

Strategies to increase bowel screening uptake: A focus group study of non-participants

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Study Aim

To obtain suggestions of how to increase bowel screening uptake from people who have been invited to participate but have not completed bowel screening

Bowel screening in Scotland

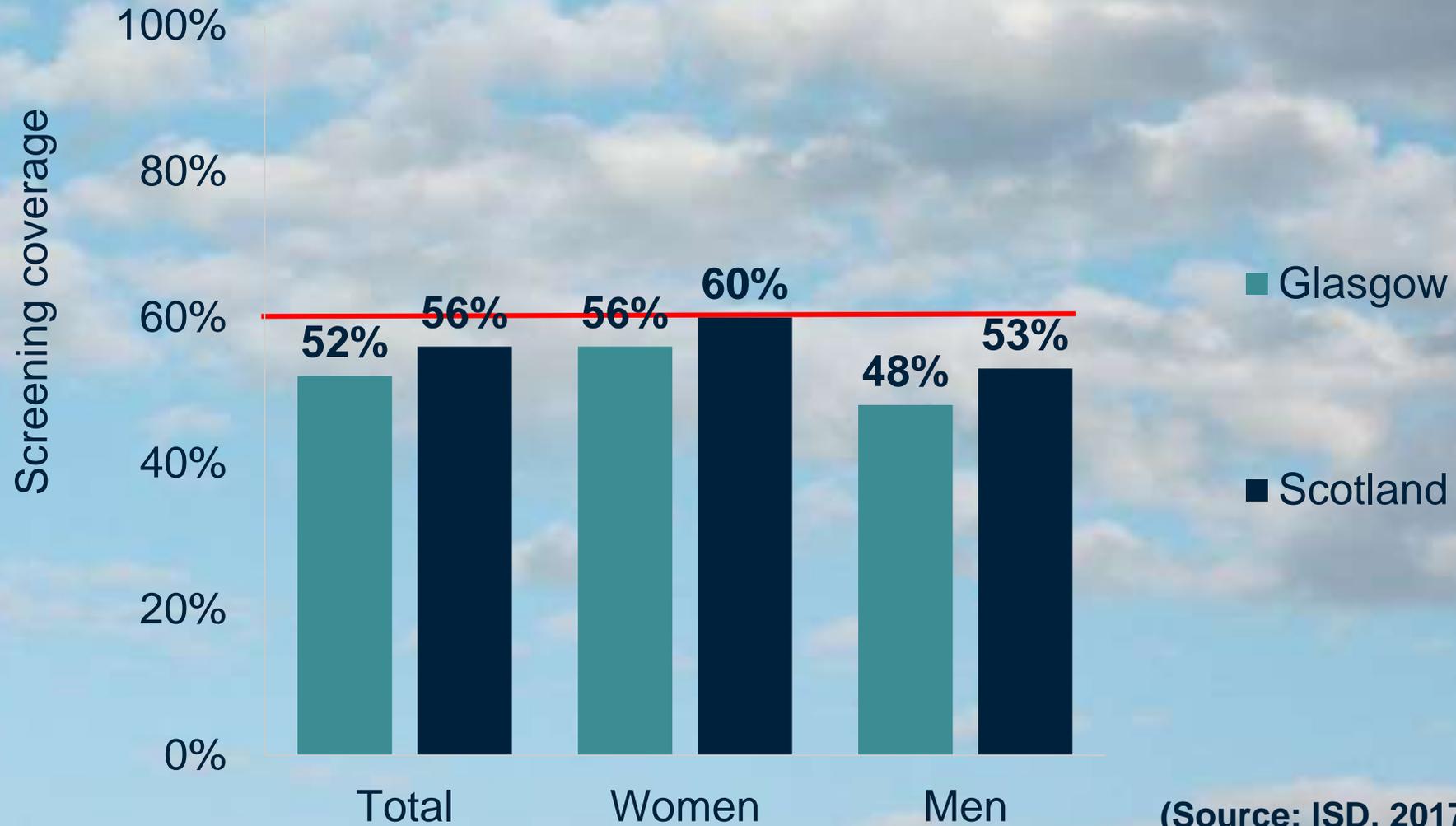
FOBT



FIT



Bowel screening participation in Scotland



Reasons for low participation

- **Common reasons for non-participation found in interview study with women in Glasgow^{2,3}**
- SES gradient well-documented^{1,4}
- Dislike and disgust^{5,6}
- Not getting around to it⁵
- Not wanting to know if they had cancer⁵
- Strong fear of cancer⁷
- Low perceived risk and lack of symptoms⁷



