

Please note the local reference for this work instruction is WISSP1.0

## **1. Introduction and Who Guideline applies to**

The aim of the NHSBCSP is to reduce mortality from bowel cancer. This will be achieved by delivering evidence-based, population-based screening programmes that:

1. identify and invite those eligible for screening – (aged 60years until 75th birthday – once 75years old, participants can opt into the programme) at 2-year intervals are safe, effective, of a high quality, externally and independently monitored, and quality assured prevent cancer where possible, and lead to earlier detection, appropriate referral, and improved outcomes
2. are delivered and supported by suitably trained, competent, and qualified staff have audit embedded in the service
3. provide the invited population with the information they require, in the form in which they require it, so that they can make an informed choice about whether to participate or not ensure that GPs are informed of screening outcomes for each of their patients

This work instruction is to confirm the process and roles of all staff involved in the Bowel Cancer Screening (BCS) 1<sup>st</sup> positive appointment clinic (PA-C) from welcoming the individual, confirming attendance, checking the correct patient is attending to completing patient outcome and dataset.

## **2. Guideline Standards and Procedures**

### **Roles of the Team involved:**

#### **ADMIN role**

- To welcome individual and confirm attendance for Bowel cancer screening pre assessment clinic. Check the correct patient is attending. Ensure patient completes relevant information documentation and after assessment if colonoscopy booked will input data on to GI tool.

#### **ASP Role**

- ASP will ensure adequate documentation collected for the clinic including health awareness leaflets, information leaflet for diabetics, bowel prep, Height & weight conversion charts, web site resource list and folder of available translations of the Screening patient literature.
- Dinamap machine will be checked and available for clinic, weighing scales and phlebotomy tray with accessories.
- Interpreter request forms

#### **SSP role**

- SSP will check appointment list on BCSS prior to clinic and obtain adequate bowel cleansing preparation.
- SSP will complete assessment and identify appropriate 1<sup>st</sup> investigation to investigate large bowel or if individual is unfit for a test

### **Process:**

#### **Patient attends clinic**

- The patient is requested to complete a details update form and the details are then checked with PAS details plus BCSS. Any updates will be completed on both systems.
- Patient details such as telephone numbers & ethnicity data are then added to BCSS demographic dataset, Hiss and added to appropriate centre audits.
- Any patients with similar names are highlighted (red sticker) to the SSP on the patient pack prior to the consultation.
- ASP welcomes patient into a clinic room and asks the patient to verify their personal details and how they would like to be addressed. Vital signs taken with height and weight. BMI confirmed. Any allergies are noted. Contact details are confirmed.
- SSP, using the electronic/paper storybook aid, will counsel patient on outcome of FIT, takes a patient's health history (completing a BCSP assessment form) to determine patient's suitability and fitness for a colonoscopy procedure or CTC. The SSP checks the medical notes for any undisclosed medical co-morbidities which could affect suitability outcome.
- If suitability for colonoscopy is determined the patient is informed of the screening pathway: the procedure and process. At this point the SSP will include risks, benefits and consequences of the procedure in general terms.
- If the patient agrees to proceed with the colonoscopy the information regarding the procedure and preparation is explained.
- Patient is offered the next available colonoscopy appointment.
  - Diabetics will be offered 1<sup>st</sup> appointment on a morning or afternoon list and given Diabetic advice leaflet produced by Diabetic department.
- Appointment is agreed with the patient (this may not be the next available appointment as it is their choice). SSP will add to the UHL BCSP Booking list on the shared drive.
- Consent procedure will be started detailing the complication risks of the procedure with benefits and signature obtained.
- Patient is counselled on pre-procedure bowel cleansing. The SSP will then discuss the importance of a 3-day pre procedure low residue regime and offer literature to support this. The bowel cleansing preparation is discussed in detail and the patient is instructed regarding administration of the laxative preparation using the manufacturer's information leaflet.
- If the patient is diabetic the SSP will explain the change to their drug regime using the diabetic booklet
- The SSP will check the patients have recent U&Es to ensure safe administration of the bowel preparation, safe prescribing and will also complete the NPSA risk assessment on the Endoscopy procedure documentation.
- Blood request form will be completed if there is no recent U&Es result (last 3 months) and the patient will be seen prior to leaving department by ASP for samples to be taken. ASP will contact them within 2 working days if there is an abnormal result and the bowel cleansing preparation should not be taken.
- Where safe to do so the preparation will be handed to the patient and the SSP will document Batch No & Expiry details on the endoscopy procedure form in the prescription under the UHL BCSP Klean prep / Moviprep / Plenvu PGD. This will be signed in red in accordance to PGD protocol.
- The SSP will explain all the documentation being offered to the patient.
- The SSP will complete an appointment letter and give this to the patient.
- Patient will have bloods taken if required before leaving the clinic.

### **Post Clinic consultation**

- SSP completes colonoscopy assessment data on BCSS if not able to do so during appointment
- SSP 'attends patient and invites for colonoscopy' on BCSS ensuring 1<sup>st</sup> date offered on the system
- Any extra information may also be added in the episode notes if required
- Procedure pack is prepared and added to the Pre-procedure pack folder

### **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**

| <b>What will be measured to monitor compliance</b> | <b>How will compliance be monitored</b> | <b>Monitoring Lead</b> | <b>Frequency</b> | <b>Reporting arrangements</b> |
|--|---|------------------------|------------------|-------------------------------|
| Patient satisfaction                               | Patient 30 day feedback questionnaire   | K Steel                | continual        | BCS Database                  |
| DNA rate   | Audit                                   | K Steel                | Annual           |                               |
| Failed colonoscopy                                 | Audit                                   | A Bonner               | Annual           |                               |

### **5. Supporting References**

Bowel Cancer screening Service Specification No26

### **6. Key Words**

Bowel cancer screening, pre assessment clinic

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