

Bowel Cancer Screening Programme

WAHT-KD-021

Patients who are unsuitable for screening within the bowel cancer screening programme

Key Document code:	WAHT-KD-021	
Key Documents Owner:	Emma Duggan	Bowel Cancer & Bowel Scope Screening Manager
Approved by:	Bowel Screening Operational Meeting	
Date of Approval:	17 th February 2026	
Date of review:	4 th September 2027	

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 amendments	SCSD Governance Meeting
17 th February 2026	Document reviewed by BCSP Team and required no changes	Emma Duggan

Introduction

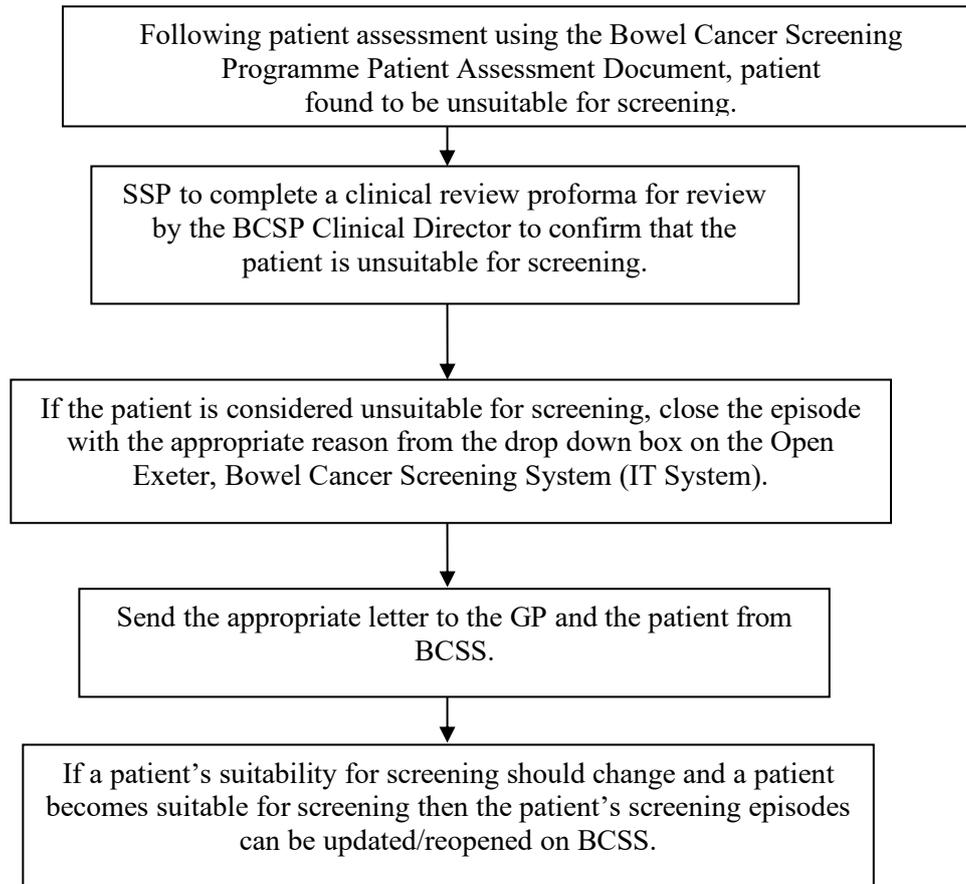
The aim of this guideline is to provide a pathway for patients who are unsuitable screening within the Bowel Cancer Screening Programme. This includes patients who have undergone total colectomy, and patients with complex co-morbidities, those with complex mobility issues and patients deemed too frail to undergo standard laxative bowel preparation and are deemed unsuitable for diagnostic testing either through CTC or colonoscopy (Gov.UK 2020).

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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Pathway



Note: Some patients will request to be ceased from the programme even though they are suitable for screening this is categorised as informed dissent once the patient has been made aware of the benefits of screening through BCSP and a written request has been received by BCSP from the patient.

Conclusions:

Some participants may be deemed unsuitable for screening through BCSP as diagnostic testing by both colonoscopy and CTC are deemed unsuitable by screening consultant, in these circumstances the patient should be informed before the episode is closed. The patient should be discharged back to the GP for symptomatic care (Gov.Uk 2020). Accurate documentation on BCSS should be completed to explain why the patient was not fit for the diagnostic test (NMC 2015).

References:

Gov.Uk 2020. *Bowel cancer screening: Guidelines for CTC imaging*.
<https://www.gov.uk/government/publications/bowel-cancer-screening-imaging-use/bowel-cancer-screening-guidelines-for-ctc-imaging> [Accessed 17.04.2020].

Nursing and Midwifery Council (2015). *The Code – Professional standards of practice and behaviour for nurses and midwives*. London, Nursing and Midwifery Council.

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