

InHIP Community Voices Evaluation

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Executive summary

Background to Community Voices

The Community Voices Programme has been successfully delivering community engagement initiatives within deprived areas and with disadvantaged groups, as part of the ICS's approach to tackling health inequalities. The initiative trains 'Trusted Communicators' (TCs) from Voluntary, Charity, and Social Enterprise (VCSE) organizations to discuss healthcare topics with Core20PLUS5 community members who experience greater health inequalities. These conversations from TCs are then documented in an 'Insight Bank' to analyse themes.

The Project

This pilot study was prompted by evidence linking deprivation, limited awareness of bowel cancer signs, symptoms and lower screening uptake. This, along with the home Faecal Immunochemical Test (FIT) was a topic TCs discussed in their VCSE organization conversations with community members.

The Evaluation

An evaluation approach was as follows.

- Thematic analysis of conversations reported in the Community Voices insight bank.
- Utilizing focus groups to describe barriers and facilitators to the design, implementation, and outcomes of the pilot, as shared by project leads and trusted communicators.

Key findings

- Analysis of the Insight Bank revealed a general understanding of bowel cancer screening and symptoms among Core20PLUS5 communities, that trusted communicators felt their conversations improved.
- Broad range of barriers to engage with the screening process were mentioned in the insight bank, including mistrust of services to lack of language specific guidance. This would not be a comprehensive list of barriers.
- Stakeholders emphasized positive working relationships and a collaborative approach to incorporating Community Voices, enhancing connections with communities, ICB, and VCSE organizations.
- The importance of TC's working in communities in overcoming difficulties in discussing bowel cancer screening, with a preference for a continuous working plan with the ICB over short-term projects.
- Challenges discussed by project leads in engaging external teams lead to difficulties in measuring impact by increased FIT testing following conversations.

Future Considerations

- Importance of Community Voices in building trust between the ICB and VCSE organisations, and greater trust with community members by discussing health topics in a non-clinical setting.
- TCs and project leads discussed a preference for a continuous working plan with the ICB team over reactive, short-term projects.
- Need to address community members from more isolated groups, alongside more targeted population health approaches to engagement.

1) Abbreviations

DPIA - Data Protection Impact Assessment (DPIA) describes a process designed to identify risks arising out of the processing of personal data.

FIT – Faecal Immunochemical Test

HIE – Health Innovation East

ICB – Integrated Care Board

InHIP - Innovation for Healthcare Inequalities Programme

NCF - Norfolk Community Foundation

NICHE – Norfolk Initiative for Coastal and rural Health Equities

RIDAC - Screening Research, Innovation and Development Advisory Committee.

TC – Trusted Communicator

VCSE – Voluntary, Community and Social Enterprise

2) Introduction

A) The Evaluation

This report presents an evaluation of the implementation of the NHS Norfolk and Waveney ICB inHIP Community Voices pilot project. It describes the process of establishing and delivering this Community Voices pilot and the subsequent perceived impact of the programme on cancer screening and the ongoing development of the Community Voices model. The evaluation was part supported as part of the NICHE (Norfolk Initiative for Coastal and rural Health Equities) embedded scholarship programme.

B) Background

The Community Voices initiative, launched by the Norfolk and Waveney Integrated Care Board (ICB), have previously addressed health concerns within communities, such as vaccine inequalities. This innovative program involves the training of Trusted Communicators” (TCs) sourced from Voluntary, Community, and Social Enterprise (VCSE) organizations within the region. These TCs are equipped to engage in community-level conversations about health, with the ultimate objective of facilitating increased access and improved experiences and outcomes of health care services within communities who face disparities within communities in the Norfolk and Waveney system.

Following the success of the initial Community Voices phase of development, the ICB secured approval for a phase 2 pilot through the Innovation for Healthcare Inequalities Programme (InHIP) by the NHS Accelerated Access Collaborative in 2023. This funding was aligned with improving access to health innovations in Core20PLUS5 communities (Health Innovation East, n.d.). “Core20PLUS5” defines the 20% most deprived from the population alongside integrated care system (ICS) specific populations with a higher risk of health inequalities. The initiative also identifies five clinical areas of focus, with Early Cancer Diagnosis being one of the focal points aligned to InHIP funding (GOV.UK, 2022). Bowel cancer, ranking as the UK’s fourth most common cancer, presents a significant public health challenge. Statistics from Cancer Research UK (CRUK) underscore the pivotal role of early detection, as survival rates markedly improve when colorectal cancer is diagnosed at stages 1 and 2 compared to stages 3 and 4 (Department of Health and Social Care, 2018 ,Cancer Research UK, 2023). Numerous hurdles persist regarding screening uptake, such as

limited awareness of symptoms and discrepancies in attendance rates tied to socio-economic disparities (Bowel Cancer UK, 2023).

