

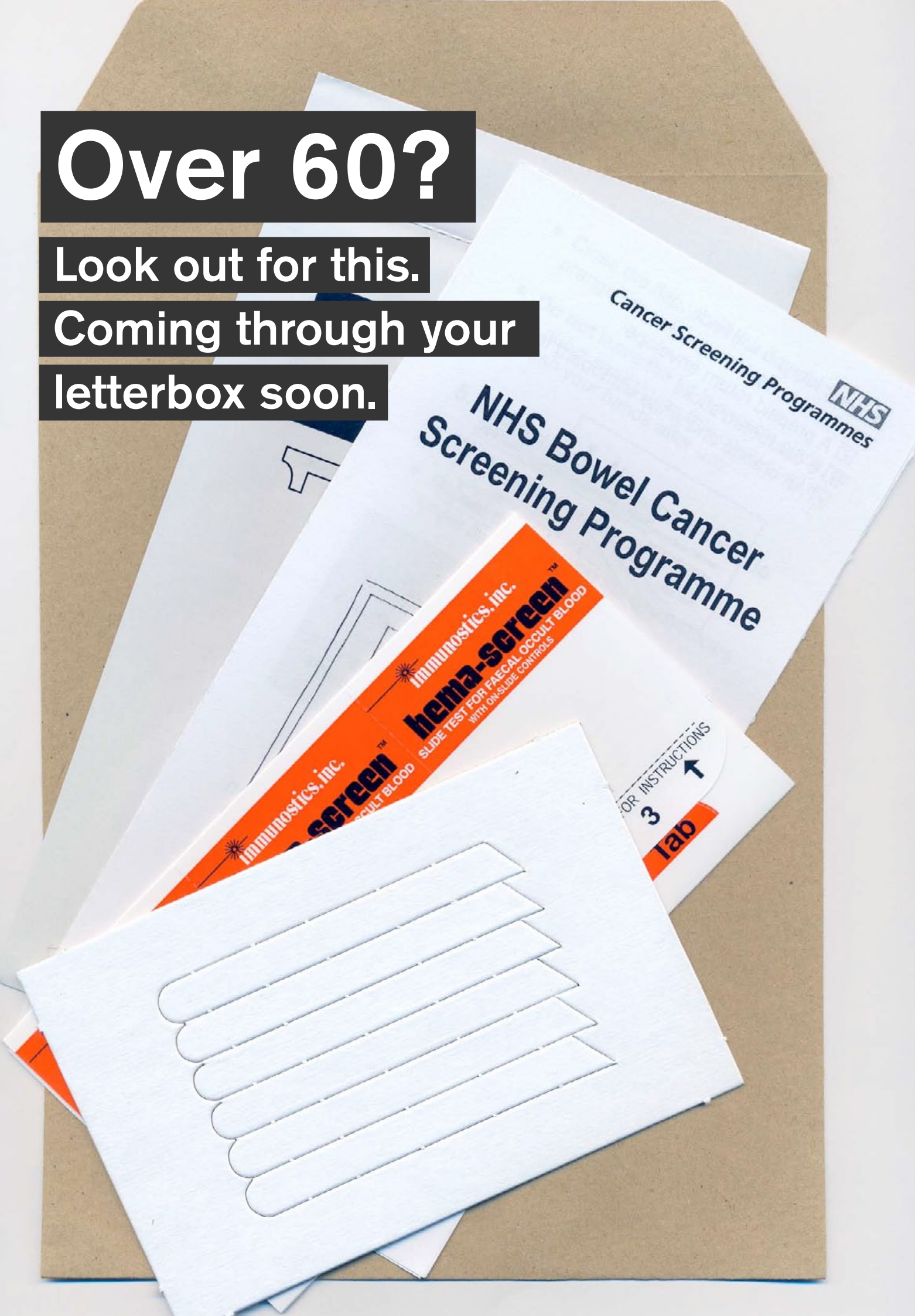
# Improving uptake of bowel cancer screening in Newham (2015-16)

Annual Report of the Director of Public Health

# Over 60?

Look out for this.

Coming through your  
letterbox soon.



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# Foreword by Meradin Peachey

I would like to introduce myself to the people of Newham.

I started as the Director of Public Health for Newham in January 2015 in this wonderfully interesting and multicultural borough. I am here to work for the Mayor and the people in Newham and I will do this in conjunction with your local Newham Clinical Commissioning Group (CCG).

I am here to help improve your health. I will be looking at how well residents of Newham are protected from harm and take advantage of things like immunisation and screening programmes, the opportunities for health promotion, and patterns of health care that could be better.

There are some stubborn patterns of poor health in Newham and there are some healthy patterns. I am currently producing a more detailed report on your health called the Joint Strategic Needs Assessment, which will be available online soon. The 2011-12 report is available at **[www.newham.info/jsna](http://www.newham.info/jsna)**

I will also be producing a

report like this one, with my views on your health, once a year.

Why have I chosen bowel cancer screening as a topic this year? People are dying from bowel cancer, and this can be prevented. Simple changes in lifestyle can help prevent the disease and bowel cancer can be treated successfully if it is detected early. This makes it an important public health issue where there is a clear opportunity to save lives.

One of the barriers to getting screened for bowel cancer and to acting early where there are symptoms, is that people find it awkward to talk about bowels. A key piece of research from 2014 recommended that we ‘normalise’ these discussions, and I hope this report prompts conversations about bowel cancer, and the importance of screening among families and social networks in Newham.

With this in mind, my primary aim is that this report will be read by Newham residents, young and old. In addition, I hope it will be of interest to professionals such as those



who work in health and social care, who can reinforce key messages with Newham residents they work alongside.

Between us we can shift the focus onto prevention and support ourselves and our families and friends to take control and responsibility for their health.



# Introduction – how to use this report

Primarily this report is aimed at Newham residents, whether individuals or families. I have presented the information you need, and perhaps your parents or family need, to make the decision about whether to have bowel screening or not.

We hope that those involved in the delivery of health and social care will pick this report up and read it, so that they can share information with Newham residents.

If you access it online you can

follow links to other sources of information, including symptom checkers and quizzes.

Comprehensive bowel cancer screening factsheets are available on the Public Health England website in large print and a number of languages.

