Worcestershire Acute Hospitals NHS Trust

Bowel Cancer Screening Programme
Guideline for Breaking Bad News to Patients

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 the pathway for breaking bad news to patients.

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :
Specialist Screening Practitioners(SSP's)
BCSP Screening Consultants

Lead Clinician(s)

Mr S P Lake — BCSP Screening Director

Approved by: BCSP Operational Group — 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:
October 2015	Document created	Christine Mosedale
June 2018	Reviewed- no amendments made.	Gill Round
April 2020	Reviewed- amendments made.	Gill Round
November 2022	Document approved with no changes	SCSD Governance Meeting

GUIDELINE FOR BREAKING BAD NEWS TO PATIENTS

Introduction

This operational guideline refers to the pathway for breaking bad news to patients, ensuring accuracy of content and clinical judgement exercised in regard of information imparted while acknowledging the potential need for patient support.

Details of Guideline

1. When malignancy is suspected at the time of colonoscopy the patient and any accompanying family (taking into account the patient's wishes) should be informed of this, as per Trust policy for breaking bad news. Patients with unexpected polyp cancers should be offered a follow up clinic appointment where possible to discuss histology results.

2. The SSP should inform the patient of referral to MDT, which CT/MRI Scans will be requested, and that nursing support will be handed over to a Colorectal CNS.

3. SSP to confirm that scans have been requested and that requests have been received. SSP to inform the appropriate scanning department of any updated contact details for the patient.

4. The SSP will offer the patient a post investigation follow up appointment in clinic to see a screening practitioner when histology is available. If patient refuses post investigation appointment and wishes to have the results over the phone, this should be clearly documented in the BCSS Episode Notes.

5. The SSP must ensure the patient has their contact name and number of the BCSP office, and/or those of the Colorectal Clinical Nurse Specialist to whom the patients care is handed over to.

6. The SSP will telephone the patient on the next working day after the procedure, confirm the patients understanding of what they have been told, answer any questions, and confirm post investigation appointment, if appropriate. Emphasis should be placed on ensuring that the language used is clear and simple, avoiding medical jargon or euphemisms.

7. If the patient has decided to attend the post investigation appointment, the SSP should discuss results with the patient – using the breaking bad news flow chart (adapted from Kaye 1996). See Appendix 1

8. The SSP should ensure that the patient is fully informed and should check their understanding before the end of the telephone conversation or post investigation clinic appointment.

9. The SSP should make the patient aware of hand over of care and check that the patient has appropriate contact details e.g. Colorectal nurse and SSP team.

10. The SSP should ensure that all discussions are fully documented on the Bowel cancer Screening System and Somerset Cancer register.

References

Kaye 1996; Guide book for Programme Hubs and Screening Centres - NHS Bowel Cancer Screening Programme Version 3 31 March 2008;

Measures 1E-114-Manual for Cancer Services 2004. Guidelines for Communication and Breaking Bad News to Patients and Carers.

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?**
	All SSP's have completed an Advanced Communication Course	Review new SSP Induction Pack competencies are	Within 12 months of a new SSP starting in post	Lead SSP	Lead SSP Matron	BCSP Operational meetings Quarterly

Contribution List

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

Designation
BCSP Screening Director
BCSP Matron
BCSP Programme Manager
Lead SSP
SSPs

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

Committee
BCSP Operational Group

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

Appendix 1 : A 10-step approach to breaking bad news

Preparation
Know all the facts before the meeting, find out whom the patient wants present, and ensure privacy and chairs to sit on.

What does the patient know?
Ask for a narrative of events by the patient (e.g. “How did it all start?”).

Is more information wanted?
Test the waters, but be aware that it can be very frightening to ask for more information (e. g “Would you like me to explain a bit more?”)

Give a warning shot
E.g. “I’m afraid it looks rather serious” – then allow a pause for the patient to respond.

Allow denial
Denial is a defence, and a way of coping. Allow the patient to control the amount of information

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Explain (if requested)
Narrow the information gap, step by step. Detail will not be remembered, but the way you explain will be.

Listen to concerns
Ask “What are your main concerns at the moment?” and then allow space for expression of feelings.

Encourage ventilation of feelings
This is the KEY phase in terms of patient satisfaction with the interview, because it conveys empathy

Summary-and-plan
Summarize concerns, plan treatment, and foster hope.

Offer availability
Most patients need further explanation (the details will not have been remembered) and support (adjustment takes weeks or months) and benefit greatly from a family meeting.

Ref - Breaking Bad News: A 10 Step Approach
Peter Kaye (1996)