Northern Lincolnshire and Goole NHS Foundation Trust

Directorate of Operations

Clinical Sciences

NLaG Trust wide Direct Access Gastroscopy Service Procedure

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Author / Contact:	Joanne Avison – Trust Wide Endoscopy Business Support Manager

1.0 Introduction

Northern Lincolnshire & Goole NHS Trust (NLaG) are introducing a Direct Access Gastroscopy Service which will allow General Practitioners (GPs) to request a gastroscopy without the patient being seen in outpatient clinics first. This service will be for **URGENT** and **ROUTINE r**eferrals only.

The overall purpose of the introduction of this pathway is to take a system wide approach in allowing GP direct access for this diagnostic test to support primary care decision making for next steps.

A consultation with North Lincolnshire and North East Lincolnshire Clinical Commissioning Groups has been undertaken and all comments, queries and suggestions have been responded to.

The appended documents have been created to support the roll out of the Direct Access Service and have been approved by our Trust wide Endoscopy Clinical Lead.

2.0 Area

This procedure reflects the overall expectations of the Provider and Referrer on the management of referrals and admissions into and within NLaG.

3.0 Duties

Upon receipt of a referral from a GP to access diagnostic Endoscopy Services the referral will be managed by the service in accordance with the Trusts Patient Access Policy. At this point the patient remains under the clinical management of their GP.

It is the responsibility of the GP to provide the patient with information regarding the examination including contact details of the service. Patients should raise any issues relating to patient access issues direct to their GP.

Once the procedure has been undertaken the Clinical Scopist will report the findings using standard reporting methods. Samples will be labelled and checked in accordance with current guidance and additionally marked as Direct Access *(see sample request form appendix F)* GPs should expect to receive histology reports within 14 days if endoscopic appearances suspicious for a cancer and 28 days if there are no suspicious appearances. The GP will be able to identify patients as they will be clearly marked as DIRECT ACCESS.

All patients will leave with a discharge summary and will be advised if they haven't heard from GP within 4 weeks to chase the GP for results.

If there is a sinister finding the Clinical Scopist will request histology marking it as 31/62. The responsibility for ensuring that the histology is available to the MDT meeting is NLaG.

An Electronic Discharge Summary Report (EDS) will be communicated direct to the designated GP mail box in accordance with all Endoscopy GP reporting. This will happen within 24hrs of completion of examination.

Any clinical advice or recommendation will be provided by the Scopists in line with their scope of practice. GPs should access Specialist Consultant led services if they require specialist advice.

If NO sinister findings are discovered the results of the procedure will be returned direct to the GP for the ongoing management of the patient this will include any histology review. It is the responsibility of primary care to implement systems and processes to support management and monitoring of these patients.

If the clinical scopist identifies any sinister findings which require secondary care management the clinical scopist will refer the patient onto the appropriate MDT and also to the Specialist CNS. The GP will still receive the EDS as described above *(see appendix F Scopist Guidelines)*

When the case has been discussed via MDT and a decision reached re next management steps the EDS will be used as the referral to transfer the patients care from the GP to a Secondary Care Specialist Consultant led service. The Cancer Tracker will be responsible for ensuring that the EDS referral is sent to the Trusts central referral gateway service (CRG). The CNS will book the patient into the next available Consultant clinic slot.

Should the MDT determine NON sinister or no further action there will be no transfer of care and the GP will be notified of the outcome of the MDT via the MDT proforma which is currently communicated via postal services.

Should Histology reveal incidental sinister findings which require secondary care management the Trusts Cancer team receive a weekly histology report from Lincoln Pathology that flags all confirmed cancer histologies.

This list includes all patients we would already be aware of but also allows us to pick up all the ones that are found incidentally.

This list then gets sent to the Cancer trackers for cross reference on Somerset and any patients flagged with cancer histology are then added to the MDT.

Clinical Indications for referral into this service and exclusions are included in the Directory of Service (DOS). *See Appendix C & D*.

4.0 Monitoring Compliance and Effectiveness

There will be 2 rejection points linked to administration checks and clinical vetting.

Electronic referral form (*appendix E*) has been agreed as the minimum data set required.

Referral rejection will occur at 2 possible points

1) Admin checks ie demographics

2) Clinical information to progress referral

Rejections should be kept to an absolute minimum through collaborative working.

GPs to raise direct with the Endoscopy Unit any incidences of delayed or missing reports. *See appendix O* for contact details.

Electronic Discharge Summarys (EDS) are monitored in terms of turnaround times and compliance by the Endoscopy Service.

4.1 Auditable outcomes will include:

Appropriateness – review of the referral against agreed referral guidelines will be undertaken annually. The number of rejections will be audited to identify any common themes to support quality improvement.

5.0 Associated documents

5.1 NLaG Referral to Treatment Access Policy (DCM234).

5.2 Direct Access Upper GI Gastroscopy Referral Form
5.3 Directory of Services (DOS)

6.0 References

6.1 National Institute for Health and Care Excellence (NICE) - Dyspepsia and gastro-oesophageal reflux disease in adults Quality standard [QS96] Published date: July 2015

7.0 Consultation

Consultation with the following has been undertaken and all comments, queries and suggestions have been responded to:

- Northern Lincolnshire and North East Lincolnshire Clinical Commissioning Groups
- Northern Lincolnshire and Goole (NLaG) Patient Access Working Group (PAWG)
- NLaG Endoscopy User Group Trustwide
- United Lincolnshire Hospitals Path Links
- Local Medical Committee (LMC)

8.0 Dissemination

The published document will be shared in electronic format with Commissioners, Endoscopy Administration Teams, Patient Access Working Group (PAWG) and Endoscopy Clinical Teams.

9.0 Implementation

Training on NHS e-Referral Service (e-RS) systems will be provided by Northern Lincolnshire and Goole (NLaG) Information Systems Trainers with the addition of a user guide being supplied to booking staff. Referrals will be received into the service via eRS RAS system however this is NOT and eRS bookable service.

10.0 2020 Equality Act (2010)

10.1 Northern Lincolnshire and Goole NHS Foundation Trust is committed to promoting a pro-active and inclusive approach to equality which supports and encourages an inclusive culture which values diversity.

10.2 The Trust is committed to building a workforce which is valued and whose diversity reflects the community it serves, allowing the Trust to deliver the best possible healthcare service to the community. In doing so, the Trust will enable all staff to achieve their full potential in an environment characterised by dignity and mutual respect.

10.3 The Trust aims to design and provide services, implement policies and make decisions that meet the diverse needs of our patients and their carers the general population we serve and our workforce, ensuring that none are placed at a disadvantage.

10.4 We therefore strive to ensure that in both employment and service provision no individual is discriminated against or treated less favourably by reason of age, disability, gender, pregnancy or maternity, marital status or civil partnership, race, religion or belief, sexual orientation or transgender (Equality Act 2010).

