

**Northern Ireland
Bowel Cancer Screening Programme**



Specialist Screening Practitioner (SSP) Protocol

Version:	v1.5.1
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Approved By:	SSP QA Lead
Date Approved:	27th May 2022
Review Date:	27th May 2024

Changes to this document will be version controlled, led by the SSP Quality Assurance Lead for the Programme. Any updated versions will be circulated and old versions should be withdrawn. Up to date versions will be held on the Northern Ireland Bowel Cancer Screening Programme website www.cancerscreening.hscni.net

Contents

1	Specialist Screening Practitioners.....	3
1.1	Recruitment	3
1.2	SSP Training	4
1.3	Service Provision and Arrangements for Continuous SSP Cover	5
1.4	Pre-Assessment Clinics	6
1.4.1	Booking Pre-Assessment Clinics.....	7
1.4.2	Pre-Assessment Clinics Considerations.....	8
1.4.3	Pre-assessment Proforma.....	9
1.4.4	Assessment of Fitness at Pre-assessment.....	12
1.5	Investigation Appointments - Colonoscopy	14
1.6	Investigation Appointments - Radiology	15
1.7	Data Collection	16
2	Appendix 1.....	17
3	Appendix 2.....	21

1 Specialist Screening Practitioners

1.1 Recruitment

Aim

Specialist Screening Practitioners (SSPs) will support participants through the screening pathway from the time of SSP assessment until they are either returned to routine recall, put onto a surveillance pathway or given a diagnosis. This pivotal role will require high quality staff that are able to work autonomously. They must also have the ability to work in collaboration with the Trust and PHA multidisciplinary teams, Young Persons and Adult Screening Team (YPAST) and Call Recall Centre staff.

Method

1. SSPs will be employed by Trusts and report to their Trust line manager/lead nurse;
2. SSPs are expected to work collaboratively on QA issues with the Regional SSP QA Lead appointed by the Public Health Agency (PHA) for the Bowel Cancer Screening Programme. Trusts should base the SSP job profile on regionally agreed competencies.
3. The YPAST and Call Recall Centre must be informed of staff appointments and departures by emailing screening.bso@hscni.net

1.2 SSP Training

Aim

The training received by SSPs should meet the specification set by the Northern Ireland Bowel Cancer Screening Programme prior to commencing work with screening participants. SSPs must demonstrate that they have achieved the defined set of competencies.

Method

1. All SSPs must attend the Northern Ireland Bowel Cancer Screening Programme SSP Induction training course facilitated by the Clinical Education Centre (CEC) and attend any other training events provided by the Northern Ireland Bowel Cancer Screening Programme;
2. Trusts must ensure SSPs complete a local induction programme and are competent to carry out the skills specified in the SSP Induction Handbook;
3. A mentor must be assigned by the Trust to confirm SSP's achievement of competency;
4. It is the responsible of the SSPs to ensure that all BCS Protocol and Guidance documentation is kept up to date and the latest version is in use.

1.3 Service Provision and Arrangements for Continuous SSP Cover

Aim

For assessment clinics to run continuously and provide a seamless service across Northern Ireland.

Method

1. SSPs within the same Trust must co-ordinate annual leave and study leave to ensure a continuous service whenever possible;
2. It is the responsibility of the Trust line manager to ensure SSP cover is maintained by a trained SSP. The YPAST must be informed immediately of any deficits in SSP staffing levels;
3. There must be a contingency plan for sickness absence or any other unforeseen circumstances when SSPs are not available;
4. Cross Trust relationships should be considered to allow occasional reciprocal cover arrangements and with prior agreement by PHA
5. The Call Recall Centre must be informed of the named SSP to cover leave;
6. Three weeks' notice for planned cancellation of clinics should be provided to the Call Recall Centre.

1.4 Pre-Assessment Clinics

Aim

All participants with positive screening results must be offered appointments with Specialist Screening Practitioners within the timescale specified in the Northern Ireland Bowel Cancer Screening Programme Quality Assurance Standards. Local clinic teams must ensure that adequate clinic slots are made available to the Northern Ireland Bowel Cancer Screening Programme.

