



Regional Bowel Cancer Screening campaign North West of England

Monday 9 January – Sunday 2 April 2017

Last updated: 9 December 2016

A regional Be Clear on Cancer campaign will launch across the North West of England in early 2017, aimed at increasing participation of 60–74 year olds in the English NHS Bowel Cancer Screening Programme.

Why the focus on bowel cancer screening?

Bowel cancer is the fourth most common cancer and the second most common cause of cancer death in the UK¹, yet trials show that bowel cancer screening can cut deaths from the disease by 15% in the target population (60–74 year olds)². **The guaiac faecal occult blood test or gFOBT (see image 1) is currently used for bowel cancer screening in England.** It can detect early signs of bowel cancer, when it is often easier to treat successfully (see table 1³). Despite this, overall uptake of bowel cancer screening in England is low at 58% (2014/15), and as low as 33% in some areas⁴.

Table 1: Percentage of bowel cancers diagnosed at the earliest stage via different routes to diagnosis

Diagnosed via bowel cancer screening (gFOBT)	37%
Diagnosed via urgent or routine GP referral	18%
Diagnosed via an emergency presentation	6%

What is this campaign aiming to achieve?

Increased awareness and participation in the NHS Bowel Screening Programme (specifically, gFOBT).

Has this campaign run previously?

No, a Be Clear on Cancer bowel cancer screening awareness campaign has never run before; previous Be Clear on Cancer campaigns have always focused on improving early diagnosis by raising awareness of cancer symptoms. However, Cancer Research UK (CRUK) has undertaken three bowel cancer screening pilot campaigns to date, in London (2014), Wales (2015) and England (2015–16). The Department of Health (DH) helped to fund CRUK's first pilot and has supported the Wales and England

projects. Insights gained from CRUK's pilot projects will be used to inform this campaign.

**Image 1:
The guaiac
faecal occult
blood test
(gFOBT)**



Is there any evidence this campaign will work?

Evidence indicates fear of the test outcome, being asymptomatic, having a low perceived risk of bowel cancer and concerns about the practicalities and cleanliness of the screening test can act as barriers to participation⁵. CRUK's previous pilots all aimed to explore ways of improving participation of 60–74 year olds in the Bowel Screening Programme. In London, a pack (containing gloves & poo catchers) and endorsement flyer achieved a greater impact when supported with advertising, increasing uptake by **6.1 percentage points** among 60–69 year olds, and **7.3 percentage points** among 70–74 year olds. In Wales, a personalised CRUK endorsement letter was found to be most effective among 'First Timers' (**+9.1 percentage points**), while a letter + pack (containing latex-free gloves) was most impactful among *more* deprived 'Non-Responders' (**+3.2 percentage points**)⁶.

Who is running this campaign?

CRUK will lead, fund and evaluate this pilot however Public Health England (PHE), DH and NHS England colleagues will provide consultancy, support with engagement of stakeholders, and produce some campaign materials.

Why is PHE working in partnership with CRUK on this campaign?

In July 2015, the Independent Cancer Taskforce included a specific recommendation in their strategy "Achieving World Class Outcomes: A Strategy for England 2015 to 2020" for PHE to "explore the use of the Be Clear on Cancer brand

to improve uptake of screening programmes, particularly among disadvantaged groups". CRUK and PHE fully support this recommendation and have therefore come together in partnership, along with DH and NHS England, to trial the use of the Be Clear on Cancer brand on a bowel cancer screening awareness campaign. The long-term ambition of this partnership is for PHE to roll the campaign into their regular programme of work, should it prove to be successful.

Who is the campaign aimed at?

- **55–74 year olds from lower socioeconomic groups, with a skew towards men.**

This targeting will allow us to reach both those eligible and soon to be eligible for screening, and to focus our advertising on those least likely to participate.⁷

What activities will be taking place and when?

An advertising campaign including TV, posters at bus stops, and adverts in newspapers and on Facebook will run for 12 weeks from 9 January to 2 April 2017. Advertising will run for the full campaign period, whilst direct mail will run alongside advertising from 20 February to 31 March only. Direct mail will consist of two versions:

- **Version one:** A personalised CRUK endorsement letter, sent to **First Timers** only (i.e. those being invited to bowel screening for the first time)
- **Version two:** A personalised CRUK endorsement letter and a pack containing 3 pairs of latex-free gloves, sent to **Non-Responders** (i.e. those who have been invited previously but have never responded) only

Previously screened invitees will not be targeted with the CRUK direct mailing.

