

# NHS England Cancer Screening Champions Programme



## ACKNOWLEDGEMENTS

Lancashire BME Network (LBN) would like to thank the following partners for their support in delivering this work.

Gwen Derbyshire (Wigan Council) training provider

NHS England

Screening & immunisation team

Bowel Cancer Screening promotion team

Jo's Trust

Bispham Scouts

Cancer Care Lancaster

GHS Preston

Springhill Community Centre

Bank top Blackburn

Bangor St Blackburn

Ludus Dance

Khadija Social Group

Surestart Chorley

Lomeshaye Primary school

Walton lane community centre

AGE UK

West Lancs CVS

## EXECUTIVE SUMMARY

### BACKGROUND TO THE PROJECT

Cancer is one of the biggest causes of premature death in the UK, with more than 160,000 people dying from the disease each year. 50% of us will, at some point in our lives, be touched by cancer, from loved family to friends and colleagues. In the North West of England, you are 25% more likely to be diagnosed with cancer than anywhere else in the country, and less likely to have taken part in one of the National Screening Programmes.

Evidence shows that Cancer Screening saves lives; it improves early diagnosis and prevents premature deaths. In Lancashire, the cancer screening uptake is lower than the England average, with significant variations following deprivation.

NHS England funded a programme to raise awareness of the National Screening Programmes, and to reach into underrepresented groups by training a cohort of Cancer Screening Champions. These champions will be the voice of the NHS in communities, promoting the Screening Programmes, dispelling myths about screening, and driving forward an increase in uptake that will potentially save lives.

**Methodology:** Recruit interested individuals from seven communities/audiences to be trained to become a cancer screening champion. Support interested individuals to attend the cancer champions training workshop in a locally sourced venue. LBN to work closely with the champions to support their delivery of a cascade event within their community/audience. This support to include all costs associated with delivery of the cascade element, resources, paperwork, and expenses.

**Results.** A successful community engagement programme delivered across Lancashire.

- 89 Cancer Screening Champions trained
- 64 cascades delivered across the county
- 1,120 people directly 'reached' by a cascade
- 90% increase in awareness of the National Cancer Screening Programmes
- 97% positive action taken as a result of the cascade

**Conclusions.** This report concludes the Cancer Screening Champions work delivered by Lancashire BME Network across Lancashire working in the eight Clinical Commissioning group areas. The project has highlighted the importance of collaborative working across the VCFS and statutory sector. Grassroots community engagement is key to raising awareness of the importance of national cancer screening programmes. The readership of this report and the organisations responsible for implementing national cancer screening programmes will draw from the lessons learned from this initiative.

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## AIM

Uptake of the three National Cancer Screening Programmes in Lancashire is below the national average and, in the case of Breast and Cervical screening, declining year-on-year. The aim of the Lancashire Cancer Screening Champions programme was to address this lower than average uptake of the screening programmes by targeting hard-to-reach populations that demonstrate lower than average uptake of the National Cancer Screening Programmes.

The project used a cascade model to drive up awareness of, and uptake of, the National Cancer Screening Programmes as the 'Be Clear on Cancer' campaign has identified that greater awareness increases health seeking behaviours in the wider population.

By increasing awareness and understanding of cancer, it was hoped that the following outcomes would be achieved;

- Earlier diagnosis
- More effective treatment packages
- Saving lives

## OBJECTIVES

1. There will be an increase in screening uptake from within the target population group (Offenders, those with a mental health illness, those resident in traveller communities, Black Asian and Minority ethnic population groups, older people in care homes and people with a learning disability).
2. There will be an increase in screening uptake from within locations where events/campaigns are taking place.
3. 95% of Cancer Champions trained are more knowledgeable following the cancer awareness training.
4. 95% of Cancer Champions trained are more confident discussing cancer and screening, following the cancer awareness training.
5. 95% of Cancer Champions signed up to the PHE screening Blog.
6. 95% of Cancer Champions committed to continuing to raise awareness of cancer screening programmes following the project within their local communities.
7. Following the training each cancer champion will engage with at least 12 people from within the target audience taking positive action following the engagement with the Cancer Champion.
8. NHS England will receive local insight into barriers to screening experienced by various communities to help shape future screening programmes of work.
9. Cancer champions trained in organisations will be utilised to cascade information and engage in awareness raising campaigns.

## METHODOLOGY AND GOVERNANCE

Lancashire BME Network would resource a member of staff to engage with communities across each of the 8 Clinical Commissioning Group (CCG) areas of Lancashire to recruit Cancer Screening Champions.

Cancer Screening Champions would be recruited through targeting organisations and communities, including but not limited to;

- Lancashire Prisons
- Secure Mental Health Units
- Care Homes
- GRT & Traveller communities
- Learning Disability groups
- BME organisations/communities
- Sheltered and Supported Living providers

The Cancer Screening Champions would attend a 4-hour workshop (provided by a third party) which will provide the necessary knowledge and awareness of the National Cancer Screening Programmes, along with the resources and tools required to effectively disseminate the information into their communities.

LBN would then provide the support necessary for Cancer Champions to cascade information into their communities through a variety of awareness-raising activities. Each awareness-raising activity was resourced to ensure that it operated at no cost to the organisation or individual delivering it and, where additional resources were required to engage a community, these were reimbursed as well.

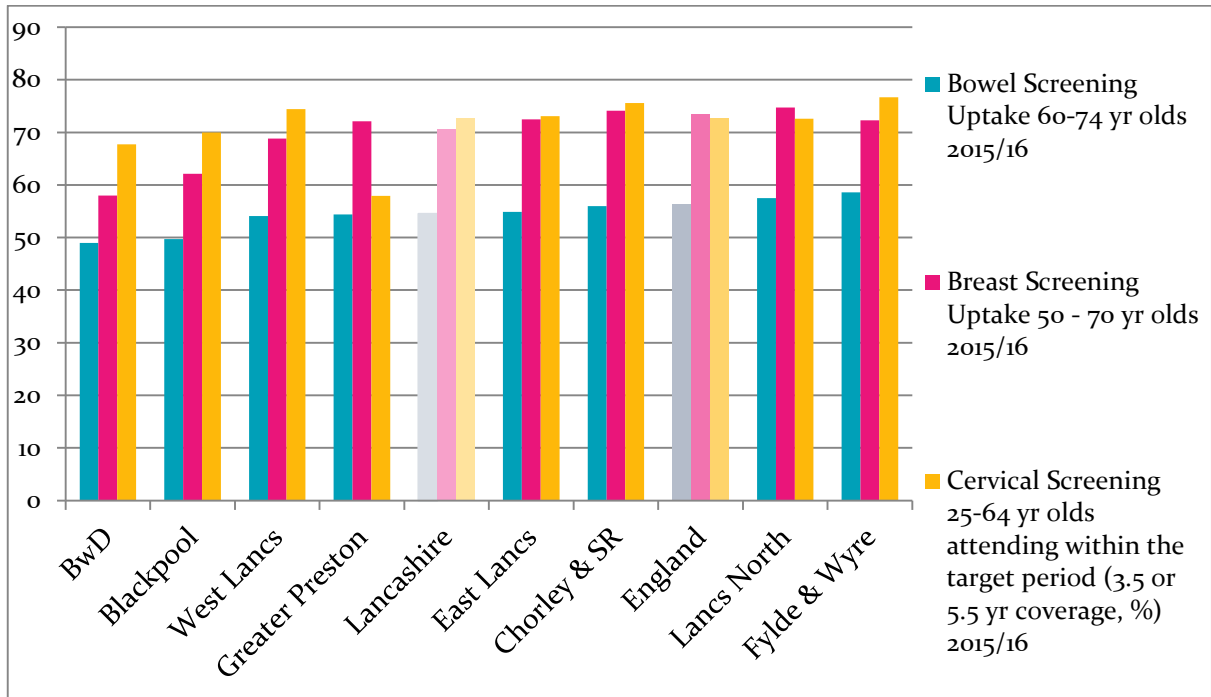
## LANCASHIRE CANCER SCREENING PROGRAMME UPTAKE BY CLINICAL COMMISSIONING GROUP AREA AND BY TARGET AUDIENCE

The key factor behind the commission of this programme was lower than average uptakes for the National Screening Programmes across Lancashire, with a particular reference to the identified communities/audiences. Table One and Chart One identifies the screening uptake rates for each of the Lancashire CCG's, demonstrating the CCG areas that have lower than average uptake.

Table 1 – Screening Uptake Rates

<b><u>Area</u></b>	<b><u>Breast Screening</u></b>	<b><u>Cervical Screening</u></b>	<b><u>Bowel Screening</u></b>
England	73.5%	72.8%	55.6%
Blackburn with Darwen CCG	58%	67.7%	48.1%
Blackpool CCG	62.1%	70%	49%
Chorley & South Ribble CCG	74.1%	75.6%	56.2%
East Lancashire CCG	72.5%	73.1%	54.2%
Fylde & Wyre CCG	72.3%	76.6%	58.5%
Greater Preston CCG	72.1%	70.8%	54.1%
North Lancashire CCG	74.7%	72.6%	57.5%
West Lancashire CCG	68.8%	74.4%	53.2%

