Early Cancer Diagnosis in Inclusion Health Populations

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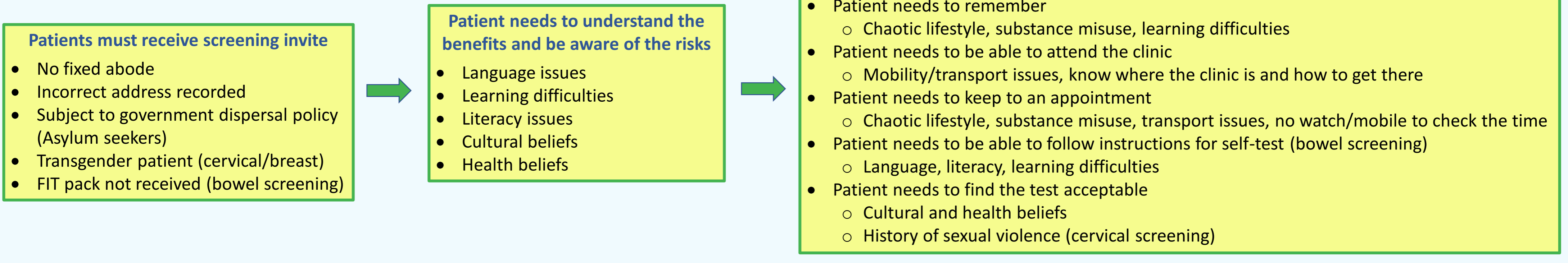
INTRODUCTION

- Primary care plays a pivotal role in diagnosing cancer earlier and supporting the NHS Long-Term Plan ambition to diagnose 75% of cancers at stage 1 or 2 by 2028. There are Network Contract DES requirements for Supporting Early Cancer Diagnosis and a QOF Quality Improvement domain 2020/21 for early diagnosis of cancer.
- Many of the cancers for which the NHS offers screening and treatment disproportionately affect individuals from socioeconomically deprived backgrounds or those with protected characteristics including race.(1) Yet evidence shows that people at higher risk of the condition being screened are less likely to participate due to the barriers outlined in Figure 1, and it is widely recognised that inclusion health populations face challenges accessing healthcare services.
- Bevan House (BH) provides NHS General Practice services to inclusion health populations in Bradford including people experiencing homelessness, refugees and asylum seekers.
- To support Bevan House improve early cancer diagnosis amongst its inclusion health population in 2020 we undertook audits of bowel and cervical screening uptake and DNAs of cancer fast track appointments by Bevan House patients.

Figure 1: Potential barriers to screening uptake in inclusion health populations
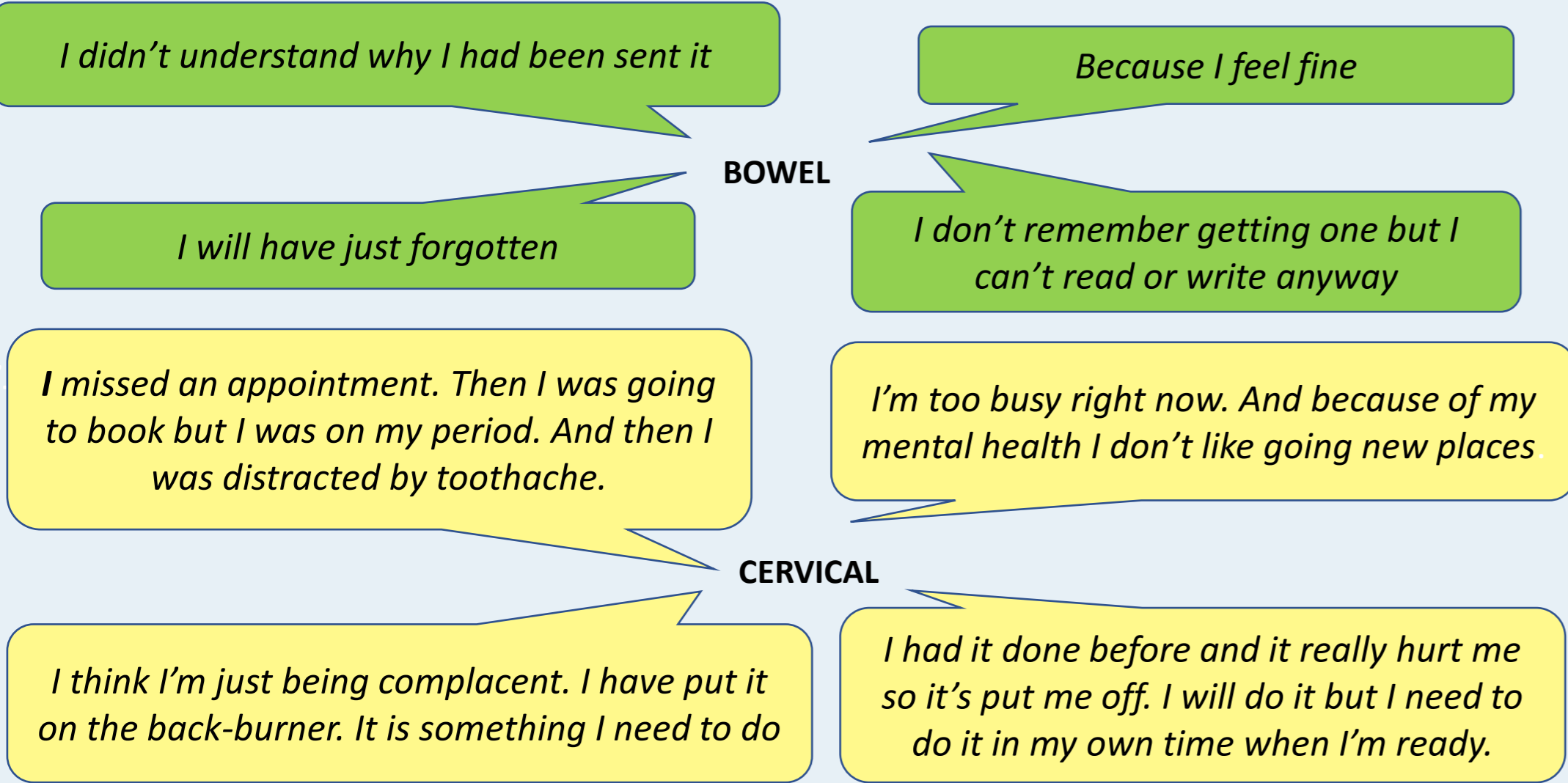
Patients must receive screening invite
- No fixed abode
- Incorrect address recorded
- Subject to government dispersal policy (Asylum seekers)
- Transgender patient (cervical/breast)
- FIT pack not received (bowel screening)

