



Isle of Man
Government

Reiltys Ellan Vannin

Department of Health & Social Care

Rheynn Slaynyt as Kiarail y Theay

Endoscopy Service Performance April 2019 to March 2020

Scheduled Care Group
Noble's Hospital
September 2020

1. Introduction

1.1 Consolidation of the DHSC's endoscopy services on the Noble's Hospital site took place in May 2017 in order to address a significant patient safety issue associated with the management of the surveillance of patients requiring regular endoscopy examinations following bowel cancer or those with a family history of bowel cancer. This consolidation has allowed the use at present of two out of three endoscopy rooms on a permanent basis, which means there is sufficient theoretical capacity to only deal with:-

- two week wait cancer referrals;
- new urgent referrals generated each week; and
- bowel screening surveillance demand.

1.2 A Post Implementation Review in 2018 identified that the consolidated service had delivered increased capacity which has successfully addressed the backlog of 'surveillance' patients and provided capacity for ongoing surveillance, plus new weekly demand for 2WW and urgent referrals. However, the consolidation did not clear the backlog of urgent and routine referrals by April 2018 as originally expected; nor did it provide sufficient capacity for dealing with new routine referrals.

1.3 The Post Implementation Review went on to make the following recommendations:-

- a) Ensure that we have appropriate levels of staffing to meet current / future need including considering the potential to allow the permanent opening of the 3rd endoscopy room on weekdays and increase current staffing to efficiently run the two endoscopy rooms currently in use.
- b) Need to eliminate existing waiting list backlog for urgent and routine referrals.
- c) Reduce the wait for endoscopy to meet the six week diagnostic standard for 99% of patients to be seen (from referral to scope) – in line with UK standards (following elimination of existing waiting list backlog).
- d) Facilitate introduction of Straight to Test (STT).
- e) Improvements to efficiency of work undertaken by adopting JAG standards and seeking JAG accreditation.

1.4 In March 2018 the Endoscopy Service Review - Final Report - was completed. This was undertaken by consultants MiAA Advisory Services. This confirmed weaknesses in both the design and operating effectiveness of controls in place for the Endoscopy Service with particular focus on surveillance requests, including follow-ups during the critical 2014-2017 period of review. These were compounded by performance datasets not being sufficiently comprehensive to provide a complete picture of service demand and capacity during this time. The Review contained an action plan to address concerns raised about the following:-

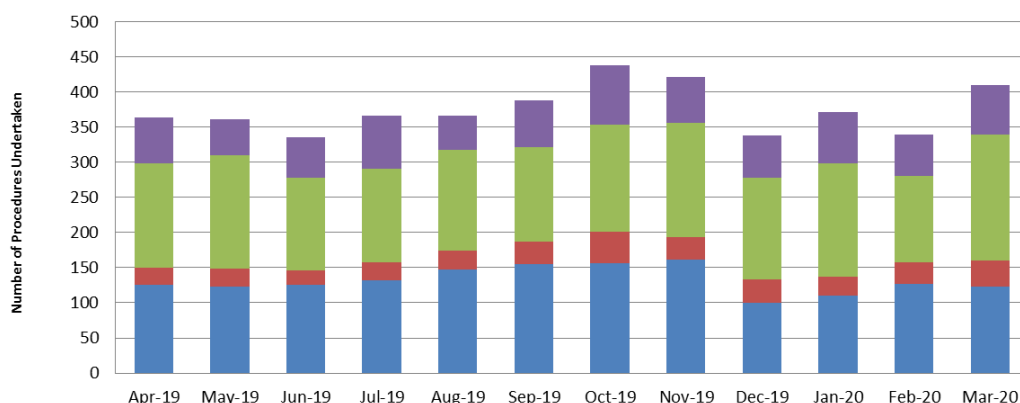
- Policy and procedures.
- Surveillance system.
- Performance management.
- Governance.
- Capacity management.