In the context of bowel cancer screening, the innovative use of the Faecal Immunochemical Test (FIT) has impacted the bowel screening process nationally. FIT is a community-based screening method recommended in the NHS Priorities and Operational Planning Guidance, identified as a priority for cancer screening. In England, individuals aged 60 to 74, registered with a GP, receive an NHS bowel cancer screening kit every two years, expanding to those aged 50-59 (NHS England, 2021). FIT tests are designed to detect small amounts of blood in stools using antibodies specific to human haemoglobin (NICE, 2017).

3) Methodology

A) Evaluation roles:

A project team, made of Shelley Ames, Amrita Kulkarni, Vicki Wash (Norfolk and Waveney ICB), Luke Natali and Amy Miller (Health Innovation East) was formed to support the methodology for this evaluation, including generation of a SmartSurvey for TC's to log their insight following conversations.

Reporting of number of logged insights per VCSE organisation was managed between Amrita Kulkarni and Luke Natali.

Dr. Matthew Whelband was invited to undertake the qualitative evaluation in two parts: an analysis of insights logged in the Insight Bank regarding bowel cancer screening and focus groups with Trusted Communicators and Project leads. This work was supported by the James Paget University Hospital NICHE scholarship program.

B) Focus Groups:

Three semi-structured focus groups took place – two focus groups with a total of 8 Trusted Communicators, and one focus group with 3 Project Leads. These were conducted virtually using MS Teams in December 2023. Prior to the focus groups, TC participants were invited via emails from Norfolk Community Foundation (NCF). Project teams were invited as part of regular project meetings. Those who agreed to participate received evaluation information forms and signed consent forms prior to the focus group. The focus groups were, with consent, recorded and transcribed verbatim. The transcripts were analysed thematically using QSR NVivo and reported in MS Word.

C) Insight Bank Thematic Analysis:

The insight bank conversation overviews were recorded in the community voices SmartSurvey by trusted communicators. Overviews of conversations and measures of intent to perform screening tests documented, were exported into MS Excel for thematic analysis.

D) Evaluation Aim and Objectives

Aim:

The Evaluation aimed to describe the impact of the Community Voices (CV) inHIP bowel cancer screening initiative on local understanding of bowel cancer, symptoms and screening by FIT testing in Core20PLUS5 communities of Norfolk and Waveney.

Objectives:

- 1) To describe the themes from CV conversations logged in the insight bank.
- 2) To describe the perceived impact of the CV inHIP pilot on raising awareness about bowel cancer screening and other cancer screening signs and symptoms.
- 3) To describe the barriers and facilitators of this CV initiative.

5) Findings

A) Insight Bank Participation:

24 TC's from eight VCSE organisations were trained in cancer screening and symptoms, with two additional services adding insight due to awareness of the project. They then trained members of their organisations in the methodology for this pilot (see Appendix 1). This resulted in 322 conversations recorded into the insight bank during the InHIP pilot. The number of insights logged per organisation is shown in table 1, with a range of 1-131 conversations recoded within the participating organisations.

Table 1- Participating organisations and number of insights gathered

VCSE Organisation	Core20PLUS5Group	Number of Insights
Access	Migrant/refugee	17
DIAL	Core20	51
St Martins	Homeless	4
ShoeBox	Core20	131
GYROS	Migrant/refugee	33
Hear for Norfolk	Core20	64
New Routes Integration	Migrant/refugee	7
Woman Like Me	Core20	12
Shrublands	Core20	1
GYBC	Core20	2

B) Overview of Insight Bank Themes:

- i) Understanding of signs and symptoms relating to cancer.

The insights gathered showed general discussions regarding health, cancer and screening, which led to discussions about bowel cancer, screening and FIT testing.

"We discussed the risks associated with cancer and how to reduce these - smoking poor diet and fit and active and we worked through the slide outlining signs to look out for."

"General intro chat about health and wellbeing, then aging, illnesses, cancers and bowel cancer and particularly the importance of screening for early detection"

Some conversations led to signposting to services that support the discussions that were had.

"They did not know what signs to look out for in terms of prevention of cancers.

