For health professionals
UK-wide version

CANCER RESEARCH UK

Together we are beating cancer

Bowel cancer screening

Primary care good practice guide

September 2025

Contents

Statement of intent

Cancer Research UK is committed to informed choice with respect to screening participation. Screening has both benefits and harms, and these must be communicated appropriately. This guide aims to share ways that primary care professionals can help to improve the uptake of bowel cancer screening. It's up to each practice to explore what methods they wish to facilitate, and to take responsibility for compliance with data protection processes as appropriate.

If you have any comments or feedback on this guide, please contact **SEinbox@cancer.org.uk**

Produced by Cancer Research UK, September 2025.

Overview of bowel cancer screening

Introduction

Primary care professionals play a key role in increasing public engagement with bowel cancer screening. This guide offers an overview of the bowel cancer screening programmes across the UK nations and practical tips for supporting eligible people to make an informed choice about taking part.

Bowel cancer screening aims to detect bowel cancer at an early stage, before symptoms have a chance to develop. It can also prevent bowel cancer by identifying potentially harmful pre-cancerous polyps that can then be removed. When bowel cancer is diagnosed at an early stage, treatment is much more likely to be successful than when it's diagnosed at a late stage (see the diagram below).

All bowel cancer screening programmes in the UK use the Faecal Immunochemical Test (FIT), which looks for traces of blood in poo that may not be visible.

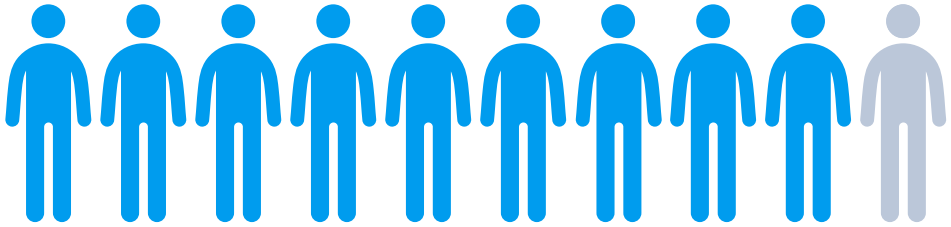
Some people may experience barriers to completing a FIT and participating in bowel cancer screening generally. This guide outlines some of the most common barriers and suggests how you can help to tackle them.

For more information and resources to support you and your patients, visit our **bowel cancer screening hub**.

Bowel cancer survival by stage at diagnosis in England

Proportion of people surviving their cancer for five years or more*

Survival when diagnosed at earliest stage (stage 1)



Around 9 in 10

Survival when diagnosed at latest stage (stage 4)

Around 1 in 10

* Data is age-standardised net survival for adults (age 15 to 99 years) diagnosed in England between 2016-2020, followed up to 2021. Source: NHS Digital, Cancer survival in England, Published 2023.

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Eligibility, invitations and results

People are invited to take part in bowel cancer screening once every two years via a letter sent to their home address. Eligibility varies between UK nations based on age (see the table below). To receive their invitations, people who are eligible must also be registered with a GP or, in Scotland, they must have a valid CHI (Community Health Index) number. The letter asks people to complete a FIT kit by collecting a poo sample and posting it to the programme for analysis.

Bowel cancer screening programmes across the UK

	England	Scotland	Wales	Northern Ireland
Age	50–74	50–74	50–74	60–74
Frequency	Every 2 years On request from age 75 by calling the screening helpline – see **appendix 5**	Every 2 years On request from age 75 by calling the screening helpline – see **appendix 5**	Every 2 years	Every 2 years
FIT threshold measured in micrograms (µg) of blood per gram (g) of poo sample	120µg/g*	80µg/g	80µg/g	120µg/g

*NHS England is beginning to reduce the FIT threshold from 120µg/g to 80µg/g across several early-adopter sites.

Using the FIT to manage symptomatic patients

The FIT is also used to assess the risk of bowel cancer in people with lower gastrointestinal symptoms. The use of the FIT in people with symptoms uses a much lower threshold for a positive result than in the screening programmes. People with symptoms should be tested using a symptomatic FIT regardless of their participation in bowel cancer screening programmes and any results they may have received.

To find out more, visit our **FIT symptomatic webpage**.

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Getting results

People who take part in bowel cancer screening receive their results by letter. Results are also sent to GP practices via the national screening programmes. In most cases, the results come with SNOMED/Read codes embedded, which are automatically updated in clinical systems. However, practices may need to check or correct codes manually if:

- results aren't coded automatically
- there's a coding mismatch
- additional clinical context is needed, e.g. the invitation was declined

For a list of relevant SNOMED/Read codes, see **appendix 4**.

Bowel cancer surveillance for high-risk groups

Bowel cancer surveillance programmes monitor people at higher risk to support early detection and timely intervention.

The British Society of Gastroenterology provides **guidance for managing hereditary colorectal cancer**, including:

- people with Lynch syndrome
- people with polyposis syndromes (10+ polyps in the large bowel)
- people with a family history of bowel cancer
- people with a diagnosis of bowel cancer under the age of 50

There's also further guidance on other people who may be eligible for surveillance, including people with **inflammatory bowel disease** and **post-polypectomy or post-colorectal cancer resection**.