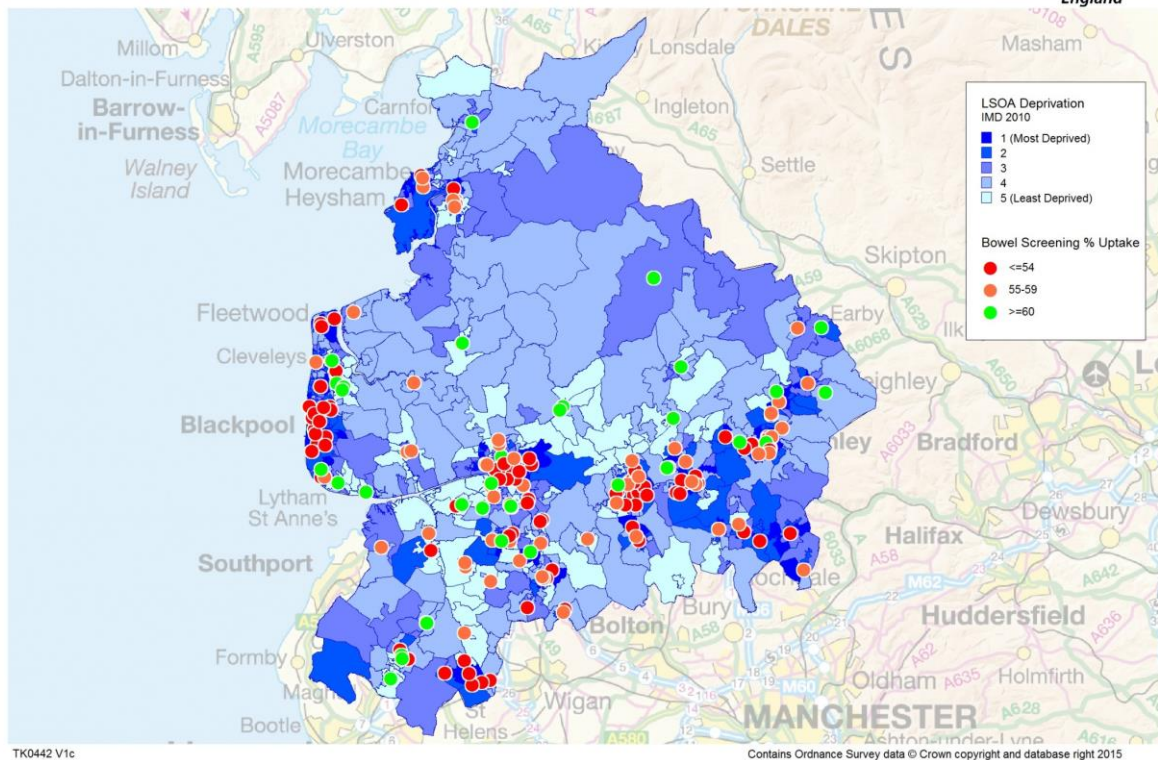
Chart 1 – Screening Uptake Rates



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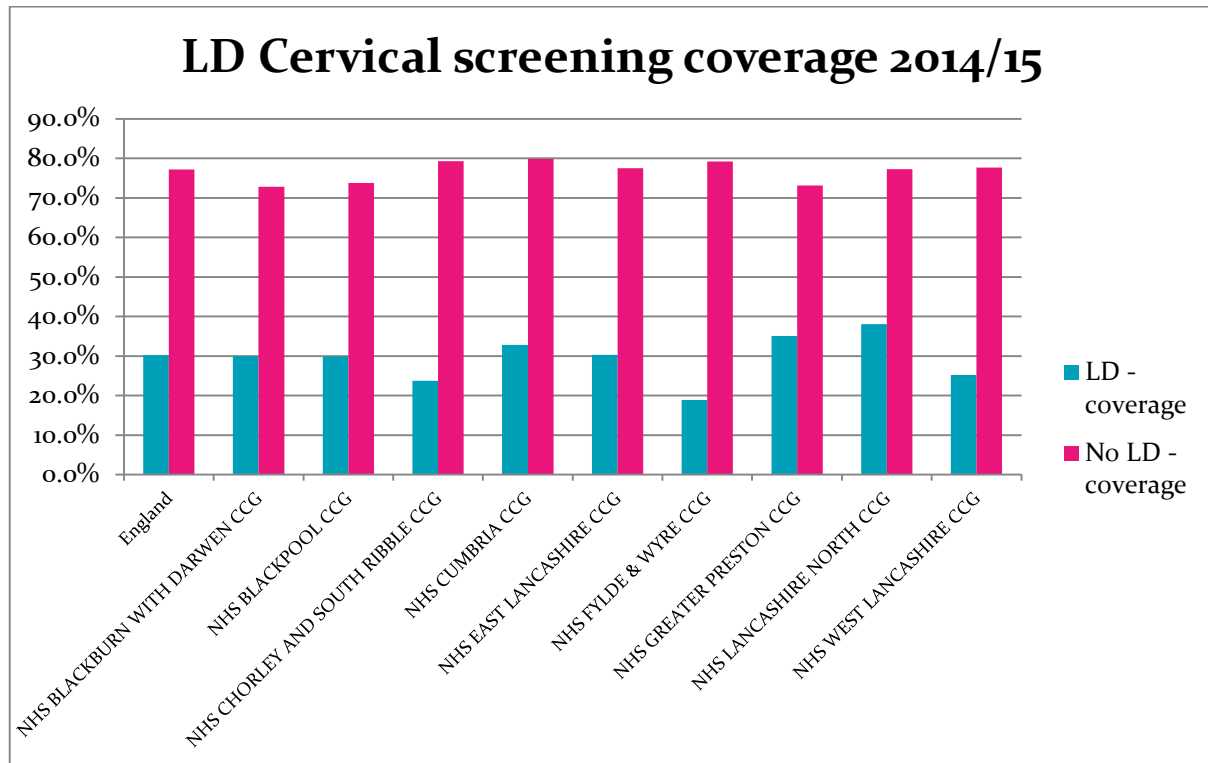
The diagram below demonstrates that Bowel screening uptake rates are consistently lower in areas of higher deprivation across the county, with significant pockets of low uptake in Morecambe, Blackpool, Preston, and Blackburn.

Lancashire Area Team - LSOA Deprivation, Bowel Screening % Uptake



Whilst data does not exist specifically for each target audience, data for Learning Disability Cervical screening demonstrates the disparity in coverage rates compared to the wider population. Chart Two demonstrates the cervical screening coverage for residents with a learning disability in each of the CCG areas compared to the wider population.

Chart 2 – Learning Disability Cervical Screening



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## PROGRAMME DELIVERY

LBN's delivery model for this programme revolved around direct engagement with each of the identified communities/audiences across each of the CCG areas to identify and nurture Cancer Screening Champions for each of those communities. The Project Officer at LBN would work closely with communities and organisations to identify the potential champions and then organise the workshops that would train these champions. Each workshop was delivered by Wigan Council.

The proportion of champions for each CCG area and each identified community/audience was pre-defined by the commissioner based around the uptake of screening data, with the lowest uptakes being the communities/audiences identified to work with on this programme.

Table 2– CCG Key Performance Indicators

CCG area	BME	GRT	Sheltered housing	Learning & Disability	Care homes	Prisons	Secure Mental Health
North Lancs	1	1	3		5	1	1
Fylde & Wyre	1		3	1	5	1	1
Blackpool	2	1	3	1	5		1
West Lancs	1		3	1	5		1
Greater Preston	2	1	3		5	1	1
Chorley & South Ribble	2	1	3	1	5	2	
Blackburn with Darwen	2	1	3	1	5		1
East Lancs	2	1	3	1	3		1

Each Champion was encouraged to participate in the programme and a financial reimbursement was made for the time they took out of their working day to attend the workshops and for the time taken to deliver the cascade event within their community. All associated expenses for the cascade elements were also covered to ensure that the training and cascade was at no cost to the Champion.

Each Cancer Screening Champions workshop lasted for four hours in duration and covered the three National Screening Programmes (Bowel, Breast, and Cervical) as well as covering

Abdominal Aortic Aneurysm and Diabetic Eye screening (added in to add value to the Male element of the workshop, specifically with Lancashire Prisons in mind).

Following on from the workshop, each Champion was provided with the support and resources necessary to delivery an awareness-raising cascade event within their community/audience – a condensed and engaging version of the workshop that would provide low-uptake groups with knowledge of the National Screening Programmes and how to access them, as well as signs and symptoms of cancer and other relevant information.

## WORKSHOPS

Over the course of the programme, 14 workshops were delivered with the option of two time slots, am and pm. Of the 14 workshops, 13 were delivered between 10am and 2pm, and only 1 between 8am and 1pm (HMP Garth).

The workshops were spread across Lancashire to ensure that there were as few barriers to attending as possible.

All of the workshops, with the exception of the HMP Garth, were open-access and aimed at any of the identified communities/audiences. The HMP Garth workshop was held inside the prison itself and was exclusively for its Prison Officers; this enabled a broad number of staff to engage with the workshop whilst fitting it within their existing staff training time. The other four Prisons elected to book individuals onto open-access workshops. Open-access workshops were identified as the best method of engaging with the variety of audiences, and offered a shared learning experience from different backgrounds that would add value to the Champions learning and create dialogue between Champions during the workshops.

By the end of the workshop, Cancer Champions were able to;

- State the importance of early detection
- Describe key facts about cancer in the UK
- List key symptoms associated with 7 key cancers
- Understand screening programmes
- Be confident in having health chats with others about cancer and screening

Each workshop operated with the same itinerary, which is included in Appendix A.

## DELIVERY OUTCOMES

Table 3 outlines performance against the key performance indicators identified within the contract. The headline KPI of the number of cascade champions trained was missed by 25.9%, with particular challenges identified and reported in a number of the communities/audiences that were an integral aspect of the programme. The achievement also masks geographical variations across the county, and it should be noted that, at the time of producing this report, not every cancer champion had undertaken a cascade event. This reduced number of cancer champions also has an impact on the 'reach' of the cascade element, with the initial KPI of 1,440 based on 120 champions each cascading to 12 individuals. Through the support package provided each champion, on average, cascaded to just over 31 individuals which is a significant overachievement and would have achieved the 'reach' KPI if more champions had cascaded.

Table 3 – Programme Key Performance Indicators

<b>Key Performance Indicator</b>	<b>*Contract Target</b>	<b>Contract Achievement</b>
Number of Cancer Champions Recruited	120+	89 (65 groups)
Increase in awareness of Cancer Screening Programmes		89.9%
Increase in confidence to discuss Cancer Screening Programmes		83.8%
Commitment to continue to raise awareness of Cancer Screening Programmes		100%
Positive Action taken as a result of cascade element		97%
Cascades delivered	120+	64
Cascade Reach (number of people attending cascades)	1,440	1,120

Table 4 identifies how many cancer screening champions training workshops were held in each CCG area, and also lists how many organisations or individuals were trained from that specific CCG area. The only CCG area to not host a workshop was Fylde & Wyre. The reason for this was that the workshops hosted in Blackpool CCG were in close proximity (being in Bispham) and workshops hosted in Greater Preston and North Lancashire CCG areas were also in close proximity.

By the end of the programme LBN had organised and facilitated 14 workshops, against an original contract value of 8 workshops.

Table 4 – Workshop Locations

<b>CCG Area</b>	<b>Workshop Location</b>	<b>Organisations/Individuals trained</b>
Blackburn with Darwen	25 <sup>th</sup> November – Blackburn 26 <sup>th</sup> January - Blackburn	8
Blackpool	15 <sup>th</sup> December – Bispham 16 <sup>th</sup> February - Bispham	8
Chorley & South Ribble	13 <sup>th</sup> December – HMP Garth 20 <sup>th</sup> December – Chorley 24 <sup>th</sup> January - Leyland	5
East Lancashire	23 <sup>rd</sup> November – Accrington 9 <sup>th</sup> March - Accrington	24
Fylde & Wyre	No workshops hosted – proximity to Bispham, Preston, and Lancaster considered.	2
Greater Preston	10 <sup>th</sup> November – Preston 23 <sup>rd</sup> March - Preston	11
North Lancashire/Morecambe Bay	6 <sup>th</sup> December – Lancaster 31 <sup>st</sup> March - Lancaster	6
West Lancashire	2 <sup>nd</sup> December – Skelmersdale	1

Table 5 – Cascades in each CCG area

CCG Area	Organisations/Individuals trained	Cascades Delivered	Cascade Reach
Blackburn with Darwen	8	12 (3 champions not yet delivered)	143
Blackpool	8	2 (6 champions not yet delivered)	24
Chorley & South Ribble	5	3 (3 champions not yet delivered)	27
East Lancashire	24	30 (7 champions not delivered)	691
Fylde & Wyre	2	(2 champions not delivered)	0
Greater Preston	11	9 (4 champions not delivered)	148
North Lancashire/Morecambe Bay	6	6 (3 champions not yet delivered)	70
West Lancashire	1	(1 champion not delivered)	0

Table 6– CCG area champions

CCG area	BME	GRT	Sheltered housing	Learning & Disability	Care homes	Prisons	Secure Mental Health
North Lancs	KPI – 1 Achievement – 0	KPI – 1 Achievement – 1	KPI – 3 Achievement – 1	KPI – 0 Achievement – 1	KPI – 5 Achievement – 2	KPI – 1 Achievement – 1	KPI – 1 Achievement – 0

Fylde & Wyre	KPI – 1 Achievement – 0	KPI – 0 Achievement – 0	KPI – 3 Achievement – 0	KPI – 1 Achievement – 1	KPI – 5 Achievement – 1	KPI – 0 Achievement – 0	KPI – 1 Achievement – 0
Blackpool	KPI – 2 Achievement – 2	KPI – 1 Achievement – 0	KPI – 3 Achievement – 1	KPI – 1 Achievement – 1	KPI – 5 Achievement – 1	KPI – 0 Achievement – 0	KPI – 1 Achievement – 3
West Lancs	KPI – 1 Achievement – 0	KPI – 0 Achievement – 0	KPI – 3 Achievement – 1	KPI – 1 Achievement – 0	KPI – 5 Achievement – 0	KPI – 0 Achievement – 0	KPI – 1 Achievement – 0
Greater Preston	KPI – 2 Achievement – 3	KPI – 1 Achievement – 0	KPI – 3 Achievement – 2	KPI – 0 Achievement – 1	KPI – 5 Achievement – 1	KPI – 1 Achievement – 1	KPI – 1 Achievement – 3
Chorley & South Ribble	KPI – 2 Achievement – 1	KPI – 1 Achievement – 1	KPI – 3 Achievement – 0	KPI – 1 Achievement – 1	KPI – 5 Achievement – 1	KPI – 2 Achievement – 1	KPI – 0 Achievement – 0
Blackburn with Darwen	KPI – 2 Achievement – 4	KPI – 1 Achievement – 0	KPI – 3 Achievement – 0	KPI – 1 Achievement – 0	KPI – 5 Achievement – 2	KPI – 0 Achievement – 0	KPI – 1 Achievement – 2
East Lancs	KPI – 2 Achievement – 16	KPI – 1 Achievement – 0	KPI – 3 Achievement – 2	KPI – 1 Achievement – 2	KPI – 5 Achievement – 1	KPI – 0 Achievement – 0	KPI – 1 Achievement – 3

## TYPES OF CASCADES

The types of cascade delivered varied quite considerably, as we expected it would for each of the, very different, communities involved in the programme. For example, we expected that Care Homes would explore the possibility of incorporating the cancer screening message into existing activities, such as bingo, as this would prove an effective way of ensuring that their audience was engaged in the message. One Care Home used the cascade to raise awareness of cancer screening with its staff, but requested that the Cancer Champion (a community dance facilitator) deliver a seated exercise activity for their residents before the cascade.

As part of our support for Champions, we provided some guidance at the end of each workshop on the types of cascade delivery and resource claims that would be acceptable and this was followed-up with an email stating the same information.

