

**Patients Discharged ceased from screening**

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<b>Approved by:</b>	Bowel Screening Operational Meeting	
<b>Date of Approval:</b>	24 <sup>th</sup> April 2017	
<b>Date of review:</b>	27 <sup>th</sup> January 2021	

**Key Amendments**

<b>Date</b>	<b>Amendment</b>	<b>Approved by</b>
19 <sup>th</sup> June 2019	Documents extended for 6 months whilst reviewed	Emma Duggan
11 <sup>th</sup> Feb 2020	Documents extended for 6 months whilst review and approval is processed	Emma Duggan
27 <sup>th</sup> July 2020	Documents extended for 6 months during COVID-19 period	QGC/Gold Meeting

**Discharged Patients**

1. Discharged refers to those screening patients who have nothing abnormal detected at colonoscopy and are therefore returned to the BCSP.
2. The patient will receive a post colonoscopy follow up call on the next available working day after their procedure. At this time they will be told again of their referral back to the BCSP and that a confirmatory letter will be sent to them with a copy going to their GP.
3. Following a normal colonoscopy, a diagnosis of low risk polyps or other non-polyp pathology, the patient will be referred back into the BCSP by advancing their episode on the BCSS system.
4. All paperwork, including copies of correspondence, must be filed in the patient's hospital notes by the admin team.
5. The BCSS database will be completed by the SSP.

**Ceased Patients**

**Ceasing applies to patients who, have no functioning bowel or, are in an alternative surveillance programme. (See *BCSP Ceasing Guidelines for full definitions*).**

1. No functioning bowel.
2. If participants contact BCSP office notifying that they have no functioning bowel, the SSP would check clinical notes and if appropriate discuss with consultant. If it is confirmed that they are not suitable for screening, SSP should contact the Hub to cease patient.
3. The programme hub should cease screening subjects when the absence of bowel is notified.
4. A letter should be sent out from the hub to the individual to confirm that they have been taken out of the programme and their GP should also be notified.

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

5. Copies of all relevant correspondence must be retained in the person's hospital notes. This may mean raising a set of notes specifically to file the information by the admin team.
6. A person who has already had bowel disease or is at increased risk of developing bowel cancer may already be in a surveillance programme which offers more rigorous testing than the BCSP, and therefore would not benefit from additional screening.
7. An individual should be advised to remain in the screening programme if their alternative surveillance programme does not monitor the entire bowel, if it is not a permanent arrangement, or if there is a risk of being lost to follow up.