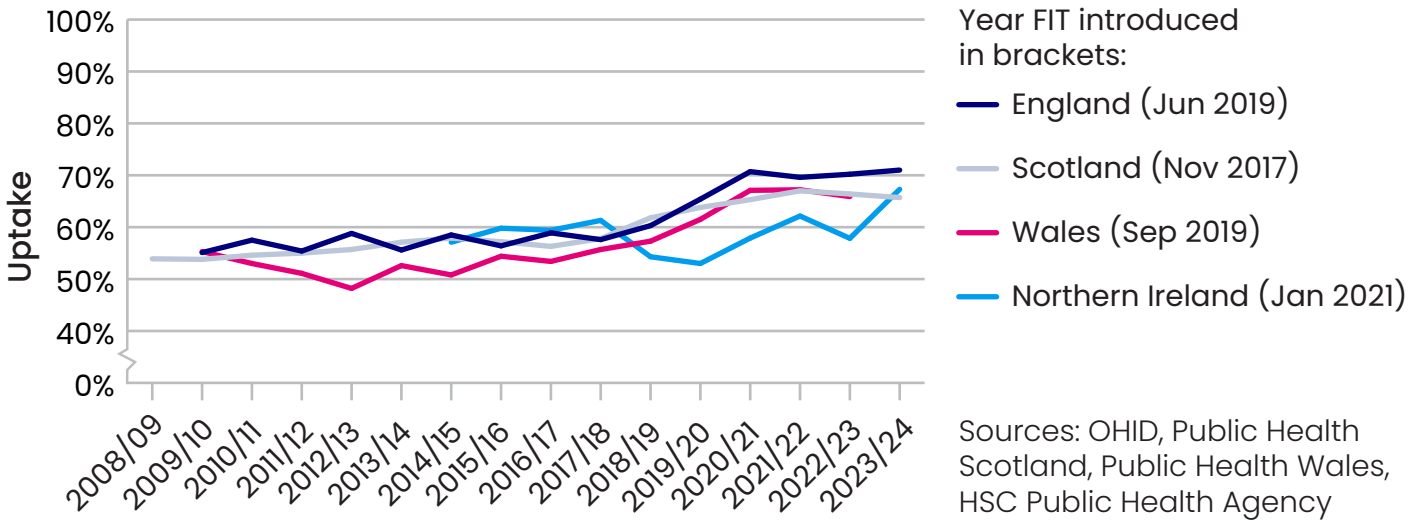
These programmes are separate from national screening, except for Lynch syndrome in England, where people are invited for surveillance colonoscopies via the NHS bowel cancer screening programme.

For more information and support, you can direct people to our **screening for people at high risk of bowel cancer webpage**.

Bowel cancer screening uptake in the UK

Over the past five years, bowel cancer screening uptake has steadily increased across the UK, driven in part by the move to the FIT. Uptake in 2022 to 2024 ranged between 66% and 71% across the UK nations [1-4]. But there are still many people who aren't taking up their invitation and missing a vital opportunity to detect and even prevent bowel cancer. Uptake also varies between regions and different demographic groups – see **Inequalities in access to bowel cancer screening**.

The reasons why people don't take part in bowel screening are complex and there may be several influencing factors. Primary care professionals can play a key role in supporting informed participation, helping eligible people to overcome barriers and tackling inequalities in uptake.



Sources: OHID, Public Health Scotland, Public Health Wales, HSC Public Health Agency

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How you can support informed uptake

- **Promote informed choice** by encouraging eligible people to read their invitation carefully, so they understand the benefits and harms of screening. You can also direct them to our **bowel cancer screening webpage**.
- **Discuss bowel cancer screening** with eligible people where appropriate. This could be during appointments or regular health checks, e.g. chronic disease annual reviews. It's important to make every contact count.
- **Display bowel cancer screening information in your practice.** For materials you can use, see our **resources and information for patients**.
- **Understand who's less likely to participate in bowel cancer screening** so that you can offer these people additional support. Read more about **inequalities in access to bowel cancer screening**.
- **Understand barriers to participation in bowel cancer screening** and help people to overcome these barriers where appropriate. Read more about **understanding and addressing barriers to participation**.
- **Identify and engage with first-time invitees**, as evidence shows that people who take part in screening once are far more likely to continue participating in the future [3].
- **Identify and engage with people who have not responded to their invitation,** to understand the barriers they're experiencing. Read our **steps to take to identify and engage with first-time invitees and non-responders**.

Quality improvement

In England, the Primary Care Network Direct Enhanced Services (PCN DES) 2025/26 contract requires PCNs to work with partners to improve bowel screening uptake. This includes using data to understand variance, auditing non-responders and checking screening history at every point. For more information, visit our **GP contract hub**.

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Interventions to improve uptake

Evidence shows that the following primary care level interventions increase informed participation in bowel cancer screening.

To use resources most efficiently, interventions should target people who haven't responded to their bowel cancer screening invitation.

Telephone advice and face-to-face health promotion [5, 8]

A study found that calling non-responders and inviting them to attend a consultation with a Call for Kit health promotion team member – at their primary care practice or over the phone – increased the uptake of bowel cancer screening by up to 15.3%. During the consultations, people are shown how to complete the test and discuss common barriers to taking part, as well as being offered a replacement kit. See our **resources and information for patients**.

A letter from the GP [6]

A study found that uptake increased by up to 6% when eligible individuals were sent a letter from their GP endorsing the programme. Uptake increased by up to 12% when the letter was sent in combination with enhanced patient information. See our **sample GP endorsement letter.**

Telephone support [6]

The same study also found that phoning people to provide information about bowel cancer screening and answer their questions, in addition to sending a letter from their GP, increased uptake by around 8%. See our **sample telephone script**.

Text reminders [7]

Evidence suggests that text message reminders could provide a cost-effective way to increase uptake, particularly with first-time invitees. See our **sample text message**.

Language support [8]

Providing people with the opportunity to speak to a trained bilingual advocate from their own GP practice may help increase awareness of bowel cancer screening and overcome barriers to participation.

For more information on interventions to improve uptake, visit our **addressing inequalities in uptake webpage**.

Note: The studies described in this section were undertaken when the primary test was the guaiac faecal occult blood test (gFOBT), prior to the introduction of the FIT.