Method

1. Pre-assessment may take place face-to-face or as a telephone call;
2. Details of clinics that have been agreed by the Trust must be relayed via email to the Call Recall Centre (screening.bso@hscni.net) to enable clinic lists to be generated. These include:
 - a. Location of clinic;
 - b. Type of clinic;
 - c. Day;
 - d. Dates;
 - e. Times;
 - f. SSP responsible.
3. Proposed clinic dates should be provided to the Call Recall Centre with at least six weeks' notice;
4. Upon receipt of this information the Call Recall Centre will create clinic appointment slots on the Bowel Screening Information Management System (BSIMS) which clinic staff will be able to view;
5. If short notice change is necessary the Call Recall Centre must be notified as soon as possible;
6. All changes to appointment bookings or clinic set up must be undertaken by the Call Recall Centre after discussion with the local Trust clinic teams;
7. The Call Recall Centre and the local Trust must work together to ensure that the clinic slots allocated are being used as effectively as possible.

1.4.1 Booking Pre-Assessment Clinics

Aim

Participants with a positive screening result will be asked via their results letter to contact the Call Recall Centre helpline to book an appointment for SSP pre-assessment. The Call Recall Centre may need to link with SSPs to determine if pre-assessment is not required.

Method

1. All SSP clinic appointments must be booked through the Call Recall Centre, and first available and chosen appointments should be recorded on BSIMS;
2. Pre-assessment clinic appointments are made by Call Recall Centre following contact with participant;
3. Once the appointment is booked the Call Recall Centre will issue the participant an appointment confirmation letter and health-questionnaire which the participant is advised to complete ahead of their pre-assessment appointment;
4. Participants who have had a successful colonoscopy or CT colonography within the last 12 months do not require SSP pre-assessment. The Call Recall Centre should contact the SSP, if a participant discloses they have had a recent symptomatic procedure, for the successfulness of the recent procedure to be determined. A screening colonoscopist should make the decision of whether or not a symptomatic colonoscopy/CTC is considered successful (i.e. full visualisation of large bowel);
5. If determined that the participant does not require SSP pre-assessment due to a recent successful colonoscopy or CT colonography a W9 or similar dictated letter should be sent to the participant GP to inform them of this management decision and the participant returned to recall. If the recent procedure is incomplete the participant should be offered a date for SSP pre-assessment;
6. Where the Call Recall Centre is aware of the need for an interpreting service to be provided, they should alert the relevant SSP at the time the pre-assessment is booked. The SSP/administration support officer should ensure local hospital protocols are used to arrange for an interpreter to attend the pre-assessment appointment.
7. For telephone pre-assessment requiring an interpreter, the participant should be assigned the last clinic time slot to avoid pre-assessment running into other appointment slots. A double time slot should be considered to allow for the extra time it takes to facilitate interpreter services.
8. Clinic lists are available for SSPs to view on BSIMS;

1.4.2 Pre-Assessment Clinic Considerations

Aim

Participants with positive results are offered assessment with a view to offering colonoscopy if considered appropriate. Assessment will be undertaken by the SSP at an outpatient clinic appointment or alternative suitable site with access to BSIMS.

Method

1. The pre-assessment must be undertaken in a private environment so that confidentiality and dignity are maintained, including where the pre-assessment takes place as a telephone assessment;
2. SSPs should print out the clinic list, contact details and blank copies of the assessment form in advance of the clinic in case of IT system failure;
3. If problems occur with the IT system an SSP should contact the Call Recall Centre for the clinic lists (if BSIMS is down, as a contingency, the PHA Info Officer/Systems Manager can be contacted to generate clinic lists);
4. Hospital case notes should be available for each participant assessment. New sets of notes should be made if participants do not have an existing set of hospital case notes.
5. The SSP must have access to a computer with internet access to input information onto BSIMS during assessment or immediately following the clinic if paper records are completed;

1.4.3 Pre-assessment Proforma

Aim

To assess participant's fitness for colonoscopy in order to investigate the causes of a positive screening test.