11. Freedom to Speak Up

Where a member of staff has a safety or other concern about any arrangements or practices undertaken in accordance with this policy, please speak in the first instance to your line manager. Guidance on raising concerns is also available by referring to the Trust's Freedom to Speak Up Policy and Procedure (DCP126). Staff can raise concerns verbally, by letter, email or by completing an incident form. Staff can also contact the Trust's Freedom to Speak Up Guardian in confidence by email to nlg.tr.ftsuguardian@nhs.net. More details about how to raise concerns with the Trust's Freedom to Speak Up Guardian or with one of the Associate Guardians can be found on the Trust's intranet site.

Appendices:

Appendix A – Upper Gi Direct Access High Level Process Chart

Appendix B – Patient Pathway (Simplified)

Appendix C – DOS (Directory of Service) DPOW

Appendix D – DOS (Directory of Service) SGH

Appendix E – Direct Access Referral Form

Appendix F – Endoscopist Guidelines

Appendix G – Upper GI Direct Access Service Internal Process Flowchart

Appendix H – Histology Example Report

Appendix I – Copy of CNS Referral Form

Appendix J – Copy of Upper GI MDT Referral Form

Appendix K – Example of letter to patient – advice of removal from the waiting list – request to defer 6 weeks.

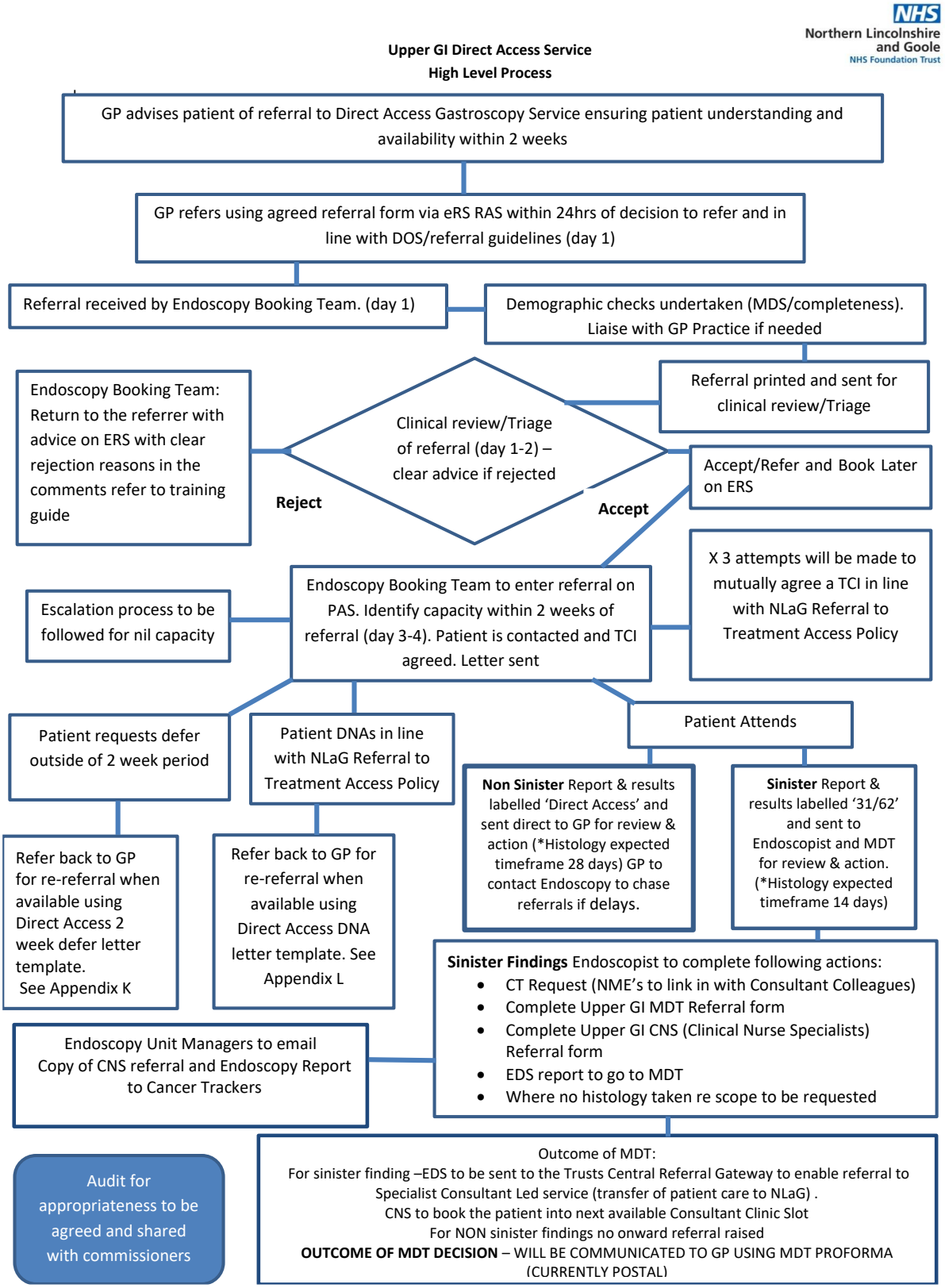
Appendix L – Example of letter to GP – advice of removal from the waiting list – request to defer 6 weeks

Appendix M – Example of letter to patient – advice of removal following DNA's in line with the Trusts Access Policy

