

## Bowel Cancer Screening Programme Guideline for Contingency Planning within the Herefordshire & Worcestershire Bowel Cancer Screening Programme (BCSP)

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

### Introduction

This guideline outlines situations which may require contingency planning and the mechanisms for ensuring a near-normal service provision in these events.

### This guideline is for use by the following staff groups :

BCSP Specialist Screening Practitioners (SSPs)  
BCSP Admin Team

### Lead clinician(s)

Mr S Lake

BCSP Programme Director

Approved by Operational Meeting on:

30<sup>th</sup> April 2019

This guideline should not be used after end of:

30<sup>th</sup> April 2021

### Key amendments to this guideline

Date	Amendment	By:
November 2014	Document created	Sian Webley
November 2014	Full document review	Mr S Lake
November 2016	Full document review	Sian Webley
January 2019	Full document review & insertion of amended guidance regarding emergency colonoscopist cover	Felicity Eykyn

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.

## **Introduction**

The purpose of this guideline is:

- To ensure the Herefordshire & Worcestershire Bowel Cancer Screening Programme Screening Centre can identify situations whereby a contingency plan should be implemented.
- To identify the steps which should be taken in order to maximise service provision in these situations.

The Screening Centre is required by the national NHS Bowel Cancer Screening Programme to have written contingency plans for Quality Assurance purposes.

## **Scope**

This procedure applies to all staff within the Herefordshire & Worcestershire BCSP team involved in the demand and capacity planning for the service.

This procedure applies in any situation where usual service provision is not possible. A list of example situations can be found in Appendix 1.

## **Short Term Measures** (Defined as < 4 weeks)

The following are measures which could be implemented in a short term situation affecting one of these areas.

### **SSP**

Cross cover amongst SSP colleagues to maintain service provision. If necessary, clinics changed for another time to enable cover.

### **Colonoscopist**

Cross cover by another BCSP Colonoscopist. Where possible, colonoscopy list rescheduled for another time for which cover could be arranged.

### **For last minute situations where the screening colonoscopist is unable to attend list**

- **Ascertain if another BCSP accredited can cover the list**

**For situations where the lack of BCSP accredited colonoscopist is known either the day before or on the day of the procedure and the patient HAS taken oral bowel preparation a non-accredited BCSP colonoscopist (who is an independent colonoscopist within the unit and has been approved by the screening centre clinical director or nominated deputy) can be used.**

- **Patients must be clearly informed (and it must be documented in the episode notes on the BCSS IT system) that they have the option of being scoped by a non-BCSP colonoscopist or being re-booked for another day with a BCSP colonoscopist.**
- **If the option of a non-BCSP colonoscopist is used, the patient must remain within the screening pathway, and the list managed as a normal screening list (with an SSP present and all results to be recorded on BCSS). The colonoscopist should not remove complex polyps (as defined by BSG/ACPGBI guidelines. The patient should be re-booked to have these removed by an accredited screening colonoscopist.**
- **This guidance is for colonoscopy only. Non-screening accredited endoscopists must not be used for bowel scope procedures.**

### **Admin**

Cover by other admin team member / SSPs

### **Long Term Measures** (Defined as > 4 weeks)

The following action should be taken in a situation impacted service provision for greater than four weeks:

- Directorate Manager, Matron for BCSP and Screening Programme Director to be notified.
- Submission of an Adverse Incident form to Commissioners and Regional QARC (Quality Assurance Reference Centre) should be considered.
- A meeting between Programme Management, possibly with the involvement of SSPs and Admin Team, to plan for known period of difficulty, or next 4 – 6 weeks, where period unknown.

Where remedial action is required to reduce workload consideration should be given to the following:

- Discussions with Screening Hub with regards to slowing invitations being sent, and the impact this may have. It should be remembered that this will not have an immediate impact on numbers of patients to be seen, and that in accordance with QA (Quality Assurance) guidelines all subjects are required to be invited to participate in screening within 6 weeks (+ or -) of their preset screening due date, and a recovery plan will need to be put in place.
- Reduction / cancellation of clinics, which maybe under-utilised. Be aware that in accordance with the QA requirements patients will still be required to be offered a first positive assessment appointment within 14 days of positive FOBt. The Hub will not breach a patient without first speaking with the Screening Centre, but if clinics have been reduced or cancelled consideration will need to be given to reinstate these if required.
- Secondment of an experienced SSP from another Screening Centre to undertake sessions, as required.
- Secondment of an experienced endoscopy registered nurse with a clearly defined role and demonstrable competencies. This would need to be reviewed on a regular basis and the period should not extend beyond 3 months.

### **Implementation**

The steps outlined in this guideline should be implemented in the event of a short term or long term situation where contingency planning is required.

**Appendix 1: Examples of Situations requiring Contingency Planning**

Administrative	No administrative support for period > 1 week due to sickness or leave.
Specialist Screening Practitioners' (SSPs)	Sickness of 1 SSP for > 1 week Concurrent sickness of $\geq 2$ SSPs Inability of SSP to travel Inability of SSP to attend endoscopy Inability of SSP to attend clinic
Colonoscopists	Unavailability of colonoscopist affecting $\geq 1$ BCSP list Inability of colonoscopist to perform endoscopies
Clinics	Clinic location unavailable at short notice
Endoscopy Lists	Endoscopy department short staffed impacting on BCSP provision Inpatients in endoscopy department impacting on flow of patients through the unit Equipment failure in endoscopy impacting patients for BCSP procedures

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