Method

Fitness of all participants for colonoscopy is assessed by the SSP using the standardised Northern Ireland Bowel Cancer Screening Programme Colonoscopy Pre-assessment Proforma (Appendix 1). Details of participants' previous medical history and current medications will inform any decision on the participant's suitability for colonoscopy. SSPs will use local Trust guidelines to inform their decision and consult with screening colonoscopists as per protocol when necessary.

The pro-forma will cover the following sections:

Section 1 Demographics

1. All demographics need to be checked, any deviations documented and the Call Recall Centre notified within 1 working day of notification of change;

Section 2 Special Requirements

1. Local Trust guidelines should be used to assess participant's mobility and any additional requirements noted and relayed to endoscopy unit staff;
2. If participants are not considered to be mobile enough for colonoscopy SSPs should discuss management with the screening colonoscopist;
3. Language needs must be considered and an interpreter arranged if necessary for diagnostic procedures;
4. Any other special requirements must be discussed and the implications for colonoscopy considered. Endoscopy unit staff must be informed prior to the procedure if necessary;

Section 3 Participant Assessment

1. Participants should be asked to self-assess their general health. Further details around any condition or medication should be obtained and discussed with the screening colonoscopist if required;
2. Any allergies must be recorded and discussed with the screening colonoscopist if significant. Local protocols for latex allergy must be applied when appropriate;

3. BMI will be calculated and if above 35 this should be discussed with the screening colonoscopist. If considered fit for colonoscopy, endoscopy unit staff must be informed if the participant's weight is above the maximum weight limit for beds on the unit;

Section 4 Medical History

1. Participants must be asked about certain medical conditions and how these may affect their ability to function;
2. Local Trust guidelines must be used to determine those participants who need to be referred to the screening colonoscopist for assessment or where the SSP needs to discuss with the screening colonoscopist;
3. Participants who have had a successful colonoscopy or CT colonography within the last 12 months do not require further investigations and can be returned to recall. A W9 or similar dictated letter should be sent to the participant GP to inform them of this management decision. A screening colonoscopist should make the decision of whether or not a symptomatic colonoscopy/CTC is considered successful (i.e. full visualisation of large bowel);
4. If participants have had previous radiotherapy or any other treatment of the abdomen or rectum, details must be taken and discussed with the screening colonoscopist before a decision on fitness is made;
5. Following assessment and discussion with the screening colonoscopist when necessary, participants are classified as either: fit, temporarily unfit or permanently unfit. Outpatient clinic appointments will be made to further assess the participant if there is any uncertainty over fitness for colonoscopy;
6. If considered temporarily unfit SSPs must decide when to review fitness following discussion with the screening colonoscopist – the date of review should be written on the participant record and also in a manual diary as a failsafe measure;
7. If considered permanently unfit the Call Recall Centre must be notified within 2 working days of this decision and a letter dictated by the screening colonoscopist must be uploaded to BSIMS before the participant can be ceased from further recall;

Section 5 Alerts and medication

1. Participants who have had recent surgery or have contraindications such as glaucoma, bleeding disorders etc. should seek guidance from the screening colonoscopist and local Trust protocol should be applied
2. If the participant is taking medications e.g. iron tablets, Codeine etc, advice should be sought from the screening colonoscopist re stopping meds ahead of procedure and local trust protocol applied.
3. British Society of Gastroenterologists (BSG) Guidelines for anticoagulation therapy must be adhered to;

4. If the SSP is not confident to give advice on stopping some medications, clarity should be sought from the screening colonoscopist

Section 6 Admission and additional information

1. If admission is required, either prior to colonoscopy or after the procedure, the local hospital admission pro forma must be completed and a record of the admission entered onto BSIMS;
2. If participant accepts the offer of colonoscopy they must be advised about bowel preparation;
3. Bowel preparation must be distributed according to local protocols;
4. Participants opting for sedation must be told that they will need an adult to stay with them for 24 hours following the procedure and if this cannot be arranged they should have the colonoscopy without sedation.
5. If further investigations are declined, participants will be invited to participate in the programme every two years unless they opt out of the programme. If a participant changes their mind they should be offered a date for procedure as soon as they can be accommodated. If six months have passed since last medical assessment the participant will need to be pre-assessed again;
6. SSPs contact numbers and availability must be provided to enable participants to ask further questions if needed following initial pre-assessment;

1.4.4 Assessment of Fitness at Pre-assessment

Aim

An assessment of fitness for colonoscopy will be undertaken and the procedure offered if considered suitable. If participants are not considered to be fit to undergo colonoscopy SSPs will refer to the screening colonoscopist and radiological investigations will be considered.

