

NURSE-LED 2 WEEK WAIT CLINIC FOR SUSPECTED COLORECTAL CANCER PATIENTS

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

As part of the development of the Colorectal CNS Team and to improve services for patients referred with suspected colorectal cancer within the 2week wait criteria, the Colorectal 2-week wait nurse led triage pathway was set up. Patients referred via this pathway will be assessed by a Colorectal CNS over the telephone and triaged to an endoscopic, radiological procedure or a Consultant outpatient appointment. The CNS Team will be allocated to designated clinics, and each session will be under the direct care of a named colorectal consultant.

The patients will be referred from General Practitioners using the 2 week wait suspected colorectal cancer form.

This guideline is for use by the following staff groups :
Colorectal CNS Team

Lead Clinician(s)

Melinda Kemp

CNS Lead Colorectal
2WW Nurse Led
Triage Pathway

Guideline reviewed and approved by Accountable Director on:

5th November 2018

Review Date:

8th July 2021

This is the most current document and is to be used until a revised version is available

Key amendments to this guideline

Date	Amendment	By:
07.03.2006	Guideline approved by Rachel Overfield on behalf of nursing and therapies strategy group	
20.05.2008	Reviewed by Clinical Lead minor amendment made and agreed to continue for a further two years.	
07.07.2010	No amendments made to guideline	Pat Knott
10.05.2011	Addition of flow chart to define process for each consultant	Pat Knott
27.09.2012	No amendments made to guideline following review	Pat Knott
21/10/2014	Minor changes made. Flow chart updated to meet changes to colorectal investigation options.	Pat Knott
Oct 16	Documents extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
November 2017	Document extended whilst under review	TLG
December 2017	Sentence added in at the request of the Coroner	
December 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
October 2018	Document updated in line with new pathway	Melinda Kemp
8 th Jan 2021	Document extended for 6 months due to staff redeployment and current pandemic	Sharon Brown/Lisa Rowberry

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Introduction

In July 2015, the National Institute for Clinical Excellence (NICE) updated the guidelines and referral criteria for patients with suspected cancer (NG12)². The Independent Cancer Taskforce also recently published a report, “Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020”, in which it is recommended that we should aim to diagnose or refute a cancer diagnosis within 4 weeks of referral for 95% of patients by 2020. A nurse-led pathway will allow us to achieve the new 4 week target ahead of its introduction in 2020. The Colorectal Team have redesigned our 2 Week Wait referral proforma to bring it in line with the new Nice NG12 guidance for referral criteria.

The Pathway allows for faster access to diagnostic investigations for patients following referral, and frees up clinic capacity to see and assess new

Routine and/ urgent referrals. This method is supported by both NICE in the NG12 guidance and ACPGBI in the 2017 Guidelines on the Management of Colorectal Cancer.

Patients will be assessed by a Colorectal CNS over the telephone, and triaged to either an endoscopic procedure, radiological procedure or an outpatient appointment. This process is supported an algorithm following NICE Guidelines. Designated clinic sessions will be held and patients booked in to appointment slots by the 2 Week Wait Office team, each session will be under the direct care of a named colorectal consultant.

Benefits within this development will include, increased patient slots within consultant’s clinics for new and follow-up patients, more time available within the clinic for consultant’s to deal with more difficult and complicated cases, patients will have dedicated time with the colorectal practitioner in the nurse-led clinics and finally outpatient targets for seeing 2 week wait patients will be achieved.

Guideline

Following training and assessment of competence, the Colorectal CNS may see patients who are referred to the colorectal team with suspected colorectal cancer (2 week wait patients).

In accordance with established protocols of practice and in line with the Nursing and Midwifery Council, 'The Code. Professional standards of practice and behaviour for nurses, midwives and nursing associates (2018)', the colorectal practitioner will undertake a telephone assessment of the patient, using an assessment proforma. Following this assessment, the colorectal CNS will request the appropriate investigation(s), following the decision algorithm.

Clinic Criteria

All Colorectal 2 Week Wait referrals are received in to the 2week Wait office and booked in to the next available clinic appointment to be assessed via the Colorectal CNS Team Nurse Led Triage Pathway. Patients referred with an obvious mass, or who may be unsuitable for telephone assessment, will be seen in a Consultant outpatient appointment.

