Document Title:	**COLORECTAL SURGERY : STRAIGHT TO TEST (STT) CLINICAL OPERATIONAL POLICY**		
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Contributes to HSC Act 2008 (Regulated Activities) Regulations 2014(Part 3); and CQC Regulations 2009 (Part 4) **CQC Fundamental Standards of Quality and Safety:**	17		
Issuing Division/Directorate:	Division 2: Surgery		
Author/Contact: (Asset Administrator)	Alison Williams, Lead Nurse for Surgery & Endoscopy Suzanne Warburton, Straight to Test (STT) Clinical Nurse Specialist		
Hospital Sites: (tick appropriate box/es to indicate status of policy review i.e. joint/ independent)	✓ MEHT □ BTUH □ SUH		
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Approval Group / Committee(s):	n/a	**Date:**	n/a
Professionally Approved by: (Asset Owner)	Toby Hammond, Consultant General & Colorectal Surgeon	**Date:**	5th September 2018
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Executive and Clinical Directors (Communication of minutes from Document Ratification Group	**Date:** October/ November 2018	**Distribution Method:**	Trust Intranet/ Internet

Consulted With:	Post/ Approval Committee/ Group:	Date:
Sri Kadirkarmanathan	Clinical Director for Surgery	April 2018
Toby Hammond	Colorectal surgeon and Lead for STT	April 2018
Simon Smith	Clinical Director for Cancer services	April 2018
Nathan Hall	Cancer Services Manager	April 2018
Alison Williams	Matron for Surgery & Endoscopy	April 2018
Karen Taberham	Patient Access Manager	April 2018

Related Trust Policies (to be read in conjunction with)	(Refer to the main body of the text) 04055 Patient Access Policy 04071 Standard Infection Prevention Policy 04051 Security Policy Manual Handling Policy 04083 Fire Safety Policy 11024 Health Records Policy Case note Tracking Policy 07011 Confidentiality & Data Protection Policy 04080 Consent Policy 04088 Waste Policy

Document Review History:			
Version No:	**Authored/Reviewer:**	**Summary of amendments/ Record documents superseded by:**	**Issue Date:**
1.0	Alison Williams		3 August 2015
1.1	Suzanne Warburton	Paragraphs: 2.1, 2.2, 3.31, 3.3.3, 3.3.4, 4.3, 4.8, 4.10, 6.1, 8.1, 11.1, 15.5, 16.5. Appendix: A, B,C,D,E,G adjusted	25 November 2016
2.0	Alison Williams Suzanne Warburton	Full review	23rd October 2018

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1.0 Purpose

1.1 To provide an improved, faster and more robust Colorectal out-patient service to the population of Mid Essex (approximately 360,000). The Trust also receives a number of referrals from within the eastern region for access to endoscopy which may not be offered elsewhere in the network, linked to our status as a cancer centre.

1.2 To define the Standard Operational Policy for a Straight To Test (STT) service, to be provided by the Trust and piloted initially for the Colorectal, Lower GI patients referred to out-patients appointments via the 2week wait (2WW) referral system

1.3 To streamline the current referral of patients for Lower GI, Colorectal conditions and provide a more efficient and improved patient pathway with a better patient experience and reduce a patient pathway by approximately 10-12 days.

1.4 To avoid potentially unnecessary out-patient appointments, increase efficiency throughout the patient pathway.

1.5 To provide a service that can meet demand.

1.6 This service has been developed in line with recommendations from the following guidance:

- Cancer Waiting Times Version 8
- Patient Access Policy
- NICE
- How to Guide (Introduction of Colorectal Telephone Assessment Service): NHS Improvement September 2012
- Health Act 2006
- NHS Cancer Plan (DOH 2000)

2.0 Background

2.1 During 2014, the colorectal team on average received 26 fast track referrals a week. In addition, a further 31 routine GP referrals a week were received. On average a combined 57 appointment slots were required leading to longer waits for patients who were not on a fast track pathway due to insufficient capacity to meet the demand. Referrals continue to increase.

