Worcestershire Acute Hospitals NHS Trust

Bowel Cancer Screening Programme (BCSP) Guideline for Nurse Led Post Investigation Clinic Appointments

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 nurse led post investigation clinic appointments.

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :

Specialist Screening Practitioners

Lead Clinician(s)

Mr S P Lake — BCSP Screening Director

Approved — 30th November 2022

30th November 2025

Key amendments to this guideline

Date	Amendment	By:
May 2012	Document Created	Catherine Wiltshire
January 2014	Full Review of Document	Mr Lake
January 2015	Document Updated	Emma Baldwin
June 2015	Document Reviewed	Emma Baldwin
August 2016	New document approved	BCSP Operational Group
April 2020	Full Review of Document	Paula Smith
Nov 22	Document reviewed with no changes	SCSD Governance Meeting

Guideline for Nurse Led Post Investigation Clinic Appointments

DETAILS OF GUIDELINE

1. All patients should be offered the choice of receiving their post procedure results at a clinic appointment or via telephone. Ideally all patients who have unexpected histology results (such as an unanticipated cancer diagnosis) should be seen face to face at a clinic appointment to receive their results.

2. Ensure that the BCSP patient assessment pack is available for the clinic appointment i.e. histology and colonoscopy reports.

3. Explain result of procedure/histology to patient and confirm their understanding of this

4. Discuss polyp/FIT surveillance programme and identify which pathway the patient will be on (refer to surveillance programme details). Discuss healthy living and management of ~~co-morbidities~~ findings identified during colonoscopy ,i.e.diverticular disease.

5. If histology confirms a malignancy discuss the implications with the patient and describe the next stages of the referral pathway. Ensure that the patient has contact details for SSPs.

6. Give the patient details of any appointments for scans, consultant clinics etc. Assess their understanding of the discussion.

7. Ensure the patient has appropriate written information before they leave the clinic.

8. Ensure content and outcome of discussion is fully documented on BCSS.

9. Advance patients through the BCSS screening pathway, complete relevant datasets and produce letters where appropriate.

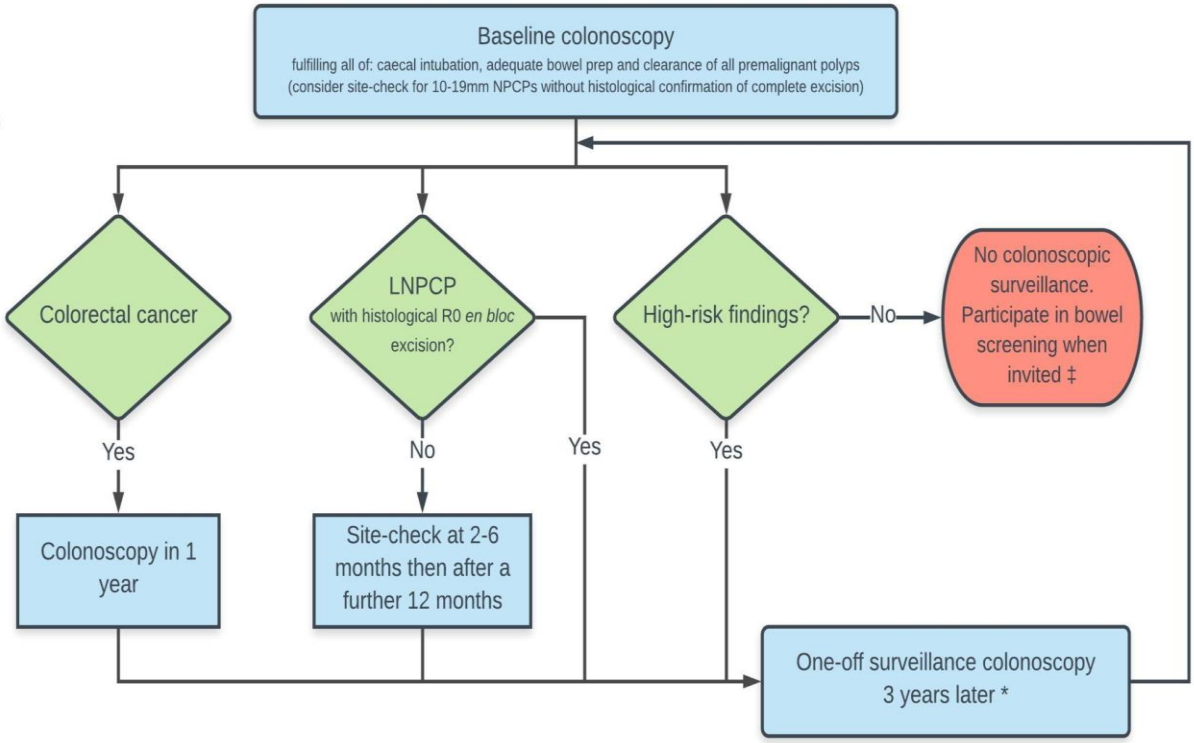
10. Patient assessment pack and any associated letters to be sent for scanning in to the patient hospital notes by the BCSP Administration Assistants.

