

Medway & Swale Bowel Screening Awareness Project

Final Project Report

March 2024—February 2025



Medway & Swale Bowel Cancer Screening Project

Start Date: 01/03/2024— End Date: 28/02/2025

Project Background

The Bowel Cancer Screening Project was launched to enhance awareness, accessibility, and participation in bowel cancer screening within Medway and Swale. With colorectal cancer being the second highest tumour group causing 20% of deaths under 75 years, this project aimed to increase screening uptake, encourage early detection, and improve health outcomes.

By increasing awareness of bowel cancer symptoms and screening options, improving screening uptake in communities with historically low participation rates, and addressing barriers such as cultural sensitivities and logistical challenges, the project sought to ensure that more individuals are equipped with the knowledge of the signs and symptoms and had increased confidence in undertaking the screening test, which could lead them to accessing life-saving early treatment measures.

The Approach

MVA have led on this initiative and delivered through a community-based approach; engaging local groups, addressing barriers, and ensuring targeted outreach in areas with the poorest outcomes. Funded through the Kent and Medway Cancer Alliance (KMCA), the project utilised the Voluntary, Community, Social Enterprise and Faith (VCSEF) sector to implement a grassroots approach in identifying and overcoming screening participation challenges.

Multiple venues across Medway and Swale were identified as places where pop-up events could be held. These venues were ideally placed to engage members of the public and would offer the opportunity to have individual conversations with the dedicated Project Officer. The venues for these events ranged from libraries to supermarkets as well as large scale events across Medway and Swale.

By delivering information sessions to groups organised through VCSEF organisations and groups, the Project Officer was able to reach over 280 people. During the sessions people were able to ask questions and share their experiences with each other.

In addition to the two main methods of engagement, the profile and reach of the project was raised through an interview with the Project Officer on Sheppey Radio and also through a podcast which is available on the internet.

For both the pop-up events and the information sessions, after engagement with the project officer, people were asked to complete a short survey to ascertain their understanding of the information provided, their future intention to undertake the FIT screening, and to seek medical advice if symptoms arise.

Key Project Metrics

MVA set out to deliver:

1000 people engaged at the pop-up events

35 pop-ups delivered

15 information sessions delivered

75% of these people will report an increase in awareness of the signs and symptoms of bowel cancer.

75% of these people will report an increase in awareness of how to access screening.

75% of these people will report that they are very likely to undertake a FIT test

75% of these people will report that they would intend to seek medical advice on a symptom.

Over 12 month project delivery, we achieved:

1,311 people engaged at the pop-up events

35 pop-ups delivered

22 information sessions delivered

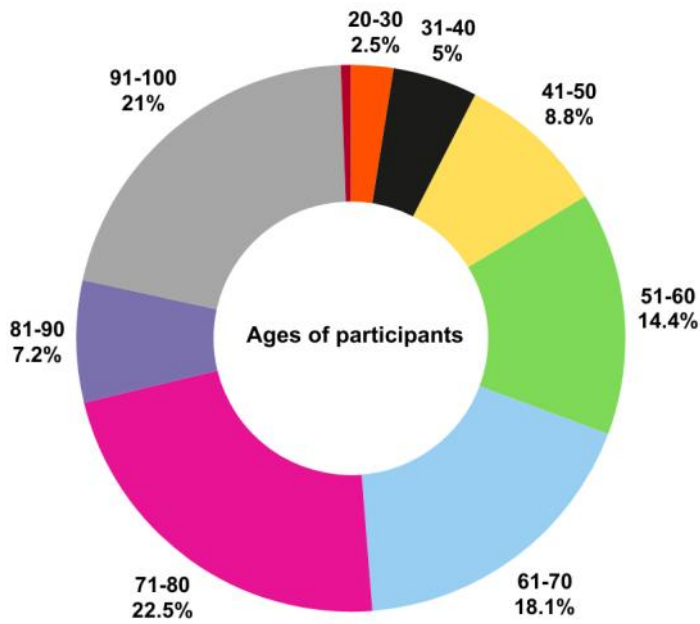
88% of these people will report an increase in awareness of the signs and symptoms of bowel cancer.

88% of these people will report an increase in awareness of how to access screening.

