

Bowel Cancer Screening Programme
Standard Operating Procedure

Handover and Referral of patients to MDT and Services outside BCSP

Key Document code:	WAHT-KD-021	
Key Documents Owner:	Emma Duggan/Felicity Eykyn	Bowel Cancer & Bowel Scope Screening Manager/Bowel Cancer Lead Nurse Specialist Screening Practitioner
Approved by:	Bowel Screening Operational Meeting	
Date of Approval:	24 th April 2017	
Date of review:	11 th February 2022	

Key Amendments

Date	Amendment	Approved by
19 th June 2019	Documents extended for 6 months whilst reviewed	Emma Duggan
11 th Feb 2020	Documents extended for 6 months whilst review and approval is processed	Emma Duggan
27 th July 2020	Documents extended for 6 months during COVID-19 period	QGC/Gold Meeting
1 st March 2021	Document extended for 6 months as per Trust agreement 11/02/2021	
16 th July 2021	Documents extended for 6 months whilst review and approval is processed	Emma Duggan/ Mr Stephen Lake

Introduction

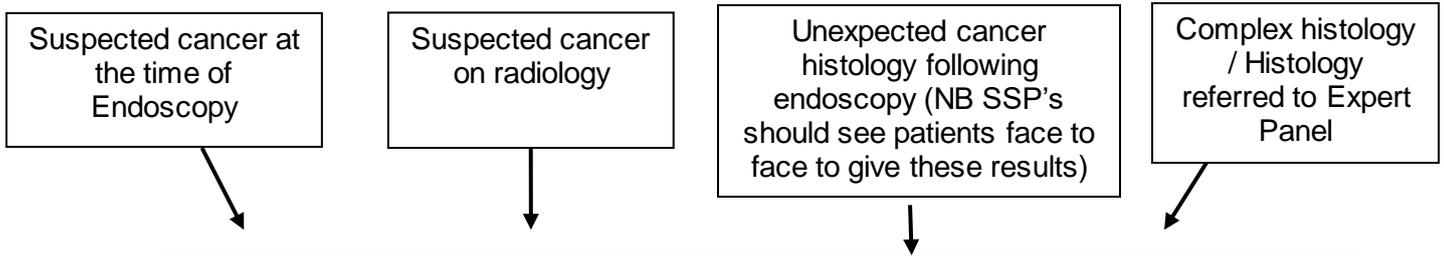
In accordance with the requirements of the Bowel Cancer Screening Programme (BCSP), screening centres must have a protocol for handover of responsibility for referral of patients with suspected cancer from BCSP to a named clinician at the treating hospital.

The SSP is responsible for ensuring that patients requiring discussion at a MDT (Multi-Disciplinary Team) meeting are referred in a timely manner, and that all necessary information is transferred to the MDT co-ordinator. The responsible SSP should attend the MDT in person to present the case wherever possible.

In addition screening centres are required to have prearranged referral pathways for any patients who need further investigation or treatment outside BCSP

<p>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.</p>
--

Method



Email sent to MDT Co-ordinator (at relevant hospital site from SSP) providing the following information:

- Name, Hospital Number (or NHS number) and DOB of patient.
- Investigations to be discussed (e.g. colonoscopy / histology, radiology etc)
- Referral details including Date of Referral (date positive FOBt), Date of Appointment (including those cancelled or DNA and the attended appointment) and date of investigations (including any dates declined). Target date. Named clinician.
- Date MDT discussion required (or if specific date not known, investigations required to be discussed so case can be added once these are available.)
- SSP must have appropriate information available for patients if required.
- WRH surgical rota to be completed.

- A tertiary alert form must be emailed by either nhsnet to nhsnet accounts or by encrypted email by the SSP, within 2 working days of the MDT meeting, to the treating trust if the MDT decision was to refer the patient for a diagnostic test or treatment for cancer. Referrals to a tertiary centre should be sent by day 35 to allow the tertiary centre time to arrange first treatment by day 62.
- For those cases where a decision is made in between MDT meetings the Consultant or SSP should inform the MDT Co-ordinator so that a notification can be sent.

Where the MDT is cancelled, a discussion with the responsible clinician is required and the patient must be discussed at the MDT meeting held on another site to avoid delay. The patient should be kept informed by the SSP.

In certain instances the BCSP consultant may make a clinical decision to write a direct letter of referral to a particular consultant offering specialist services (e.g. TEMS).

In this instance the SSP should check regularly with the patient and if required the centre referred to for a date of procedure and document on BCSS. Once the procedure is completed, the SSP should update BCSS with the outcome and progress the patient on BCSS to ensure the relevant surveillance period is set.

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.