# For health professionals in the UK



Together we are beating cancer

# Reducing inequalities in cancer screening

We believe it's crucial to reduce barriers and inequalities in cancer screening participation. In the UK, although there are data gaps, there's evidence that participation in the <u>breast, bowel and cervical screening programmes</u> is lower in some groups. In this guide, we offer practical tips to help address inequalities and signpost to further resources and information.

Taking part in screening is an individual choice, but it must be a choice that's equally available and accessible to all.



# Identifying inequalities in your local population

• Understand who are your lower participation groups in cancer screening.

These could include\*:

- people with a lower socioeconomic status [1–5]
- men (bowel) [1, 3, 6]
- younger age groups [1]
- people from ethnic minority communities [2, 5, 7–10]
- disabled people (people with learning or physical disabilities) [9, 11, 12]
- people with a sensory impairment [12]
- people with severe mental illness [5, 12]
- people from an LGBTQ+ community (cervical and breast) [13]
- Understand the barriers to participation [14–20]. These may include:
  - language and communication
  - low health literacy and numeracy
  - · fear and denial around the test outcome
  - concerns about the practicalities and cleanliness of the test (bowel)
  - cultural and religious beliefs
  - embarrassment or shame
  - negative past experiences
  - · misconception that the test is not

- applicable if you don't have any cancer symptoms
- perceived low risk of cancer
- the fact that it takes place away from the usual health care settings (bowel)
- Use your practice's IT system to find people eligible for each of the cancer screening programmes in particular:
  - people who are not likely to engage
  - people approaching the age of their first invitation
  - people who haven't responded to their invitation
  - people who have not participated in screening previously
- Use a flag or alert to identify people eligible for screening who may need extra support.
- Regularly update and review your patient demographic profile information including disabled people with learning disabilities and people with severe mental illness.

\*This list isn't exhaustive and you may be able to identify other people in your local population who are less likely to take part in cancer screening.

Could you have a nominated lead for addressing inequalities?

# Key actions you can take

# Provide and signpost to accessible information

- Offer access to a trained bilingual advocate in your practice.
- Provide access to screening information in a wide range of accessible formats:

#### **Bowel screening**

- Our bowel screening webpage for health professionals has a variety of patient resources, including:
  - step-by-step pictorial infographics patients can take away
  - patient leaflets and animations in different languages
  - a bowel screening video addressing practical issues and patients' potential concerns about the test
- Signpost to our <u>bowel screening</u>
   <u>webpage for patients</u>, which includes
   details of the screening helplines for
   each nation.
- Download or order our <u>patient</u> resources for free.

#### **Cervical screening**

- Download or order our <u>cervical cancer</u> <u>leaflet with screening support</u> for patients to take away.
- Signpost to our <u>cervical screening</u> <u>webpage for patients</u> with information specific to each UK nation.
- Send our <u>screening video</u> showing what happens at a cervical screening appointment.
- Visit our <u>cervical screening webpage</u> <u>for health professionals</u> for more information and resources.

#### **Breast screening**

- There's breast screening information specific to each UK nation:
  - Scotland
  - England
  - Wales
  - Northern Ireland
- Share our <u>breast screening video</u> showing what happens at a breast screening appointment.

### Explore opportunities to work with key partners in your area

- Consider liaising with community specialist services\* to find people in the eligible age cohort who may benefit from extra support:
  - Work with Community Disability teams
     multi-agency health and social care team supports adults with disabilities.
  - Work in partnership with primary care / health boards to provide training, advice and support.
  - Work with Public Health teams on health promotion improvement and awareness.

- Consider if primary care support roles with community outreach can support targeted work.
- Work with voluntary sector organisations within the communities who specialise in supporting specific groups (refugees, mental health charities, learning disability groups, homelessness charities, faith groups and leaders).
- Co-develop community outreach and engagement with your target communities.
- Contact your local screening service to identify opportunities for support.
  - \*This list is not exhaustive. You may find other teams in your area who could provide support.



### Top tips

- Proactively bring up screening with eligible patients and provide an opportunity to answer questions.
- Discuss any additional support required to participate in cancer screening as part of new patient appointments, routine appointments, flu clinics and health checks.
- Apply the correct clinical coding to every screening result, use a flag or alert system to identify non-responders and record how support will be offered.
- Consider sending a follow-up text or letter from your practice or offering drop-in clinics to non-responders to offer additional support.
- Commit to trialling different approaches to support a specific low-participation group to take part in a cancer screening.
   For examples of how to do this, see our good practice guides (bowel and cervical).

