

Endoscopy Unit Outpatient Department Standard Operating Procedure

V1.0

July 2025

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

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1. Introduction

- 1.1. This Standard Operating Procedure (SOP) outlines the essential steps for setting up and managing Gastroenterology outpatient clinics in the Endoscopy Unit to ensure efficient, safe, and high-quality patient care. It provides a structured framework for healthcare professionals, covering patient scheduling, clinic preparation, equipment set up, infection control, staff roles and documentation.
- 1.2. This version supersedes any previous versions of this document.
- 1.3. This SOP should be read in conjunction with the following documents:
 - Endoscopy Unit Practice Standards Clinical Guideline. [Link](#)
 - Consent to Examination or Treatment Policy. [Link](#)
 - Recording Physiological Observations and NEWS2 in Adults Clinical Policy. [Link](#).
 - Incident Management Policy. [Link](#)
 - Chaperone Policy. [Link](#)
 - Infection Control Prevention of Healthcare. [Link](#)
 - Confidential Waste Policy. [Link](#)
 - Decontamination Policy. [Link](#)
 - Waste Management Policy. [Link](#)
 - Venepuncture Specimen Collection and Handling Policy. [Link](#)

2. Purpose of this Standard Operating Procedure

- 2.1. The purpose of this Standard Operating Procedure is to standardise processes, minimise risks and enhance the patient experience while maintaining compliance with relevant healthcare regulations and guidelines.
- 2.2. All staff involved in Gastroenterology outpatient clinics must adhere to this SOP to ensure smooth clinic operations and optimal patient outcomes.
- 2.3. Identify cohorts of patient that will be cared for in the Gastroenterology Outpatient Department (OPD) and describe the patient pathway.
- 2.4. Identify the standard set of initial investigations required by the clinical activity.

3. Ownership and Responsibilities

- 3.1. The following responsibilities apply to this SOP:

- The day-to-day management of the Endoscopy Outpatient Clinic is managed by the Endoscopy Unit Leader.
- The Unit Leader is supported with service needs by the Service Manager for Endoscopy.
- The Unit Leader is supported clinically by the Clinical Matron for Endoscopy.
- The Endoscopy Deputy Operations and Performance Manager in conjunction with the Endoscopy Admin Team Leader is responsible for ensuring the reception is always staffed and all relevant policies and procedures are being adhered to.

3.2. Role of the Service Manager

The service manager is responsible for:

- To be familiar with this SOP.
- To be a point of escalation regarding the service.
- To provide senior management support to colleagues operating this service.
- Monitor compliance of this SOP and escalate to appropriate responsible person/team for resolution where compliance is not met.
- Monitor and co-ordinate capacity and demand of service.

3.3. Role of the Clinical Matron

The Clinical Matron is responsible for:

- To be familiar with this SOP.
- To be a point of escalation regarding the service.
- To provide senior nursing support to colleagues operating this service.
- Monitor compliance of this SOP and escalate to appropriate responsible person/team for resolution where compliance not met.
- Monitor and co-ordinate quality and safety issues within the service.

3.4. Role of the Endoscopy Unit Leader

The Unit Leader is responsible for:

- To be familiar with this SOP.
- Ensuring that the standards and practices detailed in this SOP are shared with the nursing team.
- Ensure standards are adhered to.

- Ensuring the appropriate staffing levels are allocated to the service.
- Ensuring that colleagues are appropriately trained to work in the service.

3.5. Role of Endoscopy Co-ordinator

- To be familiar with this SOP.
- Ensuring standards are adhered to.
- Co-ordinate the OPD section of the Endoscopy Unit.

3.6. Role of the Deputy Performance and Operations Manager

The Deputy Performance and Operations Manager is responsible for:

- To be familiar with this SOP.
- Ensuring that the standards and practises detailed in this SOP are shared with the endoscopy reception team.
- Ensuring standards are adhered to.
- Ensuring that Endoscopy reception staff are appropriately trained to work in the service.
- Ensuring the clinic room timetable is up to date and accurate matching the clinic sessions booked on the patient administration system (PAS).

3.7. Role of the Healthcare Assistant

- To be familiar with this SOP.
- Ensuring standards are adhered to.
- Ensuring organisational core competencies and endoscopy unit specific skills and competencies are up to date.