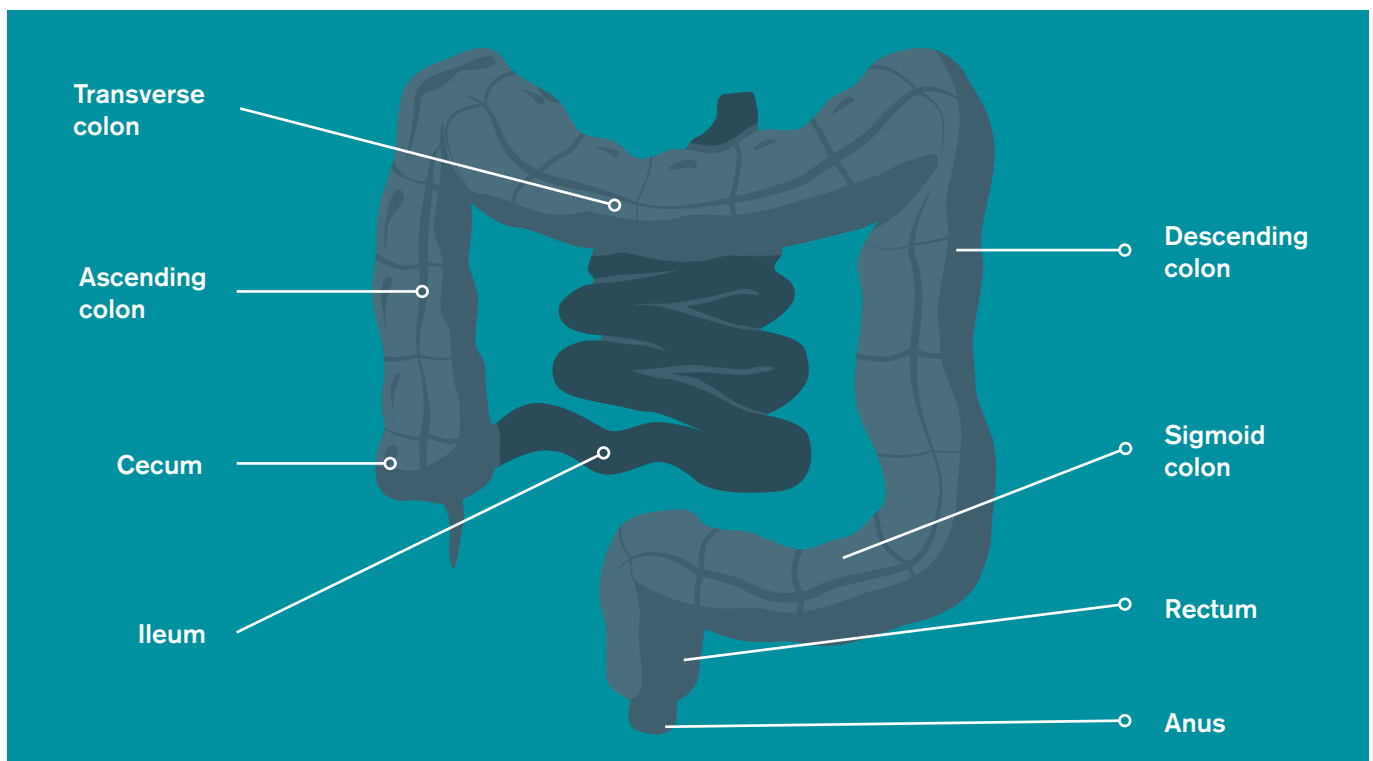
## What does the bowel do?

The bowel is part of our digestive system and is divided

into the small and large bowel.

The large bowel is made up of the colon and rectum. Food passes from the stomach to the small bowel.

After the small bowel takes nutrients into the body, any undigested food passes through the large bowel, where water is removed from the waste matter. This waste matter is held in the rectum (back passage) until it leaves the body as bowel motions (also known as stools or faeces).

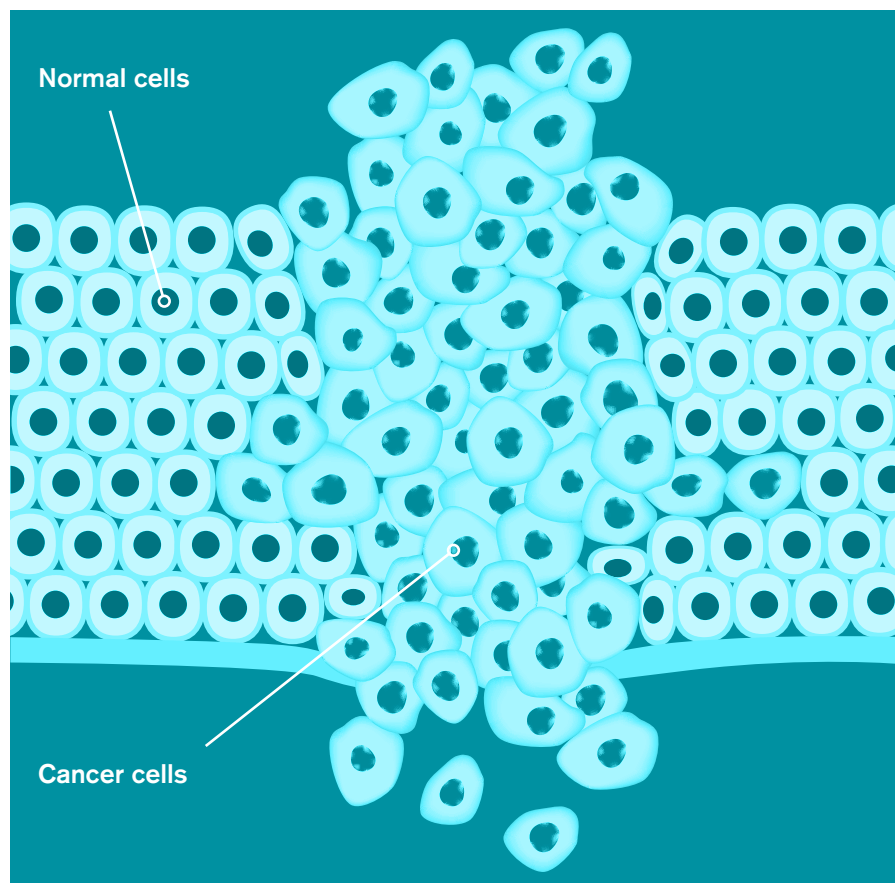


# What is bowel cancer?

Cancer occurs when the cells in a certain area of your body divide and multiply too rapidly. This produces a lump of tissue known as a tumour.

Bowel cancer is sometimes called colorectal cancer. Most cases of bowel cancer first develop inside clumps of cells on the inner lining of the bowel. These clumps are known as polyps. However, if you develop polyps, it does not necessarily mean you will get bowel cancer.

Exactly what causes cancer to develop inside the bowel is still unknown. However, research has shown several factors may make you more likely to develop



it. These include being older and your family history, but also things like diet and aspects

of your lifestyle (more on this below in the 'Preventing bowel cancer' section).



## How common is bowel cancer?

About one in 20 people in the UK will develop bowel cancer during their lifetime. Bowel cancer is the fourth most common cancer in the UK.

In 2012, over 115 people a day were diagnosed with bowel cancer in the UK. For men, bowel cancer is the third most common cancer after prostate and lung cancer. For women, it is also the third most common cancer, after lung and breast.

Across the UK, in 2012, there were over 41,000 new cases of colorectal cancer and over 16,000 deaths, and the number of people who get bowel cancer has increased by 7% over the last ten years.

As you get older, your risk of getting bowel cancer grows.

The disease progresses slowly, starting with a polyp which becomes cancerous over a period of up to ten years.

Even though the disease develops slowly, one in four patients do not take action when they have mild symptoms for weeks or months, and their

illness is recognised when they become very ill and seek healthcare as an emergency.

More than half of patients are not diagnosed until the disease has spread to their lymph nodes or elsewhere and their risk of dying is much greater.





# Bowel cancer in numbers in Newham

For cancer generally, Newham has the second worst one-year survival rate in England (2012 data). This means that those who get cancer are less likely to be alive one year after diagnosis

