



Lancashire and South Cumbria

**Call for a KIT**

NHS Bowel Cancer Screening

# Supplementary Materials

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# Section 2

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## 2.1 CFAK Economic Evaluation

## 2.1 CFAK Economic Evaluation

### Unit cost analysis

This analysis covers the CFAK programme for the 2023–24 financial year. All costs are reported in 2023–24 pounds sterling and not discounted. Cost data were taken from the programme financial records. These included staff, premises and office overheads, travel, service provider fees, and IT equipment. For the reporting, smaller items were grouped together. Staff costs were fully loaded and mapped to funded posts to estimate full-time equivalents. Costs covered elsewhere in the system, such as Trust-provided IT support, were noted but not included because they did not draw on the programme budget. Activity data came from programme monitoring records and counted how many people reached each stage of the pathway: calls made and answered, invitations accepted, consultations attended, kits returned, and positive results. Gender and ethnic breakdowns were also available. Unit costs were calculated by dividing total programme expenditure by the number of people reaching each stage. These figures represent average costs rather than marginal costs, so they cannot be added together. Because staff costs are mostly fixed, unit costs are driven by throughput rather than per-person consumables. Costs outside programme delivery, such as laboratory processing and follow-up, were not available.

### Programme costs

The Call for a Kit programme cost £179,602 during the 2023–24 financial year. Staff costs were by far the largest element at £155,729, which is 86.7 percent of the total. This funded 4.43 full-time equivalent posts across five roles, equal to 164 funded hours per week. The remaining costs were much smaller. Premises, office and travel costs came to £8,072, or 4.5 percent, and covered desk space, storage, photocopying and staff travel. Service provider costs, including accounts, payroll, banking, insurance and human resources advice, totalled £6,780, or 3.8 percent. IT and laptop costs were £3,000, or 1.7 percent, with IT support itself provided by the Trust. A further £6,021, or 3.4 percent, covered various items that did not fit into a specific category.

### Unit costs

Unit costs reflect the full programme cost divided by the number of people reaching each stage. For example, 4,434 calls were made, giving a cost of £41 per call. As fewer people progress through the pathway, the cost per person increases. Note that the cost of the final stage includes all previous costs. For example, the cost per positive result includes everything required to reach that result, starting from the first phone call. Supplementary Table 1 also shows where people drop out of the pathway. About half of all calls were answered, which increases the cost per person from £41 to £85. The cost per returned test kit was £290 and the cost per positive test result £7,483. Note that a positive result means blood was detected at or above the threshold. It triggers referral for further investigation, not diagnosis. Most positive results are caused by conditions other than cancer. The figure

should therefore be understood as the cost per person referred for investigation, not the cost per cancer detected. Outcome data for the 24 referrals were not available.

**Supplementary Table 1. Unit costs along the pathway (April 2023 till March 2024)**

| Stage                 | Number | Cost per person |
|-----------------------|--------|-----------------|
| Calls made            | 4,434  | £41             |
| Calls answered        | 2,123  | £85             |
| Invitation accepted   | 1,793  | £100            |
| Attended consultation | 1,316  | £136            |
| Returned kit          | 620    | £290            |
| Positive result       | 24     | £7,483          |

### **Costs and outcomes by gender and ethnicity**

Costs were allocated to gender and ethnic groups based on their share of calls made. This assumes staff time per call was similar across groups. If some groups needed longer calls or interpreter support, their true cost would be higher. The allocation is useful for comparing throughput but should not be interpreted as a real difference in cost. Supplementary Table 2 shows that men and women answered calls at similar rates. Men accepted invitations and returned kits slightly more often, and these small differences accumulate. Overall, 15.3 percent of calls to men resulted in a returned kit, compared with 12.0 percent for women. The cost per returned kit was £265 for men and £337 for women (see Supplementary Table 3).

**Supplementary Table 2. Pathway outcomes and conversion rates by gender and ethnic group**

|                             | Gender        |             | Ethnicity     |             |             |                  |
|-----------------------------|---------------|-------------|---------------|-------------|-------------|------------------|
| Stage                       | Men           | Women       | White         | Indian      | Pakistani   | Other or unknown |
| Calls made                  | 2,679         | 1,755       | 3,436         | 394         | 346         | 258              |
| Calls answered              | 1,296 (48.4%) | 827 (47.1%) | 1,581 (46.0%) | 242 (61.4%) | 222 (64.2%) | 78 (30.2%)       |
| Invitation accepted         | 1,122 (86.6%) | 671 (81.1%) | 1,290 (81.6%) | 217 (89.7%) | 218 (98.2%) | 68 (87.2%)       |
| Test kits returned          | 409 (36.5%)   | 211 (31.4%) | 422 (32.7%)   | 83 (38.2%)  | 88 (40.4%)  | 27 (39.7%)       |
| Abnormal test results       | 17 (4.2%)     | 7 (3.3%)    | 16 (3.8%)     | 4 (4.8%)    | 4 (4.5%)    | 0 (0%)           |
| Kits returned per call made | 15.3%         | 12.0%       | 12.3%         | 21.1%       | 25.4%       | 10.5%            |

*Percentages are conversion from the preceding stage, except the final row.*

Differences by ethnicity were larger and appeared mainly at the first stage. People of Pakistani and Indian ethnicity were much more likely to answer the call (64 percent and 61 percent) than those in the White group (46 percent) or the other/unknown category (30 percent). Acceptance after answering was almost universal in the Pakistani group (98 percent). Because most people drop out early, this advantage carried through: 25.4 percent of calls to Pakistani participants resulted in a returned kit, compared with 12.3 percent in the White group. The cost per returned kit was £159 compared with £330.

**Supplementary Table 3. Allocated cost per outcome by subgroup**

|                       | Men<br>(60.4%) | Women<br>(39.6%) | White<br>(77.5%) | Indian<br>(8.9%) | Pakistani<br>(7.8%) | Other or<br>unknown<br>(5.8%) |
|-----------------------|----------------|------------------|------------------|------------------|---------------------|-------------------------------|
| Allocated cost        | £108,515       | £71,087          | £139,177         | £15,959          | £14,015             | £10,450                       |
| Calls answered        | £84            | £86              | £88              | £66              | £63                 | £134                          |
| Invitation accepted   | £97            | £106             | £108             | £74              | £64                 | £153                          |
| Test kits returned    | £265           | £337             | £330             | £193             | £159                | £386                          |
| Abnormal test results | £6,381         | £10,160          | £8,699           | £3,996           | £3,502              | not calculable                |

The other or unknown ethnic category had the lowest answer rate and the highest cost per returned kit (£387). Because this category mixes many ethnicities with missing data, it does not represent a specific population. The pattern may reflect data quality rather than true differences in response. Subgroup costs per positive result are included for completeness but should not be used for comparison or planning. Because there were no positive results in the other or unknown group, the cost per positive result is undefined. Without outcome data, the number of cancers or precancerous lesions detected cannot be reported. A limitation of this subgroup analysis is the lack of population denominator, so the analysis describes what happened to the people contacted, not whether each group was reached in proportion to its size in the eligible population. Assessing equity of reach would require that population profile.

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# Section 3

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## 3.1 CFAK Implementation Readiness Checklist

# Implementation Readiness Checklist

This checklist is designed to help organisations assess whether the essential structures, resources, partnerships, governance arrangements, and processes are in place before launching CFAK. It can be used during implementation planning, stakeholder discussions, and pre-launch reviews. Adapt as required for local contexts.

## Scoring

| Rating | Description        |
|--------|--------------------|
| 0      | Not in place       |
| 1      | Partially in place |
| 2      | Fully in place     |

## Interpretation

**90–100%** = Ready to implement

**70–89%** = Minor gaps requiring action

**50–69%** = Significant preparation required

**<50%** = Not currently ready for implementation

## Reflective Questions for Implementation Teams

1. Are we ready to reach and engage underserved populations most at risk of non-participation?
2. Do we have sufficient workforce capacity to deliver relationship-based patient navigation?
3. Are GP practices sufficiently engaged to support implementation?
4. Can our digital and governance systems support delivery without creating unnecessary burden?
5. How will we know whether CFAK is being delivered as intended?
6. How will we monitor whether the programme is reducing inequalities rather than unintentionally widening them?
7. What is our plan for sustaining CFAK beyond the initial implementation period?

This checklist aligns with the implementation factors identified in the CFAK evaluation, including workforce support, GP practice engagement, patient-centred delivery, digital infrastructure, health inequalities, monitoring, and sustainability.

Supplementary Table 4

| Readiness Domain                                 | Relevant Manual Sections                                                                        | Why This Section is Relevant                                                                                                                                                                    |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Strategic and Organisational Readiness</b> | <b>Section 1-2:</b> Introduction and Evidence Base<br><b>Section 4:</b> Core Components of CFAK | Provides the rationale for CFAK, evidence base, business case, governance arrangements, leadership responsibilities, and strategic alignment with screening and health inequalities priorities. |

|                                                      |                                                                                                                                                                      |                                                                                                                                                                                                  |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                      | <b>Section 3:</b> Governance and Programme Set-up                                                                                                                    |                                                                                                                                                                                                  |
| <b>2. Workforce Capacity and Capability</b>          | <b>Section 3.4:</b> Workforce Roles and Responsibilities<br><b>Section 3.6:</b> Training, Competency and Supervision                                                 | Outlines required staffing model, HPO role specification, competency framework, induction, supervision, reflective practice, and workforce development requirements.                             |
| <b>3. GP Practice and Stakeholder Engagement</b>     | <b>Section 4.3:</b> GP Practice Engagement and Relationship Building<br><b>Section 4.8:</b> Partnership Working and Community Engagement                             | Provides guidance on practice recruitment, practice champions, stakeholder communication, partnership development, and engagement with screening providers and community organisations.          |
| <b>4. Operational Infrastructure</b>                 | <b>Section 4.4:</b> Patient Identification, Referral and Recruitment Pathways<br><b>Section 4:</b> CFAK Delivery Procedures                                          | Describes patient identification processes, eligibility criteria, appointment systems, consultation models, FIT kit replacement procedures, and day-to-day operational delivery.                 |
| <b>5. Information Governance and Digital Systems</b> | <b>Section 5:</b> Data Management, Information Governance and Digital Systems                                                                                        | Covers EMIS access, GDPR compliance, data-sharing agreements, confidentiality, data quality assurance, audit trails, and secure communications.                                                  |
| <b>6. Health Inequalities and Accessibility</b>      | <b>Section 4.2:</b> Core Components of CFAK<br><b>Section 4.8:</b> Partnership Working and Community Engagement<br><b>Section 4.7:</b> Equity and Inclusion Guidance | Explains CFAK's health inequalities focus, targeting underserved populations, culturally responsive delivery, language support, accessibility, reasonable adjustments, and community engagement. |

|                                                  |                                                                  |                                                                                                                                                                                                             |
|--------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>7. Monitoring, Evaluation and Improvement</b> | <b>Section 5:</b> Monitoring, Evaluation and Quality Improvement | Provides guidance on KPI monitoring, Master Sheet use, activity recording, fidelity assessment, patient feedback collection, equity monitoring, reporting requirements, and continuous quality improvement. |
| <b>8. Sustainability</b>                         | <b>Section 5.6:</b> Sustainability and Scale-Up                  | Describes approaches to embedding CFAK in routine practice, securing resources, workforce retention, partnership maintenance, service improvement, and expansion planning.                                  |

|                                                                     | <b>Score (0-2)</b> |
|---------------------------------------------------------------------|--------------------|
| <b>Domain 1: Strategic and Organisational Readiness</b>             |                    |
| Senior leadership support has been secured                          |                    |
| CFAK aligns with local screening and health inequalities priorities |                    |
| Clear implementation lead identified                                |                    |
| Funding and resources secured for at least 12 months                |                    |
| Business case/service specification approved                        |                    |
| Stakeholders understand the purpose and evidence base of CFAK       |                    |
| Governance arrangements established                                 |                    |
| Mechanisms for oversight and reporting agreed                       |                    |
| <b>Domain Score</b>                                                 | ____ /16           |
| <b>Domain 2: Workforce Capacity and Capability</b>                  |                    |
| Sufficient Health Promotion Officer (HPO) capacity available        |                    |
| Operational lead/team manager identified                            |                    |
| Administrative support available                                    |                    |
| Succession planning arrangements developed                          |                    |
| Induction programme available                                       |                    |
| Training programme mapped to competency framework                   |                    |
| Clinical advice/escalation pathway available                        |                    |

|                                                 |          |
|-------------------------------------------------|----------|
| Supervision arrangements established            |          |
| Reflective practice sessions planned            |          |
| Staff competency assessment process established |          |
| <b>Domain Score:</b>                            | ____ /20 |

|                                                          | Score (0-2) |
|----------------------------------------------------------|-------------|
| <b>Domain 3: GP Practice and Stakeholder Engagement</b>  |             |
| Target GP practices identified                           |             |
| Practice selection based on uptake and inequalities data |             |
| Practices formally engaged                               |             |
| Practice champions/key contacts identified               |             |
| Roles and responsibilities agreed                        |             |
| Practice communication plan established                  |             |
| Clinic venues identified and available                   |             |
| Practice staff briefed about CFAK                        |             |
| Relationships established with local screening teams     |             |
| Links with community organisations developed             |             |
| <b>Domain Score:</b>                                     | ____ /20    |
| <b>Domain 4: Operational Infrastructure</b>              |             |
| Patient identification processes agreed                  |             |
| Eligibility criteria agreed                              |             |
| Recruitment pathway established                          |             |
| Text messaging systems available                         |             |
| Appointment booking system operational                   |             |
| Self-booking option considered and tested                |             |
| Face-to-face consultation venues available               |             |
| Telephone consultation systems available                 |             |
| Video consultation systems available (if applicable)     |             |
| Replacement FIT kit request process established          |             |
| <b>Domain Score:</b>                                     | ____ /20    |

|                                                             | Score (0-2) |
|-------------------------------------------------------------|-------------|
| <b>Domain 5: Information Governance and Digital Systems</b> |             |
| Data-sharing agreements in place                            |             |
| Information governance approval secured                     |             |
| GDPR compliance processes established                       |             |
| Staff have completed IG training                            |             |
| EMIS access approved and tested                             |             |
| Secure data storage arrangements established                |             |
| Secure communication systems identified                     |             |
| Confidentiality agreements completed                        |             |
| Data quality assurance process established                  |             |
| Audit trail procedures agreed                               |             |
| <b>Domain Score:</b>                                        | ____ /20    |
| <b>Domain 6: Health Inequalities and Accessibility</b>      |             |
| Priority populations identified                             |             |
| Local inequalities data reviewed                            |             |
| Language support arrangements available                     |             |
| Interpreter services accessible                             |             |
| Accessible information resources available                  |             |
| Processes established for reasonable adjustments            |             |
| Learning disability support pathway available               |             |
| Community engagement strategy developed                     |             |
| Cultural competence training planned                        |             |
| Equity monitoring indicators agreed                         |             |
| <b>Domain Score:</b>                                        | ____ /20    |

|                                                         | Score (0-2) |
|---------------------------------------------------------|-------------|
| <b>Domain 7: Monitoring, Evaluation and Improvement</b> |             |
| CFAK Master Sheet developed and operational             |             |
| KPI dashboard agreed                                    |             |
| Activity monitoring processes established               |             |
| Outcome monitoring processes established                |             |
| Health equity monitoring planned                        |             |
| Patient feedback process established                    |             |
| Fidelity monitoring process established                 |             |
| Quarterly review meetings scheduled                     |             |
| Annual service review planned                           |             |
| Reporting arrangements agreed with commissioners        |             |
| <b>Domain Score:</b>                                    | ____ /20    |
| <b>Domain 8: Sustainability</b>                         |             |
| Sustainability plan developed                           |             |
| Long-term funding opportunities identified              |             |
| Workforce retention plans in place                      |             |
| Community partnerships established                      |             |
| Service improvement processes embedded                  |             |
| Plans for scaling or adaptation considered              |             |
| <b>Domain Score:</b>                                    | ____ /12    |