3.8. The Endoscopy Reception Staff

The Endoscopy Reception Staff are responsible for:

- To be familiar with this SOP.
- Ensuring standards are adhered to.
- Ensuring clinic attendance lists are printed on the day for the morning and afternoon sessions and there are adequate copies for the consulting rooms.
- Greet patients when they arrive, check their details to ensure correct and PAS is up to date, amend accordingly.

- Book the patient in on PAS to indicate they have attended and time of arrival, ask the patients to take a seat. In the event of the waiting room being full, the patient will be given a “pager” and asked to return to reception when it buzzes. The serial number of the pager will be noted against the patient’s name on the clinic list. The receptionist will activate the pager when space becomes available, or the doctor will be ready shortly to see the patient.

4. Standards and Practice

4.1. The Service

4.1.1. Opening Hours

The department will be open between the hours of 08:15 – 18:00 Monday to Friday (excluding Bank Holidays).

4.1.2. Contact Details

Location – Endoscopy Reception, 1st floor Tower Block – Tel: 01872 252805.

4.1.3. Environment

The OPD is made up of three clinic rooms with a shared waiting room with the Endoscopy Unit.

4.1.4. Departmental Staffing Levels

The minimum safe staffing levels for clinics to go ahead is:

- 1 x Healthcare Assistant (HCA).
- 1 x Receptionist.

4.1.5. Skills Competence:

- The HCA will have achieved the organisational core competencies is

4.2. Patient Pathway – Pre OPD

4.2.1. The patients are referred through an electronic based referral system (Called Electronic Referral System – ERS) direct from GP or internal referral (via Maxims).

4.2.2. All patients booked into the OPD will have been through the required work-up depending on specialty.

4.3. Booking

4.3.1. All clinics are set up and agreed at a service level and any changes will be agreed at the Endomax Meeting involving relevant stakeholders.

4.5. Room Preparation

- 4.5.1. The HCA will ensure all equipment in the clinic rooms is cleaned prior to the start of the list.
- 4.5.2. All care carts must be checked and re-stocked in accordance with the agreed stock level (see appendix 3).
- 4.5.3. All decontaminated equipment must be appropriately labeled with a green label advising its cleanliness status.
- 4.5.4. The Healthcare Assistant will access the scheduled list for Clinic 1 and Clinic 2 on the paper attendance list provided by Endoscopy reception staff.
- 4.5.5. The Health Care Assistant (HCA)
will collect eObs device from the Endoscopy Unit treatment room for use in the clinic and returned at the end of the day and placed in the dock to charge.
- 4.5.6. The HCA will collect the blood glucose monitor from the endoscopy treatment room for use in the clinic and return at the end of the day and re-docked for data transfer.

4.6. Standard Clinical Observations and Diagnostics for All Patients

- 4.6.1. The patient will be called into clinic room 3 by the HCA.
- 4.6.2. Patient details will be checked with the patient against the published list to ensure the correct patient is identified.
- 4.6.3. The HCA requirements for each clinic are different and broken down in detail in the appendices.
- 4.6.4. Clinical observations will be documented on eObs.
- 4.6.5. The HCA will follow the requirements in the attached appendices.
- 4.6.6. The patient will then take a seat in the endoscopy waiting area until they are called through by the clinician carrying out the clinic.

4.7. Privacy and Dignity

- 4.7.1. All doors to the Gastroenterology Clinics must be fully closed when in use to ensure patients privacy and confidentiality.
- 4.7.2. If an invasive procedure is performed (for example a PR examination) the clinician will request the HCA to be present and chaperone the patient.

4.8. Resources

- 4.8.1. Each Clinic Room is equipped with a Computer on Wheels (COW), Couch and Care Cart.

4.8.2. In addition to the items in the Clinic Room, the Nursing Room in addition has observation monitoring equipment, scales and stadiometer.

4.8.3. The HCA at the end of the clinics will restock equipment to the agreed level.

4.9. Escalation of Sick and Deteriorating patients:

4.9.1. The clinic rooms are equipped with Emergency Call buttons in the event of an Emergency and the resuscitation trolley is located on the Endoscopy Unit.