2.2 The Colorectal team investigated options for service improvement to improve the patient experience and following research identified that many NHS Trusts throughout the UK have nurse-led triage clinical assessments. The clinics are undertaken via telephone with structured questionnaires and protocols ratified by the Colorectal MDT. This has assisted many NHS Trusts to reduce waiting times for patients, increase clinic capacity due to releasing the first initial appointment and improve efficiency. This has been achieved by removing the first consultation. Research from units where such a system has been introduced suggests that it will reduce a patient pathway by 10-12 days. More importantly, it has the potential to decrease patient anxiety by the initial contact with a health professional at the beginning of their pathway within 24- 48 hours. The STT service piloted initially in Colorectal surgery sits within the Surgical Directorate, with close involvement with the Patient Access team from the Directorate of out-patients. The service has expanded to include all lower GI F/T referrals, Gastroenterology as well as colorectal.

2.3 Adoption of this STT service follows assessment and triage by a specialised colorectal nurse to enhance the patient experience by ensuring patients are seen in the right clinic by the right person at the right time speeding up the time from 2 week wait referral to decision to treat or discharge

2.4 **Definitions**

- Fast track pathway: Patients who are on a 31/ 62 day cancer pathway
- 2week wait referral: A referral letter or 2 week wait pro-forma received from a GP that reflects cancer waiting times whereby patients are seen within 2 weeks unless the patient chooses to wait longer.
- Colorectal MDT: A multi-disciplinary team who specialise in colorectal cancer.

3.0 Scope of the Service

3.1 **Inclusion Criteria**

- This operating procedure covers patients who are on a fast-track pathway, known as a 2 week wait referral
- Two week suspected Cancer referral follows specified 2 week pathway for fast track diagnostics/treatment

3.2 **Exclusion Criteria**

- Any routine referrals however it is envisaged that this will be introduced at a later stage and added into this COP
- Children Under the age of 16 years
- Patients who, according to the algorithm require consultant face-face appointment

3.3 **Telephone Clinics**

3.3.1 This service is a series of virtual /telephone clinics: consisting of one 4hr clinic fortnightly that is Consultant led (Fridays); and daily clinics, each of 2-4hrs, that are Clinical Nurse specialist led.

3.3.2 The STT Service will run from 08:00 – 16:00 Monday – Friday, excluding Bank Holidays, and 52 weeks a year.

3.3.3 The clinics will be set up on Lorenzo and will contain at least eight fast track (FT) slots. Each slot will be initially 30 minutes, allowing 20 minutes for the telephone consultation and 10 minutes for the administration of each consultation.

3.3.4 ERAS/SSIS/STT CNS Office has been designated as the location for the STT telephone clinic, in Zone B.

4.0 Patient Administration

4.1 Every working week Monday-Friday all 2ww referrals received into the Trust will be recorded on Somerset Cancer Register (SCR) and Lorenzo within 24 hours of receipt by the 2ww out-patient team located in the Mid-Essex Referral Centre (MERC).

4.2 The referrals letters will be triaged by the Specialist Assessment Nurse (SAN) following the protocol and Diagnostic Algorithm for Target referrals for suspected colorectal cancer (CRC) approved and signed off by the Colorectal MDT.

4.3 The SAN will telephone every suitable patient referred to the lower GI, at two different times, on two separate days. If the patient agrees and consents to the Telephone Access Clinic (TAC), the SAN will complete a questionnaire to determine whether the patient should be referred for either an investigation appointment or consultant appointment, within 14 days of the initial GP referral.

4.4 **If the patient is unavailable** the SAN will leave an appropriate message with contact details stating when the SAN is available to discuss their appointment. When a patient does not respond to the message left within 24 hours an appointment will be made in a Consultant 2ww clinic within 14 days from the date of referral by the out-patient 2ww appointment team

4.5 A letter will be sent to the patient outlining the outcome of the TAC and if an investigation is required, it will explain what happens following this, including the relevant EIDO leaflet. Details of their investigation appointment will be sent out by the specific department of investigation.

4.6 A patient satisfaction questionnaire on the TAC will be sent at the same time as the appointment letter and information sheets.

4.7 The patient satisfaction questionnaires will be collated by the SAN and every quarter analysed to ascertain if further improvements can be made.

4.8 When the patient has attended for investigation, the patient's results will be reviewed in the fortnightly Colorectal Consultant and SAN 'results clinic'. The results clinic will be set up on Lorenzo and will run from 10:00 – 13:30 on a Friday AM.

