

Contingency planning within the Herefordshire and Worcestershire Bowel Cancer Screening Programme

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Approved by:	Bowel Screening Operational Meeting	
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Key Amendments

Date	Amendment	Approved by
19 th June 2019	Documents extended for 6 months whilst reviewed	Emma Duggan
11 th Feb 2020	Documents extended for 6 months whilst review and approval is processed	Emma Duggan
27 th July 2020	Documents extended for 6 months during COVID-19 period	QGC/Gold Meeting
1 st March 2021	Document extended for 6 months as per Trust agreement 11/02/2021	
16 th July 2021	Documents extended for 6 months whilst review and approval is processed	Emma Duggan/ Mr Stephen Lake
November 2022	Document extended with no amendments	SCSD Governance Meeting

Introduction

The purpose of this guideline is:

- To ensure the Herefordshire & Worcestershire Bowel Cancer Screening Programme Screening Centre can identify situations whereby a contingency plan should be implemented.
- To identify the steps which should be taken in order to maximise service provision in these situations.

The Screening Centre is required by the national NHS Bowel Cancer Screening Programme to have written contingency plans for Quality Assurance purposes.

Extent

This guideline applies to all staff within the Herefordshire & Worcestershire BCSP team involved in the demand and capacity planning for the service.

This guideline applies in any situation where usual service provision is not possible. A list of example situations can be found in Appendix 1.

Urgent (defined as less than 1 day before list)

Last minute situations where the screening colonoscopist is unable to attend a Colonoscopy list.

The following actions should be taken:

- Ascertain if another BCSP accredited colonoscopist can cover the list.

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- For situations where the lack of BCSP accredited colonoscopist is known either the day before or on the day of the procedure and the patient HAS taken oral bowel preparation, a non-accredited BCSP colonoscopist (who is an independent colonoscopist within the unit and has been approved by the screening centre clinical director or nominated deputy) can be requested to undertake the list. In this situation the following must apply:
 - Patients must be clearly informed (and it must be documented in the episode notes on the BCSS IT system) that they have the option of being scoped by a non-BCSP colonoscopist or being re-booked for another day with a BCSP colonoscopist.
 - The patient must remain within the screening pathway, and the list managed as a normal screening list (with an SSP present and all results to be recorded on BCSS).
 - The colonoscopist should not remove complex polyps (as defined by BSG/ACPGBI guidelines). The patient should be re-booked to have these removed by an accredited screening colonoscopist.

The above guidance is for BCSP colonoscopy/flexible sigmoidoscopy procedures only. Non-screening accredited endoscopists must not be used for bowel scope procedures.

Short Term Measures (Defined as < 4 weeks)

The following are measures which could be implemented in a short term situation affecting one of these areas.

SSP unavailability

Cross cover amongst SSP colleagues to maintain service provision. If necessary, clinics changed for another time to enable cover.

Colonoscopist unavailability

Cross cover by another BCSP Colonoscopist. Where possible, colonoscopy list rescheduled for another time for which cover could be arranged.

Admin

Cover by other admin team member / SSPs

Long Term Measures (Defined as > 4 weeks)

The following action should be taken in a situation impacted service provision for greater than four weeks:

- Directorate Manager, Matron for BCSP and Screening Programme Director to be notified.
- Submission of an Adverse Incident form to Commissioners and Regional QARC (Quality Assurance Reference Centre) should be considered.
- A meeting between Programme Management, possibly with the involvement of SSPs and Admin Team, to plan for known period of difficulty, or next 4 – 6 weeks, where period unknown.

Where remedial action is required to reduce workload consideration should be given to the following:

- Discussions with Screening Hub with regards to slowing invitations being sent, and the impact this may have. It should be remembered that this will not have an immediate impact on numbers of patients to be seen, and that in accordance with QA (Quality Assurance) guidelines all subjects are required to be invited to participate in screening within 6 weeks (+ or -) of their preset screening due date, and a recovery plan will need to be put in place.

- Reduction / cancellation of clinics, which maybe under-utilised. Be aware that in accordance with the QA requirements patients will still be required to be offered a first positive assessment appointment within 14 days of positive FOBt. The Hub will not breach a patient without first speaking with the Screening Centre, but if clinics have been reduced or cancelled consideration will need to be given to reinstate these if required.
- Secondment of an experienced SSP from another Screening Centre to undertake sessions, as required.
- Secondment of an experienced endoscopy registered nurse with a clearly defined role and demonstrable competencies. This would need to be reviewed on a regular basis and the period should not extend beyond 3 months.

Implementation

The steps outlined in this guideline should be implemented in the event of a urgent, short term or long term situation where contingency planning is required.