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Understanding and addressing barriers to participation

Below are some of the common barriers that may prevent eligible people from participating in bowel cancer screening and steps you can take to help people overcome them.

A misconception that the test is for people with symptoms [9-13]

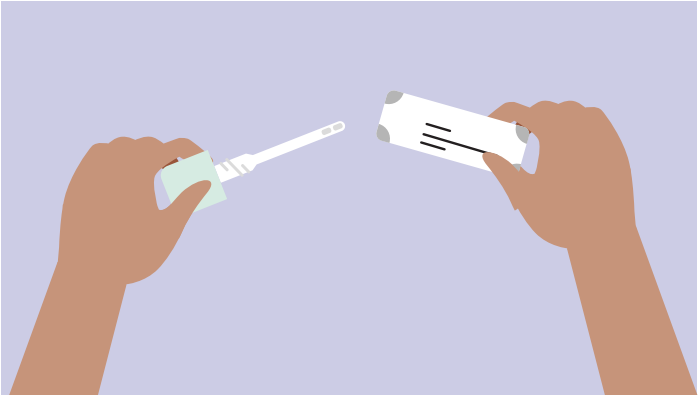
- Explain that bowel cancer screening is for people without symptoms. The test helps detect signs of bowel cancer or pre-cancerous changes before they're even noticeable. Remind people that if they are experiencing any possible symptoms of bowel cancer, they should speak to their GP immediately and not wait to be invited for screening.

Concerns around the practicalities and cleanliness of the test [11-14, 16]

- Direct people to resources that explain how to complete the test hygienically and correctly. See our **patient information and resources** for guidance that's tailored to each UK nation, including:
  - step-by-step visual guides
  - animated videos
  - patient leaflets

Difficulty accessing the information to complete the test due to low health literacy or language barriers [9, 13, 17]

- Provide people with more accessible forms of information, such as the visual guides and videos, and easy-read or translated resources. See our **patient information and resources**.

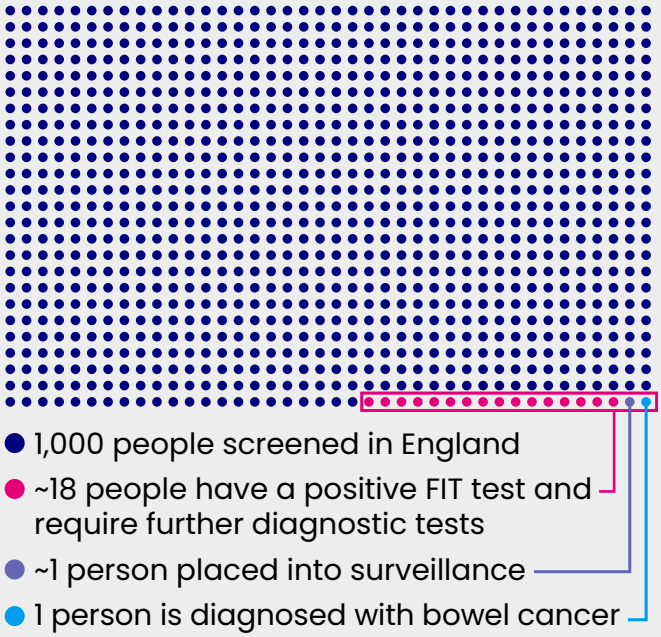


Fear around the test outcome [9, 10, 13-15]

- Reassure people that bowel cancer screening is designed to pick up cancer at the earliest stage, when successful treatment is much more likely. It can also help to prevent bowel cancer by detecting pre-cancerous polyps that can then be removed.

  Explain that most people who take part in bowel cancer screening won't require further tests. For example, for every 1,000 people screened in England*, around 18 have a positive FIT test and require further diagnostic tests (colonoscopy). Of those 18, around 1 person is placed into surveillance and 1 person is diagnosed with bowel cancer.**

  You can also explain what the further tests involve. See our information on **supporting colonoscopy attendance**.



*Based on 2023/24 Bowel Screening Programme in England.

**People are placed into surveillance when they have an episode result of either 'high-risk' or 'large non-pedunculated colorectal polyp/s'.

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Inequalities in access to bowel cancer screening

Taking part in screening is an individual choice, but it must be a choice that's available to everyone. Although there are gaps in data availability, evidence shows that the following groups are less likely to participate in bowel cancer screening in the UK:

- people from areas of higher deprivation or with lower socioeconomic status [2, 3, 18–21]
- men [2–4, 19, 22–24]
- younger eligible people [3, 4, 19, 21, 22]
- first-time invitees [3, 25]
- people from non-white ethnic minority communities [3, 9, 26-29]
- people of certain religions (e.g. Hindu, Muslim, Sikh) [28]
- people with disabilities [27, 30–32]
- people with severe mental illness [27, 33, 34]
- people who smoke [24, 28]
- previous non-responders [3, 25]

People in these groups may benefit from more support to overcome barriers to informed participation.