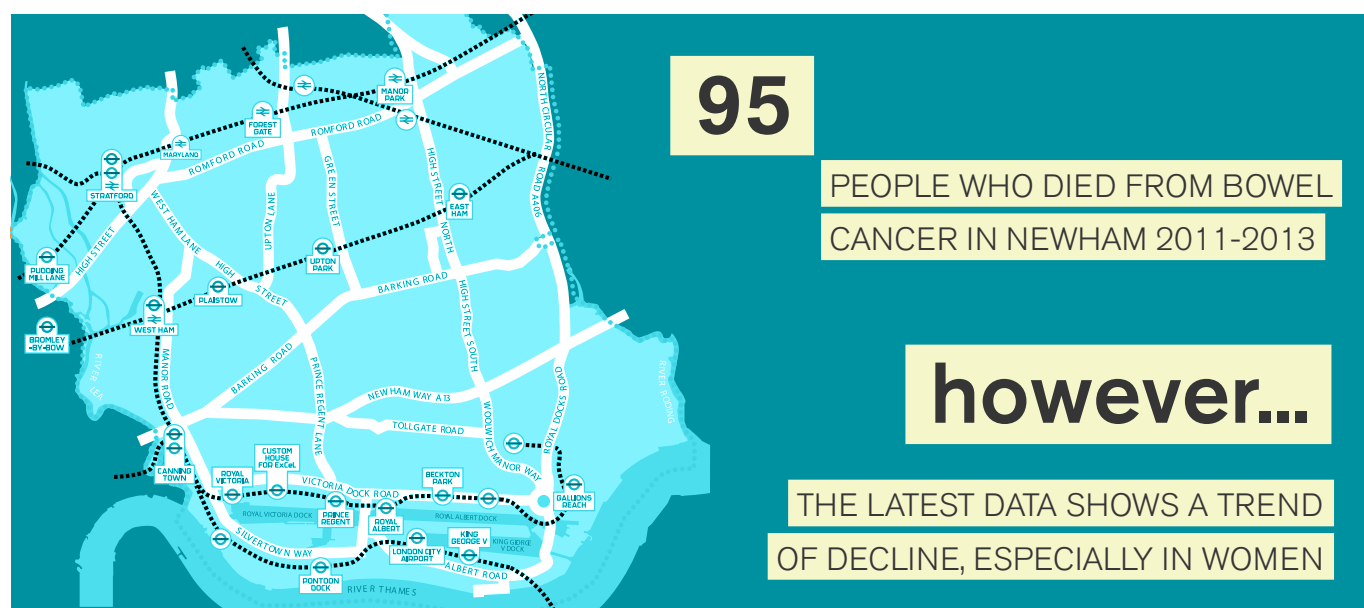
than in almost every other local authority area in England.

Over the three year period 2011-13, 95 people in Newham died from bowel cancer, and in that period the number of deaths of both men and women of all ages, as a proportion of the population, increased year on year.

We can also see an increase in

the numbers of patients (as a proportion of the population) who were diagnosed with bowel cancer between 2008 and 2012 but data for the latest time period indicates a flattening of this for men and even a drop for women.

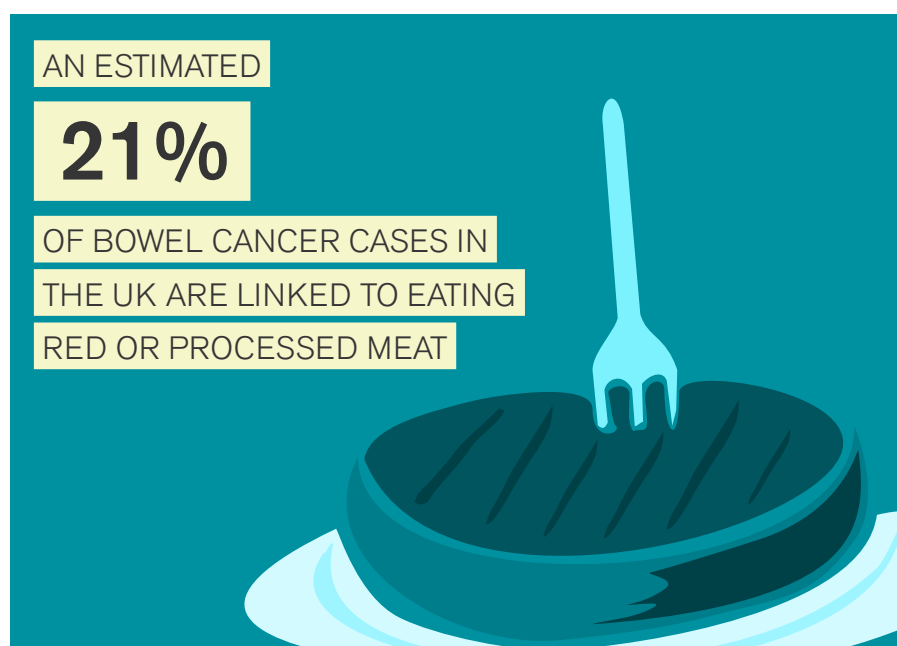
This is good news, but still too many people in Newham are getting bowel cancer and too many are dying from it.



## Who is more likely to get bowel cancer?

More men than women develop bowel cancer, and 95% of bowel cancer occurs in people who are 50 years old and over.

An estimated 21% of bowel cancers in the UK are linked to eating red and processed meat <sup>[6]</sup>. If you eat red and processed meat, see the points below.



# Preventing bowel cancer

There are several ways you can lower your chances of developing the condition<sup>[2]</sup>.

## DIET

Research suggests that making changes to your diet can help reduce your risk of bowel cancer.

It may help to prevent bowel cancer if you eat:

- less cured and processed meat such as bacon, sausages and ham
- less red meat and more fish
- more fibre from cereals, beans, fruit and vegetables.

The Department of Health advises people who eat more than 90 grams (cooked weight) of red and processed meat a day to cut down to 70 grams to help reduce their bowel cancer risk.

If you would like to check your knowledge of healthy eating, try the Healthy Eating self assessment on the NHS Choices website.

**70 grams**

OR LESS – A HEALTHY AMOUNT OF RED OR PROCESSED MEAT TO CONSUME PER DAY TO REDUCE THE RISK OF BOWEL CANCER

**150 mins**

OF EXERCISE PER WEEK  
COULD LOWER THE RISK OF  
DEVELOPING BOWEL CANCER

## EXERCISE

There is strong evidence to suggest regular exercise can lower the risk of developing bowel and other cancers.

It is recommended adults exercise for at least 150 minutes (two hours and 30 minutes) of moderate-intensity aerobic activity (such as cycling or fast walking) every week.

## STOP SMOKING

If you smoke, stopping can reduce your risk of developing bowel and other cancers.

The free NHS Smoking Helpline can offer advice and encouragement to help you quit smoking. Call 0300 123 1044 or search NHS Smokefree online. Your GP or pharmacist can also provide help, support and advice if you want to give up smoking.

## HEALTHY WEIGHT

Being overweight or obese increases your chances of developing bowel cancer, so you should try to maintain a healthy weight if you want to lower your risk.

Changes to your diet and an increase in physical activities will help keep your weight under control.

## CUT DOWN ON ALCOHOL

Drinking alcohol has been linked to an increased risk of developing bowel cancer, so you may be able to reduce your risk by cutting down on the amount of alcohol you drink.

The current recommendations concerning alcohol are:

- men should not regularly drink more than 3-4 units of alcohol a day
- women should not regularly drink more than 2-3 units a day

- if you've had a heavy drinking session, avoid alcohol for 48 hours.

For more information on all of these tips for preventing bowel cancer, visit the NHS Choices website.

The good news is that bowel cancer can be prevented, and also that you are more likely to beat the illness and get well again if symptoms are caught early.

**3-4 units per day**

(men)

**2-3 units per day**

(women)

DRINKING MORE THAN THIS CAN  
INCREASE YOUR CHANCE OF  
DEVELOPING BOWEL CANCER





# Identifying bowel cancer early

The three main symptoms of bowel cancer are<sup>[2]</sup>:

- blood in the stools (faeces)
- a change in bowel habit (such as more frequent, looser stools)
- abdominal (tummy) pain.