We looked the training slides and online at cancers and how to keep oneself safe. We also looked locally at drop in centres and, in particular the Rouen Centre for emergencies.”

“Signposted to Bowel Cancer UK, Marie Curie, Macmillan, Cancer Research UK”

ii) Awareness of bowel cancer signs and symptoms:

Insights generally indicated an overall awareness of signs and symptoms, either generally or specifically to bowel cancer. Confidence in identifying signs and symptoms improved for some people following conversations with TC’s.

“He felt confident about signs of bowel cancer and would seek help if was concerned.”

“Spoke about signs and symptoms of bowel cancer and is more aware than he was of it.”

“He said he felt more aware of the signs and symptoms of bowel cancer following our conversation. Would feel more confident in future to seek help.”

Additional learning to people by TC’s was described in the insight, such as which services the user could seek more information from, including primary care or the FIT test ordering system.

“I haven’t had a bowel screening kit not sure about what to look for, discussion about what to look for and they feel more confident info given on 0800 number and to speak to the GP if concerned.”

The insight also showed that many conversations ended with the TC feeling they had improved the persons awareness of bowel cancer or signs and symptoms.

“He said he felt more aware of the signs and symptoms of bowel cancer following our conversation. Would feel more confident in future to seek help.”

“Is more aware of signs and symptoms following our discussion.”

“During the conversation, the client was open up with me some of his health problems and how worried he was about cancer but he do not recognise any of the most common symptoms. I believe that after our conversation, the client will be able to speak with his GP if he notice some changes on his routine.”

iii) Previous experience of bowel cancer screening:

Many insights expressed prior experience of using screening tests, with most reporting positive experiences of FIT testing, and positive experiences of the results, and time taken to report results.

“I have had a screen test come through the door, I did do it and send it back, everything was clear. I do know what to look for”

“[...]spoke about the symptoms of Bowel cancer and they were aware and have completed a bowel screening kit and returned it all clear”

Feedback on the FIT testing process was positive overall, with only some finding the process unpleasant. Others noted improvements over previous versions of the test.

"Gets the bowel cancer screening kit and does it every time. It used to be more difficult to do as needed to do 3 poos but it's much simpler now[...]. Said it's a great service. I have had a test kit and I encourage others to do it"

"Has recently done FIT. Found it hard and unpleasant to collect faeces sample."

- iv) Intent to seek medical advice or perform FIT testing during and following discussions:

Many respondents expressed intent to undergo bowel cancer screening in the future or seek medical advice if symptoms arose, these include those who have or have not performed a test previously.

"Client would like to be tested, even he does not observed any symptoms"

"I am healthy, never had a bowel screening test I aware as I would do a test if sent, I have seen the advert."

Only a small proportion of insights expressed reluctance to perform screening, with reasons ranging from apathy to a preference for clinical support over performing this at home.

"I have had a test kit sent but never do it, well I did try but it was a mess so no I didn't do it, I think I would go to the doctors rather than do it at home."

"Has not been for bowel cancer screening and doesn't want to. No particular reason, just not bothered."

- v) Barriers to seeking medical advice or performing bowel cancer screening:

A small number of responses indicated reluctance to seek medical advice or undergo screening. The overall analysis identified barriers such as fear of findings, stigma, mental health concerns, caregiving responsibilities, and homelessness.

For some, the barrier to engaging with bowel cancer screening has been influenced by their perception of their local services generally:

"Client received Kit and done it, after that she was invited for further testing, but she refused to go. She has lost trust in service here."

"Also feeling that everything to do with the GP is complicated and won't be a positive outcome as you can't get appointments, referrals etc."

- vi) Suggestions for improvement:

Acknowledgement of current and previous advertising campaigns for bowel cancer screening were referenced across the insight bank responses. Despite this, the insight also highlighted the need for improved awareness, communication, and education about bowel cancer symptoms.

"Better communication and education."
"More regular information out there, easy access to talk about their health"
"Need to be spoken more about it's importance and how it's done, so people could get better understanding that it's not as difficult as they think."

Multilingual instructions were suggested by some to overcome language barriers. As with perceived barriers to engagement with screening, suggestions for improvement included more engagement with local services to overcome barriers in performing the test.

"Test to be done through Doctors surgery rather than at home."

vii) Record of intent to order a FIT test during the conversation.