## Readiness Summary

| Domain                                     | Score    |
|--------------------------------------------|----------|
| Strategic and Organisational Readiness     | ____ /16 |
| Workforce Capacity and Capability          | ____ /20 |
| GP Practice and Stakeholder Engagement     | ____ /20 |
| Operational Infrastructure                 | ____ /20 |
| Information Governance and Digital Systems | ____ /20 |
| Health Inequalities and Accessibility      | ____ /20 |
| Monitoring, Evaluation and Improvement     | ____ /20 |
| Sustainability                             | ____ /12 |

**Total Score:** \_\_\_\_ /148

**Percentage Readiness Score:** \_\_\_\_\_ %

### Implementation Decision

- ☐ Ready to implement
- ☐ Ready with minor actions required
- ☐ Further preparation required
- ☐ Major readiness gaps identified

### Priority Actions Before Launch

| Action Required | Lead | Deadline |
|-----------------|------|----------|
|                 |      |          |
|                 |      |          |
|                 |      |          |
|                 |      |          |



## Section 4

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- 4.1 Self-booking text-messages
  - 4.2 South Cumbria Remote Video Consultations
  - 4.3 Lancashire Evenings and Weekends
  - 4.4 CFAK Community Champions
  - 4.5 CFAK Social Media Campaign
  - 4.6 CFAK Promotional Materials
- 

## 4.1 Self-booking text messages

**Timeline:** 25/26

**Lead:** Shakil Salam

**Aim:** To test acceptability, attendance at CFAK consultations using self-booking mobile phone text messages and assess kit return rates.

**Procedure:** Prior to initial phone call, individuals were sent a text message from their GP practices to book a consultation with the bowel cancer screening health promotion officer with set dates and times provided in booking. Data were analysed descriptively based on non-responders contacted between April 2025 and March 2026 by the lead health promotion officer.

**Sample text message:**

*"We have noticed that you have not completed your Bowel Screening Test Kit sent by the NHS. This practice is working with the Bowel Screening Call for a Kit team so If you would like to book in to see one of the officers then please click the link to make your appt. The appt will just be 15 minutes and they will show you the kit, discuss how to complete the test kit and then order you a new kit as needed. Screening saves lives please make your appt today"*

**Findings:**

**Bookings rates:** In total, 1458 non-responders were invited to CFAK consultations. Of those 37.7% (n=559) received a self-booking text-message and 51.7% (n=754) were booked into consultations via phone calls. Of the remaining individuals 9.8% (n=143) were failed encounters and 0.8% (n=12) declined having a CFAK consultation.

**Attendance rates:** Among those booked a consultation via text message, 89.1% (n=489) had a face-to-face consultation and 9.8% (n=54) had a telephone consultation and there were 5 people who did not attend. In contrast, among those booked in via phone calls, 63.5% (n=479) were face-to-face consultations and 32.2% (n=242) were telephone consultations.

**Kit order rates:** Across all booking and delivery modes, kit order rates were similar between 75-78% of all CFAK consultees.

**Kit return rates:** Among individuals who self-booked their appointment via text message and attended a face-to-face consultation (n=489), 36.6% (n=179) did not return their test kit. Non-return rates were lower among those who initially booked via text message but subsequently received a telephone consultation, with 24.0% (n=12/50) failing to return their kit.

In contrast, among individuals whose appointments were arranged by phone call only, non-return rates were higher. Specifically, 39.9% (191/479) of those who attended a face-to-face consultation did not return their test kit, increasing to 44.6% (108/242) among those who received a telephone consultation.

**Differences in booking by age, sex and ethnicity:**

**Age**

- **50-59 years:** 45.8% (246/537) attended via the text-message self-booking pathway, compared with 54.2% (291/537) via phone call.
- **60-69 years:** 34.9% (163/467) attended via text-message self-booking, while 65.1% (304/467) attended following phone-call booking.

- **70-74 years:** 56.8% (54/95) attended via text-message self-booking, compared with 43.2% (41/95) via phone call.

### Sex

Females were more likely to use the text message self-booking pathway than males (47.5% vs 32.9%). Males were more likely to be booked via phone call than females (54.6% vs 45.7%).

### Ethnicity

When ethnicity was grouped into White and non-White categories due to smaller numbers in non-white ethnic groups, differences in booking method were observed. Among White participants (n=1,222), 50.7% (n=619) were booked via phone call, 39.5% (n=483) used the GP text self-booking pathway. In comparison, non-responders from non-White ethnicities (n=236) were more likely to be booked via phone call (57.2%, n=135) and less likely to use the GP text self-booking pathway (28.0%, n=66). More failed encounters were observed among non-White ethnic groups (14.0%, n=33) than people from White ethnicities (9.0%, n=110). These findings suggest lower uptake of the text self-booking pathway among non-White ethnic groups and greater reliance on telephone-based booking routes.

### Recommendations for practice

#### **1. Expand the use of text-message self-booking**

*The text-message self-booking pathway was acceptable to a substantial proportion of non-responders, with over one-third of all invitees booking in this way. Furthermore, individuals who booked via text message generally demonstrated better kit return rates than those booked solely through phone calls. Expanding this approach could reduce administrative burden while increasing patient autonomy and engagement.*

#### **2. Prioritise face-to-face consultations where possible**

*Regardless of booking method, face-to-face consultations were associated with better kit return rates than telephone consultations.*

#### **3. Retain multiple booking routes**

*Maintaining both digital and telephone booking routes is important to maximise accessibility and ensure individuals who do not engage with text messages are not excluded.*

#### **4. Develop targeted approaches for people from non-White ethnic groups**

*Additional culturally appropriate engagement strategies may therefore be required, including translated text messages, community outreach, support from community organisations, and telephone follow-up by staff with appropriate language skills.*

#### **5. Tailor booking approaches according to demographic characteristics**

*Booking preferences appeared to vary across age groups and sex. Services may wish to consider segmented communication strategies that reflect these differences in engagement.*

#### **6. Monitor inequalities as the pathway expands**

*Routine monitoring of booking method, attendance, kit ordering, and kit return rates by age, sex, ethnicity, deprivation, and language should be undertaken. This would ensure that digital booking approaches do not inadvertently widen existing screening inequalities and allow services to identify groups requiring additional support.*

#### **8. Conduct formal evaluation of effectiveness**

*Future evaluations should include statistical testing and, where possible, comparative or controlled study designs to determine whether observed differences are significant and cost-effective.*

## 4.2 South Cumbria Remote Consultations Pilot

**Timeline:** 25/26

**Lead:** Lorraine Morris

**Aim:** To set up and evaluate the delivery of video consultations in South Cumbria GP practices with less than 65% bowel screening uptake.

### Findings:

- **1,275 individuals** were eligible for CFAK and **1,222 individuals** contacted.
- **55% (n=674)** were coded as failed encounters (e.g. did not respond/number not working) and **10%(n=120)** declined to have a consultation.
- **In total 428 people booked a video consultation, 131 were able to have the video consultation, 225 ended up having a telephone consultation due to technical challenges. 72 people did not attend. 283 non-responders** ordered kits following a consultation, of those 81% (n=106/131) ordered a kit after video consultation and 79% (n=177/225) ordered after a telephone consultation respectively.
- **30% (n=32/106)** of the people who received video consultation returned their replacement kit where as only **21% (n=37/177)** returned their kit after a telephone consultation.
- **3 abnormal results** were identified, demonstrating the potential for earlier detection through targeted engagement using video consultations.

**Challenges:** (1) Processes for delivering remote video calls needed to be established for CFAK working alongside GP practices. (2) issues were experienced with video and audio setups. where issues were experienced, telephone consultations were offered. (3) Not all GP practices may be actively using video consultations and may not be amenable to offering video consultations to their patients. However, for rural primary care in South Cumbria at two GP practices taking part in the pilot, this was an option offered to the patients.

**Informal non-responder feedback** highlighted a preference for remote appointments, particularly among working adults who found attending GP surgeries difficult during standard hours.

### Recommendations for practice

- 1) Remote CFAK video consultations are feasible and acceptable, and produces comparable test kit returns to face-to-face consultations.
- 2) Where possible, telephone consultations to be offered to those who have no access to a camera/computer or who do not want to a video call.
- 3) There should always be an option for face-to-face CFAK's in a GP practice as needed/requested by the individual.
- 4) Using the GP practice set up tool would be beneficial to ensure this offer is available and can be set up before clinics are in place.

## 4.3 Lancashire Evening and Weekend CFAKCs

**Timeline:** 25/26

**Lead/s:** All HPOs

**Aim:** The Evening and Weekend Call for a Kit Clinic Pilot was established as part of the 50-60-year-old Bowel Cancer Screening Programme initiative to improve awareness, engagement, and bowel screening uptake among individuals aged 50-60 years who had not responded to their bowel cancer screening invitation. The pilot specifically sought to determine whether offering appointments outside standard working hours could increase participation among working-age adults who may face barriers to engaging with healthcare services during the day.

### Findings:

The Lancashire pilot demonstrated that providing appointments outside normal working hours significantly improved engagement with younger non-responders.

Across Preston, Blackburn with Darwen, and East Lancashire:

- **53 clinics** were delivered.
- **1,329 individuals** were invited to participate.
- **697 people** were contacted directly.
- **331 non-responders** subsequently ordered a screening kit following clinic attendance or telephone follow-up.

Key outcomes included:

- **49 individuals** completed a FIT kit following face-to-face consultations.
- **21 individuals** completed a kit following telephone consultations.
- **69 normal screening results** were recorded.
- One inconclusive result was identified.

Patient feedback suggested that evening appointments offered greater flexibility for working-age adults and improved accessibility to screening information and support.

### Accessibility Benefits

Feedback from Health Promotion Officers indicated that evening and weekend clinics were particularly valued by working-age adults. These appointments improved accessibility for individuals unable to attend appointments during standard working hours and demonstrated the feasibility of delivering bowel screening support outside traditional service times.

## Recommendations for practice

### **1. Continue Out-of-Hours Delivery**

*Maintain and expand evening and weekend CFAK as a routine engagement model for non-responders aged 50-67 years, particularly within low-uptake practices.*

### **2. Introduce Video Consultations**

*Develop video consultation services alongside face-to-face and telephone support, providing a flexible engagement option for working-age adults and reducing the need for travel to appointments.*

### **3. Increase Community-Based Delivery**

*Further explore community venues such as community centres, pharmacies and outreach locations when surgery space is limited, to improve accessibility and visibility of screening support services.*

## 4.4. CFAK community champions

**Timeline:** 24/25

**Lead:** Yasmin Patel

**Aim:** To increase awareness of bowel cancer symptoms and bowel cancer screening, promote informed participation in bowel screening, and reduce inequalities in access to cancer prevention and early diagnosis information among underserved communities across Lancashire and South Cumbria.

**Findings:**

A network of trained Bowel Cancer Champions worked collaboratively with NHS organisations, local authorities, voluntary and community sector organisations, employers and community groups to deliver awareness-raising activities throughout 2024/25. Rather than relying on traditional healthcare settings, the programme focused on reaching people where they live, work and socialise.

Champions delivered information and support through community events, workplace health promotion sessions, GP practices, hospital events, carers' groups, women's health initiatives, cultural events and public engagement activities. Interactive resources, including the Inflatable Bowel, were used to encourage conversations about bowel cancer symptoms, early diagnosis and participation in bowel cancer screening.

Activities included:

- Community events and health fairs
- Workplace awareness sessions
- Hospital and GP practice engagement activities
- Women's health events
- Faith and cultural community events
- Carers' groups
- Use of the Inflatable Bowel as an interactive educational resource

During 2024/25, the programme engaged 1,194 members of the public across Lancashire and South Cumbria through a diverse programme of outreach and community engagement activities.

The highest levels of engagement were achieved in Greater Preston and East Lancashire, demonstrating successful penetration into areas with significant levels of deprivation and health inequalities. Workplace events provided the greatest reach, followed by community-based activities, illustrating the value of delivering health promotion messages in familiar and accessible environments.

Achievements included:

- Development of a comprehensive volunteer handbook and training programme.
- Recruitment of experienced volunteers to deliver future training.

- Increased community outreach, enabling Health Promotion Officers to focus on higher-intensity clinic delivery.
- Expansion of volunteer activity into South Cumbria through partnership working.