Patient needs to understand the benefits and be aware of the risks
- Language issues
- Learning difficulties
- Literacy issues
- Cultural beliefs
- Health beliefs

Patient needs to perform/attend screening test
- Patient needs to remember
  o Chaotic lifestyle, substance misuse, learning difficulties
- Patient needs to be able to attend the clinic
  o Mobility/transport issues, know where the clinic is and how to get there
- Patient needs to keep to an appointment
  o Chaotic lifestyle, substance misuse, transport issues, no watch/mobile to check the time
- Patient needs to be able to follow instructions for self-test (bowel screening)
  o Language, literacy, learning difficulties
- Patient needs to find the test acceptable
  o Cultural and health beliefs
  o History of sexual violence (cervical screening)

UPTAKE OF BOWEL AND CERVICAL SCREEENING

Bevan House's inclusion health patient population has a below average uptake of bowel and cervical screening with patients on the homeless and substance misuse registers being most at risk of non-participation.

SystmOne Data:
- Bevan House (BH) Inclusion health practice has a **below average uptake of bowel screening (35%) and cervical screening uptake in 25-49 year olds (72%) and is not meeting the national targets (75% and 80% respectively).** The uptake figures vary slightly with PHE Fingertips data (Figure 3).
- BH British cohort of patients are less likely to participate in bowel and cervical screening than the migrant cohort of patients.
- **Eligible patients who are on the homeless and substance misuse register are less likely to participate in either screening programmes than the BH patient population overall.**
- Limited understanding of the English language does not appear to explain poor uptake in the refugee/asylum seeker population.
- Non-responders to screening invites were contacted and asked their reasons for not participating. Quotes representative of the responses are given in Figure 2.

Figure 2: Reasons given for not responding to screening invitation

BOWEL
- I didn't understand why I had been sent it
- Because I feel fine
- I will have just forgotten
- I don't remember getting one but I can't read or write anyway
- I missed an appointment. Then I was going to book but I was on my period. And then I was distracted by toothache.
- I'm too busy right now. And because of my mental health I don't like going new places

CERVICAL
- I think I'm just being complacent. I have put it on the back-burner. It is something I need to do
- I had it done before and it really hurt me so it's put me off. I will do it but I need to do it in my own time when I'm ready.

Sixty-nine percent of people contacted agreed to uptake the screening offer following explanation of what it involved and the opportunity to have their questions and concerns addressed.

URGENT REFERRALS AND NON ATTENDANCE AT CANCER FAST TRACK APPOINTMENTS

Bevan House's Inclusion Health patient population has a higher than national rate of non attendance (DNA) at suspected cancer fast track appointments and almost half of patient cancer diagnoses are made via the emergency route. Substance misuse, homelessness and mental health problems appear to be risk factors for DNA.