4.9 A patient management plan will be determined which will include contacting the patient and GP by letter detailing the result of their investigation. At the same time the patient will be offered a follow-up appointment, (routine or urgent as deemed appropriate) or discharged back to their GP

4.10 All patients undergoing a TAC will have their data recorded, audited and presented to the Colorectal Cancer MDT at 1,3 & 6 month intervals for the first year, and then yearly thereafter, by the SAN and Lead for TAC Following set-up.

4.11 All patients will continue to have their data recorded and audited following the initial set up and will be a standing audit item on the Colorectal Cancer MDT annual general meeting (AGM).

4.12 Patients unsuitable for the TAC will follow the CWT (Cancer Waiting) version 8 rules.

5.0 Patient Flow

5.1 Procedure for Colorectal Telephone Assessment Clinics is set out in flowchart Appendix 1.

6.0 Staffing

6.1 Overview

Speciality	Consultant Staff / Specialists
Colorectal Surgeons	Mr Hammond (TMH) Mr Richardson (NGBR) Mr Pearson (TEP) Ms Conn (GLC) Mr Siddiqi (SAS)
Gastroenterologists	Dr Oza (CNO) Dr Shah (RJS) Dr Webster (SSW) Dr Medapati-Dhana (SRMD) Dr Saverymuttu (SHS)
Consultant Physicians/Endoscopists	Dr Radzioch (RR)
Geriatricians	Dr Suthahar Dr Ishaque Dr Orpin Dr Ewins Dr Sweeting
Surgical Matron	Alison Williams
Clinical Nurse Specialists	Suzanne Warburton Leah Carson-Rolfe
Administration	Tayler Allsopp

7.0 Training and Education

7.1 Staff Training will be delivered in line with the Mandatory Training Policy and Training Needs Analysis

7.2 All specialist staff training to be competency based.

7.3 All staff to have up to date mandatory training within working hours.

7.4 All staff will attend Trust Mandatory Training Days as specified

8.0 Responsibilities

8.1 **Colorectal MDT**: The Colorectal MDT is responsible for approving the following :

- Lead for the TAC: Toby Hammond - Colorectal Surgeon and MDT core member
- Protocol illustrating the main reason the patient was referred, type of referral, any relevant medical, family or drug history, any clinical finding described in the referral
- Protocol for consent by patient, to have a telephone assessment
- Structured Questionnaires to assess each patient via a TAC
- Broomfield Hospital Diagnostic Algorithm for Target Referrals for suspected CRC
- Telephone assessment clinic letter identifying the test or clinic appointment patient has been referred into.

- Information sheet to accompany the telephone assessment clinic letter where a procedure has been identified
- Patient Satisfaction Questionnaire following colorectal TAC
- Review of results in a STT virtual results clinic on a fortnightly basis, responding to each patient via letter offering an outpatient appointment where appropriate or discharge back to GP.
- Assurance and management of STT virtual results clinic 52 weeks per year.

8.2 **Colorectal Straight to Test Nurse Specialist.**

- Undertaking TAC following defined protocols and diagnostic algorithms approved by the Colorectal MDT
- Ensuring patients are given the correct appointments following TA
- Liaising with GPs
- Liaising with the 2ww referral centre.
- Ensuring patient information remains up-to-date
- Assuring and managing TAC 52 weeks
- Liaise with the MDT co-ordinator

8.3 **All Consultants** are responsible and accountable for the service provided to patients as per Consultant contract.

8.5 **The Director of Operations** is operationally responsible for all decisions and/or changes made to the Straight to test service

8.6 **The Head of Nursing for Surgery** in conjunction with the Chief Operating Officer is responsible for the Nursing staff present in the STT Services.

8.7 **Finance leads** for STT services sit within the Surgical Directorate, and liaise with the Clinical Director (CD) and the Matron for Surgery.

9.0. Key Relationships with other Departments

- Radiology
- Endoscopy
- Theatres
- Colorectal CNS
- Upper G.I. CNS
- OPD
- MDT coordinators
- Wards
- Phlebotomy
- Histopathology
- Pharmacy
- Dietetics
- Ambulance Service
- Maintenance personnel

10.0 Patient Information

10.1 Patient information is reviewed and updated annually. This is authorised via the Patient information Group and available in clinics and on the internet via the EIDO system.

