PATIENT-REPORTED EXPERIENCE OF COMFORT AND DIGNITY IN FLEXIBLE SIGMOIDOSCOPY: DATA FROM THE NHS BOWEL SCOPING SCREENING PILOT

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Introduction The NHS Bowel Cancer Screening Programme started flexible sigmoidoscopy (FS) screening (also known as Bowel Scope Screening, BSS) at six centres across England as of January 2014, we had received 2,324 questionnaires. Satisfaction with the test was high with 98.8% of patients being either satisfied (21.1%) or very satisfied (77.7%). Nonetheless, 43% of patients reported moderate (34%) or severe pain (9%) which was high compared with the St Marks’ demonstration programme.

Methods We used used data from an ongoing study monitoring patient-reported experience in the pilot phase of the BSS Programme. We report data from the ‘post-AM questionnaire’ which is given to patients at the end of their FS appointment and supposed to be completed on the following day.

Results As of January 2014, we had received 2,324 questionnaires. Satisfaction with the test was high with 98.8% of patients being either satisfied (21.1%) or very satisfied (77.7%). Nonetheless, 43% of patients reported moderate (34%) or severe pain (9%) which was high compared with the St Marks’ demonstration programme and the UK Flexible Sigmoidoscopy Trial (Figure 1). Women were three times as likely to report severe pain during the test than men (14.3 vs 4.6%), and twice as likely to find the test as more painful than they had expected (39.9 vs 20.1% respectively). Only about 1 in 10 patients reported being moderately (9.8%) or severely (1.4%) embarrassed during the test, with women being slightly more likely than men to fall into these categories (13.4 vs. 8.9%). Women also had a much stronger preference for the test to be carried out by a female practitioner than men (41.2% vs 7.1% respectively).

Conclusion The vast majority of patients were satisfied with their experience of FS screening. However, levels of pain appear high when compared with previous trials. Emphasis should be placed on ensuring that patients have as comfortable a procedure as possible. Additional consideration should be given to women being able to choose the sex of the practitioner performing the test.

REFERENCES

Disclosure of Interest None Declared.

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Introduction The NHS Bowel Cancer Screening Programme started flexible sigmoidoscopy (FS) screening (also known as Bowel Scope Screening, BSS) at six centres across England (Gateshead, Guildford, London, Medway, Norwich, Wolverhampton) in March 2013. The aim of this analysis was to investigate the extent to which high levels of patient satisfaction recorded in previous UK trials can be replicated in the early stages of a routine screening programme.

Methods We used data from an ongoing study monitoring patient-reported experience in the pilot phase of the BSS Programme. We report data from the ‘post-AM questionnaire’ which is given to patients at the end of their FS appointment and supposed to be completed on the following day.

Results As of January 2014, we had received 2,324 questionnaires. Satisfaction with the test was high with 98.8% of patients being either satisfied (21.1%) or very satisfied (77.7%). Nonetheless, 43% of patients reported moderate (34%) or severe pain (9%) which was high compared with the St Marks’ demonstration programme and the UK Flexible Sigmoidoscopy Trial (Figure 1). Women were three times as likely to report severe pain during the test than men (14.3 vs 4.6%), and twice as likely to find the test as more painful than they had expected (39.9 vs 20.1% respectively). Only about 1 in 10 patients reported being moderately (9.8%) or severely (1.4%) embarrassed during the test, with women being slightly more likely than men to fall into these categories (13.4 vs. 8.9%). Women also had a much stronger preference for the test to be carried out by a female practitioner than men (41.2% vs 7.1% respectively).

Conclusion The vast majority of patients were satisfied with their experience of FS screening. However, levels of pain appear high when compared with previous trials. Emphasis should be placed on ensuring that patients have as comfortable a procedure as possible. Additional consideration should be given to women being able to choose the sex of the practitioner performing the test.

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