Communication / Record Keeping / Documentation

Communication is a complex two way process involving both verbal and non-verbal components. It is essential that the colorectal CNS understands the complexities of this process in order to facilitate effective and positive communication from initial patient contact. It is the responsibility of the colorectal CNS to communicate the following to the patient:

- Information that is given to the patient must be clear and concise, to enable the patient to make informed decisions about their care.
- Any planned investigations should be clearly explained and the necessary arrangements put into place by the colorectal CNS.
- Contact details of the colorectal CNS should be given to all patients at the end of the appointment.
- Each patient should be treated as an individual with respect and courtesy, and respect for their views and cultural beliefs.

The Code. Professional standards of practice and behaviour for nurses, midwives and nursing associates (2018), state that 'making and keeping records is essential and integral part of care not a distraction from its provision'. The purpose of accurate records is to provide current, comprehensive and concise and associated observations. Records support

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standard setting, quality assessment and audit and provide a baseline against which improvement or deterioration may be judged. The following should be documented:

Accurate details of patient assessment and outcomes. This will be directly in to the patient records via a proforma to be completed electronically within the Bluespier System. (If this is unavailable, a hard copy must be completed and sent for scanning to ensure there is a legal record in the patients notes of the assessment and outcome.

Any records should be dated and signed by the colorectal practitioner.

Monitoring and Audit

The colorectal CNS Team will be responsible for maintaining a database of all patients who are assessed via the pathway. Patient details must be entered on the database on the day they are assessed, as it is also used to assist with dating of procedures and tracking patients progress, outcomes will also be entered into it. This will enable the colorectal CNS Team to audit the service. In addition, a Patient Satisfaction questionnaire will also be sent out following the diagnosis in order to monitor and audit the patient experience.

The information on the database will be used to audit the service annually, and any negative issues within the audit will be discussed at the quarterly review meeting and acted upon.

Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out? Audit – Annually, and Patient Satisfaction Questionnaire.

Who will monitor compliance with the guideline? Melinda Kemp/Dawn Webb

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	<ul style="list-style-type: none"> Adequate training of practitioner to assess patient for relevant procedure and/or outpatient appointment. Inappropriate selection of investigations for patients symptoms / fitness / mobility and ability to tolerate the procedure. Good communication at all stages Documentation (see details within protocol) 	<ul style="list-style-type: none"> Up to date and relevant training to ensure competent and safe practitioner – check certificates and attendance at courses / study days. Audit of database. Attend Advanced Communication course. Random check of patients notes / GP letter to assess documentation. 	<p>Annually</p> <p>Annually</p> <p>Annually</p> <p>Annually</p>	Lead 2WW NLT CNS	<ul style="list-style-type: none"> Any concerns will be addressed as they arise and reviewed at the quarterly review meetings Yearly General and Operational Colorectal Meeting; Yearly Cancer Peer Review; Surgical Audit meeting; quarterly review meeting on an annual basis. 	2 yearly

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References

National Institute for Health and Care Excellence, National Guidance 12

<https://www.nice.org.uk/guidance/ng12>

Guidelines for the Management of Cancer of the Colon, Rectum and Anus (2017)

<https://www.acpgbi.org.uk/resources/guidelines-management-cancer-colon-rectum-anus-2017/>

The Code. Professional standards of practice and behaviour for nurses, midwives and nursing associates (2018) <https://www.nmc.org.uk/standards/code/>

Contribution List

Key individuals involved in developing the document

Name	Designation
Melinda Kemp	Lead CNS Colorectal 2WW Nurse Led Triage Service.
Cassie Dovey	Lead Colorectal CNS.

