

January 2021

NHS Bowel Cancer Screening Programme

COVID-19 subsequent waves: Frequently Asked Questions (FAQs)

Introduction

In response to the initial wave of the coronavirus pandemic and to protect the public, bowel cancer screening services took the decision to reschedule appointments and invitations to a later date. With subsequent waves of the pandemic, the key message from the Prime Minister is for NHS services to continue to function and progress with the recovery where it is safe to do so. There are no plans to nationally suspend screening services, and all routine screening services were back up and running at the end of last year with invitations being sent at pre-pandemic levels. The priority for the NHS is the continued restoration of services in line with capacity.

This document provides some answers to frequently asked questions to support primary care, screening hubs and screening centres in delivering a consistent message.

Key Principles for the bowel cancer screening programme

- Bowel cancer screening should continue during subsequent waves of the pandemic, if it is safe to do so
- People should continue to complete and return their bowel cancer screening test kits
- Kits should continue to be processed if they are returned to the screening hubs
- Results should continue to be issued

General communication responses

1. Why did bowel cancer screening stop during the first wave of the coronavirus pandemic?

In response to the coronavirus pandemic and to protect the public, bowel cancer screening services took the decision to reschedule appointments and invitations to a

later date. Services have resumed inviting individuals for screening and people who are overdue FIT kit invites will receive them as soon as possible. As always, anyone who thinks they have symptoms of bowel cancer should contact their GP practice as soon as possible.

2. Is bowel cancer screening going to be paused again in subsequent waves of the pandemic?

Bowel cancer screening will continue to invite people during subsequent waves of the pandemic, where it is safe to do so.

3. When will people get their FIT kits?

Services are inviting individuals for screening and people who are overdue FIT kits will receive them as soon as possible. As always, anyone who thinks they have symptoms of bowel cancer should contact their GP practice as soon as possible.

4. Will the delays to receiving FIT kits increase the risk of people getting cancer?

Most cancers detected through screening are at an early stage. Evidence suggests that for these early stage cancers, a delay of a few months in detection would still mean the bowel cancer was treatable. The more advanced the cancer is when detected, the more difficult it is to treat. We advise anyone with bowel cancer symptoms to contact their GP as soon as possible. Further information on symptoms is available at <https://www.nhs.uk/conditions/bowel-cancer/symptoms/>

GP (primary care) FAQs

5. What is the advice for people who require further investigations but have not yet been offered an SSP appointment?

Please advise them to contact the free bowel cancer screening helpline (0800 707 6060) for advice. The staff on the helpline should be able to escalate their concern to the local screening centre.

Hub helpline FAQs: bowel cancer screening (faecal occult blood test (FOBT))

General

6. Is screening continuing through the coronavirus pandemic?

Yes. There are no plans to pause bowel cancer screening during the pandemic, but some screening centres may need to implement temporary changes whilst they manage their local situation in line with current pressures. As always, anyone who thinks they have symptoms of bowel cancer should contact their GP practice as soon as possible.

7. A screening centre cannot continue to offer SSP appointments for people who require further investigations due to their local challenges – what should we do?

Screening centres should try to continue to provide SSP clinics if possible. They should telephone/video call people who require further investigations to discuss the outcomes of the screening test kit and assess any symptoms. If symptoms are identified and there is no screening colonoscopy capacity, the SSP should seek clinical advice from a screening colonoscopist.

If the screening centre cannot continue to provide SSP clinics to assess people who require further investigations they should escalate this to their NHSE/I Regional Public Health Commissioner. Any temporary suspension of services will need to be risk assessed with sign off from medical directors and agreed with the NHSE/I regional team.

8. A screening centre cannot continue to offer colonoscopy/CTC appointments for people who require further investigations due to their local challenges – what should we do?

Screening centres should try to continue to provide colonoscopy / CTC appointments for people who require further investigations. If symptoms are identified and there is no screening colonoscopy capacity, the SSP should seek clinical advice from a screening colonoscopist.

If the screening centre cannot continue to provide colonoscopy / CTC appointments for people who require further investigations they should escalate this to their NHSE/I Regional Public Health Commissioner. Any temporary suspension of services will need to be risk assessed with sign off from medical directors and agreed with the NHSE/I regional team

9. I have symptoms of coronavirus. When should I return my kit once my period of self-isolation ends?

Please send your completed test kit once your period of self-isolation has ended. Your screening kit will be analysed, and your results will be sent to you in the post.

