Worcestershire NHS
Acute Hospitals NHS Trust

Bowel Cancer Screening Programme
Guideline for Informing Patients of Post Investigation Histology

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 refers to all patients with histopathology after colonoscopy. Patients who have no histology or have other findings e.g. diverticular disease, haemorrhoids do not require formal follow up.

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :
BCSP Specialist Screening Practitioners (SSPs)

Lead Clinician(s)

Mr Lake	BCSP Screening Director
Approved by BCSP Operational Group	30th November 2022
Review Date: This is the most current document and should be used until a revised version is in place	30th November 2025

Key amendments to this guideline

Date	Amendment	Approved By:
June 2015	Document created	
April 2020	Full Review of Document	Paula Smith
November 2022	Document approved with no changes	SCSD Governance Meeting

Bowel Cancer Screening Programme
Guideline for Informing Patients of Post Investigation Histology

TITLE OF GUIDELINE
Operational Guideline for Informing Patients of Post-investigation Histology

DETAILS OF GUIDELINE

1. All patients will be informed that they will receive a telephone call from a Specialist Screening Practitioner when the histology results are available and given a timeframe for processing and receipt of results. Pathology reporting should meet the NHSBCSP standards with regard to turn around times, WITHIN 7 days from receipt of the specimen. (GOV.UK 2018).

2. All patients should be offered the choice of receiving their post procedure results at a clinic appointment or via telephone. All patients who have unexpected histology results (such as an unanticipated cancer diagnosis) must be seen ~~face to face~~ at a clinic appointment to receive their results.

3. When the SSP reviews the histology results on the ICE pathology reporting system, all patient identifiable details will be checked to ensure correct patient/ correct results. Any queries with results will be reviewed by the relevant screening colonoscopist at the earliest opportunity.
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4. The patient will be contacted by the SSP to ask whether they would like to be told the results over the phone or if they would prefer to see an SSP in clinic to discuss their results. In the event the patient elects to receive the results over the telephone, the responsible SSP for the patient will then provide the relevant histology results. All patient identifiable details will be checked to ensure correct patient/ correct results. Alternatively where complex results are received requiring an expert opinion the patient should be advised that there will be a delay in reporting.

5. SSP should place emphasis on ensuring that the language used is clear and simple, avoiding medical jargon or euphemisms.

6. The SSP should ensure that all discussions are fully documented on the episode note system on Open Exeter. The BCSS advanced appropriately and the resultant letters despatched.

REFERENCES
Department of Health, (2013). Public Health Functions to be exercised by NHS England.

GOV.UK 2018. Bowel scope screening: standard operating procedures.

Guide Book for Programme Hubs and Screening Centres NHS Bowel Cancer Screening Programme, Version 3, 31 March 2008.

NHS England (2019). NHS public health functions agreement 2019-20. Service specification no.26. Bowel Cancer Screening Programme.

NHS England and NHS Improvement (2019). NHS public health functions agreement 2019-20. Service specification no. 26. Bowel Cancer Screening Programme.

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: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
Two	BCSS database.	Review patient data on BCSS to ensure patient communication accurately recorded and in a timely manner.	Monthly.	SSP.	Appropriate SSP BCSP Matron BCSP Director Administrative Staff.	BCSP Operational Board Meetings twice a year.
Two	Complex histology.	Review patient data on BCSS to ensure outcome of complex histology reviewed accurately. Transferred from ICE (trust based system).	Daily.	SSP.	Appropriate SSP BCSP Matron BCSP Director Administrative Staff.	BCSP Operational Board Meetings twice a year.

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
BCSP Screening Director
BCSP Matron
BCSP Programme Manger
SSP's

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
BCSP Operational Group
Endoscopy Directorate Meeting

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:**	No	
	• 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?**	NA	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	NA	
4.	**Is the impact of the policy/guidance likely to be negative?**	NA	
5.	**If so can the impact be avoided?**	NA	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	NA	
7.	**Can we reduce the impact by taking different action?**	NA	

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:	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