- 1.5 Since 2010/11 there has been a significant increase in overall demand. This demand continues to grow. Historically, these increases in demand are at levels higher than comparable trends in the NHS in England; meaning that a significant backlog now exists for urgent and routine referrals. Currently, the hospital is unable to meet the six week diagnostic standard for 99% of patients to be seen (from referral to scope).
- 1.6 To address this increase in demand for endoscopy services, the Department has recently secured additional funding from 2020/21 to increase capacity by providing staffing resources to allow the opening up the 3rd endoscopy room for procedures on a full-time basis. This is alongside the introduction of measures to improve efficiency and effectiveness of work undertaken by adopting the principles set out in the JAG standards and seeking JAG accreditation.

2. Performance in April 2019 to March 2020

| | Gastroscopy | Sigmoidoscopy | Colonoscopy | Other (PEG, Flexible Cystoscopy, TRUS, Bronchoscopy, Capsule Endoscopy) | Total Scopes |
|----------------|--------------------|----------------------|--------------------|--|---------------------|
| April 2019 | 126 | 24 | 149 | 65 | 364 |
| May 2019 | 123 | 26 | 161 | 51 | 361 |
| June 2019 | 125 | 21 | 132 | 58 | 336 |
| July 2019 | 132 | 25 | 134 | 75 | 366 |
| August 2019 | 147 | 27 | 144 | 49 | 367 |
| September 2019 | 155 | 32 | 134 | 67 | 388 |
| October 2019 | 156 | 45 | 152 | 85 | 438 |
| November 2019 | 162 | 32 | 162 | 65 | 421 |
| December 2019 | 100 | 33 | 145 | 60 | 338 |
| January 2020 | 110 | 27 | 161 | 73 | 371 |
| February 2020 | 127 | 30 | 124 | 59 | 340 |
| March 2020 | 123 | 37 | 180 | 70 | 410 |
| Total | 1,586 | 359 | 1,778 | 777 | 4,500 |

Endoscopy Procedures Undertaken at Nobles Hospital in 2019/20



| | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Other (PEG, Flexible Cystoscopy, TRUS, Bronchoscopy, Capsule Endoscopy) | 65 | 51 | 58 | 75 | 49 | 67 | 85 | 65 | 60 | 73 | 59 | 70 |
| Colonoscopy | 149 | 161 | 132 | 134 | 144 | 134 | 152 | 162 | 145 | 161 | 124 | 180 |
| Sigmoidoscopy | 24 | 26 | 21 | 25 | 27 | 32 | 45 | 32 | 33 | 27 | 30 | 37 |
| Gastroscopy | 126 | 123 | 125 | 132 | 147 | 155 | 156 | 162 | 100 | 110 | 127 | 123 |

2.1 The 2WW referrals are normally being seen within target times. Whilst each month's bowel screening surveillance referrals are allocated appointments for colonoscopies – which are undertaken via a dedicated Friday afternoon session for bowel screening surveillance - the number of bowel screening colonoscopy procedures undertaken has historically not been separately recorded and instead are included within the overall monthly totals of all colonoscopies undertaken.

3. Impact of Short Term Waiting List Initiative in Summer 2018

3.1 In June 2018, the then Director of Hospitals approved the introduction of a Short Term Waiting List Initiative to recruit additional locum / agency staff to allow opening of the 3rd endoscopy room on weekdays for a fixed period of 13 weeks to start to address the waiting list backlog. This involved the employment of a locum Consultant Endoscopist and supporting agency nursing staff to perform the endoscopies, plus additional administrative and nursing capacity for the Endoscopy Unit and Day Procedures Suite to book endoscopy appointments, undertake PAC's, prepare paperwork, patients notes and reception duties in support of the extra capacity being put in place. In addition, this initiative generated an additional work load for histology which required additional capacity to be put in place in Pathology through weekend working using existing staff.

3.2 Between 19th June and 14th September 2018 additional capacity was provided using locum agency staff to bring into operation the 3rd endoscopy room for an additional eight sessions per week.

3.3 In the time that the initiative was in operation at its level of peak activity in July and August, there was a 43% increase in the monthly activity compared to activity in April / May (before the initiative started) and a subsequent 28% decrease in average monthly activity since the Waiting List Initiative ended in mid-September 2018.

