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Introduction

In this section we will share the purpose of the Implementation Support Pack; the context for use and the benefits; the Methods and Approach for developing the pack; and the Lessons Learned for implementing SCOTCAP during the evaluation phase.

About this Implementation Support Pack

The primary purpose of this resource is to support your SCOTCAP Implementation Journey. It provides an overview of what to consider before, during and after implementation of SCOTCAP. It has been informed by the learning and evidence from the Innovation & Evaluation phase of SCOTCAP in Scotland and aims to support scaling up faster successfully.

The pack summarises useful information and learning to support Preparation and Planning; provides a detailed overview of the Service Delivery model for SCOTCAP, including a Service Blueprint and overview of Patient selection process, Pharmacy model and the recommended technology. It includes useful tips and resources to support implementation and manage change.

A “Once for Scotland” approach has been adopted into the design and development of the Managed Service Delivery Model, Contracting and procurement arrangements, Centralised Pharmacy dispensing and benefits realisation.

There is no one size fits all implementation method for SCOTCAP, each Health Board will need to tailor their own implementation approach working closely with the National SCOTCAP Adoption Team and ensuring local decisions made are reflective of local Health Board arrangements and local population.
**Context**

Scottish Colon Capsule Endoscopy Programme **SCOTCAP** aims to remove the diagnostic bottleneck for Gastroenterology disease testing and bowel cancer risk assessment. Colon Capsule Endoscopy (CCE) offers an innovative health solution which can be delivered safely, at point-of-care within a community setting working in collaboration with a Managed Service Provider. CCE is a safe and innovative technology for colon investigations and is now being used within NHS Scotland to support Health Board Remobilisation Plans.

Scottish Government are supportive of an accelerated roll-out due to Covid-19.

The benefits of CCE include:

- **Minimises disruption for patients and potential to reduce Health Miles**
- **Improving timely patient access to diagnostic services’**
- **Maintains clinical accuracy**
- **Reduces hospital attendance as carried out in community**
- **Meets aspirations of the Modernising Patient Pathway Programme of the Scottish Government**

**Method and approach**

Our approach aims to bring together key learning and experiences based on DHI’s implementation of the early pathway as part of the **SCOTCAP** Evaluation Phase (January 2019-March 2020) together with recommendations and insights from academic evaluations conducted over this period – University of Strathclyde (UOS) conducting a qualitative evaluation which examined the process of implementation during evaluation and University of Aberdeen conducting a clinical feasibility evaluation.

During this phase, DHI also conducted a “**SCOTCAP** Service Model Evaluation” in collaboration with participating Health Board sites, Medtronic/ CorporateHealth International Partnership, Highland and Islands Enterprise and National Services Scotland to develop and refine a service model through an evaluative process. This evolutionary approach to developing a new service model offers an innovative, adaptive, and responsive approach to service development and informed the scalable service model which is now being adopted across Scotland.

Specific content for this publication was mapped and captured through a series of online collaborative workshops held with the **SCOTCAP** Adoption Subgroup and invited experts and advisors with subject matter expertise. In addition, one-to-one discussions were held with nominated workstream leads within the Adoption Subgroup leading key aspects of work.

The learning from these collective outcomes have all been synthesised and brought together into this **SCOTCAP** Implementation Support Pack.


For more information on the **SCOTCAP** Service Model Evaluation approach please visit: [futurehealthandwellbeing.org/scotcap-service-evaluation](http://futurehealthandwellbeing.org/scotcap-service-evaluation)
SCOTCAP Evaluation: Implementation lessons learned

System interoperability
Before implementing a service with a potential to scale-up nationally, the IT infrastructure needs to be in place. Different IT systems or practices are resource consuming and can generate errors.

An existing Endoscopy Management System (EMS, Medilogik) has been further developed to support the CCE pathway. This additional functionality within EMS will be available to all Health Boards to use, irrespective of existing endoscopy management systems.

Role of champions
Identify key clinical champions. The project manager should be a key contact. The role of a key clinical champion and driver in SCOTCAP proved integral to making this innovative test for change take place and progress to the stage that it did.

Clinical and service lead champions have been identified for each Health Board from the outset.

Information governance
Ensure appropriate Information Governance exist for the delivery of the service. Consider creating agreements and documents in the early stages and early engagement with IG leads to prevent implementation delays.

IG baseline documents have been created to support local IG approvals.

Embedding continuous evaluation
Processes and measures should be agreed before commencement of implementation process as to who to continue to ensure that service users experiences and outcomes are captured and used to inform future service improvements and business case investment.

Consider the CCE Measurement Framework which will be used across Health Boards to monitor outcomes.

