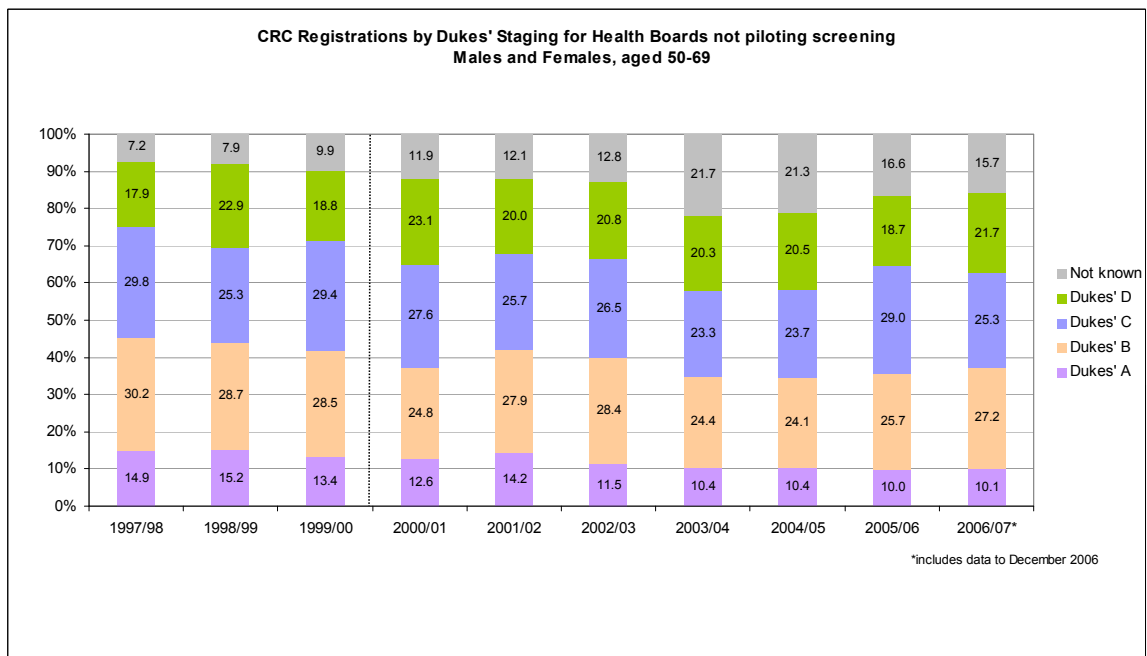
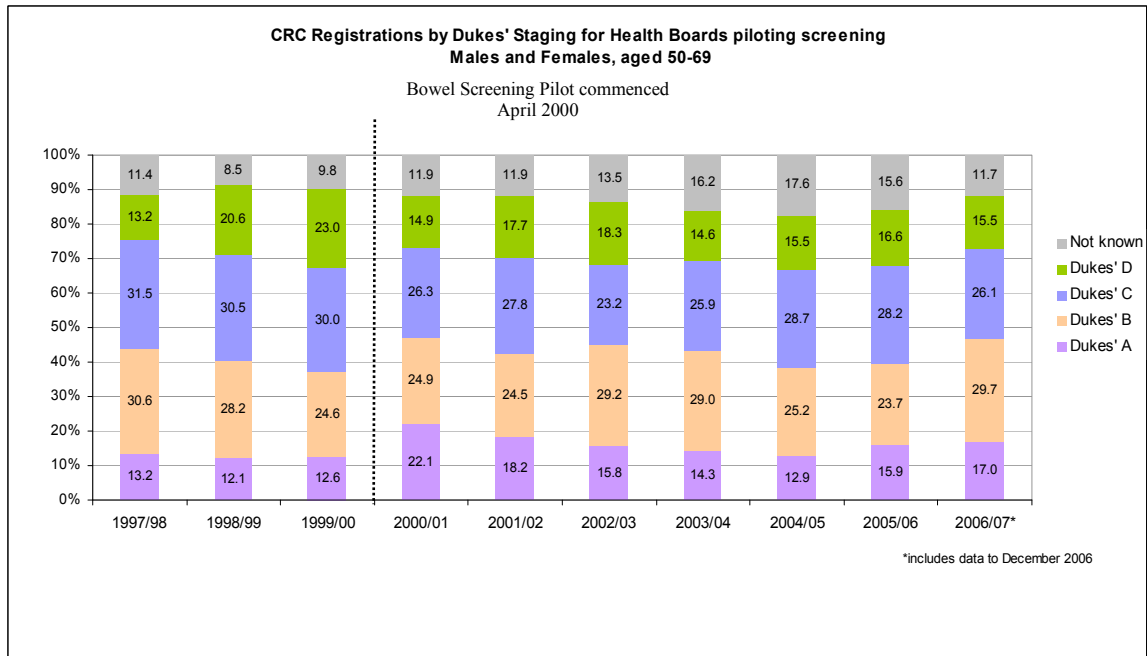
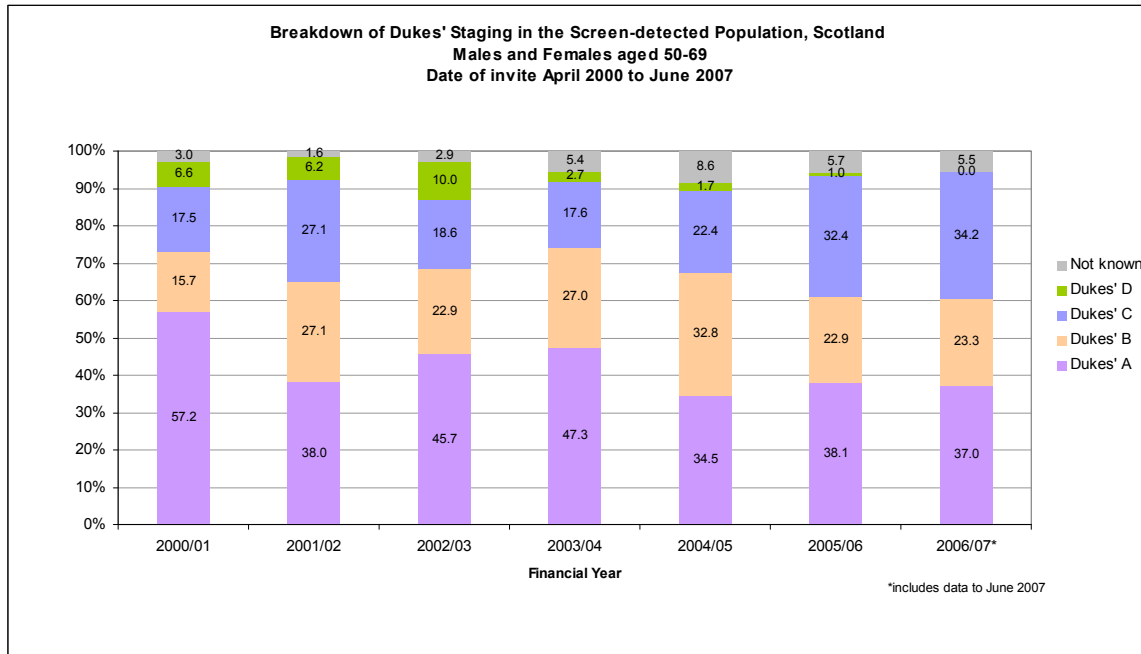
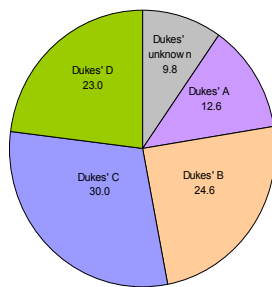


