

Bowel Screening Non-Responders

Bowel screening is undertaken to reduce mortality from bowel cancer by detecting cancer early. Invitations and testing kits are sent to men and women aged 60-74, every two years



Background

- Evidence shows that endorsement from a GP, or other trusted health professional, increases screening uptake. This project was undertaken to identify whether bowel screening non-responders are more likely to participate if they receive a prompt/information from their practice in order to make an informed choice.
- **52%** screening uptake in ABUHB, which is lower than the 60% national target.
- **70** practices participated in the project across the 12 ABUHB Neighbourhood Care Networks

Project aims

To assess whether non-responders receiving a prompt from their practice has an impact on participation in bowel screening by:

- Identifying an acceptable and systematic way of **transferring non-responder information** between Bowel Screening and practices
- Assessing the effectiveness and practicalities of **GP practices prompting non-responders** to inform potential roll-out
- Informing ongoing work to **develop electronic links** between Bowel Screening Wales and GP practices

Project outcomes

- **47%** (3105) patients were recorded as being given brief advice
- **97%** (6402) patients were sent invitation letters
- **72%** (4752) patients were invited by telephone
- Bowel screening defaulters were **highlighted better** than previously and **more vigorously followed up**.
- **Awareness raised** of the number of patients still to be tested, assisted by the clinical reminder tool

What we did...

- Alun Edwards, Caerphilly South NCN Lead, worked in partnership with **Public Health Wales** to develop a process targeting non-responders
- **Bowel Screening Wales** identified non-responders to be contacted by participating practices
- **75%** (6910) individuals were contacted by participating practices via letter and telephone



Evaluation

The project has demonstrated that:

- GP surgeries are able to **make contact** with non responders for bowel screening
- Practices were able to **share learning** in NCN meetings
- "Pop ups" in medical records were noted to be useful in **identifying** non responders
- Following up invitation letters with **phone calls** from Health Care Assistants or administration staff, who often knew the patients, was found to be helpful



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