Test kits were returned individually and results issued to the health care staff who disseminated them to individual prisoners. Should a prisoner have a positive test result, arrangements will be made with prison healthcare staff for telephone assessment to be undertaken by a Specialist Screening Practitioner (SSP). Prior arrangement with the prison will ensure that the prisoner is brought to the medical centre to undergo this assessment.

Consideration has to be given to posting of bowel preparation medication and for prisoners who needed to undergo colonoscopy. Collaboration with prison staff was needed to ensure prisoners were given equal opportunity to participate in the programme without breaching prison security policies.

Results The pilot was established in two prisons and is currently being rolled out in another. Uptake has been encouraging and a complete data set for the pilot phase will be presented in June. To date all prisoners who participated have received negative results and the positive pathway has not yet been tested.

Challenges encountered included engagement of the healthcare teams within prisons due to staffing levels and varying viewpoints towards health care and the concept of informed choice and consent.

Conclusion By engaging and developing this service within Welsh prisons, BSW has extended its population based screening programme to a vulnerable group and are committed to formal evaluation and service improvement where necessary.

Disclosure of Interest None Declared.

[INVESTIGATION OF PARTICIPANT RESPONSES AND IMPLICATIONS FOR UPTAKE FOLLOWING SPOILT TEST KITS IN THE WELSH BOWEL CANCER SCREENING PROGRAMME]

Introduction Participants return kits to the Bowel Screening Wales (BSW) laboratory for testing. It is not possible to test some kits and these are spoilt. The BSW Laboratory has seen an increase in spoilt rate from 1.8% in Sep 2011 to 3.2% in Sep 2012, most related to a change in laboratory procedure to reject samples because identifiers written on the test kit did not match details held on the BSW Information Management System.

BSW analysed the effect this change in policy may have had on response rates longer term within the programme in the context of a decreasing uptake rate (currently at 55%). This was based on the hypothesis that not all participants might complete a second test kit.

Methods Participants were recorded as final non responders if no test kit has been received within six months of the initial invitation. Participants with a spoilt result validated from Oct 2008 to May 2012 were included in the analysis.

Results During the time period 8400 test kits were spoilt by the laboratory, 78% returned the test kit that was sent with the spoilt result and 80% returned another test kit sent in the same invitation episode. 80% returned FOB (Faecal Occult Blood test) kits and 90% FIT (Faecal Immunochemical Test) kits sent following an equivocal FOB result. If participants did respond, it was usually received within 4 weeks (70%), with another 6% returning their kit within 4–8 weeks later and 4% sending in their kit more than two months later.

The helpline received numerous calls from participants who were disappointed to have had their kit spoilt because of identity reasons. This may have potentially resulted in a decrease in motivation on part of the participant.

For those participants who did not send another kit back during the same episode (20%), to date only half have been re-invited as part of their next routine recall allowing six months follow up. Of these participants re-invited in a new episode 74% have not responded, (74% for FOB kits and 67% for FIT kits).

Figures for spoilt FOB were similar for males and females, with younger participants less likely to respond. Figures for FIT kits show men more likely to return their later kit (this may need to be interpreted with caution in view of the limited sample size in this group).

Conclusion 20% of participants who respond and have a spoilt test result do not respond to another kit issued in the same invitation episode. These participants appear less likely to attend screening during the next invitation episode, 26% responded (allowing six months follow up). With 5000 spoilt test results issued per annum, 260 participants may not take part in the programme again. We suggest that further studies may help towards directing efforts for increased uptake in this group.

Disclosure of Interest None Declared.
PTH-146 Optimising the Screening Strategy to Reduce Interval Cancers – Initial Experience in the Welsh Bowel Screening Programme

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