1. PROGRAMME OVERVIEW
   1.1 Background
   1.2 Aims and objectives of the screening programme
   1.3 The screening process
   1.4 Organisation of the screening programme
   1.5 Screening policy
   1.6 National IT system (BCSS)
   1.7 BCSS-generated letters
   1.8 Call and recall
   1.9 Informed choice
   1.10 Confidentiality and data protection
   1.11 Telephone helpline
   1.12 Information for screening participants
   1.13 Information for primary care
   1.14 Programme publicity and communications with the media
   1.15 Contacts directory
   1.16 Financial arrangements
   1.17 Accountability
   1.18 Monitoring programme performance
   1.19 Cancer waiting times
   1.20 Quality assurance
   1.21 Adverse incident alert to national office
   1.22 Audit and evaluation
   1.23 Advisory Committee

2. SETTING UP A SCREENING CENTRE
   2.1 Selection of screening centres
   2.2 Name of screening centre
   2.3 Planning screening centre services
   2.4 Screening centre budgets
   2.5 Forecasting workload
   2.6 BCSS site set up
   2.7 BCSS user training
   2.8 Setting up SSP clinics
   2.9 Setting up screening colonoscopy sessions
   2.10 Screening centre stationery
   2.11 Information for primary care
   2.12 Programme publicity
   2.13 Arrangements for data collection
   2.14 PIAG sign up
   2.15 Additional colonoscopy sites

3. STAFFING A SCREENING CENTRE
   3.1 Clinical team
   3.2 Staffing and accountability
   3.3 Education and training for SSPs
   3.5 Administrative support
4. SPECIALIST SCREENING PRACTITIONER (SSP) CLINICS

4.1 Booking SSP clinic appointments
4.2 Preparing for SSP clinics
4.3 During the SSP clinic
4.4 Patients who are on warfarin therapy
4.5 Patients who may need admission before or after colonoscopy
4.6 Patients who may need transport following colonoscopy
4.7 Patients who are unfit for colonoscopy
4.8 Patients who decline further investigations
4.9 Patients who do not attend
4.10 Recording clinic outcomes
4.11 SSP follow up clinics
4.12 Follow up patient questionnaires

5. SCREENING COLONOSCOPY SESSIONS

5.1 Endoscopy lists for screening patients
5.2 Standards for colonoscopy
5.3 Links with pathology
5.4 Links with radiology
5.5 Giving patients the results of colonoscopy
5.6 Polyp surveillance
5.7 Referral of patients with suspected cancer
5.8 Referral of patients with other findings
5.9 Completion of datasets

GLOSSARY OF TERMS USED IN THE BCSP

REFERENCES

APPENDIX 1: PROGRAMME HUBS AND CURRENT SCREENING CENTRES

APPENDIX 2: SPECIFIC TASKS FOR PROGRAMME HUBS

APPENDIX 3: SPECIFIC TASKS FOR SCREENING CENTRES

APPENDIX 4: ORDERING OF INFORMATION MATERIALS

APPENDIX 5: PRIMARY CARE (GP) INFORMATION PACKS

APPENDIX 6: PROGRAMME INFORMATION AND MEDIA COMMUNICATIONS

APPENDIX 7: BOOKING BCSS TRAINING

APPENDIX 8: DESIGN OF LETTERHEADS FOR SCREENING CENTRES

APPENDIX 9: COLONOSCOPY QA STANDARDS
PREFACE

This guide book is based on the experience of the programme hubs and first wave screening centres from July 2006 to January 2008. It builds on the guidance first published in July 2006 in Version 1 of this Guide Book and revised in Version 2 published in April 2007. It gives an overview of the NHS Bowel Cancer Screening Programme (NHS BCSP) and sets out the processes for screening centres to follow between having a bid accepted and starting screening. It also serves as a guide for screening centres to ensure that they operate to a common set of policies and procedures.

The guide book will be published on the BCSP website (www.bcsp.nhs.uk), and will be developed as experience of running the national programme becomes available. In particular, a set of procedures notes will be published based on practical experience from the programme hubs and first wave screening centres.

Significant changes from Version 2 of the guide book (published March 2007) are highlighted.

ACKNOWLEDGEMENTS

The guide has been compiled by Sue Gray. Thanks to Di Campbell, Lynn Coleman and TJ Day from the national office of the NHS Cancer Screening Programmes for their contributions and to staff from the first wave screening sites for their useful comments.
Detailed information and supporting documents about the NHS BCSP are on the BCSP website (www.bcsp.nhs.uk).

This includes the BCSS User Guide and other BCSS documentation and the latest BCSS newsletter.

You should register on the website if you have not already done so and you will be sent a user id and password.

You should check the website regularly to keep up-to-date with programme developments and the latest guidance.

General information about the NHS Cancer Screening Programmes including the NHS BCSP is on NHS Cancer Screening Programmes website. (www.cancerscreening.nhs.uk)

This includes the PDFs of patient information leaflets and NHS BCSP publications.

If you need any further information or advice, please contact the national office – a list of individuals with their areas of responsibility and contact details is in the BCSP contacts directory on the BCSP website (www.bcsp.nhs.uk).
1. PROGRAMME OVERVIEW

1.1 Background

Bowel cancer is a major public health problem. It is the second most common cause of cancer death in the United Kingdom. Research undertaken in Nottingham and Funen in the 1980s showed that screening men and women aged 45–74 for bowel cancer using the faecal occult blood test (FOBt) could reduce the mortality rate from bowel cancer by 15% in those screened. An independently evaluated pilot in Coventry and Warwickshire, and in Scotland showed that this research can be replicated in an NHS setting. In September 2000, the NHS Cancer Plan stated that a national bowel cancer screening programme would be introduced subject to evidence of the effectiveness of the pilot.

Based on the final evaluation report of the pilot and a formal options appraisal, the Secretary of State for Health announced in October 2004 that the NHS Bowel Cancer Screening Programme (NHS BCSP) would begin in April 2006. The roll out of the national programme is being phased over three years, with the intention that the whole eligible population will be covered by 2009. The programme will begin by inviting men and women aged 60–69 in order to achieve full national coverage with available and expanding capacity. Once national coverage has been achieved, the programme can be expanded to offer FOB testing in a wider age group, or by implementing new screening technologies.

Advice to the NHS was issued by the Department of Health in July 2005. Five programme hubs have now been set up and the first wave of screening centres are now operational (see Appendix 1). Further advice to the NHS inviting bids for the second wave (2007-8) was issued in January 2007. The majority of second wave sites are now operational. Advice for the third and final wave of programme rollout will be available on the BCSP website as soon as it has been published.

The Cancer Reform Strategy published in December 2008 announced that the age range for bowel cancer screening would be extended up to 75 from 2010. Five screening centres (one in each hub) have been chosen as ‘early implementers’ to extend the programme starting in 2008. Learning from these centres will inform the wider extension of the programme from 2010.

This version of the guide book refers to the age range for the current programme ie people aged 60 to 69.

1.2 Aims and objectives of the screening programme

The aim of the NHS BCSP is to reduce mortality from bowel cancer in the population covered. The objectives of the programme are to:

- identify and invite eligible men and women for screening
- enable people to make an informed choice about whether or not to participate in the screening programme
- provide clear information quickly to people with either normal or abnormal FOBt results
- diagnose a significant proportion of cancers at an early stage
- minimise anxiety among participants in the programme
- make the best use of screening resources
- maintain minimum standards of screening and continually strive for excellence
- involve and give feedback to the population covered by the programme
• develop the staff who deliver the screening service
• continue research into screening for and diagnosis and treatment of bowel cancer.

1.3 The screening process

The NHS BSCP offers screening to men and women aged 60–69 every two years using a guaiac based faecal occult blood test (FOBt). People aged 70 or over can request an FOBt kit.

Most people who participate in the NHS BCSP will not see a health professional. They will have a normal test result and will be invited to participate again in two years’ time. Participants with an abnormal FOBt result are invited to see a specialist screening practitioner (SSP) at a local screening centre. They are offered colonoscopy as the routine investigation within the screening programme.\(^1\) Investigation by CT or barium enema should only be considered within the screening programme if the participant is not fit for colonoscopy. Depending on the findings of colonoscopy, they are offered screening again in two years’ time, entered into the polyp surveillance programme as part of the screening programme, or referred for treatment at a local hospital.

A flowchart of the screening process is shown in Figure 1.

---

\(^1\) Note that people who are sent an FOB test kit are referred to as participants. People who have an FOB test result that is not normal are referred to as patients. The BCSS uses the terminology ‘screening subject’. See Glossary.
Figure 1 The screening pathway.
1.4 Organisation of the screening programme

1.4.1 Programme configuration

Programme hubs and local screening centres work in partnership to deliver the bowel cancer screening programme. About 10 screening centres of varying sizes will be linked to each programme hub when the programme is fully rolled out. An example of the possible configuration of programme hubs, screening centres and treating hospitals is shown in Figure 2.

1.4.2 Programme hubs

The screening programme is organised around five programme hubs. Each programme hub covers the same geographical area as the NHS Connecting for Health regional clusters and relates to one local service provider (LSP2). The main tasks for each programme hub are to:

- manage call and recall for the screening programme
- provide a telephone helpline for people invited for screening
- dispatch and process test kits
- send test result letters and notify GPs
- book the first appointment at a SSP-led clinic for patients with an abnormal test result
- work with screening centres to ensure that the programme is provided in accordance with national standards.

A revised list of tasks for programme hubs is given in Appendix 2. Detailed guidance for programme hubs was given in Version 1 of this Guide Book10 issued in July 2006. This remains available on the BCSP website as guidance for programme hubs on programme administration and test kit reading. In view of the close working relationships between programme hubs and screening centres, screening centres are advised to read this document.

A list of programme hubs is given in Appendix 1.

1.4.3 Screening centres

Screening centres are the local face of the NHS BCSP. They act as the local management point for the programme and provide specialist screening practitioner (SSP) clinics and colonoscopy for patients with abnormal FOB test results. They also act as the major source of information about the programme for the local health community and play an active role in promoting the programme to their local population taking into account local issues, including the acceptability of bowel cancer screening and likely uptake based on experience from other cancer screening programmes.

The main tasks for each screening centre are to:

- provide SSP clinics for patients with an abnormal test result
- arrange colonoscopy appointments for patients with an abnormal test result
- arrange alternative investigations for patients in whom colonoscopy has failed
- ensure appropriate follow up and treatment for patients after colonoscopy.

Surveillance colonoscopies are part of the screening programme and should be undertaken on

---

2 See www.connectingforhealth.nhs.uk/regions. The programme hubs are Eastern, London, North East, Midlands & the North West, and Southern.
designated screening lists by accredited screening colonoscopists (see section 5.6).

Other tasks for screening centres are to:

- provide information about the screening programme for the local health community
- promote the screening programme to the general public in their locality
- provide information and support for local people in completing the FOB test (on referral from the programme hub
- ensure that data are collected to enable audit and evaluation of the screening programme.

The list of current screening centres is given in Appendix 1. The detailed specification of the tasks for screening centres is given in Appendix 3.

![Diagram of programme hubs, screening centres and multidisciplinary teams (MDTs).]