We have listed some examples of the types of cascade sessions delivered in Appendix D.

## CASCADE DATA OVERALL

For all of the charts demonstrating the impact of the cascades, the data comes from a baseline (pre) cascade questionnaire and a post cascade questionnaire which beneficiaries at the cascades completed. A copy of this can be located in Appendix E, but for clarity question one refers to knowledge of National Screening Programmes, question two refers to knowledge of the signs and symptoms of cancer, and question three refers to how confident beneficiaries would be in convincing a friend to attend a screening.

Chart 3

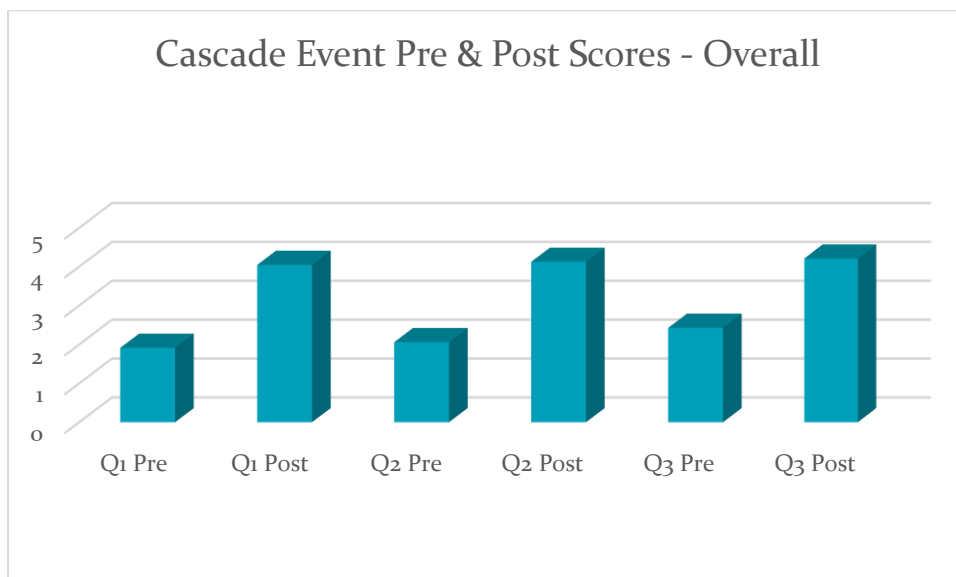
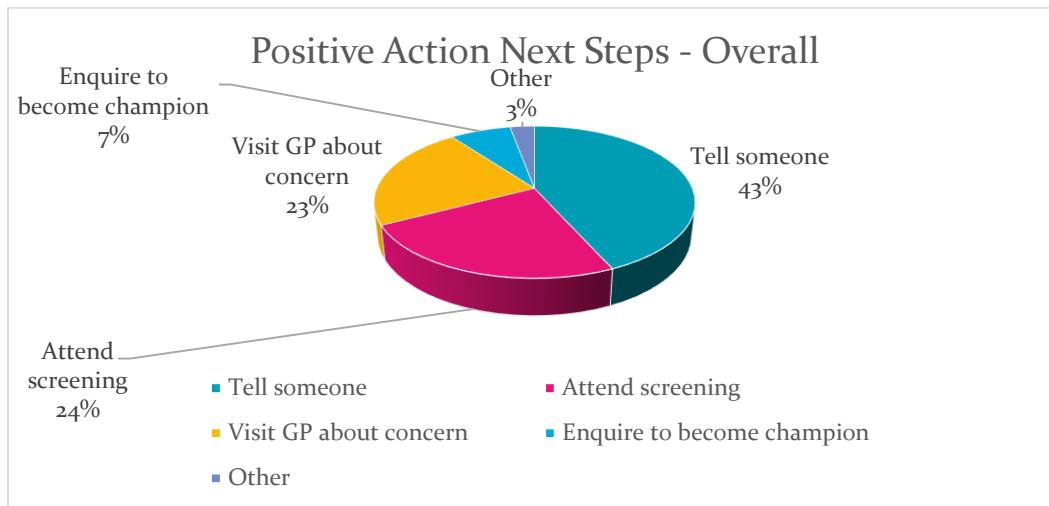


Chart 4



Overall, the cascade beneficiaries on the programme reported an increase in knowledge of the National Cancer Screening Programmes after the cascade event and an increase in confidence to cascade that message onto other people. This was consistently the case for each of the identified communities/audiences and also consistently the case across all of the CCG areas that we have data for. Because we are yet to receive a cascade for West Lancashire or Fylde & Wyre CCG's there is no data representing those CCG 's. The data for each CCG area and for each community/audience is included further on to outline any differences between responses.

Of those who attended cascades, 24% said that they would attend screening as a result of the cascade and 23% would visit a GP because of a concern identified through the cascade. This is a fantastic result, suggesting that the messages around early intervention are being heard and that the content of the cascades really hits home. This programme did not correlate the 24% who said they would attend screening with whether they had already been invited to screening or not, so we can only surmise that a significant proportion of those who ticked that box had been invited to screening but hadn't attended.

In a true example of the scale of this cascade model, 43% said they would tell someone else about the National Screening Programmes; there is a strong possibility that more people will attend screening opportunities as a result of hearing about screening from a friend, rather than attending the cascade event directly.

## CASCADES DATA PER CCG AREA

Blackburn with Darwen

Chart 5

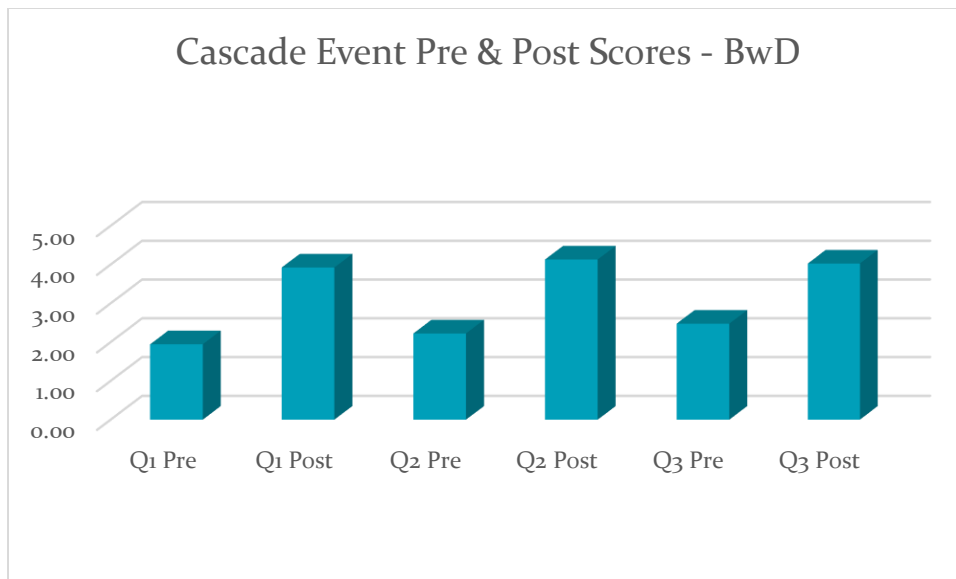
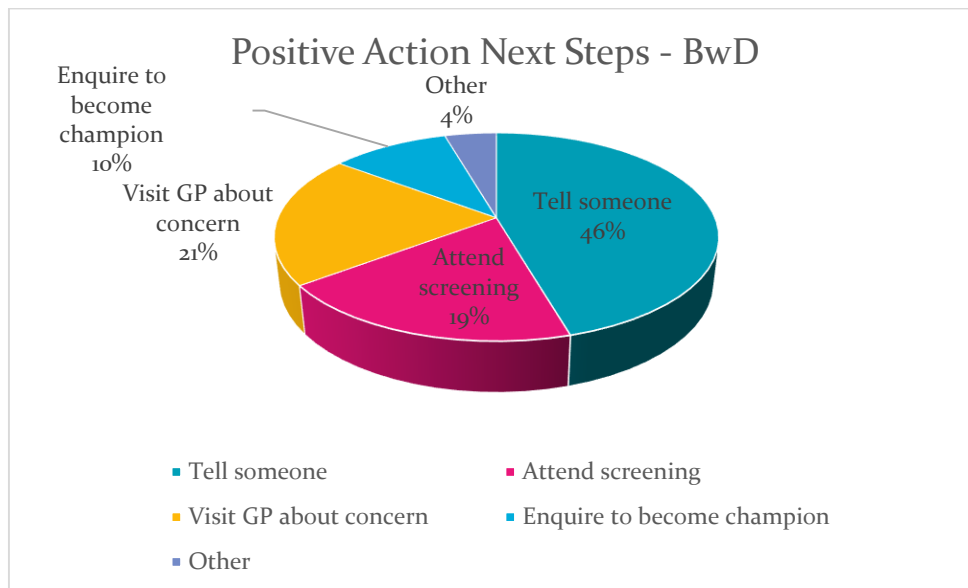


Chart 6



10% of beneficiaries in BwD CCG were keen to become a champion themselves to help to pass that message onto other people, and a further 46% stated they would tell someone else about the National Screening Programmes after the cascade. Knowledge and confidence levels demonstrated a strong increase as a result of the cascade intervention.

## Blackpool

Chart 7

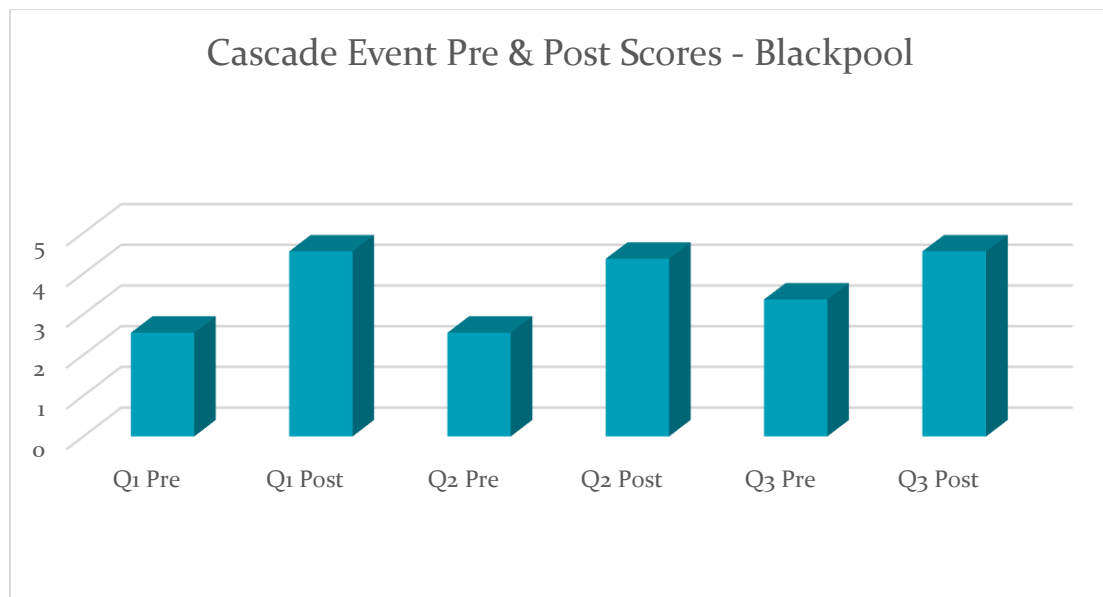
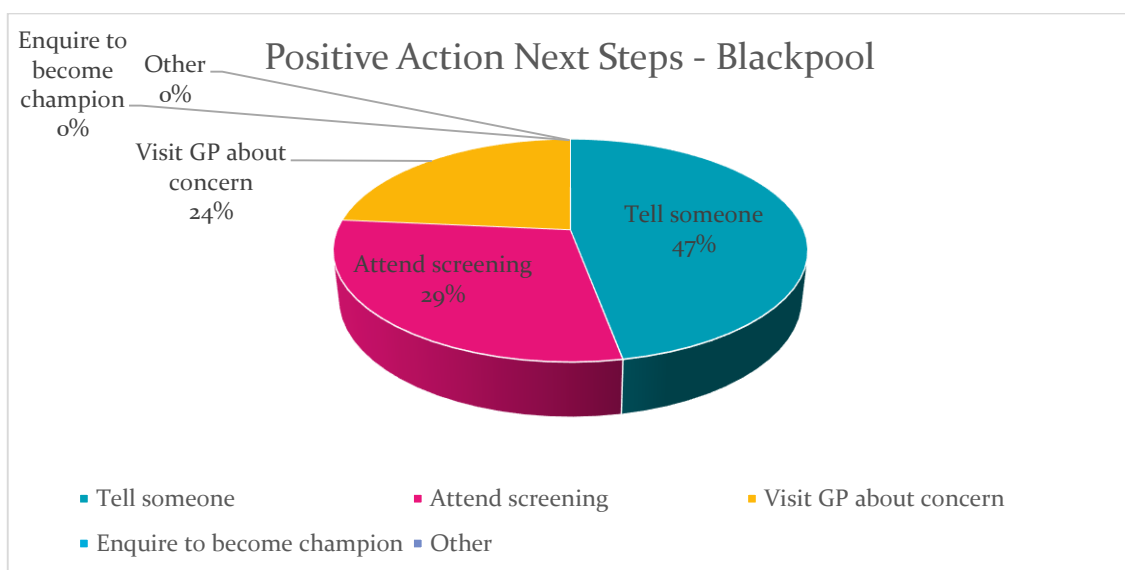


Chart 8



Over half (53%) of the beneficiaries in the Blackpool cascades stated that they would attend a screening invitation or visit a GP about a concern as a result of the cascade intervention. 47% also stated they would tell someone else about the Screening Programmes. However, there was no interest in becoming a champion as a result of the cascade element, which is frustrating. Knowledge of the Screening Programmes and signs/symptoms of cancer showed significant increases as a result of the cascade.