10. I have confirmed coronavirus, should I return my kit?

Please send your completed test kit once the period of self-isolation has ended. Your screening kit will be analysed, and your results will be sent to you in the post.

Screening invitations/sending out FIT kits

11. I am 60 and have not been invited for screening, when can I expect my test kit?

In response to the coronavirus pandemic and to protect the public, bowel cancer screening services took the decision to reschedule appointments and invitations to a later date during the first wave of the pandemic. Services have resumed inviting individuals for screening and people who are overdue FIT kit invites will receive them as soon as possible. As always, anyone who thinks they have symptoms of bowel cancer should contact their GP practice as soon as possible.

Symptoms of bowel cancer include:

- blood in your poo (faeces)
- looser poo, pooing more often and / or constipation
- a pain or lump in your abdomen (tummy)
- feeling more tired than usual for some time
- losing weight for no obvious reason

12. I have received my screening test kit, should I use it?

Yes please. If you have received a screening kit, please use it and return it in the post as soon as possible.

13. I have made a mistake with my test kit and I need a replacement

To get a new screening kit please call the screening helpline 0800 707 60 60.

Screening test kit results

14. I have sent my test kit back, but I haven't received my results, where are they?

Screening test kits are being processed and results are being issued as soon as possible. If you have not received your results after 2 weeks, please call the bowel cancer screening helpline number 0800 707 60 60

(NB: Hubs to follow normal processes for discussing results)

15. You have sent me a letter to say that I need further investigations, but you can't offer me any appointments. I am concerned, what should I do?

The NHS is rescheduling some appointments for tests due to the pandemic. Your screening centre will be in contact with you as soon as they are able to offer an appointment. If you are concerned about any symptoms of bowel cancer, please contact your GP as soon as possible .

Symptoms of bowel cancer include:

- blood in your poo (faeces)
- looser poo, pooing more often and / or constipation
- a pain or lump in your abdomen (tummy)
- feeling more tired than usual for some time
- losing weight for no obvious reason

Specialist screening practitioner (SSP) appointment

16. My specialist screening practitioner (SSP) appointment has been cancelled, what will happen now?

Your screening centre will contact you as soon as possible to reschedule your appointment. Appointments are being carried out by face to face, telephone or video call.

(NB: If the individual is worried and wants further clinical advice please escalate to the screening centre)

17. I am in an at-risk group for coronavirus, but I have been invited to an SSP appointment, should I go to the appointment?

Most screening centres are offering appointments by phone or video call as well as face to face. You should discuss any concerns with the screening centre. Screening centres are taking extra precautions to keep you safe.

Bowel preparation

18. I have been given/sent my bowel preparation for my test, but my colonoscopy appointment has been cancelled – what should I do?

Please do not use the bowel preparation that has been given or sent to you. If your appointment has been rearranged, please follow the instructions given to you by the clinician or specialist screening practitioner ahead of your new appointment for a colonoscopy. If you have not yet received a new appointment, the screening centre will contact you when it can be rearranged. If you are worried please contact the screening centre for further advice.

Procedure

19. My colonoscopy has been cancelled, but I have bowel cancer symptoms, what should I do?

Please contact the screening centre in the first instance for advice. An SSP should be able to speak to you about your symptoms.

Hub professional FAQs

20. We have no biomedical science (BMS) staff to authorise results - what should we do?

All screening test results can be authorised across the 5 hubs. Contact one of the other hub managers or directors for assistance.

21. We have no/limited helpline staff to manage calls – what should we do?

Helpline calls can be transferred across the 5 hubs. PHE can transfer calls if one hub is unable to provide a service, and this will be monitored on a regular basis.

22. We are getting lots of clinical questions we don't feel we can answer, how we can manage these?

These should be escalated to the individual's screening centre for them to provide expert clinical advice.

23. What advice should we be giving to detained estates (prisons)?

Prisons should continue to complete their spreadsheets in conjunction with individual screening centre invitation plans, as screening is continuing where it is safe to do so.

