

Primary Care Needs Assessment tool: indicator review

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① You are now reviewing the PCNA indicator(s) for: **Uptake of bowel screening**

① **Caution:** The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.

STEP **A**

Strategic context

① Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

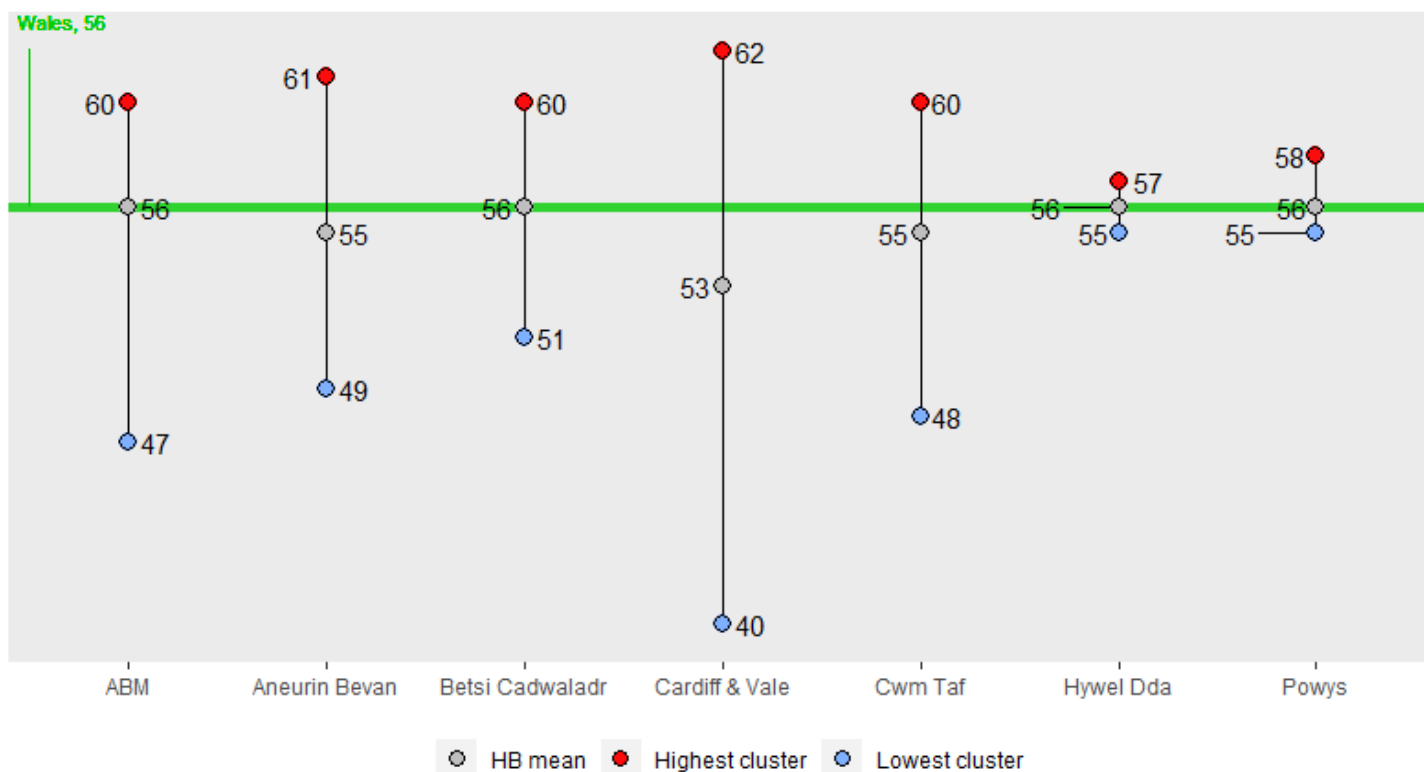
- Bowel Screening Wales ([link](#)) aim to detect bowel cancer at an early stage when treatment is more likely to be effective; regular bowel cancer screening reduces the risk of dying from bowel cancer by 16% (NICE 2014; [link](#)).
- *A healthier Wales: our plan for health and social care 2018* (WG 2018; [link](#)) highlights the need for a shift towards greater prevention and early intervention.
- *The Cancer delivery plan for Wales 2016–2020* ([link](#)) recognises the role of screening programmes (together with targeted prevention and equitable access to care) in helping to drive down socio-economic and geographical variation in cancer outcomes; it also notes the need for improved screening uptake.
- During 2017–18 national average uptake for bowel screening was 55.7%; uptake was lower in males (54.1%; females 57.2%) and lower in the most deprived areas (45.6%; least deprived 63.3%) revealing inequities (BSW 2019; [link](#)).
- A new, single-sample faecal immuno-chemical test (FIT) is being phased in from early 2019; this is intended to improve the acceptability of bowel screening (and thus uptake).
- Indicators for this topic are reported via Primary Care Measures.

