

# Oxfordshire Health and Wellbeing Board

## Detailed performance report

### 1. Details

**Strategic Priority:** Preventing early death and improving quality of life in later years

**Strategic Lead:** Paula Jackson, Consultant in Public Health, NHS England

**Last updated:** 14<sup>th</sup> January 2015

#### PROGRESS MEASURE:

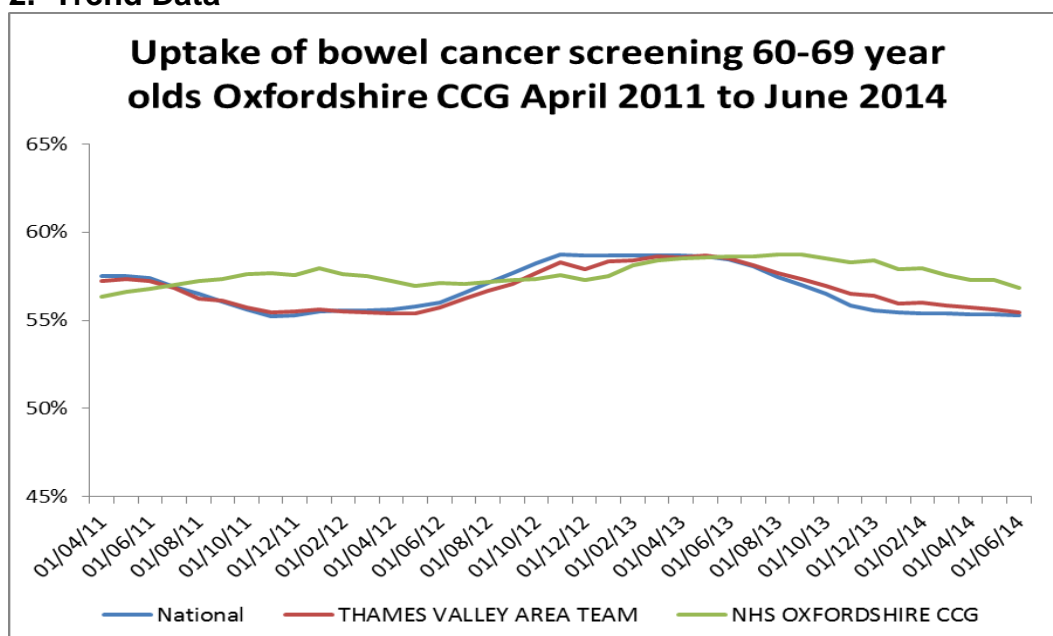
8.1 a: At least 60% of those sent bowel screening packs will complete and return them (ages 60-69 years) and an equity audit should be conducted to ensure all population groups are responding

8.1b: At least 60% of those sent bowel screening packs will complete and return them (ages 70-74 years) and an equity audit should be conducted to ensure all population groups are responding

Current indicator RAG Rating

Red

### 2. Trend Data



### 3. What is the story behind this trend? - Analysis of Performance

- Bowel cancer screening for people aged 60-69 yrs old was launched in Oxfordshire in April 2010. It was extended to include 70-74yr olds in March 2013
- Data on uptake of bowel screening is available three months in arrears; this is the length of time it takes from first contact with an eligible patient to closure of a screening episode. Benchmarking data then has to be validated before it is released for publication.
- Eligible people receive a postal testing kit every two years which they complete and return free of charge. Uptake is the proportion of those people who have returned their postal kits for screening.
- The national minimum standard for uptake is 52%, with an achievable target of 60% monitored locally.
- The latest benchmarking data available up until June 2014 indicates that uptake has declined nationally and locally over the last 18 months. This is a cause for concern because bowel cancer is a leading cause of cancer deaths and early detection through screening can significantly improve survival rates.

- Uptake of screening in Oxfordshire is however higher than regional or national averages. Furthermore monthly programme data indicates that uptake in recent months has improved, with some months recording an uptake of 58 -59%. Locally validated data for July –Sept 2014 indicates uptake has increased to 57%.
- The bowel cancer screening programme manager completed a detailed equity audit in 2013 which identified that some groups of eligible patients were less likely to take up the offer of screening. These included people under the age of 65 yrs, men, those in lower socioeconomic groups and black and ethnic minority communities. These local findings reflect national research into variations in uptake.
- Oxfordshire has just started to offer bowel scope screening to 55 yr olds to prevent bowel cancer and maximise the early identification and treatment of cancer.

#### 4. What is being done? - Current initiatives and actions

##### Actions

###### **Identifying variations in uptake**

Screening uptake is monitored at practice level and a health equity audit has been undertaken to identify groups less likely to take up the offer of screening

###### **Practical support for practices**

Every GP practice has a Specialist Screening Practitioner (SSP) allocated to provide advice in maximising uptake

###### **Targeted work to increase uptake**

Programme of work led by Specialist Screening Practitioners to maximise uptake with groups less likely to take up the offer of screening

###### **Pilot site for new bowel screening test**

Oxfordshire has been involved in piloting the new Faecal Immunochemical Test (FIT). The test only requires one faecal sample as opposed to the three currently required.

##### Commentary

- Practices with low uptake have been identified.
- Groups less likely to take up the offer of screening include men, those under the age of 65yr olds, those living in more socioeconomically deprived areas and people in black and ethnic minority groups
- The programme provides uptake data to practices
- SSPs offer practice visits, presentations and update sessions plus health promotion resources to raise awareness of screening with practice patients
- SSPs delivering work to increase uptake among people living in deprived localities, BME populations, vulnerable people including those with learning disabilities and mental illness, plus outreach to community groups
- Unpublished data from the pilot indicates that patients who received a FIT screening test found it more acceptable with uptake increasing to 69%

## What needs to be done now? - New initiatives and actions

| Action   | By Whom & By When                            |
|--|--|
| ❑ Continue to deliver targeted work to increase uptake with groups less likely to take up the offer of screening   | Bowel screening service - ongoing            |
| ❑ Continue to provide practical support to GP practices to assist them in maximising patient uptake and develop collaborative solutions with practices which have particularly low uptake  | Bowel screening service & Area Team- ongoing |
| ❑ Implement new national Infoscreen initiative in which non responders receive a personalised letter sent on behalf of their GP surgery. Oxfordshire is only the second programme in the country to pilot this.  | Bowel screening service – Feb 2014           |
| ❑ Implement the new FIT screening test if it authorised for national rollout following economic evaluation and endorsement by the Dept of Health and National Screening Committee  | Bowel screening service – TBC                |
| ❑ Implement findings of national Ascend project which is a study investigating testing different interventions to find out which are most effective at increasing uptake- this includes measures specifically aimed at those from lower socioeconomic groups | Bowel screening service – TBC                |