



Northern Ireland Bowel Cancer Screening Programme

Ceasing or suspending individuals from screening

Version	2
Approved	Bowel Cancer Screening Programme QA Structure
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1. Introduction

This document sets out the policy and protocols for ceasing or suspending individuals from call/recall within the NI Bowel Cancer Screening Programme.

Patients may present with any of these scenarios to either the helpline, before they have completed a screening kit, or to the SSP on confirmation of a positive screening result. This document seeks to standardise the approach taken across the functions of the programme and all units providing screening colonoscopy services.

It should be noted that the default position for all situations, if in any doubt, is to continue with the screening pathway.

2. Cease from call/recall

Ceasing means that the individual is permanently removed from the call list for the screening programme and will never be issued with another invite to participate.

Automatic ceasing occurs when:

- a person has died;

Ceasing can also be carried out manually by the call/recall office. There are only two circumstances under which an individual should be permanently ceased by the call/recall office:

a. No functioning large bowel

Individuals who have no functioning large bowel (ie. have undergone a total removal of the colon and rectum: panproctocolectomy) do not need to participate in bowel cancer screening. These individuals should be permanently ceased from call/recall. If an individual has had a total colectomy but retains a non-functioning rectal stump, the current screening method of FOBt is not appropriate and they should also be ceased from call/recall.

Confirmation that they have no functioning large bowel must be sought from their GP prior to ceasing taking place. Those who retain part of a functioning bowel (e.g. hemicolectomy) or those who have had a temporary bowel bypass and are waiting for restorative surgery should remain within the screening programme, with the current screening episode suspended if appropriate.

b. Informed dissent

Participation in screening is an individual's personal choice. However, before a person is permanently ceased from screening call/recall, there is a duty to ensure that they have been fully informed and facilitated to make that decision. Permanent ceasing from call/recall should only be carried out on signed written authority from the individual.

3. Suspending a screening episode

A single screening episode can be suspended for a variety of reasons. This means that the current screening episode is closed but the individual is recalled again in two years to participate. Suspension applies only to the current episode and is not a permanent status.

a. Alternative surveillance programme

Some people invited to participate in bowel cancer screening will already be being managed within an alternative surveillance programme. These individuals may have the current screening episode suspended, but they should not be permanently ceased from recall as:

- the alternative programme may not monitor the entire bowel on each occasion;
- it may not be a permanent arrangement, or arrangements may change; or
- the person may be lost to follow-up.

Confirmation of participation in an alternative surveillance programme should be sought before the episode is suspended.

b. Recent colonoscopy (within 12 months)

If an individual has had a recent colonoscopy or CTC, there is likely minimal benefit in this being repeated within the screening programme. A colonoscopy or CTC carried out up to 12 months before the screening episode should not be repeated. The previous colonoscopy must have been complete (i.e. caecum visualised and adequate bowel preparation). Confirmation of the completeness of the previous colonoscopy should be sought. The person should have the current screening episode suspended and be recalled for screening (FOBT) in two years time. If an individual has had a barium enema or flexible sigmoidoscopy they should still progress to colonoscopy.

4. Other scenarios

a. Known bowel cancer

Once a cancer is detected from screening, patient care is transferred to the multi-disciplinary team. The patient should then be followed-up as appropriate according to local protocol. Responsibility for the frequency of follow-up colonoscopy for cancer patients sits with the multi-disciplinary team and is not part of surveillance within the screening programme. People with screen detected bowel cancer are automatically suspended from screening for five years in the first instance. The purpose of this is as a safety net that no patient is lost to follow up.

Individuals with non-screen detected cancers may be under active follow up or in an alternative surveillance programme. These individuals should remain within the screening programme and managed as those in alternative surveillance programmes. Screening episodes should be suspended for as long as the patient remains in a surveillance programme. If surveillance stops, the person should be returned to routine recall within the screening programme.

b. Known inflammatory bowel disease

If an individual with known inflammatory bowel disease is already in an alternative surveillance programme and/or has had a recent colonoscopy within

the last 12 months, they should have the current screening episode suspended, as above. If there is any doubt, the default position is to offer screening.

c. Colonoscopy scheduled in symptomatic service

A patient presenting to the screening programme with a colonoscopy scheduled within the symptomatic service should be deferred to the symptomatic service, as long as the patient already has a definitive date for their colonoscopy and this is within a reasonable timeframe. Their screening episode should be suspended. If they have been referred to the symptomatic service, but not yet seen or an appointment given, the screening colonoscopy should go ahead.

