Introduction

The Accessibility Coordinator role aims to deliver improvements in health outcomes and a reduction in health inequalities across East Kent. In particular with this role our focus is the Nepalese population; this is because it is proven that this community have a lower uptake with Bowel Cancer Screening and are also more susceptible to Bowel Cancer.

This report will present the findings myself and my colleague found when visiting Folkestone Nepalese Community Centre in January 2024. Further discussion will be made about this later on in the document.

Why screening is important?

Screening has the potential to save lives and improve people's quality of life. It has the potential to detect cancer at the earliest stage, even if you are asymptomatic. Bowel Cancer is preventable and finding it at the earliest stage possible can increase the effectiveness of treatments and allow patients the opportunity to make better informed decisions in regards to their health. The Bowel Cancer Screening programme is delivered to those who are 60-74-year olds in England. There is an ongoing rollout to lower this age limit to 50 by the end of 2024. Currently, East Kent are already inviting 56, 58- and 54-year olds. This is important because the symptoms of bowel cancer increase with age and the elder generation are more vulnerable to growths in the bowel.

What we aim to achieve as a programme:

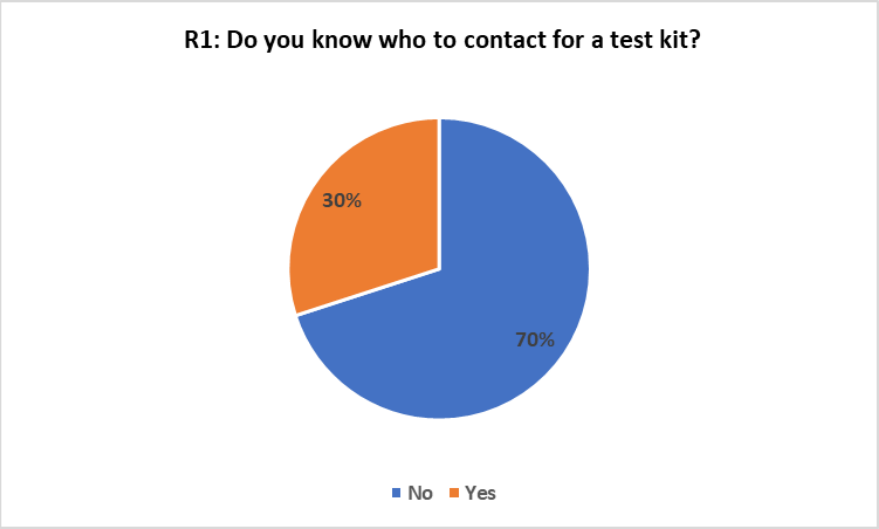
The Bowel Cancer Screening programme at East Kent Hospitals aims to provide equality and equity to all who access the screening service. Furthermore, we aim to work alongside the NHS Long-term plan to diagnose 75% of all cancers at an early stage by 2028. The way we intend to do this is by continuing to lower the age limit of participants entering the programme and by delivering information and pop-up sessions at community events to engage the public and, therefore, increase the uptake into the programme and the completion of the FIT test kit. Moreover, we aim to identify and remove polyps at the earliest possible stage, before they have the chance to turn into a cancer.

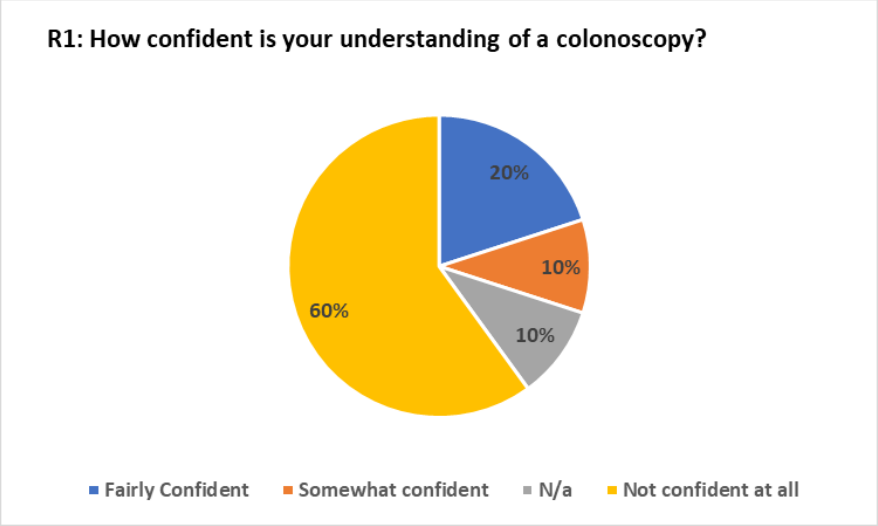
What we aim to achieve at our pop-up events:

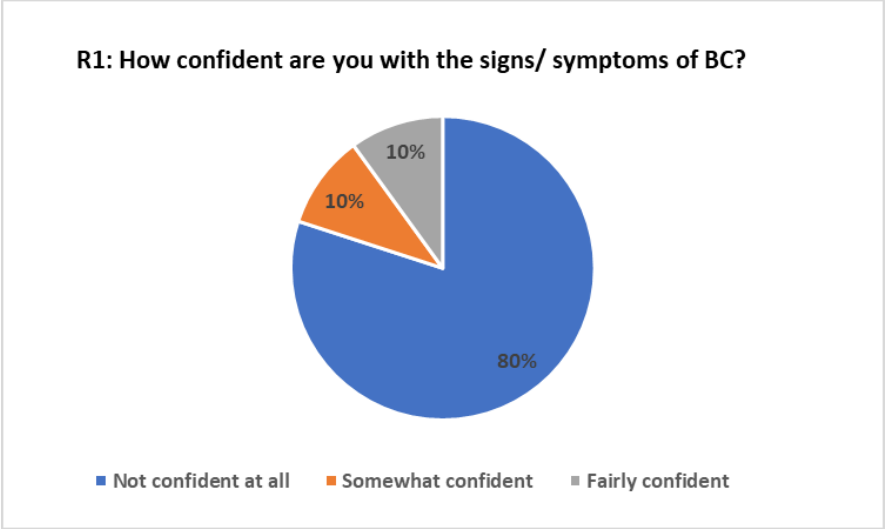
At the pop-up events we aim to raise awareness. Although the results may not be visible on the day, over time, and the more sessions we are fortunate enough to deliver, will be able to see a trend in the data collated at these sessions. These can then be shared with the community lead and the wider audience of NHSE. We also aim to recruit community champions by the end of the project who will help spread awareness of Bowel Cancer further into the community. We are keen to deliver more enhanced 1-1 sessions with the

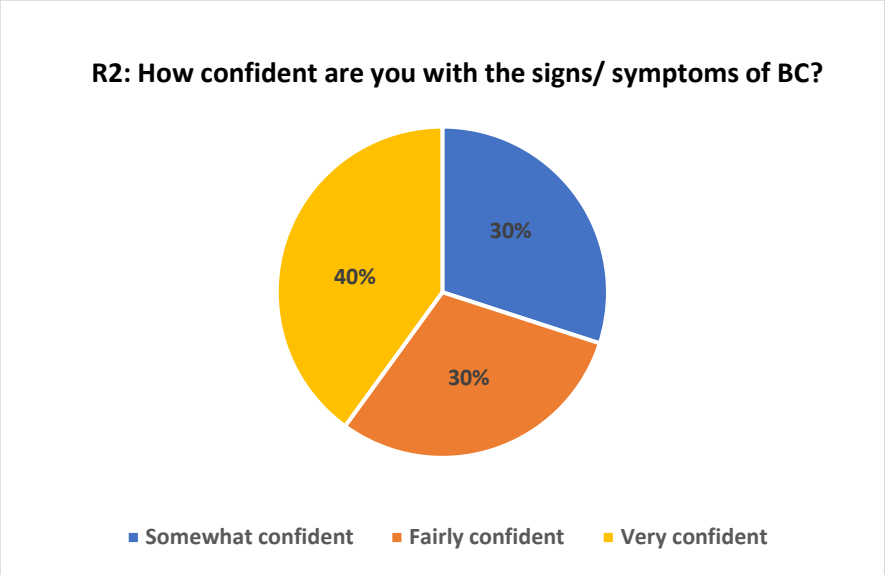
champions to ensure they are fully informed and confident about sharing the aims of the programme with their community. Furthermore, we will also use the pop-ups to gain some shared learning such as, what went well and what could be done differently. By doing this we can evaluate our work and improve for next time.

