We must take action to address the barriers to bowel screening

Bowel screening uptake is low among BME groups and in poorer areas, so we must do more to engage with communities, says Deborah Alsina

Figures suggest that there is lower uptake of bowel screening among black and minority ethnic (BME) groups than in the white British population. As with any new national health initiative, initial uptake of screening is low in some areas of the UK in both pilots and programmes.

The national uptake target is 60%. Statistics from the Scottish programme, which targets people aged 50–74, have yet to be released but, in the Scottish pilot, uptake was only 30% in deprived communities and lower in men than women. As screening continues to be rolled out in Scotland, both socioeconomic and gender factors present particular challenges to health boards in meeting the national uptake target.

While the roll-out of the Welsh programme (for those aged 60–69) is national, in England and Scotland, screening is being introduced by health board or PCT area, with centres undertaking their own awareness-raising programmes. This enables publicity and activities to be tailored to specific communities according to, for example ethnicity and socioeconomic deprivation levels, which is likely to help increase uptake.

Norfolk and Norwich University Hospitals NHS Trust was one of the first to offer screening and has met the 60% national uptake target. However, this figure is lower in the urban areas of Norfolk and higher in its rural communities.

Tower Hamlets PCT, City and Hackney Teaching PCT and Newham PCT in east London were also among the first to roll out the screening. These are areas with large populations of Asian descent and, less than one year after the programme, uptake was around 30%.

Regular screening is known to reduce the risk of dying from bowel cancer by 16%. Screening has already reduced deaths in the UK and it is also having an impact on public attitudes towards the disease. In England, more than two years after screening was introduced, nearly 1.3 million self-testing kits have been returned by eligible 60 to 69-year-olds, nearly 2,000 cancers have been detected and more than 7,000 people have had polyps removed.

More needs to be done to explain the benefits of bowel cancer screening to eligible participants and their families. Innovative ways of engaging with communities and groups with traditionally low participation — such as men or BME groups — are also needed. Best practice in achieving this needs to be shared among healthcare staff.

Bowel Cancer UK is piloting a programme with England’s South Asian communities. It is conducting focus groups to establish appropriate bowel cancer messages and developing a DVD to be used as a health promotion tool. The charity will also be running training courses for non-specialist healthcare professionals and recruiting and training volunteers from within communities to raise awareness of bowel cancer. Results from the pilot will be shared with healthcare staff.

Deborah Alsina is director of services and strategy, Bowel Cancer UK

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