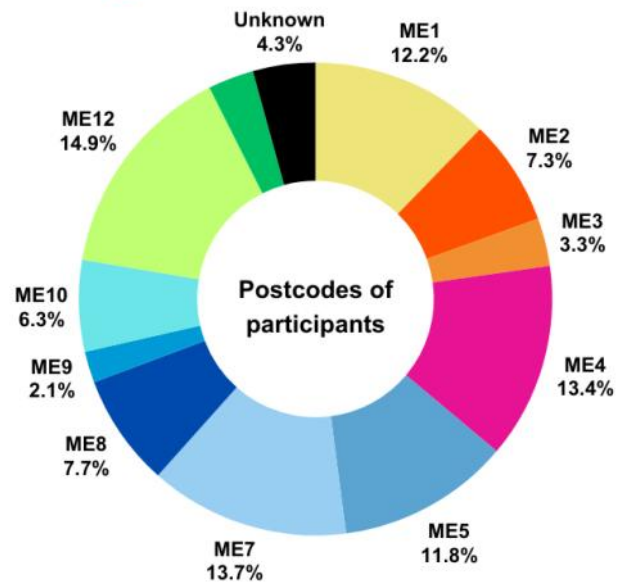
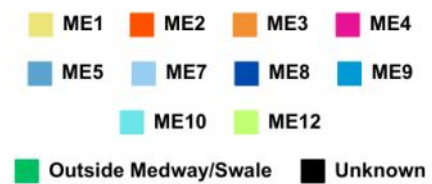
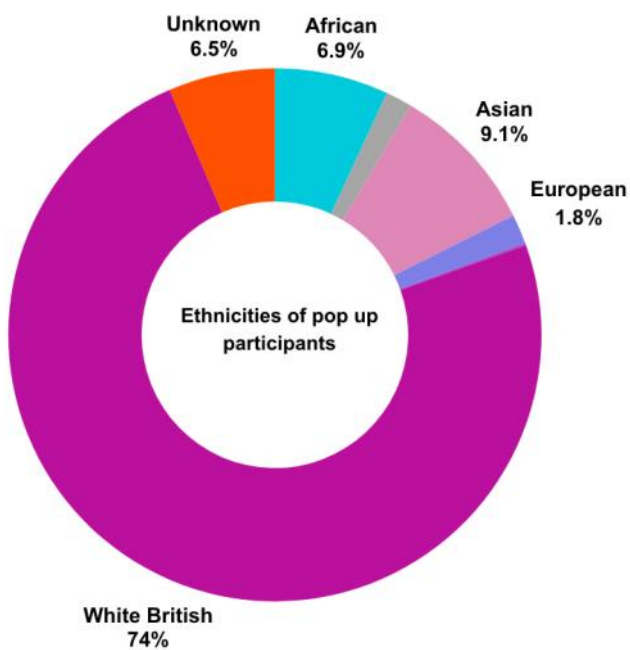
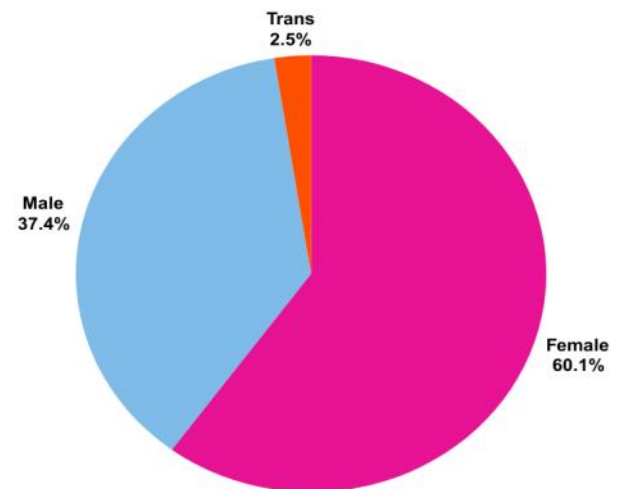
88% of these people will report that they are very likely to undertake a FIT test

90% of these people will report that they would intend to seek medical advice on a symptom.

Survey Results Demographics



Gender of participants



Community feedback after interactions with the Project Officer

"I was slightly anxious about doing the test as I wouldn't want to know something bad, but I have done it now. Since I did the prostate screening, the test came back with no further testing required"

"My mum has bowel cancer who is 83. She can't have surgery as she on immunotherapy. I did hesitate on doing the test but I've done it now. I had a fear of the unknown".