4.9.2. In the event of a sick and deteriorating patient colleagues will escalate as appropriate and follow the trust policy: Recording Physiological Observations and NEWS2 in Adults Clinical Policy.

4.9.3. Where required colleagues will call 2222 for emergency response.

5. Dissemination and Implementation

5.1. This SOP will be available on the organisation's document library.

5.2. There will be a hard copy available to view within the Endoscopy Unit.

5.3. The department Unit Leader will be responsible for ensuring that the clinical staff have been suitably trained and orientated before delegating this duty.

5.4. The service manager will be responsible for ensuring that the administration team have been suitably trained and oriented before delegating this duty.

5.5. This SOP will be emailed to existing specialty colleagues and highlighted at the specialty business and governance meeting.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Incidents and Trend Analysis. Patient Experience.
Lead	Lynsey Farrell, Endoscopy Unit Lead.
Tool	Incident Reporting System. FFT.
Frequency	Ongoing monitoring through localised Business and Governance.
Reporting arrangements	Performance reports thorough Speciality Business and Governance Meetings into Care Group Care Board.

Information Category	Detail of process and methodology for monitoring compliance
Acting on recommendations and Lead(s)	Specialty Triumvirate Team leading on recommended actions with departmental and subspecialty leads.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within a negotiated timeframe. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

7. Updating and Review

This SOP will be reviewed every 3 years or earlier depending on national guidance and or local audit.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Endoscopy Unit Outpatient Department Standard Operating Procedure V1.0
This document replaces (exact title of previous version):	New document
Date Issued / Approved:	May 2025
Date Valid From:	July 2025
Date Valid To:	July 2028
Author / Owner:	Lynsey Farrell, Endoscopy Unit Lead.
Contact details:	01872 253820
Brief summary of contents:	SOP setting out guidance for Gastroenterology Outpatient Department.
Suggested Keywords:	Gastroenterology Outpatients.
Target Audience:	RCHT: Yes CFT: Yes CIOB ICB: Yes
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Specialty Triumvirate. Specialty Business and Governance Meeting. Care Group Triumvirate. Care Board.
Manager confirming approval processes:	Ian Moyle, Head of Governance, Specialist Services and Surgery.
Name of Governance Lead confirming consultation and ratification:	Michele Reed.
Links to key external standards:	None required.
Related Documents:	None required.
Training Need Identified:	Yes, documented in SOP.

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical/Endoscopy

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
July 2025	V1.0	Initial issue	Lynsey Farrell, Endoscopy Unit Lead.

All or part of this document can be released under the Freedom of Information Act 2000

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team
richt.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Endoscopy Unit Outpatient Department Standard Operating Procedure V1.0
Department and Service Area:	Gastroenterology patients.
Is this a new or existing document?	New.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Jan Crapp, Clinical Matron Specialist Services and Surgery.
Contact details:	01872 253820.

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Gastroenterology/Endoscopy and support colleagues working within the gastroenterology outpatient services.
2. Policy Objectives	To ensure all staff are aware of the process surrounding the gastroenterology outpatient department.
3. Policy Intended Outcomes	Safe and appropriate care of patients using the gastroenterology outpatient department. Staff are aware of standards in practice within the gastroenterology outpatient service.
4. How will you measure each outcome?	Auditing.
5. Who is intended to benefit from the policy?	Colleagues and patients receiving care under the gastroenterology outpatient service.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> Workforce: Yes Patients/ visitors: No Local groups/ system partners: No External organisations: No Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Gastroenterology Colleagues. Existing outpatient departments in RCHT and satellite sites.
6c. What was the outcome of the consultation?	Agreed.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Jan Crapp, Clinical Matron Specialist Services and Surgery.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)

Appendix 3. Equipment List

Item	Quantity
Vacutainer.	15
Vacutainer Sample Luer Adapter (blue needle).	1 box
Torniquet.	1 box
Chloraprep 1ml.	15
Sterile Gauze.	1 box
Micropore tape.	1 roll
Blood bottle - gold top.	1 pack
Blood bottle – purple top.	1 pack
Blood bottle - pink top.	1 pack
Blood bottle - blue top.	1 pack
Clinell Surface wipes.	1 pack
Stool sample pots.	10
Specimen Bags.	15
Sharps bin.	1
Clean Labels.	1 pack
Pillow.	1
Sharps Bin.A	1

To Be Collected from Endoscopy Prior to the clinic start.

