

## FOLLOW UP COLORECTAL CANCER PATIENTS NURSE-LED CLINIC

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 role development of the colorectal practitioner and to improve services for follow up colorectal cancer patients, the colorectal practitioner will see selected patients in a designated clinic session. Follow-up colorectal cancer patients (who were previously seen by the consultant) will now be seen by the colorectal practitioner in a weekly clinic session.

The patients that will be allocated to this nurse-led clinic will be follow-up colorectal cancer patients, identified by the Colorectal Consultant and Colorectal Practitioner.

### This guideline is for use by the following staff groups :

Colorectal Practitioner

#### Lead Clinician(s)

Pat Knott and Cassie Dovey  
Sandra Chambers

Colorectal Practitioner  
Surgical Directorate.

Guideline approved by Accountable Director:

24<sup>th</sup> November 2015

Review Date:

11<sup>th</sup> August 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 on behalf of nursing therapy and strategy group	Rachel Overfield
20.05.2008	Guideline reviewed by Clinical lead with no amendments made to content	
07.07.2010	No amendments made	Pat Knott
13.03.2012	No amendments made	Pat Knott
14.03.2014	Document reviewed with no amendments made to content	Pat Knott
20.05.2015	Minor changes made to reviewed document. Further investigations updated to meet changes applied to patient's investigation options and the signing of investigations by Colorectal Practitioner. Monitoring and audit changes to meet the increased timescale of audit and who audit will be presented to.	Pat Knott
09.11.2015	Minor changes made to this document to allow Sandra Chambers to undertake Nurse led clinics under the responsibility of Mr Reddy Consultant Colorectal Surgeon	Sandra Chambers

November 2017	Document extended whilst document 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
22 <sup>nd</sup> May 2020	Document extended for 6 months whilst review process is finalised during COVID-19.	Cassie Dovey
February 2021	Document extended as per Trust agreement 11.02.2021	

## Follow Up Colorectal Cancer Patients Nurse-Led Clinic

### Introduction

As part of the role development of the colorectal practitioner and to improve services for follow up colorectal cancer patients, the colorectal practitioner will see selected patients in a designated clinic session. Follow-up colorectal cancer patients (who were previously seen by the consultant) will now be seen by the colorectal practitioner in a weekly clinic session.

Increased new colorectal patients referrals, influences demand on clinic appointments, consequently this means that consultants have limited time to spend with patients during follow-up appointments. It is proposed that the colorectal practitioner in colorectal cancer could expand her role and improve service delivery for patients with colorectal cancer. Combined with other changes (development of nurse-led 2-week wait suspected colorectal cancer clinics), will in turn lead to reducing the waiting time for new patient appointments.

Part of the NHS Cancer Plan (DOH 2000) sets out a strategy to reform and tackle cancer services. Part of this plan is to make better use of staff with nurses playing key roles in the delivery of high quality care.

Consequently, the development of specific nurse-led clinics for follow-up colorectal cancer patients would have obvious benefits for both patients and Trust. Such benefits will include:

- Reduction in waiting times for consultants clinics
- Patients will have more time made available at consultants clinics
- Cost effective way of delivering patient services.
- Patients will have dedicated time made available with the colorectal practitioner at special nurse-led clinics.

### Guideline

Following training and assessment of competence (see guideline WAHT-NURS-045 ), the colorectal practitioner may see selected patients who are already being followed up within the colorectal consultants clinic with colorectal cancer.

In accordance with established protocols of practice and in line with the Nursing and Midwifery Council (2002), Code of Professional Conduct the colorectal practitioner will undertake assessment and clinical examination of the follow up patient.

In addition for colorectal cancer follow up patients who have undergone rectal surgery.

Any post-operative concerns, abdominal pain, weight loss, rectal bleeding, change in bowel habit and abdominal masses will be highlighted to the consultant in charge of overall care of the patient and appropriate action taken.

### **Patient Selection and Clinic Criteria**

The colorectal practitioner will only see patients identified by the colorectal consultant. If the patient wishes to continue their follow up care with the consultant in preference to the colorectal practitioner this wish will be respected without fear that this will compromise his / her care in anyway.

- Patients will only be seen on agreement between the consultant in charge of the patient's care and the colorectal practitioner.
- The clinic sessions will only take place when the colorectal consultant or specialist registrar is available for advice.
- The patient will remain under the direct care of their named consultant
- The time parameters set (within one week) for sending patient clinic letters to health professionals after attending their clinic appointment will be adhered to.
- Urgent information will be faxed or phoned to the General Practitioner prior to sending a clinic letter.