Project management role
Identify dedicated project managers for the initial implementation and roll out of the service. Introduction of a project manager for SCOTCAP significantly improved the implementation process and partnership working.

Identified dedicated project managers will provide crucial support for implementation.

02 Preparation & planning

Planning and preparation are crucial steps to ensure successful implementation of the SCOTCAP Service Model. In this section, we share guidance and recommendations on the importance of Communication and Engagement; Strategies to engage with Stakeholders; Identification of Champions; Change Management Approaches; and Governance.

Communication and engagement

Communications and engagement are an important aspect which should be given early consideration and planning. An effective communications and stakeholder engagement process will create an opportunity to co-produce a SCOTCAP Service Pathway which is integrated, efficient and effective. It makes practical sense to develop a coherent communication and engagement plan to maximise support for and understanding the new service model and changes amongst local staff, stakeholders, patient and public.

Early engagement is recommended as each stakeholder will have a contribution to make to the planning and implementing process.

Suggested key stakeholder groups (Health Board level):

- Chief Executive & Executive Management Team
- GP Senior Representatives
- Communications Team
- Director of Pharmacy and Pharmacy Staff
- Endoscopy Service Managers and administrators
- Head of Digital Health
- Clinical Leads and Medical Director
- Information Governance/Caldicott Guardian

Each Health Board in NHS Scotland has been invited to nominate an executive sponsor, Clinical Lead and Service Lead to sponsor and support the SCOTCAP implementation journey.
Stakeholder Engagement: A strategy for success

There is no single success factor that will deliver effective stakeholder engagement.

Some useful strategies that will help:

- **Mapping all Stakeholders**
  Identify all the stakeholders that will have an impact or influence on the change. Narrow down this list to identify groups, levels of influence. Mapping will allow for better tailoring of engagement approaches.

- **Develop a Communication and Engagement Plan**
  Working with your Health Board Communications team this should outline best methods, timescale of targeting communications about the changes.

- **Use an Agile Approach**
  A mixed approach offering flexibility to manage different stakeholder relationships and expectations can shape activities to inform, consult and collaborate with stakeholders.

Identifying and using Champions

Champions are invaluable in leading service change. They assist with advocating, influencing and promoting the implementation which ultimately benefits realisation of the SCOTCAP service model. These Champions are integral to the successful adoption of sustainable change.

Champions can support by:

- Articulating the story of Change, the drivers behind the service change and its benefits
- Being proactive and responsive to ideas and suggestions regarding supporting the change
- Creating a climate for change were everyone can contribute
- Maintaining motivation and momentum and a “can do” attitude
- Taking the lead and “owning” the local implementation
- Co-producing changes with the Managed Service
- Coaching and supporting others in new clinical practice & adopting new ways of working
- Help address and resolve any resistance issues to the planned change

A Communications Plan to support adoption and scaling up can be access in the SCOTCAP Adoption Microsoft Teams Groups.
Change Management: Principles and top tips

The most challenging part of implementing the service change is not necessarily adoption of the Capsule (technology) itself, but the engagement, skills, behaviours and organisational culture required for change. Below are some tips and principles to support you in managing service changes within your health board based on our experiences in Scotland.

What is the key to successful Service Transformation?

Service transformation requires strong clinical and strategic leadership and engagement, a local and national level of support for these changes to endoscopy service.

Using an integrated solution like Endoscopy Management System, alongside dedicated project support and well defined measurement framework will influence acceptance and adoption of the new services.

Source: University of Strathclyde Report (Lennon et al., 2020)

Communicate a clear vision for change to engage other in understanding the aims, benefits and impact of the new service approach.

Allow plenty of time for discussion with staff about the vision, analyse the current patient journey and how the future SCOTCAP service delivery model will translate in your setting, encouraging opportunities to share ideas and concerns and assessment of readiness.

Build a strong Change Management Project group to provide leadership, support clinical champions and work collaboratively with a range of stakeholders (e.g. eHealth, Endoscopy Teams, pharmacy, consultants) to support service change.

Identify and remove barriers to change by working constructively to identify potential barriers and enablers to supporting the service transformation process. Health Boards Clinical and Strategic leads are key champions to “unblock” any issues.

Maintain momentum by setting a go live date and work towards it. If the planning and preparation stage of the implementation process are managed well, the steady pace of adoption will be easier to achieve at scale.

Building in a continuous improvement cycle approach to your implementation will enable generation of new ideas and sharing of ideas from staff.

Early engagement and open dialogue are key to ensuring all stakeholders are aware and part of the service redesign process and adoption of new service.

