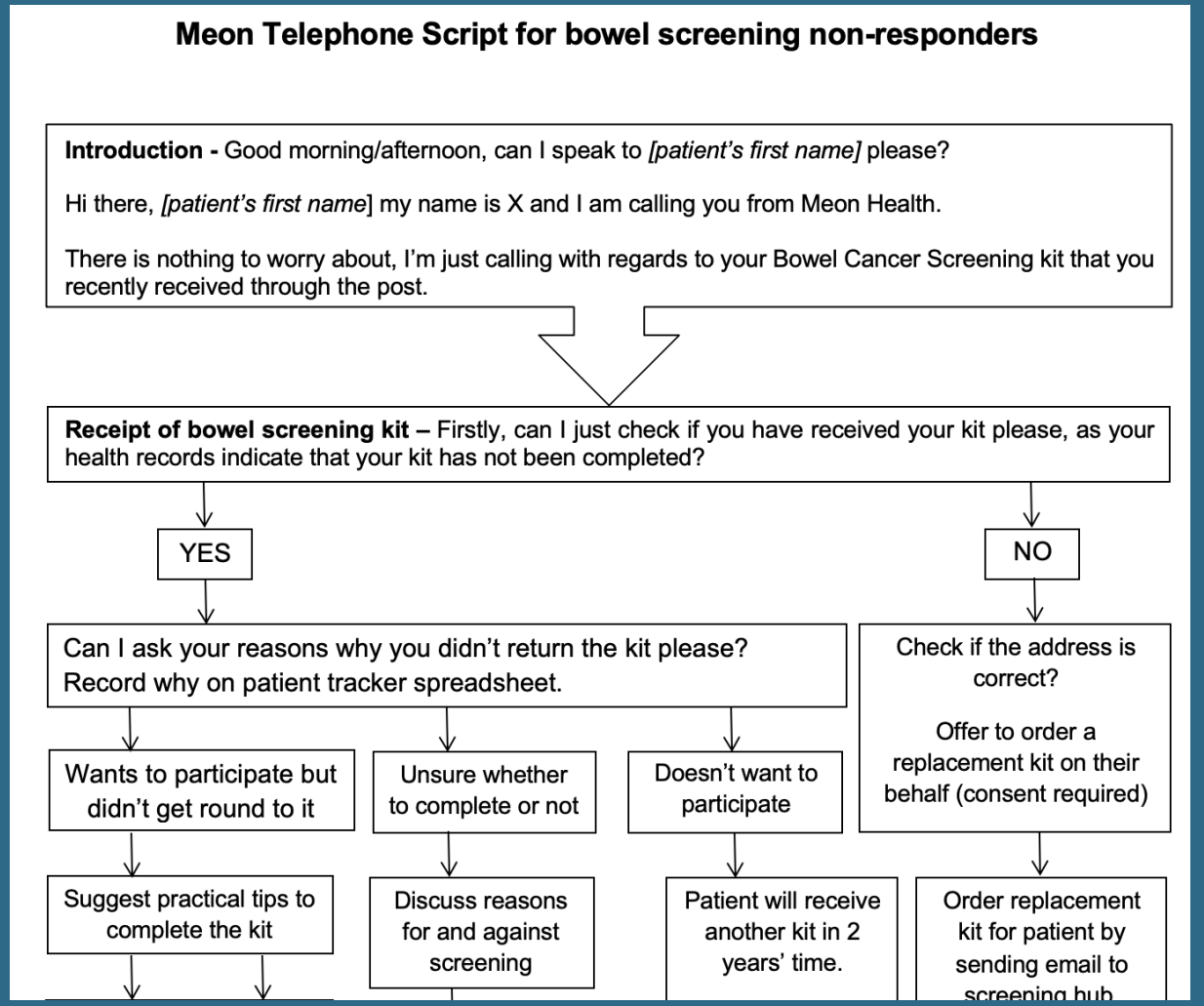
Meon Health Practice – Bowel screening pilot

Jenny Rattray (GP) and Darah McGrath (Patient services co-ordinator)

Set up and training

- Training session prior to starting calls
- Developed script based on CRUK and other online tools
- FAQ sheet to refer to during
- Pilot session with debrief
- Dedicated GP support plan – allocated clinician to deal with non-urgent queries via task and escalation plan for duty dr to manage urgent cases/patients with symptoms



