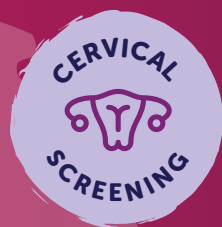


Your cancer screening conversational

toolkit



Contents

<i>What is this toolkit for?</i>	3
<i>Who is this toolkit for?</i>	4
<i>What is screening?</i>	5
<i>What are we talking about?</i>	6
<i>Who should we be talking to?</i>	7
<i>How screening currently works?</i>	11
<i>Facts and figures</i>	12
<i>Starting conversations</i>	13
<i>Getting the conversation going</i>	14
<i>Resources ready to go</i>	15
<i>Building momentum in your network</i>	18
<i>What's next?</i>	19



What is this toolkit for?

Every year, 7,000 people in Cheshire and Merseyside die of cancer. Many of those deaths could be avoided through routine screening – and we want to help make that happen.

This toolkit has been created to help front line community health care professionals like you get more people talking and thinking about screening, so they can make informed choices. Because the more cancer we can detect early, the more lives we can save.

Conversations can make all the difference

You and your colleagues have thousands of conversations with the public every year. This toolkit has been specifically designed to empower you and your colleagues in starting conversations about cancer screening with the patients and members of the public you meet. Screening is a personal choice, but many people need encouragement and information to follow up. The right conversation at the right time, could save someone's life.

This free toolkit will help you:



Understand the importance of early screening and the difference the right conversations can make



Learn who the conversations are best suited to



Suggestions on how to start conversations



Resources to help start the screening process



Who is this toolkit for?



If you're a healthcare professional based in Cheshire or Merseyside then **this toolkit is for you!**

Mecc moments

MECC

making every contact count

This cancer conversational toolkit is aligned to Making Every Contact Count.

You can find out more about MECC Moments

What is **screening**?

Before becoming cancerous, many cells show signs of abnormality that can be detected with specific tests. 'Screening' refers to this method of identifying those cell changes early, before any symptoms appear. Early treatment can make all the difference in fighting the cancer, supporting recovery, and saving lives.



16,000 People

in Cheshire and Merseyside are diagnosed with cancer every year



7,000 Patients

die from cancer in Cheshire and Merseyside every year (that's 290 people in every 100,000)

We want to reduce the number of deaths by catching more diagnoses early

You can help save lives

The screening process has benefits and risks, and conversations with healthcare professionals help to empower the public's understanding, so they make informed choices. This toolkit will support you in growing your knowledge and confidence in having these vital conversations.

Early detection and treatment will increase the chances of successful recovery, and in some cases prevents cancers developing in the first place.



What are we talking about?

This toolkit is aimed specifically at promoting screening for three types of cancer covered by the UK National Screening Programmes – **breast**, **bowel** and **cervical** cancer.



Breast cancer is the most common type of cancer in the UK, but chances of survival increase significantly with early detection.

Many women discover they have breast cancer after they find a lump in their breast tissue, but mammogram X-ray tests can spot cancers too small to see or feel.



Bowel cancer is the fourth most common cancer in the UK.

Like most cancers, early detection and treatment significantly improve the prospects for recovery but the symptoms of early bowel cancer are very difficult to identify. The faecal immunochemical test (FIT) can help detect it early by sending a small sample to the lab for testing.



Cervical cancer is the 14th most common cancer in females in the UK.

Nearly all cervical cancers are caused by a virus called human papillomavirus (HPV) and research from 2015 indicates that 99.8% of cases are preventable. Cervical screening (a smear test) can detect abnormal changes before they turn into cancer.

Who should we be talking to?

There are three very specific high-risk groups for **breast cancer**, **bowel cancer** and **cervical cancer**.



Who *should we be talking to about...*



Most breast cancers (80%) occur in women over the age of 50, but younger women can get it too.

Some transgender men and non-binary people can also be at risk.



Who should we be talking to about...



Most people who get **bowel cancer** are over the age of **50**, and **40%** of cases are in people **over 75**.

Weight, smoking, alcohol and diet all play a role in determining risk.



Who should we be talking to about...



Cervical cancer is most common in women in their early 30's.

Some transgender men who haven't had an operation to remove their womb and cervix can also be at risk.



How screening currently works?

There are currently some national lifetime screening programmes in place which include screening for **breast**, **bowel** and **cervical cancer**.



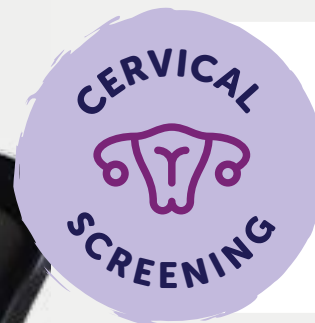
Breast cancer screening

Screening invitations are currently sent every three years to women, some transgender men and some non-binary people who are aged **50–71** and registered with a GP.