However, these symptoms

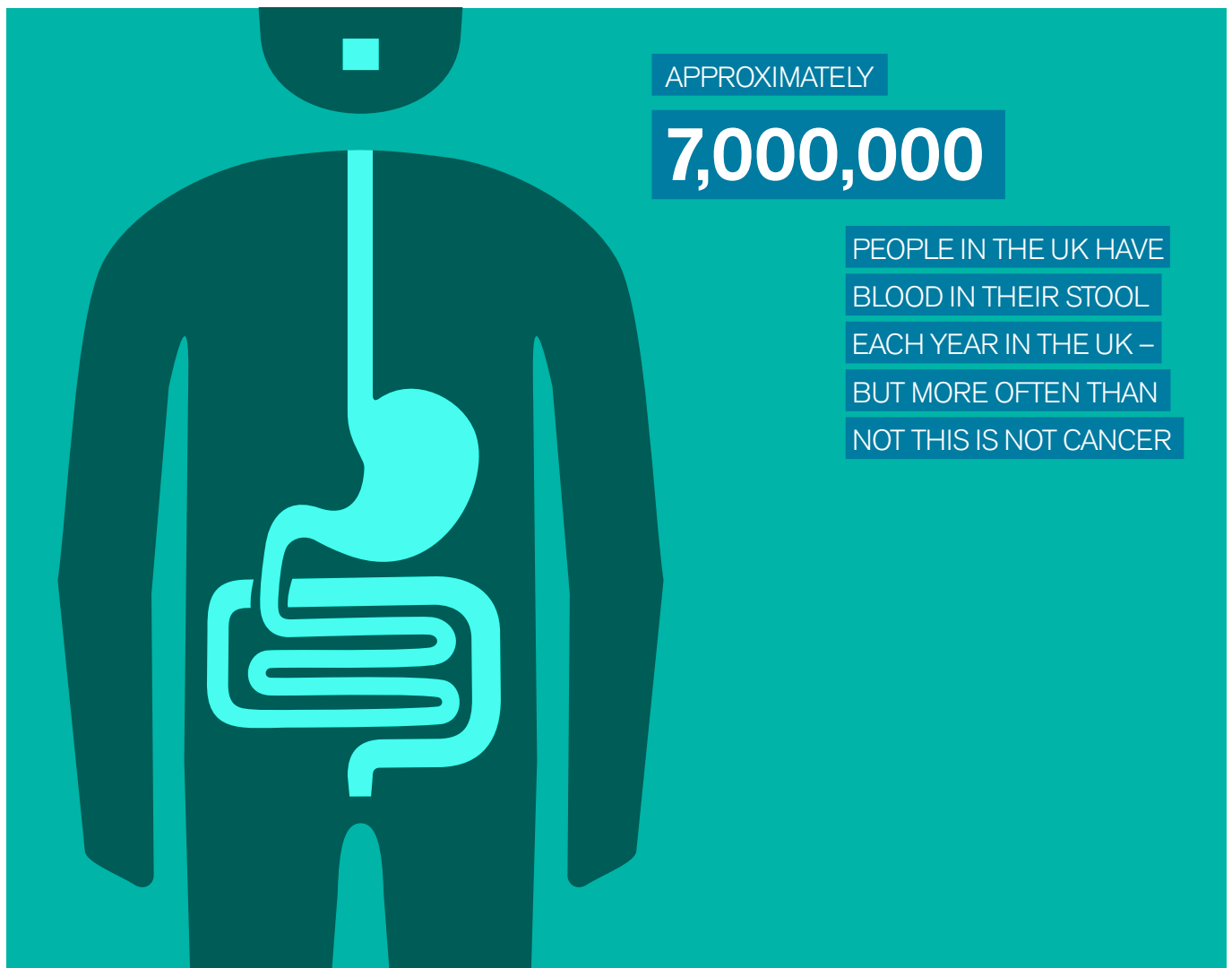
are very common. Blood in the stools is usually caused by haemorrhoids (piles) and a change in bowel habit or abdominal pain is often due to something you have eaten.

In the UK, an estimated seven million people have blood in the stools each year and even

more people have temporary changes in bowel habit and abdominal pain.

**Most people with these symptoms do not have bowel cancer.**

As the vast majority of people with bowel cancer are over 60



years old, these symptoms are more important as people get older.

They are also more significant when they persist in spite of simple treatments.

Most patients with bowel

cancer present with one of the following symptom combinations:

- a persistent change in bowel habit, causing them to go to the toilet more often and pass looser stools, usually together with blood on or in

their stools

- a persistent change in bowel habit without blood in their stools, but with abdominal pain
- blood in the stools without other haemorrhoid symptoms such as soreness, discomfort, pain, itching or a lump hanging down outside the back passage
- abdominal pain, discomfort or bloating always provoked by eating, sometimes resulting in a reduction in the amount of food eaten and weight loss.

If you are worried about symptoms then check out the bowel cancer symptom checker on the NHS Choices website.



The illustration shows five healthcare professionals of various ethnicities and genders, all wearing white lab coats. From left to right: a man with a stethoscope, a woman with a stethoscope, a woman holding a tablet, a man with a stethoscope, and a man holding a tablet. They are standing against a dark blue background.

## Talking to your doctor about bowel symptoms

Many people find it awkward or uncomfortable to discuss bowel symptoms with their doctor.

A factsheet from Bowel Cancer UK is available to help you prepare for your appointment.

Remember that doctors deal with these common problems every day. Explain your symptoms as clearly as you can in a way that you feel comfortable with.

It is important to remember that most symptoms do not turn out to be bowel cancer.

# The NHS screening programme

Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16%<sup>[7]</sup>.

Bowel cancer screening aims to detect bowel cancer at an early stage (in people with no symptoms), when treatment is more likely to be effective<sup>[1]</sup>.

Bowel cancer screening can also detect polyps. These are not

cancers, but may develop into cancers over time. They can easily be removed, reducing the risk of bowel cancer developing.

The NHS Bowel Cancer Screening Programme offers free screening every two years to all men and women aged 60-74 who are registered with a GP. You will automatically receive a test kit in the post if you are registered with a GP. Residents

not registered with a GP can find their nearest practice on the NHS Choices website.

The screening test detects tiny amounts of blood which you cannot normally see in your bowel motions. It is called the Faecal Occult Blood (FOB) test ('occult blood' means hidden blood).

**16%**

REDUCTION IN RISK OF DYING FROM  
CANCER IF SCREENED REGULARLY

## Farooq's story

Farooq didn't know what the test was when it first arrived through the letterbox. His wife encouraged him to take the test, and the results came back clear. He was relieved he did the test.



Watch this video of Farooq's story on YouTube: [www.youtube.com/watch?v=KOcI7-oN4DY](http://www.youtube.com/watch?v=KOcI7-oN4DY)

He says "Imagine if I had not done the test, I would not have the peace of mind I have today".

*Videos were produced in English, Urdu, Bengali and Gujarati with English subtitles by NHS Bowel Screening Programme in Manchester, 2012.*





## How does the FOB test work?

You carry out the FOB test in the privacy of your own home. The screening kit, which comes in a normal envelope, provides a simple way for you to collect small samples of your bowel motions.

You wipe the samples on a special card, which you then send in a hygienically sealed freepost envelope to a laboratory for testing. There are detailed instructions with each kit.

You may think that doing the test sounds a bit embarrassing or unpleasant, but it will only take a few minutes and it is an effective way to detect bowel cancer early.

Cancer Research UK have also produced an excellent YouTube video called 'How to do the

bowel cancer screening test'.

The screening test detects tiny amounts of blood, which you cannot normally see, in your bowel motions. Polyps and bowel cancers sometimes bleed, which is why we screen for blood in your bowel motions.

The FOB test does not diagnose bowel cancer, but the results will tell you whether you need an examination of your bowel (a colonoscopy).

## What about the results?

You should receive a results letter from the laboratory within two weeks of sending in your test.

There are three types of results you could receive:

- A normal result means that

blood was not found in your sample. Most people (about 98 out of 100) will receive a normal result. A normal result does not guarantee that you do not have or will never develop bowel cancer in the future. You will be offered bowel screening again in two years.