Screening Centre FAQs

Bowel cancer screening (Faecal Occult Blood Test programme (FOBt))

General

- 24.** Do all patients need to be COVID-19 tested and negative before attending for their screening procedure?

Please follow your local Trust policy.

- 25.** Will the bowel screening invitations and test kits continue to be sent out during the pandemic?

Yes. Invitations and screening kits will continue to be sent out in line with the individual screening centre invitation plans, where it is safe to do so. To make a change to the invitation plans, discussions between the provider, commissioner, SQAS and hubs is required.

- 26.** How will screening centres who paused invitations in wave 1 of the pandemic and have continued to have challenges catch-up?

PHE developed a modelling tool to support screening centres and hubs in identifying invitation rates to match the available capacity. This is refreshed on a monthly basis and sent to screening centres. NHSE/I has asked regional public health commissioning teams to work with their providers to increase invitation rates further to ensure that before the end of March 2021, providers are within the standard for invitations being sent which is at least 6 weeks behind (-6 weeks).

- 27.** What is the stance on centres that operate across Trusts when one is continuing to deliver screening, but the other isn't?

If a site can continue to operate safely, then it is acceptable for that Trust to do so and there has been agreement from regional commissioners and regional QA teams

- 28.** We only have capacity to see screening patients on 1 site, can our invitation plan be managed on a site by site basis?

No. The invitation plans cover all GPs attached to a screening centre and cannot be split down to those for an individual site.

- 29.** We have colonoscopy capacity but are not able to offer CTC appointments can we still deliver screening?

Every effort should be made to ensure individuals can progress along the normal pathway including referrals for CTC and cancer pathways. Services who are unable

to do this should discuss the situation with regional commissioners and regional QA teams.

30. What PPE do we need?

Please follow Trust infection control policy, but further information is available:
<https://www.england.nhs.uk/coronavirus/primary-care/infection-control/>

Specialist Screening Practitioner (SSP) appointment

31. Can we offer telephone/video call SSP appointments rather than face-to-face assessments?

Yes. To reduce contact and therefore lower the risk of infection between individuals, telephone or video consultations can be offered rather than face-to-face appointments if preferred. Before proceeding with a diagnostic test, a full consultation **must** have taken place and the BCSS data set completed.

32. Can specialist practitioners (SPs) or assistant screening practitioners (ASPs) be used instead of SSPs for assessment appointments or post investigation appointments?

It is **not** acceptable for an SP/ASP to do the pre-assessment or post investigation clinics, even if this is done over the telephone. It must be an SSP.

33. How do we manage patients who refuse to come in for their diagnostic test?

An offer of an appointment for a diagnostic test should be made. If the patient declines this date, as far as possible, explain the safety measures that the service has in place to help protect them. If the patient still refuses, the appointment should be advanced on BCSS to a status of Waiting Decision to Proceed with Diagnostic Test. The patient should be informed to contact the screening centre within 6 weeks with their decision, or the episode will automatically close. They will then receive a letter telling them that the episode has closed but they can re-open it at any time until their next invitation date by calling 0800 707 60 60. If they do not continue with this episode, they will receive another invitation in 2 years' time if they remain in the eligible age cohort.

If a person declines by opting out of their screening pathway as they do not wish to continue, this is their personal choice and the episode should be closed and the individual will be returned to recall 2 years from the closure of the episode. Individuals can choose to opt back into the programme at the time until they are sent a pre invitation for their next screening episode.

34. Blood tests – how should we manage patients that require a blood test before prescribing bowel preparations?

Discuss this with the clinical team within your local screening centre and take further advice from your clinical pharmacy team.

Procedure

35. How should I cancel a patient's diagnostic test?

Please follow the advice in the BCSS technical advice document (see appendix 1). If you are not sure about how to do something, please e-mail the Open Exeter helpdesk Exeter.helpdesk@nhs.net

36. Can non-accredited colonoscopists work on bowel screening lists?

No. An accredited screening colonoscopist should perform the procedure and follow current BCSP guidance.

