



Modernising Endoscopy Services Project

Endoscopy Service Improvement Sign Posting Document

2008

Further information about the Modernising Endoscopy Services Project is available on the NICaN website www.nican.n-i.nhs.uk

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INTRODUCTION

Who has written this document?

This document has been written by NICaN – The Northern Ireland Cancer Network, as part of the Modernising Endoscopy Services Project.

What is in this signposting document?

It is a signposting guide for Trusts and endoscopy units, directing them to documents and websites with tools and techniques for endoscopy service improvement.

Why is it needed?

Bowel Cancer Screening will be introduced across Northern Ireland by the end of 2009. An audit into the capacity of endoscopy services in Northern Ireland was carried out at the end of 2007. The information collected in the audit will help Trusts and endoscopy units to pin-point areas in their service which could be improved. This document will help Trusts and units to find out about good practice elsewhere and to identify tools and techniques that can be used to improve their endoscopy services.

How should it be used?

The regional Modernising Endoscopy Services Project Team has asked Trusts to produce plans to modernise their endoscopy services in preparation for Bowel Cancer Screening in 2009. Trusts should use this document to help them to develop these plans, which should be based on good practice.

Where can I get more information?

The following members of the Modernising Endoscopy Services Project Team can be contacted for further information about the project:

Regional Clinical Lead for Endoscopy & Project Team Chair	Mr Kourosh Khosraviani	kourosh.khosraviani@belfasttrust.hscni.net
Regional Clinical Lead for Endoscopy	Dr Colin Rodgers	colin.rodgers@northerntrust.hscni.net
Project Coordinator	Sarah Liddle	sliddle@nican.n-i.nhs.uk

BACKGROUND

Modernisation and reform

A challenging programme of reform and modernisation across health services in England, Wales, Scotland and Northern Ireland has led to the creation of a range of new standards and targets that Trusts must achieve.

Waiting times

Endoscopy services in Northern Ireland have new standards to meet. Like other diagnostic services, they must reduce their waiting times to 9 weeks by March 2009 (DHSSPS 2008).

In addition, the standard set in Priorities for Action by March 2008 for referrals for suspected cancer has relevance for endoscopy services as a key step on the patient pathway:

“At least 98% of patients diagnosed with cancer should commence treatment within 31 days of the decision to treat, and at least 75% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days (increasing to 95% by March 2009)”

(DHSSPS, Priorities for Action 2007/08, Jan 2007)

Diagnostic test reporting

Recent guidance from the DHSSPS Service Delivery Unit on the time taken to turnaround diagnostic reports to GPs is very relevant for endoscopy services. Trusts are required to submit Diagnostic Reporting Action Plans to the SDU by 30 April 2008 and will be monitored on their progress to meet the proposed Priority for Action standard for diagnostic reporting times with effect from 1 July 2008:

Urgent Cases:

For urgent referrals, 100% of results must be verified and dispatched to the referring clinician within 2 (calendar) days of the test being undertaken.

Routine Cases:

For routine referrals 75% of results must be verified and dispatched to the referring clinician within two weeks (14 calendar days, including weekends and public holidays) of the test being undertaken.

All routine tests must be reported on within four weeks (28 calendar days).

With the introduction of NI PACS (Picture Archiving and communication system) during 2009, it is proposed that from 1 January 2010, 85% of all routine Imaging tests should be verified and dispatched to the referring clinician

within 2 weeks (14 calendar days, including weekends and public holidays).
(DHSSPS Service Delivery Unit 'DRTT1' and 'DRTT2', Feb 2008)

Bowel Cancer Screening – Key Challenges

The Programme for Government Budget includes the provision of funding to provide a Bowel Cancer Screening programme for Northern Ireland from 2009. A Project Board for Bowel Cancer Screening will be set up in 2008 and will decide upon the criteria that units must achieve to provide bowel cancer screening.