- An unclear result means there was a slight suggestion of blood in your FOB sample. This could have been caused by conditions such as haemorrhoids (piles) or stomach ulcers. Receiving an unclear result does not mean you have cancer, just that you need to repeat the FOB test. About four people in every 100 will receive an unclear result. Most people who repeat the test will then receive a normal result.
- An abnormal result shows

that blood may have been found in your sample. This is not a diagnosis of cancer but it does mean you will be offered a colonoscopy. The abnormal result may have been caused by bleeding from bowel polyps, rather than bowel

cancer. It may also have been caused by conditions such as haemorrhoids (piles) or stomach ulcers. About two in every 100 people doing the test will have an abnormal result. If you receive an abnormal result you will

be offered an appointment with a specialist screening practitioners to discuss having a more detailed examination of your bowel to see whether or not there is a problem that may need treatment<sup>[8]</sup>.

## for every 100 people screened

- 94 HAVE A 'NORMAL' RESULT
- 4 HAVE AN 'UNCLEAR' RESULT
- 2 HAVE AN 'ABNORMAL' RESULT AND A COLONOSCOPY

### FOR EVERY 10 PEOPLE THAT HAVE A COLONOSCOPY:

- 5 HAVE A NORMAL RESULT  
(AND RE-SCREENED IN 2 YEARS)
- 4 HAVE A POLYP, WHICH IS REMOVED  
(BUT MAY HAVE DEVELOPED INTO BOWEL CANCER)
- 1 IS DIAGNOSED WITH BOWEL CANCER



## Maureen's story

Maureen had no symptoms, and completed her test when it arrived. The result meant she needed further tests and she was found to have a tumour which was successfully removed by surgery.



She was frightened of the procedures she had to have, but because the tumour was picked up so early her operation was successful. She did not need chemotherapy or radiotherapy.

Watch Maureen's story on YouTube: [www.youtube.com/watch?v=sgEegPG1Ysw](http://www.youtube.com/watch?v=sgEegPG1Ysw)

*Video produced by Beating Bowel Cancer charity, 2015.*

# How successful is the screening programme?

We know from research that screening people between 45 and 74 years old with the current FOB test lowers the risk of dying from bowel cancer by around 16%<sup>[7]</sup>. The bowel cancer screening programme has only been fully up and running since 2010 so it is too early to say exactly how many lives it saves. But experts think that screening will save more than 2,000 lives each year by 2025<sup>[9]</sup>.

Local data in Newham<sup>[10]</sup> show that over an 18 month period from March 2014 to August 2015 for those aged 60-74 years:

## WOMEN

- 9,981 women were invited, and 40% (4,047) returned the test.
- 1.4% (138) of the 4,047 female tests were abnormal.

We can estimate from previous research<sup>[11]</sup> that:

- of the 138 women with abnormal test results, 115 had further investigations, and 33 of these were found to have high risk or intermediate risk cancers
- 23 of these were 'early' cancers which respond better to treatment.

## MEN

- 9,532 men were invited, and 36% (3,445) returned the test
- 1.4% (131) of the 3,445 male tests were abnormal.

We can estimate from previous research<sup>[11]</sup> that:

- of the 131 men with abnormal test results, 109 had further investigations, and 47 of these were found to have high risk or intermediate risk cancers
- 33 of these were 'early' cancers which respond better to treatment.



# Bowel cancer screening numbers in Newham

Data from the Public Health Outcomes Framework [12] indicated that in March 2015, 38% of Newham residents aged 60-74 had been screened for bowel cancer during the previous 30 months (this is called 'coverage').

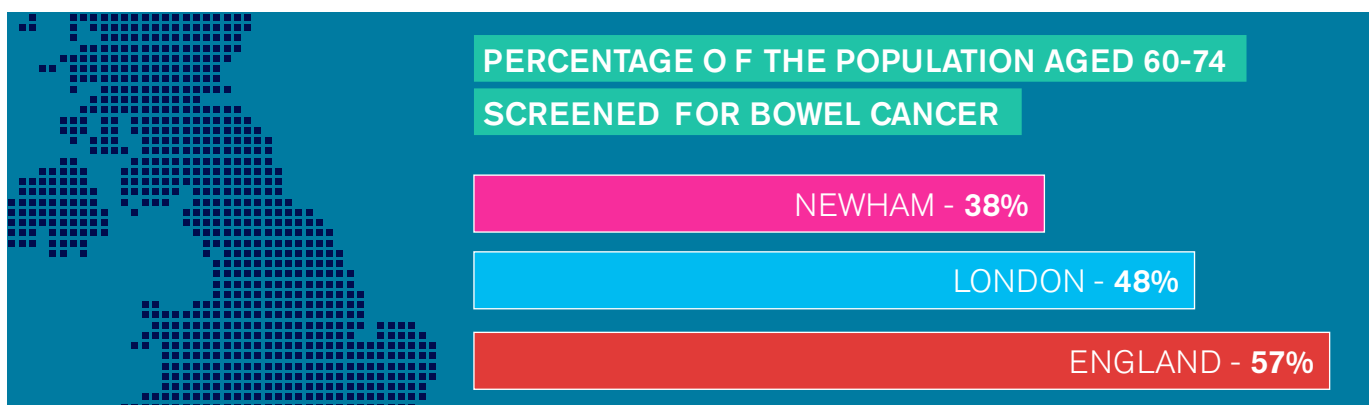
Across the whole of England, the percentage of people in this age group who took their test was larger, at 57% over 30 months.

In London these numbers were lower than for England, with 48% taking the test over 30 months.

It does appear that there are particular ethnic and religious groups with low uptake of bowel screening. In a pilot study of FOB screening in England, whilst

an overall uptake (within six months of invitation) of 62% was achieved, there was a lower uptake in Asian groups: 44% in those who identified themselves as Hindus, and as low as 32% in those who identified themselves as Muslims<sup>[13]</sup>.

Lower rates of screening in London are seen particularly in areas with high levels of socioeconomic deprivation and ethnic diversity<sup>[14]</sup>.



## Prateeka's story

Prateeka did the screening test and it was found that she had a tumour. It was successfully treated, and she says:

“At first I felt everything was over, but thanks to the test my cancer was detected early, which is why the treatment worked”.



In this YouTube video, Prateeka tells her story (in Hindustani).  
[www.youtube.com/watch?v=QARrr91lthE](http://www.youtube.com/watch?v=QARrr91lthE)

*Video produced for the NHS in Hindustani with English subtitles by Here&Now365 Limited, 2014*

# Why doesn't everyone complete the test?



A recent study exploring the NHS Bowel Cancer Screening programme<sup>[15]</sup> with 243 individuals in London and Yorkshire described the following barriers to uptake of bowel cancer screening:

- Taking a sample of faeces and storing it breached cultural taboos.
- Completion of the test kit at home rather than in a healthcare setting was considered unsettling and reduced the perceived importance of the test.
- Not knowing screening results was considered preferable to the

implications of an abnormal test result.

- Feeling well was associated with low perceived relevance of screening.

The study recommended two strategies to improve uptake:

- Normalising discussions about bowel cancer screening, so that conversations occur within families and between peers.
- Simplifying the test itself.

As described above, some ethnic groups have lower rates of screening, and this is likely to be an important factor in Newham

It has been suggested that the national screening programme has had limited flexibility to adapt delivery for different groups, and efforts are increasing to tailor and target information materials and models of information provision to different audiences<sup>[16]</sup>.

There is also scope to explore use of different screening kits, provision of kits through trusted health care providers, timing of invitation to avoid religious holidays, and the use of community champions<sup>[16]</sup>.

## Awareness

Bowel Cancer UK have produced an awareness film about screening, symptoms and prevention for the South Asian Community. This is in English, introduced by Samira Ahmed.