In circumstances where the accredited screener is not available at short notice (this would be after patients have started to take bowel preparation), a suitably experienced non-accredited colonoscopist may do the list. Patients should be told about this and given the choice of whether to continue or re-book when an accredited colonoscopist is available. This should be recorded on BCSS as an episode note. Screening centres should **not** plan to run screening lists without accredited screeners being available.



use of non accredited
endoscopists cascade.

37. I have an experienced colonoscopist who was due to sit their accreditation, but it was cancelled. Can we use them to do bowel cancer screening lists?

No. Screening colonoscopies should be undertaken by accredited screening colonoscopists.

JAG has contacted candidates whose accreditation date was cancelled during the first wave of the pandemic and offered new dates. If you have a candidate who has passed their MCQ and they do not have an accreditation date, please contact AskSAAS@rcplondon.ac.uk

If you have a candidate that has an approved application form, they can take their MCQ in their local screening centre and when they have passed, they will then be offered a date for their colonoscopy accreditation.

38. Can SPs or ASPs be used instead of SSPs in the endoscopy procedure room?

It must be an SSP or an SP. If an SP is working in the procedure room an SSP **must** be available on site to provide support if required. It is **not** acceptable for an ASP to work in the procedure room on a bowel cancer screening list.

Surveillance

39. Do we need to carry on with the review of surveillance cases against the new guidance?

Screening centres should continue to review surveillance cases and amend them on the surveillance function on BCSS. If screening centres have capacity to see the surveillance cases with appointments due, they should continue to see them.

40. If a surveillance patient chooses not to attend due to coronavirus – what should we do?

An offer of an appointment for a surveillance test should be made. If the patient declines this date, as far as possible, explain the safety measures that the service has in place to help protect them. If the patient still refuses, the appointment should be advanced to a status of Waiting Decision to Proceed with Diagnostic Test on BCSS. The patient should be asked to contact the screening centre within 6 weeks with their decision, or the episode will automatically close. They will then receive a letter telling them that the episode has closed but they can re-open it at any time until their next invitation date by calling 0800 707 60 60. If they do not continue with this episode, they will receive another invitation in 2 years' time if they remain in the eligible age cohort.

If a person declines by opting out of their screening pathway as they do not wish to continue, this is their personal choice and the episode should be closed and the individual will be returned to recall 2 years from the closure of the episode. Individuals can choose to opt back into the programme at the point their episode was closed at any point until they are sent a pre invitation for their next episode.

Radiology

41. We are unable to carry out CTCs at our normal site, can we use another provider?

You should ensure that BCSP Radiology guidance is followed and there are clear governance and reporting arrangements in place. This should be agreed with your regional commissioner and regional SQAS team. Any new BCSP reporting radiologists should meet the required criteria and be added to BCSS by the screening centre. <https://www.gov.uk/government/publications/bowel-cancer-screening-imaging-use/bowel-cancer-screening-guidelines-for-ctc-imaging>

Appendix 1

Using the Bowel Cancer Screening System to manage SSP Appointments in the event of a local decision to reschedule or pause the bowel cancer screening in response to pressures or risks to the service as a result of COVID 19

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Overview

This document lists the operations to be performed in the Bowel Cancer Screening System (BCSS) in the event of a local decision to reschedule or pause the bowel cancer screening programme. The steps below provide system details about managing SSP appointments and diagnostic tests. A separate document details how initial invitations are managed.

This document is for FOBT and surveillance screening episode. Bowel Scope has not resumed at this time and is therefore not described here.

It assumes:

1. Existing SSP appointments may be:
 - a. Go ahead as booked.
 - b. Be a telephone appointment in the first instance
 - c. Cancelled and not rebooked at this time
2. Diagnostic tests will not be available

The overriding principle is to **leave episodes open** so that they can continue when screening resumes.

Existing SSP Appointments

Below are some possible scenarios for subjects who are already booked in to an SSP appointment.

Where face to face appointment are still going ahead

Attend the appointment as usual on BCSS.

Advance the patient to the appropriate next stage in their pathway. Do not leave the patient as simply having attended their appointment.

If the patient is suitable but cannot progress to a diagnostic test at this time, advance the patient to be suitable for a diagnostic test. This action makes the patient visible on the alert for Patients Awaiting Action Regarding Diagnostic Test until such time that a test can be booked.

Appointment is now by telephone, full assessment can take place

There is no need to change the existing booking.

