1. Introduction and who this Guideline applies to

The purpose of the Colorectal surveillance cancer clinic is to provide patients with a safe, guideline based service to monitor their physical, psychological, practical and emotional post operative recovery. The clinic provides an opportunity for the Clinical Nurse Specialists (CNS) also referred to as keyworker, to educate patients about the surveillance protocol, symptom management and signs and symptoms which should alert them to seek further advice.

The nurse-led service will be offered in an outpatient face to face clinic at 6 months post surgery as a single appointment, with subsequent follow up via telephone / postal surveillance.

The nurse led clinic enables patients to be followed up by a registered colorectal clinical nurse specialist, thus reducing demand on Consultant clinics. There are benefits to the service as the patient is seen by their keyworker who provides a comprehensive holistic assessment whilst maintaining continuity of care as well as providing a more cost effective service overall.

This document outlines the arrangements for the management of patients entering the colorectal surveillance programme 6 months following surgery for colorectal cancer. Patients will have seen a consultant for a minimum of one post operative consultation before being assessed as appropriate to enter the surveillance programme. Patients entered on to the surveillance programme will be provided with a surveillance information booklet. “Information about your surveillance after colorectal surgery”. (Appendix 1).

2. Guideline Standards and Procedures

Patients attending the nurse led clinic will be invited to complete a Macmillan eHNA, which will highlight to the colorectal cancer nurse specialists any concerns which the patient currently has.

The CNS will discuss the concerns raised and generate a personalised self management care plan to help the patient address these needs, and where appropriate signpost or refer to other services.

The CNS will directly ask the patient a set of questions to ensure all consequences of treatment are being managed appropriately and red flag symptoms have been excluded, if these have not been raised as a concern within the eHNA. (Appendix 2)

Any advice given or information provided for the patient or General Practitioner (GP) will be included in the personalised self management care plan. A copy of the care plan will be filed in the medical records and a copy provided to the patient and GP.

If a patient is assessed to be in need of immediate medical management the colorectal CNS will contact the managing colorectal consultant or the colorectal consultant on call for advice.

If advice or assessment from a colorectal consultant is judged to be necessary but not urgent the colorectal CNS will discuss with colorectal consultant at the earliest opportunity and the CNS will agree to inform the patient of the outcome of that discussion. The outcome of any discussions and decisions in relation to the patients care will be clearly documented on Infoflex.

Every patient will be provided with a blood form at the end of the nurse led consultation to attend for a blood test to check their Carcinogenic Antigen (CEA). The result will be fed back to the management within the colorectal CNS.

Guideline for Nurse-Led follow up for Post-Operative Colorectal Cancer patients entering the Colorectal Surveillance Programme being managed within Cancer Haematology Urology Gastroenterology and General Surgery (CHUGGS) Clinical Management Group (CMG).

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patient either by telephone or post and this will be recorded in their surveillance record. (refer to CEA protocol appendix 3)

**Triggers for discussion with with consultant**

- Significant weight loss reported by the patient
- Persistent pain or discomfort reported by the patient
- Persistent altered bowel function affecting patients quality of life reported by the patient
- Observation of Parastomal hernia
- Observation of Incisional hernia

In circumstances where a patient is unable to attend a nurse led follow up clinic in person, the colorectal nurse specialist will provide the patient with a telephone consultation appointment. This appointment will be communicated with the patient along with a means for the patient to complete a HNA (electronic or paper to meet the patient needs) in readiness for that appointment.

The colorectal nurse specialist will use the proforma in Appendix 2 to ascertain the condition of the patient, including requesting the patient reports any signs of hernia development.

If a patient does not attend and / or is non contactable after three attempts, the colorectal clinical nurse specialist will inform the consultant who will subsequently dictate a letter to the G.P. and patient.

In the absence of a Colorectal Nurse Specialist being available to provide the clinic, the patient scheduled will be notified by the Colorectal Surveillance Administrator and a new appointment made. If the patient being contacted highlights any concerns the Colorectal Surveillance Administrator will inform the Colorectal Nurse Manager and / or Consultant to contact the patient.

**3. Education and Training**

All colorectal cancer nurse specialists will have completed Advanced Communication Skills Training.

All colorectal cancer nurse specialists will have received training on the Macmillan eHNA system.

All colorectal cancer nurse specialists will have received training on the Cancer Information System (infoflex).

All colorectal cancer nurse specialists will have completed a record of clinical competence, signed off by a colorectal consultant every 3 years. (Appendix 4)

All colorectal cancer nurse specialists will work in accordance with the NMC Code (2015).

**4. Monitoring Compliance**

<table>
<thead>
<tr>
<th>What will be measured to monitor compliance</th>
<th>How will compliance be monitored</th>
<th>Monitoring Lead</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients offered an eHNA or equivalent</td>
<td>Macmillan eHNA platform</td>
<td>Colorectal Nurse Manager</td>
<td>Annually</td>
<td>Quality Surveillance and Annual Report</td>
</tr>
<tr>
<td>Number of care plans generated</td>
<td>Macmillan eHNA platform</td>
<td>Colorectal Nurse Manager</td>
<td>Annually</td>
<td>Quality Surveillance and Annual Report</td>
</tr>
<tr>
<td>Securicare audit of patient satisfaction</td>
<td>Securicare</td>
<td>Colorectal Nurse Manager</td>
<td>2 yearly</td>
<td>Head of Nursing (CHUGGS)</td>
</tr>
</tbody>
</table>

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5. Supporting References
NMC The Code (2015)

6. Key Words
CNS - Clinical Nurse Specialist
Keyworker
Surveillance
Nurse-led follow up
CEA – Carcinogenic Antigen

<table>
<thead>
<tr>
<th>CONTACT AND REVIEW DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guideline Lead (Name and Title)</td>
</tr>
<tr>
<td>Jacquette Masterman – Colorectal Nurse Manager</td>
</tr>
<tr>
<td>Details of Changes made during review:</td>
</tr>
</tbody>
</table>

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Patient surveillance information booklet. “Information about your surveillance after colorectal surgery”

PDF version embedded into this document:
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### Record of Colorectal Clinical Nurse Specialist Competence

Demonstrate an in depth knowledge of the disease group through discussions and reflective learning to the supervising consultant to include:

<table>
<thead>
<tr>
<th>Number</th>
<th>Competence</th>
<th>CNS Sign / Date</th>
<th>Consultant Sign / Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Interpreting CEA blood results and develop a management plan if result abnormal as per CEA protocol.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Escalating clinical concerns to the consultant, where appropriate, giving a clear history and summary of presenting complaint.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Communicating with a patient in an appropriate and sensitive manner when explaining results either face to face or over the telephone.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Documenting clearly the patients management plan in medical records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Communicating with patient /GP via concise and accurate care plans/letters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Recognition of parastomal and incisional hernias and the identification of patients who would benefit from a consultant review.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Able to provide appropriate advice on the management of bowel and/or stoma function.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is to confirm, that .............................................................. is competent to manage a Nurse-Led Follow Up for Post-Operative Colorectal Cancer Surgery Clinic as defined within the boundaries of this guideline.

Signature ................................................................. (Colorectal Consultant)

Date .................................................................