## Chorley & South Ribble

Chart 9

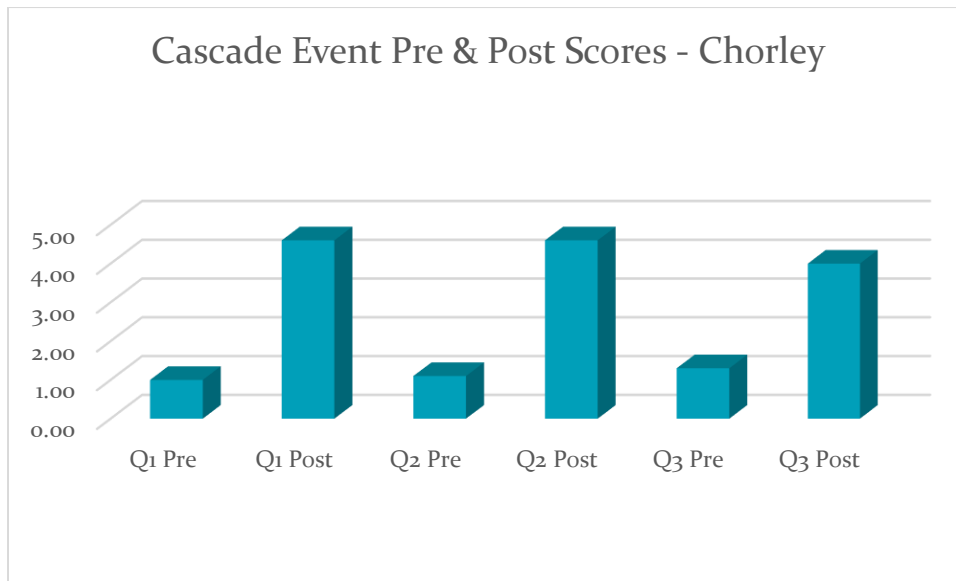
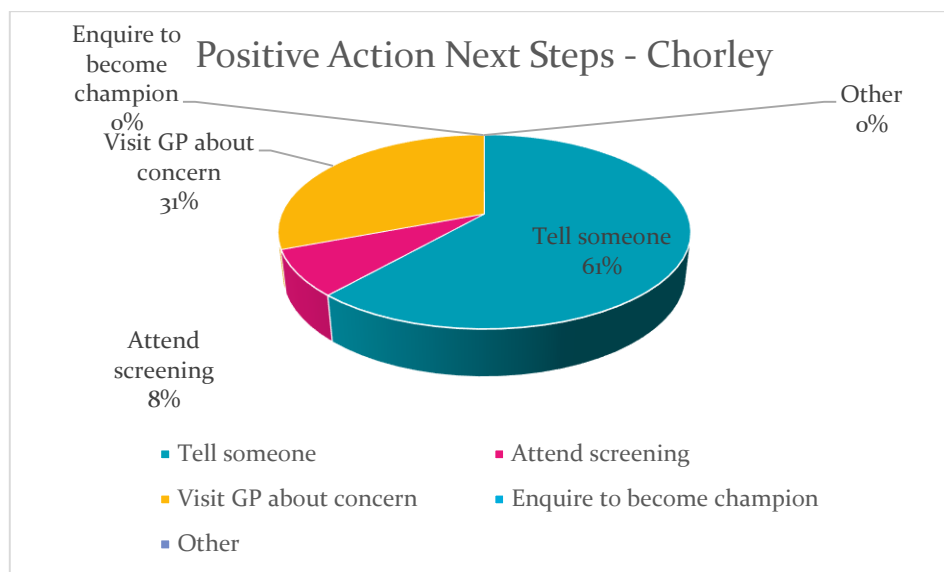


Chart 10



The data from Chorley & South Ribble CCG demonstrated large rises in the knowledge of Cancer Screening Programmes and the confidence in passing the message onto someone else. This is reflected in 61% of beneficiaries declaring that they would tell someone else about the screening programmes. However, nobody felt they would enquire about becoming a champion themselves.

Beneficiaries who attended the cascades in Chorley also demonstrated the lowest level of beneficiaries who would attend screening or visit a GP as a result of the cascade, which may simply reflect the age group of the beneficiaries. The rise in knowledge of the Screening Programmes and signs/symptoms of cancer as a result of the cascade is significant, with the pre-cascade data by some margin the lowest data for any CCG. It is worth noting that Chorley CCG included the only Traveller site to engage in the cascade element.

# East Lancashire

Chart 11

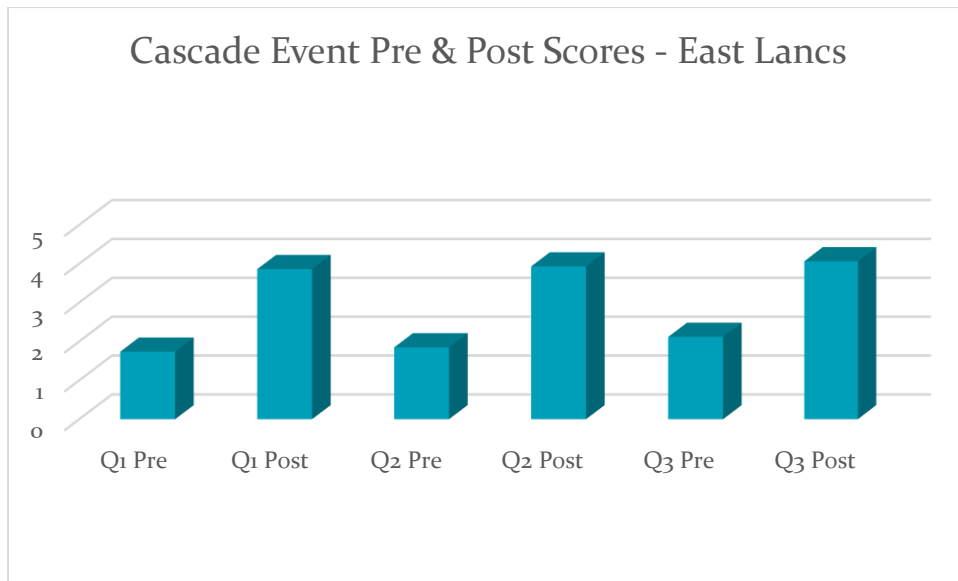
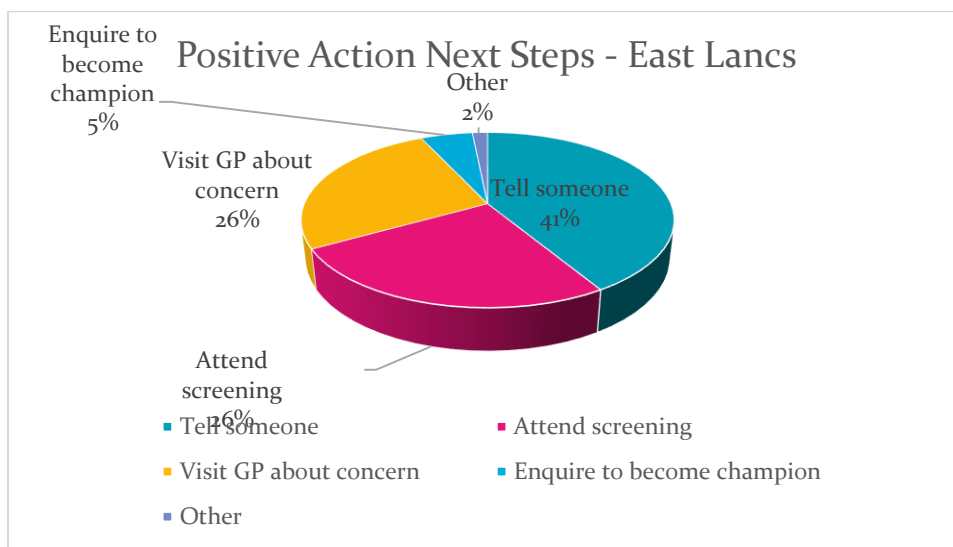


Chart 12



52% of the beneficiaries of cascades within East Lancashire CCG areas mentioned that they would attend a screening opportunity or would visit a GP about a concern after the cascades. A further 41% also stated they would tell someone else about the cancer screening message, which is around the average for the programme.

Fylde & Wyre- No data available.

## Greater Preston

Chart 13

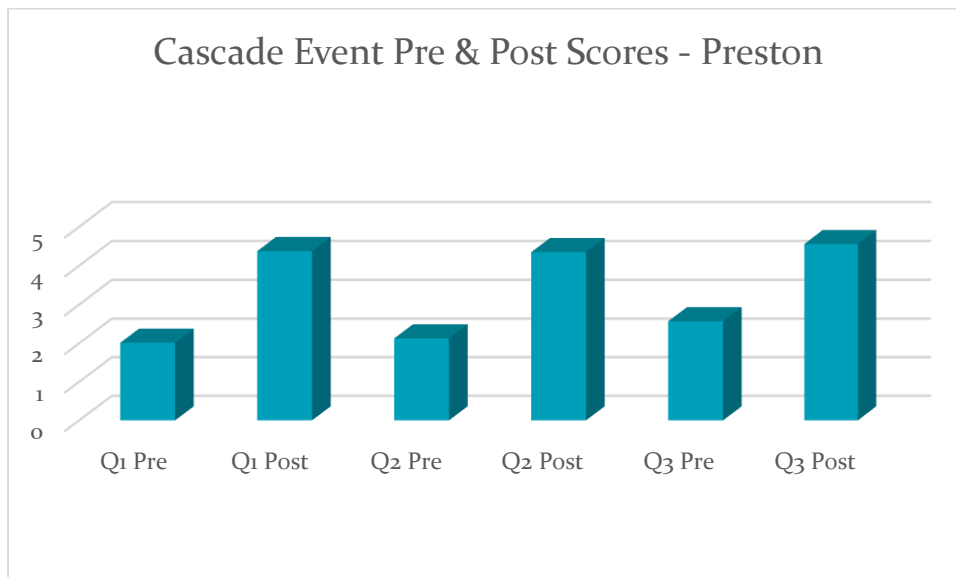
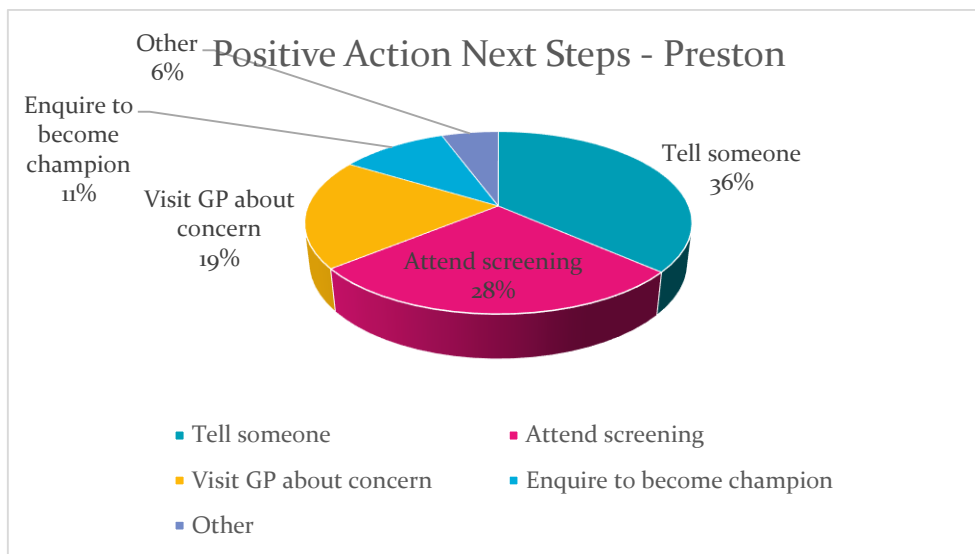


Chart 14



Greater Preston CCG demonstrated the highest level of beneficiaries declaring after the cascade that they would attend a screening opportunity (28%) and a further 11% of the beneficiaries wanted to enquire about becoming a champion, which is higher than the average for the programme.