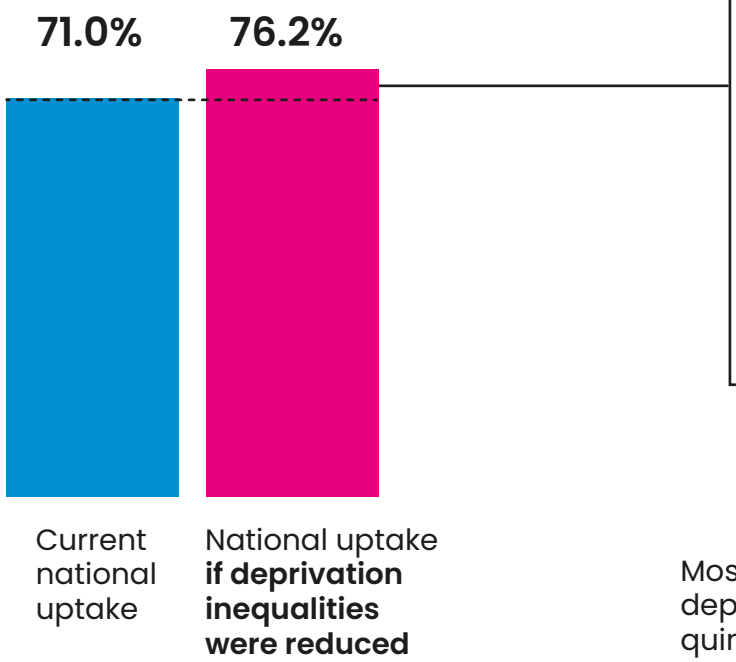
A closer look at inequalities in bowel cancer screening

To learn more about the groups less likely to participate in bowel cancer screening, what barriers they face and the potential of interventions to improve uptake, see our **addressing inequalities in uptake webpage**.

The benefit of tackling inequalities

Addressing these inequalities could have a significant impact on bowel cancer screening uptake. For example, uptake is lower in the most deprived areas compared to the least deprived [18]. If the proportion of eligible patients in England (aged 60–74 years) who took part in bowel cancer screening was similar to that of patients in the least deprived areas, we estimate that there would be around a 5 percentage point increase in the number of bowel cancers diagnosed through screening. This would mean that around **270 extra bowel cancers could be detected each year, with around 63% of those being diagnosed at an early stage** [35].

The impact of reducing deprivation-based inequalities in bowel cancer screening in England



Around **270** more people would be diagnosed with bowel cancer through screening **per year**

Around **63%** of these cases would be diagnosed at stage 1 or 2

14 percentage points difference in screening uptake

All uptake figures and impact estimates in this analysis are based on GP practice-level data for **England in 2023/24** from Fingertips. Only deprivation-based inequalities in uptake are observed – other factors contribute to inequalities.

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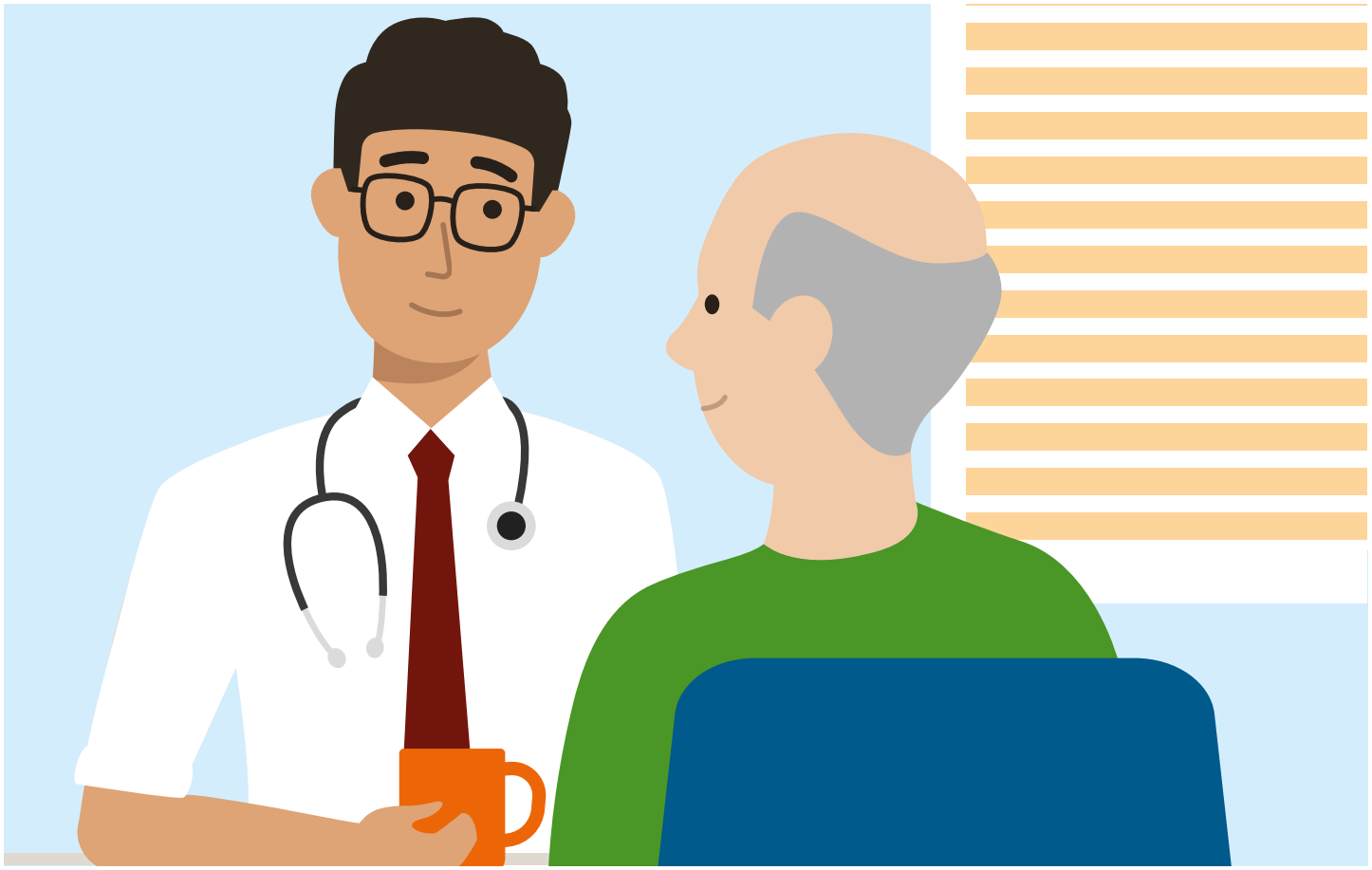

Supporting colonoscopy attendance

People with a positive FIT result will be offered follow-up investigation, usually a colonoscopy or sometimes a computer tomography colonography (CTC) or a **colon capsule endoscopy (CCE)**. However, some people do not attend their appointment – for example recent figures show that around 1 in 4 people with a positive FIT result in Scotland (2020–24) [2] did not attend their follow-up colonoscopy..