There are a number of useful Change Management Frameworks to support Health and Care to adopt a shared approach to leading change and transformation: The Change Model Guide, 2018; Leading Large Scale Change - a practical Guide, 2018.
### Governance: Information and data sharing

Engagement with your local Information Governance lead, Data Protection Officer and Caldicott Guardian should ideally start early in the planning stage to enable review and approval of local documentation. Baseline documents and templates have been developed by Boards for local adoption which will support local Information Governance and Data Security Approval.

**Key documents to support Information Governance:**

<table>
<thead>
<tr>
<th>Data Privacy Impact Assessment (DPIA)</th>
<th>NHS Scotland National Contract</th>
<th>Privacy Notice</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Scotland System Security Policy</td>
<td></td>
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Refer to SCOTCAP Information Governance - Supporting Guidance - available on Microsoft Teams channel established for each Health Board.

### SCOTCAP Readiness Checklist

#### Leadership, Stakeholder Engagement and communications

- Secure executive sponsorship for service change and agree with the Senior Responsible Owner (SRO) how best they can influence and support the project.
- Agree and identify key champions, their roles and secure commitment for duration of the project.
- Identify the key stakeholders to engage with early and agree how best to keep all stakeholders informed of progress.
- Secure input from Communication Team within Health Board to develop communication briefings for all staff and wider public locally.

#### Local Project Team Mobilisation

- Establish a local project team within Health Board with clearly defined roles and responsibilities for Clinical and Service Leads and ensuring cross sectoral representation.
- Agree how the project team will make decisions and co-ordinate project reporting requirements.
- Review SCOTCAP adoption resources developed to support the project which are available in the shared information repository.
- Identify any additional project resources required by the team to deliver the changes.

#### Governance and IT Interface

- Review and approve the SCOTCAP Information Governance baseline documents - early engagement with Information Government Lead.
- Review and consider IT requirements associated with EMS and agree delivery timescales.
- Review and approve the Patient Specific Directive (PSD) for supply and administration of specified bowel preparation products for CCE.

#### Service Pathway Mapping (current and future state)

- Review “current state” Colonoscopy pathway with a view to anticipating any barriers or issues.
- Agree how Vetting will be coordinated locally.
- Work with SCOTCAP Adoption team to identify local service requirements and needs. Make early decisions including preferred a) location of SCOTCAP Clinics, b) Belt and Recorder “drop-off points” and c) considering how many patients will require the procedure on a weekly basis.
03 Service Delivery Model

An overview of the SCOTCAP service pathway is illustrated here which provides information and description of key aspects of the service delivery model. Visual representations of both the service pathway and underpinning IT systems reflect how the managed service interfaces and interacts with the patients and NHS.

SCOTCAP Service Pathway

Outlined in this section is a more comprehensive overview of the SCOTCAP Service Delivery Model and described key dimensions of the model and signposts Health Boards to key guidance documents and resources which have been developed centrally to support implementation.

The SCOTCAP Service Pathway visualises the end-to-end pathway from patient selection and patient vetting & referral through the procedure process and reporting and follow-up. This visual also highlights key points of patient information and involvement as well as points that may vary from board to board and need to be decided locally with the Managed Service Provider.

To support this visual pathway, we have also provided an overview of the roles and responsibilities across the SCOTCAP Service Pathway; reference to SCOTCAP clinical and vetting guidance and resources; patient information leaflets; Information on the recommended bowel regime for CCE and central pharmacy dispensing model delivered as part of the integrated managed service; and set-up considerations in terms of SCOTCAP clinic requirements and drop-off points for patients to return belts and recorders.

Finally, a “Systems At a Glance” visualisation has been produced which provides a high-level overview of the different systems involved in work-flow arrangements between NHS statutory systems and the recommendation platform for transmitting information through the managed service and integrating back into NHS.
SCOTCAP Service Pathway

PATIENT SELECTION

- Patient referred by GP to colorectal / gastroenterology service
- Initial vetting: patient referral reviewed by clinician and deemed suitable for SCOTCAP test

PATIENT VETTING & REFERRAL

- Option 1: Enhanced vetting
  - Enhanced vetting: patient (phone) appointment; Near Me to discuss symptoms etc. Decision made in conjunction with patient, what next step is investigation, treatment etc.
  - Endoscopy waiting list
  - Patient agrees with decision for SCOTCAP test
  - Request for SCOTCAP test, consult to sign off bowel prep prescription and confirm acceptance and suitability on EMS to pass referral to Managed Service Provider
  - Patient information leaflet 1 sent out by endoscopy admin.
  - Endoscopy admin to monitor patient progress