**Figure 2** Configuration of programme hubs, screening centres and multidisciplinary teams (MDTs).

### 1.4.4 National office

The role of the national office of the NHS Cancer Screening Programmes is to provide the policy lead for the bowel cancer screening programme, to coordinate the roll out of the programme and to develop the national infrastructure. This includes putting in place national contracts for

- the development and maintenance of the national IT system (the BCSS)
- the provision of national leaflets for participants in the programme
- the provision of GP information packs, posters and other promotional material
- the supply of test kits.
The national office is supported by ten BCSP endoscopy leads to cover each of the SHA geographical areas. Their role is to support the setting up of new screening centres, and to advise new and existing screening centres and monitor their performance.

A national nurse advisor and ten regional nurse advisors support the roll out of the programme concentrating particularly on the role of the SSP. The BCSP endoscopy leads, national nurse advisor and regional nurse leads have a key role in developing quality assurance and performance monitoring for the programme (see section 1.20).

Contact details for the national office, the regional BCSP endoscopy leads and the regional nurse leads are on the BCSP website (www.bcsp.nhs.uk/documentslist).

1.5 Screening policy

1.5.1 Age range

The NHS BCSP offers biennial FOB test screening to people in the age range 60–69. People aged 70 and over have the option to self-refer, although they will not be invited routinely for screening and will have to make a new request for screening every two years. People under the age of 60 cannot be included in the programme under any circumstances.

The extension of the programme to people aged up to 75 will commence in 2008 by the screening centres which have been chosen as ‘early implementers’. Guidance to the rest of the programme will be based on experience from these centres.

1.5.2 Criteria for inclusion in invitations

Invitations to participate in the screening programme are sent without any prior knowledge of an individual’s medical history, but recipients are invited to telephone the programme hub with queries if screening may not be appropriate (see section 1.11).

The criteria for inclusion in invitations to participate are:

- men and women aged 60–69
- registered with the NHS.3

If an individual has had a colonoscopy in the previous two years, they should be advised that they do not need to participate in the screening programme for this round but they will be invited again in a further two years. If someone does return the kit and has an abnormal test result, they should be given an appointment to the SSP clinic. An FOB test or colonoscopy carried out in the private sector does not affect a person’s entitlement to participate in the BCSP. However, individuals may be advised that screening is inappropriate if they have had a recent colonoscopy.

3 This generally means registered with a GP, but there may be some individuals registered with the NHS who do not have a GP. People who are not registered with a GP cannot currently be included in call and recall. This issue will be addressed at a later stage.
1.5.3 Criteria for exclusion (ceasing)

The criteria for exclusion from the national screening programme are if the person:

- has undergone total removal of the large bowel
- is already in a colonoscopy surveillance programme (e.g., for Crohn’s disease)
- has signed a request that no further contact be made by the NHS BCSP at any stage (so-called informed dissent).

Ceasing means that an individual will not be invited for screening in the future. It should be used sparingly. An individual should remain in the programme if the alternative surveillance programme does not monitor the entire bowel, if it is not a permanent arrangement, or if there is a risk that they will be lost to follow up because of frequent address changes. Further details about the reasons for ceasing and the protocols for ceasing are given in Bowel Cancer Screening Ceasing Guidelines (NHS BCSP Publication No 1).

1.5.4 Equal access for people with disabilities

The NHS Cancer Screening Programmes have updated their guidance on consent issues in cancer screening programmes, and this includes guidance specific to the bowel cancer screening programme (Consent to Cancer Screening (Cancer Screening Series No 4)). Guidance to carers is also available on the BCSP website.

1.6 National IT system (BCSS)

A national IT system - the bowel cancer screening system (BCSS) - has been designed and built by NHS Connecting for Health to support the bowel cancer screening programme. Using familiar web-based technology, the system offers a range of functions that enable programme hubs and screening centres to manage the local screening programme. These functions include:

- generating the initial two-year implementation plan for calling subjects for screening
- managing the ongoing call and recall cycle
- maintaining demographic data for screening subjects
- managing information about each screening episode
- generating all letters and notifications between the programme hub, screening centre, GPs and screening subjects
- managing the process of sending, receiving and testing FOBt kits
- creating and booking SSP clinic appointments
- generating operational reports on the overall screening cycle.

The BCSS provides the means of managing the patient pathway and prompts system users at each stage of screening. The system does not allow a patient to be moved on to the next stage unless the requirements of previous stages have been completed on the system. Full details of the system are given in the BCSS User Guide which is available on the BCSP website. Further details of IT site set up for screening centres and training for screening centre staff on using the BCSS are given in sections 2.6 and 2.7.

Any requests for changes to the system are considered by the BCSS User Group and must be approved by the BCSS Programme Board. Programme hubs and screening centres are represented on these groups.
1.7 BCSS-generated letters

Letters to screening subjects are generated by the BCSS as part of the call and recall process. The wording has been agreed nationally. These letters must be printed and sent at the appropriate stage of the patient pathway in order to comply with the medico-legal requirements of the bowel cancer screening programme. There is some limited provision for programme hubs and screening centres to include additional lines of text or to produce supplementary letters. An example might be to include local information about the location of an SSP clinic. Details about letters can be found in the BCSS User Guide.\(^{14}\)

1.8 Call and recall

Call and recall is managed by the programme hub using the BCSS. When an implementation plan has been entered on the BCSS, the programme hub is able to examine the report of expected numbers and either edit or accept the plan. As soon as the plan is activated, everybody within it, i.e. everyone of the appropriate age who is registered with the selected GP practices covered by the implementation plan, will then have a screening due date set on their birthday in either the first or the second year of implementation. All 69 year olds' screening due dates will be set 13 weeks prior to their birthdays in year 1, ensuring that they are all given at least one written invitation to participate before they reach the upper age limit for automatic inclusion in the screening programme. People who are approaching 60 will automatically be included in the programme when they reach the age of 60.

Screening due dates will correspond with individuals’ birthdays. However, they will not necessarily receive their first invitation on this date; depending on how invitation numbers are spread, they may be invited earlier or later than this date.

Recall is automatic for those whose next screening due date is in the screening age range. Once an individual has been invited to take part and has returned a test kit, their next screening due date is set according to the result of their screening episode. Usually, this will be two years from the date that the test result is entered, so, depending on the time taken to return the test kit (and this may involve protracted sequences of events) and for any investigation required, there will be a tendency for screening intervals to extend beyond the two year period between invitations.

Non-responders will be sent another invitation letter two years from the date of the closure of their previous screening episode.

People who are aged over 70 at their next screening due date are not recalled, but may refer themselves back into the programme for a single round of screening.

1.9 Informed choice

People who are offered screening must be given enough information to allow them to make an informed choice based on a full appreciation of both the potential benefits and the risks and limitations of screening.

A copy of the national leaflet *Bowel Cancer Screening – The Facts* must be sent to every individual who is invited to participate in the programme. The leaflet gives an overview of the screening process, explains what will happen to the test kit, and contains other information for the individual who decides to participate in the screening programme.

The NHS Cancer Screening Programmes have updated their guidance on consent issues in
cancer screening programmes. This includes guidance specific to the bowel cancer screening programme (*Consent to Cancer Screening* (Cancer Screening Series No 4)).

If a test kit is returned, this is accepted as valid consent to participation in the screening programme.

### 1.10 Confidentiality and data protection

Participation in the screening programme following receipt of the mandatory national leaflet also includes consent to the use of information for audit of the screening programme.

Programme hubs and screening centres must comply with NHS Cancer Screening Programmes policies on confidentiality and data security. The programmes have support from the Patient Information Advisory Group (PIAG) for exemption under Section 60 of the Health and Social Care Act 2001, but this is dependent on compliance with these policies. PIAG reviews its support of the programmes’ exemption every year.

### 1.11 Telephone helpline

There is a single national Freephone number for the bowel cancer screening programme helpline. Calls are automatically routed to the relevant programme hub. Staff at each programme hub answer calls and provide accurate advice and information for the general public on the screening process, and practical advice on completing the test kits for all those taking part in the screening programme. Staff answering the helpline are expected to be able to answer common queries but complex queries, for example about programme policy or those requiring clinical judgement, may be referred to the appropriate screening centre for advice.

### 1.12 Information for screening participants

Posters and patient information leaflets that support the programme have been carefully developed and tested on patient focus groups to ensure that the language used is appropriate. PDFs of national posters and leaflets in a variety of languages are available on the NHS Cancer Screening Programmes website (www.cancerscreening.nhs.uk). Programme hubs and screening centres should download these for local use as needed (paper copies of translated leaflets are not available to order). Screening centres may also make use of local translation and interpretation services in accordance with local trust protocols. The key programme leaflets (*The Facts*, *The Colonoscopy Investigation*, and the kit instruction leaflet) are also available in audio CD format. The CDs contain recordings in English, Arabic, Bengali, Cantonese, Polish, Punjabi and Urdu. A medical animation CD–ROM about bowel cancer for use with patients is also available which includes information in English, Bengali, Cantonese, Gujarati, Punjabi and Urdu. Appendix 4 gives details of how to order information materials.

### 1.13 Information for primary care

The intention of the screening programme is to keep the primary care workload to a minimum. However, screening centres are responsible for disseminating information about the screening programme to primary care teams, eg through PCTs, practice visits, or regular GP/practice manager meetings. Once screening has begun, some people receiving invitations and test kits may want the opportunity to discuss the screening process with their GPs.

An information pack is available to assist GPs in dealing with their patients’ queries and concerns. Screening centres should arrange for the GP surgeries in their locality to receive the
packs shortly before screening commences in their area. See section 2.11 and Appendix 5 for details of contents and distribution arrangements for new screening centres).

### 1.14 Programme publicity and communications with the media

Posters and leaflets are available for screening centres to use in providing information about the NHS BCSP for local primary care or health promotion teams. Any locally produced publicity materials must be approved by the national office (see 2.12 and Appendix 6 for details).

The national office has a press office that can help programme hubs and screening centres communicate with local media. Details are given in Appendix 6. The NHS Cancer Screening Programmes also have a website (www.cancerscreening.nhs.uk) that provides information for the general public and the media about the cancer screening programmes. The section about the NHS BCSP includes general information about bowel cancer screening and latest news about the programme as well as PDFs of patient information leaflets and NHS BCSP publications.

### 1.15 Contacts directory

The national office maintains a directory of people working in the programme by hub and by screening centre. Programme hubs and screening centres must notify staff changes to the national office to ensure that programme information can be sent to the appropriate staff and so that access to the BCSS can be authorised (or withdrawn when staff leave the programme). A copy of the directory is available on the BCSP website (www.bcsp.nhs.uk/documentlist).

### 1.16 Financial arrangements

Funding for programme hubs and screening centres is currently routed via the national office of the NHS Cancer Screening Programmes. There is a service level agreement (SLA) between the national office and each programme hub, and between the national office and the lead trust for each screening centre. The lead trust will allocate an appropriate share to each trust which provides SSP clinics and colonoscopy sessions for the screening centre. An advance payment is available to help with set up costs. This is dependent on a satisfactory visit from the national office (see section 2.3).

Each SLA specifies:

- the range of services to be provided
- indicative activity levels
- the value of the agreement
- payment terms.