## North Lancashire

Chart 15

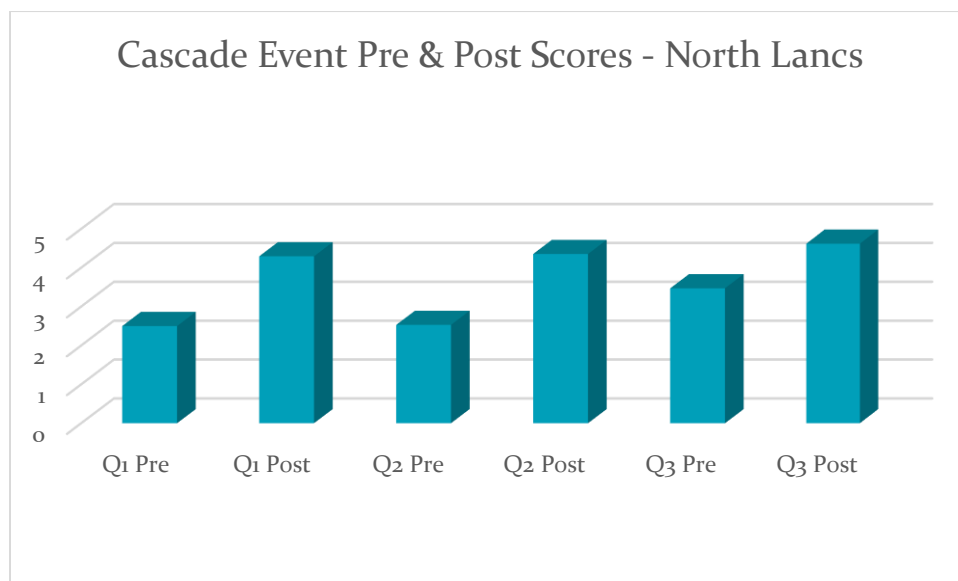
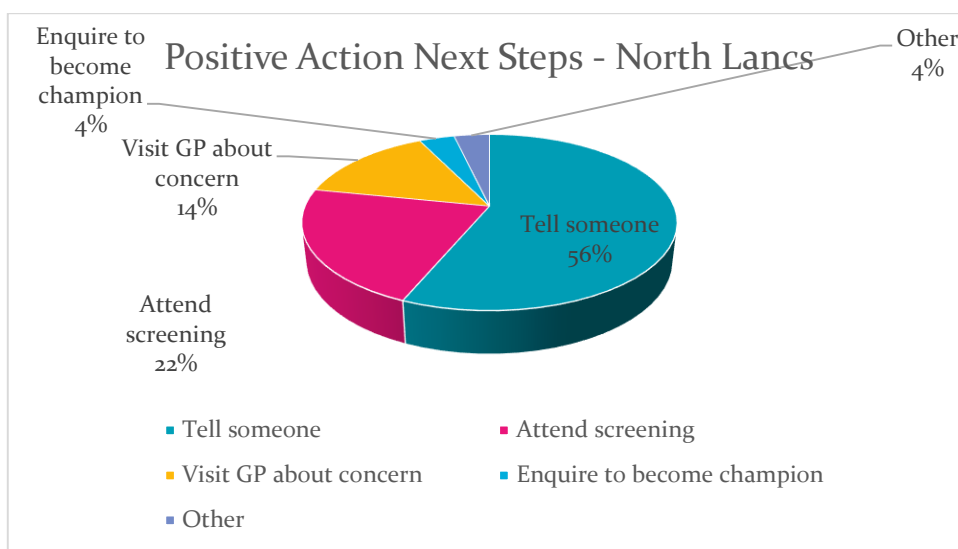


Chart 16



Over half of the beneficiaries from the cascades in North Lancashire CCG identified that they would tell someone else about the National Cancer Screening Programmes after the cascade. However only 4% of them felt that they would enquire about becoming a Champion themselves. North Lancashire showed one of the lowest levels of beneficiaries stating that they would attend screening or visit a GP as a result of the cascade information.

West Lancashire- No data available.

## CASCADES PER TARGET AUDIENCE

BME

Chart 17

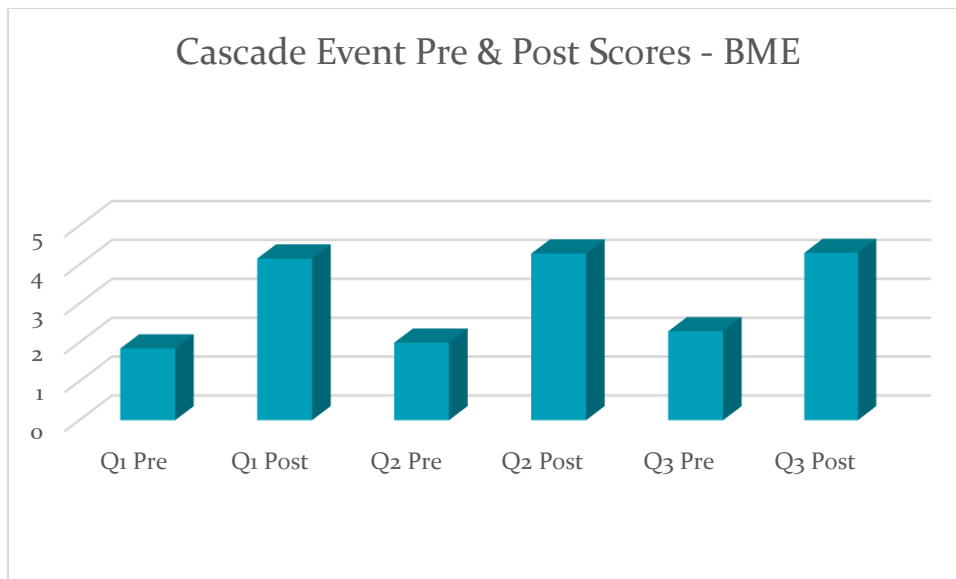
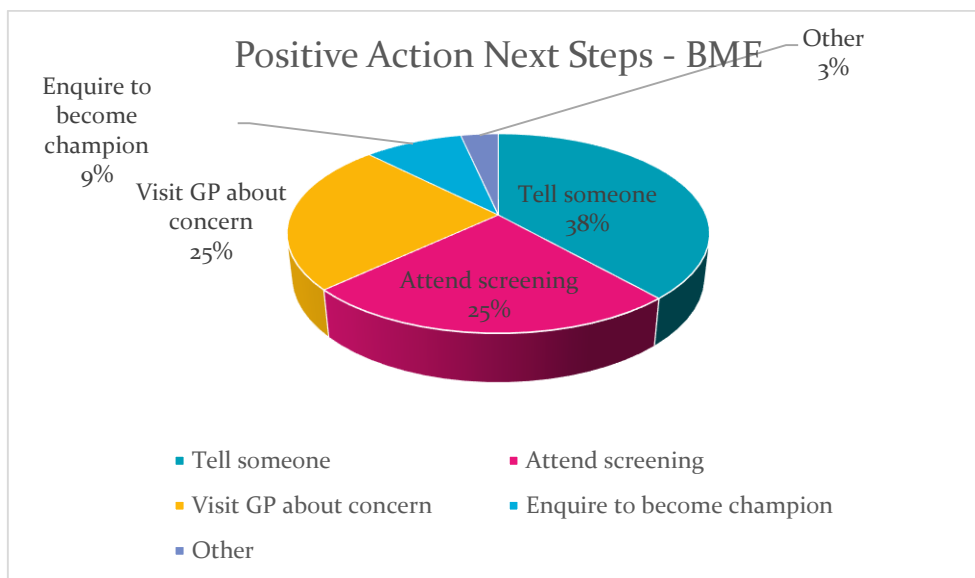


Chart 18



50% of BME beneficiaries who attended the cascades identified that they would attend screening or visit a GP as a result of the cascade, which is one of the highest amongst the seven identified communities/audiences. In addition, 38% said they would tell someone else about the National Screening Programmes, which is a positive step in a community that can be hard to engage in from a statutory body perspective.

It is worth noting that knowledge levels prior to the cascade were significantly lower than after the cascade, suggesting the intervention was both necessary and appropriate to the community concerned.

### Care Home

Chart 19

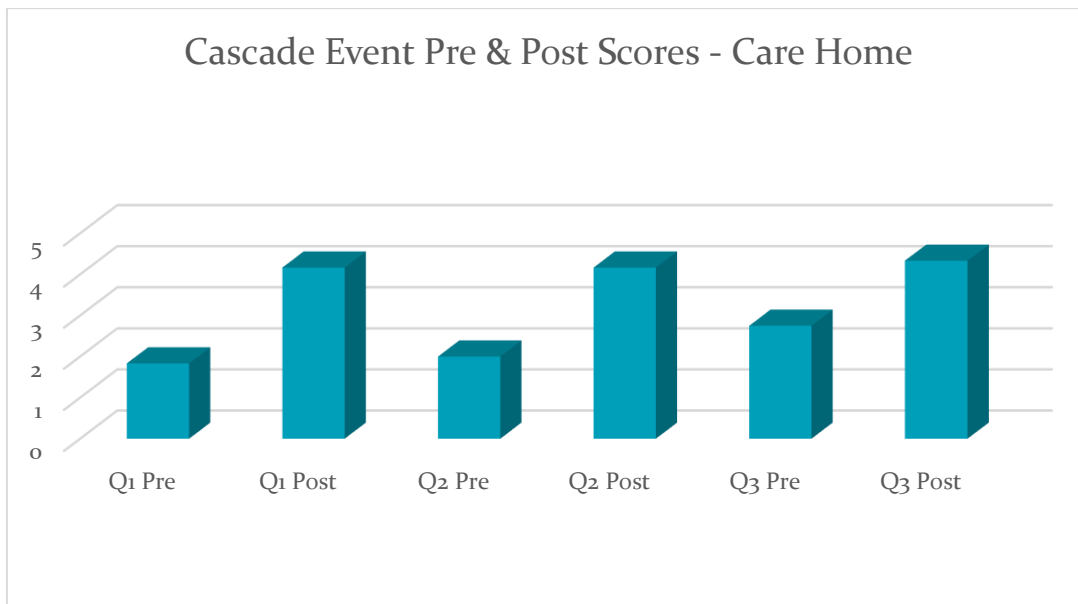
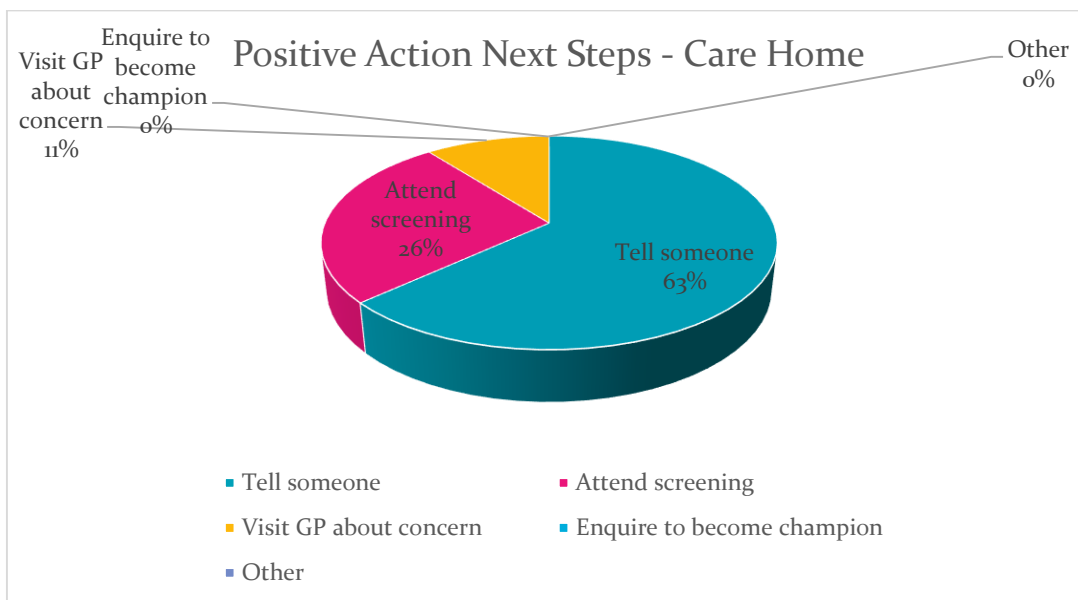


Chart 20



It is little surprise that 63% of beneficiaries from cascades in Care Homes said they would tell someone as a number of cascades in Care Homes worked directly with staff members. This will also justify the lower levels of beneficiaries stating that they would attend screening or visit a GP about a concern. However, it is unfortunate that none of those engaging in the cascades from Care Homes expressed a desire to become a champion themselves.

