

# Countywide Endoscopy Booking Policy

<b>Department / Service:</b>	Endoscopy	
<b>Originator:</b>	Gina Gill Sarah Taylor Louise Burgess	Directorate Support Manager Admin Team Leader Admin Team Leader
<b>Accountable Director:</b>	Mr R Lovegrove	Clinical Director - Endoscopy
<b>Approved by:</b>	Endoscopy Directorate Group	
<b>Date of approval:</b>	6 <sup>th</sup> December 2023	
<b>Revision Due:</b>	6 <sup>th</sup> December 2026	
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust	
<b>Target Departments</b>	Endoscopy	
<b>Target staff categories</b>	All Endoscopy staff	

## Policy Overview:

This policy provides the Endoscopy Booking Co-ordinators/Receptionists across the county with instructions and reference material regarding booking in line with both National waiting times & JAG requirements.

## Version Control:

Date	Amendment	Approved By:
August 2023	Document revised and approved	Endoscopy Directorate Group

**Contents**

Countywide Endoscopy Booking Policy ..... 1

1. Introduction..... 3

2. Scope of this document ..... 3

3. Definition of key words ..... 3

4. Responsibilities and Duties..... 4

5. Policy Detail..... 4

6. Implications of Non-Adherence..... 8

7. Implementation of the Policy..... 8

8. Monitoring and compliance ..... 9

9. Policy Review ..... 9

10. References & Appendices ..... 9

11. Background .....10

## 1. Introduction

- To provide clear guidance for the Endoscopy Booking Co-ordinators and Receptionists on booking practices.
- A guide to act as reference material to inform members of staff how to achieve the same standards and maintain a high quality booking service for all patients.
- To ensure patient safety and equality of access.
- To act as initial training for new members of staff.

## 2. Scope of this document

**2.1.** This policy applies to all staff involved in countywide Acute Endoscopy services: Alexandra hospital, Redditch, Evesham Community hospital, Kidderminster Treatment Centre, Malvern Community hospital and Worcestershire Royal hospital.

**2.2.** This document relates to all procedures undertaken in the Endoscopy Units and specific designated areas (appendix i).

**2.4.** This policy includes activity undertaken at private sector facilities on behalf of Worcestershire Acute Hospitals Trust.

**2.5.** This policy applies to all staff involved with booking patients for Endoscopy procedures (ie; booking co-ordinators, admin team leaders, receptionists, 2ww office, secretaries, GP's, Consultants, clinical and nursing staff).

**2.6.** This policy supports standards set out by JAG and aims to continuously achieve high standards (appendix ii).

## 3. Definition of key words

Diagnostic	Diagnostic test is a medical test performed to aid in the diagnosis or detection of disease.
Therapeutic	Attempted remediation of a health problem following a diagnosis.
Full Booking	Date for procedure agreed with patient within 24 hours of decision to admit.
RTT	Referral to Treatment (18 week pathway)
FDS (Faster Diagnosis Standard)	Patients referred by their GP as a suspected cancer should have exclusion of cancer or confirmation of cancer communicated to them by day 28. The clock will start at time of the receipt of referral into the Trust.
62 day pathway	This applies to Urgent suspected referrals, Screening referrals and Consultant upgrade referrals. First definitive treatment must be delivered within 62 calendar days from the date of receipt of referral.
31 day pathway	Once the decision to treat a patient has been made, cancer treatment must be delivered within 31 calendar days.
Urgent	Patient referred for Endoscopy must be seen within a maximum of two weeks (14 calendar days) from decision to refer (or date referral received from Primary Care).
Routine referral	Patient referred for Endoscopy must be seen within five weeks six days from decision to refer (or date referral received from Primary Care).