Involving future users in developing bowel screening interventions

Phase 1

Individual interviews
with women

Screening participation
patterns

- Breast, cervical and bowel
- Breast and cervical, BUT NOT bowel
- None

Phase 2



Focus
groups



Method

Participants:

- 4 Focus groups: N = 5, 6, 7, 9
 - 11 women 52-61 years
 - 16 men 50-69 years
- 37% from deprived areas

Procedure:

- 2-hour focus groups
- Feed back interview findings
- Discuss and develop intervention ideas

Analysis: Thematic Analysis to summarise and compare women's and men's views



(Source: Krueger, 1998⁸)

Findings: Women's and men's views of bowel screening

➤ Men and women agreed with findings from Phase 1

- Fear and stigma of bowel cancer
- Dislike of bowel screening test and disgust
- Not getting around to it

• Screening information unclear

- Too much material
- Information seems contradictory

"I remember saying I'll do it tomorrow and tomorrow became next day, this is no longer the future, it's now. I remember saying 'if I got a letter like that and then I tend to sort of leave things on the hall table and it can lie there for long enough and then it kind of moves into either a drawer or I throw it out'" (Women 1)

Findings: Awareness

- Men emphasised information provision, while women suggested reducing taboos

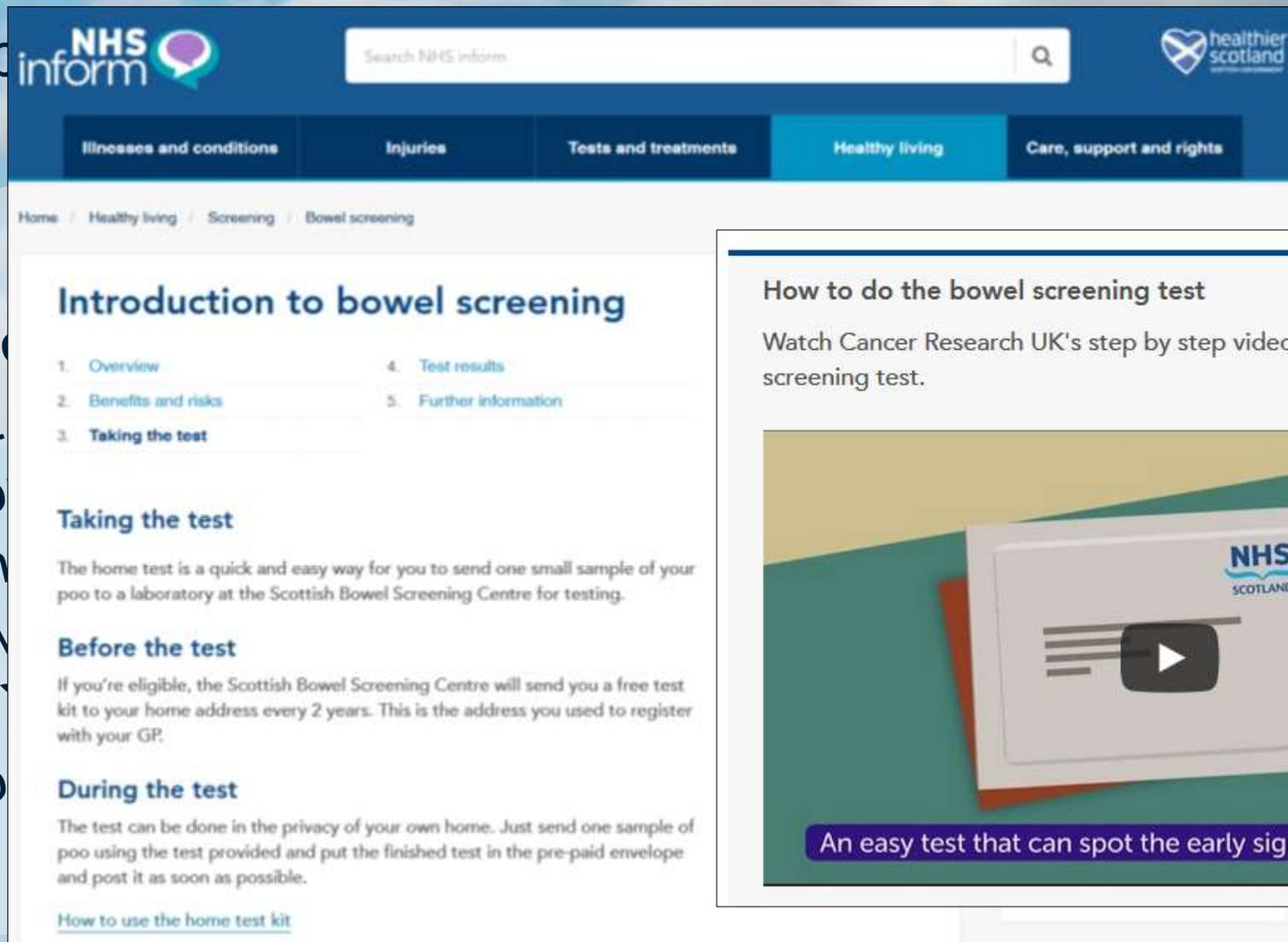
“people [don't] think about bowel cancer as one of the biggies, well I don't {...} perhaps if you have got a better idea of how many people died from bowel cancer it would highlight it in your mind that {...} we have to take action” (Men 1)