- Option 2: Straight to test service (optional)
  - Introduction letter and patient information leaflet 1 sent out by endoscopy admin.
  - Patient agrees with decision for SCOTCAP test
  - Patient gets in touch to opt in or out via telephone call to endoscopy admin.
  - Endoscopy admin: confirm SCOTCAP test accepted then completes referral to SCOTCAP service via EMS
  - Endoscopy admin to monitor patient progress

PRE-PROCEDURE

- Endoscopy referral received by SCOTCAP service
- Referral processed by SCOTCAP service
- Disable checking clinical guidelines followed and any requests for repeat bloods initiated
- SCOTCAP service commence information call consultation process and on-boarding of patient and book appointment via telephone call
- Possible delay at patient’s request
- Information booklet sent to patient via SCOTCAP service
- Central pharmacy provider sends out bowel prep to patient (kit 1) and sends kit 2 to SCOTCAP hub
- SCOTCAP consultation call: Is patient ready to proceed? Check with clinician if concerns about compliance.
- Patient changes diet and takes bowel prep medicine
- Patient continues to take bowel prep

PROCEDURE

- Patient attends SCOTCAP PC
- Meet patient to confirm and sign consent form
- Ensure patient is clean. Patient shows SCOTCAP nurse photo of last bowel motion as evidence. Possible short delay for more prep or water.
- Is patient ready to proceed?
- Patient leaves with booster package (and instructions for use) and instructions for disconnecting bolt and agree equipment return.

POST PROCEDURE

- Wait until capsule has been evacuated or, the battery is empty or, it is bedtime.
- Disconnect belt and recorder.
- Return belt and recorder to agreed local drop-off point.
- SCOTCAP receives belt and recorder via agreed transport.
- SCOTCAP service uploads and analyses images and report produced and returned to the NHS

REPORTING & FOLLOW UP

- Download SCOTCAP report from EMS
- Clinical decision point
- Diagnosis made
- Discharge letter to patient and GP
- Arrange further tests if required: colonoscopy / CT scan / flexible sigmoidoscopy

Key

- Central Pharmacy Provider
- NHS
- SCOTCAP Managed Service
- Patient
- Patient involvement
- Key patient information point
- Health Board to agree location/process

42 days
(Target for urgent suspected cancer only)

31 days
(Managed Service response time)

5 days
(Managed Service deliver report to NHS)
Roles and Responsibilities Across SCOTCAP Service Pathway

**Consultant/ Clinician Secondary Care**
- Retains duty of care for patient through the SCOTCAP procedure
- Reviews all GI referrals against SCOTCAP Vetting Guidance (including eGFR) and determines patient’s suitability for procedure and discounts patients not suitable.
- Completes referral to SCOTCAP on EMS and Signs off Prescription for Pharmacy
- Responsible for accessing and signing off SCOTCAP report in EMS provided by the Managed Service Provider on behalf of the NHS.
- Responsibility for diagnosis and writing letter to patient to advice of Investigation outcome.

**Administrator/ Endoscopy NHS**
- Oversees the process of initiating SCOTCAP referrals to Managed Service Provider via EMS
- Sends patient information on the SCOTCAP procedure and consent form out via standard NHS routes
- Responds to any general queries from patients regarding the SCOTCAP procedure
- Responsible for booking any further investigations or alternative investigations
- Retains responsibility for management of NHS Waiting Lists and reporting.

**Pharmacy Special Services**
- Manages all pharmacy requirements for bowel preparation including posting out Kit 1 to patients and Kit 2 booster package to Managed Service Provider.

**Managed Service Provider**
- Receive referrals direct from NHS via EMS and check against agreed criteria
- Screen patient, make appointment and conduct information call with patient
- Prepare SCOTCAP equipment in advance of the clinic appointment
- Collect signed consents from patient for SCOTCAP procedure
- Sets up belt and recorder and syncs technology in clinic
- Dispenses Capsule and supervises patient swallow Capsule in Clinic
- Responds to patient queries and provide advice/support on procedure, taking booster and management of Belt and Recorder
- Manage and analyses returned video images
- Create report with images and upload to referring NHS consultant for sign-off

**Patient**
- Read information available to support preparation for SCOTCAP procedure
- Change diet and follow bowel prep instructions
- Attend SCOTCAP Clinic at agreed appointment date and time to swallow capsule
- Take appropriate booster medication as prescribed
- Disconnects Belt and Recorder once capsule excreted
- Return Belt and Recorder to agreed drop-off point.
SCOTCAP Covid-19 Pathway and Vetting Guidance

To support adoption of SCOTCAP, a clinical pathway to support decision making, a CCE Covid-19 Vetting Guide has been developed by a national consensus group which details how CCE can be used within NHS Scotland to support and embed into clinical practice and business as usual activity. This may not be suitable for every endoscopy service and will need to be adapted to meet local clinical requirements.