Barriers to attendance may include anxiety about the procedure and the potential of a cancer diagnosis and surgery [36]. And much like bowel cancer screening, there's evidence that these barriers are more common or persistent for some groups of people, including people from non-white ethnic minorities and areas of higher deprivation [37, 38].

Usually, people with a positive FIT are offered an appointment with a specialist nurse or a specialist screening practitioner (SSP). Here, the patient's fitness for a follow-up test is assessed, and they're provided information and counselling to help them make informed decisions about attending further tests. You can play an important role in supporting people to attend their SSP appointment and further tests.

Actions you can take to support attendance

- **Explain why follow-up is needed:** Blood was found in their poo, and further tests will help find out why.
- **Reassure people:** The SSP appointment will help to assess their suitability for follow-up investigations, usually a colonoscopy, and they'll be provided with information and support to help them make an informed decision about further tests. A colonoscopy can help detect cancer early – when treatment is more effective – or even prevent it by removing polyps. You can signpost to **our information on colonoscopies**.
- **Flag adjustments:** Let patients know they can request reasonable adjustments to help make them feel more comfortable, like longer appointments or a preferred gender of the colonoscopist (check what adjustments are available locally).

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Practical tips and resources

Use practice data

- **Regularly check patient contact details** at routine appointments to ensure they receive their screening invitations and can be contacted.
- **Ensure non-responders are coded** – see **appendix 4** for the relevant SNOMED/Read code. Make use of IT systems to flag these people and try to engage with them. You could try to identify trends to understand the profile of non-responders locally.
- **Flag first-time invitees** based on their age. See our **steps for engaging with non-responders and first-time invitees**.
- **Use a flag or alert to identify people eligible for screening who may need extra support.** This may include people with disabilities, learning needs or severe mental illness. Practices in England can use the **Reasonable Adjustment Flag**.

Train staff

- **Train all primary care staff** (clinical and non-clinical) so that they understand and can confidently explain the purpose of bowel cancer screening and the benefits and harms of taking part, and know where to signpost people to for more information.
- **Familiarise all staff with the FIT kit** so they can support people with completing the test.
- **Understand the differences** in how FIT is used for screening compared to investigating people with symptoms. Visit our **FIT webpages** for more information.
- **Keep a test kit for demonstration** at your practice. Note that FIT kits vary across the UK (e.g. participants in Scotland must label their own kits).
- **Understand how to order replacement kits** for people via the relevant national helpline or online forms. For contact details, see **appendix 5**.

National, regional or practice-level data sources

England
- **OHID Fingertips public health profiles**
- **NHS England cancer screening programme research and statistics**
- **Cancer Research UK local bowel screening tool**

Scotland
- **Scottish bowel screening programme statistics**

Wales
- **Public Health Wales bowel screening programme reports**

Northern Ireland
- **HSC Public Health Agency core tables**

Staff training and information sources

UK-wide
- **Cancer Research UK bowel cancer screening hub**
- **Doctors.net.uk bowel cancer screening hub** (login required)
- **GatewayC colorectal cancer early diagnosis course**

England
- **NHS England bowel cancer screening: identifying and reducing inequalities**

Scotland
- **Scottish bowel screening programme – a guide for professionals**

Wales
- **Bowel Screening Wales: information for carers and healthcare professionals**

Northern Ireland
- **Public Health Agency bowel screening resources for health professionals**

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Nominate leads

- **Nominate a dedicated staff member or members** who can lead on reviewing practice data, ensuring the relevant SNOMED/ Read codes are implemented and identifying groups who may need more support.
- **The lead can also promote staff training** and manage the provision of patient information in the practice.

Explore opportunities to work with key partners in your area

Consider liaising with community specialist services to engage people eligible for bowel cancer screening who may benefit from extra support. For example, you could work with community disability teams or voluntary sector organisations in your community who specialise in supporting specific groups (e.g. refugees, mental health charities, learning disability groups, homelessness charities, faith groups and leaders).

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Resources and information for patients

Our **bowel cancer screening webpages** cover key information for the public on what bowel cancer screening is, who's eligible, how to complete the test and the process of getting results in all UK nations.

For nation-specific bowel cancer screening programme information, including translated and easy-read resources, visit:

- **GOV.UK for England**
- **NHS Inform for Scotland**
- **Public Health Wales**
- **Public Health Agency for Northern Ireland**

How to complete your bowel cancer screening test video:

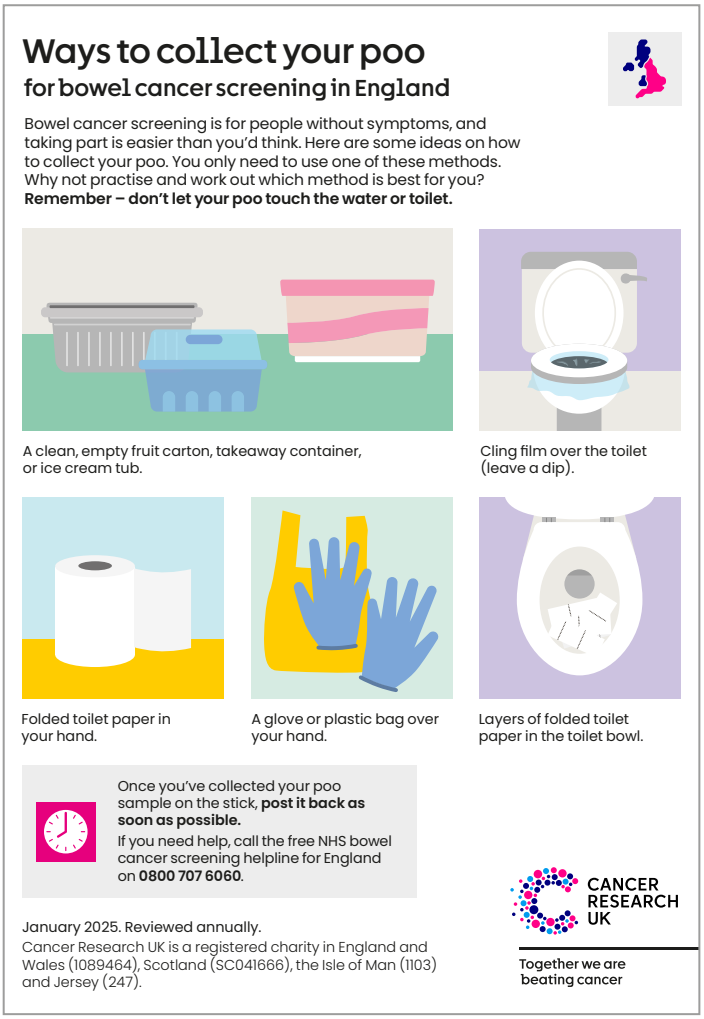
- **Video – England/generic subtitled version**
- **Video – Scotland**
- **Video – Wales (English language)/ Video – Wales (Welsh language)**
- **Video – Northern Ireland**

How to complete your bowel cancer screening kit step-by-step visual guides:

- **Visual guide – England**
- **Visual guide – Scotland**
- **Visual guide – Wales (English language)/ Visual guide – Wales (Welsh language)**
- **Visual guide – Northern Ireland**

Bowel cancer screening information wallet cards (free print and delivery to your practice):

- **Wallet card – England**
- **Wallet card – Scotland**
- **Wallet card – Wales**
- **Wallet card – Northern Ireland**



Ways to collect your poo
for bowel cancer screening in England

Bowel cancer screening is for people without symptoms, and taking part is easier than you'd think. Here are some ideas on how to collect your poo. You only need to use one of these methods. Why not practise and work out which method is best for you?
Remember – don't let your poo touch the water or toilet.

A clean, empty fruit carton, takeaway container, or ice cream tub.

Cling film over the toilet (leave a dip).

Folded toilet paper in your hand.

A glove or plastic bag over your hand.

Layers of folded toilet paper in the toilet bowl.

Once you've collected your poo sample on the stick, **post it back as soon as possible.**
If you need help, call the free NHS bowel cancer screening helpline for England on **0800 707 6060**.

January 2025. Reviewed annually.
Cancer Research UK is a registered charity in England and Wales (1089464), Scotland (SC041666), the Isle of Man (1103) and Jersey (247).

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How to complete your bowel cancer screening step-by-step visual guide

Bowel cancer screening saves lives

The test can detect possible signs of bowel cancer early. Taking part is easier than you think. If you've been invited and need more information or a new test kit call: **freephone 0800 707 6060**

nhs.uk/bowel

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Bowel cancer screening information wallet card

For bowel cancer screening helplines and replacement kit contacts, see **appendix 5**.

Steps to engage with first-time invitees and non-responders

Identify
- Ensure letters from bowel cancer screening centres are **coded** in patient records if relevant

Use practice data to identify first-time invitees to screening
- Search for people approaching their first invitation

Use practice data to identify non-responders to screening
- Search the eligible population with a non-response result in the last two years. **See READ codes**

Review lists to exclude people for whom it may be insensitive for the practice to endorse screening.
(Note: they may still be invited by the national programme.)

This may include people who have experienced the following:
- palliative care
- bowel cancer
- chronic inflammatory bowel disease
- a colonoscopy in the last two years
- have opted out of screening
- are coded as ineligible

Set up prompts and alerts
- Add prompts or alerts to the patient records of non-responders and first-time invitees to support targeted contact

Contact
Consider the interventions that would work best for your practice(s) to engage first-time invitees and non-responders to screening, for example:
- letter
- text message
- telephone call

You could also:
- display information in your practice
- hold leaflets at reception
- ensure opportunities for people to discuss screening with clinical staff
- remind people of the phone number to request another kit if lost or discarded (hand them a **bowel cancer screening information card**)
- check details at routine appointments

Check
Evaluate the effectiveness of the intervention.
- Code engagement methods used for each patient
- Review which methods have been most effective

Please note these are suggested steps and they may vary by nation.

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Safety netting

A previous negative bowel cancer screening test result doesn't rule out cancer. If someone experiences any symptoms or changes that aren't normal **for them**, they should contact a health professional.

Is the person eligible for the bowel cancer screening programme?
Use clinical IT systems to flag up people due for an invitation or non-responders who haven't completed their test.

- Yes → Encourage participation during consultation and assess and remove barriers to participation. Consider approaches outlined in this guide to support participation.
- No → N/A

Has the person participated in the screening programme?