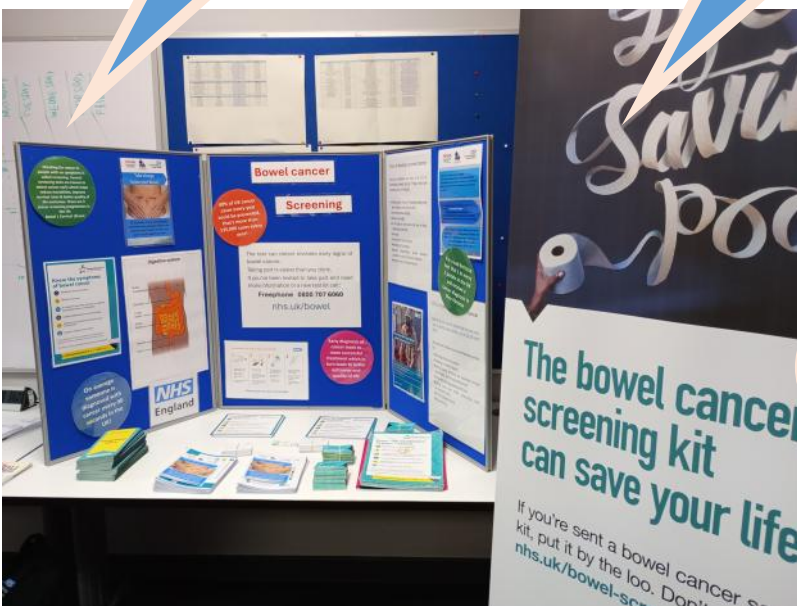
"I was fearful of the outcome which is why I would put off getting tested"

"The session was brilliant exactly what the group needed"

"I've been having symptoms past 3 months, and it's been on the back of my mind and I will make an appointment with my GP"

"Very informative and certainly valuable health advice, certainly will be getting tested".

"I wasn't going to come today as daughter in-law has terminal cancer. But I'm glad I did. It was informative and it was presented well. I felt let down by doctors who missed my husband's bowel cancer, and he died at 58. They didn't test him properly. We were going to sue Medway hospital."



Engaging with Communities

Information sessions were delivered to community groups at either already established meetings or specifically organised sessions. These were well-attended, generating significant interest and allowing for discussions that helped dispel myths about screening. For example:

Sahara, a South Asian group for the elderly, who meet up once a month at Mid Kent college in Gillingham, invited the Project Officer to join their morning crafts session. There were over 70 people who attended, not just elder leaders within their communities but also their family members and helpers who attended; ranging in age from 35years to 90 years old.

During the session the Project Officer was able to provide the group with information about Bowel Cancer raising awareness of the signs and symptoms, and how to properly use the 'FIT' screening pack and answer any questions about screening.

The majority of people attending could both speak and read English but there was a small minority who couldn't and were only able to read Punjabi. To ensure inclusion in the session information was translated from English to Punjabi by a family member who volunteered to do this. People were very interested and engaged during the session and one attendee, a doctor, gave feedback that they were pleased that the session had taken place and of the awareness raising work going on.

65 Information packs containing the NHS "helping you decide" leaflets were supplied for people to take away after the session and copies of the leaflet in Punjabi were also made available.

"Great to encourage openly talking about an awkward subject. Good to find out how easy screening can be."

"Very well presented in an informative uncomplicated and friendly way."



Very informative and certainly valuable health advice, certainly will be getting tested.

Good session, must have more public toilets or shop awareness to allow people to use theirs

Project Strengths

One of the project's greatest strengths was its ability of the Project Officer to connect with diverse community groups through tailored engagement strategies. For example:

ASDA and Tesco proved to be highly effective venues due to their high footfall and the presence of community connectors who facilitated meaningful conversations and encouraged participation.

The use of outreach made a strong impact, as seen in the National Grid event where a participant realised he could still request a screening kit after turning 74, filling an important awareness gap.

The project also promoted trust and inclusivity by ensuring that community leaders and ambassadors played a role in spreading information. Sessions were adapted to suit different audience needs, such as using translators at the Bulgarian community event or tailoring discussions for men in groups like Men in Sheds. By fostering open discussions, participants felt more comfortable sharing concerns and personal experiences, which strengthened the project's overall impact.

Testimonials and case studies highlighted the real-life impact of screening awareness. Nikki's and Simon's journeys with bowel cancer served as compelling examples of how early detection can save lives. Their stories help inspire others to take proactive steps in their own health journeys, reinforcing the importance of this initiative.