10.2 Patients have the relevant information for their procedure sent out with confirmation of their appointment

11.0 ICT Requirements

11.1 The STT service requires access to computers, printers and the following hospital based facilities:

- Somerset
- Infloflex
- PACS
- MEHT Review
- Lorenzo
- Theatreman
- Unisoft - Endoscopic reports and images
- Email
- Internet

N.B Other systems may be needed and these above are for illustrative purposes

11.2 The ability to produce information (electronic or printed) for patients on their condition and the further treatment they will receive

11.3 Telephones, faxing, scanning and printing capacity

12.0 Information Security

12.1 Patient identifiable data or sensitive data must never be emailed out of the trust unless the information is encrypted or sent from and to an nhs.net account.

12.2 Patient information must never be downloaded onto any unencrypted mobile device

12.3 All routine sharing of patient information must be agreed with a signed Data Sharing Agreement

12.4 All staff must adhere to the Trust Information Governance and IT Security policies listed in the Information Governance Handbook

13.0 Medical Records

13.1 Patients Medical notes must be stored in a designated safe secure area within the Surgical department.

13.2 Patient information must be secure at all times within the department

13.3 All staff must adhere to the Trust Health Records Policy and Case note Tracking Policy

14.0 Consent

14.1 It is the responsibility of staff providing treatment or care to a patient with capacity to ensure that valid consent has been obtained from the patient before providing that treatment or care.

14.2 The Lead Clinician is responsible for training and assessing the competency of any nursing staff required to take delegated consent. Competence must be recorded in accordance with the Consent Policy.

14.3 Staff have a legal duty to have regard to the provisions of the Mental Capacity Act 2005 and the Code of Practice when they have to take decisions on behalf of a person who lacks the mental capacity to take that decision for himself

14.4 Patients have the right to withdraw their consent at any stage during their treatment a per Trust consent policy

15.0. Contingency

15.1 In the event of an incident the service would refer to the Trust Incident Policy, and the Business Continuity Policy.

15.2 In the event of the computer system not being available for results the relevant department would be contacted by phone.

15.3 In the event of the Trust telephone system being unavailable, Trust policy regarding internal incident or business continuity would be followed.

15.4 In the event of a shortage of specialist staff able to carry out the relevant procedures, temporary staff allocated by the Staff bank or another outside agency will be requested to backfill these shortages. Where this is not possible, STT will revert back to OPD clinic lists and may be lost or re-arranged for alternatives sessions or dates.

15.5 In the event of IT failure, paper documentation is completed and uploaded when IT systems are re-established – paper documentation master copies are stored in the ERAS/SSIS/STT CNS office

16.0 Auditing & Monitoring

16.1 Breaches of this policy will be reported via the datixweb system, where trends can be identified and brought to the attention of the management and clinical stakeholders. This will include failure/breakdown of equipment impairing service delivery, management of staff sickness and resultant treatment capacity deficits and all incidences where harm to patients has occurred.

16.2 Directorate Governance Group Meetings will be supplied with datix trend data, and incidents requiring immediate assessment will be fed back directly.

16.3 All patients are requested to complete a patient questionnaire at the end of their TAC, to hand in or post back to the department, as part of our feedback improvement system.

16.4 The patient satisfaction questionnaires will be collated by the SAN and every quarter analysed to ascertain if further improvements can be made.