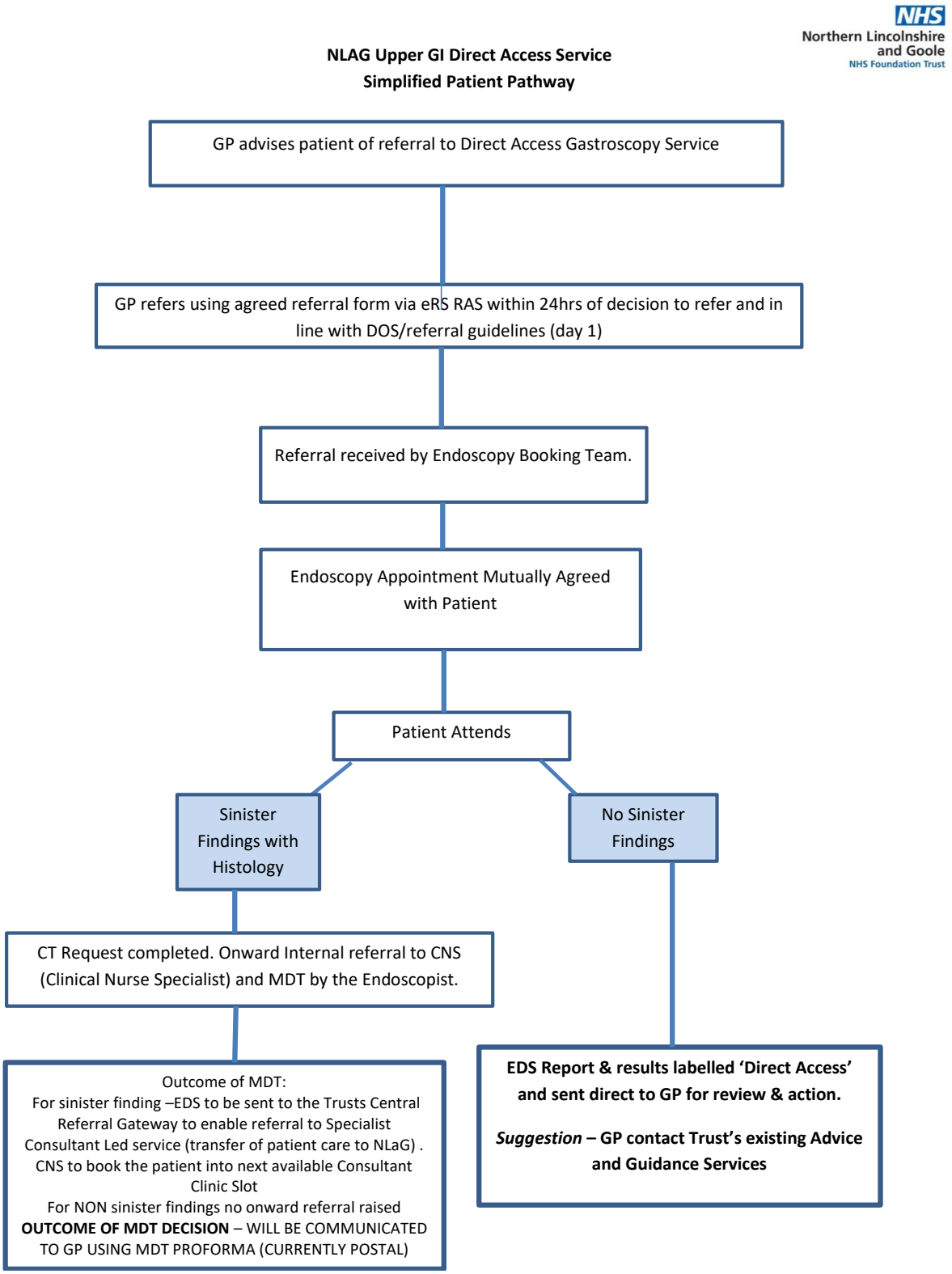
Appendix N – Example of letter to GP – advice of removal following DNA's in line with the Trusts Access Policy

Appendix O – Endoscopy Service Contact Details

Appendix A: Upper GI Direct Access Service High Level Process



Appendix B: NLaG Upper GI Direct Access Service Patient Pathway



Pathway Guidance note:

- **Sinister finding** -expected pathway timeframe 28 days (if patient attends endoscopy within 14 days of referral)
- **No Sinister finding** -expected pathway time frame 42 days (if patient attends endoscopy within 14 days of referral)

Appendix C: Directory of Service (DOS) Diana Princess of Wales Hospital

DIRECTORY OF SERVICE (DOS) DIANA PRINCESS OF WALES HOSPITAL

Service ID: TBC

Service Name: Urgent Upper GI Gastroscopy (Direct Access) Service– Diana Princess of Wales Hospital Grimsby

Service Location: Diana Princess of Wales Hospital-RJL30

Specialty: GI & Liver (Medicine & Surgery)

Consultants: Accredited Gastroenterologists, Surgeons and Non-Medical Endoscopists

Age Range: 18 years and over

Gender Treated: Male & Female

Request Types Supported:
Advice Request: No
Appointment Request: No
Triage request: Yes

Clinic types:
Endoscopy – Diagnostic Endoscopy
Upper GI incl Dyspepsia

Priorities Supported:
Urgent

Conditions Treated:
Reflux Symptoms
Dyspepsia **ONLY**
Nausea/Vomiting
Other

This Direct Access Service is NOT a Consultant led service and the clinical responsibility for treatment of these patients sits with GPs. The service will provide a direct route to obtaining diagnostic imaging for adult patients experiencing upper gastrointestinal disturbances for whom a non-urgent, upper gastrointestinal condition may be suspected and who have not responded adequately to first line treatments/management. Reports and results will be sent directly to the GP for review, action and treatment. If during the procedure there are Sinister Findings the Endoscopist will request internally a CT scan; internally onward refer to Upper GI MDT and Upper GI CNS (Clinical Nurse Specialist). The Endoscopy Report (EDS) will advise the GP of the Sinister finding with or without histology. The outcome of the MDT Meeting will determine the transfer of the ownership of the patient to NLaG (if appropriate) and the GP will notified of the outcome of MDT via the MDT pro forma.

Procedures Performed:
Diagnostic fibre optic endoscopic examination of upper gastrointestinal tract and biopsies, if indicated (Procedure only – results reviewed by GP/ referrer including histology).

Exclusions:
- Patients presenting with potential alarm symptoms, where there is an increased suspicion of an underlying diagnosis of Upper GI cancer, should be referred as a 2ww Gastroenterology or 2ww Upper GI surgery using the existing pathway
- If malignant lesion(s) are identified the patients care will be escalated to the appropriate MDT & Cancer coordinator
- Patients presenting with acute haematemosis or melaena, should be considered for emergency admission
- Patients 17 years and under
- Patients taking long term anticoagulation or prosthetic heart valve
- Pregnancy

Suggested Investigations/ Treatment before considering referral:
- Trial of PPI (3 months as per guidelines)
- H2RA
- H Pylori Test
- H Pylori & Eradication

Administrative Requirements:


Appendix E - Referral Form.docx

Service Notes:
- Referrals to this service should be completed within 24 hours of the decision to refer.
- In line with JAG guidelines all referrals are vetted on the Endoscopy unit for appropriateness
- Incomplete forms and/ or inappropriate referrals will be rejected in line with agreed process
- Information on referral forms must be current and accurate. Failure to complete details accurately may lead to unnecessary delays
- Referrals to be made in line with NICE guidance
- The Endoscopy report (EDS) and any subsequent histology report will be sent directly to the referring GP for review and action. ***The referring GP will maintain clinical responsibility for the patient.***
- Should the patient be referred to the Upper GI MDT the GP will be notified via the EDS and the outcome of the MDT will be communicated via MDT pro forma which will notify the GP of any transfer of care to NLaG.