Local Challenges

Misinformation and fear remained prevalent, with many individuals hesitant to undergo screening due to anxieties surrounding a potential diagnosis. Some participants expressed a preference to remain unaware of a possible illness rather than confront the possibility of a serious condition. This avoidance behavior presented a significant challenge to encouraging participation in screening programs.

Cultural and social taboos also played a role in preventing engagement. Some communities, particularly among older generations and men's groups, exhibited reluctance in discussing bowel health. Certain beliefs around privacy, masculinity, and stigma associated with medical testing made it difficult to openly discuss screening benefits. In some cultural settings, discomfort with female health practitioners delivering bowel health sessions were also noted.

Opposing opinions: One other challenge that presented itself during the delivery of an information session with a BAME group were the differing opinions presented about diet and nutrition contributing to the prevention of cancer between individuals and medical professionals. Even though the session focused on raising awareness of screening/ signs and symptoms, it can be challenging to avoid discussing the topic of cancer in a wider context.

Barriers to Engagement with Screening

Despite the project's successes, several barriers to engagement were identified:

Logistical barriers further impacted accessibility, including transportation issues, difficulty booking screening appointments, and lack of awareness about where to access screening services. Some individuals, particularly those over 74, were unaware that they could still request a screening kit, as information about this option was not prominently displayed in NHS literature. Others reported receiving screening kits but not understanding how to properly use them or where to send completed tests.

Discomfort with the test process. Many individuals cited the unpleasantness of handling stool samples as a deterrent, with some describing it as "inhumane." A few participants noted that they had thrown away their test kits due to discomfort with the process. For others, physical disabilities made it difficult to collect samples, particularly among individuals with limited mobility or dexterity issues.



Some examples why people do not do the FIT test:

- ♦ I'd rather not know
- ♦ I'm scared
- ♦ I forget to do it
- ♦ It's a man's thing
- ♦ Fearful
- ♦ I'm too old now
- ♦ I don't have bowel cancer so I don't need to do it
- ♦ It makes me worry
- ♦ My wife died of BC- I'm not going to test if I die then I'll be with her again
- ♦ Suspicious of who has my data.
- ♦ It makes me anxious
- ♦ Surely there must be another way rather than looking at my poo.
- ♦ I don't like handling poo- its inhumane for me to handle my poo
- ♦ I can't do it myself I have disabilities and I find it tricky to do
- ♦ I don't have plastic gloves
- ♦ I wouldn't ask anyone else to do it either
- ♦ I'm not interested
- ♦ I put it in the cupboard and forgot about it.
- ♦ PTSD from previous hospital experience
- ♦ I don't do testing
-
- ♦ I haven't got time
-
- ♦ I'm healthy, don't need to do it

Bowel Cancer Screening Champions

Additional sessions were held with three community organisations who had identified people keen to become Champions and continue the work started through the project.

Two in-person sessions were held with a third delivered online to potential champions. Similar to the information sessions, there was an opportunity for attendees to increase their knowledge of signs and symptoms and this led to discussions about the general lack of knowledge about bowel cancer screening programmes in some communities and how people were 'scared' and didn't understand the need to be tested.

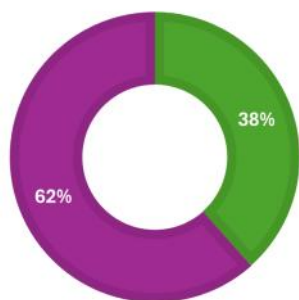
At time of reporting, 9 Champions were recruited through voluntary sector organisations and a further 4 people were members of the general public who had been expressed their interest in raising awareness of Bowel Cancer screening through their own networks and communities.

Resources have been supplied to each champion and they have also been given an information script which was devised by the Project Officer.

The charts below show the demographics of the champions, the project has been able to encourage a mix of genders, ethnicities and ages to get involved. This in itself demonstrates that the value of raising awareness and increasing knowledge around screening and understanding the benefits of early detection is recognised by both genders, multiple age ranges and various ethnicities.