Bowel cancer screening

Anyone registered with a GP between the age of **56** and **74** will be sent a FIT home screening kit every two years through the post. **Over 75s** can request a kit every two years by phone.



Cervical cancer screening

Cervical screening invitations are sent to women, some transgender men and some non-binary people registered with a GP. This happens every three years for **25–49**-year-olds and every five years for **50–64**-year-olds.

Even though screening is offered, it is up to the individual to follow up and not everyone does.

Facts and figures

As these facts and figures show, there's a real opportunity to help identify cancer at an early stage for more people, and reduce the burden on health services caused by illness and treatment.

Across Cheshire and Merseyside...



250,000
women aged **50-70**
have attended **breast screening** appointments
in the past **three** years.

That means

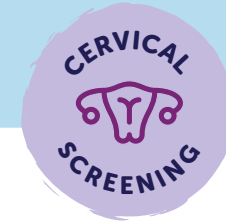
30%
are still being missed.



62.3%
of the population age
70-74 years completed
and returned a **bowel screening kit** in **2020**.

That means

40%
are still being missed.



108,000
women aged **25-39** attended
a **cervical screening**
appointment in the past **five**
and a half years.

That means

25%
are still being missed.

Starting conversations

How to start a conversation about screening

The better you and your colleagues know the key messages on screening the easier you will find it to share them with patients when the opportunity arises.

Here are some focal points that can help get your conversations going.



Getting the conversation **going**

Screening is for healthy people who want to stay healthy!

There are lots of statistics and facts surrounding risk in this toolkit – these are important for you to know, but not necessarily a great conversation starter!

Forcing people into screening doesn't work. Engagement will always be higher if you lead with a positive message, instead of a negative one.



1. Promote healthy choices

Healthy lifestyle choices can play a big role in reducing cancer risk – 21% of cervical cancer cases are linked to smoking – so it's a good place to start.



2. Say 'yes' to screening

Lots of people ignore their screening invitation because they feel well and are busy. It's important to encourage patients to say Yes – just in case. If you feel well and have no symptoms, screening is for you!



3. Know the signs

Knowing how to recognise the signs and symptoms of all three cancers can also help with early diagnosis, so share these insights whenever you can.



4. Be proactive

If you or a patient notices anything abnormal a check-up with a GP should happen sooner rather than later.



5. Talk more openly

Cancer and certain body parts carry taboos, but the more open conversations we have about cancer with colleagues, patients, networks and loved ones the more lives will be saved.



6. Share #positivecancermessages

Detecting cancer early saves lives and we should celebrate screening and individuals' stories every chance we get.

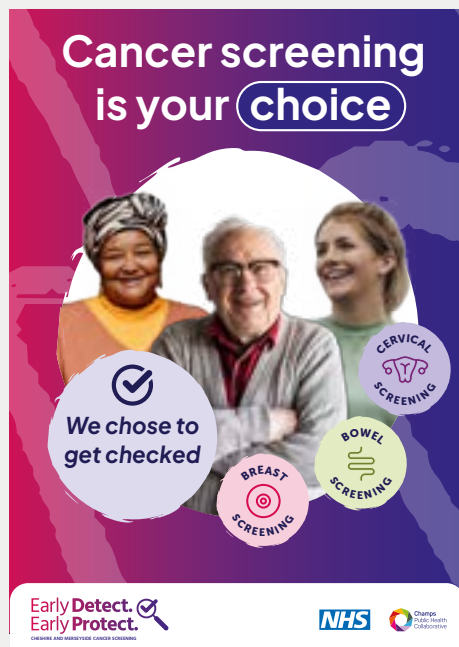
Resources ready to go

Starting a conversation with patients or your local population will help make sure screening messages spread far and wide and there are already lots of assets for you to download and share with colleagues.

Creating your own resource library will make sure that you always have the information you need at your fingertips. Here's a list of all the existing resources you can access, but there's nothing to stop you making your own.

POSTERS

4 posters to place in areas of high footfall



Resources ready to go

LEAFLETS

Download a printable A5 leaflet



Resources *ready to go*

SOCIAL MEDIA GRAPHICS

4 x graphics to use in social media posts



Building momentum in your network

The more you can build momentum the more impact your efforts will have. The goal is to get as many people talking – and making informed decisions about screening – as possible.

A good way to make sure that this happens and that colleagues follow your example is by using the EAST checklist.

EASY ✓

Whether you're encouraging colleagues to start conversations, or encouraging a patient to undertake a screening, try and make it sound **easy** and **simple**.

The more complicated it sounds, the less likely they are to do it.

ATTRACTIVE ✓

Cancer can be a sensitive subject and people often avoid challenging themes.

So lead your communications with **attractive benefits**, and **stress the rewards** over the risks.

