

**Bowel Cancer Screening Programme
WAHT-KD-021**

Patients who are unfit for screening colonoscopy

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:	4 th September 2024	
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
30 th March 2022	Document approved with no amendments	SCSD Governance Meeting
August 2024	Minor amendment to include incidental findings of CTC reporting	Avril Turley

Introduction

The aim of this guideline is to provide a pathway for patients who are unfit for screening colonoscopy and referred for Computed tomography Colonography (CTC). CTC is the only alternative diagnostic test available in the programme pathway when colonoscopy is incomplete, or the patient is considered medically unfit for colonoscopy. This includes patients who are unable to take bowel preparation, patients with significant co-morbidities which contra-indicate colonoscopy or patients in whom previous colonoscopy has failed. Currently there is no role for the use of CTC as an alternative to bowel scope screening (GOV.UK 2019).

Referral for CTC:

Patient criteria for CTC referral should be reserved for those who are medically unfit for colonoscopy and include (GOV.UK 2019).

- with complex, severe co-morbidities
- with medication or mobility needs making the risks or difficulties of colonoscopy unacceptable
- with intolerance to the procedure
- with significant neurological, cardiovascular or respiratory comorbidity, which might compromise the safety of the procedure
- deemed too frail to undergo standard laxative bowel preparation
- following an incomplete colonoscopy, or for patients with a history of difficult or incomplete colonoscopy. This could be due to technical difficulties such as looping or an impassable stricture, or other issues faced during the procedure. Following review of previous endoscopy reports. Previous indication should be added as a **subject note (SN)** to highlight the need for CTC as preferred diagnostic testing route with date and named consultant recommendation added to SN.
- CTC surveillance can be considered for patients where there has been an abnormal finding at previous colonoscopy or CTC that was not treated by excision, but which requires follow up.

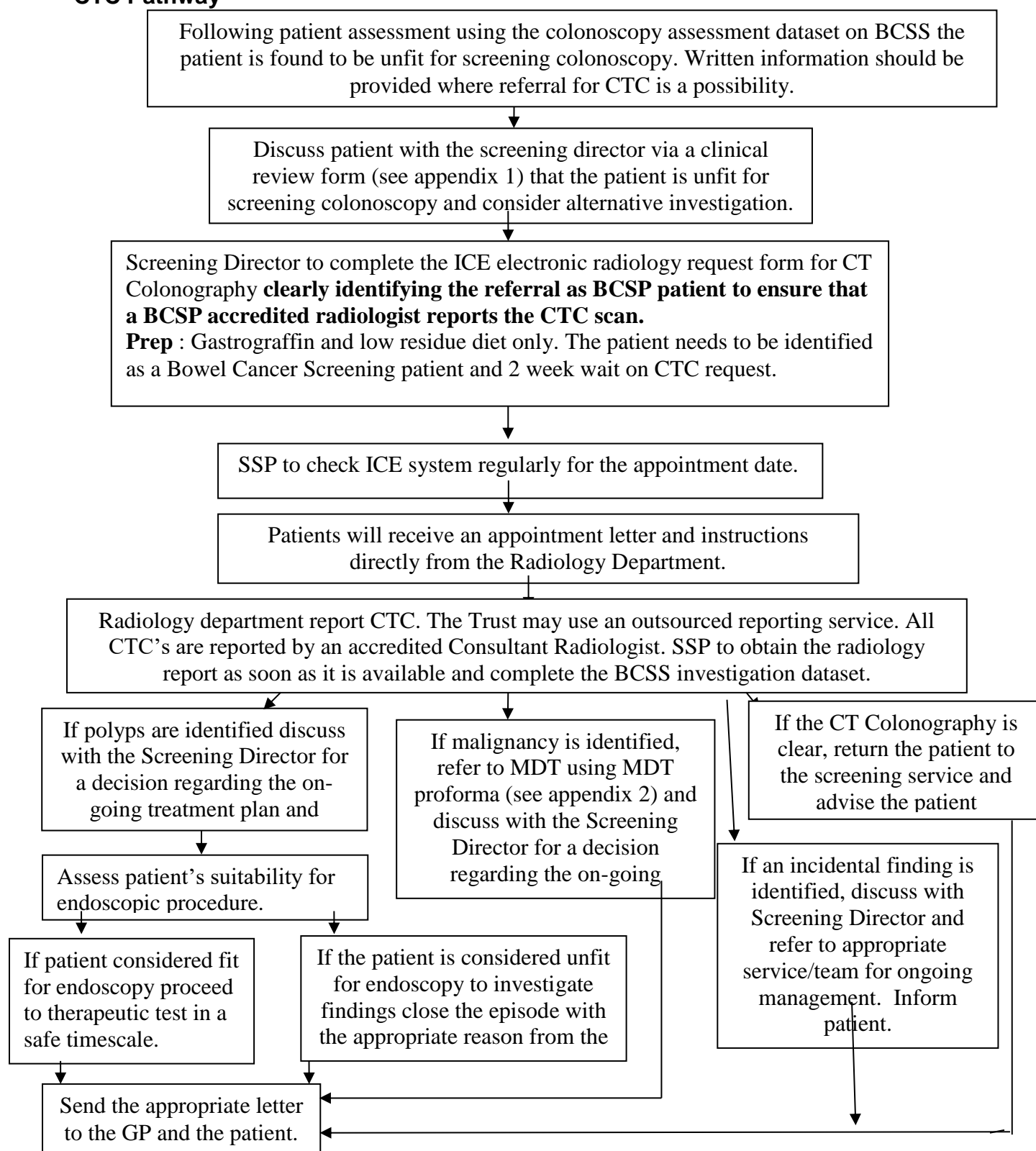
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Non-referral for CTC:

