



Participation and Access to Cancer Screening

Webinar Synopsis

26 Sep 2024

How can we meet the national ambition to detect 3 in 4 cancers at an early stage?

Improving participation and access for cancer screening

1 in 2 people in the UK will get cancer¹¹. Screening is a vital tool to earlier diagnosis and prevention, but we are far behind the national ambition for screening in the UK. How we ensure that screening is accessible to everyone and improve uptake?

Read on for the key themes that were discussed in the webinar on improving participation and access for cancer screening with key leaders in the field:

- **Karen Kirkham**, Chair – Chief Medical Officer and Partner in the Deloitte UK Healthcare Team
- **Naser Turabi** – Director of Evidence and Implementation, Cancer Research UK
- **Kathy Nelson** – Head of Cancer Network at NHS Bedfordshire Luton and Milton Keynes Integrated Care Board
- **Thorsten Engel** – Partner in the Deloitte UK Healthcare Team with global experiences

Deloitte's research into participation and access to cancer, specifically breast and bowel cancer, formed the basis for this discussion. You can read more about the approach and access the full report here (insert link).

The panel discussion reiterated the barriers to screening, and what can be done about them – the need for a whole systems approach to screening, better use of data, and designing for equal access for everyone.

Equity goes beyond fairness: a shift in mindset is needed to prioritise groups that require more support to achieve equal outcomes

It is clear that inequalities are present in cancer screening programmes. We know that a person with more time, who can take time out of their job, who can use digital devices, can speak English and has means to physically access healthcare services is more likely to overcome the barriers to access services. Socioeconomic factors, language barriers, and digital literacy all have a significant impact on screening participation.

“Our health is shaped by the genes we inherit, the conditions in which we live, the choices that we make and the services we receive.”

– Kathy Nelson, quoting from *Transforming the public health system: Reforming the public health system for the challenges of our times* - Published 29 March 2021

¹¹ Cancer Research UK | [1 in 2 people in the UK will get cancer - Cancer Research UK - Cancer News](#)

An approach which gives universal access to services that benefit everyone is needed. And more so it is about recognising that to achieve equal outcomes, some groups need additional support that is tailored and targeted to their particular situational needs.

For example, Luton's cancer outcomes are very different to neighbourhood areas, and the Luton Outcomes Cancer Outcomes Project team concluded that the reasons for this were multifactorial. A lot of Luton's population live in deprivation or work in zero-hour contracts. Health might not be the most important issue in their lives. Community Nurses engaged with patients, speaking in their first language, to discuss the cervical screening programme, which improved uptake for that practice. Following this, GPs undertook a bowel screening pilot scheme by sharing a video in several languages which was shared with patients via text so that they understood the process and next steps.

In New Zealand, the focus on equity is very explicit because both the Maori and Pacific populations are three times more likely to die of cancer. To address this, Deloitte New Zealand supported the national bowel screening programme to invite these populations to the programme 10 years earlier than the rest of the population.

Designing with the community is essential for uptake of screening. People need to be able to relate to and trust information in order to act on it.

The centre or national bodies do not always carry the trust amongst populations. This is held more locally, with GPs or with a local Muslim community leader, or another member of a refugee support group. It is therefore key to ensure screening programmes are designed to empower local organisations or individuals to engage with communities. The answer must be designed in collaboration with the communities who will use it.

For example, Luton deployed community connectors who are linked to South Asian, Black African, Caribbean and Eastern European communities, who themselves are from these communities. The connectors will regularly go out into the community and raise awareness through engagement events. This has formed a two-way conversation and feedback mechanism.

Deloitte supported the screening Programme in Canada, where an issue emerged with remote tribal communities having a higher spoilage rate on FIT kits for Bowel Screening. By engaging with the tribal community and co-developing revised pamphlets for the kits, the screening service improved participation, sample quality and reduced spoilage rates.

“Equity is about triaging the queue and allowing you to jump the queue or get to the head of the queue because your needs are actually the highest and the greatest.”

– Thorsten Engel

“ You need to tell me the story in something that I can understand; that is culturally sensitive to my world and make it meaningful.”

– Lady of Asian heritage; from Deloitte's research

Data and new technology are vital tools in making this work; to ensure a seamless experience for people accessing the service, as well as to empower staff to make the delivery more efficient.