The volunteer model demonstrated significant value in raising awareness, supporting underserved communities, and promoting screening uptake through trusted local engagement.



### Recommendations for practice

#### 1. Continue investing in community champion models

Trusted local champions provide an effective mechanism for delivering cancer awareness messages to populations who may not engage with traditional health promotion approaches.

#### 2. Expand workplace engagement

Workplace events generated the highest levels of engagement and provide an important opportunity to reach working-age adults who may otherwise miss screening messages.

#### 3. Strengthen engagement with ethnic minority and culturally diverse communities

Building on established community partnerships can further improve the reach and relevance of bowel cancer awareness activities.

#### 4. Increase coverage in underrepresented geographical areas

Future programmes should prioritise expansion into areas with lower levels of engagement to ensure equitable access across the region.

## 4.5 CFAK Social Media Campaign

### Problem

- ❑ Bowel cancer is the 4<sup>th</sup> most common cancer in the United Kingdom.
- ❑ The National Bowel Cancer Screening Programme (BCSP) offers all adults aged 50–74 a home-based stool sampling test (called FIT), which can detect bowel cancer early before symptoms appear.
- ❑ Since the age extension in 2025, only 1 in 2 adults aged 50–59 years old have been taking part in screening.
- ❑ Increasing engagement among first-time invitees is essential to boost awareness and improve screening uptake.

### Potential Solution

- ❑ Social media offers a powerful channel for increasing engagement in health communication and raising awareness, but its effectiveness depends on how well message framing and imagery resonate with intended audiences.
- ❑ Emerging evidence suggests that

<sup>1</sup>  
**dynamic social norm messages**  
(e.g. *more and more people are taking part in screening*)  
and

<sup>2</sup>  
**culturally normative imagery**

can increase engagement in bowel cancer screening communications. However, these strategies have rarely been tested in real-world campaigns.

### Aim:

The social media campaign tested how dynamic social norm messaging and culturally relevant imagery influence engagement with bowel cancer screening communications among 50–59-year-olds in Lancashire and South Cumbria.

### Methodology

**Design:** A 2×2 factorial Meta (Facebook) advertising campaign

**Setting:** Co-designed campaign on Meta (Facebook) via Blackburn CSV and Lancashire BCSP

**Timeline:** 12/01/2026–05/04/2026

**Target population:** All Adults aged 50–60 in Lancashire and South Cumbria.

### Outcome measures:

- **Outbound clicks through rate (oCTR):** Percentage of clicks, who left Meta-owned properties.  
$$oCTR (\%) = (Outbound\ Clicks / Impressions) \times 100$$
- **Click quality:** Percentage of all outbound clicks. Shows genuine interest.  
$$Click\ Quality = (Outbound\ Clicks \div Total\ Clicks) \times 100$$

Supplementary Table 5

|             |         | Image (B)           |                          |
|-------------|---------|---------------------|--------------------------|
|             |         | No (1)              | Yes (2)                  |
| Message (A) | No (1)  | Control condition   | Normative representative |
|             | Yes (2) | Dynamic Social norm | Combination condition    |

Supplementary Figure 1

Community CVS

Published by Leah Harrison

December 9, 2025

Did you know? If you're aged 50 to 74 and live in England, you'll be sent a free bowel screening test every two years.

You can do it easily at home and return it in the pre-paid envelope provided.

The Lancashire Bowel Cancer Screening Programme Health Promotion Team provides information, so you decide if bowel screening is right for you.

Learn more:

NHS

Blackpool Teaching Hospitals

NHS Foundation Trust

Are you aged between 50 and 74?

Your NHS bowel cancer screening kit could be in the post.

It's quick, easy, and could catch cancer early – when it's very treatable.



Comment as Community CVS

Community CVS

Published by Leah Harrison

December 9, 2025

Did you know? In the last 5 years, more and more adults completed the bowel cancer screening test. If you're aged 50 to 74 and live in England, you'll be sent a free bowel screening test every two years. You can do it easily at home and return it in the pre-paid envelope provided.

The Lancashire Bowel Cancer Screening Programme Health Promotion Team provides information, so you decide if bowel screening is right for you.

Learn more:

NHS

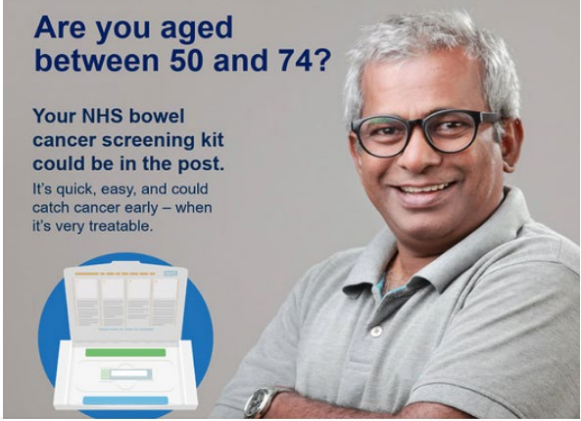
Blackpool Teaching Hospitals

NHS Foundation Trust

Are you aged between 50 and 74?

Your NHS bowel cancer screening kit could be in the post.

It's quick, easy, and could catch cancer early – when it's very treatable.



Comment as Community CVS

Summary findings:

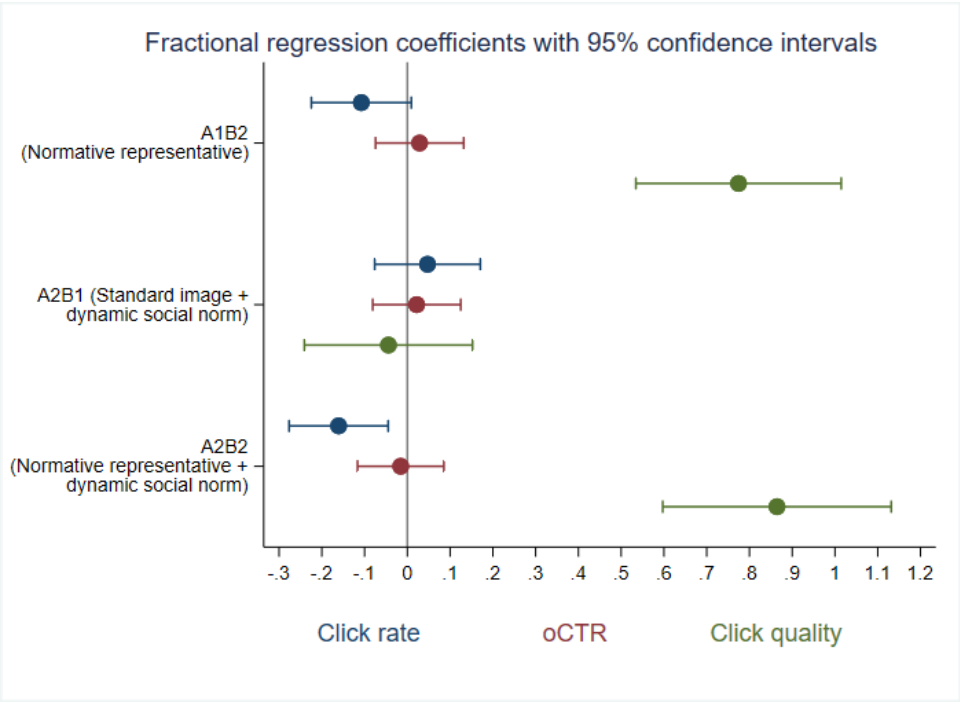
- 1,440,246 impressions reached 827,350 individuals,
- 16,124 clicks and 13,321 outbound visits to the CVS bowel screening website,
- Average cost £7.25 per advert/day (SD=0.91)
- oCTR=1.01% (industry standard)
- Click quality=82%
- Figure 2 shows increase in CVS website activity
- No significant engagement captured via BCSP freephone or CFAK email.

26 | CFAK Supplementary Information

V1.0 13/10/2026

Supplementary table 6

|                      | All Adverts | A1B1    | A1B2    | A2B1    | A2B2    |
|----------------------|-------------|---------|---------|---------|---------|
| Impressions          | 1,440,246   | 357,286 | 360,859 | 358,831 | 363,270 |
| Reach                | 827,350     | 205,868 | 202,210 | 210,350 | 206,922 |
| N of Clicks          | 16,332      | 4273    | 3859    | 4453    | 3747    |
| N of Outbound clicks | 13,321      | 3269    | 3267    | 3355    | 3330    |
| Cost per day (£)     | £7,25       | £6.98   | £6.80   | £7.61   | £7.60   |
| Click quality (%)    | 82.6%       | 62.46   | 71.31   | 61.82   | 72.02   |
| oCTR(%)              | 1.01%       | 1.00%   | 1.03%   | 1.03%   | 0.99%   |



**Conclusion**

Message framing and imagery influenced initial clicks but had little effect on deeper engagement such as outbound clicks.

Future studies could focus on call to action and format optimisation rather than message targeting to improve outbound click-through performance and assess the impact on screening participation

## 4.6 CFAK Promotional Materials

### A5 Promotion Leaflet

# Bowel Cancer Screening Programme



### What is bowel screening?

- A free NHS test offered to everyone aged 50–74. You will be sent a kit every two years.
- The test looks for tiny amounts of blood in your poo, which can be a sign of cancer.

### Why is it important?

- Bowel cancer is common in the UK.
- It can find cancer early, before you feel unwell.
- Taking the test could save your life.

### How does the kit work?

1. The NHS sends you a kit in the post.
2. You need to collect a small sample using the kit.
3. You will need to send it back in the prepaid envelope.
4. Your results will be posted back to you in a few weeks.

### Look out for your kit

Contact the Bowel Cancer Screening Helpline to find out when you will be eligible. (Details on reverse of this leaflet).

Caring · Safe · Respectful



## Promoting cancer screening across Lancashire and South Cumbria

### What is Call for a Kit?

Call for a Kit is a project that helps people understand and complete their bowel cancer screening test.

### Who are we?

It is run by Community CVS and funded by NHS England within the NHS Lancashire and South Cumbria Bowel Cancer Screening Programme. We work with GP practices in Lancashire and South Cumbria to support people who have not done their test.

### What do we do?

- We provide information and support individuals at GP practices where test kit return is low.
- Share information about bowel screening in English and other languages
- Help increase participation of bowel cancer screening test kits
- Deliver training to frontline staff and community groups
- Attend and deliver events and conferences

**For more information visit the Community CVS website at:**  
[www.communitycvs.org.uk/bowel](http://www.communitycvs.org.uk/bowel)

### For advice on bowel cancer screening call:

NHS Bowel Cancer Screening Helpline:

0800 707 60 60

Textphone:

18001 0800 707 60 60



Scan the QR code for further information  
about the NHS Bowel Cancer Screening Programme.

B0232.1 10/25

# CFAK Social Media Images

  
Blackpool Teaching  
Hospitals  
NHS Foundation Trust

## Are you aged between 50 and 74?

**Your NHS bowel  
cancer screening kit  
could be in the post.**

It's quick, easy, and could  
catch cancer early – when  
it's very treatable.



 in partnership with  
**Community**<sup>CVS</sup>

  
Blackpool Teaching  
Hospitals  
NHS Foundation Trust

## Are you aged between 50 and 74?

**Your NHS bowel  
cancer screening kit  
could be in the post.**

It's quick, easy, and could  
catch cancer early – when  
it's very treatable.





 in partnership with  
**Community**<sup>CVS</sup>

## CFAK Banners

  
**Blackpool Teaching  
Hospitals**  
NHS Foundation Trust

# Are you aged between 50 and 74?

**Your NHS bowel cancer  
screening kit could be  
in the post.**



It's quick, easy,  
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cancer early –  
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very treatable.

**For advice on bowel cancer screening call:**

NHS Bowel Cancer Screening Helpline:  
0800 707 60 60  
Textphone:  
18001 0800 707 60 60



Scan the  
QR code  
for further  
information.

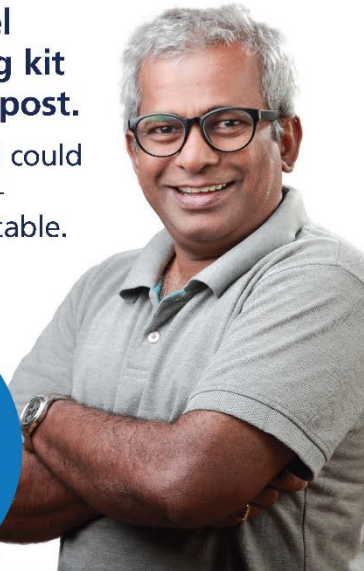
in partnership with  **Community** CVS  
[www.communitycvs.org.uk/bowel](http://www.communitycvs.org.uk/bowel)

Caring • Safe • Respectful

## Are you aged between 50 and 74?

**Your NHS bowel  
cancer screening kit  
could be in the post.**

It's quick, easy, and could  
catch cancer early –  
when it's very treatable.



### **For advice on bowel cancer screening call:**

NHS Bowel Cancer Screening Helpline:  
0800 707 60 60

Textphone:  
18001 0800 707 60 60



Scan the  
QR code  
for further  
information.



[www.communitycvs.org.uk/bowel](http://www.communitycvs.org.uk/bowel)

Caring • Safe • Respectful



# Section 5

---

## 5.1 CFAK Patient Information Sheet and Experience Questionnaire

## 5.1 CFAK Patient Information Sheet and Experience Questionnaire



### Bowel Screening Call for A Kit Clinic (CFAKC) Information Sheet

Thank you for attending your CFAKC appointment at your GP practice today \_\_\_\_\_

The CFAKC is held in partnership between your Doctor, Community of Voluntary Services and the Lancashire Bowel Cancer Screening Programme.

Screening saves lives; today we explained to you the importance of taking part in the Bowel Cancer Screening Programme. We showed you the kit, explained all the benefits of taking part in the Bowel Screening programme, at the end of the clinic you made your decision on whether to ask us to order you a kit or declined having a kit ordered.