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Tips for successful telephone conversations

- Introductions, “nothing to worry about…”
- Non-judgmental “was there any reason you didn’t manage to do the test? Show understanding and respect
  - Hasn’t got round to it
    - Practical tips – tissue paper in toilet, mushroom box, discreet “postman won’t know!”
    - Positive reinforcement – commend patient “that’s great”
  - Unsure
    - “can I help at all” – explore their questions, discuss pros and cons
    - Reassure only 2 patients out of every 100 who complete the test need further investigation
  - Doesn’t want to participate
    - Remind them they will get invited again in 2 years and they can always change their mind

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Tips for successful telephone conversations

- Ordering replacement kits
  - “no bother to request another test”
  - Email screening hub
  - Schedule text reminder to complete test after 2-3 weeks
- Dealing with barriers to screening
  - Test is messy/embarrassed “not like the old days, so much easier now”
  - Don’t have symptoms “that’s great but did you know the test is designed for people who don’t have symptoms…”
  - I don’t want to know if I have cancer - show understanding, explain 9/10 survive their cancer if picked up early, screening could pick up early changes and avoid need for extensive treatment. Only 2 out of 100 people who have screening need further investigation

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Additional considerations

- Opportunity for other cancer prevention/screening
  - Smoking status/smoking cessation
  - Cervical screening

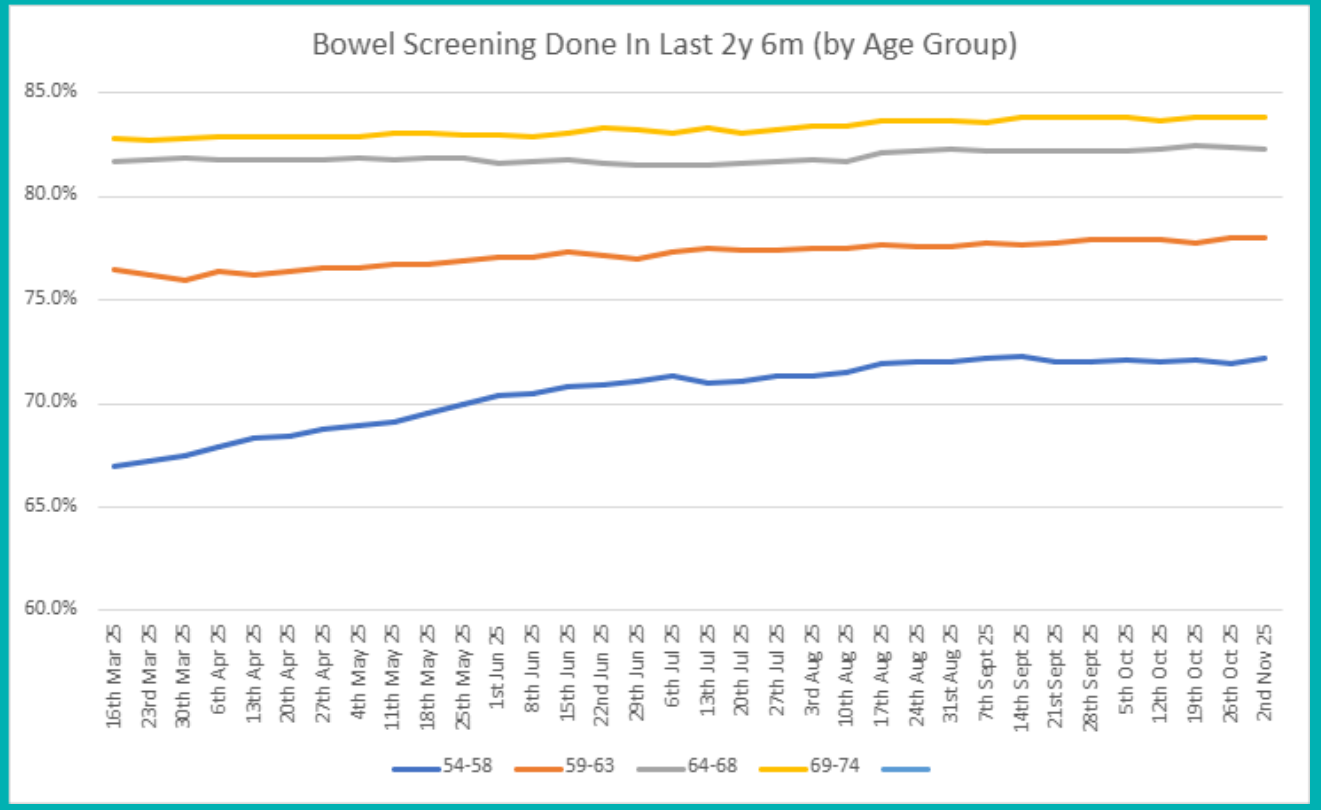
- Patients with symptoms
  - Screening FIT test is for patients WITHOUT symptoms of bowel cancer
  - The FIT test we do on patients WITH symptoms in surgery picks up even tinier traces of blood – if patient discloses symptoms we booked with supervising GP/duty Dr

