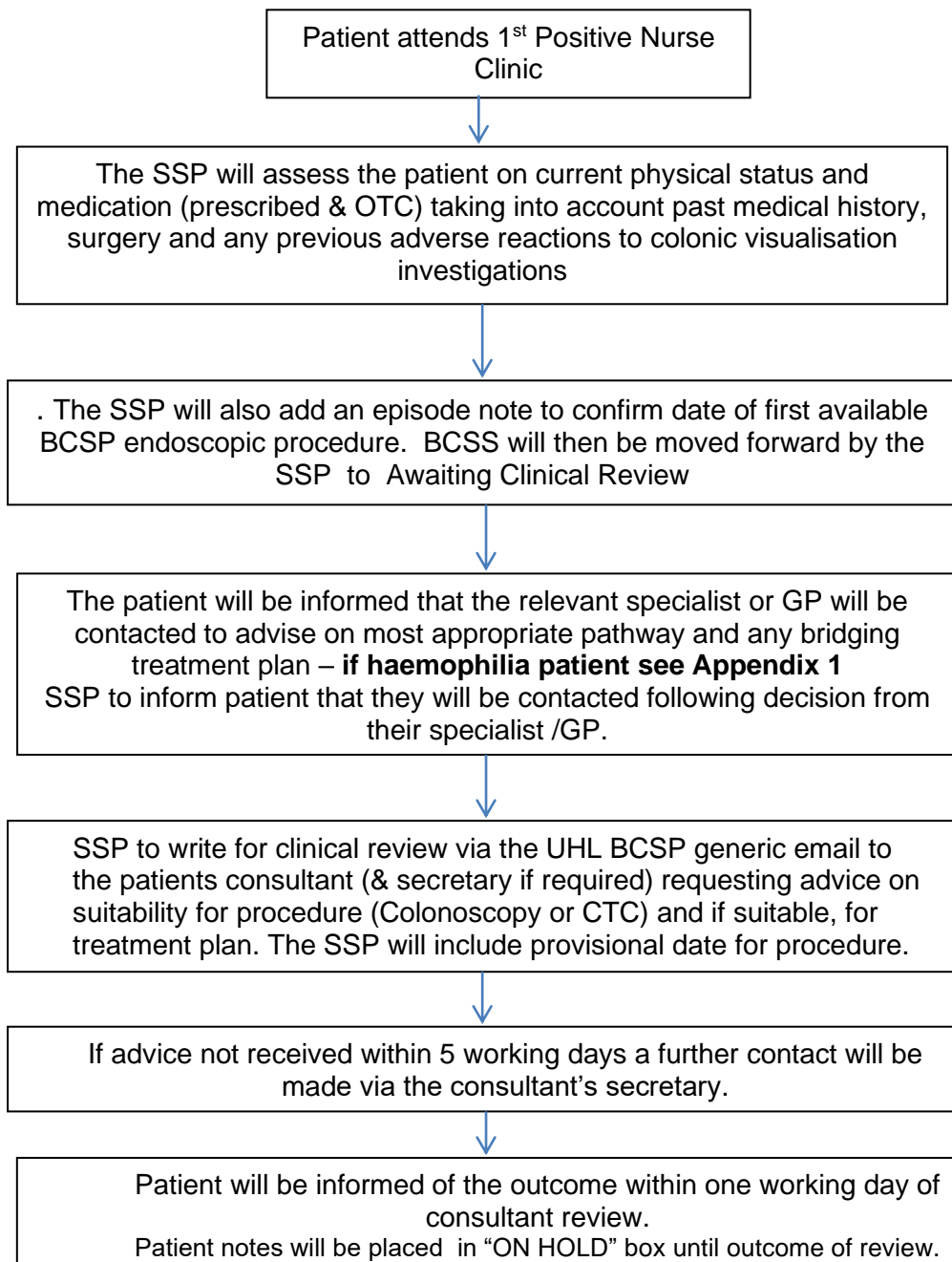


Please note the local reference for this work instruction is WISSP1.2

1. Introduction and Who Guideline applies to

This work instruction is to confirm the process and role of the Specialist screening practitioner (SSP) involved in the Bowel Cancer Screening (BCS) outcome of 1st positive appointment clinic (PA-C) when suitability requires further consideration from a non BCS specialist

2. Guideline Standards and Procedures



Appendix 1

Organising a colonoscopy for a haemophiliac patient

Once the screening centre has been made aware there is a patient that requires a colonoscopy, the following steps are to be followed:

- A discussion with Dr Wurm – Any colonoscopy for a haemophiliac patient is to be completed at the Leicester Royal Infirmary. Dr Wurm is the consultant that usually completes these procedures for BCSP and he has regular endoscopy lists at the royal.
- Email to be sent to Haemophilia centre – They will need to review the patient’s CJD risk to decide if an endoscope needs to be isolated for the patient. They will also draw up a plan for any pre/peri/post medications to be prescribed and administered. They will email the plan to BCSP.
- Email to be sent to Endoscopy Matron- Inform them that a colonoscopy needs to be booked at LRI for haemophilia patient
- Email to be sent to Endoscopy ward sister LRI- Notify them that Bowel Cancer Screening will be arranging for a +ve FIT haemophiliac patient to have colonoscopy at LRI and a medication plan is being drawn up. Once haemophilia centre have assessed the patients CJD risk, an email will need to be sent to ward sister so an endoscope can be sourced for the patient if required.
- Email to be sent to Patient co-ordinator – Inform them that a haemophilia patient needs to be booked onto Dr Wurm endoscopy list at LRI. The co-ordinator will then arrange a date. They will co-ordinate with the LRI endoscopy sister to ensure the endoscope will be available for the date planned.
- Once a date has been finalised for the patient, the haemophilia centre will need to be notified so they can arrange for medications to be administered pre/peri/post procedure. They will arrange this with the patient.
- The patient will need to be contacted to make them aware of the planned colonoscopy date and to ensure they are aware of the medication plan/arrangements with haemophilia centre.
- An SSP will need to be identified to attend the colonoscopy at the LRI.

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 |
|---|----------------------------------|-----------------|-----------|--------------------------|
| Decline investigation | Audit | A Bonner | Annual | BCS Annual audit meeting |
| Cancer waiting times | PTL | K Steel | Weekly | CAB |

| | | | | |
|----------------------------------|-------|----------|--------|--------------------------|
| CTC rate as 1 st test | Audit | A Bonner | Annual | BCS Annual audit meeting |
|----------------------------------|-------|----------|--------|--------------------------|

5. Supporting References (maximum of 3)

Bowel Cancer screening Service Specification No26

6. Key Words

Bowel cancer screening, Non BCS specialist, suitability

| 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> | |