Within the insight bank, three outcome measures relating to FIT testing were recordable by TCs:

- 1; The number of people who chose to be left with the 0800 number to order the FIT test kit directly,
- 2; number of people who were supported to make the 0800 call and
- 3; the number of people who completed a web order form for FIT kit via TCs.

Whilst majority of the respondents wanted to be left with the information and showed an awareness of where to seek support from if needed, a small number of respondents asked for assistance with calling the 0800 number (5) or completed the web form (2).

C) Overview of themes from Focus Groups

i) Project Design

The project team stressed the need for swift design aligning with NHS England's funding timeframe. However, constraints to design came from the need for the project to incorporate the use of a recent health innovation (FIT testing in this instance) and targeting of one of the Core20PLUS5 strategy's five clinical areas of focus, posed challenges. Reactivity due to funding constraints emerged as a recurring theme. According to one project lead, "It would be nicer to have longer[...]to collect those conversations[...]But a lot of that is determined by[...]this funding needs to be spent within this period" acknowledging the limitations posed by the funding window from NHSE.

The project model was recognized as more effective in engaging communities than previous methods, including clinical approaches. As one project lead expressed, "This is a good way forward, and we might get some information here that we can't get[...]through GP practice because these may be people who are not engaging even with their practices."

ii) Collaboration and Communication in project design

Project leads praised collaboration within the team on their project design, but noted barriers in collaboration elsewhere, especially in engaging with teams to design methods for the measurement of FIT testing rates following the discussion with community members. Challenges in obtaining patient identifiable data "in a way that satisfied our IG

requirements". RIDAC (Screening Research, Innovation and Development Advisory Committee) completion was described by one project lead as a major hurdle to performing the initial plan to measure FIT test uptake, saying "you have to go through all sorts of[...]conversations and hurdles [...]in order to get what seems like fairly basic non personal identifiable data information back from what you do. And it all has to be more or less collected by hand[...] to the stage now that we've actually got a recall from one of the parts of that from RIDAC who gave us permission to have feedback from the bowel screening program." These issues with collaboration with external teams on project design were felt by one project lead to be the key reason they "only actually had about two people" order tests following conversations with TC's.

iii) Collaboration and communication in project delivery.

TC's highlighted the project's role in fostering relationships within their organisations and the broader system. They appreciated the involvement from NCF in relationship-building. According to a TC, "Doing it through (NCF) was really good[...]having the foundation behind it, I kind of feel it's easy to ask staff questions." Some TC's expressed gratitude to the ICB for engaging with VCSE groups and their communities. One TC mentioned, "I'm sure it's reassuring for people in the communities to know as well that, you know, the health board[...]do genuinely care. They do genuinely want to know[...] what's going on. Why aren't people screening? Why are they screening? How do they make it better?"

One primary benefit related to collaboration identified by TC's, was the provision of training by a team external to their organisation, enhancing their communication skills and knowledge base of health issues. As one communicator stated, "I think it's helped us develop our communication skills and, you know, our interpersonal skills. If you can talk about bowel screening, you can talk about anything. [...]. It's good training to have done." However, some TC's were keen for the initial training to have enabled them to have "deeper conversations."

iv) Conversations with Communities

TC's shared varying experiences of the ability to perform bowel cancer screening conversations within their Core20PLUS5 communities. Some found it easier than expected, while others faced challenges in performing and engaging people with the topic. As one TC reflected, "Some people didn't want to talk about it [...]Some people were quite open[...]it's easier than what I thought initially it would be." Another TC noted that being able to talk to the person in their own language helped the person explain their thoughts on the topic, but with some TC's feeling different communities were still closed to the conversations about bowel cancer screening despite overcoming the language barrier with providing conversations in their organisation.

Repeated exposure to community groups that serve Core20PLUS5 community members, and having a broader health or cancer screening discussion with people initially, were identified as factors influencing the quality and ease of conversations the TC's had in this project, with one TC saying "We do the early conversations and don't quite get the gist of it. Then after we've done sort of 3/4/5 conversations then we're getting the gist of it and capturing the

right stuff to record. So, you know, I think it's one of those things you have to get going with it. You have to get your patter with it. You have to get the real-life stuff going on, you know, whereas I was sort of. Fine. I'll talk about bowels. Hang on a minute. Don't talk about them (bowels), talk about healthcare screen and then go on to bowels, you know, I think sort of the first few we do are probably a bit shaky, whereas we get better at it as we go. But that's like anything, you know, it's yes, not easy subjects to deal with. Not everybody's going to want to talk to us, not everybody's going to be up for it, but then we'll get the other people go to the other extreme, they come and hunt me down for a conversation"

