

30 Day Questionnaires

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Approved by:	Bowel Screening Operational Meeting	
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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

The purpose of this guideline is:

- To ensure that each patient receives a 30-day questionnaire following completion of their screening episode.
- To ensure that any comments received with the questionnaires are acted upon, where required.
- To ensure that feedback received is disseminated as necessary.
- To ensure data is analysed and reviewed at quarterly programme board meetings, and appropriate action taken on any emerging trends.
- To ensure, that where necessary, patients receive acknowledgement or feedback to their comments.

Scope

This document applies to administrative staff and Specialist Screening Practitioners (SSPs) working within the Herefordshire & Worcestershire Bowel Cancer Screening Programme.

Production of Questionnaires

- Questionnaires should be printed by the admin team, usually the admin assistant, daily.
- The 30-day questionnaires will appear within the 'Active Batch List' under the Communications Production menu on BCSS.
- All questionnaire batches should be printed by the deadline as set within the batch on BCSS.
- Where possible, questionnaires should be printed double sided, however, caution must be exercised to ensure all pages of the questionnaire when stapled correspond to the same NHS number.

Dispatch of Questionnaires

- Letters and Questionnaires, once printed, need to be matched by NHS number prior to sending.
- Each questionnaire should be sent with a pre-paid envelope.

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.

Receipt of Questionnaires

- Upon receipt of questionnaires, these should be opened and marked with the date received using the office date stamp. These should be visually scanned to ensure that any with significant comments are prioritised.
- The names of any SSPs who attended to the patient during their screening colonoscopy should be written to the top of the front page.
- Completed questionnaires should be input to questionnaire dataset on BCSS by the end of the next working day following receipt.
- Where no significant comments are made the dataset can be marked as complete and filed.
- Where significant comments are made the dataset should be completed, the questionnaire will be passed to the SSP who will be advised that the questionnaire requires attention. All questionnaires passed to SSPs for attention will be scanned into the shared drive for a copy and recorded on a spread sheet, also saved on the shared drive to enable questionnaires to be tracked.
- Where further action is taken regarding comments received on the questionnaire, this must be recorded as part of the 30 day questionnaire dataset and within the episode notes.
- Any significant (positive or negative) feedback received regarding other departments involved in the patients pathway e.g. Endoscopy, should be passed to the relevant department.
- Where an answer is annotated (outside of the comments box) an episode note should be added to the patients screening episode detailing the comments and which question they were alongside.
- Where a patient has requested to be contacted as a result of the questionnaire, the SSP should make contact with the patient, as soon as practically possible. All contact should be recorded within the dataset and episode notes.

No Response to Questionnaire Received

- Where a questionnaire is not received within 6 weeks of being sent the dataset will be marked as complete but 'No Response'. A dataset closed in this way can be edited should the questionnaire be received at a later date.

Retention

All patient questionnaires are kept for 2 years in accordance with the WAHT Records Management Retention Schedule, Version 2, 2009. These will be stored in the BCSP Office at WRH.

Review of Responses

Collated questionnaire responses will be reviewed at the quarterly Programme Board meeting, however, due to the 30 day wait to send the questionnaires out, and the reliance on them being sent back promptly they will not be discussed in the next quarter i.e. April – June will be reviewed at November meeting.

Responses to the questionnaires will also be considered in the annual report produced and distributed to QARC, CCGs and other key stakeholders.