Getting the basics right around a seamless digital experience for people is the first step. If the process of booking an appointment is difficult, people are likely to drop off. A digital experience that is easy to follow, has the right nudges, and removes additional steps and barriers for people, makes them more likely to go through the process.

On the back-end, there is a significant time lag in accessing screening uptake data. Real time data and improved data integration are crucial for identifying inequalities, targeting interventions, and monitoring progress. For example, for lung cancer screening, not only will the quality of smoking data be important, but also the live integration of this data. It is also key to ensure that there is confidence in the data.

"If there was a way for us to use innovation and digital to have more of a live feed around that, I think that would make such a difference to primary care. They would know exactly who they should be targeting and there are examples of how we can do that." – Kathy Nelson

Finally, clinical innovation is also needed to improve access. FIT tests² are an example of this which has had a significant impact on uptake of bowel screening, or HPV testing for cervical cancer (where self-sampling has been shown to improve uptake). But more needs to be done to ensure that the whole population is targeted in the right way, and the front-end experience is designed to remove barriers, so that this new technology can be adopted.

No one can do this alone; open collaboration is key to breaking down silos and moving the needle on screening access and uptake.

Addressing inequalities requires a collaborative, system-wide approach involving various stakeholders, including healthcare providers, policymakers, community organizations, and employers. Breaking down silos and improving communication between different parts of the system is essential for seamless patient experience and efficient resource allocation. A holistic strategy that considers the entire patient journey, from awareness to diagnosis and treatment, is crucial for maximizing the impact of screening programs.

This can be evidenced through a project ran in Luton which saw partners from across the system collaborate to discuss alternative entry points for cervical screening, such as sexual health centres.

Another example is looking at employers as entry points to the system. In the Luton Cancer Outcomes work, one of the key recommendations was encouraging employers

“ I'd say that digital is incredibly important here...making sure that people can book their appointments online, you know, really curating that experience right through, from invitation through to actually getting in front of someone or completing the fit test for bowel screening, etc.”

– Naser Turabi

“ And if we don't talk together, we can't make it work. We're actually preventing some of that acceleration of improving access, and if we could do that differently, I think would make some difference.”

– Kathy Nelson

² NHS England | [NHS England » NHS expands lifesaving home testing for bowel cancer to catch disease earlier](#)

as anchor institutions to help with raising awareness and giving people opportunities to access screening.

Once you branch out your ecosystem, you can leverage all kinds of players like employers, NGOs, local councils, community groups, etc. who hold very important relationships with the people you are trying to target.

"We need to start with the fact that it [screening] is optional, so this is actually about giving people enough information to make conscious and informed decision for themselves and creating the conditions where that decision is, is truly an informed decision and not just a reaction to poor access." – Naser Turabi

In conclusion, the discussion brought to light themes around the shift in mindset around how equality is defined and delivered; the importance of communities and local relationships; the power of using data, technology and innovation to accelerate uptake; and the need for a whole systems joint up approach

Listen to the full webinar here: [Webinar recording | Deloitte UK](#)

Read Deloitte's report on participation and access to screening here: [Participation and access for equitable screening | Deloitte UK](#)

Read DHEI Health Equity Report here: [dmcs-health-equity-in-europe.pdf \(deloitte.com\)](#)

Reach out to Thorsten Engel at tengel@deloitte.co.uk for more information.

Deloitte's Health Equity Institute

Despite being recognised as a fundamental human right. It is only in recent years that health equity has become a priority focus and much remains to be done to address inequities. All organisations, particularly those in life sciences and healthcare, have a crucial role in advancing health equity efforts.

The European DHEI team works across public, private, and third sector on health-related topics and conducts research to advance health equity. We recognise the power of collaborative efforts that transcend sector and institutional boundaries to drive more equitable access to care and equal outcomes. It is also crucial for organisations to design and implement health equity strategies where progress can be monitored, reported, and shared. We call for all organisations to embed health equity within their business models; there is a compelling business case to strive for better societal health, as well as economic and commercial benefits.

Reach out to Elizabeth Hampson at ehampson@deloitte.co.uk (Life Sciences and Health Innovation Partner at Deloitte Consulting and leader of Deloitte's European Health Equity Institute) for more information on Deloitte's Health Equity Institute

"A screening transformation must start with a change of the philosophy at the centre. It has to move away from paternalism to empowerment, it has to move from one-size fits all to targeted risk management, and it has to start with humility to engage and respect communities."

– Thorsten Engel



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