

**Non Conformance Process**

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

**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
1 <sup>st</sup> March 2021	Document extended for 6 months as per Trust agreement 11/02/2021	
16 <sup>th</sup> 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 surveillance patients receive Health Check Form 6-8 weeks prior to surveillance due date.
- To ensure that Health Check Form is received back within two weeks, or to re-issue if not received.
- To ensure where no Health Check Form is received, attempts are made to contact patient.
- To ensure patients are assessed by an SSP by telephone or in clinic, following receipt of Health Check Form to confirm patient is fit to proceed with surveillance.
- To ensure patients are booked for surveillance procedure within +/- 3 months of surveillance due date.

**Scope of This Document**

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

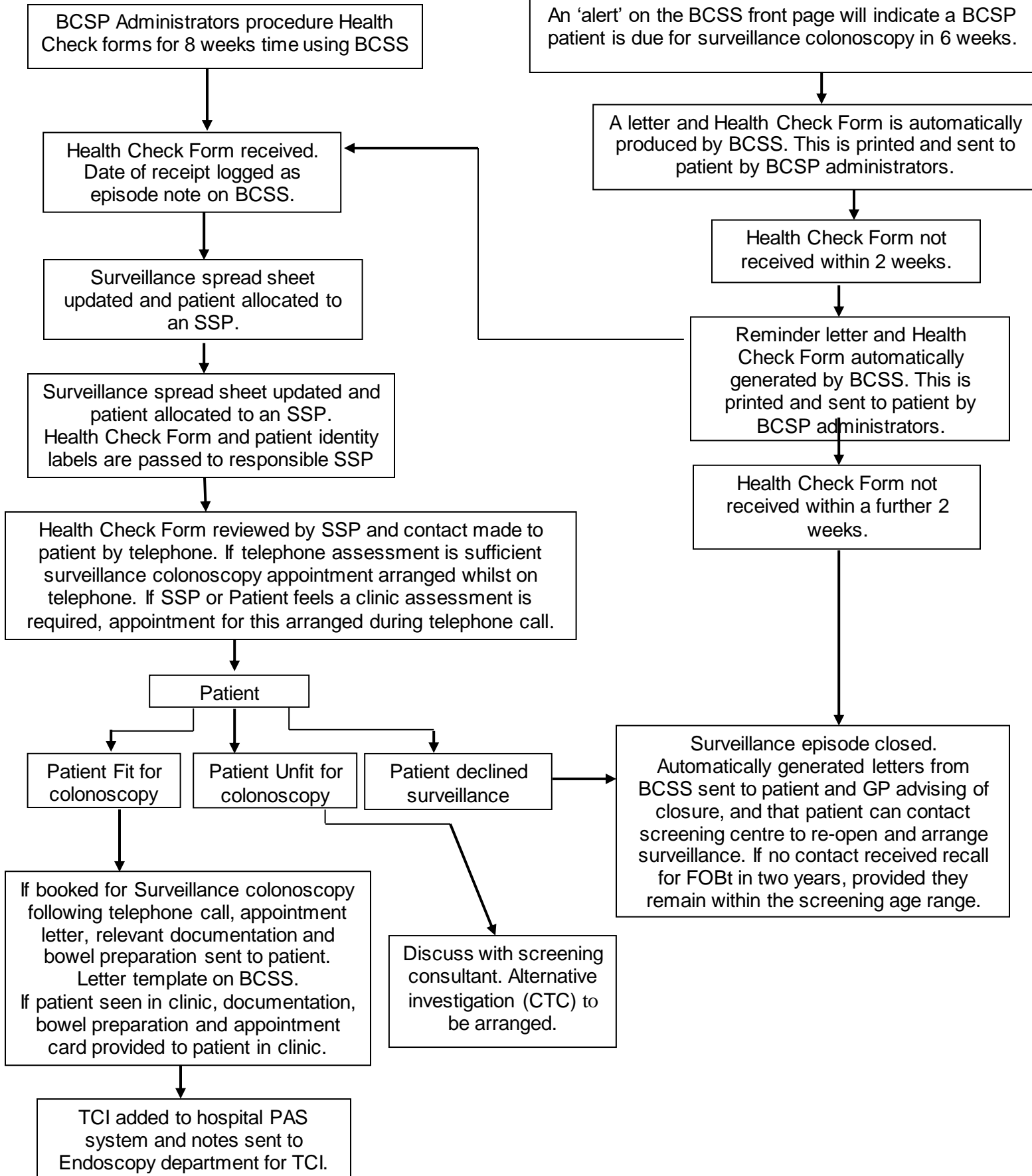
The information within this procedure is in addition to the information available within the 'NHS Bowel Cancer Screening Programme, Guide Book for Programme Hubs and Screening Centres, Version 3, 31 March 2008' and the 'Adenoma Surveillance, BCSP Guidance Note No 1, Version 1, September 2009'.

**Implementation**

This procedure will need to be implemented for the recall and assessment of patients requiring surveillance under the BCSP. All BCSP staff will be notified of this documents existence and it will form part of the induction plan for new staff.

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.

**Pathway**



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