

Bowel Cancer Screening Programme

Introduction

The Accessibility Coordinator role aims to deliver improvements in health outcomes and a reduction in health inequalities across East Kent. In particular with this role our focus is the Nepalese population; this is because it is proven that this community have a lower uptake with Bowel Cancer Screening and are also more susceptible to Bowel Cancer.

This report will present the findings myself and my colleague found when visiting Folkestone Nepalese Centre in May 2023. Further discussion will be made about this later on in the document.

Why screening is important?

Screening has the potential to save lives and improve people's quality of life. It has the potential to detect cancer at the earliest stage, even if you are asymptomatic. Bowel Cancer is preventable and finding it at the earliest stage possible can increase the effectiveness of treatments and allow patients the opportunity to make better informed decisions in regards to their health. The Bowel Cancer Screening programme is delivered to those who are 60-74-year olds in England. There is an ongoing rollout to lower this age limit to 50 by 2024. Currently, East Kent are already inviting 56- and 58-year olds. This is important because the symptoms of bowel cancer increase with age and are more vulnerable to growths in the bowel.

What we aim to achieve as a programme:

The Bowel Cancer Screening programme at East Kent Hospitals aims to provide equality and equity to all who access the screening service. Furthermore, we aim to work alongside the NHS Long-term plan to diagnose 75% of all cancers at an early stage by 2028. The way we intend to do this is by continuing to lower the age limit of participants entering the programme and by delivering information and pop-up sessions at community events to engage the public and, therefore, increase the uptake into the programme and the completion of the FIT test kit. Moreover, we aim to identify and remove polyps at the earliest possible stage, before they have the chance to turn into a cancer.

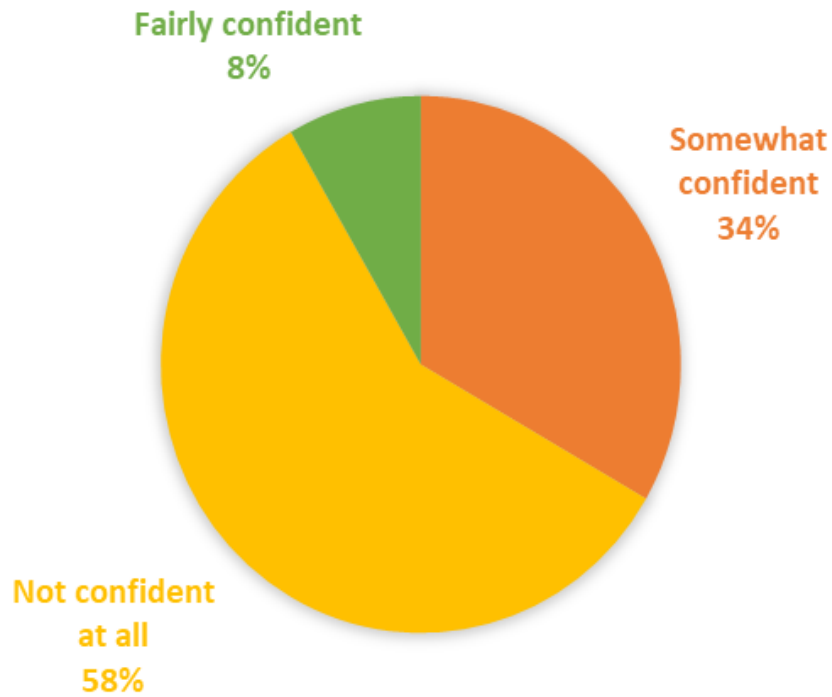
What we aim to achieve at our pop-up events:

At the pop-up events we aim to raise awareness. Although the results may not be visible on the day, over time, and the more sessions we are fortunate enough to deliver, will be able to see a trend in the data collated at these sessions. These can then be shared with the community lead and the wider audience of NHSE. We also aim to recruit community champions by the end of the project who will help spread awareness of Bowel Cancer further into the community. We are keen to deliver more enhanced 1-1 sessions with the champions to ensure they are fully informed and confident about sharing the aims of the programme with their community. Furthermore, we will also use the pop-ups to gain some shared learning such as, what went well and what could be done differently. By doing this we can evaluate our work and improve for next time.