Item	
EOBs Handset	

Blood Glucose Monitor	
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Gastro Clinic Rooms Care Cart

Item	Quantity
KY Jelly	1 tube
Green gauze	1 pack
Inco pads	10
Tissues	1 box

Appendix 4 - Jaundice Hotline (JHL)

Clinic code: FAREA/JHL + HUSSH/JHL

Clinic Workup:

- Patients will be sent a letter detailing they will need to attend 3 clinic appointments in 1 day.
- The first appointment will be to see the Healthcare Assistant for a blood test.
- The second appointment will be for an ultrasound scan following the blood test.
- The third appointment will be for a clinic appointment in the afternoon.
- There are 3 slots for JHL patients that require a blood test which are 08:20am, 08:40am and 09:00am.
- The responsible physician will request the blood test the day prior to attending the outpatient clinic.

Healthcare support worker clinic:

- The Healthcare Assistant logs into maxims and prints the blood test request form from maxims if requested.
- The maxims form will state the required blood test and the required blood bottle to be used.
- The Healthcare assistant will then carry out this blood test in line with the Venepuncture Specimen Collection and Handling Policy.
- The Healthcare Assistant will then advise the patient to attend the radiology department appointment in line with their appointment letter which is in Trelawny.

Afternoon Clinic

Clinic Code: FAREA/2WW + HUSSH/JHL:

- The patient will then be seen by the clinician.
- The patient does not require any further interventions from the HCA.

Appendix 5- Hepatology Clinic

Clinic code - STAWD/5ZT, FAREA/3NT, STAWD/5CT, STAWD/5RT, MUDSA/XCT, MUDSA/XRT, MCKMA/0NT

Clinic Workup

Prior to be seen by the clinician the Healthcare Assistant will weigh the patient and document this on Nervecentre.

Clinic

- The patient will be seen by the clinician.
- If required, the clinician will request bloods via maxims.
- The clinician will inform the patient this is required and to have a seat back in the waiting area to be seen by the Healthcare Assistant.

Clinic Investigations required post clinic appointment

- The clinician will verbally communicate with the Healthcare Assistant that a blood test is required.
- The clinician will print this to the shared printer.
- The maxims form will state the required blood test and the required blood bottle to be used.
- The Healthcare Assistant will then carry out this blood test in line with the Venepuncture Specimen Collection and Handling Policy.
- The patient is discharged from the clinic.
- The HCA will transfer any specimens collected to the designated specimen box located on the endoscopy unit next to the co-ordinators desk.

Appendix 6: Inflammatory Bowel Disease (IBD)

Clinic code WATKE/TNT

Clinic Workup

Prior to being seen by the IBD clinician the HCA will carry out the patient's height and weight. This will be documented on Nervecentre.

Clinic:

- The patient will be seen by the clinician.
- If required, the clinician will request bloods and or a stool sample via maxims.
- The clinician will inform the patient this is required and to have a seat back in the waiting area to be seen by the Healthcare Assistant.

Clinic Investigations required post clinic appointment:

- The clinician will verbally communicate with the Healthcare Assistant that a blood test and or a stool sample is required.
- The clinician will print this to the shared printer.
- The maxims form will state the required blood test and the required blood bottle to be used.
- The Healthcare Assistant will then carry out this blood test in line with the Venepuncture Specimen Collection and Handling Policy.
- If a stool sample is required- The HCA will supply the patient with a stool sample pot and the request form for the patient to take home and complete. The patient will be instructed to return the sample to their registered GP practice.
- The patient is discharged from the clinic.
- The HCA will transfer any specimens collected to the designated specimen box located on the endoscopy unit next to the co-ordinators desk.

Appendix 7: Biologic Counselling Clinic

Clinic code FAIFR/TOT

Clinic Workup

Prior to being seen by the IBD clinician the HCA will carry out the patient's weight. This will be documented on Nervecentre.