3.4 During the Waiting List Initiative the locum Consultant working in the 3rd endoscopy room delivered 409 procedures between 18th June 2018 and 14th September (195 colonoscopies, 154 gastroscopy, and 60 sigmoidoscopy). This level of additional activity takes account of the need to overcome a number of initial teething problems including:-

- First week of initiative was focused on initial set up training of the new locum team.
- Need to build up PAC capacity to support extra activity.
- Need to release more Day Procedure Suite beds for recovery of additional endoscopy patients.

3.5 This level of activity in the Short Term Waiting List Initiative was predominantly focused on delivering 2WW, urgent and bowel screening surveillance appointments.

Impact on Waiting Lists of Operating 3rd Room as part of Short Term Waiting List Initiative

3.6 By the end of the initiative there had been an improvement in overall waiting list numbers with 16% reduction overall (22% decrease for upper GI and 10% reduction for colorectal). Since the end of the initiative (even with 1 extra session per week since mid-October), the waiting list numbers have risen again by 5.2% overall (6.3% decrease for upper GI and 12.5% increase for colorectal).

4. Current Waiting List Position

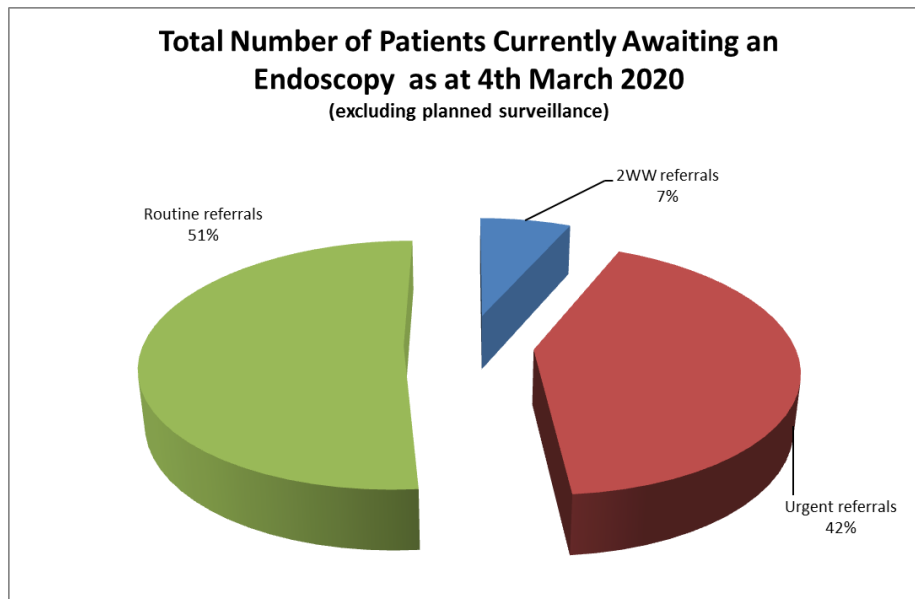
4.1 Despite the increase in endoscopy activity, there still remains a backlog that the Department is working through. The key factors that are contributing to the backlog are as follows:-

- an increase in overall demand for service;
- prioritisation based on clinical urgency resulting in routine patients waiting longer than expected;
- surveillance activity now being pro-actively managed through a 'planned booking process' of 7.2 patients per week.

4.2 This means that as at 4th March 2020 the number of patients awaiting an endoscopy was as follows:-

| Total Patients Awaiting an Endoscopy as at 4th March 2020 | | | | |
|--|------------|---------------|----------------|--------------|
| | 2WW | Urgent | Routine | Total |
| Colonoscopy | 41 | 350 | 297 | 688 |
| Flexi sigmoidoscopy | 3 | 58 | 90 | 151 |
| Cystoscopy | 14 | 38 | 24 | 76 |
| Gastroscopy | 43 | 191 | 369 | 603 |
| sub total | 101 | 637 | 780 | 1,518 |
| Endoscopy - Planned | 1 | 22 | 1,541 | 1,564 |
| | | | Total | 3,082 |

nb - The above figures are now collated on the same basis as UK datasets are collated.



5. Progress on Seeking JAG Accreditation

5.1 The Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation quality assurance (QA) standards are designed to provide a framework of requirements to support the assessment of endoscopy services. They are intended both to support endoscopy services in delivering better person-centred care, and to be used to assess services for accreditation.