CCE is recognised to offer best value to patients and Health Boards if the need for follow up tests (Optical Colonoscopy and CT colonogram) are kept to a minimum.

It is recommended that qFIT is carried out prior to CCE to better determine who is likely to be most appropriate for CCE.

It is anticipated that every patient who has a CCE in Scotland will be included in a national registry and data will be made available to all participating boards on a frequent basis.

**Tips for vetting patients for SCOTCAP:**

- **Check qFIT result and where it falls in referral pathway.**
- **Check eGFR result meets local requirements for bowel preparation.**
- **Remember absolute contraindications—pacemaker, internal electromedical device, pregnancy and insulin dependent diabetes mellitus.**
- **The bowel preparation volume and instructions will not be suitable for everyone, consider if your patient will be able to safely complete them.**

Consent process

Consent is an integral and important aspect of clinical care. Clinicians approach the process with a shared decision-making model to ensure patients are well informed and consented appropriately for procedures. Following national guidance, written consent will be obtained from patients undergoing a CCE in Scotland. Consent forms will be sent to patients along with accompanying information at initial contact.

In addition to consenting for the procedure, consent will also be collected for anonymised patient data to be collected for clinical service improvement and for use of their CCE recordings to improve reporting systems. As part of the pathway, once a patient has had further discussion with the managed service, they will complete the consent form and bring it when presenting for their procedure. The managed service will upload the completed form into EMS which will allow it to be stored electronically for record keeping.

**Refer to SCOTCAP Information Governance - Supporting Guidance - available on Microsoft Teams channel established for each Health Board.**

**Patient information consent form is available in patient information resources available on Microsoft Teams channel established for each Health Board.**
Patient Information Journey

It is important to ensure that patients are provided with the right balance of information at the right point in their SCOTCAP journey. A suite of patient information resources has been co-produced to provide information to support knowledge, understanding, skills and confidence to enable patients to make an informed choice and make the necessary changes in their lives for a successful and safe SCOTCAP procedure. The sequence of patient information is represented in the service pathway, this aims to provide further description of each resource.

Information sent to patient together at point of vetting and referral from NHS. Health Board to agree approach.

Option 1: What is SCOTCAP - Leaflet 1
Provides an overview of SCOTCAP procedure and what is involved. This includes information on how a patient’s data and information will be managed.

Option 2: Patient Contact Letter
Templates are provided which can be used to contact patient to advice that SCOTCAP test is recommended by consultant.

PRE-PROCEDURE

NHS Consent form (collected)
Patient returns signed consent form which is retained by managed service provider for procedure.

What will Happen at the SCOTCAP Clinic - Patient Leaflet 2.
This provides a step-by-step guide as to how to prepare for the capsule clinic appointment and changes to make in food/diet and bowel preparation. The Managed Service Provider sends this out to the patient in preparation of a detailed consultation call.

Prescribing Information in Pharmacy Pack
Bowel Preparation information has been produced which is sent out to patients with the prescribed medication by Pharmacy Provider.

PROcedure

Your booster medication - Leaflet 3
This leaflet provides guidance on taking booster medication.

Care of your SCOTCAP equipment - Leaflet 4
This leaflet provides information on how to safely look after and how and where to return the belt and recorder after capsule is excreted.

POST PROCEDURE & FOLLOW-UP

NHS Patient Letter
Referring Consultant will write to the patient to advice of the investigation outcomes and/or follow-up arrangements and next steps. This should be based on standard NHS practice.

Developing a “Once for Scotland Approach”

We have:

• Identified patient information needs – completed patient mapping sessions and integrated evidence from SCOTCAP Evaluation to develop a roadmap for addressing health literacy needs and multi-cultural information needs both analogue and digitally.

• Established an expert group – bringing together clinical, Public Health Information, Health Literacy and SCOTCAP Managed Service expertise.

• Co-developed patient information content (paper and digital) to meet patient needs and aligned to health literacy policy. The approach has been evidence based and will continue to be developed and tested with patients during Wave 1 sites.

• Agreed a robust and transparent final approvals process.

• Established a review cycle that will review and update patient information on a regular basis based on feedback.

All copies of Patient Information are available in PDF for use locally and Health Boards and can be accessed via Microsoft Teams Channel set up for each Health Board.

Introductory digital content available on NHS Inform.
Bowel Preparation and Central Pharmacy Dispensing

A clean bowel is required to capture the necessary clear images of the bowel by the capsule. Recommended Bowel Cleansing Agents for use by Health Boards across Scotland has been detailed in a Pharmacy Specific Directive (PSD) which is available for review and approval. Bowel Cleansing agents selected are evidence based and have been used as part of the SCOTCAP Evaluation in NHS Scotland.