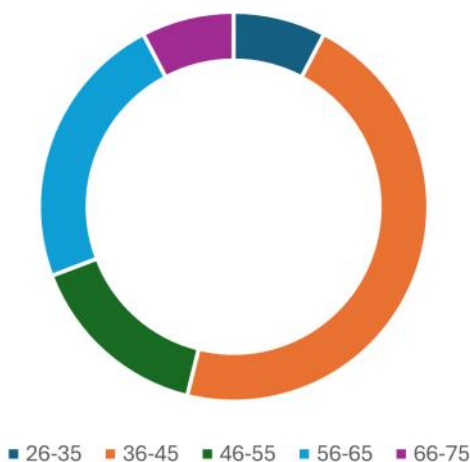
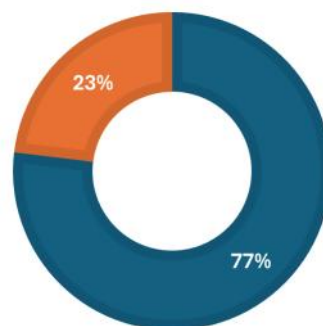
GENDER

■ Male ■ Female



ETHNICITY

■ White British ■ Asian



A Champion's own story—Nikki's Fight Against Bowel Cancer

When Nikki walked into the Pentagon Shopping Centre in Chatham, she wasn't expecting to speak about her own experience, when she heard about the bowel cancer screening awareness event, she introduced herself and later agreed to share her own journey of resilience, courage, and survival.

A Shocking Diagnosis

Nikki was only 43 years old when she received the news: stage 3 bowel cancer. A busy mum of five, a full-time worker, and a triathlete in training, she never imagined cancer would enter her life. She was fit, healthy, and enjoying every moment of her active lifestyle. The intermittent bleeding she experienced for six months didn't seem alarming—she assumed it was piles. Cancer was the last thing on her mind.

Eventually, Nikki visited her GP and was given a FIT (Faecal Immunochemical Test), which detects blood in stool samples. The results were concerning, leading to a colonoscopy that confirmed her worst fear: a rectal tumour.

A Grueling Battle

Within six weeks, Nikki underwent surgery to remove the tumour and part of her large bowel. The procedure also revealed diverticulitis. Chemotherapy followed, along with a colostomy. After enduring months of physical and emotional strain, she underwent another surgery to reverse the colostomy and reconnect her bowel.

The weeks that followed were tough, but Nikki's determination never wavered and finally ten months after her diagnosis, she was declared cancer-free.

Reclaiming Life

While cancer is no longer part of her body, the journey left an indelible mark on Nikki's life. She's not quite back to her old self, but she remained committed to returning to running and training—her passion.

More importantly, Nikki has found a new calling: raising awareness about bowel cancer. She recalls how little she knew about the symptoms and how invisible the disease seemed in her community compared to other cancers. Motivated to change this, she shares her story to educate others.

Today, Nikki is an ambassador for 5K Your Way – Move Against Cancer at the Great Lines Park Run. Her message is simple yet profound:

"Cancer wasn't on my radar. I was young, fit, and healthy. If it can happen to me, it can happen to anyone."

The Importance of Awareness

Nikki's story highlights the importance of early detection. Bowel cancer is often overlooked, especially by younger individuals who consider themselves healthy. Her experience serves as a powerful reminder that awareness, proactive health checks, and community conversations can save lives. Nikki's strength and advocacy continue to inspire others to prioritise their health, helping to prevent late-stage diagnoses and reduce the burden on NHS resources.

By becoming a 'champion' Nikki will continue to raise the work initiated by the project and ignite conversations increasing awareness about the 'FIT' test that can save lives.

A Champion's own story: Simon's Journey

In late 2019, Simon was living a normal life when he was suddenly struck by pneumonia, leading to hospitalization. He was regaining his strength and took to cycling daily, enjoying the solace of nature, feeling healthier each day. But in the summer of 2020, something felt off. He noticed irregular bowel movements and later, alarming amounts of blood. Initially, he dismissed it—convincing himself it was something minor. But deep down, he knew something wasn't right.

When he finally called his GP, the response was swift. A stool sample, blood tests, and within days, a referral for further investigation. The moment he saw the images on the colonoscopy screen, he knew. He could see the tumour himself before the doctors even said a word. The fear in that moment was indescribable. Then came the words: Stage 2 bowel cancer.

His treatment plan was aggressive but necessary and began with six weeks of daily radiotherapy, combined with oral chemotherapy. The treatments left him exhausted, yet he kept pushing forward. In 2021 he underwent surgery to remove the tumour but the cost was high—he needed a stoma bag. This reality was harder for Simon to accept than the surgery itself. The thought of permanently altering his body filled him with anxiety.