## GRT & Traveller

Chart 21

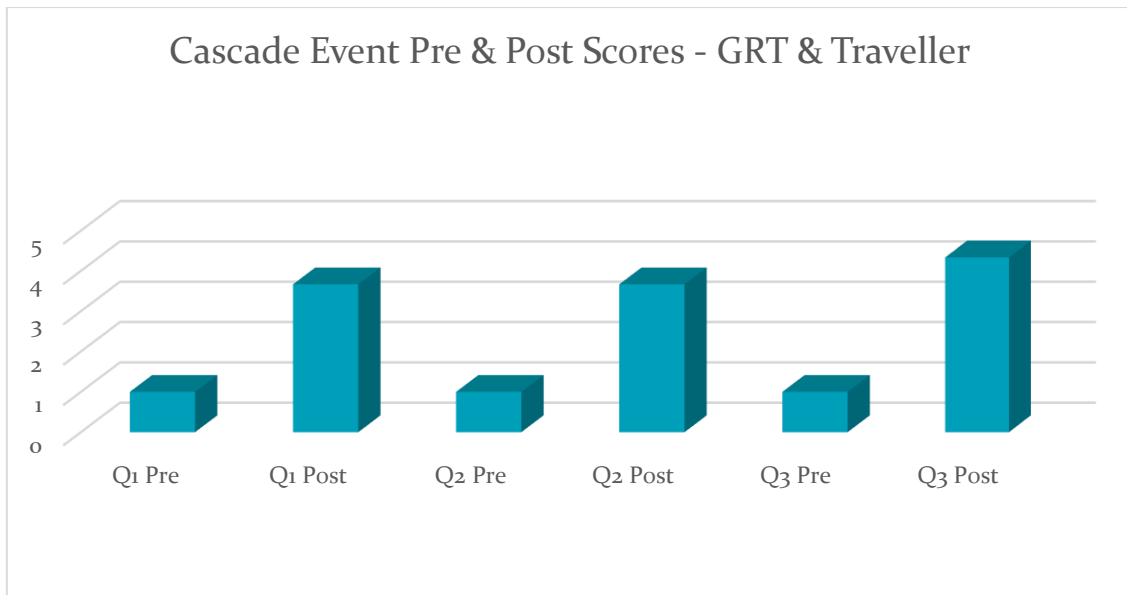
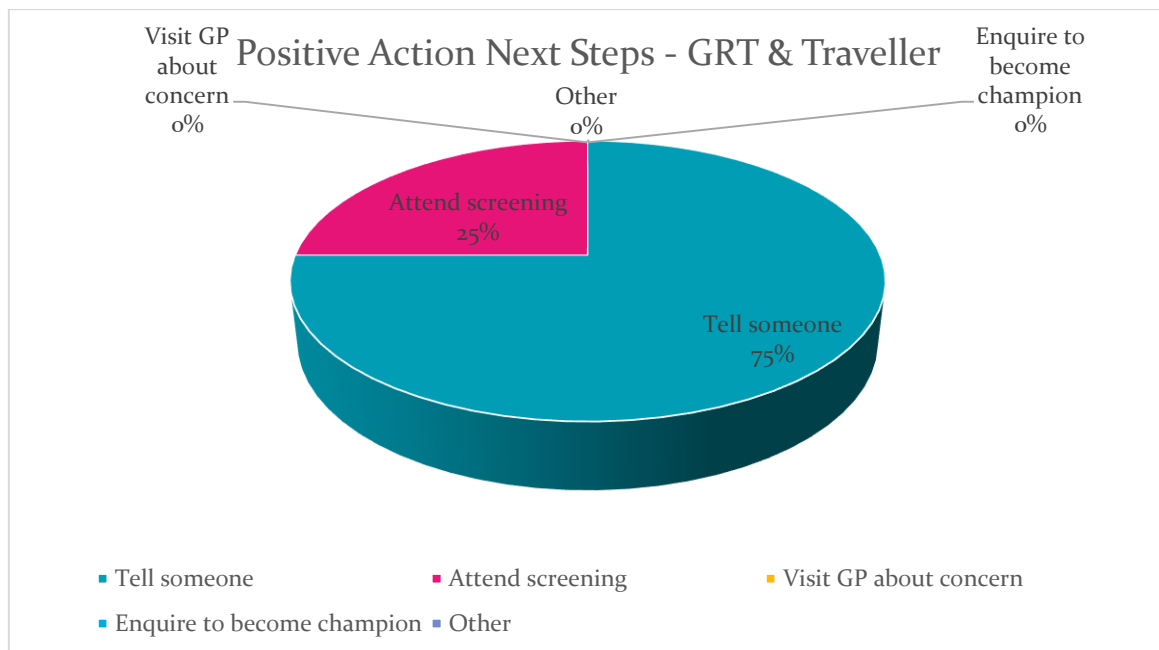


Chart 22



The GRT & Traveller community data is somewhat unreliable due to the small sample size available for this report. With only 2 champions trained, and only 1 of those delivering any cascades, it is difficult to draw any strong conclusions from the data itself. However, knowledge levels around cancer and the National Screening Programmes was very low prior to the cascade and demonstrated consistent improvement as a result of the cascade, so that is positive.

## Learning Disability

Chart 23

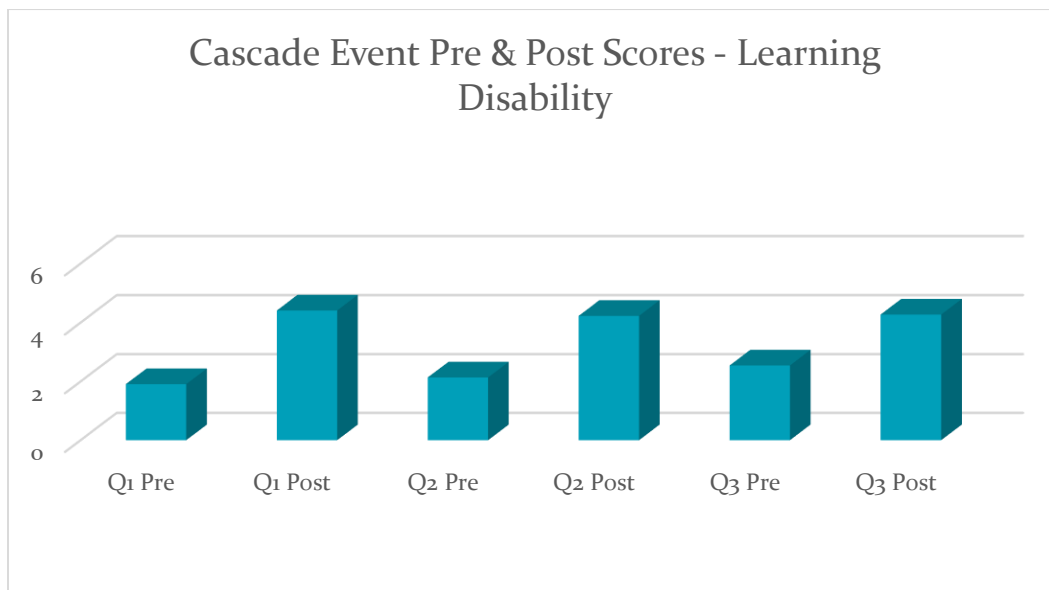
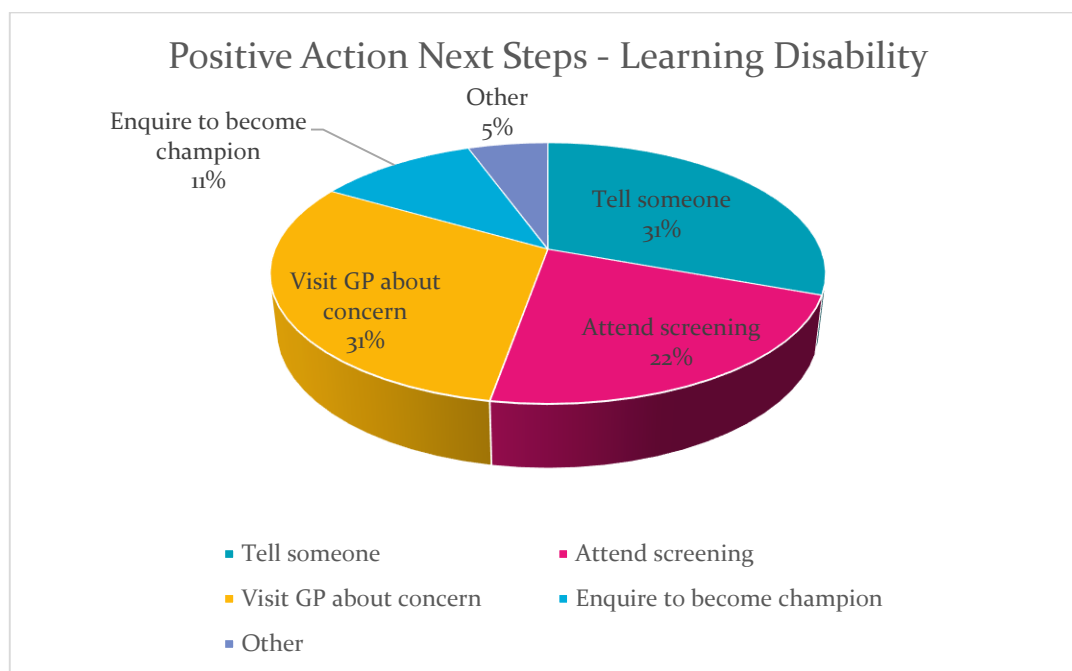


Chart 24



As has already been mentioned, LD uptake rates in Lancashire are particularly low so it was important to get the delivery of cascades right to ensure the message was understood. In that regard it is highly satisfactory to see significant increases in knowledge of the screening programmes as a result of the cascade. It is also very pleasing to see that 53% of beneficiaries will attend screening or visit a GP about a concern as a result of the cascade. The delivery model appears to have been particularly effective with LD individuals.