A centralised model for dispensing and prescribing Bowel preparation has been developed as an integrated element of the SCOTCAP Managed Service Delivery Model working in partnership with NHS Scotland Pharmaceutical ‘Specials’ Service (PSS).

Kit 1  ‘Bowel preparation’

- Klean Prep Sachets x4
- Laxido Sachets x4

Delivered to Patient’s Home with Patient Information & Checklist

Kit 2  ‘Boosters’

- Picolax Sachets x1
- Picolax x2
- Metoclopramide 10mg tablet x1
- Bisacodyl 10mg suppository x1

Delivered to SCOTCAP Hub for use by Patient in SCOTCAP Clinic

1. Clinician reviews patient and checks appropriate for colon capsule endoscopy (CCE)
   - Confirms eGFR and medically fit for CCE
   - Ensures no contraindications for CCE

2. Patients accepts decision for CCE

3. Clinician requests CCE through EMS
   - Vetting checklist part of CCE request in EMS
   - Bowel preparation prescribed electronically via EMS

4. CCE request received by SCOTCAP Managed Service
   - Managed Service complete pre-procedure check and review electronic health record
   - Managed Service conducts initial patient contact call and book appointment for procedure and confirm prescription order.

5. Bowel preparation prescription sent via EMS to NHS Scotland Pharmaceutical ‘Specials’ Service (PSS)
   - PSS process patient information
   - 2 kits sent out by PSS

6. Bowel preparation received by patient
   - Managed service carries out consultation call to ensure bowel preparation is fully understood.
   - Patient takes bowel preparation as instructed before appointment

7. Patient attends appointment for CCE
   - Final checks completed before administering capsule
   - Patient swallows capsule under supervision of Managed Service Provider nursing staff
   - Boosters given to patient with instructions
   - Boosters taken at specified intervals.

Refer to the SCOTCAP Patient Specific Directive document - available within the Microsoft Teams Channel set up for each Health Board.
SCOTCAP Clinic Requirements

A SCOTCAP Clinic is defined as a space within an NHS and/or Community Health and Care Environment in which patients will attend to swallow the Capsule supported by the SCOTCAP Clinical Team.

Clinics are typically located within the community setting (Community Hospital or GP Practice) to ensure that service provision is closer to home.

The minimum requirements for a SCOTCAP Clinic that needs to be in place are:

- Private Consulting Room on an NHS Premise
- Easy access to drinking water
- Easy access to toilet facilitates
- Access to NHS IT system including WIFI
- Hand washing facilities for infection control

Further information is contained in a Future State requirement document which is available in the Microsoft Teams Channel set up for each Health Board.

Returning Belt and Recorder

Drop-off

Patient attending for SCOTCAP Test are provided with information and instructions regarding what steps to take and where to return the Belt and Recorder after the CCE capsule has been excreted. The "drop-off" points could include, for example designated GP Practices and Community Hubs across the Health Board Area.

The Belt and Recorder should be returned by the patients to the drop-off place the following day of the SCOTCAP Test.

The location of the drop-off point should be within the patient’s locality and will be agreed in discussion with patients to ensure that this is a convenient and easily accessible location.

Transporting Belts and Recorders

Transportation is required for collection and delivery of the SCOTCAP Belts and Recorders to and from patient drop-off points to the SCOTCAP Hubs for uploading of data and images and cleaning of the equipment.

The Managed Service Provider will also work with each Health Board’s preferences and best options in terms of supporting transport infrastructure available to ensure that the safe and timely transportation of Belts and Recorders to the Hubs. Health Boards are encouraged to ensure that arrangements which are agreed are scalable and designed to reflect local arrangements and variations.
SCOTCAP Service Pathway: Systems at a Glance

- **Patient Selection**
- **Patient Vetting & Referral**
- **Pre-Procedure**
- **Procedure**
- **Post Procedure**
- **Reporting & Follow Up**

**SCI-Store**
Primary care referral source

**EMS**
- Used to pass back patients from Managed Service to secondary care

**TrakCare/PMS**
Primary care referral source

**iSPEED System**
Data entry for Managed Service; patient details, patient management, logistics and analytics

**Rapid reader**
- Register patients' capsule
- Patient swallows capsule and image data collected via recorder
- Uploads video compilation and exports findings to produce report
- Patient returns belt and recorder

**EMS**
Used by NHS clinician to access and sign off SCOTCAP report

**Clinical portal**
Signed off report fed into clinical portal

**TrakCare/PMS**
NHS endoscopy use data from EMS to update PMS for waiting times

**Patient identifiable data**

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**Clinical portal**
Single online electronic access system to view patient information stored across NHS systems.