5.2 The accreditation standards for JAG assessments are grouped into four domains, as below.

| | |
|---|---|
| <p>CQ – Clinical quality</p> <ul style="list-style-type: none"> • CQ1 – Leadership and organisation • CQ2 – Safety • CQ3 – Comfort • CQ4 – Quality • CQ5 – Appropriateness • CQ6 – Results | <p>QP – Quality of the patient experience</p> <ul style="list-style-type: none"> • QP1 – Respect and dignity • QP2 – Consent process including patient information • QP3 – Patient environment & equipment • QP4 – Access and booking • QP5 – Planning and productivity • QP6 – Aftercare • QP7 – Patient involvement |
| <p>WR – Workforce</p> <ul style="list-style-type: none"> • WR1 – Teamwork • WR2 – Workforce delivery • WR3 – Professional development | <p>TR – Training</p> <ul style="list-style-type: none"> • TR1 – Environment, training opportunities and resources • TR2 – Trainer allocation and skills • TR3 – Assessment and appraisal |

- 5.3 To achieve these accreditation standards will require a significant amount of work to be undertaken over at least the next 12 months including:-
- Ensuring the service is achieving and maintaining standards for endoscopy waits as per national requirements (ie less than two weeks for cancer and urgent cases and less than 6–9 weeks for routine cases (requirements for routine referrals varies between England, Scotland, Wales and Northern Ireland).
 - Review and implementation of relevant policies, procedures, systems and clinical practice.
 - Ensuring adequate appropriate patient centred facilities (rooms and equipment) are in place.
 - Ensuring sufficient clinical, managerial, administrative and technical support (such as information technology (IT)) to organise and deliver the service effectively with the existing two rooms. Currently the service relies upon the significant use of unfunded bank staff as there is no budget provision for the required number of substantive nursing staff to operate these two rooms. If the third room is to be brought into operation this will require additional substantive clinical, nursing and administrative staff in Endoscopy.
 - Dedication of four beds within the Day Procedures Unit for recovery of Endoscopy patients. This will only be possible if all of the following are put in place:-
 - additional staffing within the Day Procedures Unit;
 - the relocation of medical outliers from the Day Procedures Unit to elsewhere in the hospital; and
 - transfer of infusion activity from the Day Procedures Unit to the new dedicated infusion bay within the Eric and Marion Scott Oncology Day Unit (dependent upon approval of a business case for enhanced staffing for the expanded Oncology Unit service).
 - Ensuring that it has the appropriate workforce and that recruitment processes meet the current and future needs of the service.
 - Implementation of improved patient booking and scheduling systems which will require the upgrade / replacement of existing specialist endoscopy software.
 - Collection of performance data which will require an updating of existing Endoscopy software which is outdated and cannot currently record or provide all of the required data in a readily accessible format.
 - In addition, the existing data server will need replacing with 6-7 months in order to allow the service to continue to function.
- 5.4 In this respect, representatives from the Endoscopy Service plus the General Manager for Scheduled Care are attending a 'Preparing for JAG accreditation' training day at Royal College of Physicians in London in mid-September 2019.
- 5.5 Until all of the above can be achieved and put in place then the Endoscopy Service will not be in a position to apply for and achieve JAG accreditation.

6. Implementing Action Plan set out in MiAA Advisory Services Endoscopy Service Review completed in March 2018

- 6.1 Since the publication of the final report a number of actions have been implemented to address the concerns raised in the Review's Action Plan relating to policy and procedures, surveillance system, performance management & governance and capacity management.
- 6.2 These measures are also contributing towards the required preliminary work that is necessary to prepare for seeking JAG accreditation.

