

Improving bowel cancer screening uptake in the BAME communities of Liverpool

A catalytic journey supported by the Evidence for Change (EfC) initiative

Background

Liverpool city centre has high deprivation and large ethnic groups. Inequalities of uptake for colorectal cancer screening was significantly higher in the Black, Asian, Minority Ethnic (BAME) community compared even to the most deprived white British communities. Their risk of having a later bowel cancer diagnosis is also increased. These inequalities are similarly reflected in other large cities in the country (J Shankleman, 2014).

Aim – in keeping with the NHS Five Year Forward View (2014), our aim is to understand this health inequality and try to address it locally by inputting resources for further research and awareness raising with the stakeholders.

Process

The results of screening programme inequalities were presented to the various local social and healthcare stakeholders. Following several meetings, we formed a Multi Agency Team (MAT) in Liverpool with the support of CLAHRC NWC to explore how to gather momentum to improve the screening programme specifically in the BAME community. Representatives from the MAT reported back to their allocated groups (fig1) and a final presentation was developed to promote the research in phase two. This complex navigation to attain the end result in phase one (research and promotion funding) would not have been possible without the “catalytic effect” of the EfC initiative on professional development from CLAHRC NWC fig. 2

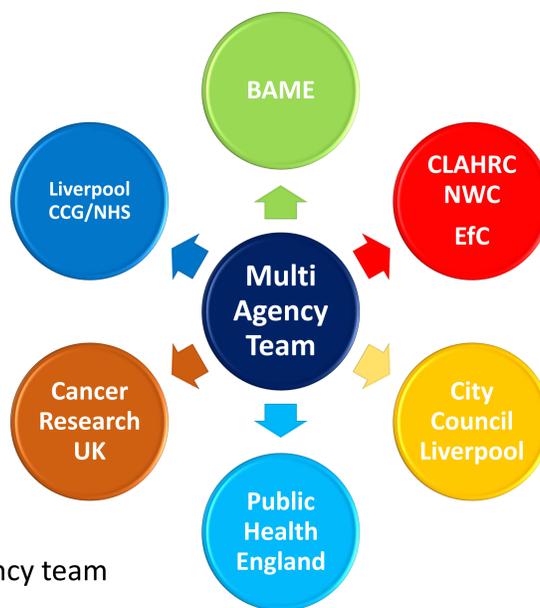


Fig. 1 Multi-agency team

Challenges

- Resources and time to attend workshops, do project work and attend to standard work commitments
- Agreeing on terms of reference
- Creation of BAME advisory panel produced opportunities and challenges – e.g. expectations of doing community work that cannot yet begin
- Differentiating the different needs from the heterogenic BAME community
- Securing support from key sponsors (LCCG NHS, LCC, PHE, CRUK, NIHR CLAHRC NWC)

Learning points

- Participation in EfC was valuable and will be advocated for improving evidence based health and social care provision
- BAME panel advisory group made a significant contribution to the project development
- Involvement of a GP was key for the clinical perspective in the community
- Sharing data with similar projects (Tower Hamlet) and learning from their previous valuable experience
- Evidence of impact was measured using Saunders’s five levels (2007)

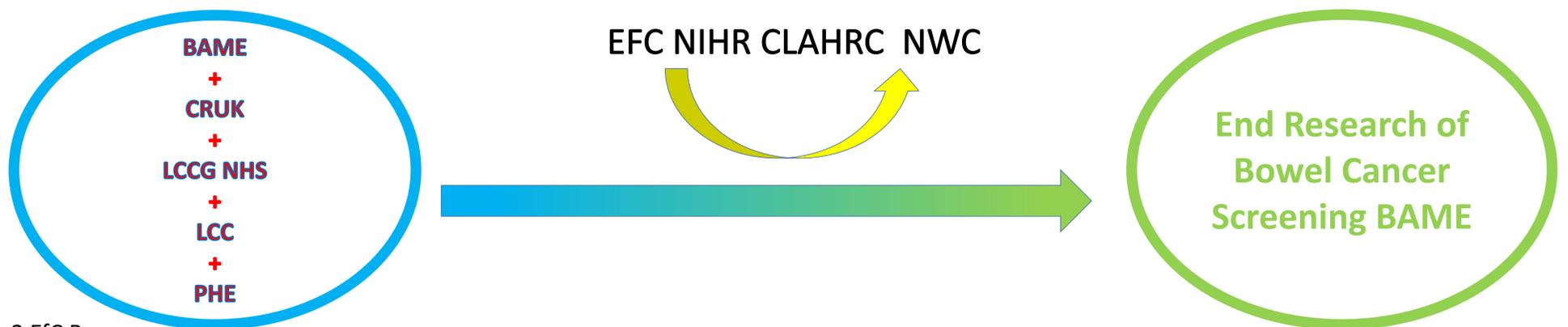


Fig. 2 EfC Process

Future challenges and next steps

- Keeping together the team with constant political pressure on resources
- Gaining commitment from GP practices, CCG, NHSE and national hub to make changes
- Publish findings

Keys to success

- Project will need to utilise existing knowledge and networks to move the project forward
- Need to receive continued support from existing stakeholders
- Multi-Disciplinary Team (MDT) approach as opposed to vertical centred national programme (screening hub)

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References : J. Shankleman et al, www.bicancer.com DOI:10.1038/bjc.2014.363 Kathryn A Robb et al, Attitudes to colorectal cancer screening among ethnic minority groups in the UK, <http://www.biomedcentral.com>; NHS England (2014) NHS Five Year Forward View, <https://www.england.nhs.uk/ourwork/futurenhs/>; L Harper, R Dickson et al, Evidence for Change case 2015-Pilot <http://www.clahrc-nwc.nihr.ac.uk/our-work/evidence-synthesis-collaboration.php>, M Saunders (2007), HEFCE Evaluation Capacity Building in Widening Participation Practice, Resource Toolkit, CSET, Lancaster University.

Abbreviations:

BAME – Black, Asian, Minority Ethnic
CLAHRC NWC – Collaboration for Leadership in Applied Health Research and Care, North West Coast
CRUK – Cancer Research United Kingdom NHS

LCC – Liverpool City Council
LCCG – Liverpool Clinical Commissioning Group
NHS – National Health Service
NIHR – National Institute for Health Research
PHE – Public Health England