

Nursing Practice

HIGHLIGHTS

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COMMENT

“Bowel screening should be made part of mainstream care”

Bowel cancer is the UK's second biggest cancer killer, with almost 40,000 cases diagnosed annually. Poor symptom awareness and knowledge of the disease leads to late diagnosis of more than half of all cases in the UK, so many patients are at an advanced stage of disease when they enter the healthcare system. In addition, a quarter of cases are diagnosed as the result of emergency hospital admission. As a result, the UK 30-day mortality rates for bowel cancer are among the worst in the developed world.

Recognising the growing scale and economic implications of bowel cancer, each UK national government implemented a national bowel screening programme between 2006 and 2010. Region after region across the UK introduced the remote faecal occult blood test for those aged over 60 (over 50 in Scotland) managed by local screening hubs. From 2012, one-off flexible sigmoidoscopy screening will be gradually introduced for 55-64-year-olds.

Unlike the cervical and breast screening programmes, which have been successfully implemented as an integral part of primary care, the national bowel screening programmes are delivered in isolation from primary and acute care. This is an inherent weakness in the implementation of an inclusive, integrated care pathway for the people most at risk.

In England, for example, the National Awareness and Early Diagnosis Initiative and National Cancer Action Team have worked with the Bowel Cancer Screening Advisory Group to devise strategies to

increase awareness of bowel cancer and participation in the screening programme.

By encouraging people to engage with awareness messages delivered this year in community information campaigns – including two regional pilots for the forthcoming NHS Be Clear on Cancer campaign – local initiatives have increased awareness of symptoms, and GP consultations for such symptoms have risen.

Yet it is clear from the report *Slow on the Uptake*, from the Men's Health Foundation, that there is still significant misunderstanding around screening, and a persistent lack of awareness of the disease. This has led to a suboptimal uptake of screening, especially among populations most at risk.

To date, the greatest uptake of screening has been achieved in the south west of England, with an 82% participation rate. This is in stark contrast to a less than 30% uptake among lower socioeconomic and ethnically diverse communities in some inner-city communities nationally.

A successful, inclusive population screening programme must be cost-effective, and as simple to complete as possible to achieve optimum participation. But it must also be endorsed and supported by health professionals working in primary and acute care, to ensure people are aware of the benefits of screening and are encouraged to have it.

Only by overcoming significant personal indifference and social and cultural objections can we truly beat bowel cancer together. **NT**

Lilian Wiles is head of patient services, Beating Bowel Cancer

SPOTLIGHT

Motivation skill makes change less difficult

People with addictions are known to be one of the hardest groups to persuade to use therapeutic services. Much as they may want to be free of an addiction, it is a powerful force that prevents them from accessing support.

So it is not surprising that a technique to help people change behaviour – motivational interviewing – is widely used in addiction services. It can also be used in other areas where behaviour change would help patients to overcome or better manage health problems.

To practise MI, health professionals need to be trained in it and supported. Our innovation (page 21) describes a course that offers accredited training in MI; this could be replicated so more practitioners could learn and use it.

Increasing the numbers of MI practitioners would also allow effective networks to be set up so staff would have access to professional support.



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