| Issues identified for action | Actions that have been implemented |
|---|--|
| Policy & Procedures | <ul style="list-style-type: none"> Work has been ongoing to update and implement operating procedures as part of the preparatory work to seek JAG accreditation. |
| GP Referral pathway | <ul style="list-style-type: none"> Work is ongoing to standardise the GP Out-Patient referral process across all specialities. As part of this Straight to Test (STT) was implemented in summer 2018 – whereby some 2WW suspected cancer patients were given endoscopy appointments rather than clinic appointments as their first appointment. This has assisted 2WW cancer patients on their 31 and 62 pathway targets. In addition, valuable Out-Patient Clinic appointments have been freed up for other patients. This action is in line with published guidance in the UK¹. |
| Data Collection and Analysis / performance management | <ul style="list-style-type: none"> Improvements have been implemented in standardising data recording of procedures and outcomes using existing dedicated endoscopy software. Clinical performance management information is now being collated and circulated to individual clinicians using existing dedicated endoscopy software. Work has been undertaken to assess whether existing Patient Administration System software (Medway) could be used or integrated with existing specialist endoscopy software to integrate scheduling, patient booking, data collection and analysis of performance in accordance with JAG accreditation requirements. After a scoping assessment it has been concluded that Medway is not appropriate software as it does not have all the required functionality. Existing endoscopy software can provide some of the required data collection and analysis functions required to support JAG accreditation process. Work is ongoing (in accordance with GTS procurement process) to develop technical specification for replacement / updating of endoscopy with required functionality software plus replacement of data server capacity. |

¹ Recently published research "Improving diagnostic pathways for patients with suspected colorectal cancer" (ACE Colorectal Pathways Cluster, June 2017) identified that "...There is good evidence that STT pathways are more efficient in reducing diagnostic and treatment waiting times and result in improved patient and General Practitioner (GP) experience..."

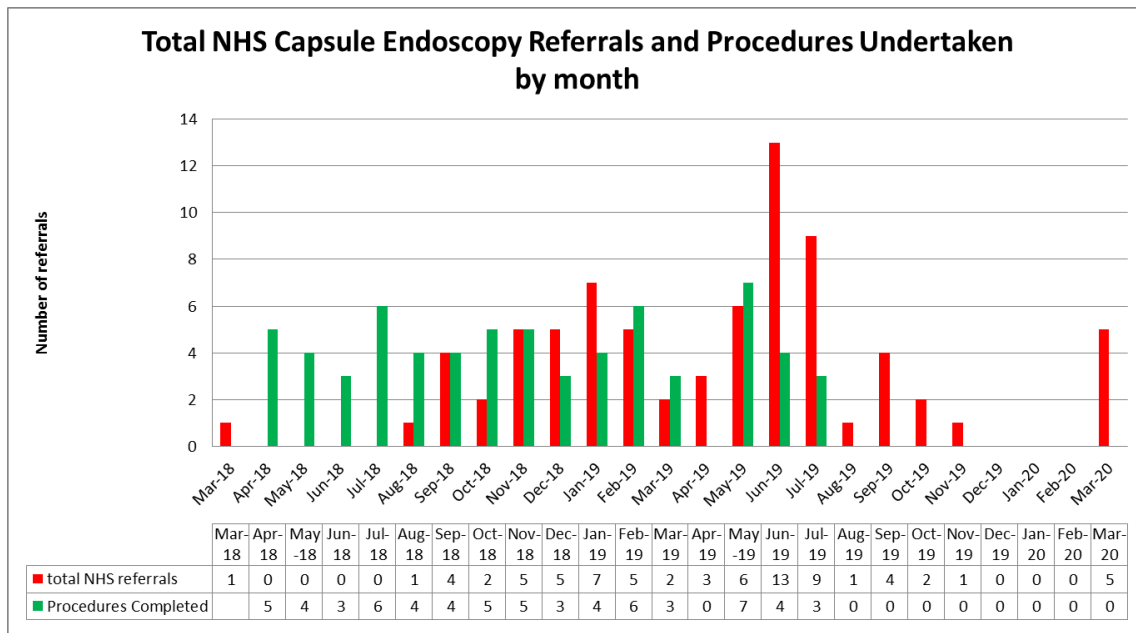
| | |
|---|---|
| Booking and scheduling system | <ul style="list-style-type: none"> • Currently a mix of four different paper and software packages are used, with elements of double handling / duplication of work taking place. • Scope for more efficient and effective electronic processes to be put in place using scheduling module in a dedicated endoscopy software package (as Medway cannot deliver this functionality – see above). Work is ongoing to develop technical specification for replacement /updating of endoscopy software with required functionality in accordance with GTS procurement process. |
| Surveillance System | <ul style="list-style-type: none"> • Dedicated bowel screening session have been put in place on Friday afternoons each week for patients identified as requiring an endoscopy by the Bowel Cancer Screening Programme (BCSP). |
| Governance / Leadership / Communication | <ul style="list-style-type: none"> • Lead Consultant for Endoscopy has been identified. • Regular monthly governance meetings have started – these are open to all staff engaged in endoscopy. |
| Risk Management | <ul style="list-style-type: none"> • Within DATIX reporting software system:- <ul style="list-style-type: none"> ➢ specific operational risks for endoscopy have been identified, reported and being reviewed on Scheduled Care Group Risk Register. Currently there are two operational risks identified as 'extreme' relating to software and the data server plus another two operational risk rated as 'high' - relating to endoscopy waiting times and the lack of JAG accredited staff. ➢ Specific incidents reported and investigated / actioned as appropriate. |
| Capacity management | <ul style="list-style-type: none"> • Increase in the average number of procedures (as measured in JAG points) from 8-9 per session (except for training sessions) has been implement using existing staff. • There is now better identification of, and limitation in the number of training lists (with reduced capacity) each week to maximise number of procedures scheduled. • Separate session for patients identified as requiring an endoscopy by the Bowel Cancer Screening Programme (BCSP) has been implemented on a weekly basis every Friday afternoon. • Improvements are ongoing to the pre-assessment clinic process. • In order to reduce the number of cancellations, patient letters now include improved dietary advice. • Booking team now have access to Endoscopists' availability through access to Doctors rota in MediRota which enables better use of sessions in matching patients by priority against clinical capacity and availability of clinicians. • Improvements are ongoing to make the most effective use of two rooms currently in operation and scope turn-around. • Currently a Nurse Endoscopist is undergoing training which will then give greater flexibility and cover for undertaking procedures. However, the existing Nurse Endoscopist is often diverted from training to provide nursing cover due to shortage of nursing staffing (due to reliance on unfunded bank staff to operate the sessions). • Pooling of waiting lists takes place – so that normally patients are not limited to a specific clinician – leading to better utilisation of clinicians and sessions by allowing capacity to be flexed to meet demand and patient availability, thus minimising number of unused appointments. • Recruitment has commenced for additional staff to increase capacity of the Endoscopy Suite. |