Surveillance / Check (Repeat) procedures	Patients waiting for an endoscopy procedure as part of a planned sequence of clinical care determined mainly on social or clinical criteria. An approximate date is agreed at the time of decision.
Colitis List	List dedicated to patients that require an endoscopy procedure for Colitis.
Barrett's List	List dedicated to patients that require an endoscopy procedure for Barrett's surveillance.
EZ Notes	Clinical system for storing scanned patient case-notes.
Event Packs	Paperwork provided for the day of attendance and then sent for scanning.
E-consent	Electronic consent
PTL's	Patient Tracking List
JAG	Joint Advisory Group
GRS	Global Rating Scores
PAS/PAS	Patient Administration System (Live)
Endoscopy Scheduling System	Endoscopy Reporting and Scheduling tool
DATIX	Incident Reporting System

## 4. Responsibilities and Duties

### 4.1. Endoscopy Booking Co-ordinators/Receptionist/Secretaries

All administrative members of staff linked to Endoscopy are responsible for adhering to this policy.

### 4.2. Clinical Director for Endoscopy

Overall responsibility for the clinical aspects of the Endoscopy Booking Policy.

### 4.3. Directorate Manager for Endoscopy

Overall responsibility for the non-clinical aspects of the Endoscopy Booking Policy.

### 4.4. Directorate Support Manager/Directorate Support Officers/Endoscopy Admin Team Leaders

Overall responsibility for the implementation, training, communication, adherence and evaluation of this policy.

### 4.6. Endoscopy Booking Policy Author

Ensure the requirements set out in this policy are followed.

### 4.7. Clinical staff

Responsible for adhering to this policy.

### 4.8. All Responsible Staff

Ensure that their practice is in line with key documents applicable to their work. Information regarding failure to comply with a policy must be reported to the line manager and, where it is appropriate, report this using the incident reporting system, DATIX.

## 5. Policy Detail

### 5.1. Policy Statement

All patients that require an admission to Endoscopy will have their admission booked in line with best practice, equality of access and according to the agreed processes, targets and standards.

### 5.2. Referral Rules, Waiting List Management, Booking & Scheduling Rules

Each Endoscopy Booking Office has processes in place.

The following rules must be adhered to, to compliment the complete booking process. Also Refer to appendices iii-vii.

Referral Rules	Waiting List Management	Booking & Scheduling Rules
<p>Referrals are accepted &amp; managed independent of the route into the service.</p> <p>All referrals are completed electronically using the appropriate referral forms.</p> <p>All referrals are prioritised according to clinical need, using agreed priority options.</p> <p>Referrals will be vetted by an appropriate Endoscopist prior to booking if required.</p> <p>All Urgent Suspected referrals are directly booked via 2ww co-ordinators; with the exception of colorectal patients that are referred via the triage team and booked by the Endoscopy Booking Team.</p> <p>If referrals are incomplete, they will be rejected and returned to referring clinician, or vetted by an appropriate clinician.</p> <p>Self-referrals are not accepted (no exception)</p>	<p>All referral details must be correctly &amp; accurately recorded on PAS, completing all mandatory &amp; required fields.</p> <p>All referrals must be added to the waiting list within 1 working day of receipt.</p> <p>18 week pathways must be identified and linked correctly. If no existing 18 week pathway, a pathway must be created; with the exception of ERS which is non-RTT.</p> <p>Any repeat surveillance referrals must be added to the waiting list at time of decision, to include repeat date.</p> <p>Any conversations with patients regarding appointments must be documented on PAS.</p> <p>GP and referrer must be informed of any cancellations/removal from waiting list.</p> <p>Local processes must be followed for any cancellations/DNA's.</p>	<p>All referrals are uploaded directly or sent for scanning (if time permits) as appropriate.</p> <p>The Endoscopy Dashboard is accessed daily to book patients.</p> <p>Patients are booked to the next available appointment slot, according to the clinical priority.</p> <p>Waiting list validation is to be undertaken on a weekly basis.</p> <p>Patients are contacted via telephone or letter. Text messages may be used to assist contact.</p> <p>Appointments are recorded on PAS and on the GI Reporting Tool - Endoscopy Scheduler.</p>

**5.2.1 Managing Capacity & Demand**

Endoscopy booking co-ordinators will review all endoscopy sessions and ensure all lists are booked to the appropriate maximum number of points, at least twice daily.