Circulated to the following individuals for comments/approval

Name	Designation
Mrs D Nicol	Consultant Colorectal Surgeon
Mr R Lovegrove	Consultant Colorectal Surgeon

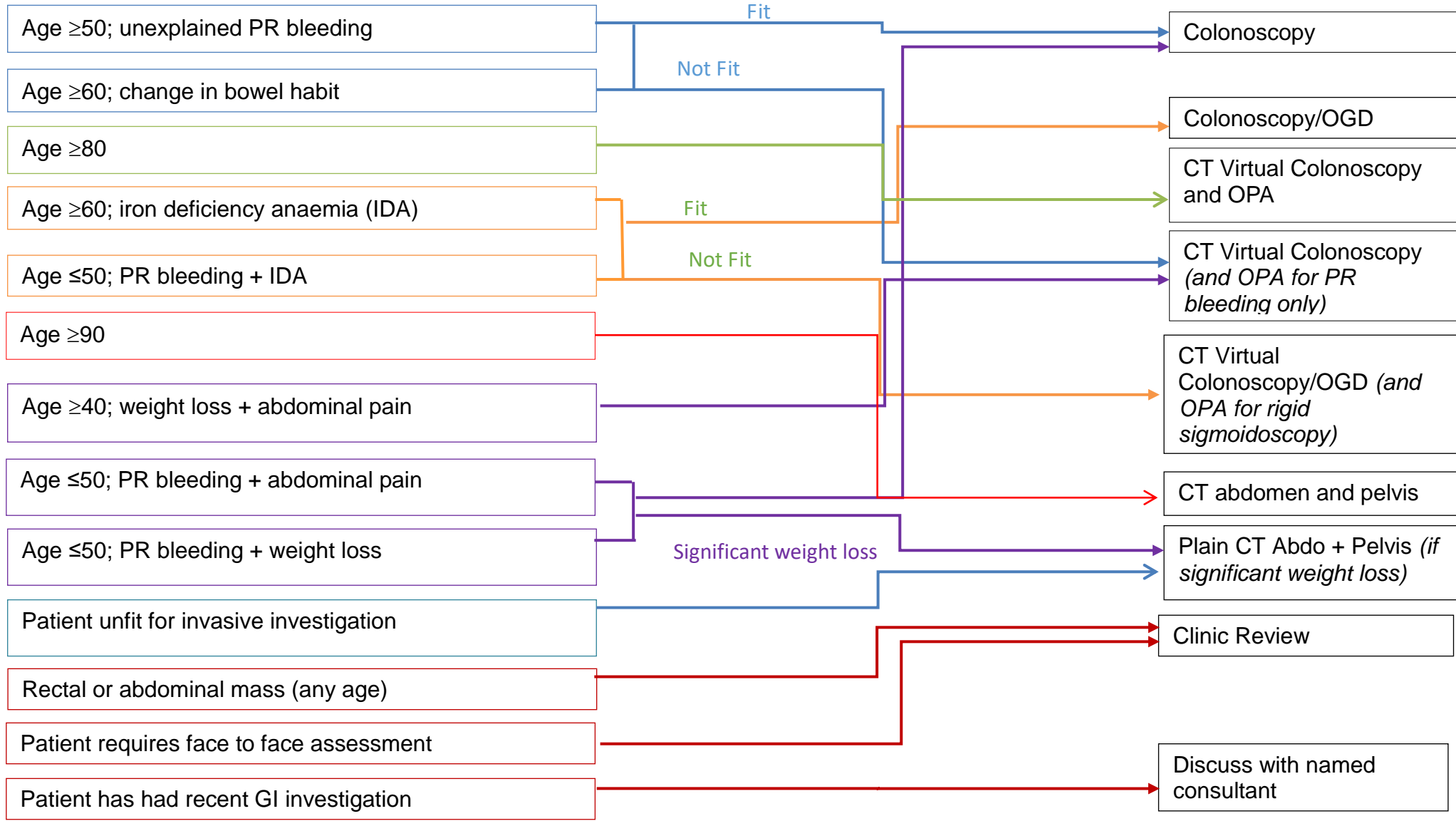
Circulated to the following Matron for comments/approval

Name	Directorate / Department
Matron Julie Webb	Matron for Surgery

It is the responsibility of every individual to check that this is the latest version/copy of this document.

WAHT Colorectal 2WW Nurse-Led Triage Flow Diagram

Referral Criteria (NICE NG12) Any patients not undergoing colonoscopy need an OPA after investigation



Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Transgender	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment & mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	No	
6.	What alternatives are there to achieving the policy/guidance without the impact?	No	
7.	Can we reduce the impact by taking different action?	No	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval