

Bowel Cancer Screening Programme Guideline for Referring Patients to a Tertiary Centre

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

This operational guideline outlines the action required when a patient needs referring to a tertiary centre following a procedure under the care of the Bowel Cancer Screening Programme.

This guideline is for use by the following staff groups :

Bowel Cancer Screening Programme(BCSP)Specialist Screening Practitioners

Lead Clinician(s)

Mr S P Lake

BCSP Screening Director

Approved:

30th November 2022

Review Date:

30th November 2025

This is the most current document and should be used until a revised version is in place

Key amendments to this guideline

Date	Amendment	Approved by:
June 2015	Document Created	Paula Smith
April 2020	Full Review of Document	Paula Smith
November 2022	Document reviewed and approved without amendments	SCSD Governance Meeting

WAHT-BCS-031

It is the responsibility of every individual to ensure this is the latest version as published on the Trust Intranet

Introduction

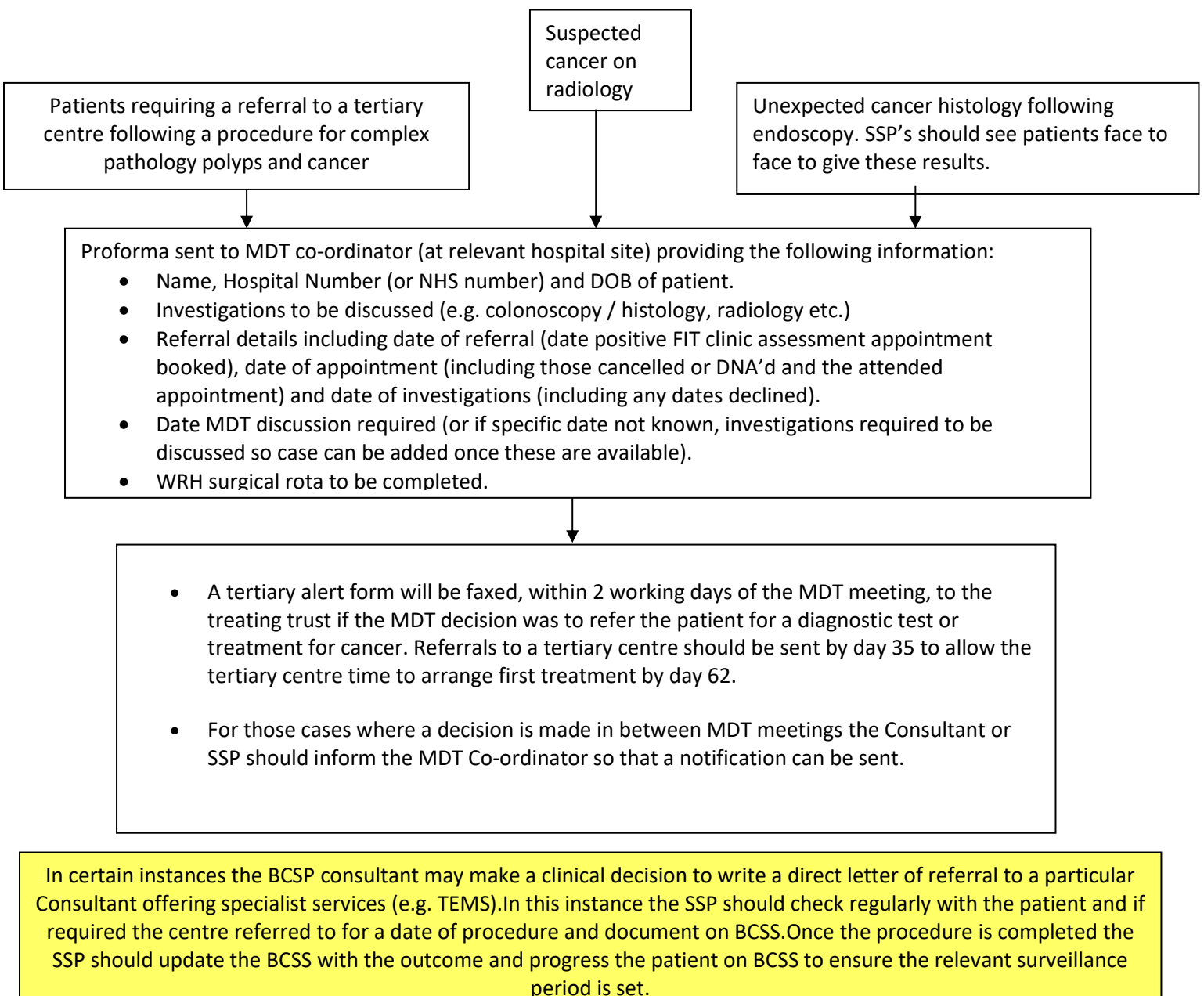
The purpose of this guideline is:

- In accordance with the requirements of the Bowel Cancer Screening Programme, screening centres must have a protocol for handover of responsibility for referral of patients with suspected pathology from BCSP to a named clinician at a treating hospital.
- In addition, screening centres are required to have prearranged referral pathways for any patients who need further investigation or treatment outside BCSP.
- To ensure patients requiring a referral to a tertiary centre following a procedure, and discussion at MDT (Multi-Disciplinary Team) meeting, is completed in a timely manner.

Details of Guideline

This guideline applies to Specialist Screening Practitioners (SSPs) working within the Herefordshire & Worcestershire Bowel Cancer Screening Programme.

Pathway for patients requiring referral to Tertiary Centre



WAHT-BCS-031

It is the responsibility of every individual to ensure this is the latest version as published on the Trust Intranet

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?
Two.	Patients with suspected cancer/complex histology should be discussed at MDT meeting.	E-Mail to be sent to the MDT Co-Ordinator with the relevant patient information.	As soon as able to when patients investigation is completed.	Specialist Screening Practitioner/MDT Co-Ordinator.	Specialist Screening Practitioner.	Weekly MDT agenda.

WAHT-BCS-031

It is the responsibility of every individual to ensure this is the latest version as published on the Trust Intranet

References

WHAT-CG-446 Operational Escalation Policy for Monitoring Cancer 14/31/62 Day Targets.

Gray, S. (2008) *Guide Book for Programme Hubs and Screening Centres, Version 3*
Sheffield, Cancer Screening Programmes.

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.

WAHT-BCS-031

It is the responsibility of every individual to check that this is the latest version/copy of this document.

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:	None

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