If you consented for a kit to be ordered we will send your details (*NHS number, name, date of birth, address, contact number, ethnicity*) to the Bowel Screening HUB based in Rugby. With this information they will send you a bowel screening kit in the post to your home address. If you change your mind after you leave the clinic then please ring 0800 707 60 60 to cancel your kit. We want to reassure you that your care or future care in the NHS will not be affected if you have declined a kit being ordered

**If you have consented to having a kit ordered and it has not arrived within 3 to 4 weeks, then please contact the HUB on 0800 707 60 60**

**If you need further support from CFAKC team, please email via [bfwh.lancscfak@nhs.net](mailto:bfwh.lancscfak@nhs.net)**

We would very much appreciate if you can complete our brief patient experience survey to help us improve our services using the following link (<https://ex.civicamysay.co.uk/BBcUQggvyR>) or the QR code (you can access the link using your phone camera)



**Data protection** – The NHS & CVS takes protecting your data very seriously, always following the strict NHS & CVS Information Governance Policies. During today's clinic your details have been collected on a secure NHS data sheet that is stored in a secure private folder in the NHS. All personal information collected about you will not be used for anything else other than your care within the Bowel Cancer Screening Programme.

13 weeks after the clinic we will evaluate if this clinic has influenced the uptake of bowel screening for this area. We will only be using anonymous data from within the practice

- ❖ To check what personal information is collected about you and how it is used, and your rights please see the following link:  
[Confidentiality and Privacy Notices: Blackpool Teaching Hospitals](#)  
[Information Governance: Blackpool Teaching Hospitals](#)
- ❖ If you wish to complain about any aspects of the data collection process, you may raise your concerns to a member of the CFAKC team or to our Data Protection Officer – contact details can be found using the links above.
- ❖ You also have a right to complain to the Information Commissioner's Office (ICO):  
<https://ico.org.uk/make-a-complaint>
- ❖ If you would like to learn more about the bowel cancer screening programme, please visit:  
<https://www.nhs.uk/conditions/bowel-cancer-screening/>
- ❖ It is an individual's choice whether or not to have screening. Individuals can opt out if they do not want to receive screening invitations, please see the following link:  
<https://www.gov.uk/government/publications/opting-out-of-the-nhs-population-screening-programmes>  
or ring: 0800 707 60 60 Thank you for attending this clinic.

Date:  
Official use only

## GP Bowel Screening Clinic Evaluation

Thank you very much for taking the time to complete the questionnaire.

Your answers are very important to our evaluation.

Please return this questionnaire in the enclosed freepost envelope.

No stamp is required.

If you lose the freepost envelope, please post to:  
FREEPOST Blackpool Teaching Hospitals NHS Trust  
(CFAK Patient Evaluation - Shahida Hanif)

**The evaluation questionnaire is made available in different languages and formats for supporting your needs and requirements. Please contact the team if you wish to have further support.**

**If you would like to complete an online version of the questionnaire, you can access it by scanning the QR code with a mobile device or by following the link:**  
(<https://ex.civicamysay.co.uk/BBcUQqvyR>)



### Other Languages:

**Please contact the team for translations.**

- Punjabi
- Gujarati

**Large prints:** Questionnaire is currently formatted in font size 13pt. However larger print size is available. You can also increase the font size using the online version.

**British Sign Language:** Please contact the research team for support completing the questionnaire in British Sign Language.

The return of a completed questionnaire is confirmation of your consent to take part in the service evaluation and allows the Bowel Screening Clinic team members to use the personal information you provide in their evaluation. This information will not be given to anyone outside the evaluation team.

All data you provide will be treated in the strictest confidence and will be stored securely in accordance with the Data Protection Act 2018 and the General Data Protection Regulation.

CFAK evaluation Survey version 2.1 18/02/2025

## Section 1: Your invite to Bowel Screening Clinic

### How were you first contacted to be invited to the Bowel Screening Clinic?

- ☐ Phone call ☐ Text Message  
☐ Letter ☐ Unsure

### Which of the following applies to you?

- ☐ I attended a face-to-face clinic at my GP practice  
☐ I attended a face-to-face clinic at a pharmacy  
☐ I attended a face-to-face clinic at a community centre  
☐ I had a detailed phone call with the screening officer about the bowel screening kit.

Please answer the questions by putting a ✓ inside the box that applies to you

|                                                                   | Not at all               | Only a little            | Some what                | Fairly                   | Very much                |
|-------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| How happy were you about being invited to the clinic?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How easy was it to understand why you were invited to the clinic? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Section 2: Your past engagement with Bowel Screening

Our records indicated that you have not returned the test kit the last time you received it. We would be very grateful if you could tick (✓) all that apply to your reason why you did not.

- ☐ I didn't have symptoms of bowel cancer.  
☐ I didn't know how to complete the test kit.  
☐ I found completing the test kit too messy.  
☐ I didn't feel at risk of bowel cancer.  
☐ I was too worried about what other tests I might have  
☐ I forgot about it

Other reasons. (Please Indicate):

### Section 3: Your experience at the clinic / phone consultation

Please answer the questions by putting a ✓ inside the box that applies to you

|                                                                           | Strongly<br>Disagree     | Disagree                 | Neither<br>Disagree<br>Nor<br>Agree | Agree                    | Strongly<br>Agree        |
|---------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| My experience at the clinic was satisfactory.                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| I felt I had enough time with the bowel screening officer.                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| My questions were answered by the Bowel Screening Officer.                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| I felt better informed about the bowel screening programme.               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| I felt that my values, my culture and religion were heard and considered. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| I was provided with personal advice and support.                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| My concerns about bowel screening were addressed                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have any feedback about the clinic or the phone consultation ?

#### Section 4: After the clinic

How likely are you going to complete the new kit when it arrives in the post?

| Very likely              | Likely                   | Neutral                  | Not likely               | Not at all likely        | Prefer not to say        |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How confident do you feel completing the kit after attending the clinic?

| Very confident           | Mostly confident         | Neutral                  | Not very confident       | Not at all confident     | Prefer not to say        |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Thinking about your bowel screening appointment, overall how was your experience of our service?

| Very good                | Good                     | Neither good nor poor    | Poor                     | Very poor                | Don't know               |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### Section 5: About you

We would like to know a bit more about you to evaluate if our clinics are reaching different people with different needs and understanding of the bowel cancer screening programme.

What is your age (in years):..... ☐ Prefer not to say

Which of the following options best describes you?

|                                     |                                                               |
|-------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Woman      | <input type="checkbox"/> In another way: (please state below) |
| <input type="checkbox"/> Man        | .....                                                         |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Prefer not to say                    |

What area do you live in?

- ☐ Blackburn with Darwen  
☐ East Lancashire  
☐ Preston  
☐ West Lancashire  
☐ Chorley and South Ribble  
☐ Blackpool  
☐ Flyde & Wyre  
☐ Prefer not to say

Do you consider yourself to have a disability that impacts on your ability to do normal day to day activities?

- ☐ Yes ☐ No ☐ Prefer not to say  
☐ Physical impairment  
☐ Sensory impairment  
☐ Mental Health Condition  
☐ Learning disability/difficulty  
☐ Long-standing illness  
☐ Other .....

What ethnic group do you identify yourself as?

- |                                              |                                                        |                                                 |
|----------------------------------------------|--------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> British Bangladeshi | <input type="checkbox"/> Black Other                   | <input type="checkbox"/> White British          |
| <input type="checkbox"/> British Indian      | <input type="checkbox"/> Chinese                       | <input type="checkbox"/> White Irish            |
| <input type="checkbox"/> British Pakistani   | <input type="checkbox"/> Mixed Other                   | <input type="checkbox"/> White Other            |
| <input type="checkbox"/> Asian Other         | <input type="checkbox"/> Mixed White & Asian           | <input type="checkbox"/> Other. Please Specify: |
| <input type="checkbox"/> Black African       | <input type="checkbox"/> Mixed White & Black Asian     | .....                                           |
| <input type="checkbox"/> Black Caribbean     | <input type="checkbox"/> Mixed White & Black Caribbean |                                                 |

What Language(s) do you speak?

- |                                            |                                  |                                                |
|--------------------------------------------|----------------------------------|------------------------------------------------|
| <input type="checkbox"/> English           | <input type="checkbox"/> Hindi   | <input type="checkbox"/> Polish                |
| <input type="checkbox"/> Pakistani Punjabi | <input type="checkbox"/> Bengali | <input type="checkbox"/> Other European        |
| <input type="checkbox"/> Sikh Punjabi      | <input type="checkbox"/> Chinese | <input type="checkbox"/> British Sign Language |
| <input type="checkbox"/> Urdu              | <input type="checkbox"/> Arabic  | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Gujarati          | <input type="checkbox"/> Farsi   | <input type="checkbox"/> Prefer not to say     |

Thank you for completing this questionnaire please can you put it into the self-addressed envelope provided and post it to Shahida Hanif

THIS PAGE IS INTENTIONALLY BLANK



## Section 6

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- 6.1 The Master Data Sheet Dictionary
  - 6.2 GP Practice Planning and Set-up Tool
  - 6.3 Non-responder Search Guide
  - 6.4 Patient Notification Templates
  - 6.5 Example Script and 'Do's and Don'ts' Table
  - 6.6 Video consultation Guide
- 

## 6.1 CFAK GP Practice Planning and Set-Up Tool

### Supporting Information

#### Purpose of the tool

The CFAK GP Practice Planning Toolkit has been developed to support the CFAK team, including Health Promotion Officers (HPOs) and those in the new administration role, in evaluating the feasibility of delivering CFAK clinics within GP practices.

#### What the Toolkit covers

The toolkit guides the collection of essential information about each practice, including:

- Practice size and capacity
- Availability of clinic space
- Willingness to host clinics
- Preferred delivery modes (e.g. telephone, face-to-face at the practice or at community locations).

#### How to use the Toolkit

We envisage the tool as being used by the CFAK team member to guide the collecting of information that will support clinic planning at each practice. Team members responsible for a practice can complete sections based on existing knowledge prior to contacting the practice. The remaining information can be gathered in conversation with the key contact at the practice. The toolkit is intended to guide initial discussions and ensure relevant information is captured. The tool can be completed at different levels to capture either a single GP practice in one form or a collection of practices that are linked in some way (e.g. by PCN or GP collaborative). This is to be determined by the person completing the form and the person who will be delivering the clinics (if they are not the same person). Please consider what will work best for the practice's situation and your way of working.

#### What it is not

This is not a data collection tool for evaluation or research purposes. The information collected is intended solely for use by the CFAK team. It is also **not** a questionnaire for GP practices to complete independently.

#### Why it matters

This structured approach **supports planning** the appropriate clinic type and ensures that **information is collected in a consistent format**. It will be particularly valuable when responsibility for delivering or **managing CFAK clinics shifts due to staffing changes or role transitions**.

#### Development

The draft has been created based on our understanding of CFAK and the changes commissioned by NHSE (e.g., focus on the 50-59 age group; out-of-hours clinic; self-booking clinics). As CFAK delivery has become more complex in terms of clinic modes, the toolkit will help assess which mode is most appropriate for each practice. We have received initial feedback from Shahida, Shakil, and Lorraine regarding both content and potential use. The tool was sent

to a GP practice to complete by one of the HPO, which led to the need clarify how the tool should be used.

## END OF GUIDANCE

# CFAK GP Practice planning tool

### Purpose:

The CFAK GP Practice Planning Toolkit has been developed to support the CFAK team, including Health Promotion Officers (HPOs) and those in the new administration role, in evaluating the feasibility of delivering CFAK clinics within GP practices.

### Instructions:

To be used by the CFAK team member to guide the collecting of information that will support clinic planning at each practice. Team members responsible for a practice can complete sections based on existing knowledge prior to contacting the practice. The remaining information can be gathered in conversation with the key contact at the practice. The toolkit is intended to guide initial discussions and ensure relevant information is captured.

### Updates:

The information gathered from practices should be reviewed at the start of each financial year or when clinics are to restart at the practice.

### Financial year

Level information captured based on:

(if PCN or GP collaborative please specify name of group)

☐ PCN ☐ GP Collaborative ☐ Single Practice

## 1.1 Section 1: General Practice Information

Practice Name(s):

Practice CFAK Status:

☐ New ☐ Existing

Practice Size (Number of registered patients):

Screening Uptake % (year the data was recorded):

Practice Location:

Car Parking Availability:

☐ Yes ☐ No

Key Contact Name:

|                                                                                                                                                                      |                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Key Contact Role:                                                                                                                                                    |                                                                                                  |
| Key Contact Email address:                                                                                                                                           |                                                                                                  |
| <b>1.2Section 2: Practice population needs/inequalities</b>                                                                                                          |                                                                                                  |
| Notes on demographics of patient population and any potential needs/inequalities (e.g. relating to gender, ethnicity, language requirements, reasonable adjustments) |                                                                                                  |
| <b>1.3Section 3: Engagement Status</b>                                                                                                                               |                                                                                                  |
| Has the practice been contacted?                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No                                         |
| Has the practice agreed to take part in CFAK?                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No                                         |
| If no, reason for non-participation:                                                                                                                                 |                                                                                                  |
| <b>1.4Section 4: Capacity to Run Non-Responder Search</b>                                                                                                            |                                                                                                  |
| Is there a staff member with the skills to run the search?                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No                                         |
| Has the search template been received?                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                                         |
| Detail any support needed to run the search:                                                                                                                         |                                                                                                  |
| <b>1.5Section 5: Capacity to Contact Non-Responders</b>                                                                                                              |                                                                                                  |
| Preferred contact method to patients                                                                                                                                 | <input type="checkbox"/> Text <input type="checkbox"/> Phone <input type="checkbox"/> Letter     |
| Templates provided by CFAK?                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                                         |
| Can the practice inform patients about CFAK contact and opt-out options?                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No                                         |
| Via letter, text or both?                                                                                                                                            | <input type="checkbox"/> Text <input type="checkbox"/> Letter                                    |
| If no, please explain:                                                                                                                                               |                                                                                                  |
| Systems being used:<br>Specify if other:                                                                                                                             | <input type="checkbox"/> AccuRx <input type="checkbox"/> Patches <input type="checkbox"/> iplato |