It is the responsibility of the referrer to advise the patient of the requirements regarding availability and timescales for procedure to be undertaken. DNAs/ unavailability within timescales will be managed in line with provider policies

Alternative Services
- Gastroenterology - Medicine service at Diana Princes of Wales Hospital, Grimsby
- Upper GI Surgery - Surgery and Critical Care service at Diana Princess of Wales Hospital, Grimsby

- Gastroenterology - Medicine service at Scunthorpe General Hospital, Scunthorpe
- Upper GI Surgery - Surgery and Critical Care service at Scunthorpe General Hospital, Scunthorpe

Appendix D: Directory of Service (DOS) Scunthorpe General Hospital

DIRECTORY OF SERVICE (DOS) SCUNTHORPE GENERAL HOSPITAL

Service ID: TBC

Service Name: Urgent Upper GI Gastroscopy (Direct Access) Service– Scunthorpe General Hospital

Service Location: Scunthorpe General Hospital – RJL32

Specialty: GI & Liver (Medicine & Surgery)

Consultants: Accredited Gastroenterologists, Surgeons and Non-Medical Endoscopists

Age Range: 18 years and over

Gender Treated: Male & Female

Request Types Supported:
Advice Request: No
Appointment Request: No
Triage request: Yes

Clinic types:
Endoscopy – Diagnostic Endoscopy
Upper GI incl Dyspepsia

Priorities Supported:
Urgent

Conditions Treated:
Reflux Symptoms
Dyspepsia **ONLY**
Nausea/Vomiting
Other

This Direct Access Service is NOT a Consultant led service and the clinical responsibility for treatment of these patients sits with GPs. The service will provide a direct route to obtaining diagnostic imaging for adult patients experiencing upper gastrointestinal disturbances for whom a non-urgent, upper gastrointestinal condition may be suspected and who have not responded adequately to first line treatments/management. Reports and results will be sent directly to the GP for review, action and treatment. If during the procedure there are Sinister Findings the Endoscopist will request internally a CT scan; internally onward refer to Upper GI MDT and Upper GI CNS (Clinical Nurse Specialist). The Endoscopy Report (EDS) will advise the GP of the Sinister finding with or without histology. The outcome of the MDT

Meeting will determine the transfer of the ownership of the patient to NLaG (if appropriate) and the GP will notified of the outcome of MDT via the MDT pro forma.

Procedures Performed:
Diagnostic fibre optic endoscopic examination of upper gastrointestinal tract and biopsies, if indicated (Procedure only – results reviewed by GP/ referrer including histology).

Exclusions:

- Patients presenting with potential alarm symptoms, where there is an increased suspicion of an underlying diagnosis of Upper GI cancer, should be referred as a 2ww Gastroenterology or 2ww Upper GI surgery using the existing pathway
- If malignant lesion(s) are identified the patients care will be escalated to the appropriate MDT & Cancer coordinator
- Patients presenting with acute haematemosis or melaena, should be considered for emergency admission
- Patients 17 years and under
- Patients taking long term anticoagulation or prosthetic heart valve
- Pregnancy

Suggested Investigations/ Treatment before considering referral:

- Trial of PPI (3 months as per guidelines)
- H2RA
- H Pylori Test
- H Pylori & Eradication

Administrative Requirements:

Appendix E - Referral Form.docx

Service Notes:

- Referrals to this service should be completed within 24 hours of the decision to refer.
- In line with JAG guidelines all referrals are vetted on the Endoscopy unit for appropriateness
- Incomplete forms and/ or inappropriate referrals will be rejected in line with agreed process
- Information on referral forms must be current and accurate. Failure to complete details accurately may lead to unnecessary delays
- Referrals to be made in line with NICE guidance
- The Endoscopy report (EDS) and any subsequent histology report will be sent directly to the referring GP for review and action. *The referring GP will maintain clinical responsibility for the patient.*
- Should the patient be referred to the Upper GI MDT the GP will be notified via the EDS and the outcome of the MDT will be communicated via MDT pro forma which will notify the GP of any transfer of care to NLaG.

It is the responsibility of the referrer to advise the patient of the requirements regarding availability and timescales for procedure to be undertaken. DNAs/ unavailability within timescales will be managed in line with provider policies

Alternative Services

- Gastroenterology - Medicine service at Diana Princes of Wales Hospital, Grimsby
- Upper GI Surgery - Surgery and Critical Care service at Diana Princess of Wales Hospital, Grimsby
- Gastroenterology - Medicine service at Scunthorpe General Hospital, Scunthorpe
- Upper GI Surgery - Surgery and Critical Care service at Scunthorpe General Hospital, Scunthorpe

Appendix E : Referral Form

Please note that this is a Direct Access referral for Upper GI Gastroscopy procedure only. The Referrer will maintain clinical responsibility until referral made to appropriate consultant service (NICE Guidance, NG12)			
NHS Number		Date of Birth	/ /
Patient Name		Referral Date	/ /
Current Address		Telephone No.	
		Mobile No.	

Referring GP Details			
Referring GP		Telephone	
Practice Name & Address		GP code	

Special Instructions			
		Yes	No
Patient available within 2 weeks		☐	☐
Interpreter required		☐	☐
Indications: Upper GI Symptoms (As per NICE Guidelines – booking within 2 weeks)			
Heartburn		☐	☐
Dyspepsia **ONLY**		☐	☐
Nausea/Vomiting		☐	☐
Other (please specify)		☐	☐
Details (please provide)			

Current Medication (Please list all)	

Treatment		
	Yes	No
Has patient been given appropriate trial of PPI (3months as per guidelines)	☐	☐
H2RA	☐	☐
PPI	☐	☐
NSAID	☐	☐
H Pylori Tests	☐	☐
H Pylori + has eradication been given	☐	☐
Anticoagulation	☐	☐
HB Level (please provide)		

Safety Screen (all questions must be answered)					
At special risk from IV sedation	Yes ☐	No ☐	Arthritis of cervical spine	Yes ☐	No ☐
Serious respiratory cardiac disease	☐	☐	Is at risk of CJD	☐	☐
At risk from Bacterial Endocarditis	☐	☐	Permanent pacemaker inserted	☐	☐
Full Diabetes Mellitus receiving insulin/oral agents	☐	☐	Is able to sign own consent	☐	☐
Bleeding disorder/Anticoagulation	☐	☐	Any other relevant conditions	☐	☐
Allergies (please specify)			Patient informed of referral	☐	☐

Signature			
GP Name		Date	/ /
Please note that this direct access request will only be accepted with a signature of the referring GP or referring GP Practice ERS login in line with ERS referral governance			

Referral to consultant service
If during this procedure there are suspected sinister findings, the Endoscopist will refer to Clinical Nurse Specialist Team and MDT. GP requests and consents to onward referral into appropriate service on their behalf.

For Booking Office Use Only						
Date received	/ /	Yes	No		Yes	No
Validated		☐	☐	Appropriate	☐	☐
Patient added to waiting list		☐	☐	Request accepted	☐	☐
Date of procedure	/ /			Time of appointment	:	

Appendix F: Endoscopist Guidelines – Endoscopy Direct Access Patients

Northern Lincolnshire and Goole NHS Foundation Trust

Endoscopist Guidelines - Endoscopy Direct Access – Patients

Service Name: Upper GI Gastroscopy (Direct Access) Service Only – Diana Princess of Wales Hospital Grimsby and Scunthorpe General Hospital

Specialty: Gastroscopy within 14 days **Age Range:** 18 years and over **Gender Treated:** All

Service Type: Direct Access Gastroscopy (Procedure only – results reviewed by GP/ referrer including histology)

Clinical Indications (as per guidance notes): Dysphagia; Reflux Symptoms; Dyspepsia, Nausea/Vomiting; Other

Procedures Performed: Diagnostic fibre optic endoscopic examination of upper gastrointestinal tract and biopsies, if indicated.

