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# **NHS Bowel Cancer Screening Programme: bowel scope additional site application form**

Please complete the following table:

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| --- | --- |
| **Screening centre name** |  |
| **Name and address of additional site requested** |  |
| **Name and start date of current, ‘live’ bowel scope site(s)** |  |
| **Proposed start date of additional site** |  |
| **Population served by additional site** |  |
| **Number of GPs are attached to additional site** |  |
| **Are any other planned future bowel scope screening sites for this centre?  (please provide dates if possible)** |  |

| **Criteria to be met** | **Evidence required to meet criteria** | **Criteria met**  **Yes / No** | **If No – action to be taken** | **Additional comments** |
| --- | --- | --- | --- | --- |
| 1. Sustained operation of the FOBt programme | Reports demonstrating all screening centre KPIs including pathology waiting times |  |  |  |
| 1. Sustained operation of current bowel scope screening at all sites each undertaking a minimum of ONE bowel scope screening list per week. | BCSS generated invites report and the performance + /- weeks screen shot |  |  |  |
| 1. Sufficient endoscopy capacity to deal with the increased workload (bowel scope, conversion colonoscopy and surveillance) | Capacity and demand plans for forthcoming 2 years for FOBt and bowel scope screening  Detailed roll out plan which includes recruitment plans (nursing, admin and bowel scope endoscopists, including those training and potential assessment dates) |  |  |  |
| 1. Appropriate staffing model for bowel scope delivery across all sites | Staffing model to be used e.g. SSP/SSP, SSP/SP, SSP/ASP |  |  |  |
| 1. Provision of Entonox (for pain relief) and CO2 (for insufflation) | Confirmation of availability at all sites, including training/ PGDs if applicable |  |  |  |
| 1. Maintenance of JAG accreditation at each endoscopy unit which offers bowel scope screening. | Copy of current JAG accreditation certificate(s) |  |  |  |
| 1. Maintenance of endoscopy waits | Endoscopy waiting times for the preceding 3 months at all sites/Trusts (e.g. number of patients in 0-6 weeks, 6-8 weeks, 8-12 and 12+ weeks) |  |  |  |
| 1. Sustained achievement of the operational standards for the relevant cancer waiting times commitments | Trust data returns for the prior 3 months that has been validated |  |  |  |
| 1. Identification of a single pathology laboratory with the capacity to deal with all the polyps arising from bowel scope examinations   . | Confirmation of the designated laboratory  Names, and certificates, of all participating EQA accredited histopathologists  Confirmation by lead pathologist of the number of sessions for BCSP work  Identify how specimens will be transported between sites |  |  |  |
| 1. Proposed number of bowel scope lists at the additional site at ‘go live’   Proposed total number of bowel scope lists at full roll out of the additional site | Revised weekly timetable for **all** screening activity, (FOBt and BOSS) identifying named endoscopists for each list across all sites |  |  |  |
| 1. Identify any issues that you perceive may be challenging with the additional site | Add appropriate additional comments. |  |  |  |

**This is to confirm that all the information provided is correct and trust executives are aware the application has been submitted and that all signatures support the application.**

***Please ensure all signatures are gained prior to submitting the application.***

|  |  |
| --- | --- |
| Screening Centre Clinical Lead  Name……………………………………………………………... | Signature…………………………………… Date ……………………... |
| Executive Manager  Name……………………………………………………………...  Position……………………………………………………………. | Signature…………………………………… Date ……………………... |

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***Please submit the completed application to your regional screening QA service for approval***

***FOR OFFICIAL USE ONLY***

***All signatures will show support for the application***

|  |  |
| --- | --- |
| Regional Senior QA Advisor  Name……………………………………………………………... | Signature…………………………………… Date ……………………... |
| Screening and Immunisation Lead  Name……………………………………………………………... | Signature…………………………………… Date ……………………... |

**NOTE: SQAS – please notify Billie Moores or Suzanne Wright via e-mail for them to inform NHS Digital.**