## Mental Health Unit

Chart 25

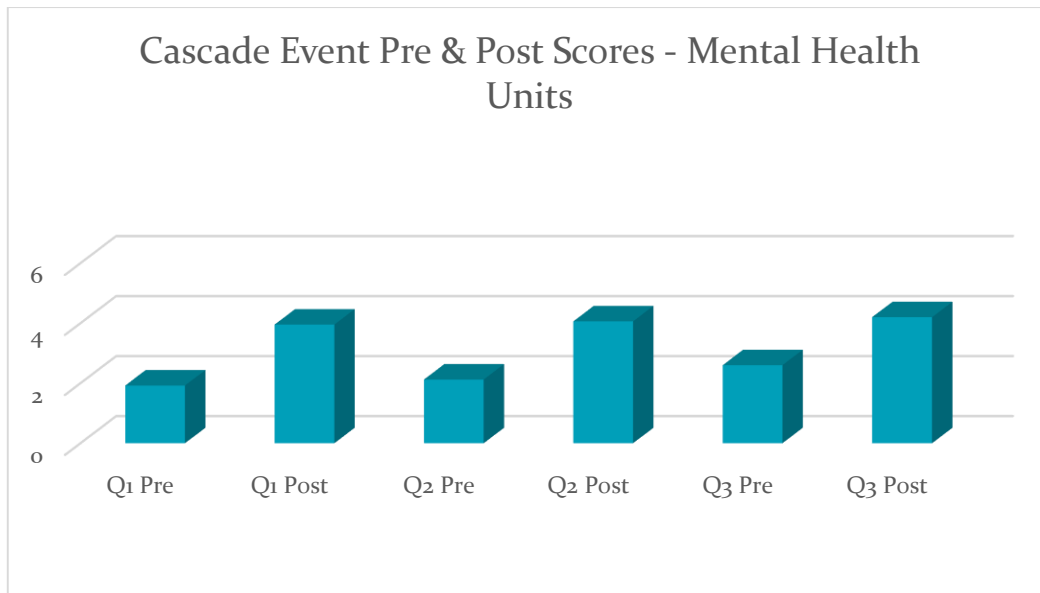
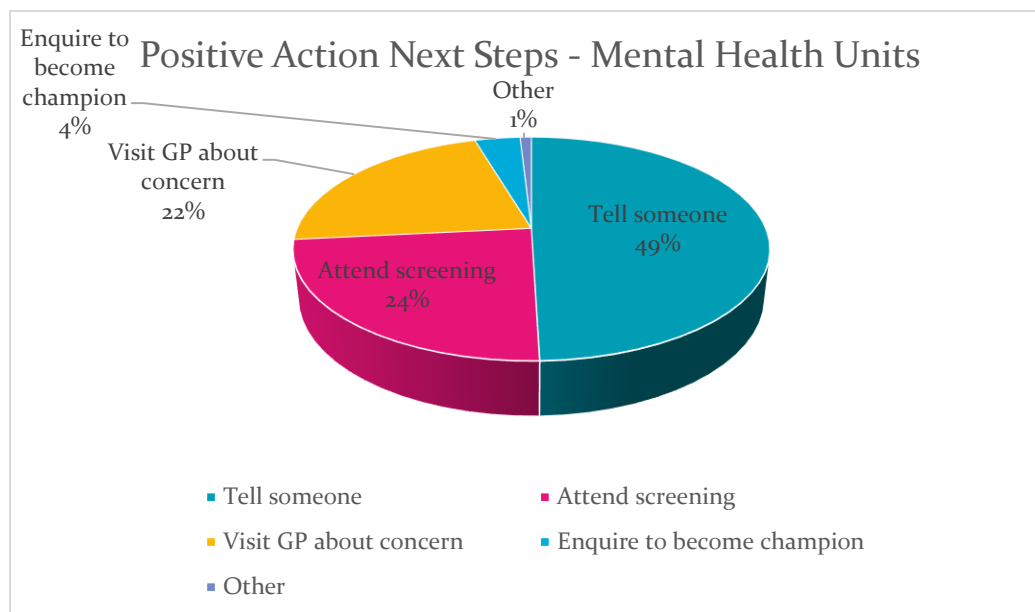


Chart 26



In an extremely similar vein to the Care Homes, much of the cascade element of the Mental Health Units was aimed at staff working in units or organisations who work with people living with mental health conditions. Therefore, it is no surprise that 49% of beneficiaries identified that they would tell someone else about the programmes after the cascade. However, the number of beneficiaries who said they would attend screening or visit a GP was still significant.

## Prison

Chart 27

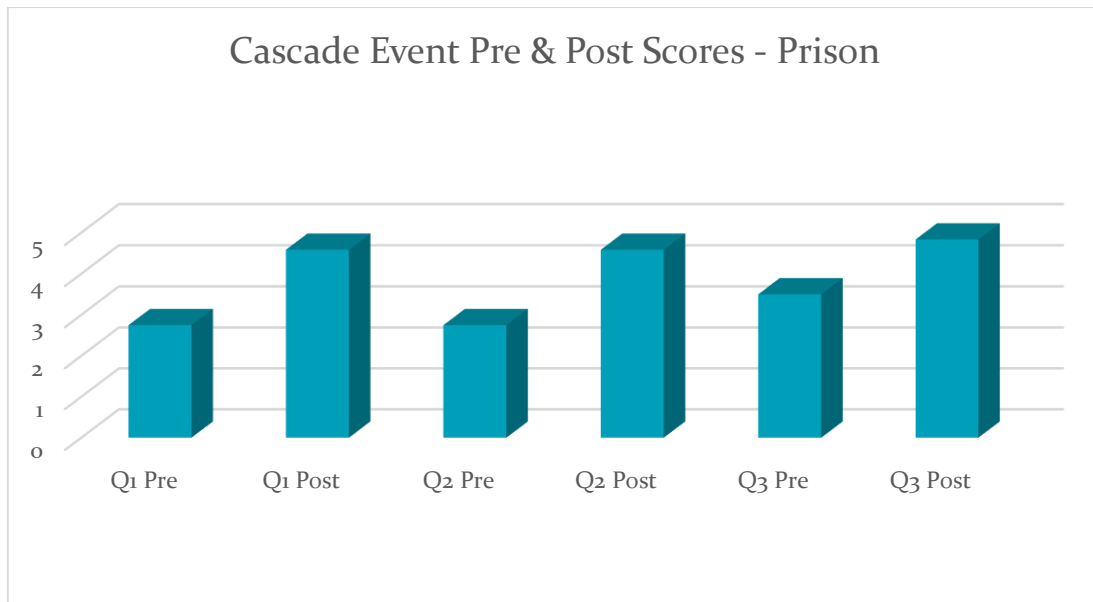
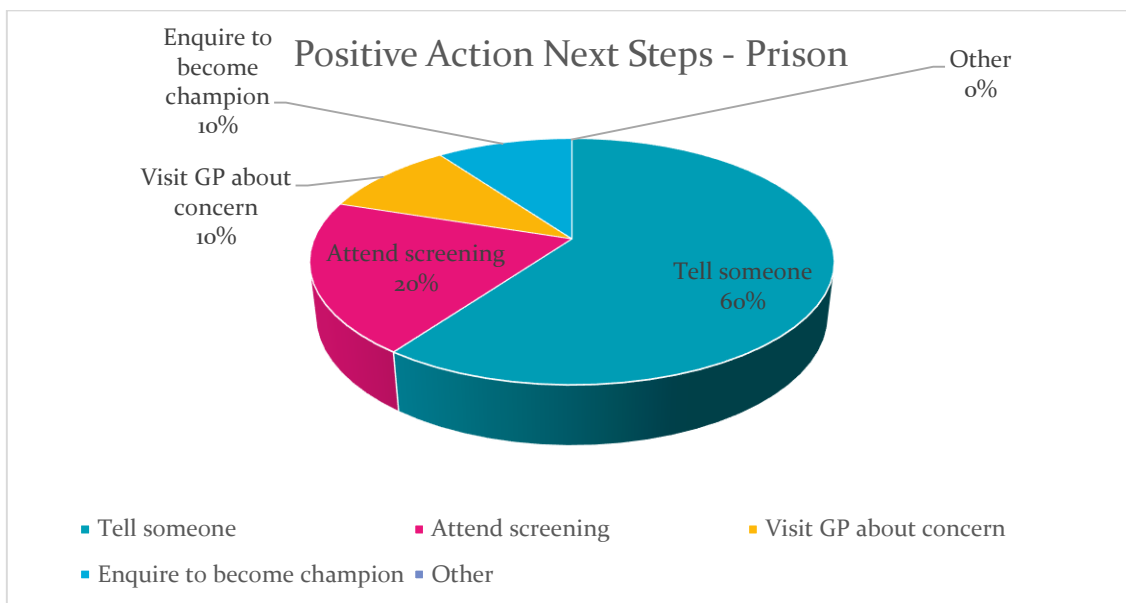


Chart 28



Prison cascades identified the highest number of beneficiaries who would tell someone about the screening programmes, which makes sense given that the cascades we have data for were aimed at staff. However, four of the five Prisons either failed to attend the workshops or did not cascade so the data is from a small sample exclusively with HMP Lancaster Farms.

## Sheltered & Supported Living

Chart 29

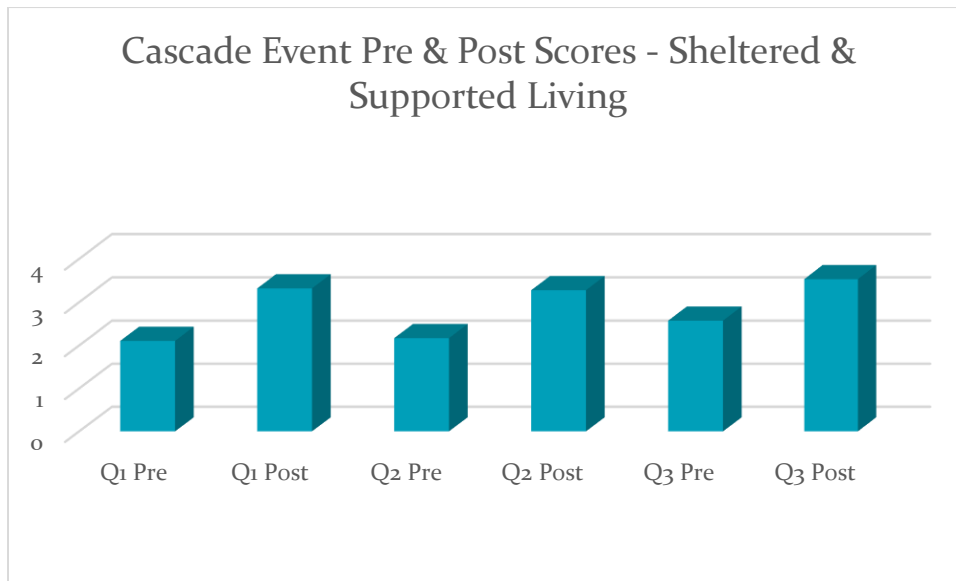
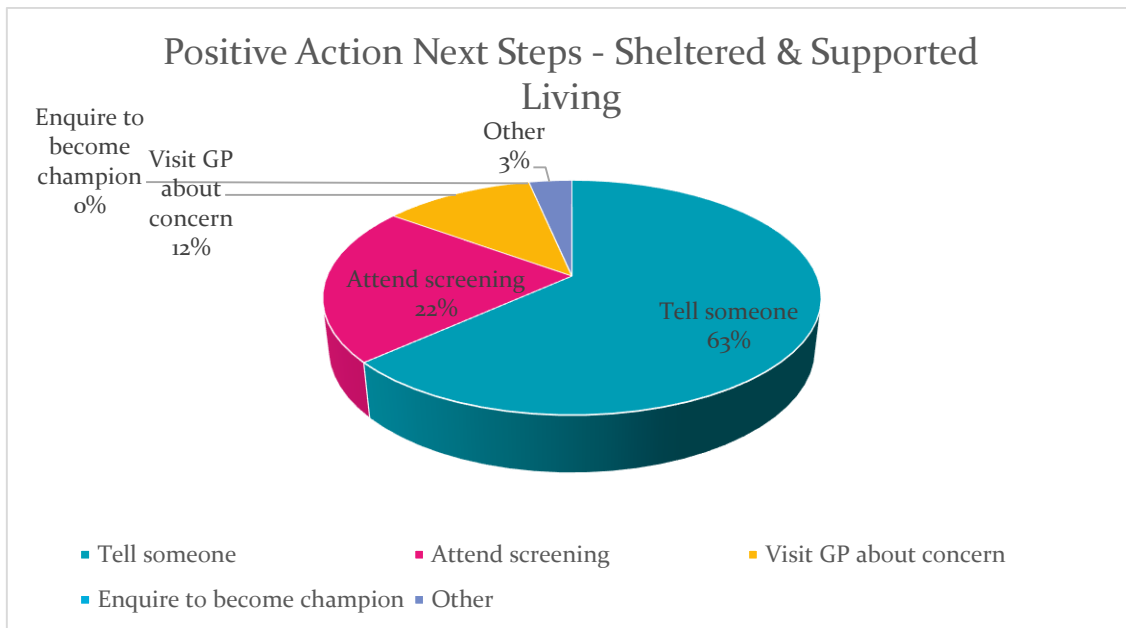


Chart 30



Sheltered & Supported Living included a number of providers that offer a wide range of supported living arrangements, as well as Housing Associations. It is unfortunate that none of the beneficiaries from cascades identified that they wanted to become a champion themselves. However, a very significant proportion of the beneficiaries committed to telling someone else about the National Screening Programmes which is a significant positive.

## CASE STUDIES & CHAMPIONS REVIEWS & IMPACT

In addition to the data, we felt it important to demonstrate the softer impact that data does not capture. Therefore, for each of the identified audiences we have compiled a list of feedback we received, covering positive experiences of the programme, its impact on communities, and some of the challenges faced in the programme.