Samira says that many people are diagnosed too late because they do not act on their symptoms. She describes how bowel screening can detect bowel cancer before there are symptoms.

*Videos were produced in English, Urdu, Bengali and Gujarati with English subtitles by NHS Bowel Screening Programme in Manchester, 2012.*

# Problems with the process

In North East London, bowel cancer screening is managed from a local screening centre based at Homerton Hospital. The centre works with the London 'Hub' (based at St Mark's Hospital and Academic Institute) whose job is to send out FOB test kits, analyse samples and dispatch results.



Each Hub is part of the screening programme coordinated by the national office of NHS Cancer Screening programmes, part of Public Health England.

It is the responsibility of general practices to provide the lists of those patients in eligible age groups to the Hub, so that the FOB test kit is sent to the right address at the right time.

This should be straightforward, but problems have been identified with some patients reporting they had not received their test kit in some parts of London<sup>[17]</sup>.

This is also reported as an issue in Newham, with up to 50% of people who were contacted after they should have received their kit saying they had not received it.

It is thought that this is due to a combination of factors including:

- general practice contact details being out of date
- non-delivery of post
- people not recognising the envelope that arrives as something important (and perhaps not recognising that it is a test kit).

## The kit itself and other test options

The FOB test kit was described by some participants in recent research as having complex instructions, and the test itself being time-consuming<sup>[15]</sup>.

A study run in London by

Cancer Research UK found that a combination of an advertising campaign, an endorsement flyer, and a pack containing latex-free gloves and a 'poo catcher' improved uptake by between 2 and 6%<sup>[18]</sup>.

There is an alternative test being developed and evaluated currently by bowel screening Hubs called the faecal immunochemical test for haemoglobin (FIT) test, which uses a FIT sample collection tube, a simple FIT mail package, and requires only one sample to be taken<sup>[19]</sup>.

This has been piloted and uptake appears to be higher than with the FOB test, and this was seen particularly in FOB non-responders. At present the test available in Newham is the FOB test.

# How are we boosting numbers in Newham?

Newham Clinical Commissioning Group (CCG) and Newham Council have recognised that there are lower numbers of people taking the test in Newham than in other parts of England. To try to boost the numbers, we have put the following actions in place locally.

## TELEPHONE CALLING SERVICE

A pilot project undertaken in 2012 in three London boroughs, including Newham, evaluated two interventions to improve uptake of bowel cancer screening. It tested both face-to-face and telephone-based health promotion<sup>[14]</sup>.

The results were that those who were contacted by telephone were most likely to submit an FOB test. Without any intervention, about 38% of those invited to be screened sent their FOB test off, whilst over 50% of the group that had the telephone intervention did so.

This study concluded that “personally delivered health promotion improved uptake of bowel cancer screening in areas of low socio-economic status and high ethnic diversity, and the telephone intervention appeared to be the most effective method”.

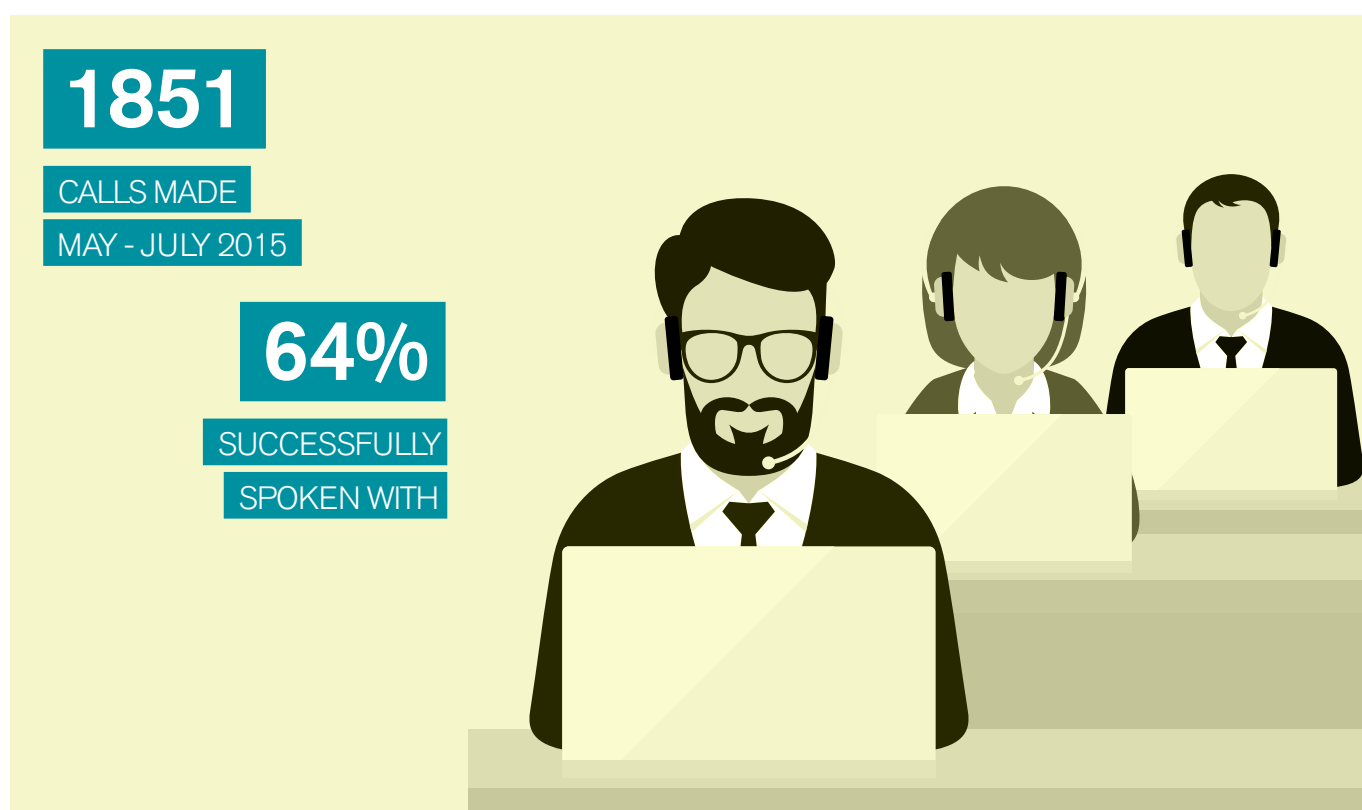
Community Links (a community organisation in Newham) was commissioned by Newham CCG in May 2015 to continue the calling service.

General practices provide a list of those who

haven't returned their screening tests within 12 weeks of the date they should have received them. Community Links then makes contact with the individual using the most recent contact details from the practice.

Paid bilingual facilitators who have an understanding of the socio-cultural nuances of the different Newham communities conduct telephone calling during the day, on evenings and on weekends. The objective of the conversation is to explain how to do the test, why it is important, and to order a second kit for those who have not received the first kit, or who no longer have it.

The latest activity data from the calling service shows that between May and July 2015, calls were made to 1,851 people who had not returned their screening test and for whom a telephone number was on record. Workers were able to speak with 1,184 (64%) of these people. Of that number, around half told the worker that they hadn't received the screening kit. Another 5% said they had done the test recently; 14% said



they were ‘not interested’; and 7% said they had received the kit but had lost it.

Common reasons cited for not wanting to do the test were that the individual:

- did not feel the need for the test
- was not aware of the benefit of early detection
- believed that bowel cancer was not common
- was not having any symptoms
- had other health issues
- felt that the test was a disgusting/messy process
- had a fear of taking the test/could not face a cancer diagnosis
- felt the test is invasive
- knew of a bad experience of friends or family.

