

Please note the local reference for this work instruction is WISSP1.6

1. Introduction and Who Guideline applies to

This work instruction is to confirm the process and roles of all staff involved in the Bowel Cancer Screening (BCS) 1st positive appointment clinic (PA-C) when patients wish to have more time to consider their options, risks and benefits before deciding if to have an investigation of the bowel to look at causes of their +ve FIT.

2. Guideline Standards and Procedures

Following the 1st positive assessment clinic appointment if patients require time to consider they will be advised by the Specialist Screening Practitioner (SSP) to contact the screening centre within 1 week of clinic appointment if they wish to proceed to colonoscopy or CTC. These patients will be placed on the "ON HOLD" board and contacted after a week if the patient has not contacted us.

The SSP will advise the patient to contact the screening centre as soon as they have made their decision. The patient will be advised that if no contact has been made after a week and the SSP has attempted contact the current screening episode will be closed on BCSS.

At this stage a letter will be generated on BCSS confirming the closure but offering the option of re-opening the episode at any time by contacting the Bowel Screening office on 0116 2583640. The letter also explains that the patient will be invited again to take part in the screening programme in two years' time if they are still within the age range.

Specialist Screening Practitioner (SSP) will offer information and advice (verbal & written) on healthy eating and bowel cancer symptom recognition, at the assessment clinic appointment.

A letter is also sent to the patient's GP explaining that the patient has had a positive FIT result but has declined an investigation.

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

5. Supporting References (maximum of 3)

Bowel Cancer screening Service Specification No26

6. Key Words

Patient consideration

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	