“I haven't spoken to anybody and nobody has spoken to me apart from that oh god the kit came in and that's the end of the conversation. There is no more discussing about like how to do it” (Women 2)

Findings: Education

➤ Male particip

“if they gave
that is just
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it, like a
instructio



The screenshot shows the NHS Inform website interface. At the top, there is a search bar and the NHS Inform logo. Below the search bar is a navigation menu with categories: 'Illnesses and conditions', 'Injuries', 'Tests and treatments', 'Healthy living', and 'Care, support and rights'. The 'Healthy living' category is selected. Below the navigation menu, there is a breadcrumb trail: 'Home / Healthy living / Screening / Bowel screening'. The main content area is titled 'Introduction to bowel screening' and contains a list of five numbered links: 1. Overview, 2. Benefits and risks, 3. Taking the test, 4. Test results, and 5. Further information. The 'Taking the test' link is highlighted. Below the list, there are sections for 'Taking the test', 'Before the test', and 'During the test', each with a brief description. At the bottom, there is a link for 'How to use the home test kit'.

How to do the bowel screening test

Watch Cancer Research UK's step by step video guide to the bowel screening test.



Findings: Health professional recommendation and face-to-face advice

- Primarily suggested by female participants



“I think it's a good use of resource as well because if you are already down at your GP surgery for your smear test it's going to be the nurse probably that's going to be doing that {...} it's an opportunity for her to say {...} it's time for your bowel screening have you thought about that? Do you have any concerns you know maybe there would be an option there to have that conversation as you say with a medical person” (Women 2)

Findings: Volitional interventions

- Agreement in all groups that one-sample test is more acceptable

“If it was just the one sample, you could do it and put it away aye I think I would do it. {...} But that’s the only way I will not do that where you are leaving it lying about and you’ll need three samples”

(Women 1)
dealing with somebody face-

“I think doing it on one occasion and getting it done and dusted, in the envelope in the post box {...} that’s got to be the way forward.” (Men 10)

Conclusions

- **Focus groups with future users are helpful during intervention development**
 - **Participants suggested changes to existing intervention strategies rather than novel ideas**
 - **Findings are a guide to prioritising research ideas**

Thank you for your attention!



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Time for questions

... or email me later: marie.kotzur@glasgow.ac.uk

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