7. Capsule Endoscopy

7.1 Since its introduction into clinical practice, small bowel capsule endoscopy has evolved into an endoscopic investigation that forms part of standard clinical care. It has some advantages over alternative tests used to examine the small bowel in well-defined clinical circumstances. It usually takes place as a second or third line diagnostic test.

It should be noted that many hospitals in the North West who are part of the Cheshire and Merseyside Cancer Alliance area, do not currently provide a capsule endoscopy service and instead rely on referring patients to hospitals providing these services.

| CAPSULE ENDOSCOPY | | | | | |
|--------------------------|---------------------|----------------------------------|---|----------------------------|-----------------------------|
| | New referral | Private patient referrals | Other referrals awaiting resolution of query | Total NHS referrals | Procedures Completed |
| Mar-18 | 0 | | 1 | 1 | 0 |
| Apr-18 | 0 | | 0 | 0 | 5 |
| May-18 | 0 | | 0 | 0 | 4 |
| Jun-18 | 0 | | 0 | 0 | 3 |
| Jul-18 | 0 | | 0 | 0 | 6 |
| Aug-18 | 1 | | | 1 | 4 |
| Sep-18 | 3 | | 1 | 4 | 4 |
| Oct-18 | 2 | | | 2 | 5 |
| Nov-18 | 2 | | 3 | 5 | 5 |
| Dec-18 | 4 | | 1 | 5 | 3 |
| Jan-19 | 6 | | 1 | 7 | 4 |
| Feb-19 | 4 | | 1 | 5 | 6 |
| Mar-19 | 2 | | | 2 | 3 |
| Apr-19 | 3 | | | 3 | 0 |
| May-19 | 4 | | 2 | 6 | 7 |
| Jun-19 | 9 | 1 | 4 | 13 | 4 |
| Jul-19 | 8 | 2 | 1 | 9 | 3 |
| Aug-19 | 1 | | | 1 | 0 |
| Sep-19 | 4 | | | 4 | 0 |
| Oct-19 | 2 | 1 | | 2 | 0 |
| Nov-19 | 1 | | | 1 | 0 |
| Dec-19 | 0 | | | 0 | 0 |
| Jan-20 | 0 | | | 0 | 0 |
| Feb-20 | 0 | | | 0 | 0 |
| Mar-20 | 5 | | | 5 | 0 |
| | | | Total | 76 | |