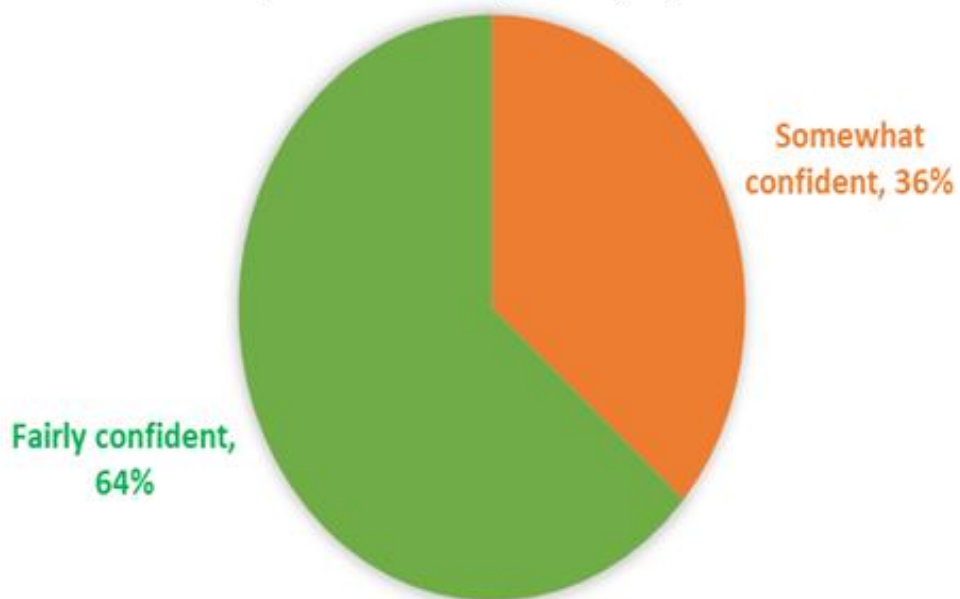
Findings:

Bowel Cancer Screening Programme

R1: How confident are you with the signs & symptoms of Bowel Cancer?

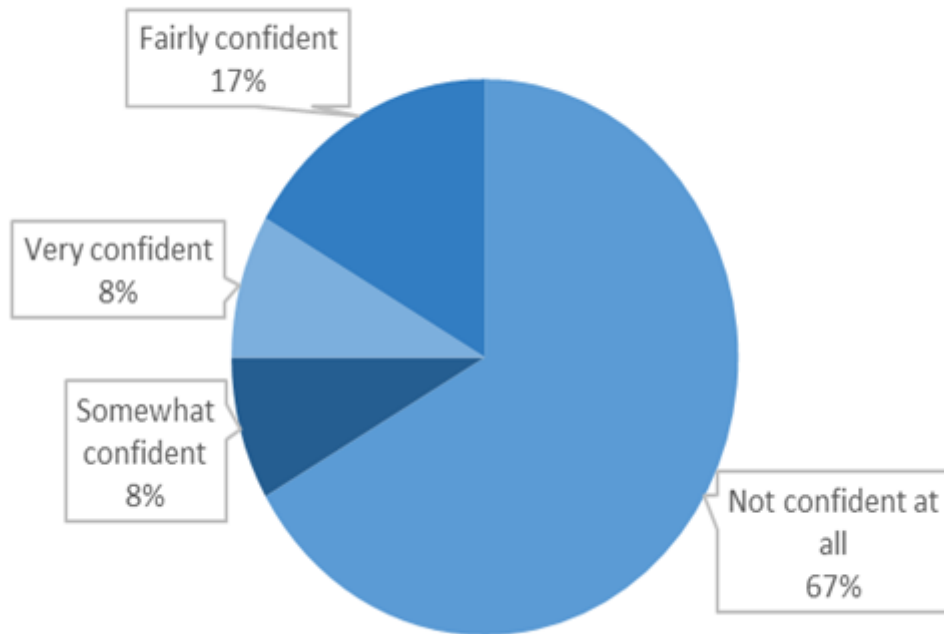


R2: How confident are you with the signs & symptoms of Bowel Cancer?