Appendix I – Dukes' Stage Comparisons

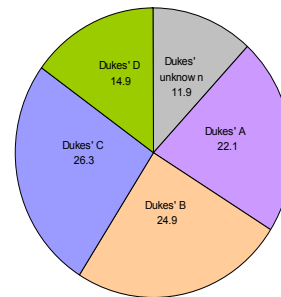




Percentage of CRC Registrations by Dukes' Stage for Health Boards
Piloting Screening
Males and Females aged 50-69

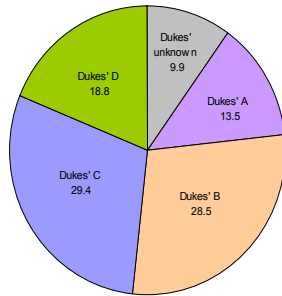


1999/2000 - before screening

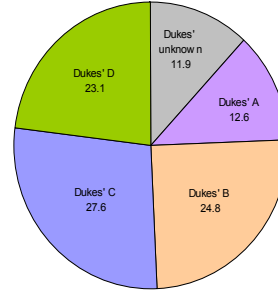


2000/2001 - first year of screening

Percentage of CRC Registrations by Dukes' Stage for Health
Boards not piloting screening
Males and Females aged 50-69



1999/2000



2000/2001

APPENDIX 2

NHS SCOTLAND BOWEL SCREENING ROLL OUT PLAN

	Jun-07	Sep-07	Oct-07	Dec-07	May 08	Jul-08	Dec 08	Apr09	Aug 09	Oct 09	Nov 09	Dec-09
NHS Tayside	■											
NHS Grampian	■											
NHS Fife	■											
NHS Ayrshire & Arran		■										
NHS Orkney			■									
NHS Forth Valley				■								
NHS Lothian					■							
NHS Western Isles						■						
NHS Borders							■					
NHS Dumfries & Galloway								■				
NHS Greater Glasgow & Clyde									■			
NHS Lanarkshire										■		
NHS Shetland											■	
NHS Highland												■

COLORECTAL SCREENING PILOT

Appendix 3

Key Performance Indicators - Summary May 2008

	Min Standard	Target	Complete First Round Data	Complete Second Round Data	Complete Third Round Data
1 Overall uptake of screening (% of those with a FOBt result out of those invited) This relates only to persons successfully completing the FOB testing process. No adjustment is made for kits or initial letters returned by GPO	60%		55.0	53.0	55.3
2 Overall uptake of screening by SIMD deprivation (% of those with a FOBt result out of those invited) The Scottish Index of Multiple Deprivation (SIMD) has six domains (income, employment, education, housing, health, and geographical access) at datazone level, which have been combined into an overall index.	Least Deprived ↑	1	62.1	60.7	62.4
		2	58.6	56.8	59.8
		3	53.8	51.3	54.9
		4	47.3	43.9	47.9
		↓ Most Deprived	5	41.2	37.4
3 Response rate for first kit sent (% of first kits returned adequate out of all first kits sent)		>= 50% of those invited	43.8	51.5	53.7
4 Time btwn appt with specialist nurse and colonoscopy (% of people where the time between attending the nurse appt and the first offered colonoscopy appt was within the specified time, out of all those with a nurse apt and a colonoscopy date.) N.B. colonoscopy date taken from nurse report assumed to be first offered colonoscopy date.		2 weeks	20.4	25.8	45.2
		4 weeks	44.1	61.0	79.1
		6 weeks	64.7	77.8	91.8
		8 weeks	79.5	88.9	96.5
		10 weeks	86.0	95.4	97.8
		12 weeks	88.7	97.6	98.6
		14 weeks	91.0	98.3	98.8
	16 weeks	93.3	98.7	99	
	20 weeks	96.2	99.3	99.3	

	Min Standard	Target	Complete First Round Data	Complete Second Round Data	Complete Third Round Data
5 Proportion of people found FOBt positive (per 1000 screened i.e. with FOBt result available)	To Be Agreed		20.7	19.0	11.6
6 Crude cancer detection rate for all ages (This includes polyp cancers) (per 1000 screened i.e. with FOBt result available)	To Be Agreed		2.1	1.2	0.7
7 % people with screen detected cancers that are Dukes' Stage A (includes polyp cancers) (must have histological confirmation)	To Be Agreed		49.2	40.1	36.3
8 % people with screen detected cancers that are Dukes' Stage B (must have histological confirmation)	To Be Agreed		20.3	29.4	21.8
9 % people with screen detected cancers that are Dukes' Stage C1 (must have histological confirmation)	To Be Agreed		18.1	20.3	31.5
10 % people with screen detected cancers that are Dukes' Stage C2 (must have histological confirmation)	To Be Agreed		2.8	3.0	2.4
11 % people with screen detected cancers that are Dukes' Stage D (must have histological confirmation)	To Be Agreed		7.1	2.0	0.8
12 % people with screen detected cancers that are staged. (must have histological confirmation)			97.5	94.9	92.7
13 Overall adenoma detection rate (per 1000 screened i.e. with FOBt result available)			6.5	5.2	2.8
14 Positive Predictive Value of all adenomas where adenoma is the most serious diagnosis (% of people with any risk adenoma out of those FOBt positive)			36.5	30.3	29.1
15 High risk adenoma detection rate (per 1000 screened i.e. with FOBt result available)	To Be Agreed		0.8	0.5	0.3