Global Rating Scale (GRS)

In England and Scotland, the implementation of the Endoscopy Unit Global Rating Scale (GRS) has led to significant endoscopy service improvements. GRS is a tool to measure the quality of service that an endoscopy unit provides. If an endoscopy unit in England wishes to provide bowel cancer screening it must achieve a score of 'A' in timeliness and 'B' in all other items. These scores are checked by the Joint Advisory Committee on Gastrointestinal Endoscopy (JAG), which then gives the unit the accreditation it needs to become a screening centre. An 'A' in timeliness means a waiting time of no longer than 6 weeks for routine cases and two weeks for urgent cases.

GRS will be implemented in Northern Ireland in 2008. Trusts and units have been asked to provide baseline scores on all aspects of GRS by the end of July 2008. Further information on GRS is available at www.grs.nhs.uk.

Equipment

One of the biggest challenges units in England faced in becoming screening centres was the issue of decontamination of equipment. Trusts in Northern Ireland have been asked to develop plans for equipment replacement, to make sure that equipment is of a high standard and that it meets the recommendations for Trusts as set out in the 'Independent review of Endoscope decontamination In Northern Ireland', also known as the Hine Report (DHSSPS, 2005).

Endoscopy training

The accreditation of endoscopy units and individual endoscopists forms part of the criteria for units wishing to provide bowel cancer screening in England. This accreditation is awarded by the Joint Advisory Committee on Gastrointestinal Endoscopy (JAG). Further information about JAG is available at www.thejag.org.uk.

USEFUL DOCUMENTS

There are many useful documents to help with service improvement. Some of these have been listed below under three main themes:

- Documents that refer specifically to endoscopy;
- Documents on best practice that have relevance for endoscopy;
- Documents that look at improving services and processes, patient flow, the measurement of capacity and, demand and general good practice.

Documents on Bowel Cancer Screening have not been included here, but can be accessed via the following website: www.cancerscreening.nhs.uk

Endoscopy Specific Documents:

Document Title	Information	Source
The Belfry Plan	The belfry plan provides a pragmatic, evidence based approach to improving the quality and timeliness of care for patients with gastrointestinal problems due to cancer and other conditions. (Cancer Services Collaborative 'Improvement Partnership' 2004/05)	www.cancerimprovement.nhs.uk
Diagnostic Collaborative Programme Plan	Report outline how the Collaborative programme will work to support NHS Boards and services achieve the waiting time standards and targets that have been set. (NHS Scotland, 2006)	http://www.scotland.gov.uk/Publications/2006/03/15154933/0
Improving Endoscopy Services: Meeting the Challenges – Looking to the future (July 2006)	Developed to support the Association of Coloproctology of Great Britain and Ireland annual conference 2006 – overview of developments in endoscopy, bowel cancer screening, accreditation of endoscopists and GRS.	http://www.endoscopy.nhs.uk/%5Cresources%5Cpublications%5CNHS_MTC.pdf
Straight To Test (Cancer Services Collaborative Improvement Partnership)	Describes how to develop an Outpatient Investigation Protocol for patients referred with suspected colorectal cancer.	www.cancerimprovement.nhs.uk

Documents on best practice that have relevance for endoscopy:

Document Title	Information	Source
10 High Impact Changes for service improvement and delivery	Patient centered, evidence based and systems focused changes that have real impact and improve services. (NHS Modernisation Agency 2004)	http://www.ogc.gov.uk/documents/Health_High_Impact_Changes.pdf
Applying High Impact Changes to Cancer Care		http://www.cancerimprovement.nhs.uk/%5Cdocuments%5CCSC_High_Impact.pdf
Cancer Services Top Tips	(Cancer Services Collaborative 'Improvement Partnership' 2004)	http://www.cancerimprovement.nhs.uk/documents/top_tips/Cancer_Top_Tips.pdf
Colorectal Cancer Top Tips	(Cancer Services Collaborative 'Improvement Partnership' 2004)	http://www.cancerimprovement.nhs.uk/documents/top_tips/Colorectal_Top_Tips.pdf
Guidance on Recording and Reporting Turnaround Times (DRTT 1) & Implementing a Standard for Reporting Turnaround Time (DRTT2)	(DHSSPS Service Delivery Unit 2008)	SDU
Hine Report – Report of an independent review of endoscope decontamination in Northern Ireland	(DHSSPS 2005)	DHSSPS
Priorities for Action	2007/08 2008/09 (DHSSPS)	DHSSPS