All bowel cancer screening activity is exempt from Payment By Results (PBR). There is currently no tariff for screening colonoscopies.

### 1.17 Accountability

Staff working in the NHS BCSP are expected to work to national programme protocols and standards. However, they are subject to the local clinical governance arrangements of their host trust.
1.18 Monitoring programme performance

The BCSS provides a series of strategic reports that give statistics about programme activity (e.g., count of letter types sent, FOB test results count). Programme hubs will be expected to report regularly to the national office on programme activity. National statistical returns have been developed by the NHS Health and Social Care Information Centre and are currently being trialled.

1.19 Cancer waiting times

Detailed guidance is currently awaited on how the national standard for cancer waiting times (the 62 day wait) will apply to patients who are diagnosed with bowel cancer through the screening programme. In order to help to achieve the standard, the interval from the date of a positive test kit until the first offered appointment at an SSP clinic must be no more than 14 days (see 4.1 for more details).

1.20 Quality assurance

Initial process quality standards have been developed based on the process measures in the screening trials and elsewhere in the literature. These will be subject to constant review, revision and augmentation throughout the roll out period. Regular review of performance against these standards and revision of the standards will be a feature of the operation of the bowel cancer screening programme in the longer term.

Arrangements for quality assurance are being developed and national professional coordinating groups are being set up. At local level, one person in each screening centre will take the lead for specific functions including colonoscopy, pathology, nursing, public health and administration. An SHA lead for each function will be nominated by the screening centre leads. The intention is that Regional Directors of Public Health (RDsPH) will take on responsibility for commissioning QA activities in a similar way to those for other cancer screening programmes.

1.21 Adverse incident alert to national office

The national office should be alerted about any adverse incidents occurring in the programme. A reporting form is available on the BCSP website. Incidents occurring in the BCSS IT system should be reported through the IT helpdesk.

1.22 Audit and evaluation

Screening centres and programme hubs are expected to be able to report final outcomes on all patients screened by the programme. In particular, screening centres will have to liaise with a number of treating hospitals in order to ascertain the tumour characteristics for all patients referred for cancer treatment.

The Department of Health has made arrangements with the Cancer Screening Evaluation Unit (CSEU) at the Institute of Cancer Research to evaluate the outcome of the programme in the longer term. Guidance on the audit of bowel cancers in patients who have been screened will be developed. Data collection for this purpose will require extensive liaison between programme hubs and cancer registries.
1.23 **Advisory Committee**

An Advisory Committee on Bowel Cancer Screening is being set up to advise ministers and the Department of Health on the development of the NHS Bowel Cancer Screening Programme, to monitor its effectiveness and to advise on the implications of research evidence as and when it becomes available.
2. SETTING UP A SCREENING CENTRE

2.1 Selection of screening centres

Bids from potential screening centres are considered by the national office. A number of criteria need to be satisfied for a bid to be successful. The minimum criteria are:

- sufficient high scores (at level A or B) on the endoscopy global rating scale (GRS). In particular, timeliness must be at level A at least 3 months prior to the start of screening and must be sustained at this level thereafter.
- in addition, all endoscopy units within a Trust where screening colonoscopies are undertaken must have reached level A for timeliness before screening can commence even when screening is not undertaken in that endoscopy unit.
- a satisfactory Joint Advisory Group (JAG) on gastrointestinal endoscopy visit that has given the endoscopy unit full 5 year accreditation.

In addition, the screening centre must have a minimum of two colonoscopists who have successfully completed the process for accreditation for screening colonoscopists.

JAG visits to potential screening centres are organised through the JAG office at the Royal College of Physicians, London. The national office of the NHS Cancer Screening Programmes will provide the JAG office with a list of endoscopy units to be visited and approximate dates for the visits.

An explanation of the endoscopy GRS, and full details including application forms for accreditation of colonoscopists and JAG accreditation of endoscopy units are given in NHS BCSP Implementation Guides 2, 3 and 4. The guides can be found on the NHS BCSP website (www.bcsp.nhs.uk).

Details of the JAG accreditation process can also be found on the JAG website (www.thejag.org.uk).

2.2 Name of screening centre

It is important that the name of the screening centre is agreed with the national office. The format is *Name of town/city or locality Screening Centre*. This name must be used consistently on all documentation to ensure that screening centres activities can be correctly coded on the BCSS (even if they take place on premises run by organisations other than the host trust) and to avoid any possible confusion with other cancer screening services which may be provided by the trust.

2.3 Planning screening centre services

The workload of the screening centre may fluctuate from week to week depending on the number of abnormal FOB test results. Screening centres must plan sufficient capacity and accommodation for SSP clinics and have the flexibility to put on additional clinics at short notice to meet such fluctuations in SSP workload. Colonoscopy may take place at more than one site (which may be in different trusts) and it is essential that everyone who will be involved in the patient pathway is involved in planning screening centre services. This includes endoscopists, specialist screening practitioners, administrative staff, pathologists, radiologists, surgeons and trust managers. All the sites involved in providing colonoscopy for the screening centre should be represented.
It is essential that PCTs and public health are included on the planning group. The cancer network should also be involved in setting up referral pathways to treatment centres for patients diagnosed with cancer through the screening programme. Guidance for public health and commissioners prepared by the Public Health Research Unit (PHRU) is available.

The national office will write to potential screening centres whose bids have been accepted for second wave and will give them a provisional start date. In order to assist potential screening centres, a process plan has been devised and is shown in Figure 3. The essential stages are:

- set up a planning group to meet regularly with all key personnel including public health, PCTs and cancer networks
- establish close links with BCSP endoscopy lead and regional lead nurse
- agree job descriptions for key personnel (details of roles are given in section 3.2)
- check that trust IT facilities meet BCSS requirements (see section 2.6)
- develop screening centre budget with named lead from finance department (provision needs to be included for JAG visits, accreditation of colonoscopists, IT training and training of SSPs)
- develop professional and public awareness strategies
- arrange for accreditation of screening colonoscopists to be completed at least 2 months before the provisional start date
- establish separate codes for screening activities and ensure that trust requirements for data collection for waiting list management, and clinic and colonoscopy attendance are met
- identify SSP clinic sessions and designated screening colonoscopy lists
- if clinics take place in more than one trust, ensure that data collection requirements are met for each trust where SSPs work.

It is useful to appoint a project manager to coordinate activities during the set up and initial running of the screening centre. A visit to a range of existing screening centres may also be useful. When the screening centre is established, the role of the project manager may develop into provision of administrative support and data collection (see section 3.4 for further details).

As soon as the screening centre has had a successful JAG visit, they should contact the national office to arrange a visit. The purpose of the national office visit is to check that the criteria have been met, assess the capability to provide screening and give approval to ‘go live’.

No screening centre can become operational without approval from the national office.
Figure 3 Process plan for screening centres

Bid accepted, screening centre named, provisional start date

Pre JAG
JAG
GRS

Arrange national office visit

Local team meets

• Contact hub
• Visit another screening centre
• Plan facilities
• Plan IT set up
• Plan health promotion
• Set budget
• Plan service delivery

BCSP lead and lead nurse should attend 1st meeting

Achieve or maintain GRS Level A for timeliness

Pre JAG
JAG
GRS

Delivery plan approved

National office visit

Delivery plan not approved

Re-arrange visit

3/12

• Funding agreed
• SLA in place
• Provisional start date agreed
• Notify SHA, PCTs
• Accreditation of colonoscopists
• Accommodation
• Purchase equipment
• IT site set up
• Staff appointments
• Finalise budget
• Hub implementation plans

Funding agreed
SLA in place
Provisional start date agreed
Notify SHA, PCTs
Accreditation of colonoscopists
Accommodation
Purchase equipment
IT site set up
Staff appointments
Finalise budget
Hub implementation plans

START

4-6/12

2/12

1/12

4-6/12

3/12

2/12

1/12

START

National office progress review

• GRS level A maintained
• SSPs appointed and booked on courses
• Colonoscopists accredited
• Accommodation ready
• IT set up ready
• PIAG sign up
• Caldicott guardian sign off

National office approval
Confirm start date with hub

Finalise start date
IT user training
National office approval
Confirm start date with hub
2.4 Screening centre budgets

The budget for the screening centre should include provision for:

- costs of JAG visits
- costs of accrediting screening colonoscopists
- costs of training for SSPs
- administrative costs (staffing, equipment and stationery)
- costs of a telephone answering machine and costs of calls in response to telephone queries
- costs of accommodation for SSP clinics including sites away from the endoscopy clinic
- travel expenses for SSPs running clinics at sites away from the endoscopy clinic
- IT hardware including laptops for nurses to use in off-site clinics
- costs of IT training
- health promotion activities
- colonoscopy costs (staffing and consumables)
- pathology costs
- costs of alternative investigations
- costs of trust services (finance, HR and IT support)
- costs of other trust services (eg transport, translation and interpretation).

2.5 Forecasting workload

Screening centres need to work closely with their PCT(s) to forecast workload over the next 5-10 years. In the first call, the entire population is called over one or two years. The oldest people are automatically called 3 months before their 69th birthday and people newly turned 60 are constantly entering the programme. Subsequent screening dates are then two years from the date of the closure of the previous screening episode. This may mean that some people have a screening interval of several months more that two years depending on how long they take to return a kit.

Screening centres must agree with the programme hub one or more implementation plans for bringing the local population into the screening programme. Each implementation plan details the flow of invitations in the first call to enable a smooth flow of patients into the colonoscopy clinics at each screening site. There must be a separate implementation plan for each screening site. An implementation plan is dependent on accurate estimates of the number of people being invited (and therefore the number of patients with an abnormal test result) and the number of colonoscopy sessions available. It is limited by the capacity of treating hospitals to treat patients with bowel cancers identified by the screening programme. Estimates of the number of referrals are shown in Table 1.
Table 1  Expected referrals for screening colonoscopies

<table>
<thead>
<tr>
<th>Population covered by each programme hub (up to 20 screening centres)</th>
<th>10 million people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident population per screening centre</td>
<td>500 000 people</td>
</tr>
<tr>
<td>About 10% of this population is aged 60–69 and will be invited for screening*</td>
<td>50 000 people eligible</td>
</tr>
<tr>
<td>Half the invitations will be sent out in year 1 of the screening round and the remainder in year 2</td>
<td>25 000 invitations per year</td>
</tr>
<tr>
<td>The anticipated uptake for the first round of screening is 60%</td>
<td>15 000 kits returned per year</td>
</tr>
<tr>
<td>About 2% of kits returned will be abnormal**</td>
<td>300 abnormal test results per year</td>
</tr>
<tr>
<td>Number of SSP clinic appointments per year to each screening centre</td>
<td>300 SSP clinic referrals per year</td>
</tr>
<tr>
<td>Most people referred to the SSP clinic will be referred for colonoscopy</td>
<td>300 screening colonoscopies per year</td>
</tr>
<tr>
<td>Assuming four patients are seen in each colonoscopy clinic</td>
<td>1 or 2 colonoscopy clinics per week</td>
</tr>
<tr>
<td>Assuming five patients are seen in each surveillance clinic and clinics run for 40 weeks per year</td>
<td>Three colonoscopy clinics per week</td>
</tr>
</tbody>
</table>

* note that the screening population is dynamic with new people entering the programme as they turn 60. This means for planning purposes looking at the population of 58 and 59 year olds. This is particularly important as this age group is the start of the post-war baby boom.