The mailings will arrive two – three days following an NHS bowel screening test kit.

- Advertising and direct mail will run across the North West of England (Lancashire, South Cumbria, Greater Manchester, Merseyside and Cheshire), however direct mail will not run in all CCG areas; some areas will act as control areas (TBC).

What are the main messages of the campaign?

- This little kit could save your life
- If you're aged 60–74 you'll be sent a free bowel cancer screening kit in the post, once every two years
- It's meant for people with no symptoms
- It's one of the best ways to find bowel cancer early, when it's easier to treat successfully
- So don't ignore it, take the test
- Be Clear on Cancer

What impact is the campaign likely to have on NHS services?

Should the campaign achieve a 10% increase in uptake amongst First Timers and a 3% increase in uptake in Non-Responders (as estimated); across all **32 campaign CCGs** there could be an estimated*;

- Additional **520** people adequately screened**
- Additional **15** colonoscopies*** following one month of advertising & direct mail activity.

* Estimates have been calculated using the average number of invitations sent per day during 2014 and 2015 and percentage uptake data (2015/16) for first-timers and non-responders. Data were supplied by the Bowel Cancer Screening Programme for each campaign CCG. Estimates assume that 19% of the sample will be First Timers and 36% Non-Responders, as informed by the London and Wales pilots.

** Reached a definitive result ('Normal' or 'Abnormal')

*** Number of colonoscopies was estimated as 2.82% of those adequately screened (calculated by Cancer Research UK from Annual Report Bowel Cancer Screening Programme, London Programme Hub, April 2011 – March 2012).

Regional NHS Screening and Immunisation teams and their providers are being consulted with regularly, with the aim of understanding pressures on capacity. Modelling data relevant to each Screening Centre within the North West has also been supplied directly, to help them to prepare as best they can for the anticipated increase in demand for diagnostic services.

We do not anticipate a significant increase in GP practice visits as a result of this campaign, since the advertising will not be directing people to their GP. However, we do advise that practice teams are aware of the campaign and can answer related patient queries.

How will the campaign be evaluated?

Bowel cancer screening uptake will be analysed by screening history in the target areas, and compared to those invited in a pre-campaign control period and those invited in comparison areas (demographically similar but not exposed to advertising). The impact of advertising on awareness, knowledge and attitudes will also be measured with pre and post surveys and impact on local services will also be carefully monitored. Some cancer outcomes data will also be analysed, e.g. number of bowel cancers diagnosed.

What can I do to support the campaign?

- 1 Share this briefing with NHS, Public Health England and Local Authority (Public Health) colleagues who will find it useful to hear about the campaign.**
- 2 Display campaign posters and leaflets in community settings (e.g. GP practice, Pharmacist, Community Centre).**
- 3 Visit the [CRUK website](http://www.cancerresearchuk.org) for further information and to access briefings and campaign materials.**

Further information:

- 1 [Scoping the Future: an evaluation of endoscopy capacity across the NHS in England](#)**
- 2 [Engaging primary care in bowel cancer screening: GP good practice guide](#)**

- 1 Cancer Research UK, <http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/bowel-cancer>, Accessed August 2016.
- 2 Hewitson P et al. (2007). Screening for colorectal cancer using the faecal occult blood test Hemoccult. Cochrane Database System Review. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001216.pub2/full>, Accessed August 2016.
- 3 National Cancer Intelligence Network and Cancer Research UK. (2016). Routes to diagnosis of cancer by stage, 2012–2013 workbook. London: NCIN. http://www.ncin.org.uk/publications/routes_to_diagnosis, Accessed August 2016.
- 4 Persons 60–69, screened for bowel cancer within 6 months of invitation (uptake, %) by CCG. Public Health England, Cancer Services Profiles.
- 5 Cancer Research UK, <http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/bowel-screening-projects-and-resources/evidence-on-increasing-bowel-screening-uptake> Accessed August 2016.
- 6 Cancer Research UK, http://www.cancerresearchuk.org/sites/default/files/bsw_cruc_report_final_amend_280716.pdf Accessed August 2016.
- 7 England bowel screening data for FY 2014/15, persons aged 60–74, "Percentage of people adequately screened out of those invited for FOBt screening" were provided by Public Health England (PHE) Screening on request April 2016.