Method

1. Pre-assessment is carried out at the previously agreed date and time;
2. Start time and end time of the assessment will be recorded on BSIMS;
3. If a screening participant does not attend for their pre-assessment appointment the SSP must record the DNA on BSIMS within 24 hours of the missed appointment and the Call Recall Centre will issue a letter to the participant.
4. Participant's attending SSP pre-assessment must have their identity confirmed by asking the participant the following information:
 - a. Full name;
 - b. Date of birth ;
 - c. First line of address;
 - d. Health and Care number – should be checked against patient records
5. Participants are given the opportunity to bring a family member or friend along to the appointment;
6. If the participant is unable to speak for themselves and has asked another person to give information on their behalf the SSP must ensure that the participant is present. The name of the person speaking and their relationship to the participant should be documented on BSIMS;
7. The interview must start with introduction and explanation of the process;
8. Participant's psychological and physiological needs must be considered when explaining implications of a positive result and the colonoscopy procedure and confirmation of understanding will be sought;
9. On completion of the assessment the SSP will decide whether the participant is fit for colonoscopy. If information is declared that indicates the participant may not be fit for colonoscopy and the SSP is unsure, then this must be discussed with the screening colonoscopist;
10. If participant fitness is discussed with the screening colonoscopist, or participant is given an appointment to see the screening colonoscopist, the outcome of this discussion must be recorded on the assessment form within 2 working days of management decision;

11. If fit for colonoscopy the participant must be given full explanation of the risks and benefits of colonoscopy and given written information on colonoscopy to take away with them. The HSC patient information leaflet on colonoscopy developed by NICaN must be provided. This leaflet will be available to download from the Northern Ireland Bowel Cancer Screening website;
12. If fit for colonoscopy the consent process must be discussed and relevant information given;
13. The assessment form will be completed either directly onto BSIMS at the time of assessment, or on paper pro-forma to be entered onto BSIMS within 2 working days;
14. If a paper pro-forma is used, details should be entered onto BSIMS and the original copy destroyed according to the Trust confidential waste policy;
15. Following completion of the assessment form on BSIMS a copy must be printed and filed in the hospital notes;
16. Participants who are not fit for colonoscopy must have CT colonography considered as an alternative to colonoscopy;
17. Participants who are not fit for colonoscopy or CT colonography cannot be screened within the screening programme and should be returned to recall if participant's co-morbidities may improve, or ceased from screening if co-morbidities will not improve. It is at the Trust discretion whether they choose to offer the participant further investigations (e.g. protocol x) but this must be managed outside of the screening programme;
18. If a participant is to be ceased from further recall a letter or written confirmation from the screening consultant should be attached to the participant record. The Call Recall Centre will cease the participant on BSIMS and will issue a letter to the participant and a copy to their GP;
19. On occasions where colonoscopies are not undertaken within 6 months of the assessment, the SSP will need to ascertain that the participant's health and social circumstances have not changed prior to colonoscopy being performed.

1.5 Investigation Appointments - Colonoscopy

Aim

Participants are given an appointment and appropriate information for colonoscopy.