Attend the appointment as usual on BCSS.

Note: BCSS assumes it is a *face to face* meeting and this cannot be changed.

Advance the patient to the appropriate next stage in their pathway. Do not leave the patient as simply having attended their appointment.

If the patient is suitable but cannot progress to a diagnostic test at this time, advance the patient to be suitable for a diagnostic test. This makes the patient visible on the alert for Patients Awaiting Action Regarding Diagnostic Test until such time that a test can be booked.

Appointment is now by telephone, full assessment cannot take place

This scenario is where, for example, an initial telephone call is booked to explain the situation.

When a telephone call cannot determine a patient's suitability for a diagnostic test, the full assessment should be in two parts:

1. The initial telephone conversation now
2. A subsequent SSP appointment where the full assessment will be carried out when screening has resumed

To do this:

- There is no need to change the existing booking
- *Attend* this telephone conversation like any other appointment (or if you cannot contact the person record DNA as usual).

Note: BCSS assumes it is a *face to face* meeting and this cannot be changed.

- Record that a subsequent appointment is required:
 - o *Advance FOBT screening*

- Select *Previous attendance, further assessment required* as the reason for needing a subsequent appointment
- Click *Subsequent Assessment Appointment Required*
- When prompted, click *OK* to progress the episode
- Add an *Episode Note* to explain the situation

This makes the patient appear on the alert for Patient(s) requiring a Positive Assessment Appointment with the reason selected above. They will remain here until they can be booked into another appointment.

Appointments cannot go ahead and you have had no contact with the patient

If appointments (face to face or telephone) cannot take place, each one will need to be cancelled manually:

- From the main menu select: *Screening Practitioner Appointments, View Appointments*
- For each day on which appointments exist, select the day to *View appointments on this day*
- Select each patient in turn
- Make sure "*Cancel*" is selected on the Appointment Detail screen then choose "*Screening Centre Cancelled – Other Reason*" as the reason for cancellation
- Save the change

This makes the patients visible on the alert for Patient(s) requiring a Positive Assessment Appointment with the reason selected above until such time that an appointment can be rebooked (if required).

Cancelling an appointment makes the slot available to be rebooked. If the slot is not available, it should be removed to stop it being rebooked. See Update Availability for SSP Appointments below.

New Bookings for SSP Appointments

This section relates to booking/rebooking appointments.

Update Availability for SSP Appointments

Availability of SSP appointments must be kept up to date.

Remove Slots

To make sure an appointment is not accidentally booked into a slot that is not available, the availability should be reviewed, and slots removed if necessary:

- From the main menu select: *Screening Practitioner Appointments, Set Availability, Practitioner Availability - Screening Centre Slot Summary*
- Select the SLOTS to be changed and for which screening practitioner
- Select the individual slots to be removed or *Select All*
- Choose to *Remove Selected*
- *Save* to remove the slots

Add Slots

Slots must be added if you believe the appointments will take place. This is as per the existing process in BCSS.

Only set up appointments if you believe they will take place. **Do not set up “dummy” appointments.**

Note that BCSS does not distinguish between telephone and face to face appointments. Therefore, if telephone appointments are being offered, they should be set up through this screen like any other SSP appointment.

Appointments can be Booked

If appointments are available, they may be booked as normal. This is true for face to face or telephone appointments.

Unable to Book Appointments

If no appointments are available, **the subject must be left in their open episode.** This makes them visible on the alert for Patient(s) requiring a Positive Assessment Appointment. They will remain here until they can be booked into an appointment.

Cancel Diagnostic Tests

At this time the assumption is that no diagnostic tests will take place.

BCSS does not contain the appointment diary for diagnostic tests so any cancelled tests will be triggered from the screening centre host trust's system(s).

For each patient, the screening centre should cancel the diagnostic test on BCSS.

This makes the patient visible on the alert for Patients Awaiting Action Regarding Diagnostic Test until such time that a test can be rebooked (if required).

Appendix 2

Application for an Interim Colonoscopy Screening Site to assist with COVID-19 recovery plan



Application for an
Interim Colonoscopy :

Guidance ownership and review overview

Project / Category	PHE Screening – FAQs CoVid-19
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