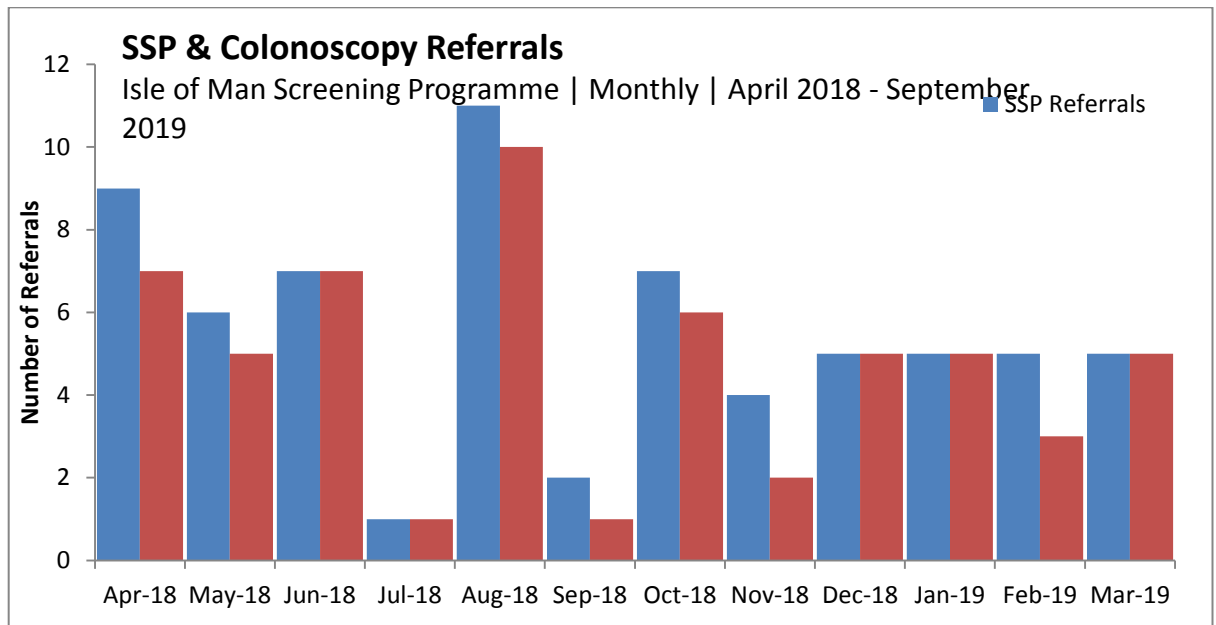


- 7.2 At the end of March 2020 there were 76 referrals waiting to be done. Currently, the service is suspended except for emergency cases in exceptional circumstances due to lack of resource capacity to undertake procedures and read the results.
- 7.3 In line with forecasts elsewhere in Cheshire and Merseyside Cancer Alliance area, demand is expected to increase year on year.
- 7.4 In response to this, Noble’s Hospital is currently training clinicians to undertake the procedure and reading of results with a view to restarting the service in early 2021 when the 3rd endoscopy room comes into operation. In doing so, Noble’s Hospital is looking to join and take part in the proposed Cheshire and Merseyside Cancer Alliance Regional Small Bowel Capsule Endoscope Service to provide a virtual network to undertake reading of results and sharing of expertise including holding an MDT. This proposal is currently being developed by the Cheshire and Merseyside Cancer Alliance and is subject to funding, IT and Information Governance issues being resolved.