Individuals who didn’t receive the kit or who no longer have it were asked if they agreed to have a second kit sent, and during May 2015 302 of 506 patients did request a second kit. Only 61% of those who requested a second kit actually confirmed they had received it (20% were unable to be reached and 19% stated that they had not received the kit).

In the future it will be important that the calling service is able to establish how many of those with whom they make contact go on to complete their test, and this will be part of the planned evaluation.

The EMIS database (the database used in Newham general practices) had a contact number for 97% of patients who had not sent their first test back. But of those where there was a contact telephone number on record, workers were not able to make contact with 36%, due to incorrect numbers, mobiles not accepting withheld numbers or patients not answering the phone after three attempts. The extent to which general practices have incorrect addresses recorded for patients is not known.

The telephone calling service is actively promoted to general practices by the Cancer Research UK facilitator (who is seconded to the CCG) and by Community Links workers through practice visits, locality meetings and the Newham Practice Council which is attended by all general practices.



## RAISING AWARENESS

Councillor Frances Clarke (Cabinet Member for Health Promotion) convenes the Cancer Early Detection Group bringing together council officers, Macmillan Cancer, Cancer Research UK, Newham CCG and NHS staff to pool resources and share expertise in order to consider and implement a range of interventions to promote the early detection of bowel cancer.

The group aims to normalise conversations about bowel cancer and bowel cancer screening. Articles appeared in the Newham Mag during Spring and Summer 2015, and Stephen Timms, MP for East Ham, has promoted bowel cancer screening as someone who has received and completed the test. One of the Newham Mag stories appears below.

In addition, Newham Council has created new resources for use locally, including cards, posters, badges and outdoor advertising, promoting and explaining the test kit and providing information about how to order a kit if necessary.

The creation of new resources allowed a focus on simple messages from a range of people from different ethnic backgrounds, emphasising that bowel screening is for all people over 60. The visuals show what the kit looks like in order to increase recognition of the test kit when it arrives in the post.

A large inflatable bowel was also hired to attract attention at events, such as the Mayor's Newham Show (see images on facing page).

**A test that's easy to take**

**One in 14 men and one in 19 women will be diagnosed with bowel cancer at some point in their life. Around 76 people are diagnosed with the disease each year in Newham and 95 residents lost their lives to the disease between 2011 and 2013.**

However there is a free and simple way to catch the cancer early: regular screening. This potentially lifesaving test is sent to residents aged between 60-74, who are registered with a GP, every two years.

The screening kit provides a simple way for you to collect small samples of your bowel motions. You wipe the samples on a special card, which you then send in a hygienically sealed Freepost envelope to a laboratory for testing. There are detailed instructions with each kit.

"You carry out the screening test in the privacy of your own home, and completing the kit could help to spot cancer earlier, which could save your life."

**"Once I realised how important it was for my health, I could not ignore it."**

Javed Akram lives in East Ham. He recently returned the test, and stresses the importance that others do the same. He said: "I received a letter with the kit, which explained that it was a test for bowel cancer. The instructions were easy to understand and the message was clear. Once I realised how important it was for my health, I could not ignore it."

In Newham, over 7,300 residents have already returned their kit over the past two and a half years, but this is still lower than the national average so it is important that more people in the borough take the test. At the over 50s men's group Mr Akram attends at the Katherine Road Community Centre, the test's importance is clear. Mr Akram added: "Not everybody in the community knows about the test, but at our group I think everyone does. A lady came to our Over 50s Group from [Canning Town-based charity] Community Links and gave a talk on this subject – education is very important, otherwise people will ignore it."

The screening kit is easy to complete. Collecting a sample only takes a minute, and the packaging is provided. Storing the samples properly means that the process is not unhygienic or dirty, and the postage to return the kit is pre-paid, so there is no cost to complete the test. Mohammad Nawaz, a resident of Green Street, is 64 and also attends the Over 50s Group. Like many people, he was initially reluctant to use the test, but quickly changed his mind. He said: "I thought, to be begin with, it was a bit too personal. But after I read the information that came with it, I was happy to use it, and I've completed the test a couple of times now. I think everyone should do it. It's very important."

Dr Anil Shah, local GP and a clinical lead for NHS Newham Clinical Commissioning Group advises:

"Spotting cancer early saves lives. If you are sent a testing kit please take the time to do it and return it."

"The risk of cancer increases as we get older and while we can't stop the time clock, you can take up the free screening that's offered to you through the NHS. This could enable you to live a healthier life for longer, which means more time to do the important things in life, like spending time with family."

"If you have an older person in your family, especially if English is not their first language, please talk to them about the importance of returning the kit."

**"I think everyone should do it. It's very important."**

If you're aged between 60 and 74 and haven't received a kit, or if you have lost yours, then call **0800 707 60 60** to request one. Bowel cancer screening is coordinated using information held by your local GP. It is important to register with a GP if you have not already done so. To find one near you, visit [www.nhs.uk](http://www.nhs.uk)



Health workers promoting bowel cancer screening inside the Big Bowel

It is important to bring everyone working in the field of cancer early detection together in Newham so that we can work effectively to tackle the low take-up of bowel screening. The group has therefore agreed a communications plan and a series of actions.

As an example, a proportion of those invited to participate in bowel cancer screening are those who receive domiciliary care, residential care and other community services provided through adult social care. An initial presentation has been delivered to contracted providers of domiciliary care, residential care and other community services to raise awareness of bowel cancer and bowel cancer screening, to enable staff to actively prompt and support individuals to participate in screening.

In addition, training is being planned for volunteer carers, to enable them to prompt and support individuals to participate in screening. In a further development, older people in their 70s who are living alone and are on low incomes

received a food hamper from the Council at Christmas. We included information in the hamper about the importance of taking part in bowel screening and provided the telephone number to re-order a kit.

Training will also be provided for Newham's Deaf Forum, an organisation that supports deaf people in Newham and recognises that deaf people are often confronted with barriers in how information is provided.

Finally, Community Links trains medical students from Queen Mary University of London and Barts Health Trust, plus public health students from the University of East London, to deliver a cancer awareness programme each year. This year students will be focussing on raising awareness of bowel cancer and will run sessions in a wide range of community locations including community centres, general practices, hospitals, faith centres, shopping centres and supermarkets, libraries, and pensioners' clubs.



## WORK WITH COMMUNITY PHARMACIES

Marketing materials have been developed that advise people to talk to their GP or local pharmacist if they need any support in completing the test kit.

Resources including badges, posters and postcards have been disseminated via numerous marketing channels, as well as community pharmacies.

Pharmacists in the borough have agreed to place a bowel screening card, which includes details of how to order a kit, in each prescription bag for people over 60.

Pharmacists wear badges that encourage people aged over 60 to ask them about bowel cancer, and they explain why screening is

important and will advise about the signs and symptoms of bowel cancer.

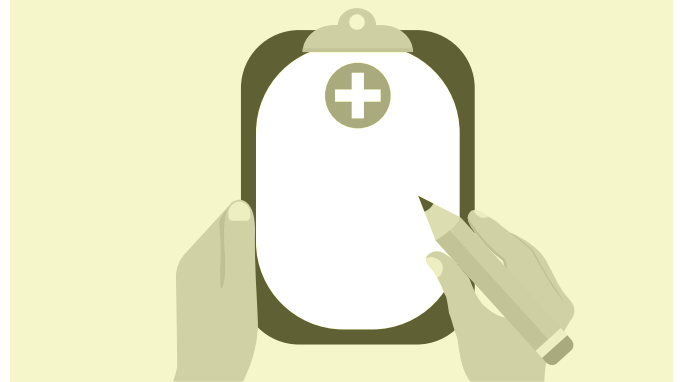
This initiative has included training, which has now been completed, and Community Links workers have visited pharmacies to follow up with monitoring forms, information resources and badges.



