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GP endorsement of bowel cancer screening increases uptake

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CLAHRC researchers identify minor intervention that boosts uptake of bowel cancer screening at minimal cost to NHS

A three year study involving 265.000 patients in England investigated interventions to boost screening uptake. Including an endorsement of the screening programme by a participant's GP in invitation letters proved effective.

Background

Bowel cancer is the second commonest cause of cancer death in the UK. Early diagnosis improves survival and in 2006 the NHS has established the Bowel Cancer Screening Programme (BCSP). In England, everyone currently receives a screening invitation and test kit every two years between age 60 and 74, and those who don't return a completed kit receive a reminder letter.

Only around half of those offered screening take up the offer. Although screening is free to participants there is also a strong socioeconomic gradient in uptake in England. Variations in, and poor uptake of bowel cancer screening lead to late cancer diagnosis and preventable death, creating inequalities in bowel cancer outcomes.

Strategies to Reduce the Social Gradient in Bowel Cancer: ASCEND

Over a three-year study the ASCEND research team designed interventions aimed to increase take-up and reduce socio-economic inequalities in bowel cancer screening in England. Four interventions in addition to the standard screening invitation letter were developed and tested including endorsement of screening by an individual's General Practice.

Summary of findings

There is a socioeconomic gradient in the uptake of screening in the English NHS Bowel Cancer Screening Programme (BCSP), potentially leading to inequalities in outcomes. This study tested whether endorsement of bowel cancer screening by an individual's general practice (GP endorsement; GPE) increased uptake and reduced this gradient.

General Practitioner Endorsement (GPE) consisted of an additional section at the top of the usual invitation letter highlighting that the individual's GP practice supported bowel cancer screening.



Researchers found that if a participant's general practice explicitly endorsed screening there was an increase in uptake. GPE did not have a significantly stronger effect in lower vs higher socioeconomic groups.



GP endorsement of screening boosted the use of home testing kits used for bowel cancer screening

Impact of General Practitioner Endorsement

This intervention consisted of the usual screening invitation letter with an additional section at the top highlighting that the individual's GP practice supported bowel cancer screening. For the study, 265,000 people eligible for screening from 6,480 GP practices in England were randomly allocated to receive a GP-endorsed or the standard invitation letter. Results showed that a higher percentage completed the screening test after receiving the endorsed letter than the usual letter.

The addition of a simple statement of GP endorsement to the standard BCSP invitation letter increased the odds of participation in the guaiac fecal occult blood test (gFOBT) screening programme by 7% with only a small up-front cost.

Recommendations for practice

This minor intervention represents an almost cost-free approach to enhancing screening uptake, with no effort required from primary care other than agreement to have the practice name on the letters. General practitioner endorsement of the BCSP's screening invitation could potentially be a simple and cheap intervention to embed in the routine invitation letter.



References

Impact of general practice endorsement on the social gradient in uptake in bowel cancer screening British Journal of Cancer (2016) 114, 321-326

Raine, Rosalind et al.

www.nature.com/bic/journal/v114/n3/full/bic2015413a.html#abs



Effects of evidence-based strategies to reduce the socioeconomic gradient of uptake in the English NHS Bowel Cancer Screening Programme (ASCEND): four cluster-randomised controlled trials Lancet (2015) published online Dec 8.

Wardle, Jane et al.

doi:10.1016/S0140-6736(15)01154-X



Useful links

The ASCEND Study: Strategies to Reduce the Social Gradient in Bowel Cancer Screening www.ucl.ac.uk/dahr/research-pages/ascend

Cancer Research UK press release

Backing from their GP could lead thousands more to take bowel cancer test; http://bit.ly/1R19VRJ

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