



# North & South Essex Local Medical Committees

## Local Enhanced Service - *Sigmoidoscopy*

### 1. INTRODUCTION

The demand for Endoscopy is growing rapidly. A colorectal screening programme is being planned nationally and there is evidence that some procedures could be performed better to ensure accurate pathology. HES data on inpatient and day case Endoscopy show marked increases in both colonoscopy (66%) and flexible sigmoidoscopy (86%).

Colorectal cancer is primarily a disease of the elderly. Although environmental factors, particularly diet appear to play a role in developing cancer, there is little known on how to prevent through diet or environmental interventions.

New approaches to cancer therapy appear to offer better prognosis for people with moderate advanced cancer. If early detection of colorectal cancer can interrupt or delay natural cause of disease then detection and removal of suspect precursors to cancer i.e. adenomatous polyps, might actually prevent onset cancer and therefore reduce incidence

Detection of neoplasm in the colon or rectum involves either direct inspection of the colon and rectum or individual measurement of biochemical markers for the presence of cancer or polyps. Most common screening is faecal occult blood test (FOBT) and flexible fiberoptic sigmoidoscopy (FSIG)

Expert guidelines exist for screening very high-risk patients. Early screening with colonoscopy may be appropriate. The combination of FOBT and sigmoidoscopy may detect more cancers and polyps than neither test alone.

### 2. SCOPE OF SERVICE TO BE PROVIDED

The undertaking of sigmoidoscopy in a primary or community care setting for those patients for who sigmoidoscopy has been identified as part of their care plan. This to be evidence based and within good practice guidelines to provide

- A clinical service for patients within the PCT based on criteria defined and agreed
- Supporting clinical pathways for patients requiring Sigmoidoscopy

#### 4. ELIGIBILITY TO PROVIDE THE SERVICE

Where a PCO believes a doctor carrying out Sigmoidoscopy is not complying with the terms of the contract it should invoke a remedial notice according to the procedure laid out in Regulation. In assessing suitability for the provision of this service, the PCT must ensure the following:

- (i) **satisfactory facilities.** PCOs should be satisfied that the venue for carrying out sigmoidoscopy have such facilities as is necessary to enable them to provide sigmoidoscopy services properly. Adequate and appropriate equipment should be available for the doctor to undertake the procedure, and should also include appropriate equipment for resuscitation. National guidance on premises standards has been issued. The PCT has adopted the local Infection Control Guidelines for primary care published by the Humber Health Unit.
- (ii) **nursing support.** Registered nurses can provide care and support to patients undergoing sigmoidoscopy. Nurses assisting in sigmoidoscopy procedures should be appropriately trained and competent, taking into consideration their professional accountability and the Nursing and Midwifery Council guidelines on the scope of professional practice
- (iii) **sterilisation and infection control.** It is important that the provision of sigmoidoscopy is to the highest possible standards, and linked to the following arrangements if applicable:
  - (a) sterile packs from the local CSSD
  - (b) disposable sterile instruments
  - (c) approved sterilisation procedures that comply with national guidelines.
  - (d) annual programme of infection control audit
- (iv) **consent.** In each case the patient should be fully informed of the treatment options and the treatment proposed. The patient should give written consent for the procedure to be carried out and the completed NHS consent form should be filed in the patient's lifelong medical record

- (v) **pathology** All tissue removed by sigmoidoscopy should be sent routinely for histological examination unless there are exceptional or acceptable reasons for not doing so
- (vi) **Audit.** Full records of all procedures should be maintained in such a way that aggregated data and details of individual patients are readily accessible. Possible topics for audit include:
  - (a) clinical outcomes
  - (b) rates of infection
  - (c) unexpected or incomplete excision of polyps.
- (vii) **patient monitoring.** The service must ensure that details of the patient's monitoring asked part of the GpWSI is included in his or her lifelong record.

## 5. Pricing

In 2004/05 the provision of this local enhanced service will be £ 41.29 for rigid and £115.61 flexible procedure. The number of procedures to be undertaken will be agreed between the provider and the PCT. The prices will be uprated by 3.225% in 2005/06