### **Consent**

It will be the responsibility of the colorectal practitioner to obtain verbal consent from the patient prior to any procedure being performed. It is the practitioner's responsibility to ensure there is a chaperone available prior to any procedure being carried out.

### **Further Investigations**

In the event of further investigations being required the colorectal practitioner is authorised to request the following:

- **Blood Tests** – where and when appropriate for individual patient care.
- **Colonoscopy** – as part of the colorectal patient pathway for follow up.
- **CT scans / CT colograms** – as part of the colorectal pathway for follow up.
- **Ultrasound scans** – as part of the colorectal patient pathway for follow up.

The consultant will sign all radiology requests until agreed training with the radiology department in order for Colorectal Practitioner to request appropriate investigations.

### **Communication / Record Keeping / Documentation**

Communication is a complex two way process involving both verbal and non-verbal components. It is essential that the colorectal practitioner understands the complexities of this process in order to facilitate effective and positive communication from initial patient contact within the clinic setting. It is the responsibility of the colorectal practitioner 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.
- Procedures should be clearly explained and carried out within agreed Trust guidelines.
- Any planned investigations should be clearly explained and necessary arrangements put into place by the colorectal practitioner.
- Confirm contact details of the colorectal practitioner with the patient.
- Next follow up appointment should be arranged as per colorectal cancer follow up pathway.

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- All activities undertaken within the clinic session will be clearly documented in the patient's eZnotes. Plans for further investigations and follow up will also be documented.
- Each patient should be treated as an individual with respect and courtesy, and respect for their views and cultural beliefs.

Standards for Records and Record Keeping (NMC 2002) 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 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, clinical examination and outcomes.
- Evidence of care required, intervention by the practitioner and patient response.
- Any factors physical, psychological or social that appear to affect the patient.
- A record of the chronology of events and the reasons for any decisions made.
- Any records should be dated and signed by the colorectal practitioner.

### **Monitoring and Audit**

The colorectal practitioner will be responsible for monitoring the clinic by keeping a log of all patients seen. The practitioner will also be responsible to audit patient satisfaction of the service, this can be undertaken using a Patient Satisfaction questionnaire (Trust Format) six months after clinic commences and continued 2 yearly thereafter. Results of such audits will be presented at the monthly Surgical Directorate Clinical Governance Meeting and also where appropriate to the Colorectal Multidisciplinary Team. Any negative issues highlighted within the audit will be discussed and acted upon.

This guideline has not been circulated Trustwide as it has been developed to specific Consultant practice, and therefore would not be appropriate to other practitioners.

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### Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

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:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
	<p>Adequate training of the practitioner to perform health assessments of follow up colorectal cancer patients both theoretically and practically.</p> <p>Inappropriate selection of investigations for patients symptoms / fitness / mobility and ability to tolerate procedure.</p> <p>Good communication at all stages for patient / carer / others involved in patient's care plan eg. GP's</p> <p>Documentation (see details within protocol)</p>	<p>Up to date and relevant training to ensure competent and safe practitioner – check certificates and attendance of courses / study days.</p> <p>Random selection of patients – are the investigations that have been requested appropriate for that patient.</p> <p>Attend Cancer Communication Course</p> <p>Observation of colorectal practitioner within a clinic setting.</p> <p>Random check of patient's eZ notes / GP letter to assess documentation.</p>	<p>Initially 6monthly at commencement of follow up clinics. Then 2 yearly.</p>	<p>Colorectal Consultant</p> <p>Colorectal Practitioner</p> <p>Colorectal CNS</p>	<p>Any concerns will be addressed at the weekly Colorectal MDT.</p> <p>Yearly Cancer Peer Review.</p> <p>Surgical Directorate Clinical Governance meeting.</p>	<p>2 yearly unless need arises for more often.</p>