### **BME**

*“I wanted to thank BME Network for delivering this free training. I will endeavour to pass on the message of screening in order to highlight the importance of the issue in my day to day contact with my community as a Cancer Screening Community Champion” – Sajda Majeed.*

*“All participants thoroughly enjoyed the training and found it very informative. Cultural barriers of not attending cervical screening by some BME women were discussed in a female only environment” – Rubina Bhatti*

*“I am pleased to say our cascade events went really well and there were ladies who attended from other towns and wanted us to deliver in their towns also” – Saiqa Shaheen.*

*“I didn’t realise how many types of cancer there were and how people can be affected if they don’t attend screening programmes. This training has certainly broadened my mind on the topic. As a cancer champion, I can educate BME communities and highlight the importance of attending screening appointments” - Attia Quadri, Community Tutor.*

### **Care Homes**

*“We don’t have time to focus on cancer screening as we have other health priorities at the moment” – Bankhouse Nursing Home, BUPA, Poulton-le-Fylde*

*“This is a great idea and we would love to engage, but we need sufficient notice to change planned rotas; particularly around Christmas as this is such a busy time of year for us” – Chery Tree Lodge*

### **GRT & Traveller**

*Nicola Snell was an individual from Lancaster that worked closely with the Mellishaw Traveller site. She attended one of the Lancaster workshops but was unable to engage the Mellishaw site.*

*“The topic would be far too personal and requires an experienced medic or used to discussing such topics with anyone.”*

### **Learning Disability**

*“The session went really well with everyone indicating they had learned a lot. This was evident from the pre and post questionnaires” – Helen McCondichie, Disability Equality Northwest*

*"I enjoyed delivering both the workshops- the fact quiz and the signs and symptoms activity worked really well with participants" – Hufsa Kauser, Burnley College.*

## **Mental Health Units**

*"My staff enjoyed the course and we will be doing an event for both staff and patients.*

*Thanks for the invite" – Karen Duckett, Partnerships in Care.*

*"We are a secure unit and don't do cancer screening or any sort of training as patients wont uptake due to the nature of them being in a confined unit" – Cambian Fountains, Blackburn*

## **Prisons**

*"I don't have the time to facilitate this and I don't work on the wings anymore." – HMP Garth Staff Member*

## **Sheltered & Supported Living**

*"The cancer screening workshop was very informative; the handouts and training material were easy to use and follow for the cascade events. Myself and my colleagues have been able to spread the importance of screening programmes amongst our service users and staff teams. Becoming a cancer champion has made me more aware of talking about cancer screening within my day to day work and I will continue to spread the word personally and professionally" -Hannah Jackson, Alternative Futures Group*

*Fantastic training and very useful to pass on to our service users. Especially to those who are less able. I will definitely be mindful when delivering personal care to people who are not able to check their own bodies for lumps and chat to them around any concerns. We recently got inspected by the Care Quality Commission who acknowledged the fact that our organisation had cancer champions who were highlighting the importance of cancer screening - they said it was fantastic" – Hazel Reynolds, Alternative Futures Group*

## OTHER CONSIDERATIONS/CHALLENGES

### Prisons engagement

Prisons proved to be a significant challenge throughout the programme, although having four of the five prisons attend the training workshop has a significant success. The biggest challenges faced by prisons in releasing staff is that with high turnover of staff, prisons find it challenging to release the staff. This proved most significant with HMP Garth who were unable to deliver the cascade because a number of staff had moved on since the training. In addition, this creates staffing pressure which may have resulted in the lower than expected delivery of cascades.

There was also been some confusion around the screening procedure for prisoners from staff, which may mean that staff are currently not providing the most relevant information on how to access screening.

### Care Homes engagement

We initially expected that care homes would be extremely keen to participate in the programme. However, after contacting over 200 different care homes it became apparent that there were a number of challenges. Some care home were careful about disclosing their managers name or details which meant that we could not be sure the information made it to the person who made decisions about releasing staff. Some thought there was a catch for attending free training or couldn't understand why Lancashire BME Network were delivering an NHS England programme. More important, some feedback from care homes was that a number of residents had a cancer screening equivalent of a 'do not resuscitate' attached to their file and therefore any screening invites were not making it to the resident.

*"We are an independent living provider and do not get involved with medical issues. Cancer screening is up to the families to arrange. The home doesn't get involved in health and wellbeing sessions" – Abbeyfield House Care Home, Barnoldswick*

*"We are short staffed and not interested in the training so won't be putting anyone of our staff forward" – Longworth House, Blackburn*

*"We don't have time to focus on cancer screening as we have other health priorities at the moment" – Bankhouse Nursing Home, BUPA, Poulton-le-Fylde*

### BME engagement and cultural stereotypes

For many BME communities, the logistics of having a smear test is a difficult proposition. Having a smear test is seen as breaking your virginity, having a smear test is seen as embarrassing, and having cancer is by the will of God (if it's in your destiny then there is nothing you can do about it).

There are also significant complications in understanding the medical language attached to the screening letters that are sent out; we have had experiences of an individual who received a screening invite but thought it was saying he had cancer. Whilst translation of the

letters may improve the understanding, the medical terminology does not easily translate, and for some communities they are unable to read in their own language either.

There are also geographical implications to consider as well. For example, the BME groups that represent communities in Chorley are currently in an unstable position with a number of BME groups dissolving and groups left struggling. As a result, there was little interest in engaging in this programme, despite the financial rewards being offered.

### **GRT/Traveller communities**

Many organisations and individuals who have a reach into traveller sites were contacted for this programme as we worked on identifying the right contacts in each CCG area. For example, we worked closely with the Ethnic Minority Achievement service at Lancashire County Council to identify individuals attached to traveller sites as this was the only effective way of accessing a community that is reserved and unlikely to access services from an organisation they do not know or trust. Unfortunately, even with this strategy, we were unable to identify individuals for a number of sites and therefore never secured the engagement from those sites.

### **General Challenges**

Whilst there were a significant number of challenges in getting champions in the first place, the challenges did not end there. 46% of the champions who were trained failed to deliver a cascade event, even when there was a beneficial financial recompense. Some of those reported family issues (own parent diagnosed with cancer etc.) which meant they didn't have the time to cascade. Others simply has no time or manpower to deliver cascade events (family life, work commitments, childcare issues).

Our drop-off from booking onto a training workshop to actually attending was around 15% which is quite a small drop-off. Of those who dropped out, the majority were last minute as a result of staff shortages at work, especially over the Christmas and New Year period. Many organisations loved the idea of the cancer champions training but couldn't book staff on due to shortages; in particular Prisons, Care Homes, and Mental Health Units.

95% of the cancer champions trained were female, with very little uptake on the workshop from men. We feel that this is because females are more confident and open to talk about sensitive health issues such as smear tests and breast screening. Female professionals are also less likely to see it as embarrassing as their male counterparts especially male BME workers.

One male professional from a BME group found it embarrassing to discuss the issue of cervical and breast screening amongst his, primarily male, service users. Men attending his sessions either didn't understand due to some of the medical terminology or were not interested in finding out about cancer screening.

For a number of organisations, there was a distinct lack of interest in engaging in the programme when LBN staff introduced themselves as from LBN on the telephone. We found that this attitude significantly changed when telephone calls were start by an introduction from NHS England. A few organisations even spent the duration of their telephone call trying

to work out why LBN were delivering this NHS England programme, rather than engaging in the topic of cancer screening. This was a frustration for the staff at LBN, who experienced being cut-off, hung-up on, or generally treated with disdain for calling regarding this paid opportunity.

## CONCLUSION

The Cancer Screening Champions programme is an example of mixed successes against its key objectives. There were not as many cancer champions trained as expected, and of those trained not as many delivered cascades as expected. However, despite all of this the number of beneficiaries 'reached' by the cascades was 88% of the target. This is the result of LBN recruited a cohort of champions that were dedicated and driven to deliver above and beyond the expected 12 beneficiaries per cascade and one cascade per champion. The quality of the cascades was also exceptional, with the vast amount of data collated identifying a significant increase in knowledge and understanding of the screening programmes, and of cancer itself; as well as a significant commitment from beneficiaries to cascade the message onto others.

We are particularly pleased at the engagement from key community individuals who are living, supporting, and working with identified audiences and have been instrumental in opening doors to access these communities. This is particularly of relevance to the BME and GRT communities who are traditionally hard-to-reach; however, this has extended into Mental Health support services where the programme added value by supporting organisations and individuals who support those with mental health needs. There was significant demand in a number of groups to continue to deliver these cascades, even beyond the boundaries of Lancashire itself.

Undoubtedly there were a number of challenges along the way that impacted significantly on the programmes ability to impact with the seven identified audiences. The challenges faced in accessing the social care services of Care Homes and Sheltered & Supported Living are compounded by budgetary challenges outside of the control of this programme. However, it is worth noting that the few Care Homes that directly engaged in the programme felt that this was an extremely positive and valuable additional element to their wide-ranging holistic care for residents. Once this attitude is more embedded into Care Homes across Lancashire then there will be a significant increase in the demand for cancer champions training. However more will need to be done to understand the culture and attitude around the value of screening in older people, and the attitude of families who deny residents the opportunity to access screening and cancer support.

It is also worth noting that the timescales for the programmes delivery presented their own challenges and delivery of all of the outcomes in the time allocated was optimistic. However, the awareness-raising work undertaken here with this programme, coupled with 98% of the champions allowing their contact details to be transferred to the NHS England North West team in Preston, means that further engagement work directly with those communities should be much more straightforward now. Add to this the range of interventions currently being delivered in Prisons, and the development work being undertaken in some Care Homes, suggests that we should see a positive effect on screening uptake rates in the future.

## APPENDICES

### Appendix A

10:00	Introduction Explanation of early detection	<ul style="list-style-type: none"> <li>• Housekeeping and introductions around the table</li> <li>• Outcomes and expectations of training</li> <li>• Word association</li> </ul>
10:15	Facts quiz	<ul style="list-style-type: none"> <li>• Question cards given out around table and read out fact by fact – provide more information and actual facts</li> </ul>
10:30	Why be a champ	<ul style="list-style-type: none"> <li>• Explanation of a 'champ'/ Identify personal objectives</li> </ul>
10:44	Lifestyle	<ul style="list-style-type: none"> <li>• Lifestyle factors / Controllable vs. uncontrollable</li> </ul>
10:55	Statistics	<ul style="list-style-type: none"> <li>• How do local areas compare to National</li> </ul>
11:30	Know your body	<ul style="list-style-type: none"> <li>• Signs and symptoms / Self checking</li> </ul>
11:40	Break	
12:15	Bowel screening	<ul style="list-style-type: none"> <li>• Explanation</li> <li>• Stats</li> <li>• DVD</li> <li>• Discussion</li> <li>• Reducing the risk</li> </ul>
12:40	Cervical screening	<ul style="list-style-type: none"> <li>• Explanation</li> <li>• Stats</li> <li>• DVD</li> <li>• Discussion</li> <li>• Reducing the risk</li> </ul>
13:05	Breast Screening	<ul style="list-style-type: none"> <li>• Explanation</li> <li>• Stats</li> <li>• DVD</li> <li>• Discussion</li> <li>• Reducing the risk</li> </ul>
13:30	Barriers to screening	<ul style="list-style-type: none"> <li>• Barrier wall</li> </ul>
13:40	Screening champs	<ul style="list-style-type: none"> <li>• Who can I talk to?</li> <li>• How do I start the conversation?</li> <li>• What if they say...../ react..... ?</li> </ul>
13:45	Rounding up	<ul style="list-style-type: none"> <li>• Personal action plans</li> <li>• Revisit word association</li> <li>• Revisit aims and objectives</li> </ul>
14:00	Close	<ul style="list-style-type: none"> <li>• Evaluation of day</li> </ul>

Appendix B - Photos of cascade events



Khadija Social Group – Cascade in Nelson



Elaine Clarkson – Cancer Champion, Priory Hospital



Walton Lane Community Centre Cascades



Khadija Social Group Cascade



SLYNCS Champions

Appendix C - Photos of workshops



## Appendix D – Types of cascade event

Below are some examples of the types of cascade events delivered to different audiences.

HMP Lancaster Farms – Healthcare Lockdown Training for Prison staff

One Voice – Coffee Morning for BME community

Rubina Bhatti – Informal group discussion and brew

Alternative Futures Group – Team meeting for staff; health event and fayre for service users

Burnley Boys and Girls Club – open event for parents of service users

CES – event for BME community in Blackburn

Disability Equality North West – information session for their beneficiaries

Lomeshaye Primary School – coffee morning for parents with cancer message incorporated

Walton Lane Age UK centre – screening session with day-care clients, display board, interactive sessions with centre users.

Bethany House Care Home – Afternoon Tea

Laurel Bank Care Home – seated exercise class for their residents followed by cascade to staff

SLYNCS – social action forums for young people to support their parents in engaging in services

Motiv8 – Bingo session for LD group