## 1.6 Section 6: Clinic Delivery Options

*Gather the information below through conversation with GP practice contact. Address remote access to EMIS; using EMIS when practice is not open; providing lists of non-responders – information governance. Make it clear what normal practice is and that this is approved by IG.*

### Phone clinics

|                                                             |                                                                                                                                                 |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Can phone invitations be delivered outside of the practice? | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                        |
| If no or unsure, please explain:                            |                                                                                                                                                 |
| Remote access to EMIS granted?                              | <input type="checkbox"/> Yes (at all times)<br><input type="checkbox"/> Yes (during practice opening times only)<br><input type="checkbox"/> No |
| Any IG issues to note?                                      |                                                                                                                                                 |

### Video clinics

|                                                         |                                                          |
|---------------------------------------------------------|----------------------------------------------------------|
| Video clinics available?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, software used?                                  |                                                          |
| Ability to send reminder for video clinics to patients? |                                                          |

### Face-to-Face Clinics

|                                                                                        |                                                                                                                                                            |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Practice Opening Hours:                                                                |                                                                                                                                                            |
| Preferred Clinic Hours:                                                                |                                                                                                                                                            |
| Room Availability:                                                                     | <input type="checkbox"/> Normal working hours (9–5)<br><input type="checkbox"/> Evenings (after 5pm)<br><input type="checkbox"/> Saturdays (specify times) |
| Any room capacity or accessibility issues?                                             |                                                                                                                                                            |
| Costs associated with out of hours clinics                                             |                                                                                                                                                            |
| Ability to send reminder of Face to Face clinics to patients (normal vs out of hours)? |                                                                                                                                                            |

| Community-Based Delivery                                                            |                                                          |
|-------------------------------------------------------------------------------------|----------------------------------------------------------|
| Does the practice permit CFAK clinics in local pharmacies and/or community centres? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no or unsure provide details:                                                    |                                                          |
| Recommended Pharmacies:                                                             |                                                          |
| Associated costs:                                                                   |                                                          |
| Recommended Community Centre's:                                                     |                                                          |
| Associated costs:                                                                   |                                                          |
| Ability to send reminder of community clinics to patients?                          |                                                          |
| 1.7 Section 8: Planning for the financial year                                      |                                                          |
| Date of search                                                                      |                                                          |
| Number of non-responders identified                                                 |                                                          |
| By age:                                                                             |                                                          |
| 50-59                                                                               |                                                          |
| 60-69                                                                               |                                                          |
| 70-74                                                                               |                                                          |
| By sex:                                                                             |                                                          |
| Male                                                                                |                                                          |
| Female                                                                              |                                                          |
| 1.8 Section 9: Final Comments or Concerns                                           |                                                          |
|                                                                                     |                                                          |
| Form Completed by:                                                                  |                                                          |
| Date Completed:                                                                     |                                                          |
| Dates Updated:                                                                      |                                                          |

## 6.2 CFAK Master Datasheet Data dictionary

| Field Name                      | Description                                      | Drop-down Values                                                                                                                                                                                                                                                                                  |
|---------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CFAKC Venue</b>              | Venue where the CFAKC intervention is delivered. | GP Practice<br>Pharmacy<br>Community Centre<br>Health Centre<br>Remote                                                                                                                                                                                                                            |
| <b>Practice Code</b>            | GP practice identifier code.                     | e.g. P81683, P81724, P81622                                                                                                                                                                                                                                                                       |
| <b>Name of Practice</b>         | Name of GP practice.                             | e.g. Olive Medical Centre, Pringle Street Surgery, Shifa Surgery                                                                                                                                                                                                                                  |
| <b>Practice Post Code</b>       | GP practice postcode.                            | e.g. BB1 7EP                                                                                                                                                                                                                                                                                      |
| <b>GP AREA</b>                  | Geographic area of practice.                     | Blackburn<br>East Lancashire<br>Preston<br>Blackpool<br>Fylde & Wyre<br>West Lancashire                                                                                                                                                                                                           |
| <b>Patient NHS number</b>       | NHS identifier.                                  | NHS number                                                                                                                                                                                                                                                                                        |
| <b>Patient DOB (DD/MM/YYYY)</b> | Date of birth.                                   | DD/MM/YYYY                                                                                                                                                                                                                                                                                        |
| <b>Patients Name</b>            | Patient name.                                    | Free text                                                                                                                                                                                                                                                                                         |
| <b>Patient Ethnicity</b>        | Self-reported ethnicity.                         | WHITE (British/Irish/Any other white background)<br>Asian or Asian British - Indian<br>Asian or Asian British - Pakistan<br>Asian or Asian British - Bangladeshi<br>Black or Black British - Caribbean<br>Black or Black British - African<br>Black or Black British - Any other Black background |

|                           |                                  |                                                                                                                                                                                                        |
|---------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                           |                                  | Mixed - White and Black Caribbean<br>Mixed - White and Black African<br>Mixed - White and Asian<br>Other ethnic groups - Chinese<br>Other ethnic groups - Any other ethnic group<br>Unknown/ Not known |
| <b>Patient Address</b>    | Patient address.                 | Free text                                                                                                                                                                                              |
| <b>Patient Postcode</b>   | Patient postcode.                | UK postcode format                                                                                                                                                                                     |
| <b>Age</b>                | Patient age.                     | Numeric                                                                                                                                                                                                |
| <b>HPO Notes</b>          | Health Promotion Officer notes.  | Free text                                                                                                                                                                                              |
| <b>Patient Gender</b>     | Gender recorded.                 | Male<br>Female<br>Unknown<br>Not Specified                                                                                                                                                             |
| <b>Patient Disability</b> | Type of disability or condition. | Learning Disability<br>Physical Disability<br>Sensory Disability<br>Long Term Health Condition<br>Mental Health Condition<br>None<br>Unknown<br>N/A                                                    |
| <b>Sensory</b>            | Sensory impairment.              | Hard of Hearing<br>Deaf<br>Visually Impaired<br>Blind<br>Unknown<br>N/A                                                                                                                                |
| <b>CFAKC Eligibility</b>  | Eligibility status.              | Yes<br>No - Kit Completed<br>No - Not Registered at Practice<br>No - Deceased<br>Other - Reason Stated in HPO Notes                                                                                    |

|                                                  |                                                   |                                                                                                                                                                                                                                                                 |
|--------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Mode of Initial Contact</b>                   | Initial contact method.                           | Phone Call<br>GP Text to Self-Book CFAKC<br>GP Invited to Event<br>Letter Inviting to CFAKC<br>Appointment<br>N/A                                                                                                                                               |
| <b>Date of Initial Contact</b>                   | Date first contact attempted.                     | DD/MM/YYYY                                                                                                                                                                                                                                                      |
| <b>Time of Initial Contact</b>                   | Time band of contact.                             | 9:00 am - 1:00 pm<br>1:01 pm - 5:00 pm<br>5:01pm - 8:00 pm<br>N/A                                                                                                                                                                                               |
| <b>Outcome of Mode of Initial Contact</b>        | Result of initial contact.                        | Agreed To Attend CFAKC - F2F<br>Agreed to attend CFAKC Via Video Call<br>Agreed To Have A TC<br>Declined CFAKC, Video Call & TC<br>Did Not Answer<br>Number Not Working<br>Self Booking<br>N/A                                                                  |
| <b>Reason For Declining F2F CFAKC</b>            | Reason patient declined face-to-face appointment. | Competing Priorities (time, work, caring responsibilities)<br>Don't Need Support<br>Don't Want To Know About It<br>Not Interested In Taking Part In Screening<br>Transport/Accessibility Issues<br>Family Declined<br>Other - Reason Stated in HPO Notes<br>N/A |
| <b>Reason For Declining CFAKC Via Video Call</b> | Reason patient declined video call.               | Competing Priorities (time, work, caring responsibilities)<br>Don't Need Support<br>Don't Want To Know About It<br>Not Interested In Taking Part In Screening                                                                                                   |

|                                                  |                                                     |                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                  |                                                     | Mobile Phone/Computer Not Comptable<br>Patient Does Not Want To Use Technology<br>Family Declined<br>Other - Reason Stated in HPO Notes<br>N/A                                                                                                                                                                              |
| <b>Reason For Declining TC</b>                   | Reason patient declined telephone consultation.     | Competing Priorities (time, work, caring responsibilities)<br>Don't Need Support<br>Don't Want To Know About It<br>Not Interested In Taking Part In Screening<br>Family Declined<br>Other - Reason Stated in HPO Notes<br>N/A                                                                                               |
| <b>Reason for non-completion of previous kit</b> | Reported reason previous FIT kit was not completed. | I Don't Have Symptoms of Bowel Cancer<br>I Don't Know How To Complete The Kit<br>Test Is Too Messy<br>I Do Not Feel At Risk Of Bowel Cancer<br>Worried about Further Tests<br>I Forgot About It<br>I Did Not Receive The Kit<br>Too Busy<br>Other Health Conditions<br>Other - Reason Stated in HPO Notes<br>Unknown<br>N/A |
| <b>Mode of delivery</b>                          | Mode used to deliver CFAKC.                         | Face To Face<br>Telephone Call<br>Video<br>N/A                                                                                                                                                                                                                                                                              |

|                                                                     |                                         |                                                                                                                                        |
|---------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Language Spoken</b>                                              | Preferred spoken language.              | Arabic<br>Bengali<br>BSL<br>Chinese<br>English<br>Farsi<br>Gujarati<br>Hindi<br>Punjabi<br>Urdu<br>European<br>Other<br>Unknown<br>N/A |
| <b>Interpreter Needed</b>                                           | Requirement for interpreter.            | Yes<br>No<br>Bilingual Staff<br>N/A                                                                                                    |
| <b>Communication Needs</b>                                          | Additional communication support needs. | Easy Read<br>Language Translation/ Needs Interpreter<br>Braille<br>BSL<br>Large Text/ Print<br>Other - Stated in HPO Notes<br>N/A      |
| <b>Second Contact if Initial Mode of Contact Was Not Successful</b> | Method used for second contact.         | Phone Call<br>Patient Rang Back<br>N/A                                                                                                 |
| <b>Date of 2nd Contact</b>                                          | Date second contact attempted.          | DD/MM/YYYY                                                                                                                             |
| <b>Time of Second Contact</b>                                       | Time band of second contact.            | 9:00 am - 1:00 pm<br>1:01 pm - 5:00 pm<br>5:01pm - 8:00 pm<br>N/A                                                                      |
| <b>Outcome of 2nd Contact</b>                                       | Result of second contact.               | Booked Into Next CFAKC<br>Booked Video Call At Next CFAKC                                                                              |

|                                            |                                                  |                                                                                                       |
|--------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------|
|                                            |                                                  | Agreed To Have A TC<br>Declined CFAKC, Video Call & TC<br>Did Not Answer<br>Number Not Working<br>N/A |
| <b>Date of CFAKC</b>                       | Date intervention delivered.                     | DD/MM/YYYY                                                                                            |
| <b>Initial CFAKC Attended</b>              | Attendance status.                               | Yes<br>FTA<br>Cancelled<br>Rebooked<br>N/A                                                            |
| <b>Date of Rebooked CFAKC</b>              | Date of rebooked appointment.                    | DD/MM/YYYY                                                                                            |
| <b>Rebooked CFAKC Attended</b>             | Attendance at rebooked appointment.              | Yes<br>FTA<br>Cancelled<br>N/A                                                                        |
| <b>Received a Kit in the last 3 months</b> | Receipt of FIT kit within previous three months. | Yes<br>No<br>N/A                                                                                      |
| <b>Kit ordered with consent</b>            | Kit ordering outcome.                            | Yes - By HPO<br>Yes -By GP Staff<br>No<br>N/A                                                         |
| <b>Reason Kit NOT ordered</b>              | Reason kit not ordered.                          | Declined - Reason Stated in HPO Notes<br>Kit At Home<br>Will Self Order<br>N/A                        |
| <b>Updated GP records</b>                  | Indicates whether GP records were updated.       | Yes - With Consent<br>Yes - Without Consent<br>No - Patient Witheld Consent<br>N/Aes, No, N/A         |

|                                 |                                     |                                                                              |
|---------------------------------|-------------------------------------|------------------------------------------------------------------------------|
| <b>Kit ordered from hub by</b>  | Staff member who ordered kit.       | HPO names                                                                    |
| <b>Date Kit Ordered</b>         | Date kit ordered.                   | DD/MM/YYYY                                                                   |
| <b>Date of HUB Notification</b> | Date screening hub notified.        | DD/MM/YYYY                                                                   |
| <b>Data check due by</b>        | Follow-up review date.              | DD/MM/YYYY                                                                   |
| <b>Test kit result</b>          | FIT test outcome.                   | Normal<br>Abnormal<br>Incomplete<br>Inconclusive<br>Kit Not Completed<br>N/A |
| <b>Colonoscopy Results</b>      | Colonoscopy outcome.                | Cancer Detected<br>Polyp Detected<br>Unknown<br>N/A                          |
| <b>Completed By</b>             | Staff member completing the record. | HPO name                                                                     |

### Missing Data Coding

| Code | Meaning                   |
|------|---------------------------|
| 99   | Unknown                   |
| NA   | Not applicable            |
| NR   | Not recorded              |
| REF  | Patient refused to answer |

## 6.3 Non-responder search guide



# CFAK Bowel Screening 2026-27 Data Quality guide to searches v1.3

The ML Data Quality Team have developed this guide to support practices using the Bowel Screening Programme CFAK (Call for a kit Team) searches. If you believe items are inaccurate, something is missing from the content, or require further clarification, please contact the Data Quality Team via the ML IT Service desk. N.B. Codes may differ in other areas if this is the case contact your DQ Specialist for support.

| Date     | Version | Amendment History                          |
|----------|---------|--------------------------------------------|
| 29.05.24 | 1.0     | Release                                    |
| 15.01.25 | 1.1     | Searches updated v1.1 renamed to 2025      |
| 17.06.25 | 1.1     | Guidance updated No BCSP searches updated. |
| 09.02.26 | 1.2     | Added extra columns onto report            |
| 1.6.26   | 1.3     | Updated to 26-27 document with screenshots |

## **Overview**

### **CALL FOR A KIT (CFAK) BOWEL SCREENING SEARCHES**

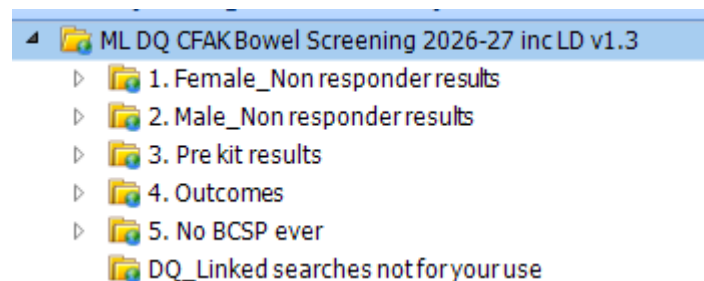
As part of a larger project to increase screening uptake (L&SC Cancer Alliance) a set of generic EMIS searches have been developed which are shared across Lancashire, Midlands and South Cumbria using the EMIS Enterprise, Searches & Reporting systems (ES&R). Practices can now copy and paste from the ES&R section in Population Reporting and run these searches in preparation for the CFAK visit; they will be able to undertake some of the preliminary patient list validations prior to the CFAK visit OR where a CFAK team is not available practices can use the searches to enhance the screening of patients in their own practice.

