



**Key amendments to this guideline**

Date	Amendment	Approved by: (name of committee or accountable director)
23/04/2026	Guideline Developed	Avril Turley

**Definitions**

BCSP	Bowel Cancer Screening Programme
SSP	Specialist Screening Practitioner
LRD	Low Residue Diet
Failed Colonoscopy	A colonoscopy that cannot be completed due to inadequate bowel preparation
CTC	CT Colonography

**Risk Factors**

Constipation
Weight-Loss Injections – withhold for ≥2 weeks pre-procedure
Opioid Use
Diabetes

## **Guideline for the Bowel Cancer Screening Programme Bowel Preparation Pathway**

### **Quick Reference Guide**

Please see enclosed flow diagram to show Bowel Preparation Pathway for patients

### **Bowel preparation Pathway**

#### Initial Assessment

All patients must undergo an assessment to determine bowel habit and the presence of risk factors. This assessment informs the appropriate bowel preparation regime.

Supply of bowel prep will be according to Patient Group Directions or prescribed, to comply with NPSA/2009/RRR012 'Reducing risk of harm from oral bowel cleansing solutions'.

*If the initial or proposed repeat extended bowel preparation regimen cannot be followed due to previous adverse effects, please consider an alternative such as Plenvu.*

### **Standard Regime**

#### Criteria:

- Patient opens bowels daily
- No identified risk factors (constipation, weight-loss injections, opioid use, diabetes)

#### Regime:

- 3 days LRD
- Moviprep (2 sachets)

### **Enhanced Regime**

#### Criteria:

- Patient has any of the identified risk factors

#### Regime:

- 5 days LRD
- 5 days Senna
- Moviprep (2 sachets)

## Failed Colonoscopy Pathway

### Criteria:

- Patient has had a failed colonoscopy due to poor bowel preparation

### Regime:

- Rebook colonoscopy
- 7 days LRD
- 7 days Senna
- Moviprep (2 sachets)
- Schedule on a PM list where possible to optimise preparation time

## Second Failed Colonoscopy

### Criteria:

- Patient has had a second failed colonoscopy due to inadequate bowel preparation