▼ PCM national variation

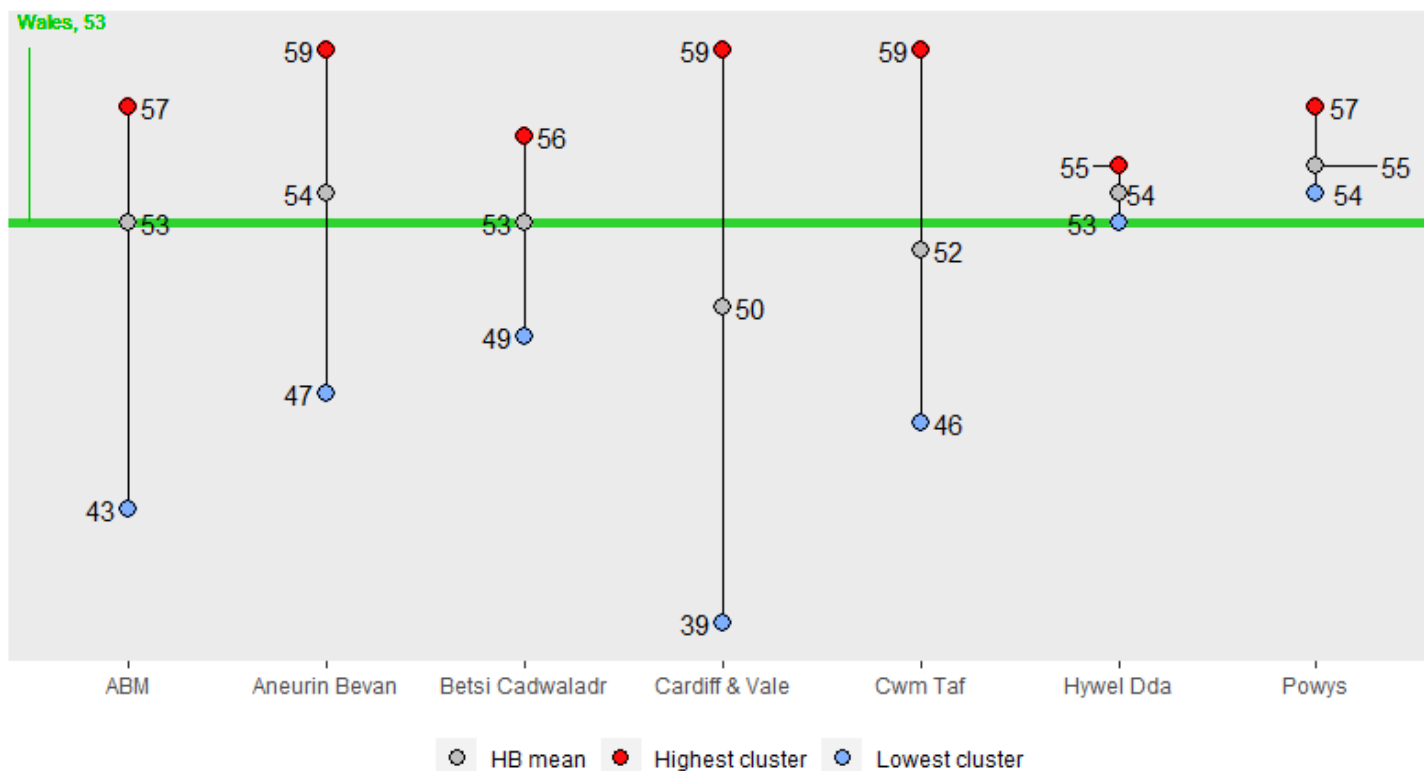
① Primary Care Measures (PCM) are a set of care quality indicators for primary care in Wales. The charts below emphasise variation between and within health boards; for further information see [here](#). Beneath the charts are improvement action options that may inform cluster IMTPs. Variation is a natural phenomenon and can be healthy e.g. it can be a deliberate result of innovation in primary care settings that seeks to test improvements in processes or deliver better care outcomes. Variation that is observed in a healthcare