SOCIAL ✓

Your wider network can provide an invaluable boost.

Try to **get influential voices on board** so that screening is being talked about as **loudly** and **prominently** as possible.

TIMELY ✓

There's a right and a wrong time to hear this kind of message.

Try and make sure you share messages when people are going to be **most receptive**. Syncing with national events/discussions can help to **amplify** your message too.



What's **next?**

Get talking!

You should now feel ready to start having meaningful conversations around cancer screening using this conversational toolkit and MECC Moments.

All of the resources mentioned in the toolkit can be found on this website, along with lots of additional advice and insights.

 www.earlydetectearlyprotect-nhs.co.uk

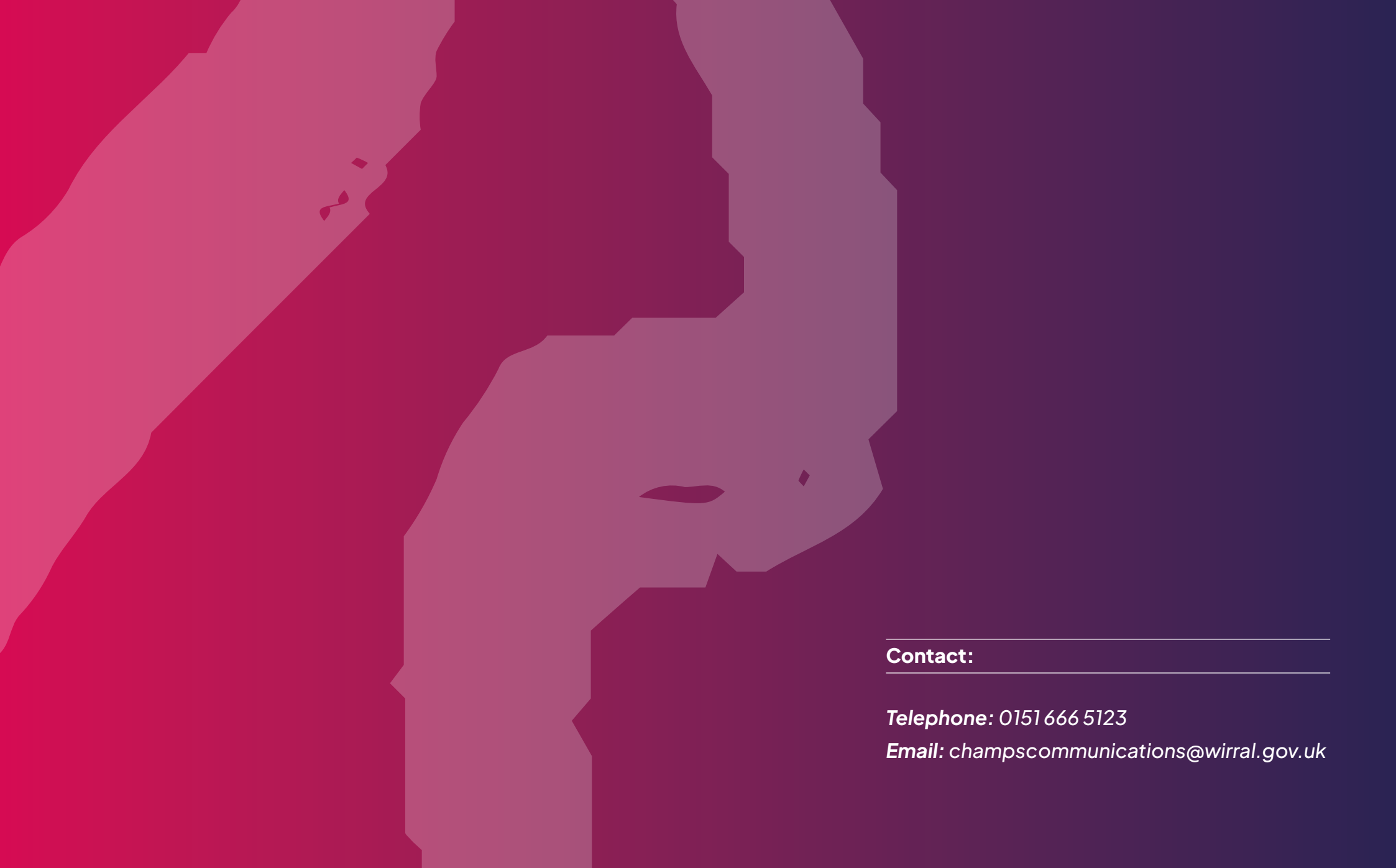
Here are some more resources you find useful as you find your feet:

Breast screening

Bowel screening

Cervical screening

All



Contact:

Telephone: 0151 666 5123

Email: champscommunications@wirral.gov.uk