Document Title	Information	Source
The How To Guide – Achieving Cancer Waiting Times	<p>Includes Upper GI and Colorectal self assessment against the High Impact Changes</p> <p>The “How To” Guide seeks to provide organisational leaders with tools to assist in understanding their current position and provides local teams with a range of materials, including practical tools and methods, evidence-based high-impact changes, case-studies, and signposting for more detailed information resources.</p> <p>The “How To Guide” draws on evidence generated by the Cancer Services Collaborative ‘Improvement Partnership’ (CSC ‘IP’) from 2001 onwards, and is the result of the CSC ‘IP’ Service Improvement Leads and Facilitators working with hundreds of clinical teams across the NHS to facilitate service redesign.</p>	http://www.cancerimprovement.nhs.uk/View.aspx?page=/how_to_guide.html

Documents that look at improving services and processes, patient flow, the measurement of capacity and, demand and general good practice:

Document Title	Information	Source
A Guide to Service Improvement	This Guide to Service Improvement is a simple document which introduces the tools and techniques for improvement that are fundamental to getting to grips with the challenges of delivering improved patient access. It is not intended to be a detailed guide to every concept and its applicability. Where necessary it introduces a key concept and leads the reader to more detailed information.	www.scotland.gov.uk/Publications/2005/11/04112142/21428
	(Centre for Change and Innovation – Scotland)	
Improvement Leaders Guides 1	<p>Seven guides introducing a range of improvement advice:</p> <p>ILG 1.1 Improvement Knowledge and Skills Improvement is about continually working together to improve the safety, experience and outcomes for anyone who uses your service. But how would you describe the knowledge and skills of improvement? This guide will help you understand the range knowledge and skills you will most likely need in your improvement work.</p> <p>ILG 1.2 Process Mapping, Analysis and Redesign You will be surprised how complicated it is when you map a patient's journey. Process mapping is an exercise that enables teams to visualise current processes and find improvements that have the greatest impact. This guide helps you to engage with the staff who really know how things work, to set objectives and work together to redesign it.</p> <p>ILG 1.3 Working with Groups Are you nervous about leading or facilitating a group meeting? Getting people together to make things better for users, patients and carers is fundamental to the improvement process. This guide will show you how to get the right people, run the event and make things happen.</p> <p>ILG 1.4 Involving Patients and Carers Involving patients in improvement processes is not only a duty of all Trusts and SHAs, but a basic right. The methods and models in this guide are illustrated with short case studies, showing how easily healthcare processes can be improved with a patient focused approach.</p> <p>ILG 1.5 Evaluating Improvement Show your stakeholders what you have really achieved. This short guide will keep your improvement projects on-track and help you to produce professional results to a</p>	<p>http://www.institute.nhs.uk/index.php?option=com_content&task=view&id=134&Itemid=35</p>

standard that stakeholders expect. By choosing the right evaluation methods, you can demonstrate the wider impact and benefits for your patients.

[ILG 1.6 Use of Technology to Improve Services](#)

When technology is involved in an improvement project, whether it is information technology or technology in the form of devices and equipment, you might feel daunted by the amount of new challenges that arise. This guide helps you to manage the involvement of technology and produce the outcomes and benefits without losing focus on patient care and the people and processes that use it.

[ILG 1.7 Sustainability and its Relationship with Spread and Adoption](#)

Many improvements work initially but fail to keep going. This guide will inspire you to work through the sustainability question and help you to think about the patterns of behaviour and supporting systems that will sustain your hard won improvement successes.

(NHS Institute for innovation and improvement)

Improvement
Leaders
Guides 2

Four guides based on the industrial models of processes, systems and flow:

[ILG 2.1 Measuring for Improvement](#)

Measures for improvement will help you understand the impact of the changes you have made, share your successes when things go well and learn when things don't go so well. This guide will help you to develop the key measures of improvement.

[ILG 2.2 Matching Capacity and Demand](#)

This guide compliments the Improvement Leaders' Guide to process mapping. By helping you to identify where there are delays to the patient flow and working to remove or reduce the restrictions you can bring about dramatic improvements to patients' healthcare journeys often without investment in more staff, equipment or facilities.