context may be referred to as *inequality*; inequality that is judged to be both avoidable and socially unjust is termed *inequity* (sometimes alternatively described as *unwarranted variation*).

Variation in uptake proportion for bowel screening, by cluster within each health board, 2017/18 (Source: PCIP, Nov 2019):



Variation in uptake proportion for bowel screening, by cluster within each health board, 2016/17 (Source: PCIP, Nov 2019):



▼ ⓘ Tell me about: Prevention

Definitions:

- Zola's river analogy is a useful way of thinking about prevention of ill health (Zola 1970). It describes **primary** prevention (stopping everyone from falling into a river and coming to harm e.g. never smoking), **secondary** prevention (ensuring any individuals at risk who do fall in get to safety quickly; minimising the chance of complications through early identification and intervention e.g. hypertension reduction) and **tertiary** prevention (search-and-rescue for those taken downstream; mitigating the worst consequences of established disease e.g. vascular surgery).
- The Welsh Government definition of prevention is broader: working in **partnership** to co-produce the best outcomes possible, utilising the strengths and **assets** people and places have to contribute.

Building a healthier Wales (Feb 2019) sets out six key principles for implementing prevention in Wales:

- Adhere to the **five ways** of working (as outlined in the Well-being of Future Generation Act).
- Commit to investing in **evidence-based** interventions (where available or evaluate small and scale up if appropriate).
- Ensure evidence-based interventions have sufficient **scale** and **reach** to make a measurable population impact and to reduce inequalities.
- Ensure services are provided to a sufficient **quality** to achieve the best possible **outcomes** for each intervention; continually improve by drawing upon quality improvement techniques.
- Balance intervention benefits for **short and long-term** outcomes (including investing in one sector to realise a return in another).
- Optimise **value** by taking an agile approach to evaluating interventions and approaches and disinvesting in those that do not yield benefit/ value.

▼ ⓘ Tell me about: Uptake

- A proportion, expressed as a percentage, where the numerator is a count of those receiving an intervention (e.g. vaccination, screening test), and the denominator is a count of those in the eligible population.
- Note: Participants are deemed to have responded to their invitation if the bowel screening programme received a used test within six months following their invitation.



Improvement actions for GP practice cluster members

① Consider which of the following actions could be taken forward:

▼ Provide routine GP endorsement to encourage screening participation

- *Engaging primary care in bowel screening: GP good practice guide for Wales* (CRUK 2018; [link](#)) notes research has shown that GP involvement in bowel screening does increase uptake.
- In this document, CRUK suggest the screening programme and GP practices collaborate to provide a personalised letter from the GP, endorsing screening and offering further information, alongside the screening kit.
- Endorsement involves a number of planning considerations (e.g. sensitive exclusions); the CRUK document offers advice on these.