d. Symptomatic patient

Where appropriate the screening helpline will advise individuals reporting symptoms to see their GP rather than complete a screening test kit. However, on occasions, individuals may present to the SSP with a history of bowel symptoms but no previous investigations. Although the screening programme is designed for asymptomatic individuals, once someone has completed a test kit and received a positive screening result, the programme has a responsibility to manage them appropriately. A screening colonoscopy should be offered in the first instance with onward referral to the symptomatic service if required. Each screening unit must ensure that appropriate arrangements are in place to manage referrals.

e. Seriously ill patient

Seriously ill patients must be managed according to individual circumstances and in consultation with their GP. Assumptions should not be made that all seriously ill people should be ceased from recall. In most cases the screening episode will be suspended for an agreed period of time.

f. Person with physical disability

People with physical disabilities will be invited for screening and should be encouraged to participate. Fitness for colonoscopy should be discussed on an

individual basis with the patient and other appropriate alternative investigations (e.g. CTC) considered as necessary.

g. Lack of mental capacity

People with learning difficulties and lack of mental capacity to consent may participate in screening and present to the SSP for colonoscopy pre-assessment. Individual discussion needs to take place with the GP on progressing to screening colonoscopy and further management. Such individuals should not be automatically ceased or suspended from screening. Permanently ceasing on the basis of 'best interests' of the individual should only be carried out as a last resort and requires written confirmation that the decision-maker has the authority to make decisions on the person's behalf.

5 Audit

The Quality Assurance Reference Centre, PHA, undertake an annual audit to review all participants who have been ceased from the screening programme.

Summary actions

Situation	Key Issues	Requirements	Action
No functioning large bowel		Confirmation from GP by Call Recall office. This should preferably be in writing but verbal is acceptable if the GP does not respond. BSIM to be updated with a letter attached or a note of the telephone conversation entered.	Permanently ceased
Informed dissent	Must be informed decision Can return to programme at any time Must write to individual to confirm that recall has ceased	Signed written request is to be obtained from the individual by the Call Recall office.	Permanently ceased
Permanently deducted from NHAIS (eg death)			Automatically ceased
Alternative surveillance programme	Risks: <ul style="list-style-type: none"> • May not monitor entire bowel on each occasion • May not be permanent arrangement or may change • Risk of being lost to follow up 	Confirmation from GP or from hospital notes	Episode suspended, remain in routine recall

Situation	Key Issues	Requirements	Action
Colonoscopy in last 12 months	Colonoscopy is considered 'complete' if the caecum was visualised and there was adequate bowel prep.	If identified during an SSP appointment following completion of a test kit, it is the responsibility of the SSP to source hospital notes or discuss with the GP to confirm. The SSP must clarify that colonoscopy was 'complete'. If identified to Call Recall, prior to completion of a test, Call Recall must contact the GP for confirmation the colonoscopy was completed and there were no concerns highlighted.	Episode suspended, remain in routine recall
Known inflammatory bowel disease (eg Crohn's disease or ulcerative colitis)		Confirm in surveillance programme or has had a recent colonoscopy. If the patient advises Call Recall they are to confirm with the GP. If the SSP is informed they should confirm with the GP or through the hospital notes. The patient should be contacted and the reasons for the positive test result and for being suspended from screening	Episode suspended

Situation	Key Issues	Requirements	Action
		should be explained. If this occurs prior to the SSP appointment, the appointment should proceed, if the patient wishes.	
Bowel symptoms – under investigation by symptomatic service	Defer to symptomatic service	Confirmation from GP/Trust that patient is being managed in symptomatic service	Episode suspended
Bowel symptoms – not under investigation			Proceed with screening pathway
Under treatment for, or history of bowel cancer	Screen detected cancers are suspended for 5 years. If remains under surveillance then suspend episode.	Confirmation from GP/Trust that remains in surveillance	Episode suspended
Seriously or terminally ill		Confirmation from GP by Call Recall.	Episode suspended
Physical disabilities		Confirmation from GP by Call Recall or individual's informed written dissent needed to cease	Screen as default. Suspend or cease as appropriate
Lack of mental capacity	Discussion with carer or GP regarding best interests of patient	Confirmation from GP needed to cease. To be obtained by Call Recall or the SSP, whoever issue was raised with.	Screen as default Suspend or cease as appropriate