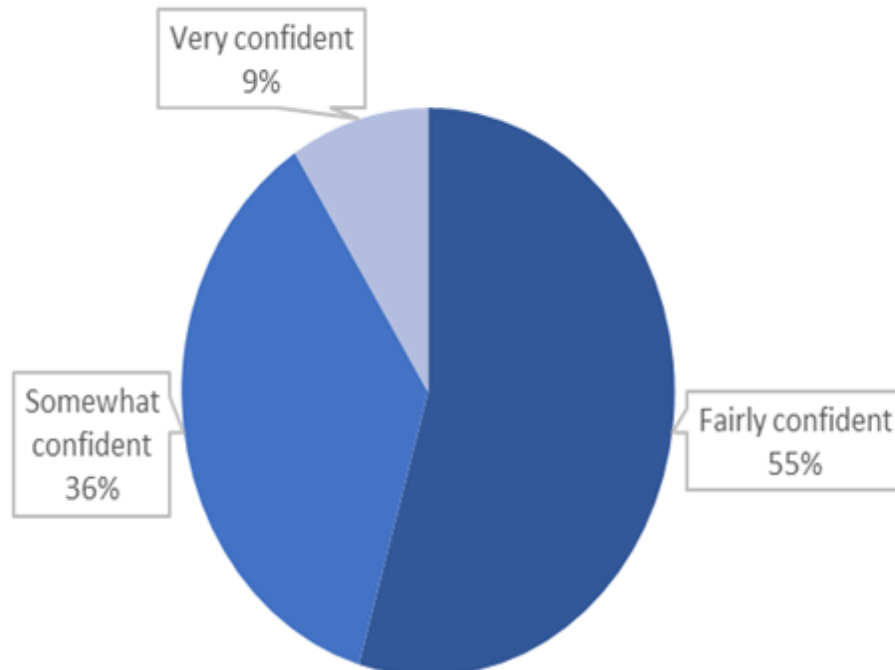


Bowel Cancer Screening Programme

R1: How confident are you with your understanding of a colonoscopy?



R2: How confident are you with your understanding of a colonoscopy?



Bowel Cancer Screening Programme

Results:

Our questionnaire was trialled on 12 Nepalese individuals. There were two rounds of questionnaires; Round 1 (R1) before our East Kent Hospitals Bowel Cancer Screening presentation, and Round 2 (R2) after the presentation. We thought this would be suitable in order to see what knowledge the participants already had about Bowel Cancer, and to show what they had learnt. This will also be used to show us as a programme our progress and how effective our sessions are.

Most participants, who took part in the questionnaire were eligible for Bowel Cancer Screening; aged between fifty-five and seventy-five. We had a small number of individuals who were outside of the screening age, for example eighty, eighty-one and ninety-one. Our respondents were mostly male, with four being female. All eligible subjects had previously completed a FIT test kit, finding that the elder individuals had not. Out of the twelve participants, four of them knew who to contact for a test kit.

The risks of declining screening were uncertain among all participants, and individuals believed that their language, physical impairments and age were barriers to Bowel Cancer Screening.

The data that has been displayed in the findings section of this document, which has been converted into pie charts, shows the improvement between round one and round two; with an increase of knowledge on the signs and symptoms of Bowel Cancer and the colonoscopy procedure.

As an additional part to the questionnaire, for our own interest we also asked if individuals felt as if there was enough information provided for them about Bowel Cancer Screening, and if they could confidently contact their GP about anything bowel related. Participants has mixed responses about health information and none strongly felt they could contact their GP.

Recommendations:

In the future, we will change our questionnaires to be more suitable to the audience, it is thought that perhaps questions were too wordy for the individuals to comprehend. It is understood that also the Nepalese Community prefer audio or visuals in Nepalese, rather than written due to their literacy level. We will be looking to hold further focus groups and meet with a younger cohort to gauge their understanding. It was a great experience to work with the Folkestone Nepalese Community Centre and we look forward to working with them again as it is also a learning experience for us.