** it appears from programme rollout that there is an unexpectedly high variation in the percentage of abnormal FOB test results with a north/south gradient: some screening centres in the north of England have found rates of up to 3% while some in the south have rates well below 2%.

*** the polyp detection rate found during rollout is about 45% compared with 35% found in the pilot study.

The prevalent round is expected to require more colonoscopies and yield more cancers and adenomas than subsequent rounds. This is because it is only in this round that there are large numbers of people aged 61 to 69 who have never been screened before. Subsequently, only those aged 60 will be screened for the first time in large numbers and, as incidence rises with age, their risk of colonoscopy or cancer is less than in those participating later in their 60s. In terms of workload, it is expected that capacity will exist for this since there is no surveillance workload in the first year of a screening centre and little in years two and three (see section 2.9).

2.6  BCSS site set up

Detailed guidance on site set-up and accessing the system is given in the BCSS Site Set Up Pack 21 which is available on the BCSP website (www.bcsp.nhs.uk). The pack includes an overview of the system to help explain how the system as a whole works, so that screening centres can work with programme hubs to produce screening plans. **No screening centre will be able to start until all the BCSS documentation has been completed by the screening centre and NHS Connecting for Health has completed the site set up.**

2.7  BCSS user training

NHS Connecting for Health will provide training in using the BCSS for staff in screening centres as part of their preparations for beginning screening. Full details of the functions available in the BCSS and how to use them are given in the BCSS User Guide.14 This is available on the BCSP website (www.bcsp.nhs.uk). NHS Connecting for Health also provide
a bureau service (helpdesk) for BCSS users which is the contact point for all for IT system and training enquires (email address bcssbureauservice@cfh.nhs.net). Details of how to book training are given in Appendix 7. Training cannot be booked until the screening centre has been approved by the national office.

2.8 Setting up SSP clinics

There are two types of clinic run by specialist screening practitioners (SSPs). The first is set up by the programme hub for patients with abnormal FOB test results to discuss the colonoscopy investigation (the ‘nurse positive clinic’); the second is set up by SSPs for patients who wish to discuss the findings of colonoscopy (the ‘nurse follow up clinic’). These will generally be patients with abnormal colonoscopy findings but some patients with normal colonoscopy following an abnormal FOB test result may wish to discuss the possible reasons. Clinics should generally be held on the same day and times each week but there needs to be some flexibility to meet fluctuations in demand. The location of the clinics will depend on local circumstances – they do not have to be on the same site as the colonoscopy sessions.

The clinic slots available for patients with abnormal test results are set up on the BCSS by the screening centre. The slots are then populated at the programme hub depending on the test kit results entered. The programme hub produces and sends the appropriate letters to patients and their GPs. Clinic appointments to discuss colonoscopy findings are booked by the SSP, who gives the patient an appointment card. Details of how to enter clinic bookings on the BCSS are given in the BCSS User Guide.

There must be close liaison between the programme hub and screening centres to ensure that the most effective use is made of available clinic slots. The programme hub and screening centre should agree on what general pattern of booking patients into clinics should be depending on their home address. Patients do not need to be booked into the next available clinic slot if this means they would have to travel a long distance. There needs to be some flexibility to allow for patient choice.

2.9 Setting up screening colonoscopy sessions

The screening centre and the national office will agree a weekly number of designated screening colonoscopy sessions for patients from the screening programme. Generally these should be on the same day and at the same times each week but there may need to be some flexibility.

Appointments for these sessions are not included on the BCSS, but are part of the local arrangements for endoscopy services. However, the date of the appointment needs to be entered on the BCSS as part of an individual’s screening history.

Surveillance colonoscopies are part of the screening programme and should be undertaken on designated screening lists by accredited screening colonoscopists (see section 5.6). The number of surveillance colonoscopies will add to the colonoscopy workload from year 2 onwards. This is shown in Table 2. The model is simplistic as it does not reflect how patients may move from high risk to intermediate risk and from intermediate risk to low risk and that a proportion may leave the programme.
<table>
<thead>
<tr>
<th>Year</th>
<th>Expected activity for screening and surveillance colonoscopies (annual colonoscopy for high risk (HR) and three yearly for intermediate risk (IR))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>300 screening colonoscopies</td>
</tr>
<tr>
<td>Year 2</td>
<td>300 screening colonoscopies + year 1(HR) surveillance colonoscopies</td>
</tr>
<tr>
<td>Year 3</td>
<td>300 screening colonoscopies + year 1(HR) surveillance colonoscopies + year 2(HR) surveillance colonoscopies</td>
</tr>
<tr>
<td>Year 4</td>
<td>300 screening colonoscopies + year 1(HR) surveillance colonoscopies + year 2(HR) surveillance colonoscopies + year 3(HR) surveillance colonoscopies + year 1(IR) surveillance colonoscopies</td>
</tr>
<tr>
<td>Year 5</td>
<td>300 screening colonoscopies + year 1(HR) surveillance colonoscopies + year 2(HR) surveillance colonoscopies + year 3(HR) surveillance colonoscopies + year 4(HR) surveillance colonoscopies + year 2(IR) surveillance colonoscopies</td>
</tr>
<tr>
<td>Year 6</td>
<td>300 screening colonoscopies + year 1(HR) surveillance colonoscopies + year 2(HR) surveillance colonoscopies + year 3(HR) surveillance colonoscopies + year 4(HR) surveillance colonoscopies + year 5(HR) surveillance colonoscopies + year 3(IR) surveillance colonoscopies</td>
</tr>
</tbody>
</table>

Extracted from *Guidance for public health and commissioning.*

### 2.10 Screening centre stationery

Although appointment letters for SSP nurse positive clinics are generated and despatched by the programme hub, screening centres produce all further correspondence to patients and GPs and will need a supply of stationery for this purpose. They will need appointment cards for colonoscopy (including surveillance colonoscopies) and for SSP follow up clinics. Reply paid envelopes are needed for the 30 day patient questionnaire (see section 4.12) and for any other local needs. The stationery must be clearly identified with the NHS Bowel Cancer Screening Programme logo. Details about the design of letterheads is given in Appendix 8.

The hub will send out copies of the leaflet *The Colonoscopy Investigation* with SSP clinic appointment letters but the screening centre will need a small stock of copies to give to patients who may not have read it before they come for their SSP clinic appointment. Ordering details are given in Appendix 4.

### 2.11 Information for primary care

Screening centres should ensure that once their ‘go live’ date is confirmed, they make arrangements for local GPs to receive copies of the GP pack. Details on distributing the pack are in Appendix 5. It may also be helpful to contact local pharmacies to explain the introduction of the programme so that they are aware of what the programme is and how it works.

### 2.12 Programme publicity

Publicity for the screening programme should be kept within those areas in which the screening programme has gone live. This is to avoid raising expectations amongst those for whom screening is not yet available. When the programme has been rolled out across the country (by the end of 2009), widespread national publicity will be considered.

The national office has produced a poster for the screening programme. Patient information leaflets are also available free of charge for use in awareness raising initiatives. Details of materials and how to order them are in Appendix 4.
Screening centres may wish to develop their own publicity materials specifically tailored to target a local audience. Any materials developed locally must be sent to the national office for approval prior to production. This is to ensure that consistent messages are being used across the programme, that the programme logo is being used correctly, and that the national office is aware of all the materials being used for the programme under its administration. Further details on the use of promotional and information materials are in Appendix 6.

2.13 Arrangements for data collection

Arrangements for data collection are still being developed. The dataset from the SSP clinic and the colonoscopy dataset are included as part of the BCSS. Details of are given in the BCSS User Guide. In addition, arrangements need to be set up to collect the Royal College of Pathologists histology dataset and the NBOCAP dataset.

2.14 PIAG sign up

The national office will send new screening centres copies of the NHS Cancer Screening Programmes policies on confidentiality and data security\textsuperscript{15,16}. These policies apply to all cancer screening programmes. All staff working in the bowel cancer screening programme must sign up to the policies before a screening centre can start. Any staff appointed subsequently must also sign up. The screening centre director is responsible for ensuring compliance with the policies.

2.15 Additional colonoscopy sites

After they become operational, some screening centres may subsequently wish to increase the number of sites where screening colonoscopies can take place. National office approval is required before additional colonoscopy sites can be opened. A visit from the national office may be required if the Screening Centre has been operational for some time before requesting additional colonoscopy sites. The criteria are the same as for screening centres (see section 2.1). In addition, the national office will require:

- names and population figures for the PCTs to be invited
- number of colonoscopy sessions
- SSP names and sessions
- details of the administration arrangements and links between the screening centre and the additional colonoscopy site
- confirmation of the screening centre clinical team members (a clinical lead for each colonoscopy site is not required).
3. STAFFING A SCREENING CENTRE

3.1 Clinical team

Each screening centre is organised around a single clinical team with a single clinical lead. The team may deliver its service on a number of different sites, but works to common protocols. The team must meet regularly to discuss screening patients, patient outcomes and quality assurance issues. There must be very close liaison between each screening centre and its programme hub and between screening centres and hospitals treating patients with bowel cancer diagnosed through the screening programme (see Figure 2).

The clinical team must include:

- screening centre clinical director (who, in addition, may hold one of the roles below)
- clinical lead for colonoscopy
- clinical lead for nursing (who may also be, but is not necessarily, one of the specialist screening practitioners)
- clinical lead for pathology
- clinical lead for radiology

3.2 Staffing and accountability

Members of the screening centre team must include:

- a minimum of two accredited screening colonoscopists
- two or more specialist screening practitioners
- a screening centre administrator
- clerical support staff.

The roles of screening centre staff are summarised below. Note that, in the BCSS, user roles are defined to determine different levels of access to functions and reports. Some screening centre staff may have more than one user role. Details of user roles are given in the BCSS User Guide.14

3.2.1 Screening centre director

The screening centre director:

- is responsible for the management and smooth running of the screening centre
- ensures that pre-arranged pathways are in place for referral of patients from the screening programme
- meets regularly with clinical leads to ensure that screening is delivered in accordance with common agreed protocols and to monitor screening outcomes
- ensures that any adverse incidents are reported to the national office
- ensures that screening centre staff comply with the requirements of the NHS Cancer Screening Programmes for confidentiality, data security and PIAG approval
- ensures that all staff changes are notified to the national office
- ensures that all staff changes and changes in BCSS user roles are notified to the BCSS Bureau Service via the IT helpdesk
- ensures close liaison with the programme hub
- leads QA activities at the screening centre.
3.2.2 Colonoscopy lead

The clinical lead for colonoscopy:

- takes responsibility for the quality of colonoscopy for all screening patients in the screening centre and ensures that NHS BCSP standards are met
- manages the designated screening colonoscopy lists to ensure a smooth flow of patients from SSP clinics and on to treatment services where necessary
- ensures that advice is available to SSP clinics on patients who are of uncertain fitness for colonoscopy
- meets regularly with other screening colonoscopists in the screening centre to ensure that screening is delivered in accordance with common agreed protocols and to monitor screening outcomes.

