

Guideline for Patient DNA within Bowel Cancer Screening Programme

Key Document code:	WAHT-KD-021	
Key Documents Owner:	Emma Duggan	Bowel Cancer & Bowel Scope Screening Manager
Approved by:	Endoscopy Governance Meeting	
Date of Approval:	5 th March 2025	
Date of review:	5 th March 2028	

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
5 th March 2025	Document updated and reinstated	Emma Duggan/ Mr Steven Lake

Introduction

The purpose of this guideline is:

- To ensure patients who did not attend (DNA) appointments are contacted to explain what will happen next.
- To ensure that where required, a further appointment is offered.
- To ensure that further appointments are not offered, if not required.
- To enable a patient to attend an appointment if possible

Scope of This Document

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

The information within this procedure is in addition to the information available with the 'NHS Bowel Cancer Screening Programme, Guide Book for Programme Hubs and Screening Centres, Version 3, 31 March 2008'

DNA of Positive Assessment Clinic Appointment

Attendance or non-attendance (DNA) of a clinic appointment by a patient will be recorded on the Bowel Cancer Screening (IT) System (BCSS) by the SSP doing the clinic.

Bowel Cancer Screening Programme

WAHT-KD-021

Patients who DNA their first positive assessment clinic appointment are sent a second appointment by the Screening Centre. Failure to attend the second appointment results in the current screening episode being closed. Patient and GP are notified by a standard letter produced from BCSS. This letter advises that the patient may contact the Programme Hub to rebook a clinic appointment or that they will have another opportunity to take part in the screening programme in two years' time if they are still within the age range.

DNA of Endoscopy Procedure

Attendance or non-attendance (DNA) of a colonoscopy appointment by a patient will be recorded on the Bowel Cancer Screening (IT) System (BCSS) by the SSP present.

A patient who has failed to attend may be contacted soon after the appointment time by the SSP present at the Endoscopy list. The SSP should endeavour to contact the patient by telephone, on the same day or the following working day, to discuss the reasons for DNA.

If suitable a further appointment should be offered for the procedure.

Any requirements which may enable the patient to attend should be considered (e.g. booking hospital transport, additional counselling re: bowel preparation)

DNA of radiology procedure

Radiology would DNA of a radiology appointment would be Attendance or non-attendance (DNA) of a radiology appointment by a patient will be recorded on the Bowel Cancer Screening (IT) System (BCSS) by the SSP who referred the patient for the test.

Within the Worcestershire Acute Hospitals NHS Trust (WAHT) patients who DNA a radiology test requested as two week wait or urgent are routinely offered a further appointment by the radiology department. They will also endeavour to contact the patient by telephone, where possible.

Within the Wye Valley NHS Trust patients who DNA a radiology test are sent a letter advising that they have 7 days to rebook, no further appointment will be routinely offered. The referring clinician is also notified and can resubmit the request.

Radiology contact BCSP Team to inform that the patient did not attend. The SSP responsible for the patient should contact the patient by telephone, on the same day or the following working day, to discuss the reasons for DNA.

Any requirements which may enable the patient to attend should be considered (e.g. booking hospital transport, additional counselling re: procedure type.)

DNA of post investigation appointment

Attendance or non-attendance (DNA) of a clinic appointment by a patient will be recorded on the Bowel Cancer Screening (IT) System (BCSS) by the SSP present at the clinic.

Bowel Cancer Screening Programme

WAHT-KD-021

The SSP present at the clinic should endeavour to contact the patient by telephone, on the same day or the following working day, to discuss the reasons for DNA.

If suitable a further appointment should be offered for the procedure.

Any requirements which may enable the patient to attend should be considered (e.g. booking hospital transport.)

Unable to contact patient by telephone

In the event that it is not possible to contact the patient by telephone a letter may be sent to the patient detailing the reason for contact, and if necessary, requesting they contact the BCSP office.

Unable to rebook patient

In the event that it has not been possible to contact the patient and therefore arrange to rebook the appointment, following attempts by both phone and letter, the screening episode will be closed on BCSS and letters sent to patient and GP with details of how episode can be reopened or future screening status (e.g. recall for repeat FOBt in two years, 3 year surveillance, etc.)

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-009	100% of patients who DNA their first offered positive appointment should be offered a second appointment.	Clinic DNA's are reviewed using data from the OIBEE Dashboard. Colonoscopy DNA's are reviewed on an individual basis as they happen.	Quarterly	Programme Manager	Reported to BCSP programme board.	Quarterly

References

Public Health functions to be exercised by NHS England – Service Specification No.25 Bowel Cancer Screening Programme (November 2013) Department of Health.

Quality Assurance Arrangements for the Bowel Cancer Screening Programme, Draft version 2.1, December 2010.

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

Contribution List

Key individuals involved in developing the document

Name	Designation
Siân Webley	BCSP Programme Manager

Circulated to the following individuals for comments

Name	Designation
Mr S Lake	BCSP Screening Director
Dawn Robins	BCSP Matron
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

Bowel Cancer Screening Programme

WAHT-KD-021

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	
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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: Guideline for Patient DNA within the Bowel Cancer Screening Programme		
What is the aim, purpose and/or intended outcomes of this Activity?	How to manage those patients who DNA their appointment		
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"/> <input type="checkbox"/>	Staff Communities Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?		

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.

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 positive impact	Potential neutral impact	Potential negative 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;		x		No impact

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
Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		x		No impact

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

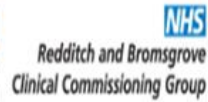
1. Equality Statement

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	05/03/2025
Comments:	
Signature of person the Leader Person for this activity	S Lake
Date signed	05/03/2025
Comments:	



Bowel Cancer Screening Programme

WAHT-KD-021

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