Clinic:

- The patient will be seen by the Clinician.
- If required, the clinician will request bloods and or a stool sample via maxims.
- The clinician will inform the patient this is required and to have a seat back in the waiting area to be seen by the Healthcare Assistant.

Clinic Investigations required post clinic appointment

- The clinician will verbally communicate with the Healthcare Assistant that a blood test and or a stool sample is required
- The clinician will print this to the shared printer.
- The maxims form will state the required blood test and the required blood bottle to be used.
- The Healthcare Assistant will then carry out this blood test in line with the Venepuncture Specimen Collection and Handling Policy.
- If a stool sample is required- The HCA will supply the patient with a stool sample pot and the request form for the patient to take home and complete. The patient will be instructed to return the sample to their registered GP practice.
- The patient is discharged from the clinic.
- The HCA will transfer any specimens collected to the designated specimen box located on the endoscopy unit next to the co-ordinators desk.

If the patient requires a Quantiferon Gold blood test, the IBD team will supply the sample kit.

Appendix 8: Gastroenterology Clinics; New Patients

Clinic Codes: DASAB/8CT, MOWHN/9CT, BECJO/5CT, BECJO/5RT, WORJO/9CT, FORPJ/7ZT

Clinic Workup

The first 4 patients scheduled on the Gastroenterology Outpatient Clinics will be new patients which are each scheduled for 30-minute appointments.

The HCA will see the patient prior to seeing the Gastroenterology clinician and will carry out the patient's:

- Height.
- Weight:
- Calculate the BMI.
- Observations; blood pressure, heart rate, oxygen saturations and respiratory rate. • This will be documented on Nervecentre.

Clinic

- The patient will be seen by the clinician.
- If required, the clinician will request bloods and or a stool sample via maxims.
- The clinician will inform the patient this is required and to have a seat back in the waiting area to be seen by the Healthcare Assistant.

Clinic Investigations required post clinic appointment

- The clinician will verbally communicate with the Healthcare Assistant that a blood test and or a stool sample is required
- The clinician will print this to the shared printer.
- The maxims form will state the required blood test and the required blood bottle to be used.
- The Healthcare Assistant will then carry out this blood test in line with the Venepuncture Specimen Collection and Handling Policy.
- If a stool sample is required- The HCA will supply the patient with a stool sample pot and the request form for the patient to take home and complete. The patient will be instructed to return the sample to their registered GP practice.
- The patient is discharged from the clinic.
 - The HCA will transfer any specimens collected to the designated specimen box located on the endoscopy unit next to the co-ordinators desk.

Appendix 9: Gastroenterology Clinics; Follow Up Patients

Clinic Codes:

Gastroenterology - DASAB/8CT, MOWHN/9CT, BECJO/5CT, BECJO/5RT, WORJO/9CT, FORPJ/7ZT

Hepatology - STAWD/5ZT, FAREA/3NT, STAWD/5CT, STAWD/5RT, MUDSA/XCT, MUDSA/XRT, MCKMA/0NT

Clinic Workup

There are 5 follow up patient slots which are scheduled after the new patients. Follow up appointments are scheduled as 20-minute slots.

The HCA will see the patient prior to seeing the Gastroenterology clinician and will carry out the patient's

- Observations; blood pressure, heart rate, oxygen saturations and respiratory rate. • This will be documented on Nervecentre.

Clinic:

- The patient will be seen by the clinician.
- If required, the clinician will request bloods and or a stool sample via maxims.
- The clinician will inform the patient this is required and to have a seat back in the waiting area to be seen by the Healthcare Assistant.

Clinic Investigations required post clinic appointment:

- The clinician will verbally communicate with the Healthcare Assistant that a blood test and or a stool sample is required
- The clinician will print this to the shared printer.
- The maxims form will state the required blood test and the required blood bottle to be used.
- The Healthcare Assistant will then carry out this blood test in line with the Venepuncture Specimen Collection and Handling Policy.
- If a stool sample is required- The HCA will supply the patient with a stool sample pot and the request form for the patient to take home and complete. The patient will be instructed to return the sample to their registered GP practice.
- The patient is discharged from the clinic.
- The HCA will transfer any specimens collected to the designated specimen box located on the endoscopy unit next to the co-ordinators desk.