

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: Directorate Governance Meeting

06 August 2025

Review Date:

06 August 2028

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
July 2025	Reviewed – amendments made	A Turley

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 (considering 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. A copy of Abnormal Colonoscopy – What happens next? (Appendix 1) Will be given to patient.
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 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 follow up plan. Emphasis should be placed on ensuring that the language used is clear and simple, avoiding medical jargon or euphemisms.
5. The SSP will make patient aware that once all results available and following MDT discussion, the patient will be contacted by the Colorectal team to attend a follow up appointment in clinic to discuss all results in detail and treatment plan with consultant and colorectal Clinical Nurse Specialist.
6. If the patient has an unexpected polyp cancer result, the SSP will provide patient with results by telephone or to attend a post investigation appointment. The SSP should discuss results with the patient – using the breaking bad news flow chart (adapted from Kaye 1996). See Appendix 2
7. 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.
8. 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.
9. The SSP should ensure that all discussions are fully documented on the Bowel cancer Screening System and Somerset Cancer register.

WAHT-BCS-035

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

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.

WAHT-BCS-035

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?
	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

WAHT-BCS-035

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

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

WAHT-BCS-035

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

Appendix 1 Abnormal Colonoscopy – What happens Next ? Leaflet

Useful support organisations:

Macmillan: <https://www.macmillan.org.uk/>

NHS: <https://www.nhs.uk/conditions/bowel-cancer/living-with/>

Bowel Cancer UK:
<https://www.bowelcanceruk.org.uk/>



Abnormal colonoscopy- what happens next?

WAHT-BCS-035

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

You have been informed there is an abnormality within your colon- the aim of this leaflet is to inform you what happens from here and the process that will follow.

You may need to go for further scans to assess the abnormality found. These can include:

- A CT scan- a computerised tomography (CT) scan uses X-rays and a computer to create detailed images of the inside of the body. They're carried out in hospital by specially trained operators called radiographers.
- A MRI scan- Magnetic resonance imaging (MRI) is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body.

You may be asked to go for both of these tests depending on where the abnormality has been found. Your scan reports will be sent back to your consultant

You will have been informed after your colonoscopy if there were any biopsies taken during the procedure.

A colon biopsy is a term used to describe the removal and examination of a tissue sample from the colon. It is a diagnostic procedure used to determine whether any of the tissue cells are cancerous or precancerous.

These results can take approximately 2-3 weeks.

Once your scan and biopsy results have been received the results will be discussed by the Colorectal Multi-disciplinary team (MDT).

This happens every week and includes consultants, pathologists, radiographers and nurses who review the scans and biopsy results to plan and implement a treatment program.

After the results and scans have been discussed in MDT you will have an appointment made to see your consultant in clinic to discuss the results with you and recommendations for treatment.

Each consultant has a specialist nurse who works with them to help support you and any questions you may have. The specialist nurse will act as your key worker supporting you and working with the MDT to co-ordinate care and investigations. Please do not hesitate to contact the team if you or any of your family have any questions

The colorectal nursing team can be contacted on:

Worcester office 01905 760643

Alexandra office 01527 512196

Appendix 2: 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

**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)**

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)	

Name of Lead for Activity	
----------------------------------	--

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Emma Duggan	Bowel Screening Programme Manager	Emma.Duggan2@nhs.net
Date assessment completed	05/03/2025		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Breaking Bad News			
What is the aim, purpose and/or intended outcomes of this Activity?	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.			
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"/>	Staff Communities Other _____	
Is this:	x Review of an existing activity			

WAHT-BCS-035

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

	<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.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		x		No impact
Disability		x		No impact
Gender Reassignment		x		No impact
Marriage & Civil Partnerships		x		No impact
Pregnancy & Maternity		x		No impact
Race including Traveling Communities		x		No impact
Religion & Belief		x		No impact
Sex		x		No impact
Sexual Orientation		x		No impact
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		x		No impact
Health Inequalities (any preventable, unfair & unjust differences in health status between groups,		x		No impact

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A	N/A	N/A	N/A
How will you monitor these actions?	N/A			
When will you review this EIA? (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.

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

**Supporting Document 2 – Financial Impact Assessment**

Bowel Cancer Screening Programme – Guideline for breaking bad news to patients		
WAHT-code-035	Page 11 of 12	Version 3

WAHT-BCS-035

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

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