To advise a further update has been shared with Bowel Cancer Screening Centres in Derbyshire:

Sent on Behalf of Stephanie Cook – Head of Public Health Commissioning, NHS England & Improvement – Midlands

****Shared on behalf of the NHSE/I National Team.**

Dear Colleagues

The NHSE/I National Team have shared the following to support Bowel Cancer screening providers who have indicated that they want to start providing services to restore and recover services for FIT positive patients imminently, to ensure any restoration of service is safe and managed. Please note we expect to publish the full guidance early next week.

The following information is an extract is from the full 'Clinical guide for risk stratifying participants on the bowel cancer screening pathway', developed in liaison with PHE and Bowel Screening Clinical Directors. The guidance is in the final stages of development and publication sign off, but as we recognise that some services are beginning this process, we thought it would be helpful and of some use to share an extract.

In addition to the guidance PHE will provide agreed national data sets of patients across the pathway, broken down by screening provider to support the safe restoration, and to reduce the risk of missing patients.

We will share this, as well as the full and final version of the guidance as soon as they are available through our normal 'technical guidance' and formal channels.

Prioritisation of high risk participants
To support risk stratification, we recommend that clinicians take into account the following in order to prioritise screening participants requiring urgent diagnostic imaging:

- Assessment of any symptoms which have been identified through discussion or phonecall with a specialist screening practitioner/accredited screening colonoscopists. Through this process, if the participant has symptoms that might indicate impending obstruction, they should be prioritised for an urgent colonoscopy (or CTAP if colonoscopy cannot yet be performed) taking into account any reasons why the participant should not attend for colonoscopy at present (active COVID, or shielding).

Prioritisation during recovery and rescheduling of the Programme
Following the stratification process of high risk participants, as the programme resumes, prioritisation of FIT screen positive participants who are asymptomatic will need to take place. Considerations will include:

- Length of time the participant has been on the pathway ie from the date the kit was read to present
- Results of FIT bandings- whilst a single FIT concentration would be the simplest discriminator, its validity at very high concentrations would need to be considered as per the table below.

Episode Result	120.000-199.999ug/g	200.000-499.999ug/g	500.000-999.999ug/g	1000.000-9999.999ug/g	>=10000.000ug/g
CDR	***4.6%***	***7.1%***	***11.0%***	***16.3%***	***13.3%***

- Parameters such as previous screening history, age, sex, time since previous negative FOBT results (data already held within BCSS) and then symptoms and personal /family history

The BCSS will contain the necessary data for screening centres support this process (age, length of time since FIT positive result, and screening history.) If the person has attended SSP appointment, then the clinical history is available on BCSS. PHE will provide centres with additional data to indicate the number of patients in the following FIT bands; 120.000 – 500.000ug/g, 500.000 – 1000.000ug/g and >1000.000ug/g.

Taking all of these factors into account, decisions can be made about participants requiring a screening colonoscopy and those that do not require immediate investigation and will remain on the BCSS system for further management at a later date.

Clinical teams should develop a risk stratification process that reflects their local SSP and screening colonoscopy capacity.

Where there is significant concern of CRC and there is no capacity for participants to undergo a screening colonoscopy, the person should be referred for an urgent symptomatic diagnostic test as appropriate and the person's open episode closed on BCSS. To close an episode at this part of the pathway, please e-mail the Open Exeter helpdesk Exeter.helpdesk@nhs.net . Note that whilst CT abdo/pelvis can be used to urgently assess patients with symptoms indicative of impending obstruction, this test alone is insufficient to exclude CRC and such patients still ultimately require a colonoscopy/CTC.

Annex A describes the risk stratification process

Clinical guidance

Vulnerable patients

Vulnerable patients who meet the referral criteria but have been advised to self-isolate for 12 weeks should be prioritised by specialist telephone advice.

Decisions about further investigation for this group must consider the risk of COVID-19 infection.

Handling participants who decline to attend a diagnostic test

Where participants choose not to proceed with a diagnostic test at this stage following the discussion with an SSP about the risks and benefits during the Covid-19 pandemic, a mechanism will need to be in place to contact the participant within 4-6 weeks to re-offer the test. The appointment can be left as an open episode for 3 months. More detailed technical guidance will follow to support this process.

Service provision

To minimise the risk of infection, screening colonoscopy should only be performed for patients identified through the risk assessment process. For all patients, the risk of noscomial COVID infection must be included in the consent process.

Local areas will need to adapt to respond to the situation on the ground which can change quickly. Any plans put in place should be flexible to respond to increased/reduced demand resulting from the COVID-19 outbreak. When and as demand reduces, resources should be allocated to process patients with the highest risk.

Safety instructions for staff

Participants being invited for any procedure should be advised that they must cancel their appointments and self-isolate if they have any potential COVID-19 symptoms.

Where possible, COVID-19 free facilities should be established with patients screened for carriage of SARS-CoV-2 prior to endoscopy (from symptomatic guidance)

Staff providing or supporting any endoscopy procedures will need to be provided with appropriate FFP3 PPE.

Should you have any further questions in relation to the guidance please do not hesitate to contact NHSE/I PH Commissioning team directly england.covid19-pcmidlands@nhs.net

Kind Regards

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