Figure 3: PHE Fingertips Data

Indicator	Period	B83657 - Bevan Healthcare Cic Recent Trend	B83657 - Bevan Healthcare Cic Count	B83657 - Bevan Healthcare Cic Value	CCGs (2019/20) Value	England Value	England Worst/Lowest	England Range	England Best/Highest
% aged 65+ years	2020	→	69	1.3%	-	17.5%*	0.0%		96.2%
Deprivation score (IMD 2019)	2019	→		51.4	52.1	21.7	68.7		3.4
New cancer cases (Crude incidence rate: new cases per 100,000 population)	2018/19	→	9	180	189	529	8		1,723
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	2019/20	→	81	47.1%	49.8%*	70.1%	7.2%		89.1%
Females, 25-49, attending cervical screening within target period (3.5 year coverage, %)	2019/20	→	534	59.6%	57.5%*	70.4%	0.0%		93.4%
Females, 50-64, attending cervical screening within target period (5.5 year coverage, %)	2019/20	→	101	68.7%	74.1%*	76.2%	25.3%		100%
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)	2019/20	→	62	38.3%	45.2%*	63.8%	9.1%		100%
Two-week wait referrals (Indirectly age-sex standardised referral ratio). Five years combined data.	2015/16 - 19/20	–	564	156.4	83.7*	100.0	12.6		260.0
Two-week referrals resulting in a diagnosis of cancer (Conversion rate: as % of all TWW referrals). Five years combined data.	2015/16 - 19/20	–	11	2.0%*	4.4%*	7.3%*	0.3%		36.4%
New cancer cases treated resulting from a Two Week Wait referral (Detection rate: % of all new cancer cases treated). Five years combined data.	2015/16 - 19/20	–	11	52.4%*	52.9%*	51.9%*	9.1%		77.8%

Urgent referrals for suspected Cancer
- According to PHE Fingertips data BH makes 1.5 x the number of fast track referrals compared to national rates (indirectly standardised for age and sex) and a relatively low rate of these fast track referrals result in a diagnosis of cancer (2% compared to 7.3% nationally). However, almost **half of cancer cases in BH patients are diagnosed by the emergency route compared to 20% nationally**.
- SystmOne data show that only 2/8 (25%) of cancers diagnosed in BH patients in the preceeding 12 months were diagnosed via fast track referrals.
- These findings could be explained by the high DNA rate of fast track referrals:

Cancer fast track clinic DNAs
- 124 patients were fast tracked at least once between June 2019 and June 2020.
- **21 (17%) of BH inclusion health patients** (age range 28-81;10 male,11 female) **DNA the fast track appointment compared to 5-7% in the general population** .(2)
- 12 patients DNA on more than 2 occasions (range 2-8)
- **Of all the patients who DNA a fast track appointment 81% had documented history of substance misuse, 90% had a history of mental health problems and 71% were documented as homeless** - these risk factors were more prevalent in the DNA group than in the overall BH practice population.
- Fourteen percent of DNA patients were migrants, a lower percentage than in the overall BH practice population.
- **Documented reasons for DNA included: patient fear and anxiety associated with investigations/diagnoses; chaotic life circumstances; language problems; not receiving the appointment.**

STRATEGY TO IMPROVE EARLY CANCER DIAGNOSIS AMONGST INCLUSION HEALTH PATIENTS

A strategy to improve early cancer diagnosis was informed by the audit findings, consultation with Bevan House healthcare staff, the National screening service and the local cancer fast track office as well as evidence from the literature. Key points of the strategy are listed below:
- **Local campaigns and awareness activities** by Bevan House's Wellbeing Centre
- Send **text messages with language/literacy appropriate screening information** links to eligible patients
- **Policy and SOP for non-responders to screening invites:**
  - Follow up non-responders via telephone, explain importance of screening and address barriers to engagement, re-invite to participate, ongoing audit
  - SystemOne template to facilitate this and collect information on reasons for declining screening to inform future work
- **Policy and SOP for patients presenting with suspected cancer and management of urgent referral DNAs:**
  - Verbal & written information in appropriate language/literacy level; identification of potential barriers to engagement and actions to address these at the time of initial referral and post DNA (e.g. involve support workers/psychotherapist/care navigators); appointment reminders; system alerts to follow up DNA
- **Request addition to referral forms to enable documentation of inclusion health patient status**, risk of DNA, possible actions to mitigate DNA potential and contact details of support worker/named person in case of difficulty contacting patient
- **Request secondary care cancer services review their DNA policy for inclusion health patients.**

NHS

فحص سرطان الأمعاء لدى هيئة الخدمات الصحية الوطنية

مساعدتك في اتخاذ القرار

Arabic

Figure 4: Translated NHS Screening leaflets are available

References: (1) https://www.gov.uk/government/publications/nhs-population-screening-inequalities-strategy/phe-screening-inequalities-strategy
(2) https://eprints.whiterose.ac.uk/157224/

Thank you to all stakeholders and service-users who contributed to this piece of work.