

Please note the local reference for this work instruction is WISSP3.3

1. Introduction and Who Guideline applies to

This work instruction has been developed to assist a Specialist screening practitioner (SSP) to understand their role in the process of advancing UHL BCSP patients with benign pathology referred for surgery

Level 4 polyps are discussed with Bowel cancer screening (BCS) Consultant colleagues when attempt at endoscopic management is not clear. This will initially be done via email to screening colleagues within the Trust for comment. The SSP will monitor this discussion and follow up as required and either book for colonoscopy under BCSP or refer to LOGI MDT.

2. Guideline Standards and Procedures

- Patients requiring surgery will be on the BCSS alerts as 'Symptomatic patients awaiting episode closure'.
- Patient details will be kept in benign referral section of cancer dataset and benign surgery folder.
- Benign surgical pathway will be checked at the same time as the cancer dataset audit. Details are recorded accurately on BCSS throughout the pathway to ensure timely progression.
- MDT outcomes will be checked (at each week's meeting) and SOMERSET consulted for the surgical treatment date and then documented in the BCSS episode notes for the patient. Once surgery has been performed, the SSP is to check 'ICE' for histology.
- If a cancer has been detected SSP will check the patient is on the colorectal MDT agenda for histology discussion and the dataset moved forward accordingly.
- If benign histology confirmed the SSP will request the medical notes for review and the patient's episode will be advanced accordingly on BCSS. Surveillance documentation will be completed where appropriate.
- Where required, the SSP will liaise with the consultant surgeon regarding any surveillance required by the surgical clinician and by BCSP pathway. The SSP will write to the surgeon to confirm surveillance pathway where required.
- SSP will contact the patient to ensure they understand the arrangements for follow up. BCSS letters will be generated for the patient and the GP.
- All conversations with the patient will be documented in patient's BCSS episode or subject notes.

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
Cancer data set	Audit	Lead SSP's	weekly	CAB
Cancer waiting times	PTL	K Steel	Weekly	CAB
Open Episodes	BCSS	Lead SSPs	Daily	Daily

5. Supporting References (maximum of 3)

Bowel Cancer screening Service Specification No26

6. Key Words

Bowel cancer screening, surgery, benign pathology

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