#### Statement of intent:

We're committed to informed choice when it comes to screening participation. Screening has both **benefits and risks**, and these must be appropriately communicated.



# Where can I find out more?



Access <u>government guidance</u> <u>and resources</u> for providers and commissioners.

If you have any questions or would like to know more, contact **SEinbox@cancer.org.uk** 

### **References**

- Scottish Government (2023).
   Health screening: equity in screening strategy 2023 to 2026.
- Massat NJ, Douglas E, Waller J, et al. Variation in cervical and breast cancer screening coverage in England: a crosssectional analysis to characterise districts with atypical behaviour. BMJ Open 2015;5: e007735.
- 3. Public Health Wales (2022). Screening Division Inequities Report 2020–21. Accessed August 2023.

- 4. Cancer Research UK (2020) Cancer in the UK 2020: Socio-economic deprivation. Accessed August 2023.
- 5. Kerrison, R.S., Jones, A., Peng, J. et al. Inequalities in cancer screening participation between adults with and without severe mental illness: results from a cross-sectional analysis of primary care data on English Screening Programmes. Br J Cancer 129, 81–93 (2023).
- 6. White, A., Ironmonger, L., Steele, R.J.C. et al. A review of sex-related differences in colorectal

- cancer incidence, screening uptake, routes to diagnosis, cancer stage and survival in the UK, BMC Cancer 18, 906 (2018).
- Jack RH, Møller H, Robson T, et al. Breast cancer screening uptake among women from different ethnic groups in London: a population-based cohort study BMJ Open 2014;4: e005586.
- 8. Martins, T., Abel, G., Ukoumunne, O.C. et al. Ethnic inequalities in routes to diagnosis of cancer: a population-based UK cohort study. Br J Cancer 127, 863–871 (2022).
- 9. Young, B. and K. A. Robb (2021).
  Understanding patient factors to increase uptake of cancer screening: a review. Future Oncology 17(28): 3757–3775.
- Campbell et al., Douglas A, Williams L et al. Are there ethnic and religious variations in uptake of bowel cancer screening? A retrospective cohort study among 1.7 million people in Scotland. BMJ Open. 2020 Oct 7;10(10): e037011.
- 11. McCowan, C., McSkimming, P., Papworth, R. et al. Comparing uptake across breast, cervical and bowel screening at an individual level: a retrospective cohort study. Br J Cancer 121, 710–714 (2019).
- 12. Floud S, Barnes I, Verfürden M, Kuper H, Gathani T, Blanks RG, Alison R, Patnick J, Beral V, Green J, Reeves GK. Disability and participation in breast and bowel cancer screening in England: a large prospective study. Br J Cancer. 2017 Nov 21;117(11):1711–1714.
- 13. Saunders CL, Massou E, Waller J, Meads C, Marlow LA, Usher-Smith JA. Cervical screening attendance and cervical cancer risk among women who have sex with women. Journal of Medical Screening. 2021;28(3):349-356.

- 14. Bolarinwa, O.A., Holt, N. Barriers to breast and cervical cancer screening uptake among Black, Asian, and Minority Ethnic women in the United Kingdom: evidence from a mixedmethods systematic review. BMC Health Serv Res 23, 390 (2023).
- 15. Marlow LAV, Waller J, Wardle J. Barriers to cervical cancer screening among ethnic minority women: a qualitative study. Journal of Family Planning and Reproductive Health Care 2015; 41:248–254.
- 16. Baird, J., G. Yogeswaran, G. Oni, and E. E. Wilson. What Can Be Done to Encourage Women from Black, Asian and Minority Ethnic Backgrounds to Attend Breast Screening? A Qualitative Synthesis of Barriers and Facilitators. Public Health 190 (2021/01/01/2021): 152–59.
- Palmer, C.K., Thomas, M.C., McGregor, L.M. et al. Understanding low colorectal cancer screening uptake in South Asian faith communities in England – a qualitative study. BMC Public Health 15, 998 (2015).
- 18. B Young, L Bedford, D Kendrick, K Vedhara, J F R Robertson, R das Nair. Factors influencing the decision to attend screening for cancer in the UK: a meta-ethnography of qualitative research. Journal of Public Health, Volume 40, Issue 2, June 2018, Pages 315–339.
- 19. Kotzur M, Macdonald S, O'Carroll RE, et al. What are common barriers and helpful solutions to colorectal cancer screening? A cross-sectional survey to develop intervention content for a planning support tool. BMJ Open 2022;12: e062738.
- 20. Cancer Research UK. Cancer Awareness Measure (CAM) survey, February 2023.