



## Feedback on the draft standards for Bowel Screening Services in Scotland

A key element of developing our standards is to distribute them for public consultation. Your views and comments are valuable to us. All the comments and suggestions we receive will remain confidential (and be processed in line with the Data protection Act 1998) and will only be used to help develop our final standards for bowel screening services in Scotland.

Please return your completed form by email to: [hcis.bowelscreeningstandards@nhs.net](mailto:hcis.bowelscreeningstandards@nhs.net) or post the form to Scott Horton, Project Officer, Healthcare Improvement Scotland, Delta House, 50 West Nile Street, Glasgow G1 2NP.

The consultation closes on **Friday 9th January 2015**.

At the end of the consultation period, all comments (which will be anonymised) will be published, together with the working group's response, on the Healthcare Improvement Scotland website ([www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)).

The final standards for bowel screening will be published in **March 2015**, with publication of the consultation report in **April 2015**.

We would particularly welcome comments on:

1. any critical omissions
2. unnecessary information or inclusions
3. factual errors, and
4. grammatical errors

### Standard 1 – General

The Royal College of Physicians of Edinburgh ("the College") is in agreement with this standard and has no additional comments.

## **Standard 2 – Call-recall**

The College is in general agreement with these points, however would appreciate clarification on 2.5 (giving people the option to continue screening beyond the age of 75). If there is continued benefit over 75 years, it should be offered routinely, unless a decision has been made nationally to restrict screening to under-75s on the basis of limited resources.

## **Standard 3 – Uptake**

The College is in agreement with this standard and has no additional comments.

## **Standard 4 – Information relating to the screening process**

The College is in agreement with this standard and has no additional comments.

### **Standard 5 – Outcome result**

The College is in agreement with this standard and has no additional comments.

### **Standard 6 – The laboratory process**

The College is in agreement with this standard and has no additional comments.

### **Standard 7 – Pre-colonoscopy assessment**

The College is in general agreement with this standard. However we would appreciate clarification on 7.4, “safe management of patients with positive screening test who do not have a colonoscopy” as to how this would differ from informing the patient and GP (as per 7.5).

## Standard 8 – Colonoscopy

The College is generally in agreement with this standard, however 8.2 specifies three performance markers for colonoscopists which are rightly set at a high level but most of these markers are not routinely audited nor does the infrastructure currently exist to provide continuous audit.

There would be resource implications due to the need to fund such audit and this should be taken into account.

8.5 – should read “If bowel preparation has not been **effective**”

8.6 – the outcome should be notified to the GP within 7 working days of the examination

## Standard 9 – Histopathology

The College is generally in agreement with this standard; however notes no time targets have been set (as they have for all other steps in the process). At present there is often a delay in the reporting of pathology specimens, and setting a specific target here would be an opportunity to improve standards.