Bowel Cancer Screening Centre

Andrew Prentice
Health Improvement Principal
Review of National Screening Programmes in England

• How best to maximise uptake of screening, and iron out variation in uptake rates between different geographical areas and different population groups.

• How best to integrate research and evaluation within screening.
Creating an evidence base

• clearly defined strategy
  • National priorities
  • Local need
  • The need to engage with the transformations taking place
  • Active research
  • Effective monitoring/evaluation
  • An understanding of the different models of health promotion
National priorities

- NHS 10 Year Plan
- Transforming Primary Care: A Strategic Commissioning Framework. NHS
- **NHS Public Health Functions Agreement Service Specification No 26 &26A**
To reduce bowel cancer there needs to be substantial increase in uptake

- National target 60%
- 52% desired minimum

<table>
<thead>
<tr>
<th></th>
<th>2018 FOBt</th>
<th>2019 FIT</th>
<th>increase</th>
</tr>
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<tbody>
<tr>
<td>St Mark’s</td>
<td>48.78 %</td>
<td>57.02%</td>
<td>8.24%</td>
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<tr>
<td>Hillingdon</td>
<td>51.52 %</td>
<td>60.92%</td>
<td>9.4%</td>
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<tr>
<td>Brent</td>
<td>44.04%</td>
<td>52.97%</td>
<td>8.93%</td>
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<tr>
<td>Harrow</td>
<td>51.19%</td>
<td>58.86%</td>
<td>7.67%</td>
</tr>
<tr>
<td>N Ealing</td>
<td>49.04%</td>
<td>55.20%</td>
<td>6.16%</td>
</tr>
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</table>
3. Barriers to participation in bowel screening

The aim of screening is to lower the burden of cancer in the population by discovering disease in its early stages.

In England, screening is offered every two years for men and women aged 60 to 74.

PHE has a target of 75% of eligible people taking up invitations for bowel cancer screening. The most recent uptake figure from PHE stands at 58%.

In some parts of the country uptake is as low as 33%. Seven out of ten of the worst areas in the country are in London. 44% of clinical commissioning groups (CCGs) in England are below the national average.

- Fear and denial around the test outcome
- Individual perceived low risk or don’t want to know result
- Gender - males less likely to take part in screening
- Misconception that the test is not applicable if no apparent symptoms of bowel cancer
- Lower uptake among ethnic minority groups
- Lower socioeconomic group
- Concerns around the practicalities and cleanliness of the test
- Low health literacy and numeracy
- It’s important to design activity to address these barriers for screening in your area, if relevant.
• Bowel cancer in England is more common in males living in areas of social deprivation. There is no association for females.

• Bowel cancer is more common in White people than in Asian or Black people.
White van man" is a stereotype used in the United Kingdom for a smaller-sized commercial van driver, typically perceived as a selfish, inconsiderate driver who is mostly petit bourgeois and often aggressive. According to this stereotype, the "white van man" is typically an independent tradesperson, such as a builder, plumber or locksmith, self-employed, or running a small enterprise, for whom driving a commercial vehicle is not their main line of business, as it would be for a professional freight-driver.
Local need

- Diverse populations and different needs?
- national priorities at a local level
- ensure an evidence base

- Borough & Ward Profiles
- Cross referencing with BCSS data
- Audit of community organisations
- BCSC data sets
- Local research - BCAM
Creating an evidence base

Population mapping
Creating an evidence base

Population mapping

Cross referencing with BCSS data
## Uptake by GP Practice, broken down by Clinical Commissioning Group

<table>
<thead>
<tr>
<th>GP Code</th>
<th>NHS Brent CCG</th>
<th>Quarter</th>
<th>Fiscal quarter</th>
<th>Invited</th>
<th>Adequately screened</th>
<th>Definitive abnormalities</th>
<th>Uptake</th>
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<tbody>
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<td>E83654</td>
<td>Cricklewood Broadway Surgery</td>
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<td>2017 - 2018 Q4</td>
<td>45</td>
<td>14</td>
<td>1</td>
<td>31.11%</td>
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<td></td>
<td></td>
<td>2</td>
<td>2018 - 2019 Q1</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>2018 - 2019 Q2</td>
<td>1</td>
<td>0</td>
<td>0</td>
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<tr>
<td></td>
<td><strong>Cricklewood Broadway Surgery Total</strong></td>
<td></td>
<td></td>
<td><strong>58</strong></td>
<td><strong>14</strong></td>
<td><strong>1</strong></td>
<td><strong>24.14%</strong></td>
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<td>E84002</td>
<td>Forty Willows Surgery</td>
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<td>2017 - 2018 Q4</td>
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<td>56</td>
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<td>49.12%</td>
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<tr>
<td></td>
<td></td>
<td>2</td>
<td>2018 - 2019 Q1</td>
<td>108</td>
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<td>3</td>
<td>57.78%</td>
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<tr>
<td></td>
<td></td>
<td>3</td>
<td>2018 - 2019 Q2</td>
<td>117</td>
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<td>1</td>
<td>51.28%</td>
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<td></td>
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<td>4</td>
<td>2018 - 2019 Q3</td>
<td>114</td>
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<td>0</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td><strong>453</strong></td>
<td><strong>212</strong></td>
<td><strong>4</strong></td>
<td><strong>46.80%</strong></td>
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<td>2</td>
<td>53.76%</td>
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<td>2018 - 2019 Q1</td>
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<td></td>
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<td></td>
<td></td>
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<td>44.69%</td>
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<td><strong>The Law Medical Group Practice Total</strong></td>
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<td>2018 - 2019 Q2</td>
<td>108</td>
<td>46</td>
<td>2</td>
<td>42.59%</td>
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<tr>
<td></td>
<td></td>
<td>4</td>
<td>2018 - 2019 Q3</td>
<td>118</td>
<td>59</td>
<td>0</td>
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<tr>
<td></td>
<td><strong>Uxendon Crescent Surgery Total</strong></td>
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<td>1</td>
<td>46.94%</td>
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<tr>
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<td>2018 - 2019 Q1</td>
<td>47</td>
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<td>16</td>
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<td>45.71%</td>
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<tr>
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<td>2018 - 2019 Q3</td>
<td>38</td>
<td>20</td>
<td>1</td>
<td>52.63%</td>
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<tr>
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<td>139</td>
<td>62</td>
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<td>44.60%</td>
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<tr>
<td></td>
<td></td>
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<td>2018 - 2019 Q3</td>
<td>133</td>
<td>54</td>
<td>1</td>
<td>40.60%</td>
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<tr>
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<td></td>
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<td>2018 - 2019 Q1</td>
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<td>0</td>
<td>33.33%</td>
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<td>3</td>
<td>2018 - 2019 Q2</td>
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<td>27</td>
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<td>33.75%</td>
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<td>4</td>
<td>2018 - 2019 Q3</td>
<td>105</td>
<td>44</td>
<td>2</td>
<td>41.90%</td>
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<tr>
<td></td>
<td><strong>Church End Medical Centre Total</strong></td>
<td></td>
<td></td>
<td><strong>380</strong></td>
<td><strong>143</strong></td>
<td><strong>2</strong></td>
<td><strong>37.63%</strong></td>
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<td>E84015</td>
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<td>2017 - 2018 Q4</td>
<td>245</td>
<td>134</td>
<td>3</td>
<td>54.69%</td>
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<td></td>
<td></td>
<td>2</td>
<td>2018 - 2019 Q1</td>
<td>270</td>
<td>125</td>
<td>1</td>
<td>50.00%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>2018 - 2019 Q2</td>
<td>234</td>
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<td>2018 - 2019 Q3</td>
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<td><strong>976</strong></td>
<td><strong>483</strong></td>
<td><strong>10</strong></td>
<td><strong>49.49%</strong></td>
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Creating an evidence base

Population mapping

Cross referencing with BCSS data

Audit of community organisations
<table>
<thead>
<tr>
<th>Group ID Number</th>
<th>Group Name</th>
<th>Type of group</th>
<th>Priority</th>
<th>Ward Code Borough</th>
<th>Ward</th>
<th>Social Rent Type</th>
<th>Social Rent %</th>
<th>Mean Age</th>
<th>BAME Priority</th>
<th>% BAME</th>
<th>% English Speaking Population</th>
<th>Contact Title</th>
<th>Contact First Name</th>
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</thead>
<tbody>
<tr>
<td>63</td>
<td>BCSC West Indian Self Effort (WISE)</td>
<td>Clubs And Assoc</td>
<td>High</td>
<td>E05000 Brent</td>
<td>Stonebridge</td>
<td>High</td>
<td>62.3</td>
<td>Low</td>
<td>32.2</td>
<td>High</td>
<td>76.5</td>
<td>17.2</td>
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<tr>
<td>67</td>
<td>BCSC Community Health First (CHF)</td>
<td>Clubs And Assoc</td>
<td>High</td>
<td>E05000 Brent</td>
<td>Stonebridge</td>
<td>High</td>
<td>62.3</td>
<td>Low</td>
<td>32.2</td>
<td>High</td>
<td>76.5</td>
<td>17.2</td>
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<tr>
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<td>BCSC Asian People's Disability Alliance</td>
<td>Disability</td>
<td>High</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>93</td>
<td>BCSC Stonebridge centre (Hyde Housing)</td>
<td>Housing groups</td>
<td>High</td>
<td>E05000 Brent</td>
<td>Stonebridge</td>
<td>High</td>
<td>62.3</td>
<td>Low</td>
<td>32.2</td>
<td>High</td>
<td>76.5</td>
<td>17.2</td>
<td></td>
</tr>
<tr>
<td>94</td>
<td>BCSC Stonebridge Somali Centre</td>
<td>Cultural BAME</td>
<td>High</td>
<td>E05000 Brent</td>
<td>Stonebridge</td>
<td>High</td>
<td>62.3</td>
<td>Low</td>
<td>32.2</td>
<td>High</td>
<td>76.5</td>
<td>17.2</td>
<td></td>
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<tr>
<td>138</td>
<td>BCSC Somali Advice and Forum Cultural</td>
<td>Cultural BAME</td>
<td>High</td>
<td>E05000 Brent</td>
<td>Stonebridge</td>
<td>High</td>
<td>62.3</td>
<td>Low</td>
<td>32.2</td>
<td>High</td>
<td>76.5</td>
<td>17.2</td>
<td>Rhoda Ibrahim</td>
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<td>149</td>
<td>BCSC Brent Somali Community Roots</td>
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<td>E05000 Brent</td>
<td>Stonebridge</td>
<td>High</td>
<td>62.3</td>
<td>Low</td>
<td>32.2</td>
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<td>17.2</td>
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<td>E05000 Brent</td>
<td>Harlesden</td>
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<td>Stonebridge</td>
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<td>62.3</td>
<td>Low</td>
<td>32.2</td>
<td>High</td>
<td>76.5</td>
<td>17.2</td>
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</tr>
</tbody>
</table>
Creating an evidence base