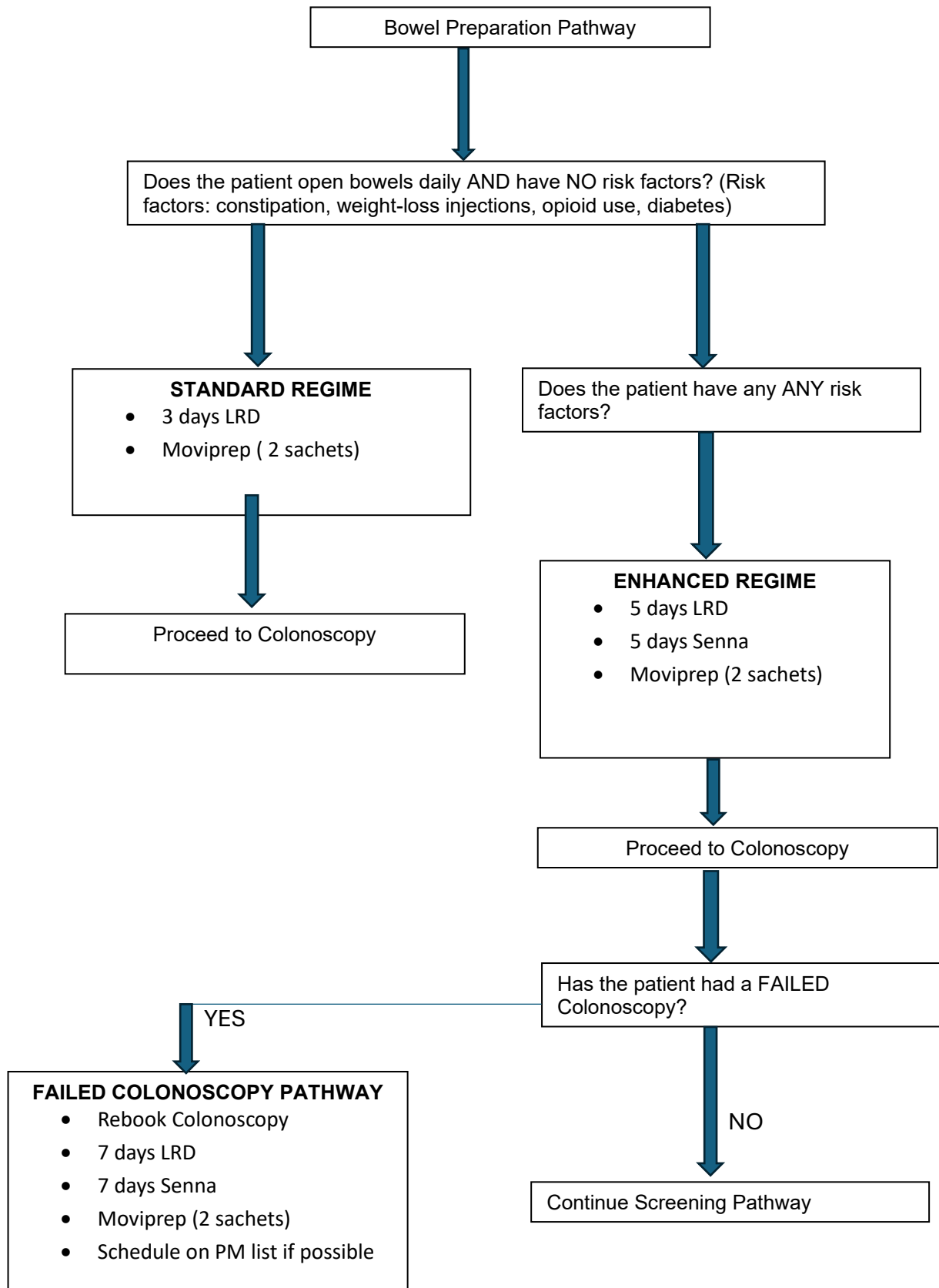
### Action:

- Refer for CTC

## Responsibilities

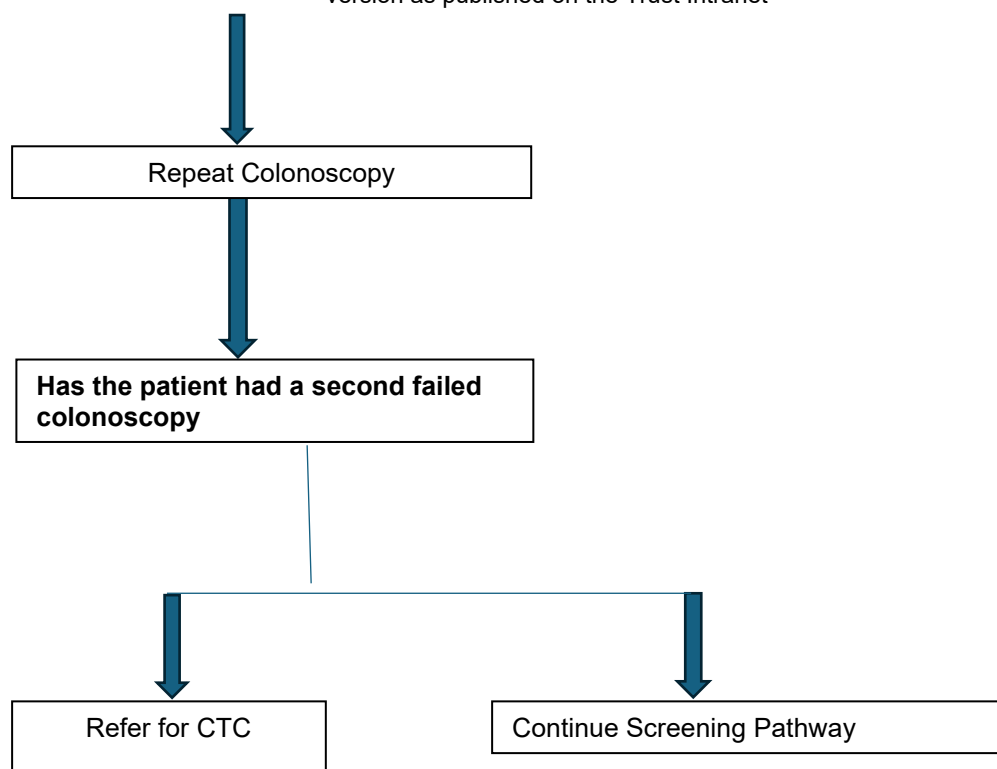
- SSPs: Ensure accurate assessment of bowel habit and risk factors
- SSPs and Admin: Allocate appropriate preparation regime and schedule PM lists where indicated
- SSPs and Endoscopists: Document adequacy of bowel preparation and escalate repeat failures
- Lead SSP, Programme Manager and Clinical Lead: Monitor compliance and outcomes through audit