## How to import searches from Enterprise Searches and Reports (ES&R)

The searches provided by the ML DQ team are available in the ES&R section of Population Reporting. They can **ONLY** be run in the practice area of Population Reporting; they cannot be run by the practice in ES&R. They need to be imported into your own practice folder by following the procedure below:

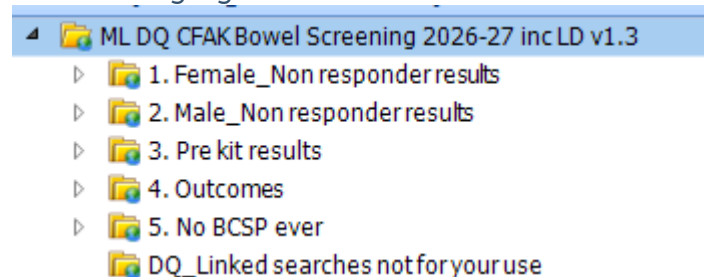
1. In EMIS go to '**Population Reporting**' In 'Population Reporting' there are further tabs available at the bottom left-hand side i.e. Your GP practice, GP Contract – QOF, EMIS Library then NHS Warrington CCG – Enterprise Search and Reports.
2. Click on the then NHS Warrington CCG – Enterprise Search and Reports folder.
3. Locate the '**CFAK Bowel Screening 2026-27 inc LD v1.3** searches.
4. Click on the folder and then click **COPY** on the header bar.
5. Return to your Practice folder.
6. Click on the folder you want to put the searches and click **PASTE** from the header bar.
7. To run the searches: **click on the folder, right click, and run**, all searches are hard dated.

NB (Searches can only be run in the practice area; they cannot be run by the practice in ES&R).



### CFAK BOWEL SCREENING 2026-27 inc LD v1.3

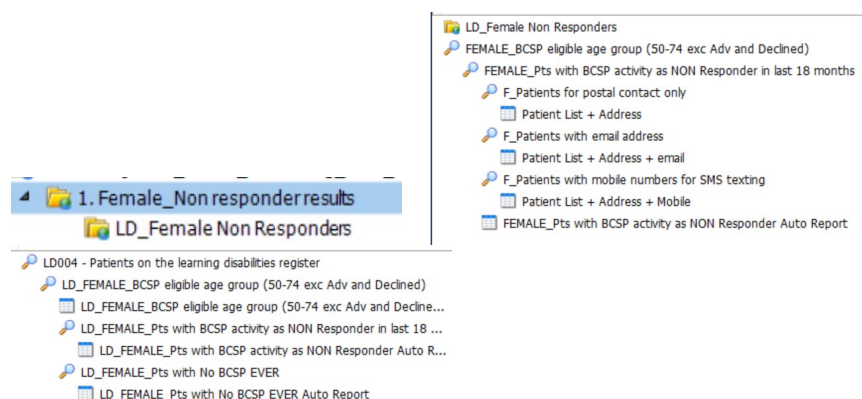
You can see the CFAK folder highlighted in the screen shot below:



There are five folders that you need to be aware of in each of the folders there is a search and a report, to view the results you will need to click on the report and choose the **VIEW RESULTS** option off the Header bar (ribbon):

N.B. To run the searches: **click on the folder, right click, and run**, the searches have been wrote using specific time parameters, so no dates are required to be entered when running these searches.

1. **Female NON-Responders:** This search identifies patients in the correct age range (50-74); who have not completed a screening kit and have been coded via the link from the screening hub with a NON-Responder code.



The main report 'FEMALE Pts with BCSP activity as NON-Responder Auto Report' will identify the patient and give you details of any past activity and diagnoses.

| Patient Details |           |     |        |              |                | BCSP activity    |      | NON Responder |      | abnormal  |      | normal    |      | kit spoilt |      | incomplete |      | Malignant neoplasm of colon |      | Malignant neoplasm rectum |      | SMS Consent declined |      | Eyesight  |      | Hearing   |      | On LD Reg |      | On MR Reg |  |
|-----------------|-----------|-----|--------|--------------|----------------|------------------|------|---------------|------|-----------|------|-----------|------|------------|------|------------|------|-----------------------------|------|---------------------------|------|----------------------|------|-----------|------|-----------|------|-----------|------|-----------|--|
| EMIS Number     | Full Name | Age | Gender | Full Address | Home Telephone | Mobile Telephone | Date | Code Term     | Date | Code Term | Date | Code Term | Date | Code Term  | Date | Code Term  | Date | Code Term                   | Date | Code Term                 | Date | Code Term            | Date | Code Term | Date | Code Term | Date | Code Term | Date | Code Term |  |

The list of non-responder patients has been separated into 3 further results which is determined by a means of contacting the patients: to use the EMIS system for sending SMS/Email contacts please speak to someone in the practice.

- Pts with a mobile number – this could be used to send an SMS message.
- Pts with an email address – this could be used to send email to the patient.
- Pts for postal contact only - these are patients that have not got a mobile or email address recorded.

A new folder is now included 'LD\_Female NON-Responders' – this includes the same non-responder searches as the main Female folder but **ONLY** includes patients that are on the LD (Learning Disabilities) register.

2. **Male Non-Responders:** This search identifies patients in the correct age range (50-74); who have not completed a screening kit and have been coded via the link from the screening hub with a NON-Responder code. Further searches included in the Male folder as mentioned in the Female.

3. **Pre-kit results:** This search is used to carry out Pre - Kit clinics which target people under 50 years of age who would be receiving a kit at 50 years of age. It is a pilot project which is currently being developed across a few GP practices.

|                                                                                   |                                                                   |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
|  | FEMALE_Bowel screen 49 years and 10 months on search date         |
|  | FEMALE_Bowel screen 49 years and 10 months on search date Auto... |
|  | MALE_Bowel screen 49 years and 10 months on search date           |
|  | MALE_Bowel screen 49 years and 10 months on search date Auto R... |

The report below gives you the patients contact details.

| Patient Details |            |     |               |        |           |                |                  |                |
|-----------------|------------|-----|---------------|--------|-----------|----------------|------------------|----------------|
| EMIS Number     | NHS Number | Age | Date of Birth | Gender | Full Name | Home Telephone | Mobile Telephone | E-mail Address |

- CFAK Outcomes:** this search will check the outcomes (after 12 weeks from the intervention date) of the previous non-responder contact; to see if it has been successful.

|                                                                                   |                                                 |
|-----------------------------------------------------------------------------------|-------------------------------------------------|
|  | Pts with Advice following non responder contact |
|  | Kit request outcome NON Responder               |
|  | Kit request outcome NON Responder               |
|  | Kit request outcome Normal or Abnormal          |
|  | Kit request outcome Normal or Abnormal          |

The report below is the same for both the above searches, although the first set of codes are to identify the non-responders only and the second will identify patients with a result of either Normal or Abnormal.

| Patient Details |           | Kit request form |           |                        | outcome |           |
|-----------------|-----------|------------------|-----------|------------------------|---------|-----------|
| EMIS Number     | Full Name | Date             | Code Term | User Details' Mnemonic | Date    | Code Term |

- No BCSP ever:** These searches will identify patients (50-74yrs) who have no coding in their record in relation to the Bowel screening programme. Patients from the age of 50 years become eligible for bowel screening, when they are sent the kit is determined by the screening hub rotation hence a patient could be nearing 53 years by the time they get their first screening kit. Any patients from 50 years should have had contact at some point, this report will allow you to check for accuracy of coding in practice, if needed the Practice or CFAK Advisor could contact the Bowel screening hub to investigate further.

|                                                                                     |                                          |
|-------------------------------------------------------------------------------------|------------------------------------------|
|  | FEMALE_Pts with No BCSP EVER             |
|  | FEMALE_Pts with No BCSP EVER Auto Report |
|  | MALE_Pts with No BCSP EVER               |
|  | MALE_Pts with No BCSP EVER Auto Report   |

The report below will highlight any previous activity or diagnoses.

| Patient Details |            |           |     |        | BCSP Declined |           | BCSP activity |           | BCSP Outcomes |           | Diagnostic tests |           | Neoplasm |           | GP Bowel scrng kit request |           |
|-----------------|------------|-----------|-----|--------|---------------|-----------|---------------|-----------|---------------|-----------|------------------|-----------|----------|-----------|----------------------------|-----------|
| EMIS Number     | NHS Number | Full Name | Age | Gender | Date          | Code Term | Date          | Code Term | Date          | Code Term | Date             | Code Term | Date     | Code Term | Date                       | Code Term |

## CODES USED WITHIN THE BOWEL SCREENING SEARCHES

### Faecal Occult Blood Test screening hub coding

All results are coded when received from the hub via the links.

#### Folder 1 & 2 codes:

| SNoMed Codes                                                                                                          | Description                                                                          |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 368481000000103                                                                                                       | Bowel Cancer Screening Programme faecal occult blood result                          |
| 286901000000107                                                                                                       | Bowel Cancer Screening Programme                                                     |
| 884521000000106                                                                                                       | Bowel Cancer Screening Programme bowel scope screening test                          |
| 373251000000108                                                                                                       | No response to Bowel Cancer Screening Programme invitation                           |
| 375241000000109                                                                                                       | Bowel Cancer Screening Programme faecal occult blood test abnormal                   |
| 375211000000108                                                                                                       | Bowel Cancer Screening Programme faecal occult blood test normal                     |
| 375181000000107                                                                                                       | Bowel Cancer Screening Programme faecal occult blood test result unclear             |
| 375151000000101                                                                                                       | Bowel Cancer Screening Programme faecal occult blood test technical failure          |
| 384241000000100                                                                                                       | Bowel Cancer Screening Programme faecal occult blood test incomplete participation   |
| 375121000000106                                                                                                       | Bowel Cancer Screening Programme faecal occult blood testing kit spoilt              |
| 1101371000000105                                                                                                      | Bowel Cancer Screening Programme liquid faecal immunochemical test abnormal          |
| 1101361000000103                                                                                                      | Bowel Cancer Screening Programme liquid faecal immunochemical test normal            |
| 1101391000000109                                                                                                      | Bowel Cancer Screening Programme liquid faecal immunochemical test sample rejected   |
| 1101381000000107                                                                                                      | Bowel Cancer Screening Programme liquid faecal immunochemical test technical failure |
| 758851000000101                                                                                                       | Not eligible for bowel cancer screening programme                                    |
| The following 2 QFIT codes are FIT results received into practice following a test request from a practice clinician. |                                                                                      |
| 1049361000000101                                                                                                      | Quantitative faecal immunochemical test                                              |
| 1049361000000101                                                                                                      | QFIT – Quantitative faecal immunochemical test                                       |
| EMIS CODES                                                                                                            | Description                                                                          |
| 1626201000006100                                                                                                      | Bowel Cancer Screening Programme faecal occult blood test negative                   |
| 1626191000006103                                                                                                      | Bowel Cancer Screening Programme faecal occult blood test positive                   |

#### Folder 4 codes:

| Clinical Code   | Description                                                |
|-----------------|------------------------------------------------------------|
| 382161000000102 | Advice given about bowel cancer screening programme        |
| 373251000000108 | No response to Bowel Cancer Screening Programme invitation |

#### Folder 5 codes:

Includes all the above.

***If you have any questions, please do not hesitate to contact your DQ Specialist.***

## 6.4 Patient Notification Templates

### Sample script when calling non-responder to attend a CFAK clinic:

Hello, can I please speak to.....(confirm the identity of patient)

My name is ..... and I'm ringing from the Drs surgery (name the surgery). I work for the ..... your Drs asked me to ring you to invite you to a clinic I'm holding at the surgery on.....firstly there's nothing to worry about, I'm ringing to make you an appt to see me to discuss the bowel screening test kit..... when you come, we can talk about it, and I can tell you everything about the kit. Could you please just pop into surgery for 10 mins on.....

If they can't come, offer a video consultation, if they refuse ask them if you can talk to them there and then which is considered a TC (telephone consultation).

### Sample letter/text message to inform you will be attempting contact re the BCSP:

#### Bowel Cancer Screening Programme Template Letter

Dear.....

Dr ..... has requested that we invite you to an appointment at the surgery next week to see our Bowel Screening Health Promotion Team. They are seeing all our patients aged 50-74 years of age over the next few weeks. One of the team may ring you next week to book a convenient appointment at the surgery.

Please does not worry this is a routine appointment for around 15mins to discuss the NHS Bowel Cancer Screening test kit that is going to be sent to you. At the appointment, the specialist will tell you all about the benefits of the screening test, show you the test kit, explain how to complete it and answer any questions you have  
Screening and early detection saves lives so please support our surgery by attending the appointment.

If you do not wish to be contacted, please could you ring the surgery and let us know ASAP  
Yours Faithfully

PLEASE ADD –

GP NAME

PRACTICE NAME

PRACTICE LOGO

OR COPY AND PASTE THIS LETTER ONTO YOUR LETTER HEADED PAPER.