**TrakCare/Patient management system**
Electronic patient management system used to record and store clinical information on patient consultations and treatments. It is crucial for the day to day running of the NHS.

**SCI-Store**
An information repository that provides clinicians with secure access to patient information at the point of care.

**Endoscopy Management System**
EMS is a reporting and imaging solution with integrated scheduling and booking to assist in the management of endoscopy.

**iSPEED system (CHI)**
ICT solution owned and developed by CHI to support deployment activities, database management and workflows related to the management of SCOTCAP service provision.

**Rapid reader**
Pillcam Recorder software used by Medtronic which processes the raw image data stored on the Pillcam Recorder into a video image for easy viewing.

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**Key data collection**

**Patient involvement**

**Patient EMS number & clinical data**

**Patient personal and clinical data**
Reduced capacity for optical colonoscopy combined with an increasing demand for lower GI diagnostics in health care systems resuming in the post Covid-19 era, has further defined the need for increased diagnostic capacity within Health Boards and the role of CCE within that.”

Scottish Government

The project approach includes the stages of implementation; stages of project management and guidance on how impacts and benefits will be measured as well as supporting resources for the successful implementation of the SCOTCAP Service.
Project Approach: Implementation Stages

The Implementation Approach has been laid out in stages which indicate the necessary steps and preferred approach to be adopted to fully enable implementation and scaling up of SCOTCAP. This approach has been informed directly from the implementation approach adopted during the evaluation phase of SCOTCAP and best practice from other large scale adoption projects.

The project team will guide your Health Board through these stages together with associated tools and resources.

1. **Initiation**
   - Early stakeholder engagement and Executive Sponsorship, Initiation of contractual and Governance approvals and establishment of team.

2. **Planning**
   - Current and future state mapping and implementation planning, training needs and baseline benefits.

3. **Implementation**
   - Communication, Engagement, Review cycles and Lessons Learned

4. **Embedding**
   - Incremental, phased approach to scale up adoption, continuous feedback and monitoring.

5. **Project Closure and Review**
   - Signing off implementation stage and developing a support and transitioning plan towards business as usual.

Project Management

Project Management and its associated tools and approaches should be at the forefront of your thoughts from initiation to deployment and moving to business as usual.

A Seven Stage Project Management approach as set out in the SCOTCAP Briefing Pack provides a framework for delivery of the project and integrating the new SCOTCAP service. It is important to review all the project management resources and documents which have been made available before undertaking any actions related to these stages.

These stages will be underpinned by project management controls regarding governance, risk management, resource planning, progress reporting, communications and benefits realisation.

1. **Initiation**: Setting up the project, defining objectives, management and staff side approval and establishing a project team.

2. **Current State**: This will be jointly developed between the Project Team and the Health Board in order to capture the way Colonoscopy is currently working. If there are any additions or deletions to the content this can be jointly agreed. It will involve collecting data and conducting interviews in order to understand the current patient pathway, product supply chain and the product catalogue to be serviced by these.

3. **Future State**: Jointly agree all aspects of the future state SCOTCAP service, including the patient pathway.

4. **Migration Planning**: Planning the tasks required in order, realising supply from the SCOTCAP service. This will detail what needs to change, who will do it, how and when.

5. **Migration**: Performing the tasks required in order to realise supply from SCOTCAP service.

6. **Go Live**: The final preparations and tasks to enable the SCOTCAP Service.

7. **Project Closure and Review**: Completion of the project and review in order to ensure benefits realisation and transition of SCOTCAP into standard care.
Supporting Resources

There are a number of different resources and documents which have been made available to each Health Board to support Implementation. A Project Manager will be available within your Health Board whom will work in conjunction with the National SCOTCAP Adoption Team to support delivery and scale up. Each Health Board will be given access to an information repository in order to review available documentation.

The following list outlines the key supporting documentation which are available to support implementation of SCOTCAP:

- **PID**
  - The PID defines the project and forms the basis for its management and the assessment of its overall success. It acts as the base document against which the Stakeholders can be clear on the definition and purpose of the project.

- **Project Management Plan**
  - The purpose of the Project Management Plan is to provide a guide to implementation for local Project Managers in order that they can steer a Health Board through a series of logical steps. This ensures that all required stakeholders within a Health Board are involved in the process and own it by making decisions based on local context.

- **Hub Plan and Logistics**
  - The purpose of the Hub Plan and Logistics is to provide details around proposed SCOTCAP clinics, including information for central transportation of equipment required for SCOTCAP delivery (belts, recorders etc.). The intention is that this plan is reviewed and revised where necessary, based on local insight and with the Managed Service Provider.

