner and Paula Lloyd Administrative Co-ordinator
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- Julie Moorcroft Data Quality Specialist MLCSU
- All our voluntary sector partners, Businesses and local communities who supported all the BCSP events during this year in Lancashire

## 12 Appendices

### **Evaluating the impact of a 'Call for a Kit (CFAK)' initiative on reducing inequalities in colorectal cancer screening participation among ethnic minorities and individuals with disabilities in Lancashire, England** (under review)

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**Keywords:** cancer screening, health promotion, faecal immunochemical test, inequalities, intervention, non-attenders, community support

## **A mixed-method evaluation of a community-delivered intervention for improving bowel screening uptake (under review)**

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## **A mixed-method evaluation of a community-delivered intervention for improving bowel screening uptake**

### **Abstract**

**Background:** *Call for a Kit* (CFAK) has been found to be effective at engaging bowel screening non-responders, particularly among marginalised populations such as ethnic minority groups and individuals with disabilities. This study explored patient experiences of CFAK clinics to better understand the mechanisms driving its effectiveness.

**Methods:** A mixed-method evaluation was conducted using tailored quantitative patient experience surveys (n=113) and semi-structured interviews (n=12). ANOVAs assessed differences in patient experience scores by demographic characteristics and logistic regressions examined whether patient experience predicted kit ordering and intent to complete the kit. Interviews were analysed using thematic analysis.

**Results:** Patient experience scores differed significantly by gender, with women reporting a more positive experience than men. While patient experience did not influence the decision to order a kit, it significantly predicted the intention to complete the kit. Barriers to bowel screening prior to CFAK attendance included lack of awareness of screening, negative perceptions and previous experiences of screening and existing co-morbidities. CFAK overcomes these barriers by improving knowledge of bowel cancer and screening procedures, and by offering personalised, inclusive healthcare experiences that encouraged follow-through.

**Conclusion:** Face-to-face clinics in primary care settings may enhance psychological capability and motivation for bowel screening among non-responders. By delivering tailored health promotion and demystifying the screening process, CFAK supports more equitable participation in cancer screening.

**Keywords:** cancer screening, health promotion, patient experience, faecal immunochemical test, inequalities, primary care intervention, patient navigation