### **Bowel Cancer Screening Programme Text Message**

A text message can also be sent to patients who have not returned their bowel screening kit to inform them that they will be contacted by the bowel screening team on behalf of the surgery. This is dependent on the patient having a mobile phone number on their records. Surgeries should export their list of non-responders to iPlato or their messaging service (MJOG) and then set up a template text for example:

*"We note that you have not completed a bowel screening kit. Next week the Bowel Screening Health Promotion Team are working at the practice they may ring you to arrange a clinic appointment to discuss the bowel screening kit. If you do not wish to be contacted, please text back DECLINE. Thank you"*

## 6.5 Example Script and 'Do's and Don'ts' Table

### Sample Staff Call Script for Bowel Screening Non-Responders

#### 1. Opening the Call

*Staff Member* : Hello, may I speak with [Patient Name] please?

My name is [Name], and I'm calling from [GP Practice Name].

I'm calling because our records show that you were recently invited to take part in the NHS Bowel Cancer Screening Programme. We noticed that your screening kit has not yet been returned, and I wondered if you would be happy to have a brief conversation about this? Is now a convenient time to talk?

#### 2. Confirm Receipt of the Kit

**Staff Member:** Firstly, can I check whether you received your bowel screening kit?

If **NO**:

Thank you for letting me know. That's not a problem. We can arrange for a replacement kit to be sent to you.

When the kit arrives, would you like any support or information about how to complete it? Proceed to replacement kit process.

If **YES**:

Thank you. Can I ask what has stopped you from completing the kit so far?

#### Explore and Respond to Barriers

Patient says: *"I don't understand the information" or "English is not my first language."*

- Offer to send information in the patient's preferred language, where available.
- Offer to discuss the screening programme with the support of an interpreter if appropriate.
- Send the bowel screening instructional video:  
<https://vimeo.com/showcase/6663813/>
- Explain that the video demonstrates how to complete the test step-by-step.

**Key message:** Screening information is available in multiple formats and support is available to help complete the test.

If the Patient Says: **"I don't have any symptoms"**

- That's a very common response.

- The screening programme is actually designed for people who feel well and do not have symptoms. It looks for tiny amounts of blood that cannot be seen and may be an early sign of bowel cancer or other bowel conditions.
- The purpose of screening is to identify any changes before symptoms develop.

If the Patient Says: **"The test looks unpleasant or difficult" (The test is messy, I don't know how to do it)**

- Many people feel that way when they first receive the kit.
- The current test only requires one sample and can be completed at home in just a few minutes.
- It is much simpler than previous bowel screening tests.
- If it would help, I can talk you through the process or send you a short instructional video.

If the Patient Says: **"I've lost the kit"**

- That's absolutely fine.
- We can arrange another kit to be sent out.
- Once it arrives, do you feel confident completing it, or would you like some guidance?

If the Patient Says: **"I don't want to know if I have cancer" "I would rather not find out"**

- I completely understand why you might feel that way. Many people find the idea worrying.
- The reason screening is offered is because bowel cancer is often easier to treat when it is found early.
- In some cases, changes can be identified and treated before cancer develops.
- Screening gives people the opportunity to find problems at an earlier stage, when more treatment options are available.

If the Patient Says: **"I'm embarrassed"**

- That's a very common concern.
- The test is completed privately at home and then posted directly to the laboratory.
- The process is completely confidential, and the results are sent directly to you.
- Many people tell us that once they have completed the test, it was much easier than they expected.

If the Patient Says: **"I'm worried about having a colonoscopy"**

- I understand that concern.

- It's important to know that most people who complete the screening test will not need a colonoscopy.
- If further investigation is recommended, you would first speak with a specialist screening nurse who would explain the procedure, answer questions and discuss available support.
- You would have plenty of opportunity to ask questions before making any decisions.

If the Patient Says: **"I've just been too busy"**

- That's very understandable.
- Many people intend to complete the test but simply haven't found the time.
- The test usually takes only a few minutes and can be completed whenever it is convenient for you.
- Would anything help make it easier for you to complete?

If the Patient says: **"I completed it already."**

- Confirm when the test was completed.

**If completed within the last two years:**

- Apologise for the inconvenience.
- Thank the patient.
- End the conversation and update records accordingly.

**If completed more than two years ago:**

- Explain that bowel screening is repeated every two years for eligible individuals.
- Encourage participation in the current screening round.

**Key message:** Regular screening is required every two years to remain effective.

If the patient says: *"I just haven't done it yet." ( I didn't think it was important, never got around to it)*

- Explore whether there are any concerns or barriers preventing completion.
- Briefly discuss the benefits of early detection.
- Offer to explain more about bowel cancer and screening.
- Offer to arrange a replacement kit if needed.

#### 4. Check Readiness

Staff Member: Has this information been helpful?

If Yes:

That's great to hear. Do you feel you would be able to complete the kit now?

If YES

Thank you. Is there anything else I can help with before we finish?

If NO / UNSURE

That's absolutely fine. I can send you some additional information and details of where to get support if you would like more time to think about it.

## 5. Closing the Call

If the Patient Agrees to **Participate**

Thank you for taking the time to speak with me today. We appreciate your willingness to consider bowel screening. If you need any further support, please contact us or the NHS Bowel Cancer Screening Hub. I hope you have a good day.

If the Patient **Declines**

Thank you for discussing this with me today. Participation in bowel screening is entirely your choice, and I respect your decision. If you change your mind in the future, please contact us and we will be happy to help arrange another kit. Thank you for your time and take care.

Motivational Interviewing Prompts for Staff

Use throughout the call:

- ☐ *"Can you tell me a bit more about that?"*
- ☐ *"What concerns you most about completing the test?"*
- ☐ *"What would make it easier for you to take part?"*
- ☐ *"What information would help you make a decision?"*
- ☐ *"Would it be helpful if I explained what happens next?"*

These prompts help keep the conversation patient-centred while supporting informed decision-making rather than persuasion.

| Do's and Don'ts                                                                                    |                                                                                                                                     |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Do                                                                                                 | Don't                                                                                                                               |
| Take the patient through security questions at the beginning of the call.                          | Give any medical advice, health advice or guidance outside of bowel screening.                                                      |
| Advise bowel screening is supported by their GP.                                                   | Try to persuade or pressure patients to take up screening                                                                           |
| Each year around 2.5 million people complete the kit                                               | Tell patients they must take part.                                                                                                  |
| Show understanding and respect, particularly around patients' decisions not to complete screening. | Discuss a patient's details with someone that picks up the phone (spouse, family member, friend etc.) unless agreed by the patient. |
| Promote an informed decision.                                                                      | Argue with a patient                                                                                                                |
| Advise any medical issues must be discussed directly with GP.                                      | Discuss patient information with anyone apart from appropriate practice staff, screening centre staff and regional hub staff.       |
| Consider all information to be confidential unless told otherwise.                                 |                                                                                                                                     |

## 6.6 Video Call Guidance

This guide has been developed to support the Lancashire BCSP/CVS Health Promotion Team when delivering CFAKC's via Video Consultations

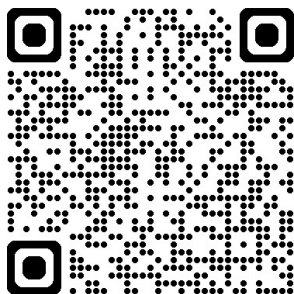
MORRIS, Lorraine (BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST)

Accurx Desktop is a toolbar that runs alongside EMIS/SystemOne/Vision and needs to be installed on your laptop – When setting up working remotely ask your contact at the Surgery to add you to their account as a Accurx user

If you have the following issue - **Not able to offer video calls due to NHS laptop not displaying the video and audio** - contact the NHS IT Department

Explain that it has been an issue for one of your colleagues, the solution was as follows - **NHS IT Department ran tests via mobile and web browser. Both had identical issues where they were not displaying the video and audio. Ran iboss logs in the background when testing, identified there was a component being blocked which was stated on iboss as being an unsupported protocol. The URL has been added to bypass the encryption; video and audio is now working.** Craig Tedford was the IT staff member that resolved the issue.

[Click here for a demo on how to do Video Consultations](#)



### Step-by-step guide

Launch Accurx Desktop:

Open the application by finding the Accurx icon on your desktop or in your applications list and double-clicking it.

Click the person icon:

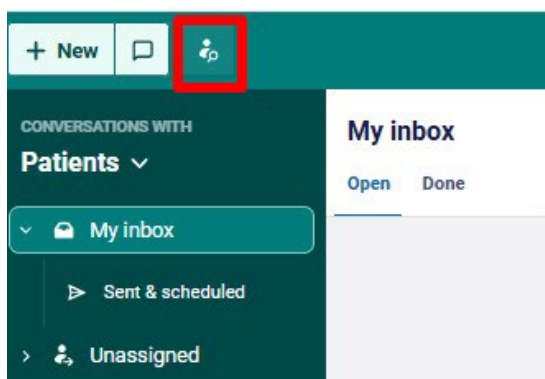
On the Accurx toolbar that appears, click the orange person icon to access the sign-in options.

Select "Sign in":

From the menu that appears, choose Sign in.

Choose a login method:

- **With a password:** Enter your NHS email address and the password you created.
- **With a magic link:** Click the button that says Email me a link to sign in. You will receive an email with a link; click this link to sign in to Accurx Desktop. Open the Accurx Desktop and you will see the image below



When you click on the Patient Search icon, you will see the option to search for the patient you want to send the video consultation invite to. Enter the patient's NHS number and Date of birth and click "Search".

Search patients

Use test patient

X

NHS number

Date of birth (DD, MM, YYYY)

Advanced search →

Recent patients

Search reents

BROWN, John (55y, M)

NHS: 111 111 1111 • DOB: 24 Jun 1970

HUGHES, Thomas (74y, M)

NHS: 905 308 7508 • DOB: 09 Nov 1950

BROWN, John (55y, M)

NHS: 111 111 1111 • DOB: 24 Jun 1970

Message

View profile

...

Video consult

Care network

GP practice

Organisation with ODS code EXAMPLE

This practice does not use Accurx

Then, you can set up a video consultation by clicking on the 3 dots, then the Video Consult button shown in the image.

You'll now see a window similar to the image below, where you can prepare the video consultation invitation to send. You can either send the invitation via SMS or by email: SMS: Ensure the "Phone" is clicked and check that the "Mobile number" is the correct one. If you need to edit the mobile number, you can do this by clicking on "Enter patient's mobile" and typing the mobile number. (Please note: You can only send SMS messages to UK numbers via Accurx and not international/foreign numbers. In these cases, you can send an email instead.)

Email: Click on "Email" and under "Email address" enter the patient's email address. When you are ready click "Send"

**PATIENT, Example**  
 Mobile: 777 777 7777 Birth: 11 September 1984 Gender: Not specified

**Video Consult invitation**

**Mobile number**  
 Enter patient's mobile:  Phone Email

☐ Use your number to see how messages appear to patients  
 (When messaging a real patient we'll supply their number from the NHS spine)

**Message templates**  
 Accura template:

**Message text**

Dear Patient,

I'm ready to start our Video Consult. Click the link below to join and wait for me to connect.

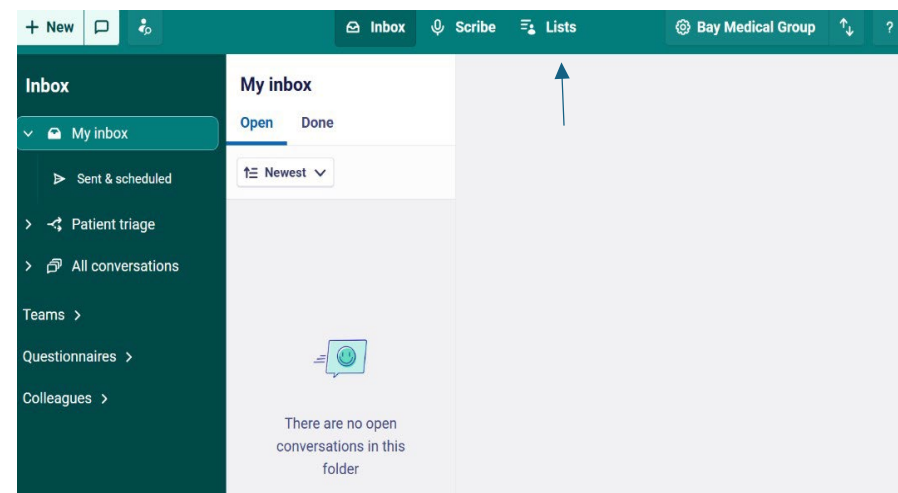
Thanks,  
 Unknown user

To join, please follow this link: [link will appear here]  
 The Accura Practice (29892)

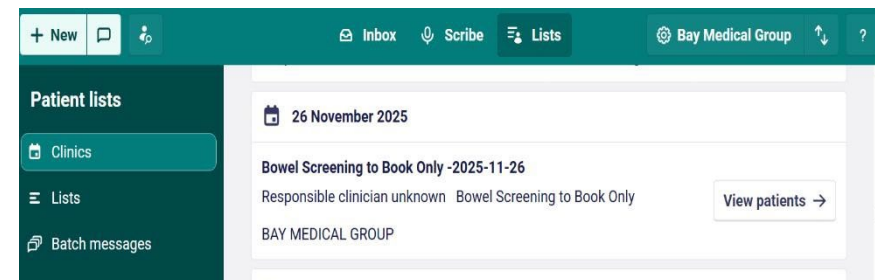
[Go back](#) [Send](#)