Method

1. The SSP should follow local Trust guidelines for assessment for clinical fitness for colonoscopy;
2. If the participant is assessed to be fit for colonoscopy and they accept further investigations the SSP will provide the screening participant with an appointment for colonoscopy at the time of the pre-assessment;
3. The date of first offered appointment for investigations should be within 14 days of the pre-assessment clinic date;
4. The first available and actual appointments should both be recorded by the SSP on BSIMS for audit purposes;
5. Bowel preparation must be distributed according to local protocols;
6. The Trust should ensure all booked participants are recorded on to the relevant local systems e.g. TMS, PAS etc. The Trust will determine whose responsibility this should be e.g. SSP admin, Waiting List Office etc.;
7. The Trust should ensure a letter will be sent to the screening participant confirming details of appointment.
8. A copy of the appointment letter must be kept in the participants hospital notes, either in paper or electronic format;
9. SSPs must maintain caseload management and a tracking system to identify where participants are in the screening pathway;
10. Participants for repeat or surveillance endoscopy should be recorded in a manual diary as a failsafe in case of an IT recording error and where appropriate added to the Trust planned list under the agreed BCS code, e.g. on PAS;
11. A learning event form should be completed and emailed to screening.bowel@hscni.net to capture any unplanned hospital admissions/ re-admissions within 5 days;
12. Learning event forms should be submitted for all incidents and near miss events as laid out in the Learning Event Protocol.

1.6 Investigation Appointments - Radiology

Aim

Participants are given an appointment and appropriate information for relevant radiological diagnostic procedures.

Method

1. If the SSP assesses that the screening participant may be unfit for colonoscopy, the case may need to be referred to the screening colonoscopist to make a decision regarding fitness for appropriate radiological procedures;
2. Bowel preparation must be distributed according to local protocols;
3. All screening participants requiring a CT colonography should be referred for on the day they are deemed unfit for colonoscopy and the first available appointment offered should be within 14 calendar days of the clinician's decision;
4. The screening colonoscopist/SSP should request the radiological investigation according to the Northern Ireland Bowel Cancer Screening Programme Radiology protocol;
5. SSPs must maintain caseload management and a tracking system to identify where participants are in the screening pathway.

1.7 Data Collection

Aim

To ensure accurate and complete data collection. This will enable the Northern Ireland Bowel Cancer Screening Programme to analyse data and prepare reports required for quality assurance.

Method

1. The pre-assessment pro-forma should be started within 2 working days of the assessment taking place and finalised within 14 days from the pre-assessment date;
2. The SSP should ensure the pre-assessment pro-forma has been finalised prior to completing any management form(s);
3. A management form must be completed for each booked investigation to show the attendance outcome (e.g. participant attended, Did Not Attend, service cancelled etc.);
4. Management forms must be completed on BSIMS within 30 working days of the investigation taking place;
5. The SSP should document all participant interactions as notes on BSIMS to ensure a clear patient journey is represented.

2 Appendix 1

Northern Ireland Bowel Cancer Screening Programme Colonoscopy Pre-assessment Proforma

Participant information given by.....

Relationship of other to participant.....

Participant present for consultationYes / No.....

Face to face interview Date / /

Interview Start Time Participant DNA: Yes / No

Surname.....	DOB.....Age.....
Forename.....	H&C Number
Preferred name.....	Hospital Number
Address.....	BNI Number.....
Postcode.....	Religion.....
Telephone No.(s).....	Gender.....F / M / I.....

Special requirements: i.e. translator, mobility, sensory impaired

Other.....

.....
Give explanation of positive FOB test result and rationale for colonoscopy

Participant Assessment

How do you rate your general health?

Excellent Good Fair Poor

AllergiesYes / No (Latex, Food, Medications)

Details.....

Height:

Weight:

BMI:

Present Bowel Health

How often do you open your bowels?

Medical History Discussed	Yes	No	Comment
Cardiac : Angina Myocardial infarction Surgery Pace Maker Stent Other
Myasthenia Gravis
Hypertension
Stroke
Respiratory: COPD Asthma other
Diabetes: Insulin Tablets Diet Stable?
Epilepsy
Renal: impaired function dialysed
Liver Cirrhosis
Blood disorders: Anaemia Clotting problems
Joint problems: Arthritis Joint prosthesis
Surgery within 2 months
Endoscopy procedures within 2 months
Rectal/Abdominal surgery
Rectal/Abdominal treatment

Any other health considerations e.g. malignancy / pregnancy / other

.....

Participant's fitness for colonoscopy: Fit / temporarily unfit / permanently unfit / unsure

Participant's fitness discussed with Screening Colonoscopist: Yes / No

Name and ID code of Screening Colonoscopist

Outcome if discussed with Screening Colonoscopist

.....
 Comments.....

