Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified?

Existing literature for the Bowel Cancer Screening Programme, in respect to the new type test (FIT), is to be updated with attention is given to information needs of people with sensory and learning disabilities

Education and Promoting informed Choice information sessions to include carers, men in areas of social deprivation and ethnic minorities.

The programme provides translations of information sheets and instruction leaflets on the current test. These are being changed to account for the new test. Patient information leaflets are prepared in a range of translated languages, based on local need (Screening team working with Communications Publications team to identify local translation needs in Northern Ireland)

The new patient information infographic on how to complete the test was developed through a project group based in Wales. This project included Personal and Public Involvement aspects, and the infographic contains mostly pictorial elements. It was therefore agreed that an easy-read version was not required in addition to this.

What do you intend to do in future to address the equality issues you identified?

Translation of information into different languages.

Keep under review any alternative test methods to offer people with disabilities.

Enhancement of materials and training included in service for "Addressing Inequalities in Cancer Screening Through Promoting Informed Choice

The programme will continue to monitor information available in terms of social deprivation and demographics to better promote equality of opportunity.

Development of an information resource for carers through links with Bowel Cancer UK.

Equality monitoring data is not currently provided within the demographic data that feeds into the bowel screening information system. It is anticipated that there will be significant changes to screening IT systems in coming years (in relation to the development of Encompass), and we will endeavour to incorporate equality monitoring mechanisms into these IT systems.

Patient experience surveys are undertaken every few years; we plan to incorporate questions on disability and ethnicity into the next survey.

We have consulted with colleagues in other screening areas and note work recently undertaken in relation to defining a care pathway for breast cancer and individuals with a disability. We hope to progress a similar action in relation to bowel screening in the near future. We will also continue to work

with colleagues in relation to other developments to improve screening participation among individuals with sensory impairments and physical disabilities.

We will continue to engage with primary care doctors and encourage them as to possible actions which may improve screening uptake among patient groups who are less likely to engage with bowel screening (such as men, individuals from lower socioeconomic group, BAME groups, learning disabilities, physical disabilities and sensory impairments).