Exclusions:

- Patients presenting with potential alarm symptoms, where there is an increased suspicion of an underlying diagnosis of Upper GI cancer, should be referred as a 2ww Gastroenterology or 2ww Upper GI surgery using the existing pathway
- If malignant lesion(s) are identified the patients care will be escalated to the appropriate MDT & Cancer coordinator
- Patients presenting with acute hematemesis or melena, should be considered for emergency admission
- Patients 17 years and under
- Patients taking long term anticoagulation or prosthetic heart valve
- Pregnancy

Service Notes

The Endoscopy report and any subsequent histology report will be sent directly to the referring GP for review and action. The referring GP will maintain clinical responsibility for the patient until a decision to refer is made

Wording that should go on the reports for these patients, under recommendations.

Findings	Wording
Non Sinister, no histology	**Direct Access Referral: to be managed in line with recommendation by referring GP**
Non Sinister, histology	**Direct Access Referral: to be managed in line with recommendation by referring GP. Please note histology review required by GP for next management**
Sinister, no histology	**Direct Access Referral: Booked for re scope and assessment by a clinical Endoscopist**
Sinister, histology	**Direct Access Referral: referred to specialist CNS for discussion at MDT referencing/attaching Direct Access scope date/ EDS report**

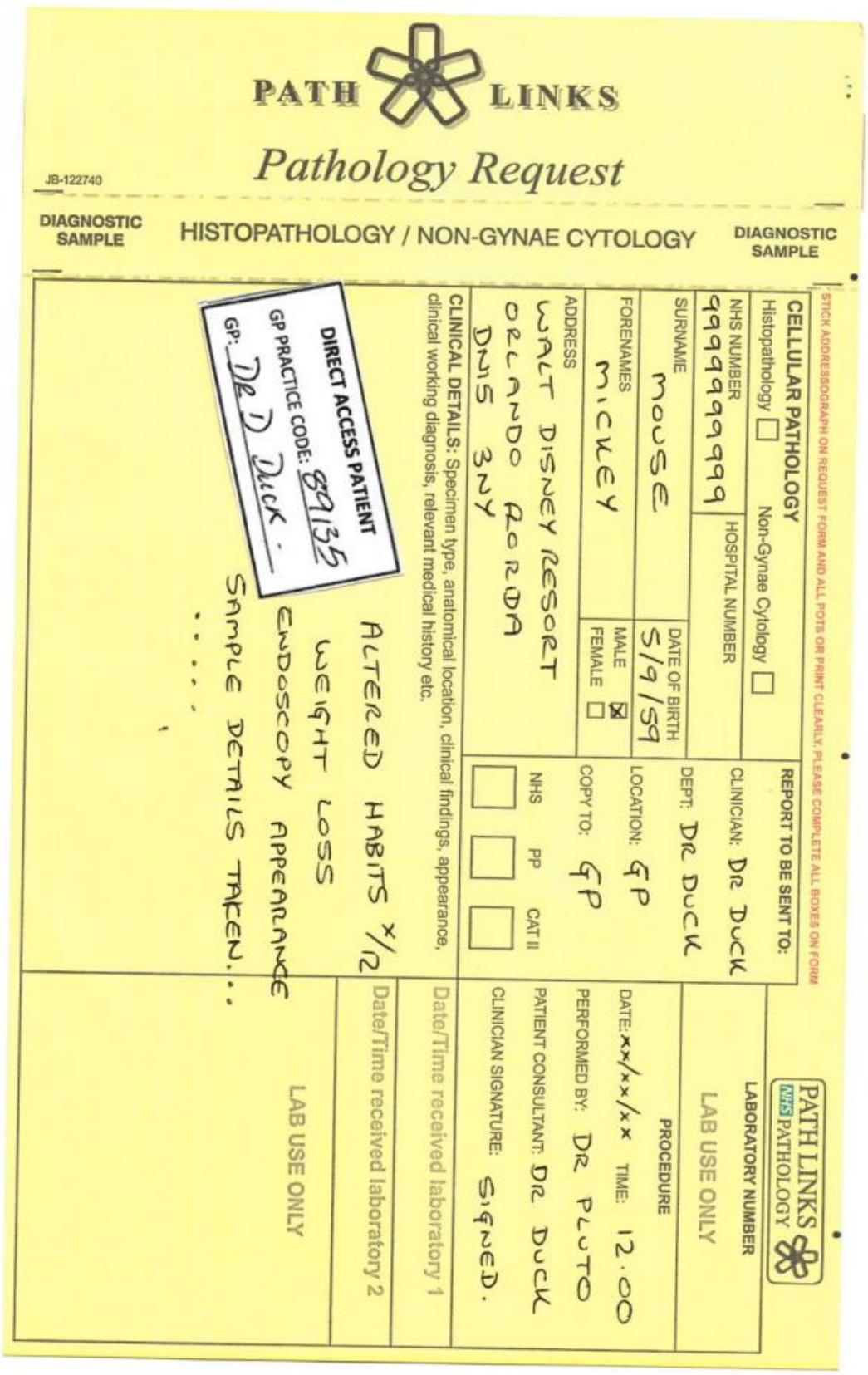
Histology Form Non Sinister to be stamped 'Direct Access', Name of referring GP; GP Practice and Practice Code to be entered on the request see example of completed request below:

Histology Form Sinister to be stamped '31/62', Name of Endoscopist to be entered on the request with copy to GP see example of completed request below:

Onward referral to specialist service if expectation of sinister findings with histology, scopist to advise the patient of onward referral to Specialist CNS and MDT with an explanation of next steps and complete the following actions:

- CT Request (NME's to link in with Consultant Colleagues)
- Complete Upper GI MDT Referral form
- Complete Upper GI CNS (Clinical Nurse Specialists) Referral form
- Send copy of Endovault report (EDS) to MDT

Histology Form Non Sinister



PATH LINKS

Pathology Request

JB-122740

DIAGNOSTIC SAMPLE — HISTOPATHOLOGY / NON-GYNAE CYTOLOGY — DIAGNOSTIC SAMPLE

STICK ADDRESSOGRAPH ON REQUEST FORM AND ALL POTS OR PRINT CLEARLY. PLEASE COMPLETE ALL BOXES ON FORM

CELLULAR PATHOLOGY
Histopathology ☐ Non-Gynae Cytology ☐

NHS NUMBER: 9999999999
HOSPITAL NUMBER:
SURNAME: MOUSE
DATE OF BIRTH: 5/9/59
FORENAMES: MICKEY
MALE ☒ FEMALE ☐
ADDRESS: WALT DISNEY RESORT ORLANDO FLORIDA DN5 3NY

REPORT TO BE SENT TO:
CLINICIAN: DR DUCK
DEPT: DR DUCK
LOCATION: GP
COPY TO: GP
NHS ☐ PP ☐ CAT II ☐

CLINICAL DETAILS: Specimen type, anatomical location, clinical findings, appearance, clinical working diagnosis, relevant medical history etc.