[ILG 2.3 Improving Flow](#)

This again builds on the Improvement Leaders' Guide to Process mapping. It will give you better understanding about why there are so many interruptions to a patient's journey and give you more ideas about how to help them flow through our health care system with minimal delays and disruption.

[ILG 2.4 Working in Systems](#)

What is a system? How do processes relate to systems? How do patients experience our healthcare system? This guide will help you understand how processes and systems inter-relate and how to improve your patients' experiences as they cross the organisational boundaries in our healthcare system.

(NHS Institute for innovation and improvement)

http://www.institute.nhs.uk/building_capability/building_improvement_capability/improvement_leaders%27_guides%3a_process_and_systems_thinking.html

Document Title	Information	Source
Maximum Impact – Shorter Pathways	<p>This is an online document and an interactive tool.</p> <p>This tool:</p> <ul style="list-style-type: none"> ▪ outlines tips to help improve efficiency ▪ outlines productivity of services to link clinical care to financial turnaround ▪ pulls together learning from previous sources of key tools available to support delivery ▪ points you to links of further information ▪ provides a checklist to support organisations to ensure current service provision is maximised to support delivery ▪ acts as a reference point and not to replicate all the information which has preceded it ▪ regularly updated to reflect new areas of good practice 	http://www.18weeks.nhs.uk/Content.aspx?path=/achieve-and-sustain/Transforming-and-improving/Maximum-Impact-Shorter-pathways
The Big Wizard	<p>A guide to systems management in healthcare – aimed at managers in primary care organizations who are involved in commissioning services.</p>	http://www.naptact.nhs.uk/demand_management/
The Little Wizard	<p>Aims to help improve service and reduce waiting times, should be useful to anyone involved in referring patients or delivering services where waiting times and numbers are an issue</p>	http://www.naptact.nhs.uk/demand_management/

USEFUL WEBSITES

The main website for endoscopy service improvement is the GRS (Global Rating Scale). The web address is included below. This is the central point that all endoscopy units should use to continue to improve their service. All improvements should focus on meeting the quality items listed in each of the four GRS domains, Patient and Clinical Quality, Training and Workforce.

Website Name	Information	Web Address
18 Weeks – National Endoscopy Team website	This website is home to the official guidance and information to help NHS health professionals achieve and sustain the 18 weeks patient pathway in England. Endoscopy: Click on the 'quick links' drop down menu at the top of the screen and select 'endoscopy'	www.18weeks.nhs.uk
Association of Coloproctology of Great Britain and Northern Ireland (ACPGBI)	The Association of Coloproctology of Great Britain and Ireland is a professional society representing more than 1000 Colon and Rectal specialists dedicated to advancing and promoting the science and practice of the treatment of patients with diseases and disorders affecting the colon, rectum, and anus. It is also known as The Association of Bowel Specialists.	www.acpgbi.org.uk/
Bowel Cancer Screening	England NHS bowel cancer screening web page Scotland NHS bowel cancer screening web page	www.cancerscreening.nhs.uk/bowel/index.html www.bowelscreening.scot.nhs.uk
British Society of Gastroenterology (BSG)	Click on 'sections' in the left hand column, then click on 'endoscopy'	www.bsg.org.uk/
Cancer Services Collaborative Improvement Partnership	The Cancer Services Collaborative 'Improvement Partnership' (CSC'IP') is a national NHS Programme that supports local cancer service teams (Networks) to improve their cancer and diagnostic services and help reduce their waiting times. Working closely with the National Cancer Programme, the CSC'IP' works with all the cancer networks and services.	http://www.cancerimprovement.nhs.uk/View.aspx?page=/default.html