See also section 5.2.

3.2.3 Pathology lead

The clinical lead for pathology:

- takes responsibility for the quality of pathology support for the screening programme and ensures that NHS BCSP standards are met
- ensures that pathology results are available in a timely manner for patients who have had a tissue sample taken at colonoscopy
- meets regularly with other screening pathologists in the screening centre to discuss screening outcomes.
- develops a special interest in bowel cancer pathology.

See also section 5.3.

3.2.4 Radiology lead

The clinical lead for radiology:

- ensures that radiology support for the screening programme meets NHS BCSP standards (these are currently being developed)
- ensures that appropriate arrangements are in place to offer alternative investigations in a timely manner to patients in whom colonoscopy has failed or who are not suitable for colonoscopy. This includes double contrast barium enema (DCBE) or CT colonography (where available). Experience to date suggests that this is required infrequently but may be difficult
- meets regularly with other screening radiologists in the screening centre to discuss screening outcomes.

See also section 5.4.

3.2.5 Clinical nurse lead

There are a number of leadership functions which need to be undertaken. These may be undertaken by one of the SSPs, shared between SSPs or undertaken by another senior nurse involved in the BCSP. The functions are:
• supervising the team of SSPs and meeting them on a regular basis to discuss screening outcomes
• supporting SSPs to maintain their professional competence
• supporting the screening centre director in the development of screening centre activities
• supporting arrangements to work collaboratively with the programme hub
• supporting the provision of clinical advice to answer queries referred from the programme hub
• supporting the provision of clinical advice to answer queries from patients
• ensuring that there is appropriate staffing at SSP clinics and MDTs
• ensuring that there are arrangements for appropriate staff cover for clinics and MDTs (see section 3.2.6)
• ensuring that patient data are collected to meet BCSP requirements and local trust requirements
• evaluating service delivery and contributing to quality assurance activities.

3.2.6 Specialist screening practitioner

It is essential that at least two SSPs are appointed to undertake the following functions. They should both be in post before the screening centre starts to run SSP clinics. There should be sufficient SSP capacity to undertake SSP clinics, attend colonoscopy sessions and cover unexpected fluctuations in workload and allow sufficient time for administrative tasks, health promotion and travel between clinic sites.

The specialist screening practitioner:

• provides clinics for patients with abnormal FOB test results
• arranges designated colonoscopy sessions for screening patients and attends or ensures that another SSP attends
• provides clinics for patients who wish to discuss the outcomes of colonoscopy; these may be in conjunction with a colorectal nurse specialist when a diagnosis of cancer has been made, depending on local arrangements
• ensures that patients with bowel cancer diagnosed through the screening programme are discussed at the next available MDT in the hospital where the patient will receive treatment and attends or ensures that another SSP attends
• ensures smooth handover of patients from the screening programme to a named clinician for treatment
• ensures that data on the outcomes of screening colonoscopies and treatment for patients diagnosed through the screening programme are collected for audit and evaluation of the screening programme and allow screening episodes to be closed
• ensures that the care provided from the screening centre meets the needs of individuals
• helps individuals to make informed choices at all stages of the screening process, including following up patient enquiries referred by the programme hub
• if requested by the programme hub, makes a clinical assessment of the need of individuals for assistance in completing a test kit and make an appropriate referral (e.g. to community nursing services)
• builds relationships with colorectal nurse specialists in treating hospitals to ensure smooth handover of patients from the screening programme
• coordinates health promotion activities with local health promotion services to improve access to screening.

Outline job profiles are available at [www.nhsemployers.org](http://www.nhsemployers.org) (click on Pay and conditions>>Agenda for Change>>National job profiles>> Health Science Services>>Cancer Screening).
There must be suitable cover arrangements for SSP absences. Any healthcare professional who deputises for an SSP must be able to demonstrate a minimum knowledge base which includes:

- an understanding of the NHS BCSP
- an understanding and experience of clinic processes
- an understanding of and ability to use relevant BCSS functions
- an ability to support patients at all stages of the screening process.

Short courses for lead nurses and SSPs are currently being developed.

### 3.3 Education and training for SSPs

#### 3.3.1 Training requirements

The national office expects that all SSPs working in the NHS BCSP will undertake the following education and training as part of their professional development:

- induction and orientation during the first six months in post
- participation in a formal education programme during the first year in post.

Further details about SSP training requirements are given in Implementation Guide No 5 22 which is available on the BCSP website (www.bcsp.nhs.uk). Screening centres are expected to meet the costs of training and ensure that staff have protected time to meet course requirements.

#### 3.3.2 Induction and orientation

As soon as an SSP is appointed, he/she must register on the BCSP website and download details of the induction programme. The programme is designed to facilitate the first six months in post for each SSP. It is a self development tool for practitioners to use with the support of their line managers. It is expected that all SSPs will use this documentation in addition to any local requirements for induction and orientation. An essential part of preparation for the role is attendance at an SSP clinic at an existing screening centre.

#### 3.3.3 Educational programme

A formal educational programme for SSPs has been developed in conjunction with Liverpool John Moores University. This is a 40 credit degree level module at first degree level (Level 3) including 13 taught days. The module will take place three times a year during roll out of the screening programme and it is expected that every SSP will attend during his/her first year in post. Further details of the course including contact details for the course organiser are given in Implementation Guide No 5 22 which is available on the BCSP website (www.bcsp.nhs.uk).

Screening centres are expected to meet the costs of attendance on the course. The national office will maintain a register of course participants and successful completion of the course will be a quality assurance issue.

#### 3.3.4 Support from SHA lead nurse

The SHA lead nurse will visit each screening centre before screening starts to advise and support the SSPs. The purpose is to ensure that appropriate resources are available and that management support is in place to facilitate the induction and orientation of SSPs into post.
3.4 Administrative support

Administrative support is essential to ensure the smooth running of screening centre activities, undertaking the screening centre functions of the BCSS, and to provide a base for the specialist screening practitioners. The functions include:

- providing general administrative support for the running of the screening centre eg maintaining training and sickness records, arranging holiday rotas
- maintaining a log of all telephone queries, referring requests from programme hubs for clinical advice about individual patients to a SSP, responding to the caller on the same day and ensuring that the SSP response and actions are complete
- ensuring that a telephone answer machine is available for out of hours queries and ensuring that these are responded to on the next working day
- setting up clinics slots for SSP clinics
- liaising with the programme hub to ensure that slots are used effectively and that extra clinics are available to cover changes in workflow
- monitoring colonoscopy demand and alerting the screening centre director if additional sessions are needed
- ensuring that the preparation of clinics and colonoscopy lists and patient notes comply with individual trust policies in addition to all requirements of the BCSP
- ensuring that all patient data from SSP clinics and colonoscopy clinics (including DNAs) are entered correctly on the BCSS and appropriate action taken
- making alternative arrangements if clinics need to be cancelled at short notice
- managing the surveillance system.

It is essential to maintain close lines of communication with SSPs, colonoscopy sites and screening colonoscopists. There must also be close liaison with symptomatic colonoscopy services.
4. SPECIALIST SCREENING PRACTITIONER CLINICS

4.1 Booking SSP clinic appointments

The purpose of SSP clinic appointments for patients with abnormal test results is to discuss the FOBt result, explain the colonoscopy investigation, complete a medical history assessment and make a decision as to the patient’s suitability to proceed to colonoscopy. Each appointment may take up to 45 minutes.

Once the screening centre has set its availability for these appointments on the BCSS, the slots are populated with the names of patients by staff at the programme hub. The programme hub produces and sends the appropriate result letter with the appointment details to the patient and produces a GP notification. The date of the appointment must be within fourteen days of the date of the letter. However if it is possible to achieve an interval of ten days then screening centres should try to do so.

4.2 Preparing for SSP clinics

The SSP should:

• check the clinic lists in advance on the BCSS
• resolve any discrepancies or queries with the programme hub
• check the screening history of patients
• read any supporting notes on the list of episode events screen
• check the next available slots for screening colonoscopies.

In addition, the SSP should check that the following supplies are available:

• instruction leaflets for bowel preparation
• medications for bowel preparation
• visual aids for explaining colonoscopy
• consent forms for colonoscopy
• information leaflets on healthy eating and bowel cancer symptom recognition.

Some examples of leaflets available are listed on the BCSP website (www.bcsp.nhs.uk).

4.3 During the SSP clinic

The SSP should:

• check the patient’s details to ensure that the correct results are being given to the correct patient
• explain that further investigation (usually colonoscopy) is needed to reach a diagnosis
• explain the test result
• explain the colonoscopy procedure, including the risks
• complete a health assessment for fitness for colonoscopy.

If the patient wishes to make the appointment straight away, the SSP should:

• give the patient an appointment card with the date and time of the next available
• give the patient the bowel preparation and explain how to use it
• ask the patient to complete a written consent form for colonoscopy
• complete a clinical assessment proforma (as per nursing dataset).

If the patient wishes to take time to consider the options, the SSP should explain the arrangements for contacting the screening centre later to make an appointment. The bowel preparation and consent form can then be sent to the patient by post if he or she wishes to proceed.

The SSP must notify the relevant endoscopy unit of any conditions which the patient has that may require special attention before or during colonoscopy. This includes patients who are diabetic.

4.4 Patients who are on warfarin therapy

If the patient is on warfarin therapy, the SSP should follow the local endoscopy unit protocol for managing such patients. If necessary the SSP should seek advice from the consultant responsible for the patient’s care.

4.5 Patients who may need admission before or following colonoscopy

If the patient is thought to need admission before colonoscopy, for example because they are on warfarin therapy, or following colonoscopy because they no one at home to look after them, the SSP should follow local trust protocols for such patients.

4.6 Patients who may need transport following colonoscopy

If the patient is thought to require specially arranged transport to get home following colonoscopy, the SSP should make arrangements in accordance with local trust protocols.

4.7 Patients who are unfit for colonoscopy

If the patient is considered potentially unfit for colonoscopy, the SSP should ask a screening colonoscopist to review the patient’s medical notes and make a decision on how to proceed. If appropriate, the SSP should make an appointment for the patient to see a screening colonoscopist to review the options. It may be necessary for the SSP or consultant to write to other consultants or the patient’s GP to clarify the patient’s fitness to proceed. Patients who are definitely unfit for colonoscopy may remain in the BCSP and if fit should be offered DCBE or CT colonography (where available) as soon as possible.

4.8 Patients who decline further investigations

If a patient refuses to have any further investigations following a positive FOB test result, the SSP will offer information and advice on healthy eating and bowel cancer symptom recognition. The current screening episode is closed on the BCSS and the patient is sent a letter confirming the closure but offering the option of re-opening the episode at any time by contacting the programme hub. 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. A letter is also sent to the patient’s GP explaining that the patient has had a positive FOB test result but has declined colonoscopy.
4.9 Patients who do not attend

Patients who have a positive result but do not attend (DNA) their SSP clinic appointments are sent a second appointment by the programme hub. If they fail to attend the second appointment, their current screening episode will be closed on the BCSS. Patients will be told that they will have another opportunity to take part in the screening programme in two years’ time if they are still within the age range. They will be sent a confirmation letter and their GP will be informed of their decision not to continue.

