

Please note the local reference for this work instruction is WISSP4.1

1. Introduction and Who Guideline applies to

All screening is an individual choice. Everyone must be given the opportunity to make an informed choice about whether or not to be screened. The decision should be based on an understanding of:

- why they are being offered screening
- what happens during the test
- the benefits and risks of screening
- the potential outcomes (including types of result, further tests and treatment)
- what happens to their screening records

This work instruction is to confirm the process and role of the SSP involved in the Bowel Cancer Screening (BCS) patient assessment leading to a non colonoscopy outcome.

Patients that take part in the Bowel Cancer Screening Program (BCSP) and have a +ve FIT result will attend a positive assessment clinic (PAC) and have a full holistic history taken to assess their fitness for a screening examination to investigate the large bowel further for causes of the result.

Where the SSP considers the patient to be unsuitable for a colonoscopy, the 1st choice test, but is suitable for a CTColonogram (CTC) then the SSP will discuss the CTC with the patient including risks and benefits and if polyps or cancers found, possible next steps.

The SSP may feel that suitability for an investigation requires further discussion with a BCS consultant at the earliest available opportunity which would also be explained to the patient.

2. Guideline Standards and Procedures

During PAC:

1. Patient assessment and care plan documentation to be completed
2. The SSP will offer the patient information booklets on CTC procedures during the PAC to commence the consent process if colonoscopy not appropriate.
3. If patient has not had a recent (within 3 months) U&Es blood test it will be arranged at this appointment.
4. If the patient has an iodine allergy:

Proceed with a written CTC request via scanned email as normal, highlighting on the referral that the patient has an allergy to iodine and that BCSP will provide the bowel prep – which would be picolax.

Bowel prep (picolax) to be prescribed by BCSP consultant.

SSP to identify when the CTC is scheduled for, to send picolax in the post to the patient along with instructions on how / when to take the preparation along with low fibre diet instructions and patient informed to ring BCS if they have any queries.

5. If seeking consultant review, SSP will inform patient and present medical notes, PAC assessment documentation to the next available consultant to ensure adequate information available and to aid discussion to determine most appropriate screening examination. Ideally immediately post PAC or within one working day.

Post PAC:

1. SSP to complete dataset on BCSS
2. Advance Open Exeter as “Suitable for radiological procedure” or “Clinician review” depending on outcome of assessment.

Radiology Route:

If radiology screening is deemed appropriate the SSP will complete a paper CTC request form. This may be updated to an ICE referral requiring same content.

1. The SSP is to ensure all areas on the referral are completed, identify it is a BCS 2WW referral and scan the form sending it then by email to im2ww3162@uhl-tr.nhs.uk.
2. If not already informed on the day of PAC, SSP will contact the patient advising of the decision, confirming referral for CTC has been made and to expect a call from radiology. The SSP will also inform the patient regarding the collection of Gastrografin preparation and that a post investigation appointment (PIC) will be made with the SSP to discuss the results when the results are available following the procedure.
3. SSP to advance on Open Exeter to suitable for radiology.
4. The patients name and NHS number will be written on the CTC board
5. The SSP will instigate the ‘CTC 1st test contact form’ and place in the post procedure folder.
6. Insert patients details in the CTC waiting times audit folder
3. Once date for procedure is known, the SSP will add the patient details to the CTC board.

Post CTC investigation:

1. The CTC board is checked daily for changes to appointments (patient choice) and once CTC has been performed the EMRAD iCris system or ICE will be checked daily for the final report.
2. At 5 days post procedure, if report not available, the SSP (on admin session) will email a reminder email to the secretary (kala.mistry@uhl-tr.nhs.uk) and BCSP radiology lead (ratana.verma@uhl-tr.nhs.uk) highlighting the outstanding report.
3. Once the report has been verified the SSP will complete the BCSS dataset and advance Open Exeter appropriately.
4. Where the patient has not been offered a post investigation appointment at any previous communication the SSP will contact the patients to offer a face to face appointment to discuss the results. The patient can decline and choose to have results over the telephone.

Pathway Audit

Radiology pathway audit is completed by a designated SSP which includes:

1. Time to procedure from request
2. Time to reporting from procedure
3. Quality of examination
4. Treatment procedures where pathology suspected
5. Pathway outcomes

Audits of CTC imaging are carried out according to the Bowel Cancer Screening: guidelines for CTC imaging (updated March 2021):

Audit of all BCSP CTCs in last 12 months (annual):

- Report turnaround time
- Reporting radiologist (appropriate BCSP radiologist)
- Minimum dataset present Y/N
- Buscopan Y/N
- IV contrast Y/N
- Adequacy (score good/adequate/poor)
- Findings (C grading from BCSS)
- Follow-up of all abnormal colonic findings from CTC, for example colonoscopy/surgery outcome

B. CTC reporting figures per radiologist for previous year (annual)

C. Radiation dose audit (3 yearly)

D. Patient experience survey (3 yearly)

E. Analysis of previous 3 years' AVIs

F. 3-year BCSP CTC polyp/cancer detection rates per reporting radiologist

The audit findings will be presented at the Full Team meetings to monitor pathway targets and highlight or forecast any possible service delays.

3. Education and Training

Annual DOPS assessment. All screening staff made aware of SOPS and Work Instructions on induction and any changes/reviews are fed back to the team via email and at team meetings

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
As above	Radiology pathway Audit	A Bonner	3 monthly	Team meeting / annual audit meeting
Patient Decline	Audit	A Bonner	On going	
Cancer waiting times	PTL	K Steel	Weekly	CAB

5. Supporting References (maximum of 3)

Bowel Cancer screening Service Specification No26

6. Key Words

Bowel cancer screening, CTC,

CONTACT AND REVIEW DETAILS	
<p>Guideline Lead Claire Almen and Amanda Smith, Lead Specialist Screening Practitioners, UHL Bowel Cancer Screening</p>	<p>Executive Lead Alex Bonner UHL Bowel Cancer Screening Manager</p>
<p>Details of Changes made during review: General update on process from local work instruction to Trust format</p>	