Staff in a Newham pharmacy promoting bowel cancer screening

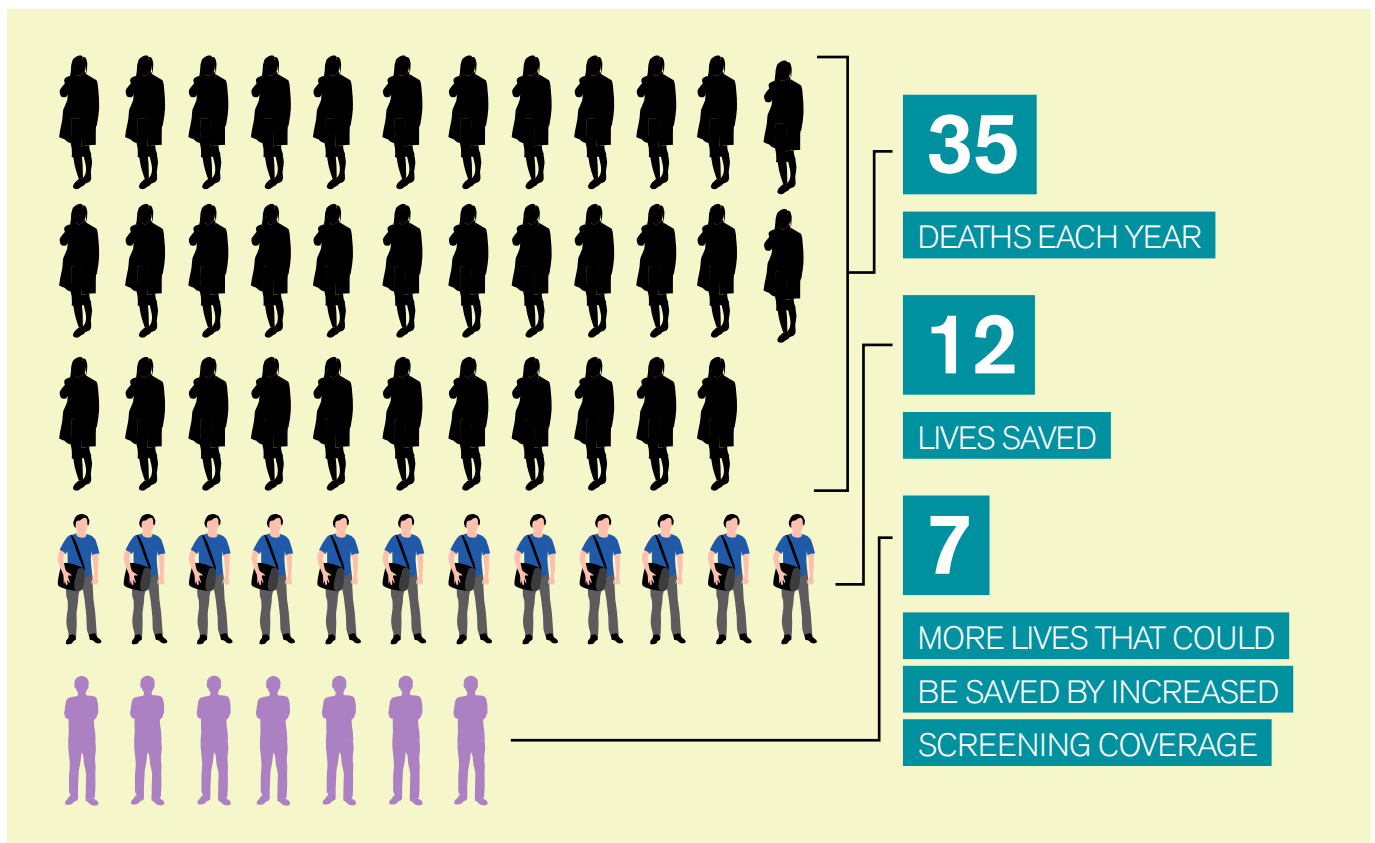
## ANNUAL HEALTH CHECKS

NHS Health Checks are offered to those aged 40-74 every five years. In Newham we are working with GPs to ensure that patients are asked whether they have taken part in national screening programmes such as bowel, breast and cervical screening programmes. If the person has not taken part in the relevant programmes they will be given information about how to request an appointment (breast and cervical) or another test kit (bowel).



## WILL THIS INVESTMENT PAY OFF?

There are about 35 deaths from bowel cancer in Newham each year. The current level of bowel cancer screening coverage (38%) will probably prevent 12 deaths over every five year period. Increasing the coverage to the national target (60%) is likely to prevent a further seven deaths every five years<sup>[10]</sup>.



# Conclusions of this report

About one in 20 people in the UK will develop bowel cancer during their lifetime and this disease is the fourth most common cancer in the UK.

Over the three year period 2011-2013, 95 people in Newham died from bowel cancer, and in that period the number of deaths of both men and women of all ages, as a proportion of the population, increased year on year.

People who develop cancer in Newham are less likely to be alive one year after diagnosis than in almost every other local authority area in England.

Despite the scale of the problem, we know quite a lot about how bowel cancer is caused and the steps that individuals and families can take to help to prevent it. Diet, exercise, maintaining a healthy weight, stopping smoking and reducing alcohol intake all have a role to play.

Bowel cancer can also be treated successfully if found early – and there's a screening test sent to registered patients aged 60-74 every two years. In Newham, the number of people who complete

the test is low compared to the England average.

There are a number of reasons for this, including attitudes to sampling and storing faeces, and individuals' preference for

numbers of people doing the test through working with individuals and communities to normalise the conversation about bowel screening, to ensure that opportunities we have through the whole system in Newham are

**BOWEL CANCER CAN BE  
TREATED SUCCESSFULLY  
IF FOUND EARLY**

not knowing whether they have cancer or not, as well as not seeing the test as relevant in light of having no symptoms. These attitudes appear to be more common in South Asian communities than in other communities.

There is now a wealth of promotional material, including videos and patient stories, which seek to encourage testing in different communities, and links to many of these are provided within this report if you're reading online.

In addition, we are taking steps in Newham to boost the

used to boost numbers, and to iron out any practical problems in getting to the test kit to intended recipients.

There may be changes coming to the national screening programme so that a different, simpler type of test is used, and we think this is important, as many people find the current test complicated and messy.

Cancer is a big issue for Newham residents, and bowel cancer is a condition that many don't like to talk about. However, there is much we can do to prevent it and to find it early so that we can treat it successfully.



# Recommended changes

## LOCAL ACTION

- Continue with telephone calling and ensure data are collected on those contacted who do and don't go on to take the test.
- Continue taking opportunities through London Borough of Newham external communications to have conversations which normalise discussions about bowel screening.
- Continue to address the logistical issues of kits not getting to intended recipients by providing feedback to the screening Hub.
- Count the number of incorrect telephone numbers in primary care database and provide feedback to practices.
- Continue to provide training to primary care professionals in relation to bowel screening as part of NHS health checks.
- Continue to identify and work with vulnerable groups who may have lower screening rates.

## REGIONAL ACTION

- The London Hub should report on how widespread are problems with non-delivery, and work with Royal Mail to improve performance.
- The London Hub should coordinate kit delivery and re-delivery with local organisations and/or GPs.
- NHS England should consider commissioning a service like Community Links as part of the bowel screening programme to improve uptake rates.

## NATIONAL ACTION

- The national office of NHS Cancer Screening programmes, part of Public Health England, should take steps to simplify the test, and adopt the FIT test kit as soon as possible if that is found to be both simpler to use and as reliable as the FOB test.
- There should be a high profile national campaign which aims to normalise discussions about bowel cancer screening, so that conversations occur within families and between peers.

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