

## Bowel Cancer Screening Programme Guideline for Surveillance Patients within BCSP

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 guideline outlines the procedure for managing recall of surveillance patients under the BCSP.

### This guideline is for use by the following staff groups :

BCSP Specialist Screening Practitioners  
BCSP Admin Team

### Lead Clinician(s)

Mr S Lake BCSP Programme Director

Approved Endoscopy Directorate Meeting: 7<sup>th</sup> September 2022

Approved at SCSD Governance Meeting: 30<sup>th</sup> November 2022

Review Date 30<sup>th</sup> November 2025

This guideline should not be used after end of:

### Key amendments to this guideline

Date	Amendment	By:
30 December 2013	Patient no longer contacted by Screening Office when Health Check form is not received two weeks following reminder letter. Removed from pathway flowchart.	Siân Webley
November 2014	Full review of document	Mr S Lake
November 2014	Full review of document	Siân Webley
November 2016	Full review of document	Siân Webley
19 <sup>th</sup> June 2019	Documents extended for 6 months whilst reviewed	Emma Duggan
11 <sup>th</sup> Feb 2020	Documents extended for 6 months whilst review and approval is processed	Emma Duggan
27 <sup>th</sup> July 2020	Documents extended for 6 months during COVID-19 period	QGC/Gold Meeting

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

January 2021	Full review of document	Emma Duggan
1 <sup>st</sup> March 2021	Document extended for 6 months as per Trust agreement 11/02/2021	
16 <sup>th</sup> July 2021	Documents extended for 6 months whilst review and approval is processed	Emma Duggan/ Mr Stephen Lake
September 2022	Full review of document	Avril Turley

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## Guideline for Surveillance Patients within BCSP

### Introduction

The purpose of this guideline is:

- To ensure that surveillance patients receive Health Check Form 6-8 weeks prior to surveillance due date.
- To ensure that Health Check Form is received back within two weeks, or to re-issue if not received.
- To ensure where no Health Check Form is received, attempts are made to contact patient.
- To ensure patients are assessed by an SSP by telephone or in clinic, following receipt of Health Check Form to confirm patient is fit to proceed with surveillance.
- To ensure patients are booked for surveillance procedure within +/- 3 months of surveillance due date.

### Scope of This Document

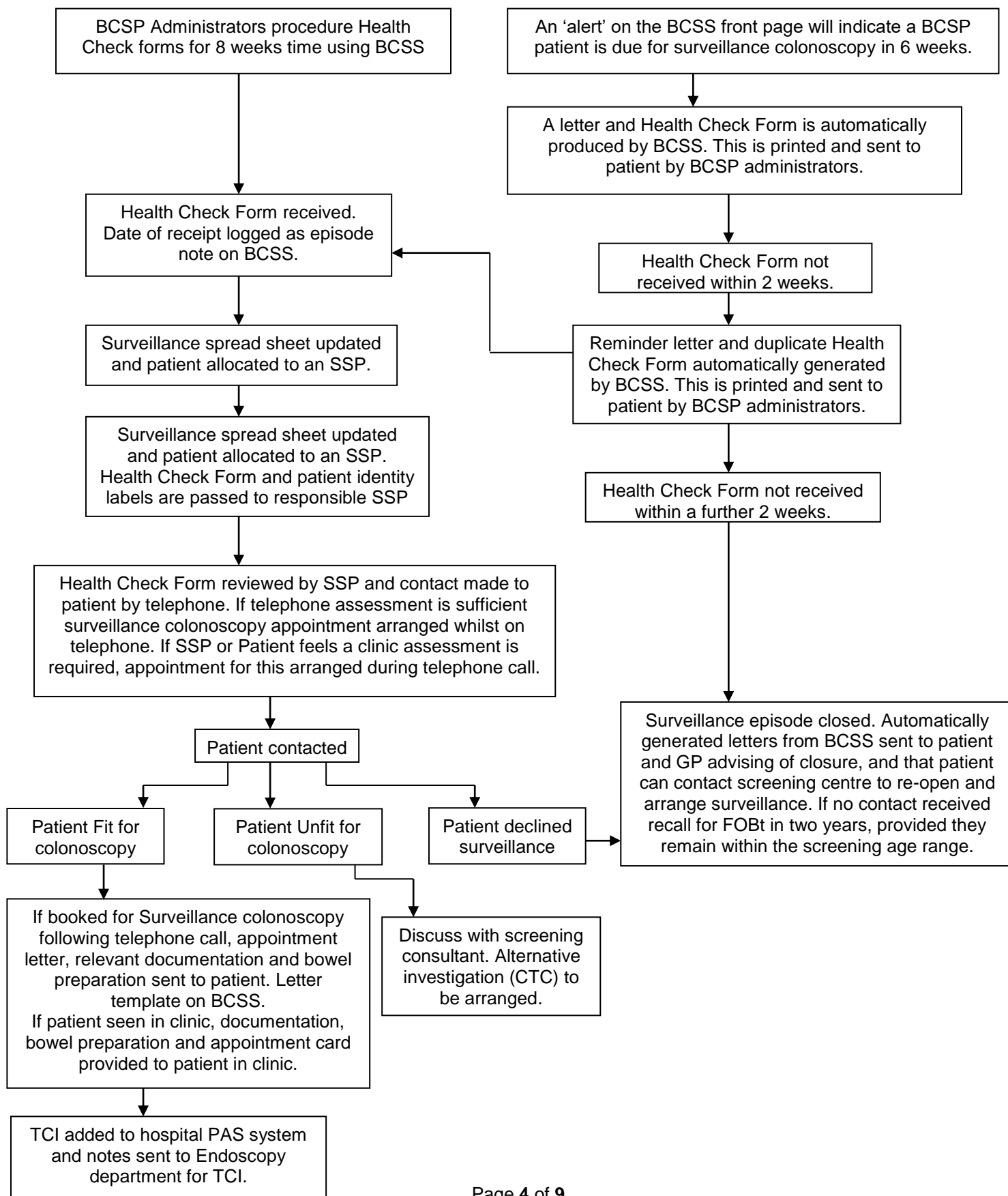
This document applies to Specialist Screening Practitioners (SSPs) and administrative staff working within the Herefordshire & Worcestershire Bowel Cancer Screening Programme.