References

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

- Rutter, et al. British Society of Gastroenterology/Association of Coloproctology of Great Britain and Ireland/Public Health England post-polypectomy and post-colorectal cancer resection surveillance guidelines. Gut (2020).

BSG/PHE/ACPGBI Guidelines for Post-polypectomy and Post-cancer-resection Surveillance



High-risk findings

- **≥2 premalignant polyps including ≥1 advanced colorectal polyp; or**
- **≥5 premalignant polyps**

Definitions:

- *Serrated polyps: umbrella term for hyperplastic polyps, sessile serrated lesions, traditional serrated adenomas and mixed polyps*
- *Premalignant polyps: serrated polyps (excluding diminutive [1-5mm] rectal hyperplastic polyps) and adenomatous polyps*
- *Advanced colorectal polyps: serrated polyp ≥10mm, serrated polyp with dysplasia, adenoma ≥10mm, adenoma with high-grade dysplasia*
- *(L)NPCP: (Large; ≥20mm) non-pedunculated colorectal polyp*

Exceptions

* In general, we recommend no surveillance if life-expectancy <10y or if older than about 75y

‡ If patient is >10y younger than lower screening age and has polyps but no high-risk findings, consider colonoscopy at 5 or 10y

Refer to BSG hereditary CRC guidelines if:

Family history (FH) of colorectal cancer (CRC):
- 1 first-degree relative (FDR) diagnosed with CRC <50y, or
- 2 FDRs diagnosed with CRC at any age

Personal history of CRC
- <50y
- any age, who also has FDR with CRC at any age

Personal history of multiple adenomas:
- <60y with lifetime total ≥10 adenomas; or
- ≥60y with lifetime total ≥20 adenomas, or ≥10 + FH CRC/polyposis

Known/suspected inherited CRC predisposition syndromes including
- Lynch Syndrome or other polyposis syndrome
- Serrated Polyposis Syndrome:
  - ≥5 serrated polyps ≥5mm prox to rectum, with ≥2 of ≥10mm; or
  - ≥20 serrated polyps (any size) including ≥5 prox to rectum

Rutter et al., Gut 2020

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?**
TWO	All patients to be offered a post investigation appointment	Audit of Completed post investigation datasets	Monthly	BCSP Programme Manager	Programme Board	Every 3/12
TWO	Post investigation dataset to be completed	Audit of completed post investigation datasets	Monthly	Specialist Screening Practitioner BCSP Programme Manager	BCSP Board	Monthly

Contribution List

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

Designation
Mr S Lake - BCSP Screening Director
Emma Duggan- Bowel Screening and Bowel Scope Programme Manager
Lydia Watkins-BCSP Matron
Avril Turley – Lead SSP

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 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?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	No	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	No	
7.	**Can we reduce the impact by taking different action?**	No	

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:	No

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