▼ Make every contact count by opportunistically asking about screening participation

- Making Every Contact Count ([MECC](#)) is an all-Wales approach to behaviour change, utilising day-to-day interactions, to support people to make positive changes that improve their physical and mental health and well-being.
- MECC is focussed on behavioural risk factors, vaccination uptake and mental health and well-being —but the principles also apply to encouragement of screening uptake.
- Consider encouraging practice staff to acquire MECC skills. For MECC e-learning (to level 1) see [here](#) [ESR or other login/ registration required]. For MECC training contacts by health board, see [here](#) [intranet].
- Brief intervention by staff in regular contact with people at risk (e.g. due to behaviours or socio-demographic characteristics) is promoted in NICE guidance ([PH49](#)); this involves discussion, negotiation or encouragement often given opportunistically, and could support an informed choice to participate alongside written materials produced by Bowel Screening Wales. Supporting materials are available upon request from the PHW Screening Engagement Team ([e-mail](#) | [e-bost](#)), which can provide a good engagement tool for starting conversations about bowel screening.
- *Engaging primary care in bowel screening: GP good practice guide for Wales* (CRUK 2018; [link](#)) advises GPs can encourage informed participation by: ensuring patients are aware of the programme; asking them if they have taken part, and encouraging them to participate every two years, even if previous results have been normal; informing them about the benefits and the harms of screening, and encouraging them to read the information pack carefully to help them make their decision; and ensuring that any barriers to participation are minimised.

▼ Raise staff awareness of the bowel screening programme

- *Engaging primary care in bowel screening: GP good practice guide for Wales* (CRUK 2018; [link](#)) advises training practice staff to help them understand and be able to explain the importance of bowel screening in diagnosing bowel cancer early.
- General information resources that may aid staff familiarity with the programme are available from Bowel Screening Wales [here](#).

- The PHW Screening Engagement Team are working in communities where uptake of screening is low. To find out how they can support your practice/ cluster, contact the Team ([e-mail](#) | [e-bost](#)).
- CRUK Facilitators can also offer tailored help to GP practices (find a Facilitator [here](#)).
- The CRUK document also suggests keeping a demonstration FIT test kit in the practice, as being familiar with it can help practice staff explain it to patients.
- A short CRUK video describes the FIT test, available in [English](#) and [Welsh](#).
- Utilising e-learning resources may empower practice staff to advocate uptake and respond to patient questions about the programme. The RCGP offer a free 30 minute course [here](#), highlighting the GP role in bowel screening and exploring statistics on early detection of colorectal cancer.
- A NICE clinical knowledge summary on bowel screening is available [here](#).

▼ Raise awareness of bowel screening among patients visiting GP practices

- *Engaging primary care in bowel screening: GP good practice guide for Wales* (CRUK 2018; [link](#)) advises information can be displayed in the practice to alert people to bowel screening.
- These messages should highlight the benefits of screening; that the risk of developing bowel cancer increases with age; and that if bowel cancer is diagnosed earlier, treatment can be more successful and longer-term survival improved.
- Bowel screening public information is available from Bowel Screening Wales [here](#), which includes links to information in accessible formats and for carers/ care homes.
- A *Primary care information pack* is available from Screening for Life (not bowel screening specific; includes links to download patient information leaflets, posters, key messages and slides for waiting room monitors); see [here](#).

▼ Review screening uptake data and relate this to bowel cancer incidence

- *Engaging primary care in bowel screening: GP good practice guide for Wales* (CRUK 2018; [link](#)) suggests reviewing uptake in the GP practice/ across practices [i.e. cluster] in order to determine a population group focus for uptake improvement action. The document offers questions to pose when carrying out this review and indicates preferred READ codes to improve coding for bowel screening.
- The PHW Screening Engagement Team ([e-mail](#)) will provide GP practice level data and offer support in low uptake areas upon request.
- Compare cluster bowel screening uptake with cluster incidence of bowel cancer ([CAN-004](#)) to look for any possible association by population characteristic (e.g. by age band, sex, rurality, deprivation, etc.).
- Analysis of local screening uptake may suggest a need to focus on how to encourage greater uptake in the event of inequity by age band or sex, or among those who may be experiencing social disadvantage (as measured by deprivation status).

