

Please note the local reference for this work instruction is WISSP2.0

1. Introduction and Who Guideline applies to

This work instruction has been developed to assist SSPs to understand their role during the colonoscopy pathway for a Bowel cancer screening patient in the Endoscopy Department.

2. Guideline Standards and Procedures

The role of the SSP during the colonoscopy session is to:

- Provide support for the screening patient
- Have first hand knowledge of the colonoscopy findings
- Complete the colonoscopy dataset during the colonoscopy session
- Manage the smooth flow of patients through the colonoscopy session
- Arrange appointments at SSP follow up clinics as required
- Offer information and advice on healthy eating and bowel cancer symptom recognition to patients who do not need a follow up appointment.

Colonoscopy pathway

- All patients attending endoscopy through the Bowel Cancer Screening Programme(BCSP) will have an accredited screening consultant to complete the procedure and have an SSP present.
- Patients who attend and do not undergo procedure are recorded on SSP documentation and BCSS, further dates offered if required as per failsafe protocol.
- Patients with incomplete procedures either return for a repeat procedure or may undergo CTC as per CTC guideline. All data is recorded on SSP documentation and BCSS.
- All patients PID is checked against local Trust policy.
- All data at colonoscopy is recorded 'live'.
- The SSP will liaise with the screening endoscopist and endoscopy nurse to ensure accurate recording of procedural data including adequacy of the bowel preparation, patient comfort scores, site confirmation of therapeutic or diagnostic activity and pathology specimens
- For large polyps found at colonoscopy, the screening colonoscopist will follow the policy for Management of large and complex polyps guideline.

Process

The process that should be followed is as below:

- Endoscopy admin staff are responsible for admitting the patients on HISS.
- The patient's notes should already be within the department following the recording and reporting of colonoscopy appointments on to HISS. If the patient notes have been removed by other departments, they should be requested by BCS admin team.

- As the patient arrives, endoscopy reception staff will inform the endoscopy nurses.
- The SSP attending the investigation session will check the endoscopy day case list and collect the correct patients screening procedure packs from the endoscopy pending folder.
- Medical notes and 'nursing pack' will be collected from reception by the endoscopy admission nurse. Patient details, past medical history and bowel preparation history will be verified by the nurse and the patient will be prepared in an examination gown as per Trust guidelines.
- Consent will have been completed in the SSP pre assessment clinic but for surveillance patients or those requiring consent with an interpreter the consent will be obtained on admission following above checks by endoscopy admission nurse.
- Once the patient has been admitted the medical notes will be placed in the appropriate 'Endoscopy Room Notes' box.
- The patient will then wait in the gender designated sub-waiting area. Any queries or concerns made by the patient at this point will be passed on to the SSP and/or screening consultant who will discuss further.
- All BCS patients will be cannulated even if not choosing sedation as a safety precaution due to nature of risks at colonoscopy.
- SSP will collect patient from sub waiting area and escort to procedure room. The Screening consultant will reinforce procedure information with the patient, confirms suitability for the procedure and consent.

During the procedure

BCSS process status when patient enters procedure room: 'Patient invited for diagnostic investigation'

- Using an encrypted laptop in the procedure room, the SSP will 'attend' the patient onto BCSS and then access the investigation dataset.
- The SSP will record 'live' data onto BCSS and paper documentation, monitoring the procedure, ensuring all parameters of the procedure are met and documented on the UHL BCSP endoscopy procedure checklist. If a laptop is unavailable or it is not possible to enter live data during the procedure the hard copy documentation will be entered onto BCSS by the end of the working day.
- At the end of the procedure the architecture/morphology/size and procedural activity will be discussed and confirmed with the consultant by the SSP..

Specimen collection

During the procedure specimens will be verified by the screening consultant, endoscopy nurse and SSP and at the end of the procedure any specimens taken are checked by the endoscopy nurse and SSP and sent to Pathology with a GI Reporting histology form which has been check by both nurses together. A red BCSP sticker applied in an orange specimen bag.

Post procedure

A briefing should take place involving all staff in the endoscopy room and the patient to confirm pain scores, bowel prep quality, interventions, medications, follow up and any issues.

Notification of procedure results

- The SSP will inform the patient that there will be telephone contact the day after the procedure and this is likely to be between 8.30-9.00am the next working day. SSP informs patient of the initial findings and of the timescale for any histology.
- Prior to discharge the SSP will confirm patient's correct contact details, including those going to a temporary address.

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
Patient feedback UHL satisfaction survey BCS 30 day questionnaire	Audit	A Bonner K Steel	On going On going	3 monthly team meetings
Complaints	Audit	A Bonner	On going	

5. Supporting References (maximum of 3)

NPSA safer practice notice July 2007 No. 24

Bowel Cancer screening Service Specification No26

6. Key Words

Bowel cancer screening , colonoscopy, role

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	