Alerts for colonoscopy

Cautions	Yes	No	Comments
Joint prosthesis			
Glaucoma/ recent eye surgery			
Have you ever been told that you are at risk of vCJD for public health purposes?			

Current Medication Prescribed/ Over the counter

Drug	Route	Dose	Frequency	Comments
Warfarin				Reason Latest INR Local Protocol
Clopidogrel				Stop before procedure Local Protocol
Iron Tablets				Stop 1 week before procedure
Codeine				Stop 1 week before procedure

Admission required? Yes / No

Reason if yes.....

Colonoscopy procedure explained: Yes / No

Colonoscopy information provided: Yes / No

Risks and complications discussed: Yes / No

Patient is willing to have colonoscopy Yes / No / Await further discussion

Consent process discussed: Yes / No

Offered date for colonoscopy: Yes / No

Colonoscopy accepted by participant Yes / No

Date and time of 1st available appointment.....

Local Assessment Centre of 1st available appointment.....

Date and time of planned colonoscopy.....

Local assessment centre of planned colonoscopy.....

Preparation regime:

Preparation dispensed: Yes / No

Special instructions: Additional information

Discharge Arrangements

Confirmed support of a responsible person for sedated participant post procedure for

24hrs: Yes / No

Relationship.....

Name.....

Address.....

Contact number.....

Type of transport: Own / Hospital / Public / Other

Patient Assessed by..... SSP Name and ID code

Interview End Time

3 Appendix 2

Bowel Cancer Screening Professionals Codes

Code Format Bnnn (e.g. B123)

Code Ranges

Belfast	B001 – B199
Northern	B200 – B399
South Eastern	B400 – B599
Southern	B600 – B799
Western	B800 – B999

Purpose of Code Use

- ID codes are used to track activity to individuals when reporting from the BSIMS system;

Mechanism for Code Allocation

- Name and role of new professionals involved in programme should be advised to the Call Recall Centre on appointment;
- The Call Recall Centre is responsible for allocating bowel cancer screening professional codes;
- Table of ID codes will be maintained by Call Recall Centre;
- Table of ID codes will contain:
 1. Name;
 2. Trust;
 3. Location;
 4. Role;
 5. Date code allocated;
 6. Date left post;
 7. Active Y/N;
 8. Previous code holder details;
- SSP ID codes start from lower range and increment by 1 (e.g. B001, B002, B003 etc);
- Colonoscopists and other professionals' ID codes start from higher range and decrease by 1 (e.g. B199, B198, B197 etc.);

Code Activation and Deactivation

- ID codes will not be deleted when a professional leaves their post, but will be marked inactive;
- If all ID codes have been allocated, the oldest inactive record will be reallocated, but will record name of previous holder and dates of inclusion on table.

**NI BCSP
SSP Protocol**

DOCUMENT REVIEW	
Version	
Review Date	
Approved by	
Date Approved	
New Review Date	

SUMMARY OF CHANGES			
Version	Date	Author(s)	Notes on Revisions/Modifications
V1.0	04/05/10	QA Lead	1 st version
V1.1	21/08/14	N Kennedy, QA Lead	Revisions in light of changes to the programme
V1.2	08/05/15	N Kennedy, C Armstrong	Agreed at SSP QA Meeting Formatting in line with QARC protocol
V1.3	11/05/21	Grace Ings, Frances McKeown	Review of section 1. Track changes made. To be discussed at SSP QA group All mentions of QARC changed to YPAST
V1.4	14/5/21	SSP QA group	Track changes in first half of document discussed and agreed
V1.5	17/12/21	Grace Ings	Further changes proposed to remainder of document – for discussion with bowel team
V1.5.1	25/03/22	Grace Ings Jeni Rosborough	Changes discussed and made to improve the flow of the document. New section added regarding the booking process. Document for approval by SSP lead
	06/04/22	Frances McKeown	Changes reviewed and approved. Comments received re medications section. To be shared with SSP QA group for comments and approval.