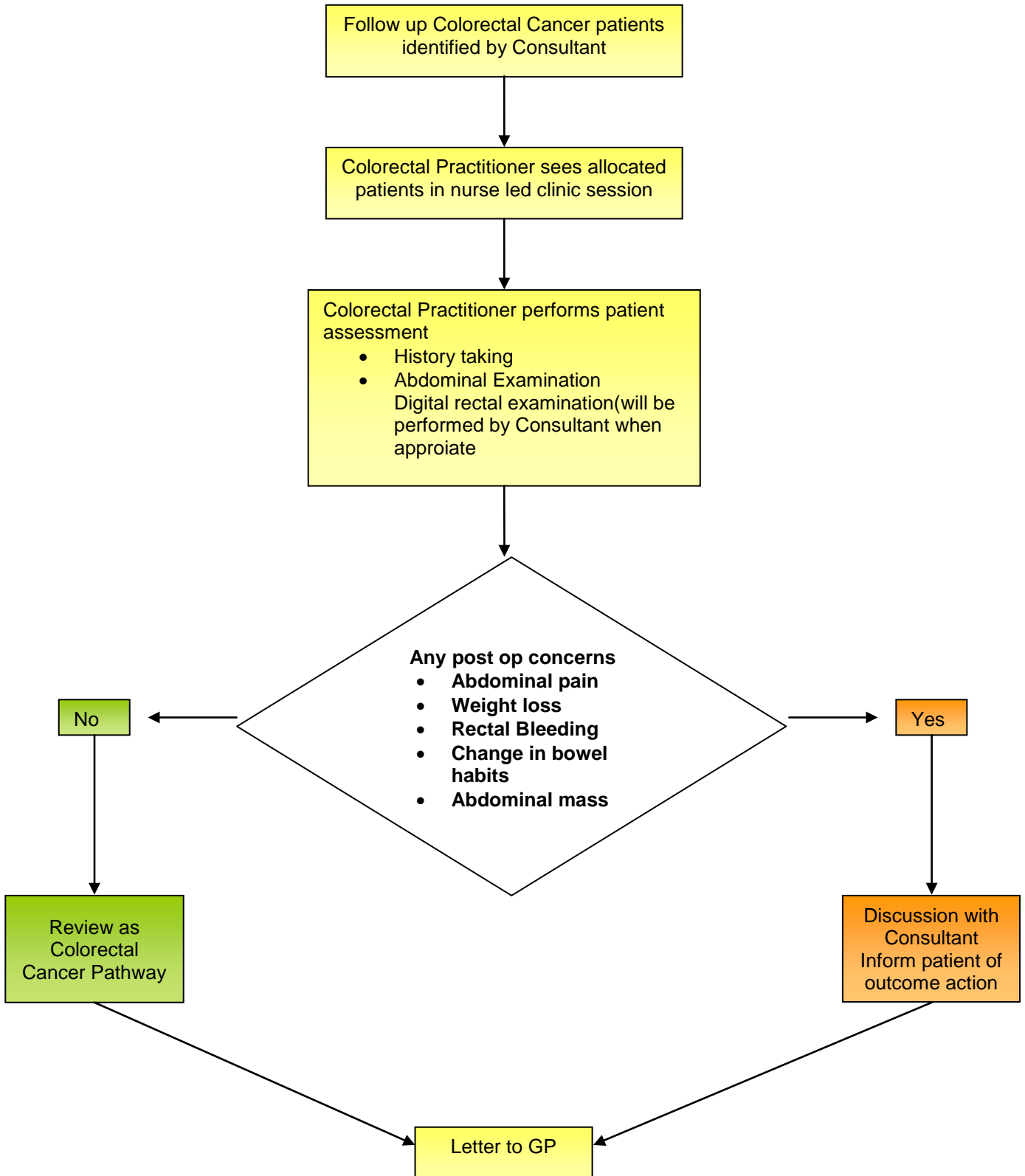
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### References

- Department of Health (2000) National Cancer Plan Document HMSO London
- Nursing and Midwifery Council (2002) Code of Professional Conduct NMC London
- Nursing and Midwifery Council (2002) Code of Professional Practice NMC London
- Nursing and Midwifery Council (2002) Standards of Record and Record Keeping NMC London

### Flowchart for Nurse led follow up colorectal cancer patient clinics



## Contribution List

### Key individuals involved in developing the document

Name	Designation
Pat Knott	Colorectal Practitioner
Mr SP Lake	Consultant Surgeon

### Circulated to the following individuals for comments

Name	Designation
Karen McCredie	Clinical Effectiveness
Anne Sullivan	Lead Cancer Nurse
Sharon Ellson	Professional Development

### Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
Mrs VM England	Surgery

### Circulated to the chair of the following committee's / groups for comments

Name	Committee / group
Rachel Overfield	Senior Nurse, Midwife and AHP Team



## 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
<b>1.</b>	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• 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	
<b>2.</b>	<b>Is there any evidence that some groups are affected differently?</b>	No	
<b>3.</b>	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	No	
<b>4.</b>	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
<b>5.</b>	<b>If so can the impact be avoided?</b>	N/A	
<b>6.</b>	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	N/A	
<b>7.</b>	<b>Can we reduce the impact by taking different action?</b>	N/A	

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.

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### 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.

	<b>Title of document:</b>	<b>Yes/No</b>
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