

Royal Liverpool and Broadgreen University Hospitals NHS Trust

EXPANDING AND SUSTAINING ENDOSCOPY SERVICES SEVEN DAYS A WEEK TO MEET EMERGENCY AND NON-EMERGENCY DEMAND

At a glance

- This specialist nurse-led seven day inpatient service has been sustained and improved since 2013.
- Outpatient waiting times have been sustained at six weeks.
- Utilisation rates for inpatient and day case lists have improved significantly to 90% and 98.2% respectively, resulting in earlier intervention and discharge.
- 59% of patients are scoped within 24 hours of referral.
- 96% of all patients would be happy to return to the department.

In 2012, the emergency and non-emergency endoscopy service at the Royal Liverpool and Broadgreen University Hospitals NHS Trust developed an expanded weekday 12 hour endoscopy service. This involved recruitment of additional staff, changes to job contracts and additional purchase of equipment. As a result, endoscopy waiting times improved from in excess of 13 weeks to five weeks.

Patients had a greater choice of appointments and there was a reduction in the number of endoscopies undertaken by on call staff during the week and weekends. A scheduled single session was also made available, solely for in-patients at the weekends and on Bank Holidays.

The service continues to be accredited by the Joint Advisory Group (JAG) Accreditation System, demonstrating this is a safe, high quality and efficient service.

In order to improve the service further, additional capacity is required and a business case is currently under review to establish an additional endoscopy suite with two rooms at another site within the trust.

What was achieved?

- Of particular importance has been the fantastic patient feedback on the service, with 96% of all patients saying they would be happy to return to the department.
- The new ways of working have been embedded, and with additional investment, have enabled seven day service provision to be expanded further.
- The flexibility within the medical and non-medical endoscopists' job plans has improved list utilisation i.e. the percentage of lists available for the administration team to book patients on to.
- All key targets for surveillance endoscopy screening, diagnostic endoscopy (gastroscopy and colonoscopy) and upper gastrointestinal endoscopy have been maintained.
- Since February 2014, Royal Liverpool and Broadgreen University Hospital is an accredited bowel cancer centre and have achieved the two week target for screening colonoscopy every month subsequently. The Bowelscope programme has been rolled out to Liverpool since March 2015 and to a collaborating hospital at Arrowe Park for Wirral patients since September 2015.



www.nhs.uk/sevendays

Ensuring equity in care for all, regardless of the day of the week... every day counts

What was the impact?

- The rising demand for the service and peaks in activity from campaigns such as 'Be Clear on Cancer' and bowel cancer screening have been accommodated (see fig 1).
- Improved list utilisation rate: Inpatient list utilisation rate has increased from 67% in 2012 to 90% in 2014 (see fig 2). The day case list utilisation rate has risen to 98.2% (see fig 3).
- The volume of patients scoped within 24 hours of referral has increased from 29% in 2012 rising to 59% in 2014 (see fig 4). In October 2014, 63% of inpatients were scoped within 24 hours and 54% of inpatients with gastrointestinal bleeds were scoped within 24 hours.
- Earlier discharge through timely endoscopy: 21% of inpatients were discharged earlier than planned (see fig 5).

Fig 1: Total procedures (day cases & inpatients) 2007-14

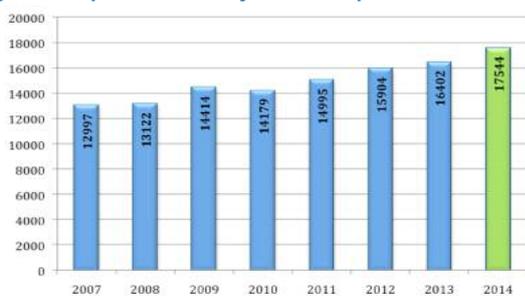


Fig 2: Inpatient list utilisation 2012-14

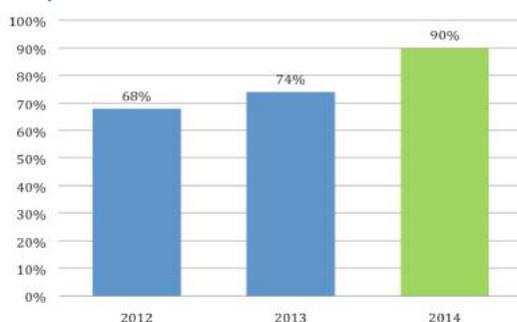


Fig 3: Day case list utilisation 2011-14

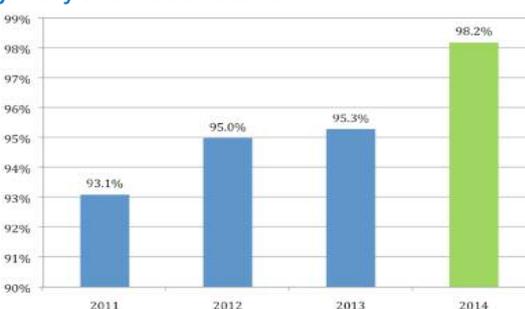


Fig 4: Patients scoped within 24 hours of referral 2012-14

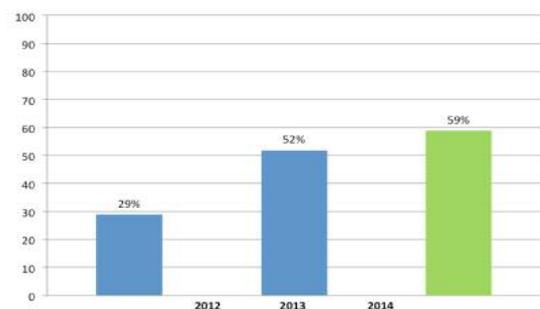
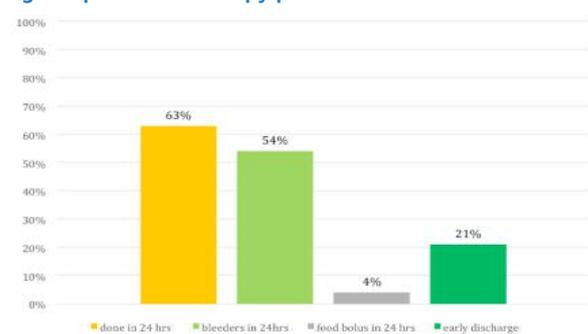


Fig 5: Inpatient endoscopy procedures October 2014



TOP TIPS

- Continually review the service delivery.
- Robust processes in human resources and admin management will support flexibility in practice.
- Good communication between clinical and management teams is key to achieving effective results.

Contact

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