

## **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 Directorate Governance Meeting 06 Aug 2025

Review Date: 06 Aug 2028

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

**WAHT-BCS-034**

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

**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
July 2025	Full review – duplication removed	E Duggan

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## **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 participants will be asked by the relevant SSP whether they would like to discuss their results over the phone or if they would prefer to see an SSP in clinic. An indication will be given of the time frame for processing and receipt of results noting that Pathology reporting should meet the NHSBCSP standards with regard to turn around times, i.e. within 7 days from receipt of the specimen. (GOV.UK 2018).
2. 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 or Clinical Director at the earliest opportunity.
3. Where complex results are received requiring an expert opinion the patient should be advised that there will be a delay in reporting.
4. SSP will place emphasis on ensuring that the language used is clear and simple, avoiding medical jargon or euphemisms.
5. The SSP will ensure that all discussions are fully documented on the episode note system on BCSS. The BCSS pathway will be advanced appropriately and the result and letters despatched to the patient and GP.

### **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.

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## 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	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.

## WAHT-BCS-034

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### 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 included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



**Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form**  
**Please read EIA guidelines when completing this form**

**Section 1 - Name of Organisation** (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

<b>Name of Lead for Activity</b>	
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Emma Duggan	Bowel Screening Programme Manager	<a href="mailto:Emma.Duggan2@nhs.net">Emma.Duggan2@nhs.net</a>
<b>Date assessment completed</b>	05/03/2025		

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title:</b> Informing patients of post investigation Histology		
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure patient receives histology results within the correct timescales		
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?		

What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

**Section 3**

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.**

Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

<b>Equality Group</b>	<b>Potential <u>positive</u> impact</b>	<b>Potential <u>neutral</u> impact</b>	<b>Potential <u>negative</u> impact</b>	<b>Please explain your reasons for any potential positive, neutral or negative impact identified</b>
<b>Age</b>		X		No impact
<b>Disability</b>		X		No impact
<b>Gender Reassignment</b>		X		No impact
<b>Marriage &amp; Civil Partnerships</b>		X		No impact
<b>Pregnancy &amp; Maternity</b>		X		No impact
<b>Race including Traveling Communities</b>		X		No impact
<b>Religion &amp; Belief</b>		X		No impact
<b>Sex</b>		X		No impact
<b>Sexual Orientation</b>		X		No impact
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		No impact
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		No impact

**Section 4**

<b>What actions will you take to mitigate any potential negative impacts?</b>	<b>Risk identified</b>	<b>Actions required to reduce / eliminate negative impact</b>	<b>Who will lead on the action?</b>	<b>Timeframe</b>
	N/A	N/A	N/A	N/A
<b>How will you monitor these actions?</b>	N/A			
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	On next review of document			

**Section 5** - Please read and agree to the following Equality Statement**1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	E Duggan
<b>Date signed</b>	18/07/2025
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	S Lake
<b>Date signed</b>	18/07/2025
<b>Comments:</b>	



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### 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