

**REPORT TO:** Health & Wellbeing Board  
**DATE:** 29 March 2017  
**REPORTING OFFICER:** Director of Public Health  
**PORTFOLIO:** Health and Wellbeing  
**SUBJECT:** Bowel Cancer Screening Intervention  
**WARD(S)** Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 To provide an update to Health & Wellbeing Board of the research study undertaken around Bowel Cancer Screening in Halton.

2.0 **RECOMMENDATION: That the report be noted**

3.0 **SUPPORTING INFORMATION**

3.1 Bowel Screening is currently led by Public Health England but performance is monitored at local authority level. (2.20 National Screening Programmes)

3.2 The Bowel; Screening programme offers screening every 2 years to all men and women aged 60-74. People eligible for screening receive an invitation letter explaining the programme, along with an information leaflet explaining the benefits and risks of screening.

About a week later, the programme should send a faecal occult blood sampling kit. The kit includes simple instructions for:

- completing sampling at home
- sending the samples to the laboratory

The sample is then processed and the results sent to the individual within 2 weeks.

3.3 Currently the Halton screening uptake is 52.2% with a North West average of 55.9% and a National Average of 57.1%. The Public Health Outcome Framework (PHOF) and the NHS Outcome Framework both share two key indicators around Cancer which are:-

- Cancer diagnosed at stage 1 and stage 2 (PHOF 2.19, NHSOF 1.4vi)
- Under 75 mortality rate from cancer (PHOF 4.05, NHSOF 1.4)

Cancers diagnosed at Stage 1 currently have a survival rate of 91% against less than 10% at stage 4.

- 3.4 Through established links with Primary care and as part of the Health Improvement Specialist's dissertation on his Masters at the University of Chester, a piece of research was undertaken to improve screening percentage across 3 GP practices. Through established links from Health Improvement work, two practices in Widnes and one in Runcorn were identified to take part in an 8 week intervention period.

The intervention aimed to target non-responders to the screening invite by telephoning people once their GP practice was informed by the Regional Screening hub. Health Improvement Health Trainers were given bespoke training about the programme, kit and utilising their already established behaviour change skills were deployed into the three practices to contact people who declined the original invitation.

240 non-responders were targeted (the most recent 80 per practice). As a result of the telephone calls and an agreement with the regional screening hub, replacement kits were ordered directly from the practice. Results showed an average increase in screening by almost 10% (9.7%) as a result of the intervention. Most non-responder interventions are mail based and yield on average only a 1-6% increase.

#### 4.0 **POLICY IMPLICATIONS**

This highlights the potential to make a huge impact across Halton by increasing the rate above both the North West and England average, and more importantly saving Halton lives through early detection.

#### 5.0 **OTHER/FINANCIAL IMPLICATIONS**

- 5.1 Through early diagnosis (i.e. Stage 1 and stage 2) treatment costs can be significantly reduced by up to nearly £10,000 per case diagnosed.

#### 6.0 **RISK ANALYSIS**

- 6.1 N/A

#### 7.0 **EQUALITY & DIVERSITY ISSUES**

- 7.1 It has not been appropriate, at this stage, to complete a Equality Impact Assessment (EIA)

#### 8.0 **BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972.**

None under the meaning of the Act.