The information within this procedure is in addition to the information available within the 'NHS Bowel Cancer Screening Programme, Guide Book for Programme Hubs and Screening Centres, Version 3, 31 March 2008' and the 'Adenoma Surveillance, BCSP Guidance Note No 1, Version 1, September 2009'.

### Implementation

This procedure will need to be implemented for the recall and assessment of patients requiring surveillance under the BCSP. All BCSP staff will be notified of this documents existence and it will form part of the induction plan for new staff.

**Pathway**



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## Monitoring Tool

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:
WAHT-BCS-023	All surveillance procedures to be booked within +/- 2 months of patients surveillance due date.	BCSS alerts for patients who have not responded to Health Check forms are reviewed. BCSP Admin record patient procedures dates and the wait time between the surveillance due and procedure dates, this is then reviewed quarterly by the Programme Manager.	Monthly	Programme Manager	BCSP Programme Board	Quarterly.

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## **References**

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

*Worcestershire Acute Hospitals NHS Trust, Bowel Cancer Screening Operational Policy*

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### Contribution List

#### Key individuals involved in developing the document

Name	Designation
Siân Webley	BCSP Co-ordinator

#### Circulated to the following individuals for comments

Name	Designation
Dawn Robins	BCSP Matron
Chloe Mazzocchi	BCSP Administration Assistant
Avril Gisbourne	Specialist Screening Practitioner (SSP)
Emma Hill	Specialist Screening Practitioner (SSP)
Liz Willetts	Specialist Screening Practitioner (SSP)

#### Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
Mr S Lake	BCSP Screening Director

#### Circulated to the chair of the following committee's / groups for comments

Name	Committee / group
Mr S Lake	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
<b>1.</b>	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• 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	
<b>2.</b>	<b>Is there any evidence that some groups are affected differently?</b>	No	
<b>3.</b>	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	No	
<b>4.</b>	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
<b>5.</b>	<b>If so can the impact be avoided?</b>	N/A	
<b>6.</b>	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	N/A	
<b>7.</b>	<b>Can we reduce the impact by taking different action?</b>	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.

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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.

	<b>Title of document:</b>	<b>Yes/No</b>
<b>1.</b>	Does the implementation of this document require any additional Capital resources	No
<b>2.</b>	Does the implementation of this document require additional revenue	No
<b>3.</b>	Does the implementation of this document require additional manpower	No
<b>4.</b>	Does the implementation of this document release any manpower costs through a change in practice	No
<b>5.</b>	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