Worcestershire Acute Hospitals NHS Trust

Right result to Right Patient

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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	
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Key Amendments

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

Introduction

The purpose of this guideline is to ensure that the right patient is treated and given the right results throughout the screening pathway.

PATHWAY

Clinic preparation

The admin team is responsible for reviewing the BCSS (IT system) on a daily basis for positive FOBt referrals. New referrals are checked against the hospital PAS system to ensure that the data matches (Name, NHS number, DOB, Address, GP). Hospital notes are requested or registration initiated if patient not on the hospital system.

Clinic reception/ SSP appointment

Clinic receptionist is provided with details of expected patients by SSP.

On meeting each patient the SSP will confirm the patient's name, DOB, address and GP and check that these details match the BCSS. Telephone contact details are entered onto BCSS. If BCSS details do not match, the patient is advised to update their GP with their personal details.

Endoscopy

On arrival in endoscopy the patient's details and notes are checked by the admitting endoscopy nurse. A name band is applied for subsequent identity checks throughout the endoscopy admission. Once the patient has entered the Endoscopy room a WHO checklist is carried out. Following the procedure the Screening Colonoscopist enters the patient's hospital number from the hospital notes into Unisoft (Endoscopy Reporting system) and creates and prints the procedure report.

Histology

A Histology request form from Unisoft accompanies specimens to the lab. Specimens are labelled with patient identification labels and BCSP stickers. The histology reporting system is checked daily by the SSPs, using patient's hospital number. When available, the report is printed and matched against BCSP documentation, for the SSP to complete the BCSS dataset.

Post Investigation Contact

The telephone details are taken from BCSS. Name, NHS number, and hospital number matched to endoscopy and histology report before the patient is contacted.

MDT

Details (Name, NHS number, Hospital number and DOB) of patients for MDT discussion are emailed to MDT co-ordinators by the SSP. Notes are located by MDT co-ordinator. SSP attends MDT to present patient's case and results of discussions are emailed to SSPs and discussed with screening colonoscopist using hospital details.

Surveillance
When notified that a surveillance patient is due the Health Check form is generated from BCSS. Checks against hospital PAS system to locate hospital notes as described above. On receipt of Health Check form SSP will contact patient following the identification process.

Another test in same episode
Endoscopy report, patients' notes and histology are used by the SSP to discuss with the screening colonoscopist the need for further investigation. This is booked using the above procedures.