4.10 Recording clinic outcomes

At the end of each SSP clinic, the SSP is responsible for ensuring that patients’ screening histories are updated on the BCSS.

4.11 SSP follow up clinics

These are appointments (usually of 30 minutes) for patients who wish to discuss the outcomes of colonoscopy (polyps or other abnormal findings other than bowel cancer). Patients who have no abnormal findings should also be offered an appointment; some may wish to discuss the possible reasons for their abnormal FOB test result. The SSP should offer information and advice on healthy eating and bowel cancer symptom recognition.

Giving the results of colonoscopy is explained in more detail in section 5.5.

4.12 Follow up patient questionnaires

Thirty days after each completed patient episode, a patient satisfaction questionnaire is generated by the BCSS. It is the responsibility of the screening centre administrative staff to send this out with a reply paid envelope. Questionnaires are returned to the screening centre where they should be processed and the results stored on a local database for six monthly review through the trust clinical governance arrangements and appropriate action taken.
5. SCREENING COLONOSCOPY SESSIONS

5.1 Endoscopy lists for screening patients

These are designated lists for patients from the screening programme that take place on the same day and at the same times each week. At least 70% of patients should be seen on segmented lists. Segmentation in this context refers to patients on segmented lists having similar clinical characteristics and follow up needs (in this case patients referred with a positive FOBT result), ie at least 70% of patients will be seen on special lists for FOBT positive patients.

Colonoscopy must be undertaken by an accredited screening colonoscopist. Cover (eg for annual leave) can be provided only by another accredited screening colonoscopist.

Colonoscopies in the prevalent round of screening often reveal a high level of pathology and the lists are heavy. Four colonoscopies is the maximum per list as a starting point.

In order to ensure continuity of care for patients, it is desirable that the SSP who has seen the patient at the SSP clinic also attends the colonoscopy session. If he/she is unavailable, another SSP should attend. 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 want a follow up appointment.

5.2 Standards for colonoscopy

The colonoscopies will be carried out by accredited screening colonoscopists. The colonoscopist will obtain valid consent for the procedure according to local guidelines. The quality assurance (QA) standards for colonoscopy are given in Appendix 9.

5.3 Links with pathology

A high standard of histopathology is required by the screening programme, and it is important that this should be as consistent as possible across all screening centres. Clear classification and grading of polyps and cancers is critical to enable the development of guidelines about the management of different groups of patients. Clinicians and pathologists in screening centres need to work in close collaboration, and pathologists across the bowel cancer screening programme nationally need to be able to harmonise their results. QA networks are being developed.

National guidance on histopathology reporting Reporting Lesions in the NHS BCSP (NHS BCSP Publication No 1) has been published recently. The target for histopathology reporting of samples is that 90% of lesions should be reported within 7 days. This allows patients who have had a polyp removed at colonoscopy to be given an appointment to be seen the following week in the follow-up clinic.
5.4 **Links with radiology**

Close links with radiology services need to be established to ensure that arrangements are in place for double contrast barium enemas (DCBEs) or CT colonography for incomplete colonoscopies or for patients who are not suitable for colonoscopy. With a high standard of colonoscopy, the number of DCBEs requested for incomplete colonoscopy should be minimal. However, the radiology department needs to be aware of the potential demand from screening patients.

Patients who are found to have carcinoma at colonoscopy may also require early staging radiology following the MDT meeting and prior to the patient being seen by the surgeon and the SSP in the outpatient clinic. Because the screening programme is picking up cancers earlier than would otherwise occur, there will be an increase in the number of cancers being seen over the first three or four years of the screening programme.

5.5 **Giving patients the results of colonoscopy**

Screening patients should be given the results of colonoscopy before they leave the colonoscopy clinic. They should be given the result by the SSP, who will also ensure that the patient is given a letter to take home confirming the information that they have been given. A copy of the endoscopy report should be sent to the patient’s GP in accordance with local endoscopy clinic procedures.

5.5.1 **Normal outcome**

Patients will be told that nothing abnormal has been found and that they will be invited again for screening in two years’ time (provided that they are still within the eligible age range).

5.5.2 **Polyps**

Patients will be told that a polyp has been removed and sent for examination. The SSP should give the patient an appointment at the SSP follow up clinic the following week. The appointment details should be in the letter given to the patient to discuss the results. Some patients may prefer to discuss their result by telephone rather than attending another clinic so this may be offered as an alternative.

5.5.3 **Suspected cancer found**

Patients with suspected cancer should be told that a sample has been removed and sent for examination and that they will be sent an appointment to discuss the results at the screening centre the following week.

Clinical judgement should be exercised as to how much information should be given to a patient on the day. The SSP should give the patient a letter to take home confirming the information they have been given or that an appointment will be made for them to discuss their results.

It should be remembered that most people participate in screening in the expectation that they will be given a normal result. Often, a diagnosis of cancer is more of an initial shock than for people who present symptomatically or through family history screening.
5.6 Polyp surveillance

Polyp surveillance is based on the current British Society of Gastroenterology (BSG) guidelines. If patients are found at colonoscopy to have medium or high risk polyps, they will enter into the screening surveillance programme. The surveillance programme is part of the BCSP and surveillance colonoscopies must be undertaken in designated screening clinics by accredited screening colonoscopists. Patients will not be sent any invitations to take part in FOB testing until they leave surveillance. They will have a surveillance due date set. Medium risks polyps will be offered repeat colonoscopy every three years. Those patients with high risk polyps will be offered annual colonoscopy. Letters will be produced in preparation for the next scheduled colonoscopy.

Once individuals reach their 70th birthday, they will not be managed within the screening programme unless the surveillance appointment is their first. The screening centre must ensure that there are prearranged referral pathways for patients who need continued surveillance.

5.7 Referral of patients with suspected cancer

For patients with suspected cancer, there must be a protocol for handover of responsibility from the NHS BCSP to a named clinician at the treating hospital. This may not be the same hospital which provides colonoscopy. Account may need to be taken of patient choice. The SSP is responsible for ensuring that the case is discussed at the next available MDT and, wherever possible, should attend the MDT in person to present the case.

5.8 Referral of patients with other findings

Screening centres must have prearranged referral pathways for any patients who need further investigation or treatment for conditions other than bowel cancer. SSPs must have appropriate information available for patients if required.

5.9 Completion of datasets

The SSP is responsible for ensuring that all the screening data sets are completed and outcomes from all the screening episodes are entered on the BCSS. The SSP should build links with colorectal nurse specialists in treating hospitals to ensure the timely completion of datasets.
GLOSSARY OF TERMS USED IN THE BCSP

Abnormal test result
A positive FOB test result. The term ‘abnormal’ must always be used when talking to or writing to participants.

Active practice
A GP practice which has been included in an implementation plan ie eligible patients are included in call and recall

Administration team
The team based at the programme hub office that undertakes programme administration, dispatch of test kits and provision of the telephone helpline.

BCAG
The Department of Health Bowel Cancer Advisory Group, which advises Ministers about bowel cancer and bowel cancer screening.

BCSP
The NHS Bowel Cancer Screening Programme.

BCSS
The national IT system for administering call and recall for the BCSP.

BSG
The British Society of Gastroenterology

Bureau service
A service provided by NHS Connecting for Health which deals with setting up user roles and organisations within the BCSS (see also Helpdesk)

Call
The process of inviting an individual to participate in the BCSP for the first time.

Ceasing
The process of removing details of an individual for the screening programme database so that they are not sent invitations to participate. Reasons for ceasing include medical reasons, emigration or because the individual has declined to participate in the screening programme. See also opting out.

Closed episode
A screening episode which has been completed, either because the individual has been returned to routine recall following a normal FOBt result or because the individual is undergoing surveillance or treatment following colonoscopy. A episode may also be closed manually for other reasons (see BCSS User Guide).

Colonoscopy
An endoscopic examination of the colon (large intestine).

Did not attend (DNA)
A patient who does not attend an appointment made by the screening programme.
**Double contrast barium enema (DCBE)**
An alternative investigative technique for patients with an abnormal or unclear test result and who are unsuitable for colonoscopy.

**Faecal occult blood (FOB) test (or FOBt)**
A biochemical test to determine the presence of blood in a sample of faeces. Also fecal occult blood test (US spelling).

**Failsafe**
The process of inviting eligible participants who have not been included in an implementation plan for whatever reason.

**Flexible sigmoidoscopy (FSIG)**
An endoscopic examination of the lower part of the colon (sigmoid colon).

**Global rating scale (GRS)**
A tool for assessing the quality of endoscopy services.

**Helpdesk**
The national helpdesk provides support for technical problems with the BCSS.

**Helpline**
The telephone service provided by the programme hub that offers advice and support to screening participants.

**Implementation plan**
The plan by which a screening centre brings its associated population into the BCSP. The term has a specific meaning in the BCSS.

**Inactive participants**
Individuals who are eligible for screening but who are not included in an implementation plan (eg because they have moved into an area after the plan has been set up). They will be added into call and recall as soon as they have registered with a GP.

**Informed dissent**
Informed decision by an individual to withdraw from the screening programme.

**Invitation letter**
The initial letter to an individual inviting them to participate in the BCSP.

**Joint Advisory Group on Gastrointestinal Endoscopy (JAG)**
The professional body responsible for the accreditation of endoscopy services.

**KC return**
An annual statistical return to the NHS Health and Social Care Information Centre.

**Local service provider (LSP)**
Based on the Connecting for Health organisations.

**National office**
The national office of the NHS Cancer Screening Programmes based in Sheffield.
NBOCAP
The National Bowel Cancer Audit dataset Project, which defines the data items to be collected in the BCSP.

Negative FOB test result
A test result that shows no indication of the presence of blood in any of the samples. The term ‘normal’ must always be used when talking to or writing to participants.

NHAIS
The National Health Applications and Infrastructure Services module provided by NHS Connecting for Health.

Normal test result
A negative FOB test result. The term ‘normal’ must always be used when talking to or writing to participants.

Nurse
See specialist screening practitioner or nurse colonoscopist.

Nurse colonoscopist
A specialist nurse who has undertaken advanced training to undertake colonoscopy.

SSP clinic
Clinic run by a screening nurse for patients with an abnormal test result. These may be held in screening centres or other suitable accommodation.

Open episode
A screening episode which has not yet been closed, ie there are outstanding actions by the programme hub.

Open Exeter
A software application that allows health authorities to grant and control user access to other software applications.

Opting in
This refers to individuals who ask to be included in the screening programme after previously asking to be excluded from the programme. The term for individuals over the age of 70 who ask to be included in the programme is self-referral (qv).

Opting out
This refers to individuals who ask to be excluded from the current screening round but recalled in two years’ time. The term for individuals who ask to be excluded permanently is ceasing (qv).

Participant
An individual who has been invited or is currently taking part in the bowel cancer screening programme. Individuals who are given an appointment for a nurse clinic are called patients (qv).

Patient
An individual who has an abnormal FOB test result and is given an appointment for a nurse clinic.
**Paused**
A status on the BCSS which shows that a screening subject’s episode is waiting for an event to occur, eg waiting for further information to confirm that the episode can be closed.

