

PTH-137

★ EFFECT OF DEPRIVATION AND ETHNICITY ON BOWEL CANCER SCREENING UPTAKE

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Introduction The BCSP commenced in Bradford and Airedale during 2007, throughout this period, the authors have seen slightly lower uptake than other areas in our region. Bradford and Airedale BCSP encompasses an area of significant ethnic diversity and has variable rates of economic deprivation. This combination was felt to contribute to our lower uptake rate.

Methods The authors analysed their data from August 2007 to January 2010 looking at their uptake rates according to postcode. This was measured against deprivation index and ethnicity data from those areas. The study aim was to confirm that social deprivation and ethnicity contribute to lower uptake rates.

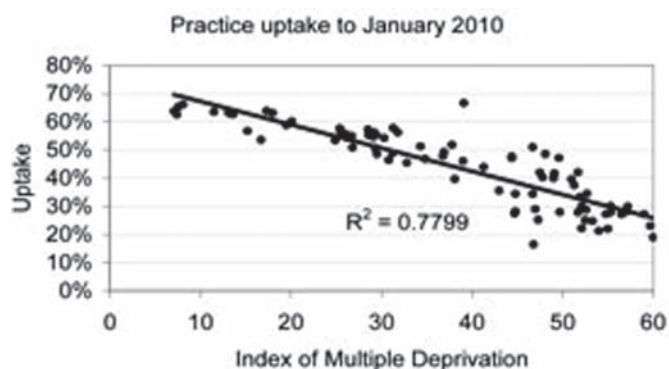


Figure 1 PTH-137 Scatter plot comparing uptake in GP practices against the Index of Multiple Deprivation.

Results The cumulative uptake figure for Bradford since the programme started is 52.4% compared to 56.2% for the North East region. In the last financial quarter uptake in Bradford was 54.4% compared to 60.3% for the region.

Figure 1 shows the relationship between practice uptake and the Index of Multiple Deprivation. The relationship between deprivation and uptake is strong, with more deprived practices having lower uptake. Analysis comparing the % South Asian population of practices against uptake was also carried out. The relationship between areas with high % South Asian populations and low uptake is strong, although not as strong as with deprivation ($R=0.742$).

Conclusion Addressing the relationship between deprivation and ethnicity with uptake on the BCSP is a step forward to improving our kit return rates. Understanding the local population is important for raising awareness of the BCSP. Over the next quarter, the authors' goal will be to target areas with lower uptake aiming to increase awareness of the BCSP with health promotion directed towards the South Asian population and working with GPs in the more deprived city areas.

Competing interests None.

Keywords bowel cancer, screening.