Website Name	Information	Web Address
DIPex Patient Experience website	DIPEX shows you a wide variety of personal experiences of health and illness. You can watch, listen to or read their interviews, find reliable information on treatment choices and where to find support.	www.dipex.org/DesktopDefault.aspx
Department of Health	England	www.dh.gov.uk
Global Rating Scale (GRS) England site	The Global Rating Scale (GRS) is a patient-focused self-assessment tool developed for improving the quality of care provided by endoscopy units	www.grs.nhs.uk
Global Rating Scale (GRS) Northern Ireland site	The Global Rating Scale (GRS) is a patient-focused self-assessment tool developed for improving the quality of care provided by endoscopy units. Will include all GRS data for Northern Ireland	
Global Rating Scale (GRS) Scotland site	The Global Rating Scale (GRS) is a patient-focussed self-assessment tool developed for improving the quality of care provided by endoscopy units	www.grs.scot.nhs.uk
Global Rating Scale (GRS) Wales site	The Global Rating Scale (GRS) is a patient-focused self-assessment tool developed for improving the quality of care provided by endoscopy units	http://www.grs.wales.nhs.uk/
Joint Advisory Group on gastrointestinal endoscopy (JAG)	The Joint Advisory Group on GI Endoscopy is a body sponsored and funded by several Royal Colleges [The Royal Colleges of Physicians of the UK, the Royal Colleges of Surgeons of the UK, the Royal College of Radiologists and the Royal College of General Practitioners], set up to define the standards for the training of all endoscopists no matter what their professional background.	www.thejag.org.uk
National Leadership and Innovation Agency for Healthcare (Wales)	The purpose of the organisation is to support NHS organisations at all levels to develop the capacity and capability to deliver the change agenda, helping to embed effective leadership, innovation and renewal across the NHS in Wales.	www.wales.nhs.uk/sites3/home.cfm?OrgID=484

Website Name	Information	Web Address
NHS Institute for Innovation and Improvement	The NHS Institute for Innovation and Improvement supports the NHS to transform healthcare for patients and the public by rapidly developing and spreading new ways of working, new technology and world-class leadership.	http://www.institute.nhs.uk/
NHS Modernisation Agency Demand Management Team	The Demand Management Team works with England's NHS managers and clinical staff to increase their understanding of the issues associated with demand management.	www.natpact.nhs.uk/demand_management/
NHS Scotland – delivery improvement	Scotland	http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/Delivery-Improvement
Northern Ireland Cancer Network - NICaN	The Northern Ireland Cancer Network (NICaN) is the managed clinical network for cancer services. It works towards the continuous improvement in cancer care and cancer survival for the people of Northern Ireland.	www.nican.n-i.nhs.uk

LOCAL SOURCES OF SUPPORT

There are many sources of support for Trusts and endoscopy units to help them to improve their service. Working together across unit and trust boundaries to share good practice is a good place to start.

The following people are a good first point of contact, however there is a full directory of lead contacts for each Trust and endoscopy unit entitled 'List of key contacts – Endoscopy Services March 2008' available on the NICaN website, www.nican.n-i.nhs.uk

Trust / Organisation	Name	Role	Contact Details
NICaN	Mr Kourosh Khosraviani	Regional Clinical Lead for Endoscopy	kourosh.khosraviani@belfasttrust.hscni.net
NICaN	Dr Colin Rodgers	Regional Training Lead for Endoscopy	colin.rodgers@northerntrust.hscni.net
NICaN	Sarah Liddle	Project Coordinator – Modernising Endoscopy Services	sliddle@nican.n-i.nhs.uk
Belfast – BCH	Dr Simon Johnston	Clinical Lead BCH	simon.johnston@belfasttrust.hscni.net
Belfast - RVH	Dr Neil McDougall	Clinical Lead RVH	neil.mcdougall@belfasttrust.hscni.net
Belfast – Mater	Dr Peik Lim	Clinical Lead Mater	peik.lim@belfasttrust.hscni.net
Northern Trust	Margaret Kyle	Endoscopy Nurse Lead	margaret.kyle@northerntrust.hscni.net
Northern Trust	Dr Colin Rodgers	Clinical Lead Northern Trust	colin.rodgers@northerntrust.hscni.net
South Eastern Trust	Dr Grant Caddy	Clinical Lead, South Eastern Trust	grant.caddy@setrust.hscni.net
Southern Trust	Dr Michael Gibbons	Clinical Lead, Southern Trust	michael.gibbons@southerntrust.hscni.net
Western Trust	Dr Chris Steele	Clinical Lead, Western Trust	chris.steele@westerntrust.hscni.net