	To Be Agreed	85.5	89.5	81.3	
	Min Standard	Target	Complete First Round Data	Complete Second Round Data	Complete Third Round Data
16 Percentage of people found to be FOBt positive going on to have colonoscopy performed					
17 Rate of colonoscopic complications [requiring admission] (% of people with admissions for complications out of those who had colonoscopy)			0.3	0.4	0.1
18 Percentage of polyp cancers (% of people with polyp cancers out of all those with cancer)			17.8	15.2	9.7
19 Polyp cancer detection rate (Rate of polyp cancers per 1000 screened i.e. FOBt result available)			0.38	0.2	0.1
20 Positive Predictive Value of FOBt to cancer (polyp cancers and invasive crc) (% of people with malignant outcome out of those FOBt positive)			12.0	7.0	7.5
21 Positive Predictive Value of FOBt to high risk adenoma (% of people with high risk adenoma out of those FOBt positive)			4.3	3.1	3.1
22 Positive Predictive Value of FOBt to high risk adenoma or cancer (polyp cancers and invasive crc) (% of people with malignant outcome or high risk adenoma out of those FOBt positive)			16.3	10.2	10.6
23 Positive Predictive Value of FOBt to any adenoma or cancer diagnosis (% of people with malignant outcome or any risk adenoma out of those FOBt positive)			48.4	37.4	36.6

Manual Pre Assessment for Colonoscopy

Place patient label here:
Telephone Number

Date of consultation Telephone call /interview	
Patient fit for colonoscopy	
Patients willing to have colonoscopy	
Date of colonoscopy	

Check Date of Birth and Address

If on the telephone confirm that the time is still suitable and ensure privacy

Give explanation of positive FOB test result and rationale for colonoscopy and ask:

Have you read the colonoscopy information leaflet? YES/NO

Do you have any questions? YES/NO

Do you have a responsible adult to collect you and stay with you for the first 24 hours? YES/NO

Give an overview of:

Colonoscopy procedure YES/NO

Risks and complications YES/NO

Sedation YES/NO

Consent process YES/NO

The prep YES/NO

Explain the rationale for the assessment.

Do you have or have ever had any of the following	YES	NO	Comments
CARDIOVASCULAR			
MI			
CVA			
Valvular heart disease			
Heart Valve replacement			
Internal Defibrillator			
Pacemaker			
Hypertension/High Blood Pressure			
Chest pain or Angina			
RESPIRATORY			
Respiratory problems			
Asthma			
COPD/Bronchitis/Emphysema			
Sleep apnoea			
HEMATOLOGY			
Anaemia			
Blood disorders			
GENITO-URINARY			
Renal impairment			
OTHER RELEVANT CONDITIONS			
Epilepsy			
Blackout/collapse/fainting/dizzy spells			
Glaucoma or other eye problems			
Arthritis			
Diabetes			

WARFARIN THERAPY			
Do you take Warfarin/Heparin/Aspirin/ Clopidogrel (Plavix)?			
BOWEL DISEASE			
Diverticulitis			
Bowel Diseases			
Previous colonic surgery?			
OTHER RELEVANT INFO			
Previous abdominal or pelvic surgery			
Are you having other cancer treatments?			
Problems with previous anaesthetic or sedation			
Do you have any other serious illness?			
Do you have any allergies/sensitivities?			
Are you taking any other medication, prescription or otherwise at present (steroids)?			Please list
Are you on any medication to help you sleep at night?			Please list
Use herbal remedies			
Have you ever been notified that you are at risk of CJD or vCJD for public health purposes?			
Do you have any mobility issues?			
What is your weight?			
What is your height?			
Do you smoke?			
Weekly alcohol units			
Do you require an interpreter? (this should ideally be established before pre- assessment)			
Do you have any particular religious or cultural needs?			
Do you have any bowel related symptoms at present?			If so please state
Any other relevant information			

Give contact number

Nurse Outcome

Patient fit for outpatient colonoscopy		Appointment Date	Time
Not referred for colonoscopy		Reason	
Patient needs further outpatient assessment		Date	Time
Declined colonoscopy		GP informed	
Needs in-patient colonoscopy		Arrangements	

Comments

Signature

Date

Example		
This table is for guidance only and could form the basis of a local protocol.		
Assessment criteria	Rationale	Action
Recent MI /CVA (last 6 weeks)	Risk of dysrhythmias following MI.	Prepare patient for anticipated outcome that delaying colonoscopy may carry less risk.
Respiratory disease	Risk of respiratory depression during procedure due to effects of sedation. Risk of emergency surgery from bowel perforation at colonoscopy, underlying condition would put patient at greater risk.	Consult with multidisciplinary team associated with the patient's ongoing medical care.
		Keep patient informed of progress of enquiry and involve patient in decision making process as to whether to proceed.
Valvular heart disease	Antibiotic prophylaxis is no longer recommended for the prevention of infective endocarditis in patients with cardiac risk factors.	Need to alert endoscopy staff so that if patients develop symptoms or signs of infection in weeks following colonoscopy. Need to undergo prompt investigation and appropriate treatment.
Heart Valve replacement		
Endocarditis		
Synthetic Vascular grafts		
Systemopulmonary shunts		
Hypertension	Risk of increasing patient's blood pressure during colonoscopy.	Ensure patient continues to take medication to control hypertension while preparing for colonoscopy.
Angina	Risk of cardiac ischaemia induced by sedation, increased anxiety and physical stress while preparing for and during colonoscopy.	Establish frequency of angina attacks. Liaise with relevant cardiologist if appropriate in an attempt to maximise medical condition. Determine if it is appropriate for the patient to have a screening colonoscopy.
		Ensure patient continues to take medication to control angina while preparing for colonoscopy.
Warfarin therapy	Acute bleeding in patients undergoing colonoscopy on these drugs is a high risk situation. In many cases the risk of thrombosis may be much lower and it may be possible to stop these drugs. However in high risk cases bridging therapy should be considered.	Determine if patient is on warfarin for low or high risk condition. Referring to local protocols.
		Liaise with consultant cardiologist, heamatolgist or vascular physician as appropriate.
		Keep patient informed of progress of enquiry and involve patient in decision making process.
Drug interactions	Drug Interactions	Alert endoscopy staff to patient's condition if proceeds to colonoscopy.
		Check British national Formulary for drug interactions with analgesia and sedatives.
nt conditions	Blood disorders	Antibiotic prophylaxis is recommended for patients with severe neutropenia and/or profound immunocompromise.
	IDDM	Risk of hypoglycaemia due to reduced carbohydrate intake.
	Non IDDM	Risk of hypoglycaemia due to reduced carbohydrate intake.
		Liaise with diabetic liaison nurse. Consider reducing insulin by 30-50% during bowel prep to prevent hypoglycaemia. Maintain carbohydrate intake eg fruit juices and high sugar drinks. Ensure early morning appointment for colonoscopy.
		Liaise with diabetic liaison nurse. Consider reducing dose of hypoglycaemics and maintaining carbohydrate intake as above.

