Towards equitable access in bowel screening

Susan Parry, Cathy Whiteside, John McMenamin, Bronwyn Rendle

We acknowledge Dearing et al.'s[1] contribution to bowel screening research, highlighting that the programme is not achieving equitable access to screening. The National Bowel Screening Programme (NBSP) routinely monitors spoilt kit and definitive spoilt kit rates as programme indicators. Since 2020, with a peak in spoilt kits associated with COVID-19, there has been a steady decrease in the rate of spoilt kits for all population groups. There have been a number of initiatives undertaken to support this. The kit sent to participants has been redesigned with clearer instructions on how to do the test and prompts to put the supplied barcode on the sample tube and to write in the date the test was performed. Māori and Pacific participants who return a kit without a date, or a clearly incorrect date, are called on the day to get a correct date so that the kit can be processed. Information resources have been published in multiple languages.

Despite reducing the rate of spoilt kits, the definitive spoilt kit rate remains a challenge for the programme. This is where a participant does not get a definitive screening result within 6 months of a spoilt kit result. This is a failure of the programme, not the individual. Internal analysis shows that there is no pattern by the reason a kit is spoilt, i.e., a delay in transit compared to a sample with no barcode. We are currently improving the way we provide information to providers to identify participants who may need additional support to successfully complete screening.

Action on spoilt kits sits within a wider set of activities in the programme to equitably increase participation in screening. These include advice from our Māori and Pacific networks, culturally appropriate local outreach programmes, lab drop-off available in the Northern Region, national awareness-raising campaigns, education for healthcare providers and primary care engagement.

COMPETING INTERESTS

None declared.

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Re: Towards equitable access in bowel screening

Chey G Dearing, Georgia C Dearing

Tēnā koe,

We appreciate the engagement[1] generated by our recently published research and this opportunity for robust conversation to improve the National Bowel Screening Programme (NBSP). We acknowledge the NBSP for efforts made in reducing the spoilt kit rate. We would like to highlight that the spoilt kit rate was not an indictor we sought to examine in our recent research. The spoilt kit rate considers the proportion of kits spoilt to total kits received for all participants, while our research focussed on a sub-group of participants, not kits. The NBSP initiatives listed are encouraging for Māori and Pacific people participants. However, our research suggests Asian participants, those living in high-deprivation areas and men may also require incentives.

We speculate that the spoilt kit rate may be a flawed indicator for the population highlighted by our research. The attempted but failed (ABF) to be screened population we examined is unique because despite being sent one or more replacement kits, this population does not re-attempt screening, or they send multiple kits that are spoilt. This is not similar to the large majority of participants, who after spoiling a kit successfully complete a replacement kit and are then screened. The spoilt kit rate includes data from this second and considerably larger population. Thus, a decreasing spoilt kit rate and an increasing ABF participant rate as highlighted by our research may co-exist, and are not inconsistent data. It is critical that bowel screening is transparent and able to be scrutinised. We suggest that the spoilt kit rate and the ABF proportions/NBSP definitive spoil kit proportions should be published as outcome measures at regular intervals for scrutiny.

COMPETING INTERESTS
None declared.

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