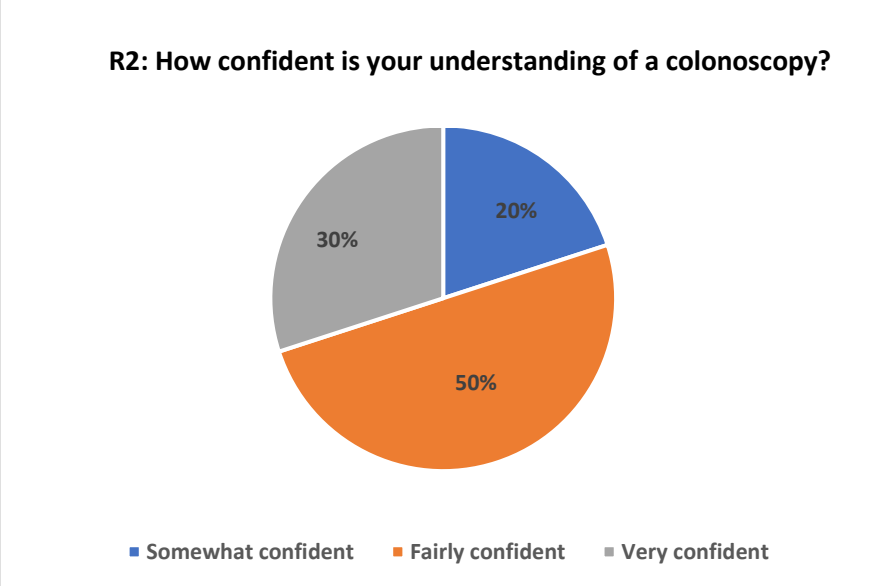
Findings:






R1: How confident are you with the signs/ symptoms of BC?
10%
10%
80%
Not confident at all
Somewhat confident
Fairly confident


R2: How confident are you with the signs/ symptoms of BC?
30%
40%
30%
Somewhat confident
Fairly confident
Very confident


R2: How confident is your understanding of a colonoscopy?
20%
30%
50%
Somewhat confident
Fairly confident
Very confident

Results:

There were two rounds of questionnaires; Round 1 (R1) before our East Kent Hospitals Bowel Cancer Screening presentation, and Round 2 (R2) after the presentation. We thought this would be suitable in order to see what knowledge the participants already had about Bowel Cancer, and to show what they had learnt. This will also be used to show us as a programme our progress and how effective our sessions are.

During our evening visit at the Folkestone Nepalese Community Centre we had a total of ten participants. Although a small audience, it was enough to convey our message across successfully. Most of the cohort were aged 54 or below; this is very important due to the eligible age of Bowel Screening lowering. Four of the participants were male, and six were female. Amongst the group, only one individual had completed a FIT test kit before. During round two of the questionnaires it was expressed that individuals need help with contacting the Southern Hub for a bowel screening test kit. This is thought to be related to the language barrier of individuals. Only two individuals knew who to call for a test kit.

Before the session, individuals were not confident with the signs and symptoms of Bowel Cancer; only two members of the community felt that they had a slight knowledge. In the group, no one expressed that they had a family history of Bowel Cancer. Individuals felt that they also had a little understanding of the colonoscopy procedure. There was also an uncertain understanding of the risks associated with declining screening. Age, amongst the group, evidently was the most prevalent barrier to screening.

Results from the questionnaire's after our presentation increased positively. Individuals were more confident with the signs and symptoms of bowel screening and had an overall better understanding of having a colonoscopy. It is evident the risks of declining bowel screening were understood across the community; as well as the risk factors associated with developing bowel cancer.

Recommendations:

We have redesigned our questionnaires to be more of a suitable literacy level for our audience (see appendix 1). This includes using smiley faces to express thoughts and feelings. We now have our three community connectors and will continue to deliver our services to the Nepalese population.

Appendix:

1)


Nepalese Questionnaire Roun


Nepalese Questionnaire Roun