- Yes
  - **What was the result of the test?**
    - **No further tests are needed at this time** → Reinforce the importance of repeat screening (i.e. taking part when they're next invited) and of seeking help if they experience any potential **symptoms of bowel cancer**, regardless of their screening result.
    - **Further tests are needed** → **Did the person attend a colonoscopy?**
      - Yes → **What was the test result?**
        - **Negative** → Reinforce the importance of repeat screening (i.e. taking part when they're next invited) and of seeking help if they experience any potential **symptoms of bowel cancer**, regardless of their screening result.
        - **Positive** → Ensure the person enters the correct pathway.
      - No → Seek to **understand and address any barriers** the person is experiencing to attending their colonoscopy.
- No
  - **Has the person opted out?**
    - Yes → Educate the person about the potential **symptoms of bowel cancer** and the importance of seeking help if they experience these.
      Let them know how they can opt back in if they change their mind.
    - No → Seek to understand and address the **barriers to participation**.
      Educate the person about the potential **symptoms of bowel cancer** and the importance of seeking help if they experience these.
      Let them know how to opt out if they do not wish to participate in the future.

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Appendix 1: Sample telephone script

A guide to having a conversation with someone who has not completed their bowel cancer screening kit

It might be helpful to have the following in front of you:
the benefits and harms of bowel cancer screening and **ways to collect your poo**

Hello, [verify who speaking with]
My name is… I am phoning from… [insert name of GP practice]
There's nothing to worry about, I'm phoning about the bowel cancer screening programme.
Is it okay to have a chat with you about this? [If not, arrange convenient time to call back]

We understand that you didn't return your bowel cancer screening test kit.
Can I just check that you received your kit?
[Mention date it was sent from the screening hub]

Yes

Can I ask why you didn't return the kit?
[Record why – we would be interested to hear about any barriers to screening you encounter. Email SEinbox@cancer.org.uk to let us know.]

Wants to participate but didn't get around to it

Suggest practical tips to complete the kit. See our step-by-step patient guide to bowel cancer screening

Unsure whether to complete or not

Discuss benefits and harms of screening

Wishes to participate

Doesn't want to participate

Doesn't want to participate

Let them know there's a formal opt-out process for the programme and offer further information.

Give them the number of the bowel cancer screening helpline. See **appendix 5**.

No

- Check if the address is correct
- Encourage the person to call the helpline number
- You can order a replacement kit on their behalf (consent required)

Order replacement kit. See **appendix 5**.

Appendix 2: Sample GP endorsement letter for non-responders

Building on the endorsement templates used in peer review studies, we've produced an example letter that incorporates elements to promote informed consent.

<Insert GP letterhead including GP practice phone number>
Freephone – <see Appendix 5 and include number relevant to nation>

Dear <insert patient name>

We are writing to you to express our support for the NHS bowel cancer screening programme. This is in follow-up to the bowel cancer screening kit that you recently received through the post.

Bowel cancer is the fourth most common cancer in the UK. The aim of the bowel cancer screening programme is to discover bowel cancer at an early stage before symptoms have a chance to develop. The sooner cancer is detected, the easier it is to treat and the more likely it is that the treatment will be successful.

Bowel cancer screening involves collecting a sample of your poo and sending this off for testing in the envelope provided.

Whether or not to do the test is your choice, so you should read the information you were sent with your screening invitation to help you decide.

If you have not received your screening kit or wish to have another sent out to you, please telephone the bowel cancer screening helpline: **<Insert your hub's telephone number>** or email **<insert your hub's email address (appendix 5)>**

If you're not sure how to complete the test, visit **cruk.org/bowel-screening** or speak to your practice nurse who can show you how to do it.

If there is anything else that you'd like to know or discuss about bowel cancer screening, please don't hesitate to contact us.

Yours sincerely
Dr <insert name>

You might want to consider sending a copy of **How to complete your bowel cancer screening kit** with this letter.

Appendix 3: Sample text message

Text messages or text reminders can be used as an alternative to letters. You can use them for engaging non-responders as well as for general promotion of the programme to all eligible people. Some screening services have started to encourage the use of text reminders in practices. This is an emerging intervention that we're closely monitoring to build an evidence base.

Dear **<insert patient name>**,
We have been informed that you have not yet completed your bowel cancer screening test. The doctors at **<insert surgery name>** encourage you to complete the test ASAP. If you're unsure about the test please talk to us.

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Appendix 4: READ codes

Appropriate SNOMED CT/Read codes are useful when recording activity relating to bowel cancer screening and the results of the screening test kits. Consider working with your data quality team to understand how to carry out searches. Here are some suggested codes:*

Description	SNOMED CT	Read code CTv3	Read code V2
Bowel cancer screening programme invitation letter sent	862031000000107	XaZx5	9Ow5
Advice given about bowel cancer screening programme	382161000000102	XaPyB	8Cay
Bowel cancer screening declined	294201000000109	XaN4r	8IA3
BCSP faecal occult blood test negative	375211000000108	XaPkd	686A
BCSP faecal occult blood test positive	375241000000109	XaPke	686B
BCSP faecal occult blood testing kit spoilt	375121000000106	XaPka	6867
BCSP faecal occult blood testing incomplete participation	384241000000100	XaQ1z	686C
Provision of written information about BCSP	860781000000108	XaZu9	8OA5
No response to bowel cancer screening programme invitation	373251000000108	XaPf6	9Ow2
BCSP telephone invitation	862011000000104	XaZx4	9Ow4
Not eligible for bowel cancer screening programme	758851000000101	XaX8y	9Ow3
BCSP replacement faecal immunochemical test kit requested	1218761000000105	Y36a6	

*These codes may be subject to change, always refer to the **NHS Digital SNOMED CT browser** for the latest codes.

