Strategies to increase bowel screening uptake: A focus group study of non-participants

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To obtain suggestions of how to increase bowel screening uptake from people who have been invited to participate but have not completed bowel screening.
Bowel screening in Scotland

FOBt

FIT
Bowel screening participation in Scotland

- Total: 52% in Glasgow, 56% in Scotland
- Women: 56% in Glasgow, 60% in Scotland
- Men: 48% in Glasgow, 53% in Scotland

(Source: ISD, 2017)
Reasons for low participation

- Common reasons for non-participation found in interview study with women in Glasgow\textsuperscript{2,3}
  - SES gradient well-documented\textsuperscript{1,4}
  - Dislike and disgust\textsuperscript{5,6}
  - Not getting around to it\textsuperscript{5}
  - Not wanting to know if they had cancer\textsuperscript{5}
  - Strong fear of cancer\textsuperscript{7}
  - Low perceived risk and lack of symptoms\textsuperscript{7}
Involving future users in developing bowel screening interventions

**Phase 1**
- **Individual interviews with women**
  - Screening participation patterns
    - Breast, cervical and bowel
    - Breast and cervical, BUT NOT bowel
    - None

**Phase 2**
- Focus groups

- Breast, cervical and bowel
- Breast and cervical, BUT NOT bowel
- None
Method

Participants:
- 4 Focus groups: N = 5, 6, 7, 9
  - 11 women 52-61 years
  - 16 men 50-69 years
  - 37% from deprived areas

Procedure:
- 2-hour focus groups
- Feed back interview findings
- Discuss and develop intervention ideas

Analysis: Thematic Analysis to summarise and compare women’s and men’s views

(Source: Krueger, 1998®)
Findings: Women’s and men’s views of bowel screening

Men and women agreed with findings from Phase 1
- Fear and stigma of bowel cancer
- Dislike of bowel screening test and disgust
- Not getting around to it

• Screening information unclear
  - Too much material
  - Information seems contradictory

"I remember saying I’ll do it tomorrow and tomorrow..."
"if I got a letter like that and things on the hall table and..."
"it can lie there for long enough and then it kind of moves into either a drawer or I throw it out"  
(Women 1)
Findings: Awareness

- Men emphasised information provision, while women suggested reducing taboos

“people [don’t] think about bowel cancer as one of the biggies, well I don’t {…} perhaps if you have got a better idea of how many people died from bowel cancer it would highlight it in your mind that {…} we have to take action” (Men 1)

“I haven’t spoken to anybody and nobody has spoken to me apart from that oh god the kit came in and that’s the end of the conversation. There is no more discussing about like how to do it” (Women 2)
Findings: Education

- Male participants suggested improved instructions.

“if they gave you that is just didn’t address the test and the way you fill it, like a...
Findings: Health professional recommendation and face-to-face advice

- Primarily suggested by female participants

“I think it's a good use of resource as well because if you are already down at your GP surgery for your smear test it's going to be the nurse probably that’s going to be doing that {…} it's an opportunity for her to say {…} it's time for your bowel screening have you thought about that? Do you have any concerns you know maybe there would be an option there to have that conversation as you say with a medical person” (Women 2)
Findings: Volitional interventions

Agreement in all groups that one-sample test is more acceptable.

“If it was just the one sample, you could do it and put it away aye I think I would do it. {…} But that’s the only way I will not do that where you are leaving it lying about and you’ll need three samples” (Women 1).

“I think doing it on one occasion and getting it done and dusted, in the envelope in the post box {…} that’s got to be the way forward.” (Men 10)
Focus groups with future users are helpful during intervention development

- Participants suggested changes to existing intervention strategies rather than novel ideas
- Findings are a guide to prioritising research ideas
Thank you for your attention!

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Time for questions

... or email me later: marie.kotzur@glasgow.ac.uk
References


