

Bowel Cancer Screening Programme

Guideline for Bowel Cancer Screening Programme Nurse led new patient clinic

Key Document code:	WAHT-KD-021	
Key Documents Owner:	Emma Duggan	Bowel Cancer & Bowel Scope Screening Manager
Approved by:	Endoscopy Governance Meeting	
Date of Approval:	5 th February 2025	
Date of review:	5 th February 2028	

Key Amendments

Date	Amendment	Approved by
19 th June 2019	Documents extended for 6 months whilst reviewed	Emma Duggan
11 th Feb 2020	Documents extended for 6 months whilst review and approval is processed	Emma Duggan
27 th July 2020	Documents extended for 6 months during COVID-19 period	QGC/Gold Meeting
1 st March 2021	Document extended for 6 months as per Trust agreement 11/02/2021	
16 th July 2021	Documents extended for 6 months whilst review and approval is processed	Emma Duggan/ Mr Stephen Lake
November 2022	Document approved with no changes	SCSD Governance Meeting
August 2024	Document reviewed. Sentence added to include where to search for a PGD - page 3	Avril Turley
January 2025	Document reviewed. Updated positive FIT assessment Clinic process	Avril Turley/ Emma Duggan

Guideline for Bowel Cancer Screening Programme nurse led New Patient Clinic

Introduction

Guidance to be used by all Specialist Screening Practitioners (SSPs) when conducting an SSP positive assessment clinic.

Details of Guideline

Pre-clinic Preparation

- All patient notes are available electronically. (Wye Valley NHS Trust - Maxims and Worcestershire Acute Hospitals NHS Trust - CLIP).
- Check screening history on Bowel Cancer Screening System (BCSS).

At Positive FIT assessment Clinic:

- Greet patient
- Ask patient to confirm identity by them stating their full name, date of birth and address. In addition update telephone contact number.
- Complete BCSP assessment dataset and assess fitness for colonoscopy.
- Check and record prescribed medication.
- Check and record patient's height / weight/ usual blood pressure if known.
- Explain colonoscopy procedure to patient, including offered sites, risks benefits, aftercare and alternative investigations where appropriate.
- Discuss consent for colonoscopy procedure and provide consent form and information leaflet.
- Discuss the need for bowel preparation. Dispense bowel preparation under the Trust's Patient Group Directive (PGD), ensuring that the patient understands how and when to take it, instructions regarding diet modification and provide information leaflets. Ensure that patient understands the importance of increasing fluid intake whilst undergoing bowel preparation.
All PGD's can be found on the Intranet Patient Group Directive by searching the drug name.
- Provide any additional information regarding need to adjust medication where appropriate e.g diabetes, anticoagulants etc. Advise patient if additional medical opinion is required prior to colonoscopy.
- Check that patient has had a renal function assessment by blood test within the past 3 months. Order relevant blood tests if needed. Blood forms/Maxims are used for Hereford patients; ICE is to be used for Worcestershire Acute NHS Trust patients. SSP to review results prior to colonoscopy (appendix 1)
- Offer colonoscopy date to patient within 2 weeks and confirm date and time on appointment letter.
- SSP to ensure the documentation is created ready for patient pack. To include the following:
 1. Colonoscopy appointment letter, to include any appropriate instructions e.g. stopping any medication (appendix 2).
 2. Trust Consent form and procedure information
 3. Bowel preparation with appropriate AM/PM instruction leaflet
 4. Trust Health Care Questionnaire for Endoscopy Admission
 5. Information leaflet on healthy eating.
 6. Relevant blood forms (if required)
 7. Relevant Hospital Map

After clinic

- Ensure attendance information and colonoscopy assessment dataset on BCSS are completed.
- Advance patient screening pathway on BCSS.
- Inform General Practitioner (GP), specialist nurses, other as appropriate, regarding alterations to medications, as per relevant policies.
- For additional patient requirements, contact relevant professionals.
- Document clinic in episode notes, detailing any reason why first offered appointment was not taken.
- SSP to email BCSP generic email address with clinic outcomes (monitored by admin staff). Instructions provided by SSP to send appropriate site clinic pack as detailed above. All documentation will have been created by SSP to be sent to patient. Bowel preparation batch number and expiry date also recorded on BCSS episode note.

