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Endoscopy Action Plan

Creating substantial and sustainable changes to Scotland's Endoscopy Service

March 2019

Introduction

Our approach to health and social care is rooted in the right of people to have safe, effective and person-centred healthcare. Ensuring that we all have continuing and improved access to high quality care is our guiding principle.

Our £850 million Waiting Times Improvement Plan (WTIP) published in October 2018 sets out actions to ensure future delivery of waiting time standards and guarantee for patients across Scotland by the Spring of 2021.

It provides a significant investment, directing £535 million of resource funding as well as £320 million of capital funding over the next two years. Overall investment will support reforms to increase capacity, increase clinical effectiveness and efficiency, as well as implementing new models of care.

The Improvement Plan will make a phased, decisive improvement in the experience of patients waiting to be seen or treated:

- By October 2019
  - 80% of outpatients will wait less than 12 weeks to be seen;
  - 75% of inpatient/daycases (eligible under the treatment time guarantee) will wait less than 12 weeks to be treated; and
  - 95% of patients for cancer treatment will continue to be treated within the 31-day standard.
- By October 2020
  - 85% of outpatients will wait less than 12 weeks to be seen; and
  - 85% of inpatient/daycases will wait less than 12 weeks to be treated.
- By Spring 2021
  - 95% of outpatients will wait less than 12 weeks to be seen;
  - 100% of inpatient/daycases will wait less than 12 weeks to be treated; and
  - 95% of patients for cancer treatment will be treated within the 62-day waiting time standard.

Access to diagnostics is pivotal to achievement of the Improvement Plan. In recognition of this the Endoscopy Action Plan (EAP), initially announced in June 2018, has been refined to support the commitments set out in the WTIP. This revised EAP sets out our plan for sustainable endoscopy services across NHSScotland and will ensure that the most urgent patients receive access to diagnostics swiftly.

Endoscopy Landscape in Scotland

Endoscopy demand in Scotland has been continuously increasing in recent years due to the ageing population and an increased uptake in bowel screening due to the introduction of the single sample FIT test.

The population of Scotland is projected to rise from 5.40 million in 2016 to 5.58 million in 2026, and to continue to rise to 5.69 million in 2041 – an increase of 5% over the 25 year period.

The population is also projected to age, with people aged 75 and over expected to be the fastest growing age group in Scotland. The number of people aged 75 and over is projected to increase by 27% by 2027 and increase by 79% over the next 25 years to 2041.

This plan (see appendix 1) lays out short, medium and long term actions in support of a drive to provide accessible, clinically relevant diagnostics to the population of Scotland.

Colonoscopy is the ‘gold standard’ procedure for the diagnosis and non-surgical management of colonic disease. Oesophago-gastro-duodenoscopy (OGD) is the ‘gold standard’ procedure for the investigation and non-surgical management of upper gastrointestinal (UGI) disease.

The Plan

Background

The Endoscopy Action Plan (EAP) is supported with base funding of £6 million of new investment announced in 2018/19 and covers the four main Endoscopy procedures as follows:

- Upper Endoscopy
- Lower Endoscopy (excluding Colonoscopy)
- Colonoscopy
- Cystoscopy

There has already been some success in reducing overall numbers waiting for an endoscope.

Development & Governance

This Endoscopy Action Plan (EAP) has wide clinical support and is aligned with the Scottish Access Collaborative (SAC) Framework. The plan is part of the overall Scottish Government Waiting Times Improvement Plan (WTIP) which will be delivered in close partnership with Boards and will be reported through the WTIP governance structures moving forward.

Aim & Objectives

Over the next 24 months, the Endoscopy Action Plan will ensure that:

- 90% of new patients will wait no more than six weeks for one of the four key endoscopic tests:
  - Upper Endoscopy;
  - Lower Endoscopy (excluding Colonoscopy);
  - Colonoscopy and
  - Cystoscopy.
- The most urgent patients (including those referred as 'urgent suspicion of cancer' and from the national bowel screening programme) are prioritised referral pathways. This plan will lay the foundation for 100% of patients to be seen within 6 weeks by Spring 2022.