Officers from the Isle of Man are actively involved in these discussions. For more information see <https://www.thejag.org.uk/news/the-super-endoscopy-team-how-eight-endoscopy-units-across-cheshire-and-merseyside-came-together-to-form-an-endoscopy-network>

8. Bowel Screening

8.1



| Date | SSP Referrals | Colonoscopy Referrals | Date | SSP Referrals | Colonoscopy Referrals |
|--------|---------------|-----------------------|--------|---------------|-----------------------|
| Apr-18 | 9 | 7 | Apr-19 | 3 | 3 |
| May-18 | 6 | 5 | May-19 | 11 | 8 |
| Jun-18 | 7 | 7 | Jun-19 | 4 | 3 |
| Jul-18 | 1 | 1 | Jul-19 | 6 | 5 |
| Aug-18 | 11 | 10 | Aug-19 | 6 | 5 |
| Sep-18 | 2 | 1 | Sep-19 | 3 | 2 |
| Oct-18 | 7 | 6 | Oct-19 | 3 | 3 |
| Nov-18 | 4 | 2 | Nov-19 | 4 | 2 |
| Dec-18 | 5 | 5 | Dec-19 | 4 | 4 |
| Jan-19 | 5 | 5 | Jan-20 | 6 | 5 |
| Feb-19 | 5 | 3 | Feb-20 | 3 | 1 |
| Mar-19 | 5 | 5 | Mar-20 | 9 | 8 |

8.2 Each month the Bowel Cancer Screening Programme (BCSP) via the Rugby Hub and Bowel Cancer Screening Centres send out screening kits to 'clients' based on the outcome of the results of these tests. The Bowel Cancer Screening Programme (BCSP) identifies patients who require further investigations. Public Health Isle of Man refers these patients to the Bowel Cancer Clinical Nurse Specialist who will either arrange for a 2WW clinic appointment for a Straight to Test colonoscopy.

These referrals are allocated appointments for colonoscopies which are undertaken as soon as possible via a dedicated Friday afternoon session. The number of bowel screening colonoscopy procedures undertaken has historically not been separately recorded and, instead, are included within the overall monthly totals of all colonoscopies undertaken (see above).

9. Conclusions

9.1 In summer 2018, the Department agreed that the Endoscopy Service should work towards seeking JAG accreditation. As outlined above, a number of improvements have been implemented to address the action plan recommendations set out in the MiAA Advisory Services Endoscopy Service Review. These also assist with the work to seek JAG accreditation.

9.2 It is clear that at present the Endoscopy Service is not able to achieve JAG accreditation (and is unlikely to do so within the next 24 months), as it does not have the minimum staffing and resource capacity in place to achieve and maintain standards for endoscopy waits as per national requirements ie:-

- less than two weeks for cancer and urgent cases;
- less than 6–9 weeks for routine cases (requirements for routine referrals varies between England, Scotland, Wales and Northern Ireland).

9.3 To achieve these standards will require further investment and implementation of the following:

- 1) Investment in a dedicated endoscopy software package with the functionality to put in place efficient and effective scheduling and booking, data collection & analysis and performance management (as Medway cannot deliver this functionality).
- 2) Substantive staffing establishment and budget to allow operation of all three rooms on a long term basis.

As at end March 2020, only two out of three endoscopy rooms can be used at any one time due to insufficient nursing staffing establishment being in place to operate all three rooms. Even then the service relies upon unfunded bank staff to operate these two rooms (as the substantive staffing establishment was not increased to match the expansion in capacity when the Ramsey and Noble's Hospital services were merged as part of the creation of the new unit here at Noble's Hospital in 2017).

nb the 2020 budget allocated an additional £564,000 of funding for endoscopy to allow the staffing and equipping for the 3rd endoscopy room to be brought into use.

- 3) Dedication of four beds within the Day Procedures Unit for recovery of Endoscopy patients. This will only be possible if all of the following are put in place:-
 - a. additional staffing within the Day Procedures Unit;
 - b. the relocation of medical outliers from Day Procedures Unit to elsewhere in the hospital; and
 - c. transfer of infusion activity from Day Procedures Unit to the new dedicated infusion bay within the Eric and Marion Scott Oncology Day Unit (this is dependent upon approval of a business case for enhanced staffing for the expanded Oncology Unit service).