- *Engaging primary care in bowel screening: GP good practice guide for Wales* (CRUK 2018; [link](#)) suggests identifying people who may find it difficult to understand and complete the test [e.g. via the clinical system], and carers to whom information and support can also be provided. Vulnerable groups include people with learning disabilities; physical disabilities; sensory impairment; and those who do not read or write English. Bowel Screening Wales offer information in additional languages, accessible formats and for carers [here](#).
- Analysis of local cancer pathway data (e.g. via your cancer services manager/ LHB information team) may reveal a proportion of cancers not detected via the screening route and suggest potential points for intervention.



Improvement actions for wider cluster members

① Consider which of the following actions could be taken forward:

▼ Make every contact count by opportunistically asking about screening participation

- Making Every Contact Count ([MECC](#)) is an all-Wales approach to behaviour change, utilising day-to-day interactions, to support people to make positive changes that improve their physical and mental health and well-being.
- MECC is focussed on behavioural risk factors, vaccination uptake and mental health and well-being —but the principles also apply to encouragement of screening uptake.
- Consider encouraging staff in the wider cluster to acquire MECC skills. For MECC e-learning (to level 1) see [here](#) [ESR or other login/ registration required]. For MECC training contacts by health board, see [here](#) [intranet].
- Very brief intervention by staff in contact with the general public is promoted in NICE guidance ([PH49](#)), in the form of "ask, advise, assist" to inform people about services or interventions that can help them improve their general health and well-being.

▼ Raise staff awareness of the bowel screening programme

- A short CRUK video describes the FIT test, available in [English](#) and [Welsh](#).

▼ Raise public awareness of the bowel screening programme

- The *Cancer delivery plan for Wales 2016–2020* ([link](#)) calls for targeted action in areas of high deprivation, involving a range of local community services to improve awareness and public engagement with the national screening programmes. This could involve local partnerships e.g. with community pharmacies (see NICE guidance, below) or other care providers.

- However, note that CRUK have assessed community awareness activities as requiring more evidence on their effectiveness in improving uptake (see [here](#)).
- Bowel screening public information is available from Bowel Screening Wales [here](#), which includes links to information in accessible formats and for carers/ care homes.
- An *NHS screening workplace toolkit* is available from Screening for Life (not bowel screening specific; includes links to download posters, key messages and slides for waiting room monitors); see [here](#).
- Promote national media campaigns, such as Screening for Life ([link](#)).
- In areas where the uptake of screening is low, the PHW Screening Engagement Team are working with communities and professionals to increase knowledge and raise awareness of screening by delivering local training. To find out more, contact the Team ([e-mail](#) | [e-bost](#)).

▼ Ensure awareness and implementation of NICE guidance

- *Community pharmacies: promoting health and wellbeing*. NICE guideline [[NG102](#)] (Published date: August 2018) includes recommendations suitable for a broad audience. This guideline covers how community pharmacies can help maintain and improve people's physical and mental health and wellbeing, including people with a long-term condition. It aims to encourage more people to use community pharmacies by integrating them within existing health and care pathways and ensuring they offer standard services and a consistent approach. It requires a collaborative approach from individual pharmacies and their representatives, local authorities and other commissioners.



What is happening in Wales?

① Consider whether shared learning/ local experience might guide your own implementation of the evidence:

▼ Placeholder project description

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.
- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

① Have something to share? Please let us know [here](#).

① **Caution:** Any text entered into the following sections will not be saved if you navigate away from this page, or close the browser window before selecting PRINT.

STEP **E**

What do you know about community views on this?

① Consider any relevant public/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

STEP **F**

What assets or partnership opportunities can you identify?

① Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

STEP **G**

Do you need more data before making a decision?

① If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

STEP **H**

What is your provisional decision?

① Having reviewed indicator data on local needs and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team ([LPHT](#)). Summarise your proposals for action into the following box:

① Now this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and return to the PCNA workbook to review another indicator.