341/612

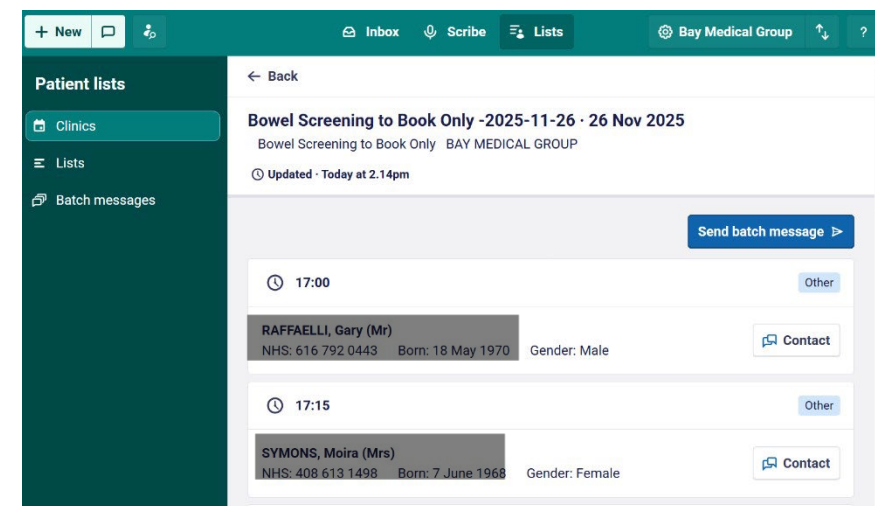
Another way to invite patients is to click on lists



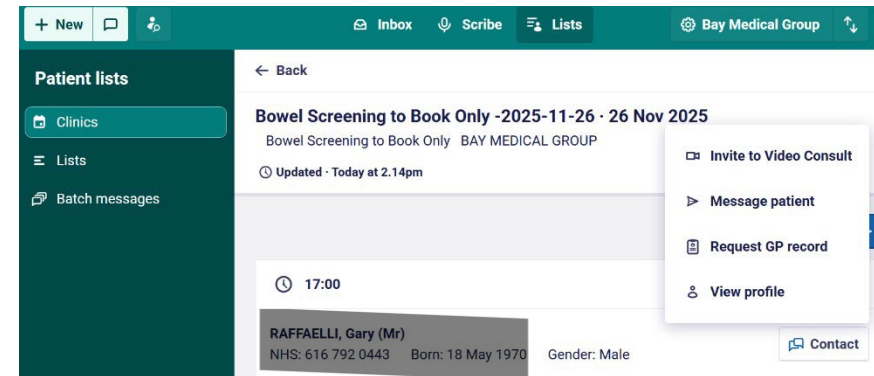
This will show all the clinics that are taking place at the GP Surgery on that day, click on view patients, the screen below will open



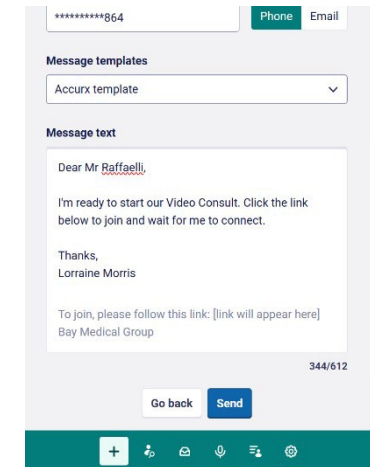
Every patient that has been booked into your video clinic on the EMIS calendar will show in this list, click on contact, the screen below will open



Invite to video consultation, the screen below will open



Click send

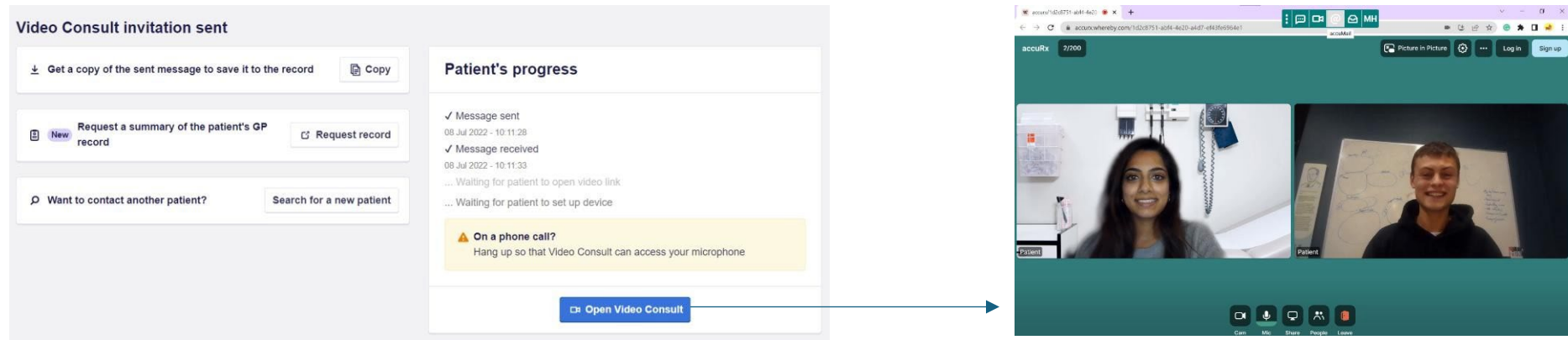


## Joining the video consultation

Once you've sent the video consultation invite to the patient, you'll see a window similar to the image below saying "Video Consult invitation sent!". In this window you can:

- Under "Patient's progress" monitor how far the patient is with joining the call.

- Join the video consultation by clicking on "Open Video Consult" when you're ready. This will open in a new window where the call starts and if the patient has joined, you'll see their camera.



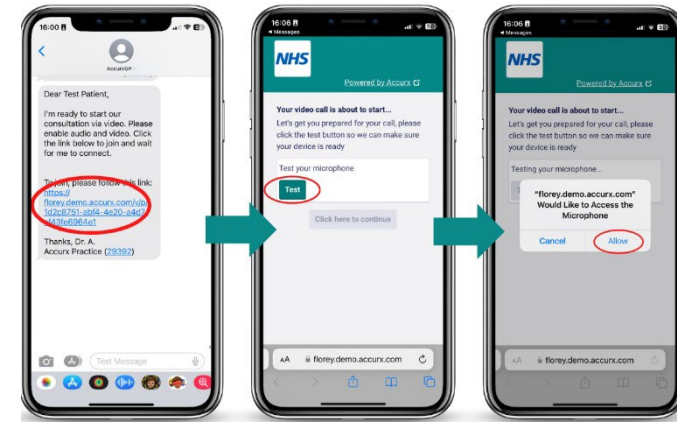
### Patient Support: How to join a video call after being sent a link

What a patient should expect from a video consultation

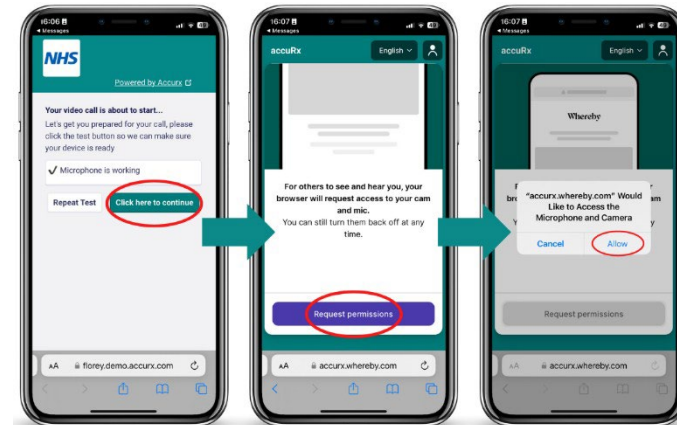
You will invite your patient to the video consultation by sending them a link either by text or email. The patient needs to follow the steps below to join your video call:

## By text

- Once the patient receives the text they need to click on the link
- It will then open their internet browser (e.g. Safari, Chrome)
- It will take them to a screen where they need to 'Test' their microphone – they need to click allow this test, then '**click to continue**'.

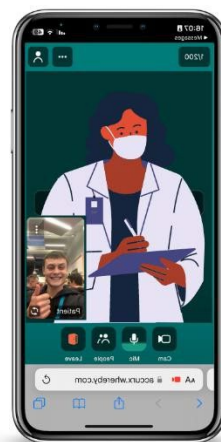


- It will show them a screen where they need to click '**Request permissions**' to enable their camera and microphone



- They should then be able to

see you

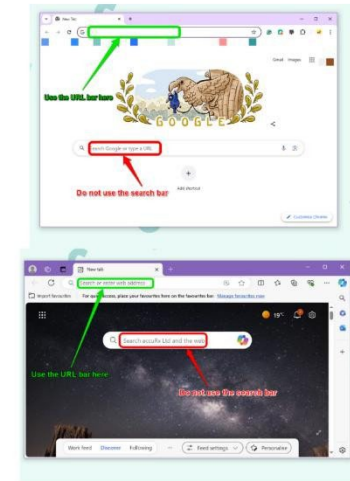


### What do I need for it to work?

- A smartphone, either with a working Wifi/3G/4G connection
- Your Internet Browser needs to have your [phone's microphone and camera-enabled \(you can see how to alter this in your phone settings here\)](#). You should also make sure you are using a supported browser.
- iPhones running older software that has not been updated (iOS 12 and earlier) will need to download the Whereby app to join the consultation.

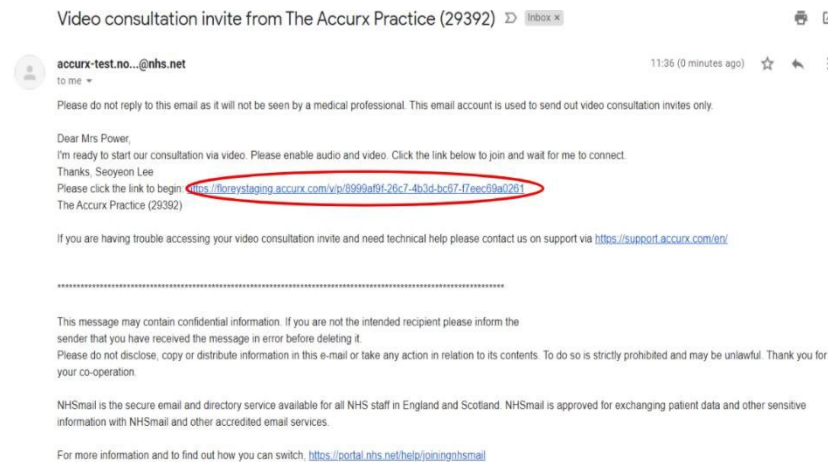
## What if I don't have a smartphone or the video doesn't work on my phone?

You can also access the link on a computer. Just type it into the top of the internet browser like so:



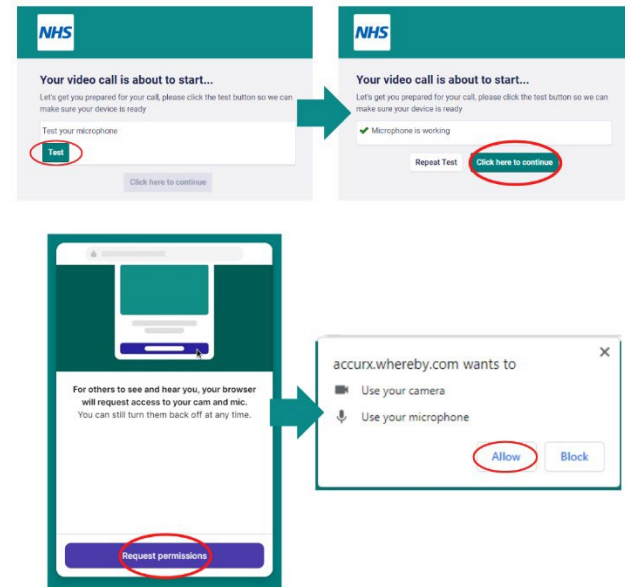
## By email

- Once you receive the
- It will then open your Chrome)

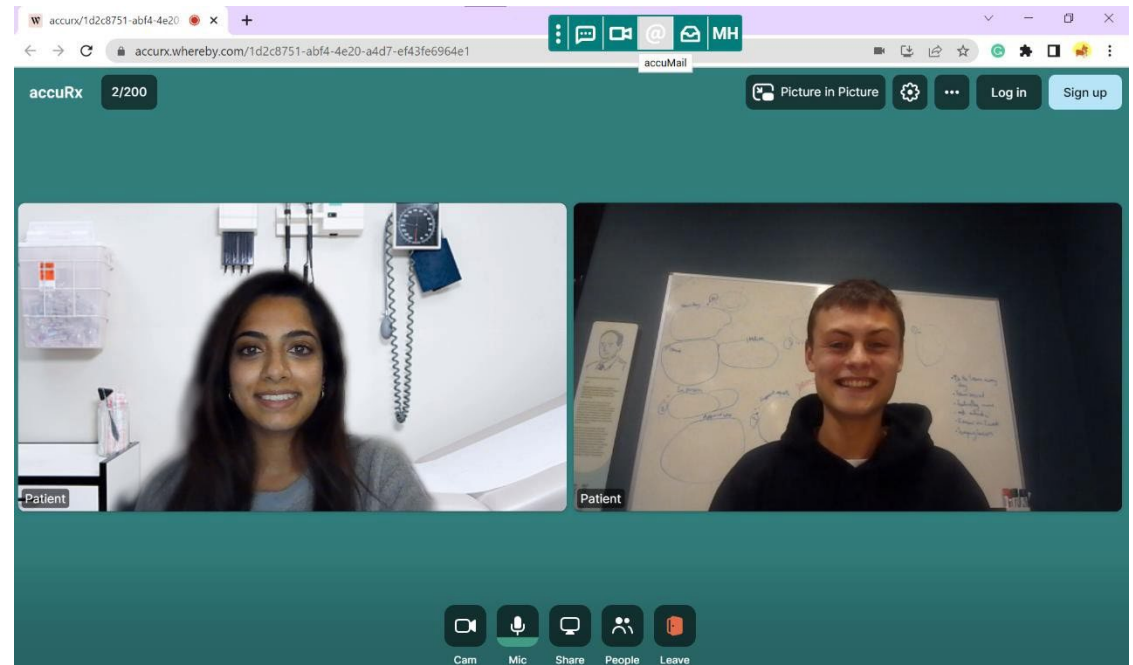


email click on the link  
internet browser (e.g. Safari,

- It may take you to a screen where you need to **'Test'** your microphone  
- allow this test, then **'click to continue'**
- It may show you a screen where you need to click **'Request permissions'** to enable your camera and your microphone



- You should then be able to see your clinician



*Video consultation links are available for 24 hours.*