ALTERED HABITS x/12
WEIGHT LOSS
ENDOSCOPY APPEARANCE
SAMPLE DETAILS TAKEN...

DIRECT ACCESS PATIENT
GP PRACTICE CODE: 89135
GP: DR D DUCK

PATH LINKS NHS PATHOLOGY
LABORATORY NUMBER
LAB USE ONLY

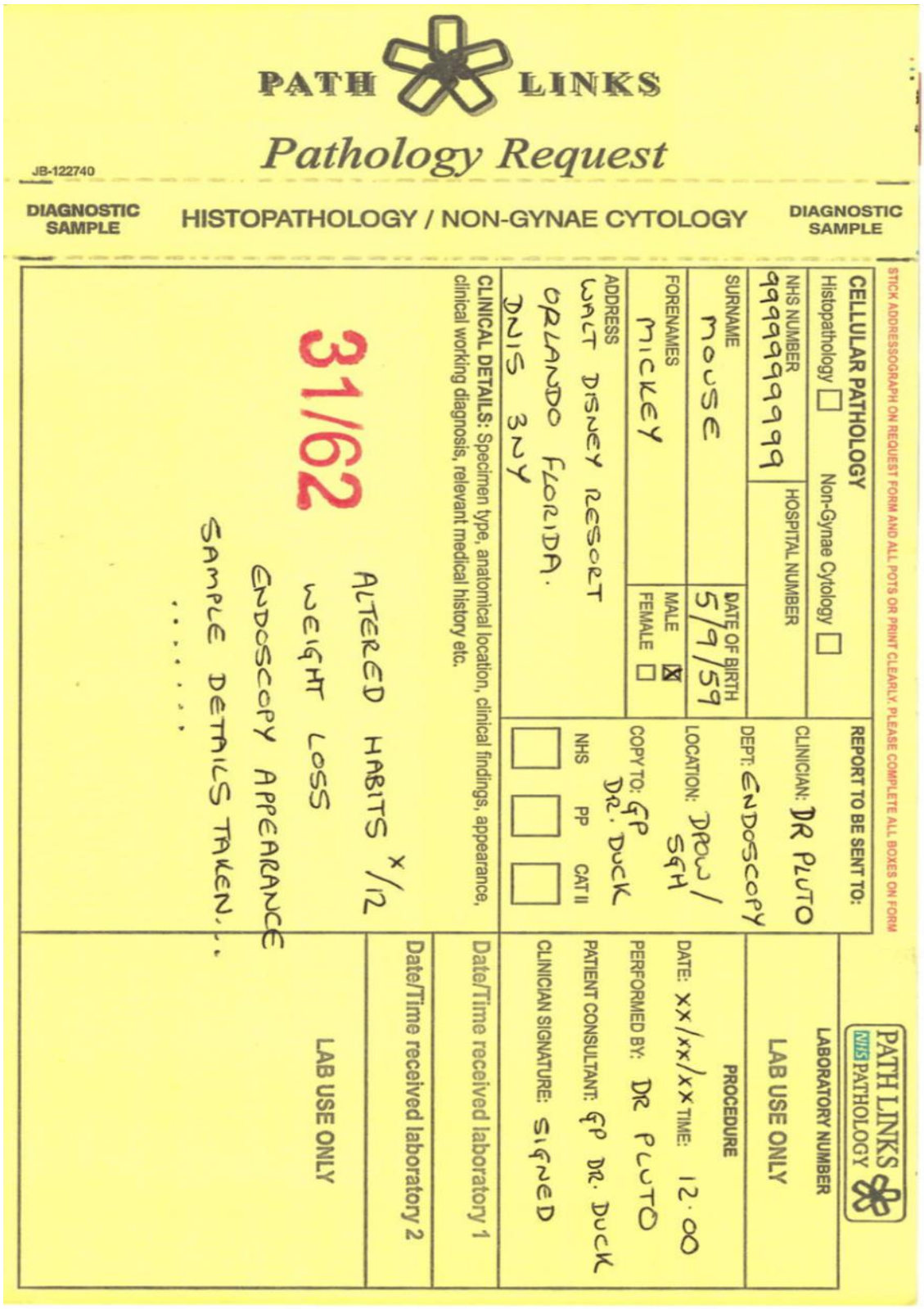
PROCEDURE
DATE: XX/XX/XX TIME: 12.00
PERFORMED BY: DR PLUTO
PATIENT CONSULTANT: DR DUCK
CLINICIAN SIGNATURE: SIGNED.

Date/Time received laboratory 1

Date/Time received laboratory 2

LAB USE ONLY

Histology Form Sinister



PATH LINKS

Pathology Request

JB-122740

DIAGNOSTIC SAMPLE — HISTOPATHOLOGY / NON-GYNAE CYTOLOGY — DIAGNOSTIC SAMPLE

STICK ADDRESSOGRAPH ON REQUEST FORM AND ALL POTS OR PRINT CLEARLY. PLEASE COMPLETE ALL BOXES ON FORM

CELLULAR PATHOLOGY
Histopathology ☐ Non-Gynae Cytology ☐

NHS NUMBER 9999999999 | HOSPITAL NUMBER

SURNAME: MOUSE | DATE OF BIRTH: 5/9/59

FORENAMES: MICKEY | MALE ☒ FEMALE ☐

ADDRESS: WALT DISNEY RESORT ORLANDO FLORIDA. DNIS 3NY

CLINICAL DETAILS: Specimen type, anatomical location, clinical findings, appearance, clinical working diagnosis, relevant medical history etc.

31/62

ALTERED HABITS x/12
WEIGHT LOSS
ENDOSCOPY APPEARANCE
SAMPLE DETAILS TAKEN...

REPORT TO BE SENT TO:
CLINICIAN: DR PLUTO
DEPT: ENDOSCOPY
LOCATION: DROU / SGH
COPY TO: GP DR. DUCK
NHS ☐ PP ☐ CAT II ☐

PATH LINKS NHS PATHOLOGY

LABORATORY NUMBER

LAB USE ONLY

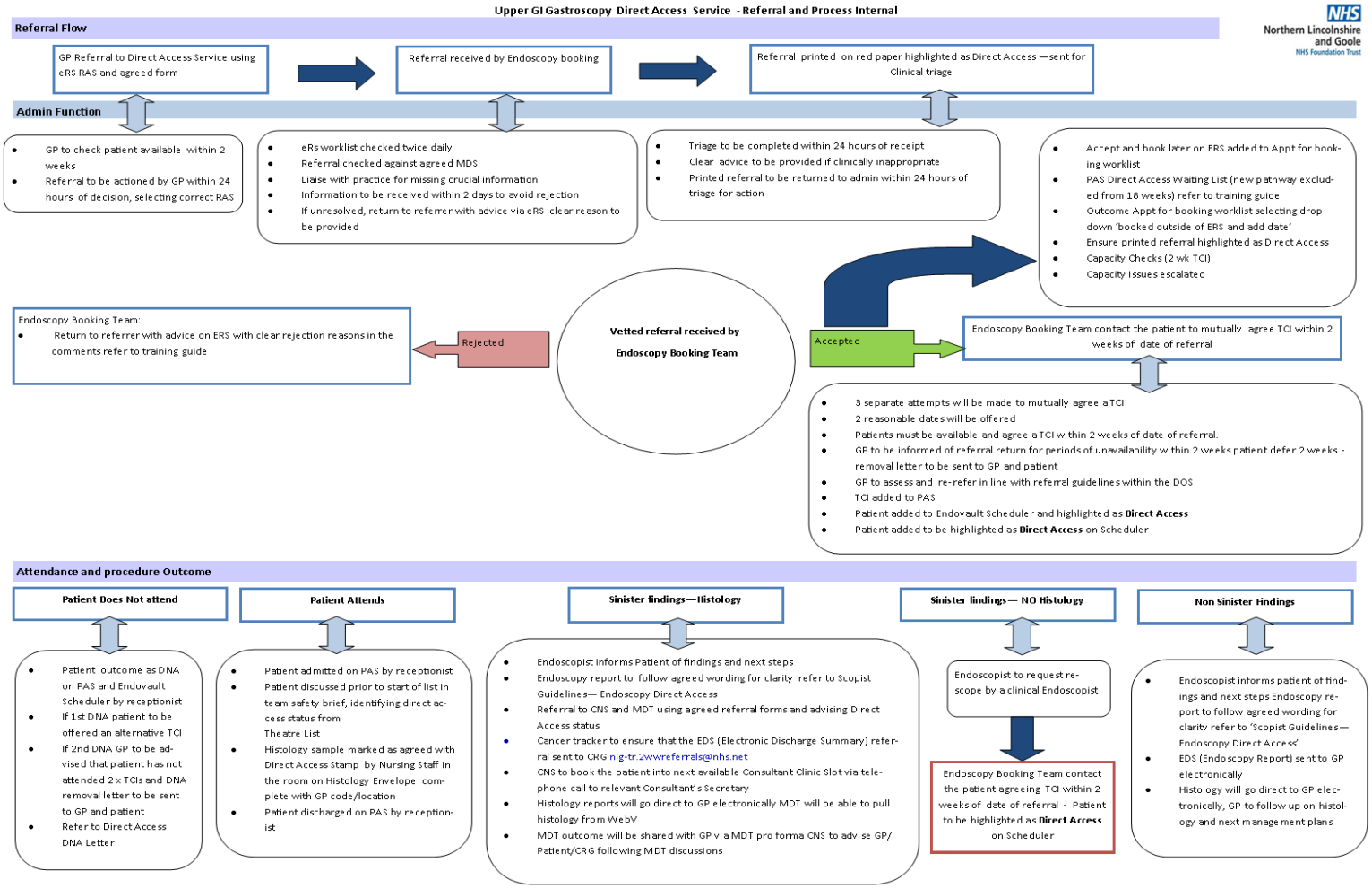
PROCEDURE
DATE: XX/XX/XX TIME: 12:00
PERFORMED BY: DR PLUTO
PATIENT CONSULTANT: GP DR. DUCK
CLINICIAN SIGNATURE: SIGNED

Date/Time received laboratory 1

Date/Time received laboratory 2

LAB USE ONLY

Appendix G: Upper GI Direct Access Service Internal Process Flowchart



Appendix H: Histology Example Report

PATHLINKS Cellular Pathology

MOUSE *MICKEY* ENDOSCOPIST	Report to: **Not Stated - Grimsby** **Grimsby Endo. Direct Access**	**L99998/19**
NHS Number: **9999999999**		Date Sampled:
Unit Number: **PLH3428780**	GP	**23/12/2019**
D.o.B: **05/09/1959**	Sender: **Not Stated - Grimsby**	Date Received: **23/12/2019**
Address: **Walt Disney World Resort** **Orlando** **Florida**	Location: **Grimsby Endo. Direct Access**	
Postcode: **D15 3NY**	GP PRACTICE	

Clinical Details

Test.

Macroscopy

Microscopy

Page 1 of 1

Authorised by: *Suzanne Laver*

NHS Number: **999 999 9999**

Date of Report: **24/12/2019**

Appendix I : Copy of CNS Referral Form

Clinical Nurse Specialist Communication form

This form should be used to communicate patients who require follow-up or who endoscopists have asked for information to be sent to.

During working hours Endoscopy nursing staff are encouraged to contact the specialist nurses (via bleep or extensions) so that they may be able to meet the patients before leaving. However, when this is not possible or out of hours, this form should be used to prevent delays.

In all instances, a copy of the Endosoft report should be attached to this form. This should then be placed in the Specialist nurse referral book so that they can be faxed and delivered to the relevant CNS team – emails for each team are kept at the nurse's station (recovery) in case they require sending immediately.

Please select which CNS the form should be sent to

Upper GI Specialist Nurse ☐

Colorectal Specialist Nurse ☐

Urology Specialist Nurse ☐

Inflammatory Bowel Disease ☐

PATIENT DEATILS

Affix patient sticker here

What is the reason for the communication? _____

Has the Consultant / Endoscopist asked for this referral? _____

What information was given to patient / Carer? _____

_____

Is the patient expecting to be contacted? _____ if yes, please document up to date contact number _____

Any further details that you feel needs communication (i.e. terminology used, does the patient have support at home or live alone, best time to contact)

_____

_____

Nurse Completing _____ Date _____

Appendix J: Copy of Upper GI MDT Referral Form

Referral to Upper GI MDT

Referral Date: Breach Date:	Consultant in charge of patient:
Previously Discussed:	2ww **Yes** ☐ **No** ☐
Name of Patient: Hospital Number: Date Of Birth:	**Question to be asked of the MDT**: **Has cancer been confirmed:** Radiologically **Yes / No** Histologically **Yes / No**
Presenting Complaints: Duration of symptoms:	

Co-morbidities (Please tick and add free text)

Serious Cardiac disease	Respiratory Disease
Hypertension	COPD/Asthma
History of cardiac failure	History of CVA
Ischaemic heart disease	Diabetes Type II / Type I
Permanent pacemaker inserted	CKD
Bleeding disorder / anticoagulation	Cerebral Vascular Disease
Anaemia	Barrett's Oesophagus
Previous Cancer	Other – please list all

Medication:

Is the patient aware of the reason for UGI MDT discussion **Yes** **No**

Is the patient expecting further tests/specialist follow up **Yes** **No**

Source of Referral Out Patient ☐ In Patient ☐ (Ward:)

Please complete reverse of form also

Dysphagia Score

1. Normal Swallowing ☐

2. Difficulty swallowing some hard solids but can swallow semi-solids ☐

3. Unable to swallow any solids but can swallow liquids ☐

4. Difficulty swallowing liquids ☐

5. Unable to swallow saliva ☐

6. Unknown ☐

WHO Performance Status

0. Fully Active – able to carry on all pre-disease performance without restriction ☐

1. Restricted in physically strenuous activity but ambulatory and able to carry out work of a lighter or sedentary nature eg. Light house work, office work ☐

2. Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours ☐

3. Capable of only limited self-care, confined to bed or chair more than 50% of waking hours ☐

4. Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair ☐

5. Dead ☐

6. Unknown ☐

It is the duty and responsibility of the referring clinician to provide all relevant patient information as required on this proforma. Decisions made by the MDT will be based on the information provided. Incompletely filled proformas without this necessary information will mean that the case cannot be discussed in the MDT and therefore result in delay in the management of this patient.