v) Perceived impact from conversations

As already mentioned, barriers were identified in the project team's ability to track FIT test kits ordered following a discussion. TC's described different barriers to supporting a FIT test order, mostly down to the general lack of awareness of community members' NHS numbers, and difficulty in obtaining that during a conversation in a community setting. One TC noted that "I don't think anyone knows their NHS number[...].and when you've got someone right there[...].and then they haven't got the NHS number, are they then gonna go home and think I'll do that now[...] no, probably not." Another TC felt that not being able to support this process during the discussion added to the perception that the NHS isn't supporting communities, saying "they literally lose the interest of going through that process again and they're like, oh see, come on[...] this is what I'm talking about. Everything is so difficult."

TCs felt that overall, the conversations had positive impacts on the Core20PLUS5 communities they work with, by fostering trust and changing behaviours. As one TC emphasised, "[...]doing this has made it more open to us, I believe[...]more trusted", and another noting that they could see people becoming more open during conversations, saying "They might now be sort of more open about talking about it with their friends because like when I've been having conversations, it's normally when[...]a table with say 6 people and then I'll start the conversation about it with one and then by the end of it, they're all talking about it".

TCs also emphasised that being able to perform health conversations enhanced the service their organisations could deliver to their Core20PLUS5 communities, with one highlighting "I think for us it just added something else. And obviously when we're out about on our travels, we can do our stuff plus add another dimension, do people's healthcare."

Some TC's felt there was impact in trust building between the ICB and VCSE organisations, with one adding it opened their organisation to engage in future projects with the health sector, with one TC saying "This has been a really positive change that you actually respect the work that we're doing in communities and we probably are the best people to bridge between what you need done and what people need to be doing for themselves. And even to the point[...]. actually, maybe we could host that[...]so that's a positive change that's come out of it for sure"

vi) Next Steps and Project Sustainability

A future goal for the Community Voices projects overall, as discussed by project leads, was to engage isolated groups and share project management with VCSE organizations for long-term sustainability. Both TC's and project leads expressed a desire to extend the model to target Core20PLUS5 communities more deeply, with one TC saying "I suppose as well is coming up with a solution that is gonna meet those, you know, really isolated people who aren't accessing the kits." Project leads also expressed the same feelings regarding targeting isolated groups, with one saying "So I think this is going a huge, huge way to engaging with those (Core20PLUS5 communities), but there's definitely always a real challenging gap that how do you get to those people that don't engage completely." Future consideration of population health approaches were also discussed, according to one project lead, "what we're starting to do via Community Voices is kind of almost map where our conversations are happening currently, Norfolk and Waveney, to what our core 20 areas and health inclusion groups are[...]. But it's been a starting point to kind of build that up."

In all focus group conversations, participants highlighted the importance of transitioning from reactive projects and funding to a proactive approach. One TC noted, "I think some of our advisors felt clients appreciated that we were trying to do something proactive. Quite often we come in or people come to see us in kind of crisis, but it's a little bit too late. So it really supported that idea come early because actually we can prevent stuff or get you involved before it becomes a crisis. So I think for staff, they really appreciated the opportunity."

The proactive shift was further emphasized in the context of funding and planning Community Voices projects, as one project lead mentioned, "Our Community Voices projects have also been reactive to those funding opportunities. So we're starting to get to a space where we've gathered lots of insights from our community groups about what is important to them and how they see access to and experience of services. But how can we get to, move upstream so that we're talking about prevention rather than having to fix the issues that we know happen further down the line, which obviously cost the system more[...] so it's moving into that prevention area and also proactively engaging with people around our priorities rather than being reactive."

When discussing the long-term continuation of the project, concerns were raised about fractured projects hindering sustained engagement. The need for a unified framework was highlighted by one project lead, saying "So rather than having disjointed approaches of going out and engaging with our communities, who we know don't trust the services, how can we embed this model better and work with VCSE groups." TC's also felt the need for a more continuous approach, with one saying "I think it just needs to be rather than one-off projects. I know you have a specialism, but I think if there's any way we could be funded to just keep having those conversations albeit the next time we're going to focus on X[...] But it needs that continuity, I think not the stop, start, stop."

6) Conclusion

This report provides perspectives on the design and implementation of this pilot, alongside learning to support the continuation of the Community Voices project.

