

# The impact of

# GM BOWEL CANCER SCREENING PROGRAMMES

## on Colorectal Cancer pathways

The NHS Bowel Cancer Screening Programme (BCSP) was introduced to improve the outcomes and mortality of colorectal cancers through early detection by the identification and removal of pre-cancerous polyps or adenomas.

Bowel Cancer Screening Improvement Lead's main aim is to increase uptake and address health inequalities within the screening programme. Bowel CSILs work collaboratively with primary care partners, ICB Health Improvement Teams, cancer colleagues, external organisations and charities such as Answer Cancer. CSILs offer education, training and support packages to improve public response to signs and symptoms of bowel cancer, uptake of screening and promote general bowel health and wellbeing.

The CSIL is a dedicated link to the programme and has access to accurate, up to date data, latest resources and works collaboratively with the Screening Hub.



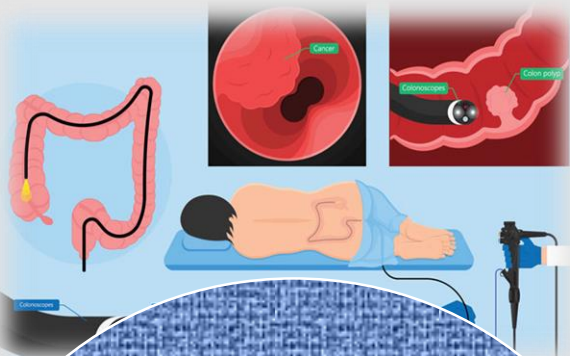
The GM Learning Disability (LD) Flagging Project involves eligible people flagged as having a learning disability on their GP practice records being supported to make an informed decision about screening. The Bowel Cancer Screening Hub work in partnership with CSILs, Primary Care, local Community LD Nurses and GM LD partners who then help to provide health Interventions appropriate to the person before they receive their invitation to take part in screening.

A trial undertaken in Bury during 22/23 led the approach whereby the BCSP Hub send easy read literature with invitations and FIT kits and other formats, such as videos, SMS or face-to-face interventions follow as needed.

This project has enabled the Hub to record additional information on the patient record to ensure that future invites and communications are adjusted to meet the needs of the patient.

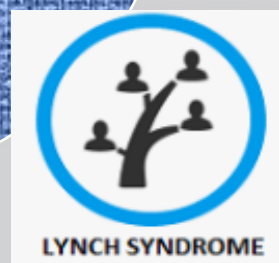


Cancer Screening Improvement Leads (CSIL)



Lynch Syndrome Surveillance

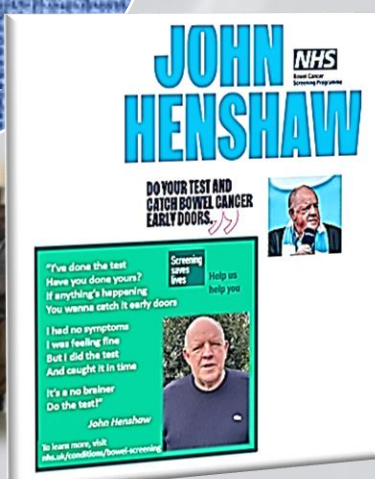
Bowel Cancer Screening now offers colonoscopy every 2 years to Lynch patients from the age of 25 or 35 depending on the type of genes identified



CSILs identify patient advocates and monitor patient feedback to constantly highlight best practice and improvement opportunities.



Patient Experience Champions



"Thank you. Thank you! To you all!"

"I have great respect for you all because you saved my life"

"The bowel cancer test kit probably saved my life. No previous symptoms or concerns but the colonoscopy revealed cancer"

"If you ever need any help to tell people, please let me know. I'll shout it from the rooftops!"