If Endoscopy booking co-ordinators are unable to book patients within breach date, they will escalate to Team Leaders and Directorate Management Team.

## 5.2.2 Endoscopy Scheduling System

Alongside the above processes, patients are scheduled onto an Endoscopy list using the GI Reporting Tool - Endoscopy Scheduling System.

The Endoscopy Scheduling System is tailored to suit the requirements of each Endoscopy unit and each Endoscopist. The system allows for specific Endoscopist templates to be set up to ensure there is appropriate capacity and equality of access. Booking co-ordinators must comply with the individual templates that are set-up on the Endoscopy Scheduling system when booking patients. Templates are reviewed by the Endoscopy Management Team regularly to reflect capacity and demand. Appointments are booked to allow phased admission to reduce time spent in the unit prior to the procedure.

The Endoscopy Directorate Support Manager/Directorate Support Officers set up templates as per Endoscopy Unit timetables.

When necessary lists are locked due to leave requirements or unlocked and updated when backfill is available. Endoscopist competencies are recorded on Endoscopy Scheduling System and training manual to advise which procedures can and cannot be undertaken by each individual and therefore procedures are booked with the correct Endoscopist; this prevents inappropriate bookings.

Endoscopy Booking Co-ordinators must check the number of points on each list and only book the set amount of points. Endoscopy Scheduling System calculates the number of points booked to minimise risk of under or overbooking.

The colour coded slots on Endoscopy Scheduling System allocate space for specific procedures (for example 2ww slots, urgent and inpatient slots). The Endoscopy booking co-ordinators do not book into the 'pink' UGI and Urology slots on Endoscopy Scheduling System as these are reserved for the 2ww office to book 2ww patients into.

Endoscopy target dates must be documented in the notes on Endoscopy Scheduling System, along with any specific Endoscopist requests and relevant social or medical notes (i.e. – insulin dependent diabetic, enema on arrival, hoist required etc.).

## 5.2.3 Documentation

Patients receive the following:

- Confirmation letter – all patients
- Consent form (created using E-Consent) – all patients, with the exception of Urology until this has been agreed
- Patient information leaflet – Urology patients only (procedure information is included in the e-Consent document for all other patients)
- Health Questionnaire – all patients, with the exception of colonoscopy or flexi-sig patients that require bowel prep; these are completed by the pre-assessment nurse during the pre-assessment appointment.

The referrals are uploaded directly into PAS or sent to scan centre if time permits (routine patients).

In advance of patient appointments, patient event packs are provided by Xerox – these are determined by the waiting list entry and cut-off time is determined by site (3 days' prior for ECH, all other sites day before).

## 5.2.4 Appointment Reminders

To enhance attendance and reduce DNA's at appointments, the Endoscopy Booking Co-ordinators will contact patients to agree their appointment date and time in line with their preferred location and specific needs, and seek confirmation of attendance.

Text reminders are sent to all patients that have given their mobile numbers and consent to text reminders. These are sent 1 week prior and again 2 days before appointment.

## 5.2.5 Cystoscopy / Bronchoscopy Patients

Urology patients are booked from the PTL by the Endoscopy Booking Office (on the KTC site). 2ww Haematuria patients are booked via the 2ww office, if the flexible cystoscopy is cancelled for any reason and the patient has had the scan, the Endoscopy booking office will be responsible for rebooking the flexible cystoscopy only.

Bronchoscopy Patients are booked by the Bronchoscopy secretaries and booked onto Allscripts. All other booking elements are the same. A copy of the list is emailed to the Booking Office (ALEX & WRH sites only).

## 5.2.6 Bowel Cancer Screening Programme & Bowel Scope

Bowel Cancer Screening patients are booked onto the Hospital PAS (Allscripts) and Endoscopy Scheduling System systems by BCSP Administration staff as per their process as detailed in the BCSP Quality Management System. Hospital notes for BCSP will be delivered to the site.

BCSP patients will be admitted and discharged from their appointments by administration staff on the relevant site.