The insights gathered from the insight bank showed an overall good awareness of bowel cancer screening and symptoms in Core20PLUS5 community members willing to have a conversation with TCs, which were improved by some following conversations. This impact to conversations was supported by insight gathered from stakeholders in focus groups. However, insight bank analysis and stakeholder focus groups, uncovered various challenges to engaging with health services in relation to cancer screening signs and symptoms. These all provide invaluable perspectives that stakeholders felt had not been accessed previously, but as these are from a targeted population, they only offer partial insights into participation barriers that would not be fully generalisable to a wider population.

The positivity expressed by stakeholders regarding the project's impact on community engagement, trust-building, and behaviour change highlights the Community Voices model in its ability to engage with Core20PLUS5 community members regarding healthcare topics.

7) Recommendations for Community Voices

As the findings in this evaluation highlight, the continuation of Community Voices could become crucial for building trust between the ICB, VCSE organizations, and community members in addressing health topics with Core20PLUS5 communities. TCs and project leads advocate for sustained collaboration and continuous working plans, favouring them over short-term projects to allow for this.

Recognizing the importance of engaging communities, a dual-pronged approach was proposed by stakeholders, addressing specific needs for targeting of isolated community groups, while also implementing population health strategies in Norfolk and Waveney aligned with each Community Voices project.

Delays in IG approvals and the RIDAC process meant that a FIT kit web form only became available to TCs at a later stage of project delivery. To address challenges in measuring outcomes related to screening test uptake following community voice conversations, future Community Voices projects should establish clear expectations for change measurement. Incorporating achievable metrics and processes during project planning and delivery will ensure meaningful impact assessment in further community voices projects.

8) Acknowledgements

In relation to project design, gratitude is extended to the Community Voices project team, including members from Health Inequalities team, Cancer Transformation and Health Innovation East project teams. Special thanks to the insight and coordination of VCSE organisations by Norfolk Community Foundation.

With respect to evaluation, special thanks are also reserved for the JPUH Research and Evaluation Scholarship funded by NICHE, extended to Dr Hazel Smith, Associate Professor at Staffordshire University, for mentorship of Matthew Whelband in this endeavour.

9) References

- Bowel Cancer Uk. (2023, March 23). *BBC Radio 1 DJ Adele Roberts raises awareness of the symptoms of bowel cancer with new findings*. <https://www.bowelcanceruk.org.uk/news-and-blogs/news/bbc-radio-one-dj-adele-roberts-raises-awareness-of-bowel-cancer/#:~:text=Even%20more%20concerning%20is%20that,them%20from%20contacting%20their%20doctor>
- Cancer Research UK. (2023). *Bowel Cancer Statistics*. <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/bowel-cancer>
- Department of Health and Social Care. (2018). *Government announces plans for earlier diagnosis for cancer patients*. <https://www.gov.uk/government/news/government-announces-plans-for-earlier-diagnosis-for-cancer-patients>
- GOV.UK. (2022, August 5). *NHS bowel cancer screening: identifying and reducing inequalities*. <https://www.gov.uk/government/publications/nhs-bowel-cancer-screening-identifying-and-reducing-inequalities/nhs-bowel-cancer-screening-identifying-and-reducing-inequalities>
- Health Innovation East. (n.d.). *Innovation for Healthcare Inequalities Programme (InHIP)*. Retrieved February 6, 2024, from <https://healthinnovationeast.co.uk/about-us/our-projects/healthcare-inequalities-inhip/>
- National Institute For Health and Care Excellence. (2017). *Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care*. National Institute For Health and Care Excellence. <https://www.nice.org.uk/guidance/dg30/chapter/2-Clinical-need-and-practice>
- NHS England. (2021). *2022/23 priorities and operational planning guidance*. <https://www.england.nhs.uk/wp-content/uploads/2022/02/20211223-B1160-2022-23-priorities-and-operational-planning-guidance-v3.2.pdf>

Appendix 1 – Community Voices approach



Our vision

Norfolk and Waveney Community Voices aims to ensure that people who experience disadvantage because of where they live or who they are can be empowered to understand and act on their health, have a place to share their views, and can help shape how health services are designed and delivered.

How we do it

- By facilitating the right training and providing an infrastructure which works well – with networks, access to good quality resources and time to reflect on good practice.
- By building good quality insight data that can be shared appropriately across partner agencies
- By evaluating the effectiveness of what we do, why we do it and how we do it.
- In partnership with good governance and support from all the sectors involved.
- By recognising that good health is influenced by a range of factors.

