

**Introduction:**

Following a positive result, participants in the Scottish Bowel Cancer Screening programme undergo pre-assessment for colonoscopy to assess fitness and provide information to allow participants to make an informed choice. Originally assessment was face-to-face but is now widely performed by telephone. In NHS Tayside, post-COVID staffing issues forced a review of pre-assessment processes in January 2023. This prompted a move to virtual vetting, which is well-established in symptomatic colorectal referral pathways.

Referrals from the Screening Programme are virtually pre-assessed daily by an experienced nurse using the electronic patient record to assess capacity, mobility, communication, mental health, medical and surgical history, medications, and prior colorectal investigations. This determines whether to proceed directly to colonoscopy ('straight to test' (STT) with patient-focused booking) or to further telephone or face-to-face interview where additional information is required. Here, we report the impact of the change to virtual pre-assessment of bowel screening colonoscopy.

**Methods:**

All positive bowel screening referrals undergoing virtual pre-assessment were prospectively logged from January 2023 to January 2024. Patients vetted STT were compared to those who underwent telephone pre-assessment (TEL) for outcomes of colonoscopy attendance, time to procedure, and quality of bowel preparation. Additionally, patient satisfaction was assessed by a questionnaire and staff vetting time was recorded over a two-week period.

**Results:**

During the study period, 1,335 participants received positive screening results. Those deemed inappropriate for colonoscopy at first vetting (n=49) or assessed face-to-face (n=6) were excluded. 1,280 patients were included, of which 663 (51.8%) were deemed suitable for appointment STT. We report the first 770 patients who have been followed up to colonoscopy; attendance was higher in the STT group (93.8% vs 85.7%, p=0.001) and the waiting time was shorter (32 vs 39 days, p<0.001). Additionally, fewer patients had inadequate bowel preparation in the STT group (3.5% vs 9.3%, p=0.004). 58 patients returned the questionnaire; both groups were equally highly satisfied (STT 4.65/5 vs TEL 4.73/5, p=0.695). Finally, virtual vetting was five times quicker than the average phone call (3.5 vs 20 minutes), equating to over 180 nurse hours saved in the first year.

**Conclusions:**

At virtual pre-assessment, over half of patients were deemed suitable for appointment STT which was associated with improved colonoscopy outcomes and a significant reduction in bowel screening nurse workload. Participant follow-up is ongoing and further data will be available.