## 5.2.7 Admitting, Transferring & Discharging

### On admission:

- Patients are admitted on PAS.
- Patient details are confirmed at the time of arrival, including:
  - address
  - GP
  - GP address
  - ethnic origin
  - contact details
  - 'Call-me' details
- Patients are asked if they wish to consent to text reminders and asked for a mobile number which is documented on PAS.
- For those patients scheduled on Endoscopy Scheduling System, the receptionist/booking coordinators attend/DNA the patients on Endoscopy Scheduling System.

### Transferring:

- Patients that have an endoscopy procedure whilst they are an inpatient must be transferred to and from the unit on Allscripts, refer to training pack for process.

### On discharge:

- Patients are discharged as they leave the endoscopy department.
- The correct RTT pathway status is selected according to outcome of procedure, on the Endoscopy report.
- Any follow up procedures within three months are added to the waiting list, appointment date and time is agreed with the patient prior to leaving the department.
- Patients requiring a follow up procedure more than three months from date of decision are added to the waiting list and an appointment time and date sent to the patient at a later date.
- A copy of the Endoscopy report is sent to the GP and referring Clinician.
- Endoscopy paperwork is filed behind the appropriate EZ Notes header sheet from the pack provided. Notes are then sent to coding. Coding completes their work and take notes to the scan centre.

## DNA's:

- All DNA's are contacted by the Receptionist or booking office to enquire whether a further appointment is required. One further reasonable offer is made.
- DNA's booked by the 2ww office are referred back to the 2ww office via email.
- Urgent patients and patients on the 31day/62day pathway are contacted and re-booked, if they DNA twice, the Directorate Manager is informed and the patient is contacted.
- DNA's are monitored and action taken if DNA rate is above 5%.
- At discharge if a patient needs to have the same procedure undertaken again due to failed bowel preparation, there must be a two week period between the failed test and re-booked test, unless otherwise clinically stated.

### **5.2.8 Repeat Surveillance / Colitis Lists**

All surveillance procedures are clerically and clinically vetted and booked via the Endoscopy dashboard. We currently do not set up specific Colitis / Barrett's lists; patients having procedures for Colitis will be allocated three points/45 minutes per procedure and Barrett's allocated 2 points/30 minutes per procedure. The booking co-ordinator will add a note to Endoscopy Scheduling System to identify such patients, to assist the nursing team to set up appropriately for the list.

### **5.3 Staff Communication & Training**

All new starters are allocated a mentor/buddy to work alongside for the initial few weeks. The new starter will be provided with the link for the training manual for them to review and refer to as and when required. A competency record will also be provided for completion. Team Leaders hold one to one meetings every month with new starters for the first 12 months and thereafter every other month for all staff. One to one meetings allow time for team leaders and team members to acknowledge areas of work that have gone well/not so well and to set out objectives for individuals to work towards.

Weekly team briefs will be held with each of the sites, chaired by the team leaders or Directorate Support Manager to discuss key issues, such as DATIX incidents and capacity and demand.

Team meetings will be held once a month and a combined endoscopy booking team meeting will be held quarterly.

## **6. Implications of Non-Adherence**

Non-adherence to this policy may result in:

- Failure to comply with JAG standards
- Patients being put at unnecessary risk
- Financial consequences to the Trust if targets are not met
- Increased workloads for Endoscopy Booking Co-ordinators due to work having to be duplicated
- Potential damage to the countywide Endoscopy services reputation, caused by negative patient feedback
- Increase in patient complaints
- Poor service to patients

## **7. Implementation of the Policy**

### **7.1. Plan**

- All appropriate staff to be trained

### **7.2. Dissemination**

The Policy will be placed on the Trust's Endoscopy Intranet page and all staff made aware through the use of the Trust Daily Brief.



### 7.3. Training and awareness

For this policy, the following actions will be taken:

- A training link will be identified within each of the booking teams.
- Train the trainer training sessions will be set up and an approach for cascade training agreed.
- Training material will be reviewed to ensure that it is up to date, understandable and suitable for the required training to be undertaken.
- Quarterly meetings will be set up with the training links specifically to generate improvement ideas.