- **Project Initiation Document (PID)**
  - The purpose of the Project Initiation Document is to provide a template for a Health Board which can be used to ensure that contractual KPIs and other benefits are captured; to in turn enable the advantages of SCOTCAP to be demonstrable.

- **KPIs and Benefits**
  - The purpose of KPIs and Benefits is to provide a template for a Health Board which can be used to ensure that contractual KPIs and other benefits are captured; to in turn enable the advantages of SCOTCAP to be demonstrable.

- **Communications**
  - Communications provides guidance for the Project Team on what communication and engagement approaches and activities need to be developed and completed in order to support planning, implementation and adoption of SCOTCAP.

- **Risks**
  - Risks documentation provides detail around known risks and a template for capturing new risks in order that any necessary mitigation action is taken to ensure successful implementation of SCOTCAP.

Documents referred to here are available from the SCOTCAP Adoption team via the Microsoft Teams Channel which was been set up for each Health Board.
Measuring Benefits and Impact

As part of the implementation approach to support SCOTCAP adoption, a benefits realisation framework has been developed bringing together key Performance Indicators (KPIs) to monitor service performance, benefits, outcomes and patient experience. Development of outcomes and measures for SCOTCAP will continue to evolve over times as adoption of SCOTCAP scales up across Scotland. Regular touch points with Health Boards and Scottish Government will determine whether any adjustments or review of these measurements are required.

Type of information to be collected includes:

- **Clinical outcomes**
  - Measured through the development of a CCE Registry and agreed data points
- **Patient experience**
  - Captured via questionnaire which is embedded into the Service Model
- **Patient volumes**
  - Monitoring No/Volume of patients in receipt of SCOTCAP test
- **Turnaround time from referral to report delivery**
  - 31 calendar days from Managed Service notified of patient details.
- **Adherence to NHS waiting times/standards**
  - Agreeing common approach as to how SCOTCAP Tests will be recorded on TrakCare.

**CCE Registry**

A national CCE Registry for NHS Scotland will be available which will gather data on a national level regarding the use and outcomes of CCE. It is anticipated the CCE Registry will enable and support the collation of information on each CCE procedure undertaken in NHS Scotland. The CCE Registry will enable building a knowledge base with the aim to:

- Report clinical outcomes
- Further strengthen clinical evidence base and clinical consensus
- Inform decision making on the future role of CCE within endoscopy services, and
- Help in identifying patient populations most suited for CCE going forward.

The majority of information will be collected through Endoscopy Management System (EMS) which offers a rich data set to capture the relevant clinical processes and outcome data. Data transfer will be enabled from EMS into the CCE Data Registry.

Some outcome data is not collated by EMS and for this reason a national registry will need to be designed. This will specifically collate any further diagnostic or therapeutic tests that are performed after CCE. In addition any pathology identified during these tests will be recorded on the registry. This information will need to be provided by Health Boards in regular intervals.

**Patient Questionnaire**

A patient experience questionnaire has been designed to capture experiences. Embedding a questionnaire into the service delivery model was a key recommendation from SCOTCAP evaluation. Patients will be asked to complete and return the questionnaire by the managed service provider following SCOTCAP test. Questionnaire data will be collated centrally and made available to Health Boards to identify any suggested service improvements or changes.

**Coding of CCE in TrakCare**

Public Health Scotland recommend using OPCS code ‘G80.2 Wireless capsule endoscopy’ for recording Colon Capsule Endoscopy procedures within TrakCare. A more detailed coding flowchart has been developed by Public Health Scotland. This information is available will all the remaining documentation on Teams.
Further information such as key contacts and resources are detailed here. This document is intended to collate and support existing information and share knowledge for the successful implementation of the SCOTCAP Service Pathway.

Resources and References

The documents, templates and guidance documents including patient information leaflets referred to throughout this implementation support pack are all available from National Services Scotland SCOTCAP adoption project team. Please contact the NSS SCOTCAP Adoption Team direct using the contact details below.

DHI Evaluation resources:


SCOTCAP Evaluation Project: www.dhi-scotland.com/projects/scotcap/

Change Management resources:


NHS Inform:

Key Contacts

If you have any feedback on this document or would like to share any learning with the SCOTCAP Adoption team, please contact:

**CCE-ADOPTION (NHS NATIONAL SERVICES SCOTLAND)**
nss.cce-adooption@nhs.net

It is our intention to review the content of this pack in conjunction with early SCOTCAP adoption sites to ensure that any insights and learnings regarding the implementation of SCOTCAP continue to be shared and disseminated.

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