**PIAG**
Patient Information Advisory Group

**Positive test result**
An FOB test result which indicates the presence of blood in five or six of the samples. The term ‘abnormal’ must always be used when talking to or writing to participants. See also weak positive test result.

**Programme director**
The senior clinician based at the programme hub who is responsible for overall clinical leadership of the screening programme.

**Project board**
The group which oversees the development of the IT system (BCSS).

**Project plan**
The plan based on a screening centre setting up one (or more) implementation plans to bring the associated population into the BCSP.

**QA**
Quality assurance

**Recall**
The process of inviting an individual to participate in the BCSP for the second or subsequent time. Recall is determined when a next screening due date is set during the previous screening episode.

**Screening batch**
A collection of eligible people within the target population range who are to be sent invitations in a specified timeframe according to the screening plan.

**Screening centre**
The point of delivery for follow up of patients with abnormal FOB test results. Screening centres are based on existing endoscopy units.

**Screening due date (SDD)**
The next date at which a participant is due to be sent a pre-invitation letter (normally two years from the date on which the previous screening episode was closed.

**Screening episode**
The period from the date of the pre-invitation letter to the date that the episode is closed (qv).

**Screening office**
Use either programme hub office or screening centre office.

**Screening subject**
The term used in the BCSS for an individual who has been invited or who is currently taking part in the bowel cancer screening programme.
Self-referral
This refers to individuals over the age of 70 who ask to be included in the programme.

Slot
An available appointment at a nurse clinic that has yet to be filled.

Specialist screening practitioner
The specialist practitioner based at a screening centre who provides SSP clinics and liaises with colonoscopy clinics and treating hospitals. There may be more than one screening SSP at each screening centre.

Spoilt kit
A test kit which cannot be read by the laboratory because the participant has used it incorrectly.

Test kit letter
The letter which is sent to a participant with the test kit.

Treating hospital
A hospital with a designated colorectal MDT for the treatment of patients with bowel cancer. May also be referred to as a cancer unit or cancer centre.

Unclear test result
A weak positive FOB test result. The term ‘unclear’ must always be used when talking to or writing to participants.

Weak positive FOB test result
An FOB test result which indicates the presence of blood in one to four of the samples. The term ‘unclear’ must always be used when talking to or writing to participants. See also positive test result.
REFERENCES

4. UK Colorectal Cancer Screening Pilot Group. Results of the first round of a demonstration pilot of screening for colorectal cancer in the United Kingdom.
12. Consent to cancer screening. NHS Cancer Screening Programmes, 2008 (Cancer Screening Series No 4).
APPENDIX 1: PROGRAMME HUBS AND CURRENT SCREENING CENTRES (AS AT 31.3.08)

EASTERN PROGRAMME HUB (based in Nottingham)
  Derbyshire Screening Centre
  Cambridge Screening Centre
  East & North Hertfordshire Screening Centre
  Leicestershire, Northampton and Rutland Screening Centre
  Norwich Screening Centre
  Nottinghamshire Screening Centre
  West Hertfordshire Screening Centre

LONDON PROGRAMME HUB
  North East London Screening Centre
  St Mark’s Screening Centre
  South West London Screening Centre
  South East London Screening Centre
  University College London Screening Centre
  West London Screening Centre

MIDLANDS AND NORTH WEST PROGRAMME HUB (based in Rugby)
  Bolton Screening Centre
  Cheshire and Merseyside Screening Centre
  Coventry and Warwickshire Screening Centre
  Cumbria and Westmorland Screening Centre
  Heart of England Screening Centre
  Sandwell and West Birmingham Screening Centre
  Wolverhampton Screening Centre

NORTH EAST PROGRAMME HUB (based in Gateshead)
  Bradford and Airedale Screening Centre
  County Durham & Darlington Screening Centre
  Humber & Yorkshire Coast Screening Centre
  North of Tyne Screening Centre
  South of Tyne Screening Centre
  South Yorkshire Screening Centre
  Tees Screening Centre

SOUTHERN PROGRAMME HUB (based in Guildford)
  Dorset Screening Centre
  Gloucestershire Screening Centre
  Hampshire Screening Centre
  Solent and West Sussex Screening Centre
  Somerset Screening Centre
  South Devon Screening Centre
# APPENDIX 2: SPECIFIC TASKS FOR PROGRAMME HUBS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Implement and operate the national Bowel Cancer Screening System (BCSS) (IT system) for call/recall, recording of test kits results. This includes liaison as required with local IT department.</td>
</tr>
<tr>
<td>2</td>
<td>Selection of the population for invitation in conjunction with individual screening centres, using the BCSS IT system. Agree and support screening implementation plans based on colonoscopy capacity in each screening centre and treating hospital.</td>
</tr>
<tr>
<td>3</td>
<td>Initial preinvitation letter to be sent out to individuals one week before dispatch of kit.</td>
</tr>
<tr>
<td>4</td>
<td>Assembly of invitation pack consisting of a number of items (eg FOBt kit, leaflet, letter), followed by dispatch to individuals.</td>
</tr>
<tr>
<td>5</td>
<td>Sort and log FOBt kits onto BCSS IT system on the day of receipt in the laboratory according to standard protocols.</td>
</tr>
<tr>
<td>6</td>
<td>Test and record results within 2 working days of receipt in the laboratory.</td>
</tr>
<tr>
<td>7</td>
<td>Used FOBt kits will require storage for one month in order to answer any participants’ queries that may arise.</td>
</tr>
<tr>
<td>8</td>
<td>Disposal of tested kits according to local protocols.</td>
</tr>
<tr>
<td>9</td>
<td>Results must be dispatched to participants within seven days of receipt in the laboratory.</td>
</tr>
<tr>
<td>10</td>
<td>Repeat kits to be dispatched to approximately 10% of individuals whose returned FOB test kits are spoil or are technical failures or whose results are weak positives.</td>
</tr>
<tr>
<td>11</td>
<td>Staff should read FOBt kits for no more than one hour at a time and then break from reading to undertake other duties for at least 20 minutes.</td>
</tr>
<tr>
<td>12</td>
<td>Patients with abnormal FOBt results must be booked into clinics with a screening nurse, at local screening centres, using the BCSS IT system. The appointments offered must be within 14 days of the date of a definitive positive test result.</td>
</tr>
<tr>
<td>13</td>
<td>Provision of a Freephone helpline (multilingual) for enquiries about screening/instructions on kit completion. A national 0800 number has been organised to support this.</td>
</tr>
<tr>
<td>14</td>
<td>The programme hub will liaise with local screening centres and will adjust the rate of invitations dispatched to meet nurse clinics’ and colonoscopy clinics’ booking demands. Difficulties should be notified to the national office.</td>
</tr>
<tr>
<td>15</td>
<td>Participate in the national laboratory and call and recall external quality assurance and audit network activities. This will include sharing data on an identifiable hub basis.</td>
</tr>
<tr>
<td>16</td>
<td>CPA accreditation must be maintained for the biochemistry laboratory on a standalone basis. The possibility of accreditation through an associated clinical biochemistry laboratory may be considered.</td>
</tr>
<tr>
<td>17</td>
<td>Adhere to NHS Cancer Screening Programmes confidentiality and information security policies (PIAG).</td>
</tr>
<tr>
<td>18</td>
<td>Purchase of FOBt kits from national contract.</td>
</tr>
<tr>
<td>19</td>
<td>Liaise with NHS Connecting for Health local service providers when necessary.</td>
</tr>
<tr>
<td>20</td>
<td>Liaise with PCTs, SHAs and commissioners as required.</td>
</tr>
<tr>
<td>21</td>
<td>Liaise with GPs on a daily basis, including responding to enquiries on behalf of an individual patient as required.</td>
</tr>
<tr>
<td>22</td>
<td>Develop and maintain a list of queries/dialogue (eg check addresses, phone numbers, registration with GP, where screening will occur etc).</td>
</tr>
<tr>
<td>23</td>
<td>The programme hub will be expected to participate in trials of new test kits and nationally approved research initiatives. Local research projects involving the programme must receive national office approval.</td>
</tr>
<tr>
<td>24</td>
<td>Participate in QA activities. to ensure that local screening centres adhere to national protocols. Areas of difficulty encountered by the hub should be drawn to the attention of the QA director.</td>
</tr>
<tr>
<td>25</td>
<td>Provide regular reports on activity within the programme, generally through the IT system, to the national office, QA directors, regional directors of public health (RDsPH) and commissioners. This includes provision of routine statistical information.</td>
</tr>
<tr>
<td></td>
<td>Collaborate with cluster screening centres and those undertaking national programme initiatives in order to achieve a seamless patient journey, maintain minimum standards and strive continually for excellence.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>Deliver, on a continuous basis, a service that is in line with national policy guidance, quality standards and protocols for the NHS Bowel Cancer Screening Programme. This includes staffing, management of patients and reporting.</td>
</tr>
</tbody>
</table>
APPENDIX 3: SPECIFIC TASKS FOR SCREENING CENTRES

1. Set up clinics (both nurse and endoscopy).

2. Communicate directly with patients regarding appointments and colonoscopy results.

3. Deal with telephone queries (bowel history and endoscopy).

4. Education of and liaison with local primary care and public health.

5. Coordination of/liaison with local health promotion activities to improve access to screening by all sections of society.

6. Liaison with programme hub, including communication of results in a timely manner.

7. Monitor work flow and liaise with programme hub in order to adjust invitations and referrals where necessary.

8. Liaison with patients’ GPs.

9. Provide written confirmation of results of colonoscopy to the patient and their GP within one week of the examination.

10. Offer an appointment to discuss the results within two weeks for patients with high risk polyps or cancer.

11. Referral of individual patients for investigation and treatment according to local pre-agreed patterns (including barium enema and management of incidental findings).

12. Liaison with MDTs and treatment services, including pathology, to ensure appropriate follow up of results and facilitate audit.

13. Offer an annual appointment for surveillance colonoscopy to patients with high risk polyps and a three yearly appointment to patients with intermediate risk polyps.


15. Coordination of sites where the team operates.

16. Monitoring and data collection of treatment and histology outcomes and of adverse events.

17. Specialist screening practitioner clinic/endoscopy DNA follow up.

18. Transferring data/information to the programme hub.
APPENDIX 4: ORDERING INFORMATION
MATERIALS FROM THE DEPARTMENT OF
HEALTH ORDERLINE (PROLOG)

A4.1 Patient information leaflets

Leaflets have been produced by the national office that must be included with screening invitations (*Bowel Cancer Screening – The Facts*), and abnormal result letters offering a screening nurse clinic appointment (*Bowel Cancer Screening -The Colonoscopy Investigation*). These leaflets were developed by the Cancer Research UK Primary Care Education Group, and have been extensively tested with patients and the public.

N.B. Locally developed information materials may be used in addition to these, but not as an alternative. The national office must approve any locally produced materials which use the NHS Cancer Screening Programmes or NHS Bowel Cancer Screening Programme logo.

A4.2 CD-ROM

A medical animation CD-ROM *Bowel Cancer* showing the development of bowel polyps and cancers and the use of colonoscopy is available for use with patients in SSP clinics.