- when a patient is unlikely to be fit enough for an imaging examination a full discussion should be made with the patient. Where participants are deemed to lack capacity a best interests meeting should be made (see WAHT-BCS-041). Discussions should be recorded on BCSS. In some situations no further investigations may be the agreed course of action (GOV.UK 2019).
- When a patient declines colonoscopy they end the screening pathway. The SSP should verbally refer the participant back to primary care where the GP can make symptomatic referrals as appropriate. The participants screening episode can then be closed on BCSS. The patient will then be automatically returned to routine recall if they remain within the eligible range for screening (GOV.UK 2019).

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CTC Pathway



References

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GOV.Uk 2019. Bowel cancer screening: guidelines for CTC imaging. [Available online]
<https://www.gov.uk/government/publications/bowel-cancer-screening-imaging-use/bowel-cancer-screening-guidelines-for-ctc-imaging> [Accessed May 2020].

Appendix 1

Patients for Clinical Review

Name		
NHS		
Date of Birth		
Reason for Clinical Review		
Completed Date & Time		
Completed by: Print & Sign		

Outcome		
Review Date & Time		

Appendix 2

Bowel Cancer Screening Programme - MDT Proforma

Hospital Number	Click here to enter text.	NHS Number	Click here to enter text.
Forename	Click here to enter text.	Surname	Click here to enter text.
Date of Birth	Click here to enter a date.	Gender	Click here to enter text.

Source of Referral	Bowel Cancer Screening Programme
Read Kit Date (Start date of pathway)	Click here to enter a date.
Outpatient Appointment Date	Click here to enter a date.
Colonoscopy / Flexible Sigmoidoscopy Date	Click here to enter a date.
Target Date	Click here to enter a date.

Comments: e.g. Tumour site, scans referred, delays experienced to date outlining why – to assist with potential breach reports or anything that might impact the pathway moving forward (holidays).

Please tick below as appropriate providing any appropriate additional information where possible:

- ☐ Patient Choice:
- ☐ Admin Delay:
- ☐ Clinical Delay:
- ☐ Capacity Delay:
- ☐ Other:

WHO Performance Status:

0: Able to carry out all normal activity without restriction

Completed by: Date:

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:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
Two.	All patients to be pre-assessed and receive an appointment for CTC within 2 weeks of referral.	Check ICE system to ensure appointments have been booked within 2 weeks of request. Contact radiology to chase appointment date if not booked.	Daily.	Specialist Screening Practitioner.	Reported to X-Ray department and screening centre co-ordinator.	When a breach occurs.
	Breaches of diagnostic waiting times.	Breaches of diagnostic waiting times are reviewed using data from the OIBEE Dashboard.	Monthly.	Screening co- ordinator.	Reported to BCSP programme board and operational group.	Monthly and quarterly.

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	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	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?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	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.

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