References

- Gray, S. (2008) *Guide Book for Programme Hubs and Screening Centres, Version 3* Sheffield, Cancer Screening Programmes
- Connor, Tolan and Hughes et al (2012) *Consensus guidelines for the safe prescription and administration of oral bowel-cleansing agents*. GUT

Appendix 1 – Blood test - Follow suggested recommendations below from Consultant Nephrologist at UHB Department of Renal Medicine

eGFR Result	Action
>30mls/min	Continue to test
15-30mls/min	Clinical review Recommendation: Check the U&E 1-2 days later. Stop any Antihypertensives and diuretics for 24 hours
<15mls/min or those on dialysis	Clinical Review Recommendation: Contact Renal Medicine consultant at University Hospital Birmingham.

Appendix 2 – Colonoscopy appointment letter



NHS No: 999 999 9999

25 December 2005

Mrs Preview N Example-Subject
Hembury House
Cheriton
Shobrooke
Credton
Devon
YY1 5TT

Colonoscopy Appointment
Dear Mrs Example-Subject

Following on from our telephone conversation, details of your colonoscopy are as follows:

Date: Monday 13th January 2025
Arrival Time: 3:30pm
Location: Endoscopy Unit, Malvern Community Hospital.

Please find enclosed your consent form and relevant information leaflets. Please read and sign your consent form and complete the Endoscopy Health Questionnaire Form. Please bring both forms with you to your appointment and hand to the ward staff on arrival.

You will need to take the Moviprep bowel preparation enclosed. Please follow the Moviprep afternoon instruction leaflet provided which is specific to your appointment. Three days prior to taking your Moviprep please follow a low residue/fibre diet. I have enclosed a Worcestershire Acute Hospital Trust booklet with lists of foods allowed and to avoid. Whilst taking the bowel preparation please ensure you drink plenty of clear fluids in order to keep yourself well hydrated. Please do not drink anything red e.g. blackcurrant as this will affect the test.

Please bring a loose fitting T-shirt with you to wear during your procedure.

If you are opting to have sedation please could you arrange for someone to collect you following your test and stay with you overnight. Alternatively Entonox is available as an analgesic and no driving restrictions apply.

If you would like to discuss any aspect of the appointment, please do not hesitate to contact the screening centre on the above telephone number.

Yours sincerely

Paula Smith
Specialist Screening Practitioner

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

Monitoring Tool

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?
	All required documentation and equipment to be available for clinic appointment	Clinic preparation to be checked prior to clinic	Prior to every positive assessment clinic	Specialist screening Practitioner BCSP Administrator	BCSP team	Daily
	Positive Assessment data set is completed on BCSS	Dataset to be marked as complete after positive assessment clinic. Dataset completion report.	Daily Monthly	Specialist Screening Practitioner BCSP Programme Manager	BCSP team	Monthly
	All patients are booked for colonoscopy within 14 days of their clinic appointment	SSP to check on colonoscopy calendar. Colonoscopy capacity planning. Diagnostic tests wait report.	On booking every Colonoscopy	Specialist Screening Practitioner BCSP Programme Manager	BCSP Programme Manager BCSP Clinical Director	Monthly

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Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Emma Duggan	Bowel Screening Programme Manager	Emma.Duggan2@nhs.net
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Guideline for Bowel Cancer Screening Programme Nurse led new patient clinic			
What is the aim, purpose and/or intended outcomes of this Activity?				
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____	

Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		x		No impact
Disability		x		No impact
Gender Reassignment		x		No impact
Marriage & Civil Partnerships		x		No impact
Pregnancy & Maternity		x		No impact
Race including Traveling Communities		x		No impact
Religion & Belief		x		No impact
Sex		x		No impact

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sexual Orientation		x		No impact
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		x		No impact
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		x		No impact

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A	N/A	N/A	N/A
How will you monitor these actions?	N/A			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	On next review of document			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	E Duggan
Date signed	27/02/2025
Comments:	
Signature of person the Leader Person for this activity	S Lake
Date signed	27/02/2025
Comments:	

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:	No

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