He had to adapt to a 'New Normal' relearning basic routines. Foods he once loved were now off-limits and carefully managing his stoma bag, fearing leaks and infections. Despite all of this, he was determined to keep living and continued to exercise, to swim, and to face each day with courage.

More chemotherapy treatment followed the surgery leaving him physically and emotionally drained but the scans showed progress. The tumour had shrunk, and the cancer had not spread. In February 2022, he underwent surgery to reverse the stoma. But recovery was slow, and his body struggled to regain control. There were setbacks, moments of frustration, and times he questioned if he would ever feel normal again.

Simon's journey changed him. It made him an advocate, determined to ensure others don't ignore the signs. He now speaks openly about his experience, encouraging people to:

Listen to Their Bodies: *Never dismiss symptoms as minor.*

Seek Medical Help Early: *Early detection can make all the difference.*

Challenge the Stigma: *Talking about bowel health shouldn't be taboo.*

Push for Accessibility: *Living with a stoma, even temporarily, showed him the gaps in public accommodations for hidden disabilities. He now speaks up for better awareness and facilities.*

A Story of Strength and Hope

Simon's journey was long, painful, and full of uncertainty. But through it all, he never gave up. He found strength he never knew he had and a purpose greater than himself. Today, he is not just a survivor—he is a beacon of awareness and hope for others facing similar battles.

After meeting the Project Officer during at a Pop up event Simon decided to sign up and become a Bowel Cancer Screening Champion. His own experience of learning that he had stage 2 bowel cancer and his journey to recovery has made him determined to raise awareness of the screening test available and encourage people to follow through with using it when they receive it.

Lessons Learned/Recommendations:

The project highlighted the importance of targeted, community-based engagement in increasing screening uptake.

The key lessons learned:

Trusted messengers and community leaders play a crucial role in addressing scepticism and increasing participation.

Collaborating with individuals who have established relationships within their communities—such as religious leaders, local business owners, and community champions—was highly effective in breaking down barriers to engagement.

The importance of adapting communication strategies based on the audience.

Sessions that included visual aids, interactive discussions, and real-life testimonials were more successful in capturing attention and encouraging participation.

There is a highlighted need for continued follow-up and support.

One-time information sessions often were not sufficient to ensure that individuals completed their screening tests. Implementing a structured follow-up system, such as reminder calls, text messages, or community check-ins, would help improve screening completion rates and ensure long-term engagement.

There are noticeable gaps in accessibility for individuals with disabilities or mobility issues.

Providing alternative methods for sample collection, such as assistance services or specially designed collection kits, could address these challenges and encourage broader participation.

Finally, a major takeaway was that clearer, more visible information is needed regarding screening eligibility, particularly for individuals over 74.

Updating NHS literature to prominently display this information and ensuring that healthcare providers proactively inform patients about their screening options would significantly improve awareness and participation rates.



Next Steps/Conclusion:

The Bowel Cancer Screening Project has played a pivotal role in raising awareness and improving screening uptake in Medway and Swale.

Moving forward:

Secure further funding to continue and expand outreach efforts, extending the project to additional underserved communities.

Strengthening collaborations with healthcare providers would streamline the referral process and improve accessibility to screening services.

Implementing a robust data-tracking system would allow for better assessment of long-term screening adherence and health outcomes.

By addressing identified barriers and implementing these recommendations, this project can build upon its successes and ensure that more individuals benefit from early detection and improved cancer outcomes.

A note on potential areas for growth for this programme:

The information sessions were very well received and as a result the Project Officer was approached to deliver a session for the A Better Medway Champions, unfortunately this did not occur but it demonstrates that there is a desire that these types of sessions are delivered to the wider public.

There is also a potential to work more closely with businesses to raise awareness with their workforce as one Champion (Simon) had been very keen to have an information session delivered to his work colleagues in the construction industry. The Pop up event at National Grid was an opportunity to engage mainly males of screening age and though they were more reserved and did not ask many questions, the information available at the Wellbeing day would have raised their awareness of Bowel Cancer screening.

Acknowledgments

This report has been produced by MVA. We would like to express our appreciation to all the local people who have participated in this programme and so generously gave their time and shared their stories. Thanks also to the Champions who have committed their time and passion to spreading the word about the importance of bowel cancer screening. Finally, thank you to all of the VCSEF organisations and groups who supported the programme and contributed to the success of reaching diverse and some of our most under-served communities.

MVA

March 2025