The patient remains the responsibility of the referring clinician until after the MDT meeting when it will be clearly stated on the MDT outcome if a core member of the MDT is taking over the care.

Appendix K : Example of letter to patient – advice of removal from the waiting list – request to defer 6 weeks

Patient advice of removal from the waiting – request to defer 2 weeks or more

Endoscopy Unit
DPOW Hospital

Phone: 03033 303475

Northern Lincolnshire and Goole NHS Foundation Trust

16 July 2013

Mr P Patient
00 Smith Street
Suburb 0000

Dear Mr Patient,

Removal from the Direct Access Gastroscopy waiting list
Referring doctor: Dr J Jones
Patient UR Number: 000000

We received a referral letter on *insert referral date* from *insert GP name* requesting an appointment for you to attend for a gastroscopy at *Insert Hospital Name*. At that time we added your name to the waiting list.

We have recently invited you to mutually agree an appointment time and you stated that you wished to defer this procedure for 2 weeks or more. We have now removed you from the waiting list in line with NLaG Elective Care Referral to Treatment Access Policy.

The general principle of acting in the patient's best clinical interest at all times is paramount. It is generally not in a patient's best interest to be left on a waiting list for an extended period, and so where delays of 2 weeks or more are requested by patients a clinical review should be carried out, and you should make contact with your treating clinician (GP) to discuss and agree the best course of action.

If you wish to have this procedure in the future, you will need a new referral from your general practitioner (GP) or another doctor.

Please contact us on 03033 303475 between 09.00 – 17.00 Monday to Friday if you have any queries about this letter. If calling outside of the hours please leave a voicemail and we will return your call.

Yours sincerely,

Endoscopy Booking Team

Appendix L: Example of letter to GP – advice of removal from the waiting list – request to defer 2 weeks

Patient advice of removal for patient requesting Deferring outside of 2 week period.

Endoscopy Unit
DPOW Hospital

Phone: 03033 303475

Email: nlg-tr.NLG-DL-EndoscopyAdminTeam@nhs.net

Northern Lincolnshire and Goole NHS Foundation Trust

16 July 2013

Dr J Jones
00 Smith Street
Suburb 0000

Removal of patient from Direct Access Gastroscopy waiting list

Dear Dr Jones,

Removal from the Direct Access Gastroscopy waiting list
Referring doctor: Dr J Jones
Patient UR Number: 000000

We have recently invited your patient to mutually agree an appointment time and they have requested the procedure be deferred for a period of 2 weeks or more. We have now removed your patient from the waiting list in line with NLaG Elective Care Referral to Treatment Access Policy.

The general principle of acting in the patient's best clinical interest at all times is paramount. It is generally not in a patient's best interest to be left on a waiting list for an extended period, and so where delays of 2 weeks or more are requested by patients a clinical review should be carried out, and preferably the treating clinician (GP) should speak with the patient to discuss and agree the best course of action.

We have also written to the patient advising of removal and that they will need a new referral from their GP if they require this procedure in the future.

Please contact the booking office 03033 303475 if you have any queries.

Yours sincerely,

Endoscopy Booking Team

Appendix M: Example of letter to patient – advice of removal following DNA's in line with the Trusts Access Policy

Patient advice of removal from the waiting list (after 2 x offers and 2 DNA)

Endoscopy Unit
DPOW Hospital

Phone: 03033 303475

Northern Lincolnshire and Goole NHS Foundation Trust

16 July 2013

Mr P Patient
00 Smith Street
Suburb 0000

Dear Mr Patient,

Removal from the Direct Access Gastroscopy waiting list
Referring doctor: Dr J Jones
Patient UR Number: 000000

We received a referral letter on *insert referral date* from *insert GP name* requesting an appointment for you to attend for a gastroscopy at *Insert Hospital Name* . At that time we added your name to the waiting list.

We have recently offered you two separate appointment times and on each occasion you have not attended for the appointment.

As we have not heard from you, we believe that you no longer require an appointment. Your name has been removed from the Direct Access Gastroscopy waiting list.

If you wish to have this procedure in the future, you will need a new referral from your general practitioner (GP) or another doctor.

Please contact us on 03033 303475 between 09.00 – 17.00 Monday to Friday if you have any queries about this letter. If calling outside of the hours please leave a voicemail and we will return your call.

Yours sincerely,

Endoscopy Booking Team

Appendix N: Example of letter to GP – advice of removal following DNA's in line with the Trusts Access Policy

Referrer advice of patient removal from the waiting list (after 2 x offers and 2 x DNA)

Endoscopy Unit
DPOW Hospital

Phone: 03033 303475

Email: nlg-tr.NLG-DL-EndoscopyAdminTeam@nhs.net

Northern Lincolnshire and Goole NHS Foundation Trust

16 July 2013

Dr J Jones
00 Smith Street
Suburb 0000

Removal of patient from Direct Access Gastroscopy waiting list

Dear Dr Jones,

Removal from the Direct Access Gastroscopy Waiting List
Mr Paul Patient (DOB 16/4/1956)
NHS 000000
Date of referral: 10/1/2013

In line with NLaG Elective Care Referral to Treatment Access Policy it is our usual process to offer two appointments in line with the Trust's reasonable criteria.

We recently invited your patient to attend an appointment on two occasions following the access policy above. The patient has failed to attend on both occasions and has been now been removed from the waiting list.

We have also written to the patient advising of removal and that they will need a new referral from their GP if they require this procedure in the future.

Please contact the Endoscopy Booking Team on 03033 303475 if you have any queries.

Yours sincerely,

Endoscopy Booking Team

Appendix O: Contact details for Service

Contact details for Service

If you have any questions regarding this service please contact:

Northern Lincolnshire and Goole NHS Foundation Trust

Diana Princess of Wales Hospital
Scartho Road
Grimsby
DN33 2BA

03033 303611
nlg-tr.NLG-DL-EndoscopyAdminTeam@nhs.net

Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
DN15 7BH

03033 302221
nlg-tr.NLG-DL-SGHEndoscopyAdminTeam@nhs.net