Population mapping

Cross referencing with BCSS

Audit of community organisations

BCSC data sets
NW London Ethnicity Uptake

N=899

- White: 36%
- Asian: 34%
- Black: 8%
- Other: 4%
- Not stated: 18%
Brent Uptake by Ethnicity

- Asian: 43%
- White: 25%
- Black: 11%
- Other: 16%
- Not stated: 5%
Harrow Uptake by Ethnicity

- Black: 4%
- Asian: 42%
- Not stated: 17%
- Other: 2%
- White: 35%
Hillingdon Uptake by Ethnicity

- White: 52%
- Asian: 18%
- Other: 19%
- Black: 7%
- Not stated: 4%
High risk adenoma by ethnicity and gender – all (n=74)
Map for high-risk adenoma by ethnicity
Green = White
Blue = Asian
Orange = Black
Yellow = Chinese
Black = Not stated
Map for GP screening uptake
Lighter colours indicate lower uptake, darker colours = high screening
Grey = no data
Creating an evidence base

Population mapping

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BCSC data sets

BCAM
Bowel Cancer Awareness Measurement
Cancer

Colorectal cancer screening and the role of community pharmacy


Access to colorectal cancer screening varies across the UK. This article describes the various tests and how community pharmacists can promote them.
What does the B-CAM look like?
The bowel cancer awareness measure (B-CAM) is a survey that is used to measure people’s awareness of the warning signs and risk factors associated with bowel cancer.

Knowledge of the bowel cancer screening programme

What is the ‘Bowel Cancer Awareness Measure?’
• 40 pharmacies recruited
• Training events held in Brent, Harrow, Hillingdon
• 66 pharmacy staff trained
• Surveys conducted in multiple languages by pharmacy staff
• Achieved sample n=914
Differences

• in bowel cancer awareness between geographic regions.

• in cancer awareness at a smaller geographic level (e.g. IMD deciles as opposed to IMD quintiles)

• between individual cancer awareness items (e.g. abdominal pain, blood in stool etc.), so that we can identify specific symptoms that go unrecognised

• between demographic subgroups of individuals (e.g. different ethnic groups)

What will it tell us?
Interim findings and ethnicity

• Before adjusting for main language, ethnicity was associated with symptom and BCSP, but not risk factor awareness.

• After adjusting for language, ethnicity was no longer associated with symptom awareness.

• Ethnicity remained independently associated with BCSP awareness.

• Specifically, compared with White-British respondents, awareness was significantly lower among Black African, Black Caribbean, Pakistani and White “other.”

• but not White Irish or Indian respondents.
What does all this tell us at a local level?

• Screening uptake and awareness is good in parts of our Asian community – we need to target the Pakistani community on awareness of the screening programme

• We need to further refine where our black African/Caribbean communities are and increase awareness of the programme to investigate if low uptake correlates to uptake/cancer outcomes
• Those identifying as White British/Irish/other, in areas of social deprivation should be a priority in terms of interventions to increase uptake
Further analysis will report on:

- Risk factors and symptom awareness by CCG
- By gender
- Awareness of the screening centre by CCG
- By gender
Creating an evidence base

Population mapping

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Audit of community organisations

Refining interventions

BCAM

BCSC data sets
British Society of Gastroenterology  
Clinical Services & Standards Committee  

Presents this  

Certificate of Recognition  

to  
Andrew Prentice on behalf of The StMark’s Bowel Cancer Screening Centre  
For excellence in service delivery in  
Improvements to Uptake  
2019  

Cathryn Edwards  
Tony Tham  
BSG President 2018 - 2020  
CSSC Chair