A4.3 Posters

The national office has produced A4 posters designed for raising public awareness of screening in areas where the programme has rolled out. A PDF of the posters is also available from the national office.

A4.4 GP packs

Primary care (GP) information packs have been produced, which screening centres will arrange to be distributed to each GP surgery as the programme rolls out. Limited numbers will also be available for use by hubs, health promotion units etc (see below). Details of the distribution arrangements for new screening centres before they start screening are given in Appendix 5.

A4.5 Ordering

Leaflets and posters etc can be ordered from Prolog by emailing dh@prolog.uk.com

Alternatively, telephone 08701 555 455, or fax 01623 724 524

The following order codes should be quoted when ordering from Prolog. Currently, all orders are referred to the national office for authorisation prior to dispatch.
<table>
<thead>
<tr>
<th>Code</th>
<th>Product description</th>
<th>Usual maximum order quantities</th>
</tr>
</thead>
</table>
| 273372       | **Bowel cancer screening – the facts**  
Patient information leaflet to be included with every invitation letter to screening | Hubs: 30,000  
Other: 25 |
| 273371       | **Bowel cancer screening – the colonoscopy investigation**  
Patient information leaflet to be included with every abnormal result letter | Hubs: 1000  
Other: 25 |
| BCSPPSTRA4   | Bowel cancer screening A4 poster  
Awareness raising poster for GP surgeries, health promotion activities etc | 10 |
| BCSPGPPACK   | Bowel cancer screening primary care (GP) pack*  
A range of materials for GPs, giving an overview of screening and what it entails for their patients. One copy will be sent to every GP practice. | All orders over 5 copies to be approved by NHSCSP¹ |
| 278189       | **Bowel cancer screening audio CD pack**  
Spoken versions of The Facts, Colonoscopy and kit instruction leaflets. In English, Arabic, Bengali, Cantonese, Polish, Punjabi and Urdu | 1 |
| BCSPCDREMED  | **Bowel cancer animated CD-ROM**  
A medical animation CD–ROM showing the development of bowel polyps and cancers, and the use of colonoscopy. In English, Bengali, Cantonese, Gujarati, Punjabi and Urdu | 1 |

*Primary care packs will only be available to non-GP recipients if stocks allow

¹ Screening Centres will need large quantities of GP packs, and should place orders in good time to allow for Prolog to receive authorisation from the national office.
Please bear in mind the following when ordering from Prolog:

1. Orders will only be accepted from hubs, screening centres, PCTs etc that are already working in the programme, or have a ‘go live’ date agreed with the national office.
2. Single items can be downloaded from the NHS Cancer Screening Programmes website for most publications, and this is far more economical than ordering from Prolog. Visit www.cancerscreening.nhs.uk
3. Orders should be placed a minimum of ten working days before stocks are required. ‘Urgent’ orders will be referred to the national office, for approval only in exceptional circumstances.
4. ‘Stockpiling’ items is not necessary, and if materials are changed, will mean that you are left with redundant stock. Please order sensibly.
APPENDIX 5: GP INFORMATION PACKS

A5.1 Pack content

The national office has produced a GP pack, designed to be sent out to all GP surgeries as screening is about to be rolled out in their area. The pack consists of an A4-sized folder, containing the following items:

- Primary care information booklet
- Primary care information leaflet
- *Bowel Cancer Screening – The Facts* leaflet
- *Bowel Cancer Screening – The Colonoscopy Investigation* leaflet
- A screening kit, with cardboard sticks for sample collection, and return envelope
- A kit instruction leaflet
- Two example letters – the invitation to screening, and the letter enclosing the kit
- *Bowel cancer screening Cancerstats* report (if available)

A5.2 Distribution

Screening centres should arrange for GP packs to be distributed to the GP surgeries (c/o practice managers) in their area. There should be one pack per practice. Small numbers of additional packs may be available, but this is an expensive resource to produce, and extra orders will need to be approved by the national office.

Stocks of the packs are held at Prolog, the Department of Health distribution warehouse. We recommend that screening centres establish the quantity that they will need to cover all practices in their area. They can then distribute in one of two ways:

Distribute to all practices, regardless of when screening will start for their population.

Distribute to surgeries as the programme rolls out, so that only practices whose population are about to be invited are included.

In either case, it is recommended that the packs are accompanied by information from the screening centre regarding the local timescale for rollout.

If screening centres wish to distribute to all practices (option 1), they can also liaise with Prolog to mail out the packs on their behalf. This is not an economical option however for undertaking small-scale distribution. Screening centres would also need to arrange for Prolog to receive their local rollout information to send with the packs. To discuss this option, contact Erin Bramley at Prolog:

erin.bramley@prolog.uk.com Tel: 01623 724158
APPENDIX 6: PROGRAMME PUBLICITY AND MEDIA COMMUNICATIONS

A6.1 Programme publicity

The NHS Cancer Screening Programmes press office has developed supporting materials that will help hubs and screening centres to communicate with local media. They will also advise on design of tailor-made communications for events, photoshoots, press conferences etc. The press office can provide media training and brief staff who will be talking to the media.

The public information materials (including leaflets and posters) that support the Bowel Cancer Screening Programme have been carefully developed in liaison with charities and members of the public and tested in focus groups to ensure that the language and terminology used is the most appropriate and accessible.

It is advisable that the press office is appraised of any media events or communications you may be planning in advance to ensure that the messages contained within them are consistent with those being used across the programme as a whole.

The press office is happy to give guidance to regional communications officers and spokespeople, using their experience of the programme.

Contact details for the press office are on the BCSP website (www.bcsp.nhs.uk).

Publicity for the programme should be kept within those areas in which screening has ‘gone live’. This is to avoid raising expectations amongst the population for whom screening is not yet available. Once the programme is fully rolled out across the country, widespread national publicity will be considered.

A6.2 Production of local publicity materials

Screening centres and programme hubs are welcome to develop their own publicity materials. In many instances, this is a preferable approach, as materials can be specifically tailored to target a local audience. Any materials developed locally must be sent to the national office for approval prior to production. This is to ensure that consistent messages are being used across the programme, that the programme logo is being used correctly, and that the national office remains aware of all the materials being used for the programme under its administration. The correct use of the NHS BCSP logo is shown in Appendix 8.

Copies of local materials should be sent (electronically where possible) to the national office, so that they can be included on the BCSP website. In this way, ideas and initiatives can be shared across the programme as a whole, helping those with fewer resources. Generally, this exercise will be as an information and ‘ideas’ resource only. However, some areas have already shared artwork for promotional materials, and the national office supports this if all parties are happy with the arrangement. (If you would rather your materials are not put on the BCSP website, please specify this when they are sent to the national office for approval).

The national office does not produce ‘freebie’ items such as balloons, pens, ‘bugs’ etc. Screening centres and hubs are welcome to produce such materials for their own promotional events, subject to the correct use of the programme logo and any key messages.
APPENDIX 7: BOOKING BCSS TRAINING WITH NHS CONNECTING FOR HEALTH

NHS Connecting for Health Systems and Service Delivery (SSD) provide training services to support the Bowel Cancer Screening System (BCSS) programme. BCSS users need to have attended appropriate BCSS training in order to be provided with access to the system. Before training is booked, your site will need to have completed the Data User Certificate for each user to be trained – this is provided with your Site Set up Pack. Your organisation will also need to have provided an organisation NACS code and the Data Collection Form (DFC) for this is also included in the Site Set up Pack. If you have any questions about the necessary procedures before training is booked, please do not hesitate to contact the BCSS Bureau at bcssbureauservice@cfh.nhs.uk. Generally training requirements fit into three main categories:

On site training provided to a freshly formed BCSS organisation - these are arranged in consultation with programme hubs and screening centres and are timed to underpin ‘go live’ dates

On site consultancy is provided in order to provide bespoke training to a new recruit; often the recruit will have been mentored by colleagues and depending on role, a full course is not always appropriate

Public courses are organised to satisfy general demand. These are held at NHS CFH premises and whilst demand is currently low, it is expected to rise over the coming months

SSD Training Services have a dedicated service team which can be contacted through nhais.training@nhs.net. Once they have your requirements, they will assess the availability of options and recommend a way forward depending on the exact nature of your requirement. Six weeks notification is required, although this may not always practical for BCSS users; CfH will always do their utmost to meet the needs of BCSS users.
APPENDIX 8: DESIGN OF LETTERHEADS FOR SCREENING CENTRES

The address for the screening centre must include the NHS Bowel Cancer Screening Programme logo, the screening centre name and postal address (including the postcode in capitals), and a contact telephone number.

NHS Logo
Height = 6.5mm
Positioned:
Top margin = 8.5mm
Right margin = 10mm
Black, or NHS blue (pantone 300)

Title: Bowel Cancer Screening Programme
Frutiger Bold Italic/Black/16pt
Positioned:
1.6mm below NHS logo

Address
Positioned:
Top margin = 30.5mm
Right margin = 10mm
Frutiger Roman/Black/9pt
Leading 11pt, aligned right
Positioned:
Top margin = 30.5mm
Right margin = 10mm
## APPENDIX 9: COLONOSCOPY QA STANDARDS

### Table A9.1 Investigation after positive guaiac FOB test at age 60–69

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Minimum standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Investigate individuals with positive FOB test results</td>
<td>Acceptance rate of colonoscopy after positive FOB test</td>
<td>≥ 85% undergo colonoscopy</td>
</tr>
<tr>
<td>2. Entire colon examined</td>
<td>Completion rate with photographic evidence of ileo caecal valve/appendix orifice (unadjusted)</td>
<td>≥ 90% completion</td>
</tr>
<tr>
<td>3. Identification of adenoma/cancer present in the population</td>
<td>Adenoma detection rate (prevalent screening round)</td>
<td>≥ 6 per 1000 screened</td>
</tr>
<tr>
<td></td>
<td>Cancer detection rate (prevalent screening round)</td>
<td>≥ 35 per 100 colonoscopies</td>
</tr>
<tr>
<td>4. Availability of polyps for pathological examination</td>
<td>Polyp recovery</td>
<td>&gt; 90% polyps excised</td>
</tr>
<tr>
<td>5. Planning of surgery</td>
<td>(i) Identification of tumour position in correct segment of colon</td>
<td>&gt; 95% cancers</td>
</tr>
<tr>
<td></td>
<td>(ii) Tattooing of suspected malignant polyps</td>
<td>100%</td>
</tr>
<tr>
<td>6. Minimising harms to the population</td>
<td>(i) Minimum number of screening colonoscopies undertaken per year with full audit data of all standards listed</td>
<td>&gt; 150</td>
</tr>
<tr>
<td></td>
<td>(ii) Perforation rate</td>
<td>&lt; 1:1000 colonoscopies</td>
</tr>
<tr>
<td></td>
<td>(iii) Post-polypectomy bleeding requiring transfusion</td>
<td>&lt; 1:100 colonoscopies</td>
</tr>
<tr>
<td></td>
<td>(iv) Post-polypectomy perforation rate</td>
<td>&lt; 1:500 colonoscopies</td>
</tr>
<tr>
<td></td>
<td>(v) Rate of serious colonoscopic complications requiring unplanned admission</td>
<td>≤ 3 per 1000 colonoscopies</td>
</tr>
</tbody>
</table>