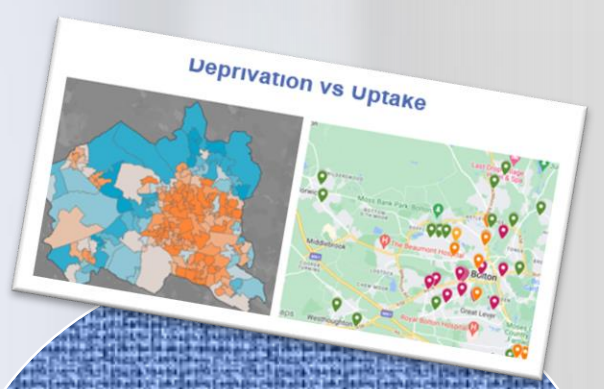
"During my colonoscopy they found a tumour which is being removed in the next couple of days. This has been detected early and has quite possibly saved my life. I would recommend anyone to complete this screening process."

BCSP is expanding to offer screening to people aged between 50 and 59 and we are now screening 54, 56 and 58 year olds across GM. Invitations to people aged 52 and 50 are due to be introduced from April 2024.

50+

Age Extension

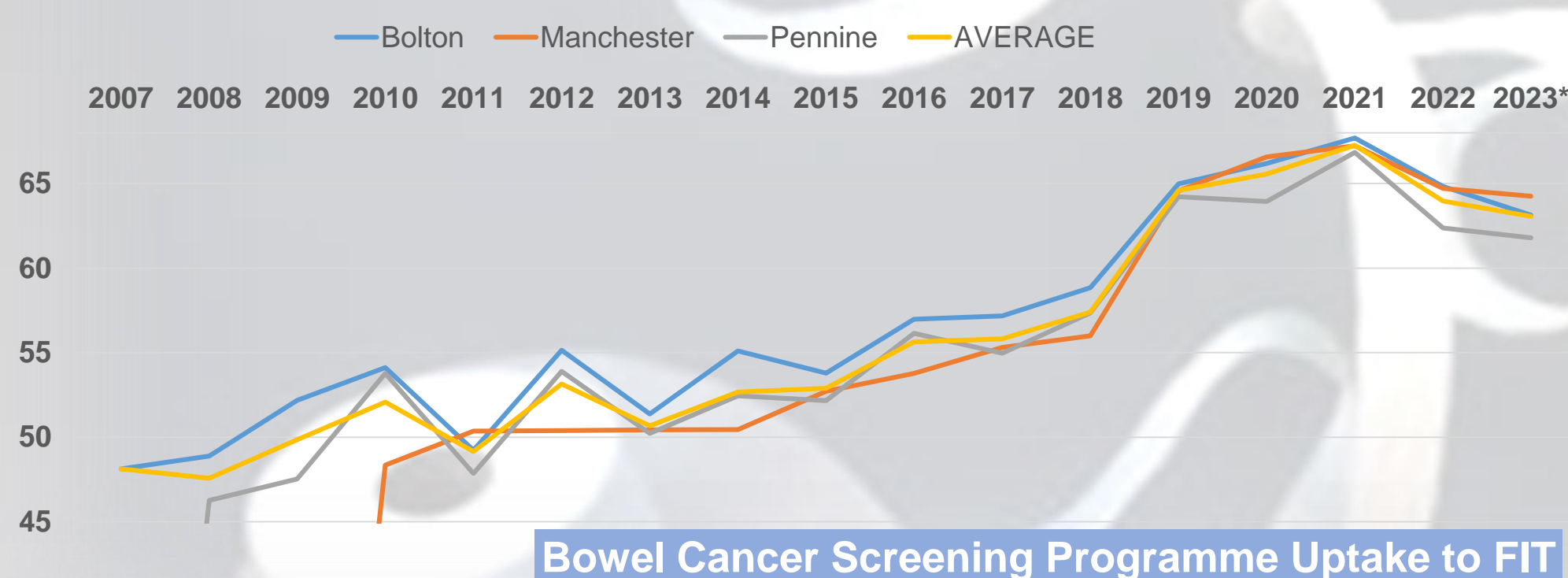
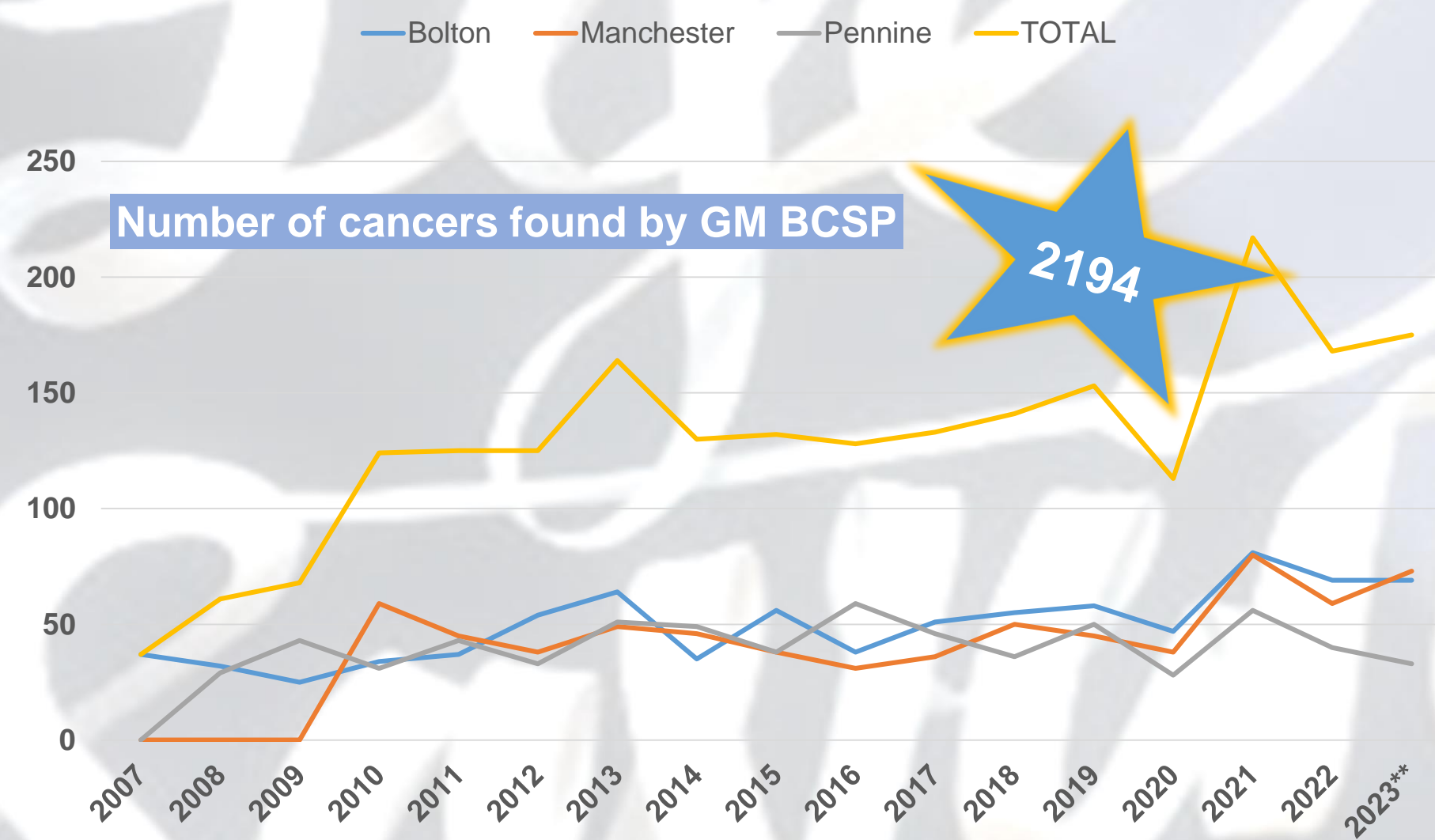
Health Equity Audits have been developed and updated to identify health inequalities, trends and changing characteristics across the programmes. With the use of screening centre data and local demographic data, the recommendations from the audits are now being used to strategically plan and direct targeted initiatives to raise awareness of bowel cancer signs and symptoms and increase bowel screening uptake.



Health Equity Audits



\*uptake data for non responders updated after 12 weeks post invite  
\*\*some pathology results still outstanding at time of creation



Please contact your local Bowel Cancer Screening Programme for more information