A STUDY OF NON-RESPONDENTS’ PERSPECTIVES OF THE BARRIERS AFFECTING BOWEL CANCER SCREENING UPTAKE IN WALES FOR THE PURPOSES OF INFORMING PROGRAMME DELIVERY AND MANAGEMENT OF SCREENING

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Disclosure of Interest None Declared.

Introduction Decreasing participation levels in the Welsh bowel screening programme are cause for concern for Bowel Screening Wales (BSW) and the Welsh Government. BSW, the population screening programme, was launched in 2008 and was the first home-testing screening programme in Wales. The programme has successfully detected almost 700 cancers and identified a significant number of polyps for removal that may have otherwise developed into cancer. Despite this, participation in the programme has declined and was 52% during the last quarter of 2011/2012.

Methods The research aimed to seek the views of those who have not responded to their latest invitation to participate in bowel cancer screening (BCS). Methodology for the study included development of a questionnaire based around behavioural theories and qualitative interviews. The research was conducted using a mixed-methods design with a postal questionnaire to BCS non-respondents (quantitative) and semi-structured interviews with non-respondents and screening professionals (qualitative). These methods probed into attitudes and beliefs to find out to what extent these traits influenced behaviour. The research was also combined with a literature review.

The questionnaires were randomly sent to 988 participants with a 3 week deadline given for completion and return. In total 101 questionnaires were returned, 9 were not useable either because the individuals had other arrangements in place (like private healthcare) or declined to participate.

7 semi-structured telephone interviews were also undertaken with responders to the questionnaire who agreed to contact, together with service providers. The data from questionnaires was analysed for emerging themes and issues.

Results Findings show a wide range of factors preventing participation and that a ‘one size fits all’ approach to increasing uptake is unlikely to work. The evidence from primary and secondary research points to tailored interventions being a more effective approach. The findings from the questionnaire indicated a reasonable level of knowledge about the disease and its signs and symptoms. However, when tested during interviews, the responses showed that awareness levels were poor. Qualitative responses suggested that upfront key messages about the diseases prevalence and the benefits of early detection were needed.

Conclusion Based on the research undertaken, the following recommendations were made to increase the uptake of the screening programme: Raise levels of awareness of bowel cancer and the screening programme; review information to ensure upfront key messages and have sufficient information about the balance of harms and benefits to make an informed choice: pilot a range of small-scale process changes, particularly to the reminder processes.

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