Appendix 5: Key screening contacts

England

Bowel cancer screening helpline
(all hubs) 0800 707 6060

Midlands and North West (Rugby)
Hospital of St Cross
Barby Road
Rugby
Warks
CV22 5PX
Email: **bowelscreening@nhs.net**

South
20 Priestley Road
Surrey Research Park
Guildford
GU2 7YS
Email: **rsc-tr.BCSPSouthernHub@nhs.net**

London
Level 5V 013 St Mark's Hospital
Watford Road
Harrow
Middlesex
HA1 3UJ
Email: **lnwh-tr.bcsp@nhs.net**

East
University Hospital Queens Medical Centre
Nottingham
NG7 2UH
Email: **nuhnt.bcspeastern@nhs.net**

North East
Queen Elizabeth Hospital
Sheriff Hill
Gateshead
NE9 6SX
Email: **gan-tr.north-east-bowel-hub@nhs.net**

Scotland

Bowel cancer screening helpline
0800 0121 833
or email **TAY.scottishbowelscreening@nhs.scot**

Order replacement FIT kits online – Scotland

Wales

Bowel cancer screening helpline 0800 294 3370

Order replacement FIT kits online – Wales

Northern Ireland

Bowel cancer screening helpline 0800 015 2514

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Appendix 6: National screening pathways

The bowel cancer screening pathway in England

Programme hub

Invitation to participate in bowel cancer screening. Initial bowel cancer screening is carried out using a home testing kit. It is available to all eligible people aged 50–74.

Kit dispatched → Reminder sent if not returned within four weeks

Receipt and analysis of FIT kit

- **No further tests needed at this time** (below FIT threshold) → Recall in two years for FIT
- **Further tests needed** (at or above FIT threshold)
- Spoilt kit/ technical fail → Repeat kit dispatched → Receipt and analysis of FIT kit

Local screening centre

Specialist screening practitioner (SSP) fitness assessment appointment made – offer colonoscopy if suitable

- Does not accept/is not fit for colonoscopy → Recall in two years for FIT
- Accepts colonoscopy
  - Non-attendance → Recall in two years for FIT
  - Nothing abnormal detected → Recall in two years for FIT
  - Polyp
    - LNPCP*
      - No → Site check at 2–6 months then after a further 12 months
      - Yes → One-off surveillance colonoscopy three years later
    - High-risk findings?
      - No → No colonoscopic surveillance → Recall in two years for FIT
      - Yes → One-off surveillance colonoscopy three years later
  - Cancer → Refer → No colonoscopic surveillance → Recall in two years for FIT
  - Other pathology → Refer/advise → No colonoscopic surveillance → Recall in two years for FIT
- Medically unsuitable - referred to alternative diagnostic e.g. CT colonoscopy → Refer → No colonoscopic surveillance → Recall in two years for FIT

This pathway was produced by NHS England. For info visit **NHS bowel cancer screening programme**
*LNPCP: Large (≥20mm) non pedunculated colorectal polyp

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The bowel cancer screening pathway in Scotland

Invitation to participate in bowel cancer screening by FIT test for people aged 50–74

Test returned

No response within six weeks

Bowel cancer screening laboratory

The central laboratory carries out the tests on home test kits and the centre refers positive screening test results via the Bowel cancer screening IT System (BoSS) directly to the relevant local colorectal service for further investigations.

Reminder letter issued [1]

No response

Repeat the test once

Test spoiled or expired

Message to GP

Negative result

Positive result

Second test spoiled or expired [2]

Non-responder (three months). Notifications are received via mail manager [2]

Recall in two years for FIT

Referred to local board for pre-colonoscopy assessment

Colonoscopy appointment [3]

1. The six-week reminder is provided by the bowel cancer screening programme.
2. If a second test is spoiled or expired, or the person doesn't respond at three months, then no further action is required. This person is re-invited at the next round (rounds take place every two years).
3. After the colonoscopy appointment, those with an abnormal result undergo further tests to receive a diagnosis and treatment.

This pathway was produced by NHS National Services Scotland. The supplementary comments (right) are provided by Cancer Research UK.

For more information visit **Scottish Bowel Screening Programme – a guide for professionals**

Produced by Cancer Research UK, September 2025.

The bowel cancer screening pathway in Wales

Invitation to participate in bowel cancer screening by FIT test for people aged 50–74

No response within six weeks

Reminder letter issued

No response

FIT test kit returned and tested

Negative result

Recall in two years for FIT

Positive result

Screening assessment

Unfit for colonoscopy

Refer to clinician for management

Consider CT colonogram

Refer to Clinical and Quality Assurance for pathway advice if unsuitable for CT colonogram

Fit enough for colonoscopy

Colonoscopy

Complete

Incomplete

Consider repeat or CT colonogram

Negative

Recall in two years for FIT

Polyps

Surveillance programme
High – colonoscopy at three years
Low – recall for FIT in two years

Cancer

Refer to Health Board MDT for symptomatic treatment and surveillance

Network MDT for complex polyps and where possible, subsequent specialist removal at National Referral Centre without need for surgery

This pathway was produced by Public Health Wales.
For more information visit **Bowel Screening Wales**

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The bowel cancer screening pathway in Northern Ireland

Invitation to participate in bowel cancer screening by FIT test for people aged 60–74

No response within six weeks

Reminder letter issued

No response

Recall in two years for FIT

FIT kit returned and tested

Negative result

Positive result

Kit spoilt or technical fail

Repeat kit dispatched

Screening assessment

Unfit for colonoscopy

Consider suitability for CT colonography

Fit enough for colonoscopy

Colonoscopy

Complete

Incomplete

Consider repeat or CT colonogram

Negative

Recall for FIT in two years if applicable

Polyps

Follow BSG surveillance criteria

Cancer

Other

Managed by Health and Social Care Trust

This pathway was produced by Public Health Agency.
For more information visit **PHA bowel screening for health professionals**

Produced by Cancer Research UK, September 2025.

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