Other Relevant	Renal impairment	Risk of fluid and electrolyte imbalance due to bowel prep.	Discuss with relevant renal physician, consider a low volume bowel preparation eg Fleet. If on dialysis lease with the appropriate renal unit
	Epilepsy	Risk of anti epileptic medication not being absorbed due to volume of bowel prep.	Explain to the patient that this is unlikely to affect them due this time particularly if they take their medication a few hours before starting prep or a few hours afterwards.
	Glaucoma	Potential drug interaction if patient already on anti cholinergic therapy for glaucoma.	Consult with multidisciplinary team associated with the patient's ongoing medical care. Alert endoscopy staff to patient's condition if proceeds to colonoscopy.
Bowel Disease	Inflammatory bowel disease	Colonoscopy should only be avoided in an acute inflammatory process. This is unlikely to be the case in the screening process.	Lease with relevant gastroenterologist if appropriate. Prepare patient for anticipated outcome that delaying colonoscopy may carry less risk.
	Diverticulitis	Risk of perforation during acute diverticulitis with local sepsis.	Patients who complain of marked abdominal pain with peritonism should be deferred until the acute phase resolves
	Previous colonic surgery in last 3 months	Risk to anastomosis	Prepare patient for anticipated outcome that delaying colonoscopy may carry less risk.
NB	Keep patient informed of progress of enquiry and involve patient in decision making process.		

Evidence taken from

Antibiotic prophylaxis in Gastrointestinal Endoscopy (2008)	British Society of Gastroenterology	Gut 2009, 58 869-880
Guidelines in Gastroenterology (2001)	Bowel preparation contraindications	S.I.G.N. Guidelines 36
Preparation prior Pr Antiplatelet and Anticoagulation Therapy (2008)	British Society of Gastroenterology	Tayside Diabetes MCN Handbook www.bsg.org.uk/clinical/endoscopy/anticoagulation-antiplatelet therapy

Pre Colonoscopy Assessment Crib Sheet

✓	Checklist	Suggested
	Ensure correct patient	Please confirm your name, DOB and address
	If on the telephone confirm the time of call is still suitable and ensure privacy during the call. Calls must not be continued if the participant is driving.	
	If the patient does not answer the telephone call further attempts should be made during the allocated assessment time and using all available telephone numbers.	
	Messages should not be left on answer machines without prior consent.	
	When a patient does not attend the pre assessment clinic or cannot be contacted then 1 further appointment will be allocated. If they fail to attend a second appointment then a letter will be sent to the patient and the GP confirming their non attendance, the patient will also receive a leaflet detailing the signs and symptoms of bowel cancer.	
	If the patient is unable to speak for themselves and has asked another person to give information on their behalf you must ensure that the participant is present. The name of the person speaking and their relationship to the patient should be documented. If the patient is not present another assessment time should be arranged.	
	Acknowledge feelings of anxiety	Are you aware that you have had a positive result/have you received a letter from the Bowel Screening Centre?
	Explain briefly the many reasons for blood being present in the stool.	The test that you did for us showed that there is evidence of small amounts of blood in the stool. Are you aware of this? There are lots of simple explanations for having blood in the stool: <ul style="list-style-type: none"> • Bleeding from the back of the nose or the mouth • Inflammation in the stomach or in the bowel

✓	Checklist	Suggested
		<ul style="list-style-type: none"> • Haemorrhoids or tears at the back passage • The reason we use this test is that you may have polyps in the bowel that you are unaware of and we know that if these polyps are left untreated in some cases they can develop into cancer. • In some cases we also may find a cancer which you may be unaware of because you do not have any symptoms. These cancers are likely to be in the early stages because they have been picked up by the screening process. <p>We use the test that you did simply to identify people for the next test / investigation – colonoscopy. Provide stats and facts relevant to your Health Board. On average only about *% of people with a positive result have cancer, etc.</p>
	<p>Assess for knowledge level and give a brief overview of colonoscopy and the preparation</p>	<p>Did you read the colonoscopy information leaflet we sent to you? Do you have any questions or concerns? Because you will have sedation for this procedure do you have someone to collect you and stay with you for at least 24 hours? Your bowel has to be really clean so that we can get good views of the lining of the bowel. You will need to take special medicine the day before that will clean out your bowel. The preparation we use is called Klean Prep or alternative It comes in 4 sachets and each sachet has to be made with a litre of water, so that means that you need to drink 4 litres the day before. Stress the importance of completing all 4 litres. Discuss the importance of a liquid diet when starting the prep. Provide reassurance that they will receive written information through</p>

✓	Checklist	Suggested
		the post.
	Assess current state of health	Complete the assessment form. Explain the rationale for the assessment i.e. risks of sedation and colonoscopy and complete assessment form. This is more than a tick box exercise and each answer should be explored thoroughly. Provide information if necessary about medication and insulin.
	Assess for recent colonoscopy	Have you had a colonoscopy before? If so when and where. You should check the result to ensure complete colonoscopy with good views.
Decide at this point if colonoscopy referral is to be made		
	Explain to the patient	<p>No colonoscopy referral Your medical condition suggests to me that the risk of colonoscopy might be higher for you I would like to discuss It with your consultant to see get their opinion. I will telephone you to let you know what is happening. It may be because that it would be safer for you not to have a colonoscopy due to the fact that the vast majority of people will not have a cancer. I will keep your GP Practice informed of the outcome. If you experience symptoms you should report to your GP Practice and this can be reviewed.</p> <p>Colonoscopy referral Negotiate appropriate date and time Let them know that they will receive the appointment and all other information by post. Stress the importance that if they cannot attend the colonoscopy appointment for any reason they must contact the department (colonoscopy is a very valuable resource) Provide a contact number if they have any further queries or questions.</p>

✓	Checklist	Suggested
	Explain the main events on the day of colonoscopy	Where the department is Approximate length of time in department Further assessment by endoscopy nursing staff Purpose of sedation and analgesia (conscious sedation) not completely knocked out Communication of results i.e. verbally and written
	Discuss possible outcome including possibility of incomplete test	Normal Polyps. Discuss the implications of this and having then excised. Other benign bowel conditions. Cancer. Reassure that if this is likely to be the case there is a good chance that this might be in the early stages.
	Check gaps in knowledge	Any other questions?
	Check that they are happy to proceed	Yes/no
	Ensure they have a contact number	
	Thanks for attention and close interview	
	Marry up with the endoscopy admission sheet as per local protocol.	Important issues about risk and consent will be covered again before the colonoscopy by the endoscopy staff as per local protocol.

What is a colonoscopy?

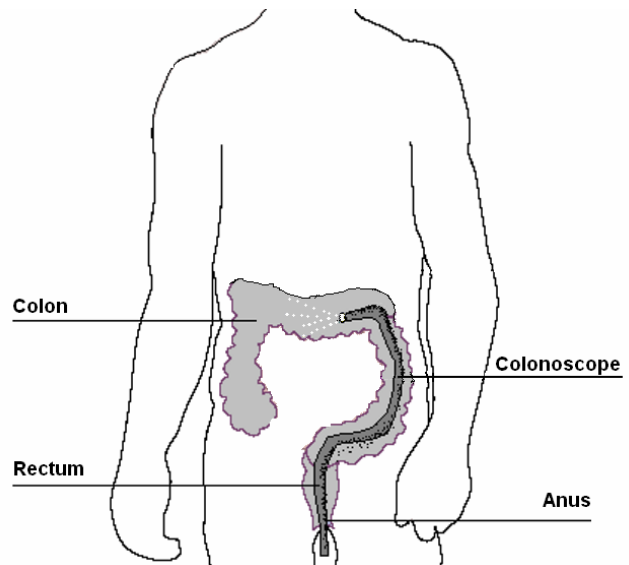
COLONOSCOPY

You need a colonoscopy because you have recently had a positive result (blood in your bowel motions) through the bowel-screening programme.

A colonoscopy is a test to look at the lining of the colon (large bowel) using a flexible, tube-like telescope called a colonoscope.

This instrument is carefully passed through the rectum (back passage) and round the colon allowing the doctor to see if there are any obvious abnormalities that may have been causing the bleeding (this may not have been visible to the naked eye).

The doctor may also take samples (biopsies) of any abnormality seen.



What must I do before my colonoscopy?

It is important that your bowel is empty and clean so that we can get a clear view of the lining of the bowel wall. We will, therefore, ask you to take some strong laxatives to clean out the bowel on the day before the test. This will be sent through the post with your appointment letter. It is important that you follow the instructions for the laxatives carefully and take all the medicine to make sure that we get a good view of the lining of your bowel. The laxatives will make you go to the toilet frequently throughout the day with diarrhoea until it eventually runs clear. It is, therefore, wise to stay close to a toilet once you have taken the medicine and avoid travelling or going to work.

What about my other tablets or medicines?

Special advice will be given to you if you are a diabetic or on Warfarin tablets. If you are taking Iron pills these will have to be stopped a week before your test. Otherwise take your usual tablets as normal. The nurse will ask you about your tablets when she telephones you.

Will I feel anything during the colonoscopy?

The doctor will give you an injection into a small canula (small tube) inserted into a vein to sedate you. It will make you feel sleepy and relaxed, although you may not be completely asleep. The sedation can sometimes stop you remembering the test itself and for a few hours afterwards. During the test the doctor needs to put air into your bowel so that he can get a good view of the lining of the bowel, you may feel some windy type pains like abdominal cramps. You may also get the feeling that you want to go to the toilet, but because the bowel is empty there is no danger of this happening. You may also pass small amounts of wind. Don't be embarrassed, this is common because we are putting air into your bowel.

The doctor will examine the lining of the bowel and may want to take a biopsy a small piece of tissue for examination in the laboratory. It is also possible to remove polyps during the colonoscopy. Polyps are small growths, rather like warts, which the doctor will want to examine in more detail. Both of these procedures are done painlessly with tiny instruments passed through the flexible telescope.

What happens after the test?

You will need about an hour to rest before going home. You may feel a little bloated and may feel some wind pains, but this usually settles quite quickly once you pass wind. You can eat and drink as normal after the test and you may restart any medicines that you have missed. Because you have sedation you must have a responsible adult to take you home and stay with you for 12 hours. You also should not drive or operate machinery, drink alcohol, take sleeping tablets or sign legal documents for the next 24 hours. When you are fully awake the doctor or nurse looking after you will discuss the findings at the test. This may be followed up by a telephone call, or a letter as sometime people cannot remember what was said due to the effects of the sedative. If any biopsies or polyps were removed you may be asked to attend a further outpatient appointment or to discuss the results with your GP.

Are there any risks or complications?

Colonoscopy is generally a very safe procedure. However, as it is an invasive procedure, which involves giving a sedative, it carries a small risk of complications. The main risks include:

- Bleeding from the biopsy site or the site where a polyp was removed
- Small tear or damage to the lining of the bowel

It must be stressed that these complications are very rare (about 1 in 1,000 cases). However, in severe cases it may be necessary to carry out an operation to correct the problem.

Other complications include

- A reaction to the sedative medication
- Disturbance to your heart rate and breathing
- In a few cases, the colonoscopy is not successfully completed and this may mean another test is required (the nurse or doctor will discuss this with you should this happen)

It is important for us to know about what tablets you are taking. We will also want to know about your past medical history so that we can make special arrangements for you if necessary.

What happens if I do not want to go ahead with the test?

The decision to go ahead with the test is entirely yours (you may wish to discuss this with your family). We would, however, encourage people who have blood in their bowel motions to proceed to colonoscopy. Whilst very few people actually have a bowel cancer we have found a larger number of people have polyps or other minor diseases of their bowel. If you felt that you did not want to have a colonoscopy we would write to your G.P to let him know.

Example of NHS Board Protocol for Travellers and Homeless People

Bowel Cancer Screening for Travellers and Homeless People

The Scottish Bowel Screening Manual states that a minimum expected from NHS Boards:

- travellers and homeless people may not have a fixed address in Scotland or be registered with an NHS Scotland GP practice but will be included in bowel screening as long as they have a CHI number;
- NHS Boards should liaise with housing offices, libraries and community pharmacies and encourage them to display posters
- It is necessary that the individual keeps their details up to date with the GP Practice and/or the Centre for follow-up and recall. The participant will be invited following normal procedure.

Optional for NHS Boards

- Health Care Professionals can be identified to raise awareness, provide support and education in travellers and homeless groups.
- Eligible travellers or homeless can be added to the BoSS call on demand module.

Protocol for Travellers

Before the start of each screening round:

1. Health Board Screening Co-ordinator to identify travellers' sites in Health Board catchment area.
2. Health Board Screening Co-ordinator to identify local key health worker(s) with responsibility for travellers' health (e.g. in Fife, a Health Visitor with a responsibility for travellers).
3. Health Board Screening Co-ordinator to discuss the bowel screening programme with the key health worker(s).
4. Health Board Screening Co-ordinator to supply health care professional information pack for use by key health worker(s).
5. Key health worker(s) to visit travellers' sites and periodically thereafter to advise people that if they are aged between 50 and 74 years old and wish

to be invited to participate in the programme they must be registered with a GP.

For people on static sites key health worker(s) to advise that their GP practice is kept up to date with their current address.

For people who do not live on static sites key health worker(s) to identify participants to the Centre under an allocated name for example 'Meadowfield Travellers Site'. Key health worker(s) to provide active CHI numbers to the Centre and an address to send participants' invitation packs and results. The Centre will then call all those identified who are eligible for screening.

6. Key health worker(s) to issue invitation packs and results.
7. Key health worker(s) to provide advice and information to those travellers who request it following receipt of an invitation, leaflet and kit, including giving the helpline number when appropriate.

Protocol for Homeless People

Before the start of each screening round:

1. Health Board Screening Co-ordinator to identify key contact(s) within Accommodation Services with responsibility for homeless people.
2. Health Board Screening Co-ordinator to discuss the bowel screening programme with the key contact(s) and obtain:
 - number of homelessness units, hostels and housing offices/homelessness advice points;
 - estimated number of homeless people eligible for screening over screening round.
3. Health Board Screening Co-ordinator to obtain from NHS Health Scotland requisite quantities of posters (for display in offices, units, advice points etc.) and leaflets for eligible homeless people.
4. Health Board Screening Co-ordinator to send information and awareness-raising materials (information pack, posters, and leaflets) to key contact(s).
5. Key contact(s) to arrange:
 - distribution of posters to homelessness units, hostels and housing offices/homelessness advice points;

- distribution of information to homeless people eligible for screening.
6. Health Board Screening Co-ordinator to request NHS Health Scotland to supply Health Board Health Promotion Department with display posters for distribution to libraries, community pharmacists and other outlets (need to specify).
 7. Key contact(s) to identify participants who would like to be invited for screening to the Centre under an allocated name for example 'Oldtown Homeless Practice'. Key contact(s) to provide active CHI numbers to the Centre and an address to send participants' invitation packs and results. The Centre will then call all those identified who are eligible for screening.
 8. Key contact(s) to issue invitation packs and results.
 9. Key contact(s) to provide advice and information to those travellers who request it following receipt of an invitation, leaflet and kit, including giving the helpline number when appropriate.

Letter ID 1
Invitation body text only

This is your invitation for bowel screening, which you are due to receive once every two years after the age of 50. Your test kit is enclosed. Please do not ignore this letter.

NHSScotland offers bowel screening tests to all people aged between 50 and 74 every two years. The NHS register shows that you are within the age range to do the test.

Screening aims to find cancer of the bowel at an early stage when treatment is more simple and effective. The screening test looks for hidden blood in the bowel motion. This can be caused by a number of conditions, including bowel cancer. Doing the screening test is a good way of looking after your health. It's quick and easy and you do it all at home. The result comes back to you within two weeks.

Please read these leaflets carefully. Remember that you can call the free and confidential Helpline on 0800 0121 833 if you have any questions.

We will send you a reminder in 6 weeks. If you decide not to do the test you don't need to take any action. Your decision will not affect any health care you receive from your GP or hospital.

It's important that:

- You understand why you are doing the test.
- You label your kit. You must use the label at the bottom of this page. Unlabelled kits will not be tested.
- You complete the kit as soon as you can.
- You post your kit as soon as possible once you have all three samples on it.

Letter ID 2
Replacement kit body text

This is your replacement bowel screening test kit. Please do not ignore this letter.

Please destroy any other old test kits and letters.

Doing the screening test is a good way of looking after your health as early treatment is more simple and effective. It's quick and easy and you do it all at home.

Please read these leaflets carefully. Remember that you can call the free and confidential Helpline on 0800 0121 833 if you have any questions.

If you decide not to do the test you don't need to take any action. Your decision will not affect any health care you receive from your GP or hospital.

It's important that:

- You understand why you are doing the test.
- You label your kit. You must use the label at the bottom of this page. Unlabelled kits will not be tested.
- You complete the kit as soon as you can.
- You post your kit as soon as possible once you have all three samples on it.

Letter ID 3
Alternative kit body text only

No longer issued

Letter ID 4

Weak positive result body text

You recently sent a completed bowel screening kit for testing. Thank you for taking the time to do the test and returning it to the Bowel Screening Centre.

Your test result shows tiny traces of blood present in your sample. This is quite common and does not always mean there is a problem. However it is important that you do another test. This has been enclosed for you.

Please read the instruction leaflet carefully. Remember that you can call the free and confidential Helpline on 0800 0121 833 if you have any questions.

It's important that:

- You label your kit. You must use the label at the bottom of this page. Unlabelled kits will not be tested.
- You complete the kit as soon as you can.
- You post your kit as soon as possible once you have both samples on it.

Letter ID 6
Technical fail kit body text

You recently sent a completed bowel screening kit for testing. Thank you for taking the time to do the test and returning it to the Bowel Screening Centre.

Your result can't be issued at this time because the laboratory was unable to test the kit for technical reasons. As accurate bowel screening is important we have sent you another kit. Please take the test again.

Please read the instruction leaflet carefully. Remember that you can call the free and confidential Helpline on 0800 0121 833 if you have any questions.

It's important that:

- You label your kit. You must use the label at the bottom of this page. Unlabelled kits will not be tested.
- You complete the kit as soon as you can.
- You post your kit as soon as you have both samples on it.

Letter ID 7
Unused kit body text

You recently sent a completed bowel screening kit for testing. Thank you for taking the time to do the test and returning it to the Bowel Screening Centre.

Your result can't be issued at this time, because it appears that the kit has not been properly used. As accurate bowel screening is important we have sent you another kit. Please take the test again.

Please read the instruction leaflet carefully. Remember that you can call the free and confidential Helpline on 0800 0121 833 if you have any questions.

It's important that:

- You label your kit. You must use the label at the bottom of this page. Unlabelled kits will not be tested.
- You complete the kit as soon as you can.
- You post your kit as soon as possible once you have both samples on it.

Letter ID 8
Expired kit body text

You recently sent a completed bowel screening kit for testing. Thank you for taking the time to do the test and returning it to the Bowel Screening Centre.

Your result can't be issued at this time, because

- the time between the first sample date and testing was too long

Or

- some dates were missing.

As accurate bowel screening is important we have sent you another kit. Please take the test again.

Please read the instruction leaflet carefully. Remember that you can call the free and confidential Helpline on 0800 0121 833 if you have any questions.

It's important that:

- You label your kit. You must use the label at the bottom of this page. Unlabelled kits will not be tested.
- You complete the kit as soon as you can.
- You post your kit as soon as possible once you have both samples on it.

Letter ID 14
Incomplete kit body text

You recently sent a completed bowel screening kit for testing. Thank you for taking the time to do the test and returning it to the Bowel Screening Centre.

Your test result can't be issued at this time because the bowel motion has not been applied correctly.

As accurate bowel screening is important we have sent you another kit. Please take the test again, following the instructions carefully, and remember that you can call the free and confidential Helpline on 0800 0121 833 if you have any questions about how to do the test.

Our specially trained staff will be happy to answer your questions and help you. All information will be treated in confidence.

It's important that:

- You label your kit. You must use the label at the bottom of this page. Unlabelled kits will not be tested.
- You complete the kit as soon as you can.
- You post your kit as soon as possible once you have both samples on it.

Letter ID 16
Spoiled kit body text

You recently sent a completed bowel screening kit for testing. Thank you for taking the time to do the test and returning it to the Bowel Screening Centre.

Your result can't be issued at this time because the bowel motion may not have been applied correctly.

As accurate bowel screening is important we have sent you another kit. Please take the test again.

Please read the instruction leaflet carefully. Remember that you can call the free and confidential Helpline on 0800 0121 833 if you have any questions.

It's important that:

- You label your kit. You must use the label at the bottom of this page. Unlabelled kits will not be tested.
- You complete the kit as soon as you can.
- You post your kit as soon as possible once you have both samples on it.

Letter ID 20 –
Unresolved person ID query body text

You recently sent a completed bowel screening kit for testing. Thank you for taking the time to do the test and returning it to the Bowel Screening Centre.

Your test result can't be issued at this time as your name on the kit has been changed. If you wish to update your details, please contact your GP. Please do not write or change details on the kit as it will not be tested.

Please read the instruction leaflet carefully. Remember that you can call the free and confidential Helpline on 0800 0121 833 if you have any questions.

It's important that:

- You label your kit. You must use the label at the bottom of this page. Unlabelled kits will not be tested.
- You complete the kit as soon as you can.
- You post your kit as soon as possible once you have both samples on it.

Letter ID 9
Overdue kit body text

No longer in use

Letter ID 10
Reminder result body text

REMINDER

You were recently sent an invitation for bowel screening.

If you still have the invitation pack that was recently sent to you, please complete the kit and return it to us as soon as you can.

If you no longer have it and need a replacement kit, please call the free Helpline. We will be happy to replace it for you.

NHS Scotland offers bowel screening tests to all people aged between 50 and 74 every two years. The NHS register shows that you are within the age range to do the test.

Screening aims to find cancer of the bowel at an early stage when treatment is more simple and effective. The screening test looks for hidden blood in the bowel motion. This may be caused by a number of conditions, including bowel cancer. Doing the screening test is a good way of looking after your health. It's quick and easy and you do it all at home. The result comes back to you within 2 weeks.

Please read these leaflets carefully. Remember that you can call the free and confidential Helpline on 0800 0121 833 if you have any questions.

If you decide not to do the test you don't need to take any action. Your decision will not affect any health care you receive from your GP or hospital.

Letter ID 11

Negative result body text

You recently sent a completed bowel screening kit for testing. Thank you for taking the time to do the test and returning it to the Bowel Screening Centre.

No blood was found in your bowel motion. This means that you do not need any further investigations or treatment at the present time. You will be called again for screening within two years.

You should be aware that no screening test is 100% effective.

It is therefore important that you look out for any of these symptoms:

- Repeated bleeding from the back passage or blood in your motions.
- A recent change in bowel habit that continues every day for over 6 weeks without going back to normal.
- Looser motions, or alternating loose motions with constipation (constipation alone is less likely to be serious).
- Pains in the stomach that are severe, continual and have started recently, especially after eating.
- You have recently lost weight without trying.
- You have been told that you are anaemic, or look pale and feel tired much of the time.

These symptoms can be caused by other conditions, including bowel cancer. If you notice any of the above symptoms, make an appointment to see your doctor.

Letter ID 12

Positive result body text

You recently sent a completed bowel screening kit for testing. Thank you for taking the time to do the test and returning it to the Bowel Screening Centre.

Your test result shows hidden blood in your bowel motion. There are lots of simple explanations for this, including bleeding gums, inflammation in the stomach, polyps in the bowel, haemorrhoids (piles), or broken skin around the back passage.

Another important and more serious explanation could be that early bowel cancer sometimes bleeds. A colonoscopy is the best way of looking for the cause of bleeding, which in some but not all cases may be due to bowel cancer.

What is a colonoscopy?

- A colonoscopy is an examination of the bowel using a fine flexible tube. The tube is passed into the bowel via the back passage.
- The tube allows a doctor or nurse to inspect the bowel fully.
- If found, 'polyps' can be removed without the need for surgery.
- Polyps are small growths of cells on the bowel wall.
- Removal of polyps can give long-term protection from bowel cancer.
- Remember, very few of the people who need a colonoscopy will have bowel cancer.
- This is usually done as a hospital outpatient appointment.

Your NHS Board will contact you in the next few days to explain the colonoscopy procedure to you. You will also be able to ask any other questions you may have about bowel screening.

If you wish to contact them yourself, the contact details are:

.....

Your GP has a copy of your test result and will know that a colonoscopy is planned.

You will be invited for another bowel screening test within two years.

Letter ID 13

Disclaimer body text

You recently contacted the Bowel Screening Centre to tell us that you do not want to be part of the Bowel Screening Programme.

In Scotland, we invite all men and women between 50 and 74 years of age to take part in bowel screening every two years. Research shows that regular bowel screening helps to save lives.

I understand that you do not wish to receive any more invitations to take part in the bowel screening programme. We can remove your name from the list of people who are invited. However, written confirmation is needed to ensure there is no misunderstanding. Your GP will be informed of your decision.

Please sign and return the lower part of this letter to confirm your wish to be removed from the Bowel Screening Programme. If you do not send back the completed form, you will be sent another bowel screening test kit within two years.

Remember, if you change your mind you can rejoin the programme at any time. Contact us at the above address or simply send your completed test kit within the valid time period.

If you have any questions, please telephone the free and confidential Bowel Screening Helpline on 0800 0121 833. Our specially trained staff will be happy to help you and answer any queries.

Yours sincerely

Professor Bob Steele

>>cut along this line.....

To: Scottish Bowel Screening Programme, Kings Cross, Clepington Road, Dundee DD3 8EA.

Please do not send me any more invitations to take part in the Scottish Bowel Screening Programme.

- I assume full responsibility for this decision and confirm that I have read the statement that bowel screening can reduce the risk of death from bowel cancer.
- I understand that I can change my mind at any time, and request a bowel screening

- test if I wish. I can do this by contacting the Bowel Screening Centre at any time in the future.

My name is:.....

My address is:.....

Signature.....Date.....

Letter ID 17
2nd technical fail kit body text

You recently sent a completed bowel screening kit for testing. Thank you for taking the time to do the test and returning it to the Bowel Screening Centre.

There was a technical failure during the test process and unfortunately a test result cannot be issued.

This happens on rare occasions, and means that you will be invited for screening again. You will shortly receive a new invitation pack. If you have any questions, please telephone the free and confidential Helpline on 0800 0121 833.

Letter ID 19
2nd spoiled kit body text

You recently sent a completed bowel screening kit for testing. Thank you for taking the time to do the test and returning it to the Bowel Screening Centre.

We could not issue a result on this test because it appears to have been used incorrectly. We note that this has happened twice.

If you wish to continue with the screening, please contact the free and confidential Bowel Screening Helpline on 0800 0121 833 to talk through any problems that you may have arrange for another test kit to be sent out.

Bowel screening saves lives. If you do not contact us you will be called for screening again in 2 years time if you are still in the age range.

It is important that you look out for any of these symptoms:

- Repeated bleeding from the back passage or blood in your motions.
- A recent change in bowel habit that continues every day for over 6 weeks without going back to normal.
- Looser motions, or alternating loose motions with constipation (constipation alone is less likely to be serious).
- Pains in the stomach that are severe, continual and have started recently, especially after eating.
- You have recently lost weight without trying.
- You have been told that you are anaemic, or look pale and feel tired much of the time.

These symptoms may be caused by a number of conditions, including bowel cancer. If you notice any of the above symptoms, make an appointment to see your doctor.

Letter ID 23

Transferred out of Scotland positive result body text

You recently sent a completed bowel screening kit for testing. Thank you for taking the time to do the test and returning it to the Bowel Screening Centre.

Your test result shows hidden blood in your bowel motion. There are lots of simple explanations for this, including bleeding gums, inflammation in the stomach, polyps in the bowel, haemorrhoids (piles), or broken skin around the back passage.

Another important and more serious explanation could be that early bowel cancer sometimes bleeds. A colonoscopy is the best way of looking for the cause of bleeding, which in some but not all cases may be due to bowel cancer.

What is a colonoscopy?

- A colonoscopy is an examination of the bowel using a fine flexible tube. The tube is passed into the bowel via the back passage.
- The tube allows a doctor or nurse to inspect the bowel fully.
- If found, 'polyps' can be removed without the need for surgery.
- Polyps are small growths of cells on the bowel wall.
- Removal of polyps can give long-term protection from bowel cancer.
- Remember, very few of the people who need a colonoscopy will have bowel cancer.
- This is usually done as a hospital outpatient appointment.

However, we are unable to refer you to hospital because you have moved out of Scotland.

Please show this letter to your new GP, as it is important that you have a colonoscopy of your bowel.

Letter ID 24
GP Mailer Positive Result

Dear Doctor,

This patient **<CHI, Forename, Surname, Address>** returned a bowel screening test kit.

The test was positive and the following information was issued to the patient:

You recently sent a completed bowel screening kit for testing. Thank you for taking the time to do the test and returning it to the Bowel Screening Centre.

Your test result shows hidden blood in your bowel motion. There are lots of simple explanations for this, including bleeding gums, inflammation in the stomach, polyps in the bowel, haemorrhoids (piles), or broken skin around the back passage.

Another important and more serious explanation could be that early bowel cancer sometimes bleeds. A colonoscopy is the best way of looking for the cause of bleeding, which in some but not all cases may be due to bowel cancer.

What is a colonoscopy?

- A colonoscopy is an examination of the bowel using a fine flexible tube. The tube is passed into the bowel via the back passage.
- The tube allows a doctor or nurse to inspect the bowel fully.
- If found, 'polyps' can be removed without the need for surgery.
- Polyps are small growths of cells on the bowel wall.
- Removal of polyps can give long-term protection from bowel cancer.
- Remember, very few of the people who need a colonoscopy will have bowel cancer.
- This is usually done as a hospital outpatient appointment.

Your NHS Board will contact you in the next few days to explain the colonoscopy procedure to you. You will also be able to ask any other questions you may have about bowel screening.

If you wish to contact them yourself, the contact details are:

Your GP has a copy of your test result and will know that a colonoscopy is planned. You will be invited for another bowel screening test within two years.

Letter ID 25
GP Mailer 2nd spoiled kit Body text

Dear Doctor,

Your patient <CHI, Forename, Surname, Address> returned a bowel screening test kit.

The result was a second spoiled and the following information was issued to the patient:

You recently sent a completed bowel screening kit for testing. Thank you for taking the time to do the test and returning it to the Bowel Screening Centre.

We could not issue a result on this test because it appears not to have been used correctly. We note that this has happened twice.

If you wish to continue with the screening, please contact the free Bowel Screening Helpline to talk through any problems that you may have arrange for another test kit to be sent out .

Bowel screening saves lives. If you do not contact us you will be called for screening again in 2 years time if you are still in the age range.

It is important that you look out for any of these symptoms:

- Repeated bleeding from the back passage or blood in your motions.
- A recent change in bowel habit that continues every day for over 6 weeks without going back to normal.
- Looser motions, or alternating loose motions with constipation (constipation alone is less likely to be serious).
- Pains in the stomach that are severe, continual and have started recently, especially after eating.
- You have recently lost weight without trying.
- You have been told that you are anaemic, or look pale and feel tired much of the time.

These symptoms may be caused by a number of conditions, including bowel cancer. If you notice any of the above symptoms, make an appointment to see your doctor.

Letter ID 26
GP Mailer Overdue kit

Letter removed

Letter ID 27 GP Mailer Transferred Out of Scotland Positive Result

Dear Doctor,

Your patient <**CHI, Forename, Surname, Address**> returned a bowel screening test kit.

The result was positive, but they have now moved out of the eligible area. The following information was issued to your patient:

You recently sent a completed bowel screening kit for testing. Thank you for taking the time to do the test and returning it to the Bowel Screening Centre.

Your test result shows hidden blood in your bowel motion. There are lots of simple explanations for this, including bleeding gums, inflammation in the stomach, polyps in the bowel, haemorrhoids (piles), or broken skin around the back passage.

Another important and more serious explanation could be that early bowel cancer sometimes bleeds. A colonoscopy is the best way of looking for the cause of bleeding, which in some but not all cases may be due to bowel cancer.

What is a colonoscopy?

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- The tube allows a doctor or nurse to inspect the bowel fully.
- If found, 'polyps' can be removed without the need for surgery.
- Polyps are small growths of cells on the bowel wall.
- Removal of polyps can give long-term protection from bowel cancer.
- Remember, very few of the people who need a colonoscopy will have bowel cancer.
- This is usually done as a hospital outpatient appointment.

However, we are unable to refer you to hospital because you have moved out of Scotland.

Please show this letter to your new GP, as it is important that you have a colonoscopy of your bowel.

Letter ID 29
No Colon Confirmation body text

Dear Doctor,

Your patient, **<CHI, Forename, Surname, Address>** was recently invited to take part in the Scottish Bowel Screening Programme.

However, your patient has informed us that he/she has no colon.

We would like to have this confirmed in writing, and would be grateful if you complete this form and return it to us at the above address.

If you have any enquiries in this regard, please contact the Bowel Screening Services Manager on **01382 425 678**.

>>>cut along this line.....

Name:

CHI:

Address:

GP practice <Practice Code>:

I confirm that the above patient has no colon and has had a permanent Ileostomy. This patient should be removed from the Bowel Screening Programme.

Or

This patient passes stool via remaining colon and/or rectum and may be eligible to continue in bowel screening.

The details of previous bowel surgery are:

.....
.....
.....

GP Name (please print):.....

GP Signature:.....Date.....

Letter ID 30
Undelivered letter body text

A Scottish Bowel Screening Programme invitation letter was returned undelivered from this address.

Bowel screening saves lives. If you wish to participate in the programme, please contact the free and confidential Helpline on 0800 0121 833, and we will resend your bowel screening test kit. Our specially trained staff will be happy to help you and answer any questions.

Letter ID 31
Wrong kit returned body text

No longer in use