The Endoscopy Action Plan will:

- Reduce the number of patients waiting over six weeks through provision of additional clinics, implementing key improvement programmes such as the use of qFIT to support primary care referral, and use of endoscopy management systems to aid booking and scheduling of patients.
- Increase clinical effectiveness by developing and implementing new guidance for surveillance and follow-up, implementing the revised Scottish Referral Guidelines for Suspected Cancer, implementation of three stage clinical validation, review clinical pathways such as haematuria, and expansion of nurse endoscopist training.
- Increase understanding of referral demand and capacity by developing new management information and review quality by audit and accreditation of endoscopy units.
- Pilot and invest in new technologies such as transnasal endoscopy and capsular endoscopy.

Action

The Endoscopy Action Plan (EAP) sets out a range of actions that will deliver changes in management of endoscopy services. The actions are defined as short to medium-term with clear deliverables and within the framework of the WTIP. While diagnostic targets are not explicitly mentioned within the WTIP, there is a clear expectation that there will be no patients waiting over six weeks by Spring 2022. This will require a focused programme of work to accelerate both new and existing actions already underway.

Increasing capacity across the system

All NHS Boards are experiencing increased demand on endoscopy services, in particular there is increased demand on colonoscopy services following the introduction of faecal immunochemical testing (FIT) into the Scottish Bowel Screening Programme in November 2017. While increases in participation are to be welcomed there has been an increase in positivity with the new test which has resulted in a 100% increase in referrals to endoscopy services for screening patients.

This plan will co-ordinate and use capacity across the country, including use of the independent sector in a structured way to reduce waits and ensure the highest priority patients continue to be prioritised. This will provide additional short-term capacity to support the improvement projects underway to increase capacity in the longer term.

The availability of a trained workforce is critical to the successful delivery of the EAP. The plan commits to the continued training provision for nurse Endoscopists across NHSScotland and to work with the Scottish Access Collaborative to develop Advanced Nurse Practitioner posts to ensure patients are seen appropriately and quickly.

We will:

- *Reduce numbers waiting over six weeks through additional clinics and scope sessions.*
- *Support the expansion of nurse endoscopist training.*

Increasing effective use of existing capacity

The EAP will build upon the existing Scottish Access Collaborative and ensure that there is clinical leadership throughout the plan. There is variation in the compliance with clinical guidelines for referral into endoscopy services and for follow-up and surveillance patients. The EAP will ensure that the revised Scottish Referral Guidelines for Suspected Cancer are embedded in routine clinical practice and will develop clinical consensus of revised guidelines for surveillance patients.

The EAP will ensure that relevant clinical pathways such as haematuria pathways are reviewed and redesigned to improve outcomes for both patients and clinicians. Coupled with clinical validation this will help ensure that patients are on the right clinical pathway at the right time and reduce unwarranted variation and increase capacity.

We will:

- *Implement the revised Scottish Referral Guidelines for Suspected Cancer.*
- *Develop and implement guidance for surveillance and follow-up.*
- *Implement three stage clinical waiting list validation.*
- *Introduce Active Clinical Referral Triage (ACRT).*
- *Reduce variation in the availability and adoption of effective endoscopy management systems, to aid booking scheduling.*
- *Review relevant clinical pathways via the Scottish Access Collaborative Framework.*

Embedding wider improvement

There are particular pressures on colonoscopy services. Many patients who are referred for colonoscopy have vague gastrointestinal symptoms. Patients who have bowel symptoms suspicious of cancer or serious bowel disease are referred for endoscopy as the first diagnostic test. However, the symptoms that are associated with bowel cancer are frequently associated with much less serious causes such as haemorrhoids and irritable bowel syndrome (IBS).

A quantitative faecal immunochemical test for haemoglobin (qFIT) has been proven to be effective at detecting trace amounts of haemoglobin in faeces (a risk factor for cancer or serious bowel disease).The potential to use qFIT to aid referral from primary care into endoscopy services has been piloted across NHSScotland. A clinical learn and share event was held in December 2018, to share best practice and gather clinical outcome data to inform the national approach to qFIT roll-out, and a further event is scheduled to take forward the implementation of recommendations from this group.

There is variation in the management and booking of patients for endoscopic tests across NHSScotland. New management information including urgency of referral and time bands will be developed to inform effective booking and management for new and surveillance patients. The endoscopy management systems currently used to capture clinical outcomes have the potential to aid in the effective booking and scheduling of all patients and will be explored.

