WAHT-KD-021



Consent to Endoscopy within BCSP

Key Document code:	WAHT-KD-021		
Key Documents Owner:	Emma	Bowel Cancer & Bowel Scope Screening	
	Duggan/Felicity	Manager/Bowel Cancer Lead Nurse	
	Eykyn	Specialist Screening Practitioner	
Approved by:	Bowel Screening O	Bowel Screening Operational Meeting	
Date of Approval:	30 th November 2022	30 th November 2022	
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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
30 th November 2022	Document approved with no amendments	SCSD Governance Meeting

Introduction:

This guideline outlines the process for obtaining consent from patients within the BCSP for endoscopic procedures and should be used in conjunction with generic WAHT Consent Guidelines.

This document applies to BCSP Screening Colonoscopists, Specialist Screening Practitioners (SSPs) working within the Herefordshire & Worcestershire Bowel Cancer Screening Programme. It should also be considered by endoscopy departments receiving BCSP patients.

This guideline will need to be implemented when commencing the consent pathway for colonoscopy procedures to ensure that all patients receive informed consent.

All BCSP and endoscopy staff will be notified of this documents existence and it will form part of the induction plan for new staff.

This policy can be found on the Worcestershire Acute Trust Website.

Background:

Obtaining consent is an important feature of the BCSP pathway for patients. Consent cannot be obtained solely within the procedure room (Everett et al. 2016). Each participant should be made aware of the risks and benefits of the endoscopic procedure and should receive both written and verbal instruction surrounding consent. Communication and relating to individuals whilst accounting for equity and diversity is key to consent. Each participant should be treated as an individual, some will need additional time and resources, allowing the participant to access information in a format which is

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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.

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accessible to them (MDU 2017). Diversity includes communicating with patients in a way that they can understand and at a level that they can understand. Interpreters, learning disability nurses and sign language specialists all have a role to play within the consent process.

The consent process begins when the SSP is preparing for a positive assessment clinic or surveillance consultation when the SSP prepares the written consent for the screening participant. When the participant speaks to the SSP, either at Positive Assessment Clinic or during a telephone appointment, the consent will be discussed including the risks and benefits of that procedure (Everett et al. 2016). The next consent check will be either when the patient contacts the SSP to discuss any issues related to the colonoscopy or when they arrive at admissions within the endoscopy department for their procedure, allowing the understanding of the risks and benefits of the procedure to be checked prior to the procedure. The consent is further checked at the point of the WHO checklist within the endoscopy room prior to the procedure. Everett et al. (2016) also indicate that alternative procedures should also be explored under the Montgomery ruling. The Montgomery Ruling states that the medical profession has a duty to ensure that the patient is aware of any material risks involved in any recommended treatment and that any reasonable alternative variant treatments should be discussed (MDU 2017). This ruling indicates that the option of CTC scans should be offered as an alternative diagnostic test as an alternative to colonoscopy to FIT 120 positive participants.

PATIENT PATHWAY

FIT positive patient who is referred for colonoscopy, assessed as fit to proceed to colonoscopy. Surveillance patient invited for surveillance procedure, assessed to be fit to proceed to colonoscopy. Patient requires flexible sigmoidoscopy or repeat procedure.

- Worcestershire Acute Trust consent form to be printed off E-Consent system.
- Wye valley NHS Trust patients should be given pre-printed consent form and colonoscopy leaflet.
- SSP to provide patient with consent form and procedure literature to read and sign when ready. Check all patients' details are correct.
- Risks and benefit of procedure explained to patient. Refer to WAHT/ Wye Valley Trust Policy for Consent to examination or treatment.

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It should be noted that valid consent can only be gained when participants have capacity to make informed decisions about their treatment. When capacity is lacking, as indicated by MCA1 and MCA2 documentation, Consent 4 has to be utilised in the best interests of the participant and is determined by the list consultant.

This document is not an exhaustible policy but should be used as a guideline by the SSP when assessed patients are deemed to have capacity to consent to treatment through BCSP and should be used in conjunction with the local WAHT policies detailing Consent to Examination or Treatment.

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