### 8. Monitoring and compliance

Monitoring and compliance against this policy is the responsibility of the Endoscopy Support Manager and Support Officers.

Regular monitoring will be carried out using DM01 daily emails, WREN reports, Cancer RAP meetings, PTL meetings.






The following will also be carried out to ensure compliance; -


- End of day report to ensure all patients have been admitted and discharged – by Receptionist on each site.
- Directorate Support Manager / Support Officers will complete twice yearly audit on clerical vetting of referrals

### 9. Policy Review

This policy will be reviewed 3 years from the date of approval.

### 10. Appendices

i	Procedures & Sites	 Appendix i - Procedures & Sites - \
ii	JAG Standards	 Appendix ii - a - Guidance - GRS stand
iii	Referral Guidelines	 WAHT-GAS-003 Final Draft Version approve
iv	Prioritisation of Referrals	 Appendix iv - Prioritisation of Referi
v	Local Policy for Vetting Endoscopy Referrals  (currently being updated for approval)	 Trust Policy - Vetting NEW.doc

vi	ERS Booking Process	 Appendix vi - ERS booking process.docx
vii	Link to Endoscopy Booking Office Training Manual	<a href="M:\Acute\BookedAdmissions\WRH\TRAINING\TRAINING MANUAL">M:\Acute\BookedAdmissions\WRH\TRAINING\TRAINING MANUAL</a>

## 11. Background

### 11.1. Equality

The assessment conducted for this policy reveals no equality issues.

### 11.2. Financial Risk

Failure of JAG standards will lead to a 5% reduction in Best Practice Tariff. Failure to gain accreditation could also mean loss of Bowel Cancer Screening Programme and commitment to growth and service development.

### 11.3. Consultation

A broad selection of administration and clinical staff opinions have been sought; Head of Access, Booking co-ordinators, Admin Team Leaders, Directorate Support Officers, Endoscopy Sister, Lead Consultant, Directorate Support Manager and Endoscopy Directorate Group.

### 11.4. Approval

This policy will be approved by the Endoscopy Directorate Group and updated by the Directorate Support Manager and Directorate Support Officers.

## Equality Impact Assessment Tool



### Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form Please read EIA guidelines when completing this form

#### Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	√	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

<b>Name of Lead for Activity</b>	
----------------------------------	--

<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Gina Gill	Directorate Support Manager	georgina.gill@nhs.net
	Louise Burgess	Admin Team Leader	louise.burgess12@nhs.net
	Sarah Taylor	Admin Team Leader	sarah.taylor246@nhs.net
<b>Date assessment completed</b>	06/12/2023		

#### Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title: Policy</b>			
What is the aim, purpose and/or intended outcomes of this Activity?				
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/>	Service User	<input checked="" type="checkbox"/>	Staff
	<input checked="" type="checkbox"/>	Patient	<input type="checkbox"/>	Communities
	<input type="checkbox"/>	Carers	<input type="checkbox"/>	Other _____

	<input type="checkbox"/>	Visitors	<input type="checkbox"/>
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?		
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)			
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Cancer Services, Directorate of Gastroenterology, JAG / Governance Sister for Endoscopy, Endoscopy Booking Team		
Summary of relevant findings	Updated to reflect the current process		

### Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		x		There will be no impact on this group of people
Disability		x		There will be no impact on this group of people
Gender Reassignment		x		There will be no impact on this group of people
Marriage & Civil Partnerships		x		There will be no impact on this group of people
Pregnancy & Maternity		x		There will be no impact on this group of people
Race including Traveling Communities		x		There will be no impact on this group of people
Religion & Belief		x		There will be no impact on this group of people
Sex		x		There will be no impact on this group of people

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
<b>Sexual Orientation</b>		x		There will be no impact on this group of people
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		x		There will be no impact on this group of people
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		x		There will be no impact on this group of people

## Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
<b>How will you monitor these actions?</b>				
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

## Section 5 - Please read and agree to the following Equality Statement


### 1. Equality Statement

# Trust Policy

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	
<b>Date signed</b>	06/12/2023
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	
<b>Date signed</b>	
<b>Comments:</b>	



## Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.