The National Bowel Screening Programme audit has demonstrated a significant variation in practices and performance between units within Scotland. Audit stimulates continuous improvement in processes and patient outcomes and provides a knowledge base of best practice to improve management and efficiency of endoscopy services. We will work with NHS Boards and Healthcare Improvement Scotland (HIS) to audit endoscopy units and explore accreditation.

We will:

- *Introduce weekly management information including source of referral, numbers waiting by time band and activity.*
- *Implement qFIT to support referral from primary care.*
- *Audit endoscopy units and explore accreditation.*
- *Pilot and invest in new technologies as they emerge.*

Conclusion

Progress against the Endoscopy Action Plan will be closely monitored via the Waiting Times Improvement Plan Operational Programme Board (WTIP OPB), with the opportunity for additional funding made available from this source. To support the delivery of the actions outlined in this plan, an implementation group will be formed. This will comprise of Scottish Government officials, relevant NHS Board representatives, screening counterparts and third sector representation. This group will be formed in Spring 2019 and will be chaired by a Senior NHS Manager and Clinician.

Progress reports will be regularly shared through the WTIP OPB with the EAP being reviewed on a continuing basis, and refined to ensure actions remain applicable and new and emerging evidence is acted upon, as necessary.

Appendix 1 – Action Plan Summary

Action no.	Short/medium/ long term	Action
Waiting List Validation		
1.1	Short	Clerical review of those waiting over 6 weeks for the 4 key endoscopic tests followed by clinical review.
1.2	Short	Clerical review of those waiting beyond their surveillance date on each of the surveillance time bands followed by clinical review.
Booking		
2.1	Short	Review booking processes and introduce patient focused booking if not already available.
2.2	Short	Boards to target capacity at patients by clinical priority as they are clinically validated.
Demand and Capacity		
3.1	Short	Calculate current capacity including any gains from improvement activities.
3.2	Short	Quantify and review nursing and medical workforce and training requirements and review job plans.
3.3	Short	Review endoscopy utilisation to optimise available capacity.
3.4	Medium	Assess the efficacy of Endoscopy Management systems in operation in some Boards with a view to roll-out across other Boards if appropriate.
3.5	Medium	Review demand including impact of changes in bowel screening testing.
Backlog Clearance		
4.1	Short	Implement immediate recovery plans for Boards with longest waits.
4.2	Short and Medium	Procure additional capacity via Independent Sector via National Procurement Framework to clear remaining backlog following validation.
Endoscopy Management Information		
5.1	Short	Develop and implement weekly diagnostic management reporting and monitoring with NHS Boards. Analysis to include breakdown of waits by source of referral and clinical urgency.
5.2	Medium	Link with ISD to develop additional diagnostic and surveillance datasets.

Short term – 2019 Medium term – 2019/20 Long term – 2020/21

Action no.	Short/medium/ long term	Action
qFIT Improvement Programme		
6.1	Short	Embed the Scottish Cancer Referral Guidelines for Suspected Cancer including reference to qFIT use in Urgent Suspected Cancer Referral for colorectal cancer.
6.2	Medium	Continue the roll-out of qFIT use in primary care for symptomatic patients to aid onward referral to GI services or colonoscopy. This has potential to reduce demand on colonoscopy by 20% by avoiding unnecessary scope.
6.3	Medium	Roll-out use of qFIT in secondary care to optimise patient choice and onward management. This has potential to reduce lists by 30-50%.
Endoscopy Unit Accreditation		
7.1	Long	In conjunction with HIS, audit NHSScotland endoscopy units to ascertain eligibility for accreditation across NHSScotland and explore accreditation.
Sustainability		
8.1	Short	Develop clear clinical guidance for management of surveillance patients with emphasis on those on five year surveillance.
8.2	Short	Ensure that NHS Boards take full account of the planned repeat diagnostic surveillance within their local plans.
8.3	Medium	Develop clear pathways from referral to test to reduce unwarranted variation.
8.4	Long	Explore regional solutions to flex capacity.
8.5	Medium/Long	Consider purchase of mobile endoscopy unit for NHSScotland to provide extra capacity when boards are experiencing exceptional demand.
8.6	Medium/Long	NHS Boards to explore new technology such as transnasal endoscopy and SCOTCAP.
8.7	Medium/Long	Continuation and expansion of Nurse Endoscopist training.

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