Meeting the Requirements of Equality Legislation

A Fairer NHS Greater Glasgow & Clyde

2013 – 2016

Briefing Paper: Bowel Screening

June 2013

MIS 263146

Briefing Paper: Bowel Screening

Demographics / Health needs

At the time of writing, colorectal (bowel) cancer was the third most common cause of cancer mortality worldwide, with significantly higher death rates in countries with an established industrialised history. Though around 20-30% of cases can be linked to hereditary factors, the majority of cases are determined by biological, environmental and behavioural factors.

Colorectal cancer occurs more frequently in older age groups with 40% of initial diagnosis within the 75+ age group. Incidence is increasing in line with a growing older population. An improvement in the screening and treatment of elderly patients is pivotal to delivering improved health outcomes.

There is a direct correlation between experience of poverty and lower colorectal survival rates. People from areas of multiple deprivation are less likely to see a specialist early in their cancer journey – a significant predictor of effective access to treatment and improved survival. This is compounded by evidence that people experiencing poverty are more likely to delay seeking treatment and are therefore presenting with more advanced stage cancers. Some of this may be attributed to lower levels of health literacy in poorer areas and so experience of additional barriers when understanding and navigating through complex treatment options.

There is a direct correlation between race and age of presentation with some Black and Minority Ethnic groups presenting on average 7-10 years earlier than white patients. South Asians present younger than any other ethnic minority group.

The impact of gender socialisation is key to understanding any variance in stage of presentation between men and women. Colorectal cancer has been described as an equal opportunity cancer – affecting men and women equally. However, exposure to factors affecting the risk of colorectal cancer and in health behaviours (including the use of preventative health care) suggest that the gap between men and women in deaths from this disease may widen rather than narrow following the introduction of widespread screening. Men are currently 10% less likely than women to participate in screening programmes.

Patient experience

Patients from a diverse range of backgrounds were asked to give their opinion on how the screening process could be made more appropriate to meet their needs. Language was seen as a key issue – both in terms of using plain English and ensuring translated options are available.

Experience of discrimination

There may be significant language barriers to accessing services for people who do not have English as a first language. Screening kits are only available in English so services need to consider additional measures to communicate effectively.

Disabled people may be at risk of judgemental attitudes in relation to treatment options and may also be physically excluded from participating in screening due to lack of intimate care support. The current screening test will be inaccessible to many disabled people who are physically unable to collect a stool sample for analysis. The more accessible wipe test was removed due to accuracy issues and has not been replaced with a more suitable alternative.

The uptake of bowel screening programmes for people with learning disability stands at only 25% with a target of 60%. While investment in resources specifically targeting people with learning disability and their carers will improve current testing rates, particular attention needs to be made in this area.

Resources to help

Resources on all the protected characteristics are available on the Equalities in Health website – www.equality.scot.nhs.uk

Resources in a range of formats and languages are available from the National Bowel Screening Programme at –
www.bowelscreening.scot.nhs.uk

Telephone 0800 0121833

'The bowel screening test – everything you need to know' is available as a video clip on YouTube in a range of languages including BSL.

Training available in-house

Training on the protected characteristics which may support work on inequality in relation to bowel cancer can be accessed on StaffNet – http://www.staffnet.ggc.scot.nhs.uk/Human%20Resources/Learning%20and%20Education/E-Learning/Pages/E-Learning%20Homepage.aspx

Involvement

Engaging with groups who do not access bowel screening could help teams to reduce barriers – for example men, people living in poverty, disabled people, older people, Black Minority Ethnic people.

Activity to address discrimination

Reducing barriers to bowel screening should form a key part of health improvement activity locally so that the gap in uptake can be closed. Patients from diverse backgrounds saw language as a key issue – both in terms of using plain English and ensuring translated options are available.

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