### Flowchart



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## Monitoring and Audit

Compliance with this pathway will be monitored through regular audit of bowel preparation adequacy, repeat procedure rates, and adherence to assigned regimes. Findings will be reviewed at audit and governance meetings.

## References

*Connor, Tolan and Hughes et al (2012) Consensus guidelines for the safe prescription and administration of oral bowel-cleansing agents. GUT*

## CONTRIBUTION LIST

### Key individuals involved in developing the document

Name	Designation
Avril Turley	Lead Specialist Screening Practitioner

### Circulated to the following individuals for comments

Name	Designation
Mr Lake	BCSP Screening Director
Dr Ransford	BCSP Consultant
Dr Elagib	BCSP Consultant
Dr Prab	BCSP Consultant
Mr Reddy	BCSP Consultant
Dr Smith	BCSP Consultant
Dr Ahmad	BCSP Consultant
Julie Matthews	Nurse Endoscopist
Avril Turley	Lead BCSP Nurse
Emma Duggan	BCSP Programme Manager
Hannah Chapman	Specialist Screening Practitioner
Paula Smith	Specialist Screening Practitioner
Christine Mosedale	Specialist Screening Practitioner
Laura Meek	Specialist Screening Practitioner
Justine Rich	Specialist Screening Practitioner
Lorraine McGregor	Specialist Screening Practitioner
Rachel Stevenson	Specialist Screening Practitioner
Wendy Bland	Specialist Screening Practitioner
Jayne Earle	Specialist Screening Practitioner
Hugh Finn	Specialist Screening Practitioner
Emily Lane	Specialist Screening Practitioner
Louise Blakemore	Specialist Screening Practitioner

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
Medicines Safety Committee

**Supporting Document 1 - Equality Impact Assessment Tool**

**Equality and Health Inequalities Impact Assessment (EHIA) Tool**

**Herefordshire & Worcestershire STP - Equality and Health Inequalities Impact Assessment (HEIA) Form**

Please read HEIA 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)	

<b>Name of Lead for Activity</b>	
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Avril Turley	Lead Screening Specialist Practitioner	<a href="mailto:Avril.turley@nhs.net">Avril.turley@nhs.net</a>
<b>Date assessment completed</b>	23/04/2026		

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title:</b> Bowel Cancer Screening Bowel Preparation Pathway		
What is the aim, purpose and/or intended outcomes of this Activity?	This guideline outlines the standardised bowel preparation pathway for patients undergoing colonoscopy. The aim is to improve bowel cleanliness, reduce variability in preparation regimes, and minimise the number of repeat procedures due to inadequate bowel preparation.		
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?		
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg	BCSP Audit Meeting April 2026 – Poor Bowel Preparation 2025		

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,		x		No impact

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Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
travelling communities etc.)				
<b>Health Inequalities</b> (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

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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.

<b>Signature of person completing EIA</b>	A.Turley
<b>Date signed</b>	23/04/2026
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	S Lake
<b>Date signed</b>	
<b>Comments:</b>	



**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