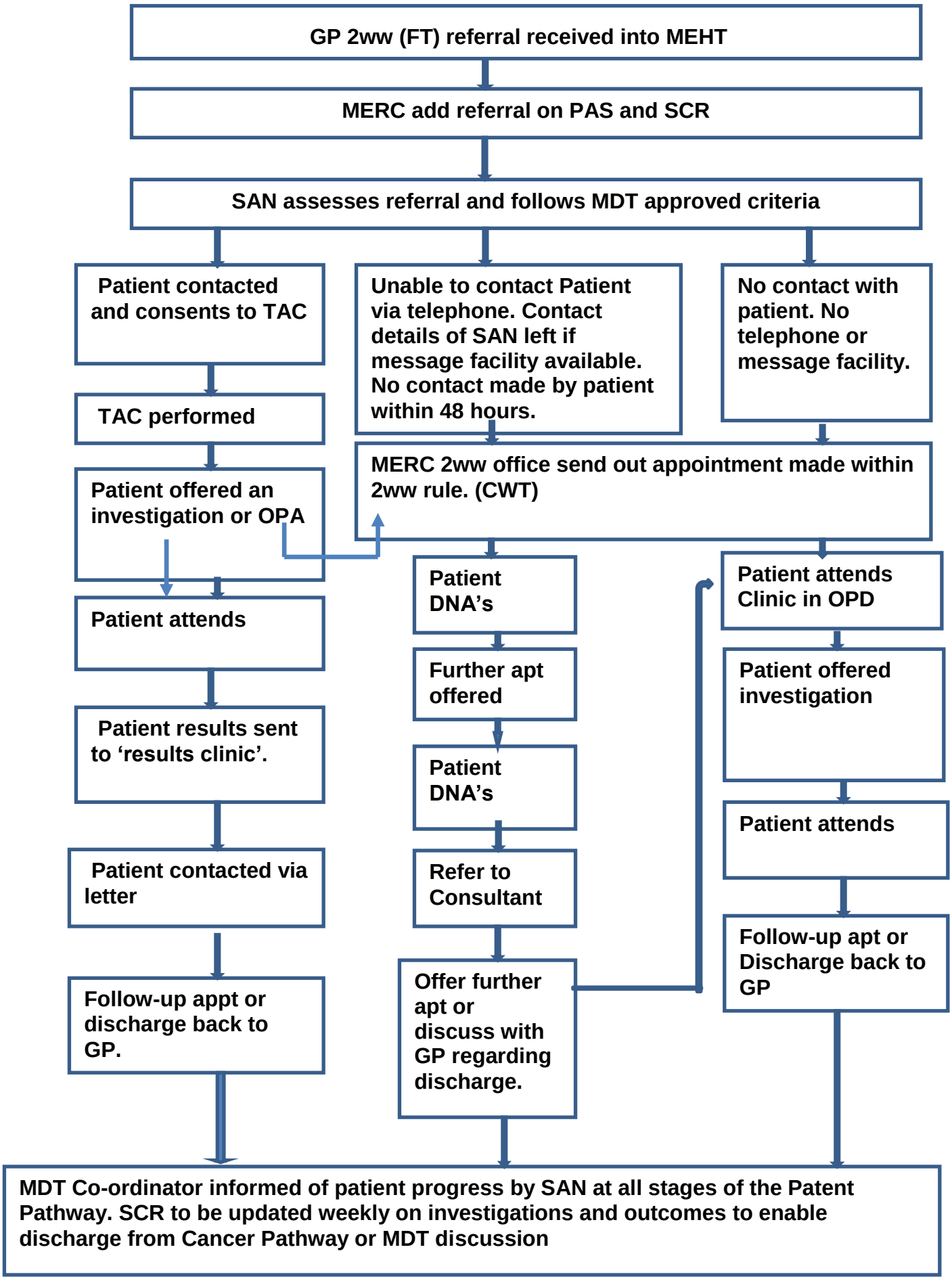
16.5 A Patient survey is conducted once year to also gain feedback on different factors of the service, for which we would like feedback to act upon.

17.0 Consultees

Mr Sri Kadirkarmantahan	Clinical Director for Surgery
Mr Simon Smith	Clinical Director for Oncology
Mr Toby Hammond	Colorectal Consultant
Nathan Hall	Manager for Cancer Services
Kathleen Hawkins	ADO Surgery
Alison Williams	Matron for Surgery &Endoscopy
Jo Myers	ADN for surgery
Suzanne Warburton	Clinical Nurse specialist for SSIS & STT
Peter Fry	Chief Operating Officer
Karen Taberham	Patient Access Manager
Dr Teare	Director of Infection Prevention and Control
Alison Felton	Chief Pharmacist
Jane Renals	Imaging Services Manager Radiology

Appendix A

Procedure for Colorectal Telephone Assessment Clinics



Colorectal Telephone Assessment Clinic (TAC) Questionnaire **Appendix B**

Telephone Contact Attempt Record

GP Referral Date: **Breach Date:**

Patient details:

Surname: First Name:

Date of Birth: Age:

Hospital Number:

Tel No:

Initial contact:

1st attempt at telephone contact

Date:

Contact made: Yes No

2nd attempt at telephone contact

Date:

Contact made: Yes No

- **If still unable to contact patient a fast track outpatient appointment must be arranged**

  Tick box to confirm this has been arranged ☐

Patient agreed to have TAC: Yes No

Date TAC arranged:

Time TAC arranged:

If patient does not consent to have a TAC, a fast track outpatient appointment must be arranged for within 2 weeks from date GP referral received

Tick box to confirm this has been arranged ☐

Algorithm Outcome	
Letter Sent to Patient	
Referral sent	
Date of Test	
Result	
Review in Results Clinic	
Other Information	

Appendix C

Prior to contacting patient complete the following:

Telephone Assessment Clinic

Please circle most appropriate answer

- **Type of referral:** Fast track Urgent Routine

- **Main reason for referral:**

  Rectal bleeding Change of bowel habit Weight loss

  Anaemia Abdominal pain Abdominal/ rectal mass

  Family history of bowel cancer

  None of the above (please describe below):

- **Any relevant past medical or drug history in GP referral?**

  Yes No

  Details:

- **Any clinical findings such as rectal or abdominal mass described in referral?**

  Yes No

  Details:

- **Any blood tests in last 3 months (available on referral or 'MEHT review')?** Yes No

  eGFR < 60 eGFR $\geq$ 60

  Hb MCH MCV Ferritin

Surname:
First Name:
Hospital Number:
Date of Birth:
NHS Number:

Appendix D

Colorectal Telephone Assessment Clinic

Date:

Time:

• **Have you had any rectal bleeding?**	Yes	No
○ For how long?	≥ 6 weeks	< 6 weeks
○ Nature of blood	Fresh red blood	Dark red blood
○ Associated PR mucus?	Yes	No
• **Have you had a change in bowel habit?**	Yes	No
○ Looser stool	Yes	No
○ More frequent stool	Yes	No
○ Constipation (harder and/ or less frequent stool)	Yes	No
○ Alternating pattern	Yes	No
○ Duration of change?	≥ 6 weeks	< 6 weeks
• **Any recent weight loss?**	Yes	No
○ Have you been trying to lose weight?	Yes	No

- **Any persistent abdominal pain?** Yes No
    - Where in abdomen?
    - How long pain experienced for?
- **Any history of bowel cancer in your family?** Yes No
    - Relationship of family member & age at diagnosis:
    - Total number of family members with CRC:
- **Any bowel or digestive problems in past?** Yes No
    - Details (eg. IBD/ IBS/ diverticular disease):
- **Any previous bowel investigations?** Yes No
    - Which investigation?
    - When performed?
    - Result if known:
- **Any previous abdominal or anal operations?** Yes No
    - Type of operation:
    - When performed?
- **Do you have any heart problems?** Yes No
    - Nature of problem (eg. Pacemaker/ ICD/ mechanical heart valve):
- **Are you diabetic?** Yes No
    - Do you take tablets or insulin?

Surname: First Name: Hospital Number: Date of birth: NHS Number:

- **Do you take any blood-thinning medication (such as warfarin, clopidogrel, dabigatran)?**

  Yes No

- **Do you take any iron tablets?**

  Yes No

- **Do you take any other medication?** Yes No
  - Please list if different to that documented above:

- **Are you allergic to any medication?** Yes No
- **(if female) Are you still menstruating?** Yes No
- **Do you live alone?** Yes No
- **Do you smoke** Yes No
- **Are you able to mobilise on your own?** Yes No
  - Reason for restricted mobility:
  - Can you weigh bear without assistance?

- **If required will someone be able to bring you to your appointment and take you home?**

  Yes No

- **Will someone be able to help look after you when you get home after your procedure**?

Yes No

Please now refer to diagnostic algorithm and determine most appropriate pathway for patient

Circle action taken:

Flexible sigmoidoscopy	Colonoscopy	Colonoscopy & OGD
CT colonography	CT colonography & OGD	CT CAP
Colorectal OPA	Gastroenterology OPA	

If an investigation has been requested it needs to be explained to the patient & an EIDO information sheet for the procedure sent out.