- Patients who don’t answer calls
  - We had a florey message with an option to ask for call back or for surgery to request new test kit

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Evidence from our Meon pilot

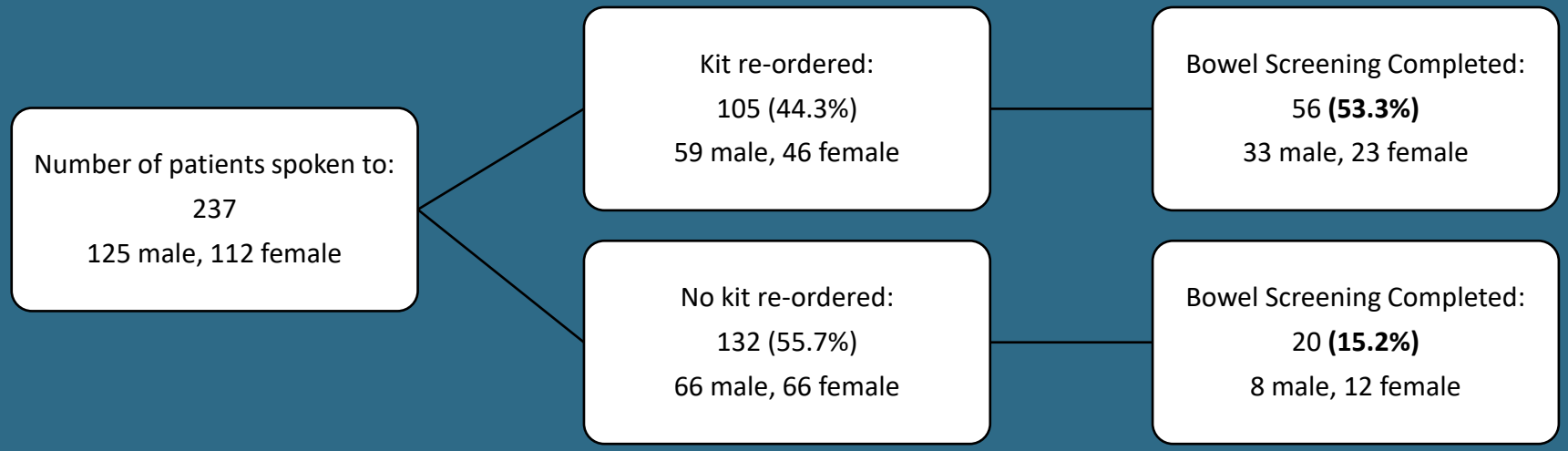
- 237 phone calls taking on average 15 minutes
- Accurx florey sent to further 212 patients
- Overall bowel screening uptake increased from 76.3% to 78.7%
- The biggest increase was seen in our younger patients with an increase of 5.2% in the 54-58 age bracket



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Learning points from pilot

- Better screening uptake when **called** vs. text (32.1% vs. 10.8%)
- Better screening uptake when **called & kit re-ordered** vs. called & no kit re-ordered (53.3% vs. 15.2%)
- Additional benefits from phone calls – Smoking cessation advice, arranging cervical screening, arranging GP review for symptomatic patients.



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