THE ROLE OF THE SPECIALIST SCREENING PRACTITIONER WITHIN THE BOWEL SCREENING WALES PROGRAMME

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Introduction Bowel Screening Wales (BSW) was launched nationally in October 2008. With its launch came the introduction of a unique, autonomous nursing role which is placed at the interface of secondary and primary care.

Methods Specialist Screening Practitioners (SSPs) are based at all BSW Local Assessment Centres (LACs) throughout Wales. The original sixteen SSPs employed prior to the inception of the BSW programme had diverse clinical backgrounds and all underwent a 4-week induction programme. On returning to their local areas, SSPs were supported by a programme of clinical induction which incorporated an understanding of agreed competencies. During the initial induction phase SSPs were mentored by the Regional Nurses and Lead Screening Colonoscopists. The role of the SSP is multi-faceted. They apply advanced expert clinical knowledge and experience alongside evidence based decision making skills to support patients who have received a positive faecal occult blood test and have consented to speak to a SSP. Each practitioner has their own participant caseload for which they are accountable. They assess participants’ fitness to undergo a colonoscopy, arrange the colonoscopy, consent the participants prior to the colonoscopy and are present during the colonoscopy. They also give results, ensure that the participants are placed on the routine recall or surveillance pathway, refer to and attend Multi Disciplinary Team meetings following a participant’s diagnosis of cancer. Many participants require considerable support from their SSP due to their medical history which may include mental health issues, the presence of comorbidity and social problems. As the role of SSP is an advanced nursing role, all practitioners are required to possess or be working towards a Degree. BSW has collaborated with Cardiff University to develop a MSc module. All Wales SSP network meetings are held twice per year and offer educational and peer support. SSPs employed since the autumn of 2008 undergo a programme of induction based on their educational needs.

Results As a result of the support given by SSPs, participants are well informed about the procedure. Compliance with bowel preparation is high as is evidenced by the lower numbers of incomplete colonoscopies. There is a very low rate of participants who do not attend for colonoscopy.

Conclusion Over the last 3 years the role of the SSP has continually evolved. The role can be further developed by sharing knowledge and good practice on a UK wide basis.

Competing interests None declared.

REFERENCES

EFFECT OF MRI AND VARIABLE STIFFNESS COLONOSCOPIES ON CAECAL INTUBATION RATES BY EXPERIENCED ENDOSCOPISTS

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Introduction Magnetic endoscopic imager (MEI) and variable stiffness colonoscopes (VSC) have been shown to improve caecal intubation rates in trainees. Many trained endoscopists in our department prefer to perform colonoscopies with them rather than without. The aim of this study was to assess colonoscopic performance data in experienced endoscopists, with and without the use of MEI and VSC, in our endoscopy department.

Methods Our endoscopy department uses Olympus VSC with MEI in two theatres and standard Pentax colonoscopes with no variation in stiffness or 3D imaging, in our two other theatres. All equipment was purchased in 2009. Experienced endoscopists use both Olympus and Pentax equipment. We have conducted a retrospective case note analysis to assess caecal intubation rates, terminal ileum intubation rates, polyp detection rates and sedation used, by individual endoscopists.

Results We reviewed 3984 procedures, performed by 16 experienced endoscopists between September 2009 and November 2011. 2598 colonoscopies used Olympus VSC with MEI and 1386 with Pentax equipment. Caecal intubation rate (CIR) was higher in 13/16...