Tick box to confirm this has been performed ☐

The patient will be informed of the result of their investigation by letter:

Tick box to confirm patient has be informed of this ☐

Print name: Sign: Date:

Appendix E

Broomfield Hospital Diagnostic Algorithm for Target Referrals for Suspected Colorectal Cancer

Surname: First Name:
Hospital number: NHS Number:
Date of Birth: _____/_____/_____

Rectal bleeding with or without anal symptoms	All patients ≤ 60 years old	Flexible sigmoidoscopy
	≥ 60 – 79 years old	Colonoscopy*
	All patients ≥ 80 years old	Geriatrician outpatient appointment within 2 weeks Order FBC & U/E's
Change of bowel habit to looser stools and ↑ frequency (diarrhoea) [with or without rectal bleeding]	Up to 80 years old	Colonoscopy*
	All patients ≥ 80 years old	Geriatrician outpatient appointment within 2 weeks Order FBC, U/E's & Coeliac serology
Change of bowel habit to harder stools & ↓ frequency (constipation) [without rectal bleeding]	Up to 80 years old	Colorectal / Gastro outpatient appointment within 2 weeks Order FBC & U/E's
	All patients ≥ 80 years old	Geriatrician outpatient appointment within 2 weeks Order FBC & U/E's
Unexplained iron deficiency anaemia Definition: • HB below 11g/dL in men • HB below 10g/dL in women AND • MCH <27 or MCV <83 OR • Serum ferritin <16	Men up to 80 years old Post-menopausal women up to 80 years old Menstruating women ≥ 50 years old or strong FHx CRC (2 affected 1st degree relatives of any age or 1 affected 1st degree relative <50 years old)	Colonoscopy* and OGD (with D1 & D2 biopsies)
	All patients ≥ 80 years old	Geriatrician outpatient appointment within 2 weeks Order FBC, U/E's & Coeliac serology
	Menstruating women < 50 years old & no significant FHx of CRC	Gastroenterology outpatient appointment within 2 weeks. Order repeat FBC, serum ferritin, B12 & folate, coeliac screen

Unexplained normocytic anaemia Definition: HB below 11g/dL in men. HB below 10g/dL in women MCH & MCV in normal range Serum ferritin in normal range	All patients <80 years old	Gastroenterology outpatient appointment in 2 weeks Order repeat FBC, serum ferritin, B12 + Folate, coeliac serology	
	All patients ≥ 80 years old	Geriatrician outpatient appointment within 2 weeks Order repeat FBC, serum ferritin, B12 + Folate, coeliac serology	
Unexplained weight loss & abdominal pain [without rectal bleeding or change of bowel habit]	All ages	eGFR ≥ 60	CT abdo/ pelvis
		eGFR < 60/ not performed last 3 months	OPA within 2 weeks Order FBC & U/Es
	All patients > 80 years old	Geriatrician outpatient appointment within 2 weeks Order FBC & U/Es	
Patient referred with rectal or abdominal mass	All patients	Colorectal outpatient appointment within 2 weeks	
Unable to contact on 2 separate occasions on 2 separate days	Up to 80 years old	Colorectal or Gastroenterology outpatient appointment within 2 weeks	
	Patients ≥ 80 years old	Geriatrician outpatient appointment within 2 weeks	
Patients who also have unexplained weight loss as well as the symptoms above	All patients	If Endoscopy results do not show a cause for the weight loss CNS to book CT CAP ensuring up to date bloods are available	

- if previous difficult/ failed colonoscopy for CT virtual colonoscopy

Assessed by:

Date:

Appendix F

Mid Essex Hospital Services NHS
NHS Trust

Colorectal Unit

Consultant Surgeons:

N G B Richardson MS FRCS	Tel: 01245 516064 Fax :01245 514858
T E Pearson MB BS FRCS	Tel: 01245 516064 Fax :01245 514858
S A Siddiqi BSc FRCS MD	Tel: 01245 516616 Fax: 01245 514858
T M Hammond FRCS MD	Tel: 01245 514094 Fax: 01245 514858
G Conn FRCS	Tel: 01245 516616 Fax: 01245 514858

Consultant Gastroenterologists:

Dr R Shah BSc MRCP	Tel: 01245 514097
Dr C Oza MBBS, BSc (HONS) MRCP (UK)(Gastro)	Tel: 01245 514871
Dr S R Medapati-Dhana MBBS MRCP	Tel: 01245 514620
Dr S Webster MA MRCP MMed	Tel: 01245 514620

Consultant Physicians / Endoscopist:

Dr R Radzioch MD FRCP	Tel: 01245 515181

Consultant Oncologist:

Dr S Tahir FRCP	Tel: 01245 516496

Coloproctology Nurse Specialists

Melanie Beeton	Tel: 01245 514465	*Broomfield Hospital*
Louise Etherton	Tel: 01245 514465	*Court Road*
Helen Gibson	Tel: 01245 514465	*Broomfield*
Stoma Care Nurses		*Chelmsford*
Nikki Saunders	Tel: 01245 514465	*CM1 7ET*
Kerry Sandlin	Tel: 01245 514465	

Research Nurse:

Joanne Topliffe	Tel: 01245 516921

Oncology Research:

Emma Mitchell	Tel: 01245 514938

Colorectal Cancer Surveillance Co-ordinator:

Lindsay Cross	Tel: 01245 516772

IBD Nurse Specialist:

Gini Hay	Tel: 01245 514705

Straight to Test:

Suzanne Warburton	Tel: 01245 515831
Leah Carson-Rolfe	Tel: 01245 515831

Date:
Clinic:

Private & Confidential

Dear

Your Doctor (GP) believes that you may have a problem with your bowels and referred you to the hospital to have some tests or discuss your problem with a bowel specialist.

A telephone assessment was performed to see if an investigation (test) or a face to face consultation would be the best way to initially help you. Following your telephone assessment it was decided that a (delete as appropriate) flexible sigmoidoscopy/ colonoscopy/ colonoscopy & gastroscopy / CT scan /outpatient appointment should be arranged.

If you are having a test an information sheet describing what the procedure entails has been included with this letter. In addition the relevant department where the tests are carried out will send you detailed information about the test that you need including the risks and benefits with your appointment letter.

After your test has been completed the results will be reviewed by a consultant colorectal surgeon. We will then contact you by letter to let you know the result of your investigation and if any other management is required..

Yours sincerely

Clinical Nurse Specialist – Colorectal Multidisciplinary Team

cc. GP

Appendix G

Mid Essex Hospital Services NHS
NHS Trust

Colorectal Department

Patient Satisfaction Questionnaire

Colorectal(Bowel)

Telephone Assessment Clinics

Straight To Test Office (B346)
Broomfield Hospital
Court Road
Broomfield
Chelmsford
Essex
CM1 7ET

Direct Number: 01245 515831
Contact: Suzanne Warburton

We are conducting a survey about patient's experiences of the Colorectal (Bowel) Telephone Assessment Clinics. You have recently had a telephone appointment with our team and we would be very interested to hear about your experience and whether or not you found the service useful. All information given in this questionnaire will be anonymous and remain confidential. For questions or assistance please contact: Suzanne Warburton 01245 515831 Please bring your completed questionnaire to your test and hand it in to the receptionist, or post it back to the hospital. We thank you for your participation in this survey.

Please circle your answer

1. When you were first contacted by our specialist nurse and asked if you would like to receive a telephone assessment as your first contact with the bowel team did you think:

   a. Good idea
   b. How will they asses me properly over the telephone I want to see someone face to face
   c. Don't know
   d. Other_____

2. Did the specialist nurse explain to you what the Bowel Telephone Assessment appointment involved?

   a. Yes
   b. No
   c. Don't know

3. Was the telephone assessment carried out in a manner acceptable to you?

   a. Yes
   b. No
   c. Don't know

4. Was the telephone assessment?

   a. Too long
   b. Too short

c. Just right
d. Don't know

5. Were you given an opportunity to ask questions during your telephone assessment?

a. Yes
b. No
c. Don't know

6. Did you find it useful not to have to attend the hospital for this assessment?

a. Yes
b. No
c. Don't know

7. After your telephone consultation did you think:

a. I feel satisfied that I've had my symptoms assessed well and I'm happy with the plan of care I've been given
b. I feel dissatisfied with the assessment and want to see someone face to face still
c. Don't know
d. Other_____

8. Overall how would you rate the Colorectal Telephone Assessment Service that you have received?

a. Excellent
b. Good
c. Average
d. Poor
e. Very poor
f. Don't know

9. Would you be happy to receive a future appointment in this way should it be necessary?

a. Yes
b. No
c. Don't know

Please add any additional comments that you may like to make below: