

Unit News

Issue 1, August 2009

A Quarterly Publication

Welcome to the new, dedicated Newsletter for JAG Certified Units

This newsletter is designed with you in mind and will provide you with quarterly updates of JAG activities. If there is information not here that you feel should be or would like to know about, please [click here](#) to email me at the JAG.

Warren Lynch, JAG Manager

IN THIS ISSUE

Feature Articles

- From the QA of Units Chair
- Same-sex accommodation review
- JAG Visits update
- Decontamination update
- Trainee Applications for competency certification
- GRS Domain update
- Linacre Lecture

Other News

- The JAG – we are changing
- Recent issues
- Learning resources for endoscopy
- Upcoming dates
- JAG office contacts

THE JAG – WE ARE CHANGING

The JAG carried out a survey in March to find out what you thought of us as an organisation. This was a UK-wide survey and the first of its kind to be commissioned by the JAG. The survey was sent to all regions and to a variety of our key stakeholders who were selected at random.

The response was overwhelming and the messages we received were clear. The JAG is seen as professional and

From the QA of Units Chair

By John O'Donohue

The QA of Units Working Group will meet regularly and the Chair of the group will provide regular updates for each edition of the newsletter.

The JAG QA of Units Working Group was recently formed and reports to the JAG Committee. The Group convened for its first meeting on Tuesday, 14 July 2009. It has a broad remit: to build on the recent success of the JAG and the Global Rating Scale (GRS) and to achieve and maintain the highest quality Certification process in endoscopy. The Group will:

- Revise the GRS and align the JAG Visits process closer to GRS.
- Develop a 'light-touch' re-certification process and coordinate training of JAG Assessors.
- Coordinate future JAG Visits with other inspecting and accrediting bodies throughout the UK.

To read more and to view the QA of Units Working Group membership table please [click here](#).

Same-sex accommodation review

By Debbie Johnston

Policy Background

In January 2009, the Department of Health announced a package of measures designed to all but eliminate mixed-sex accommodation. These include:

- A £100 million Privacy and Dignity Fund to support improvements and adjustments to hospital accommodation.
- Launching the Same-sex accommodation: your privacy, our responsibility campaign, to provide information and guidance for hospitals, patients and the public.
- Sending an improvement team out to hospitals that need extra support, and introducing rigorous and transparent performance objectives for hospitals via the standard contract from April 2010.

Trusts will be expected to show how they plan to reduce mixed sex accommodation to the lowest possible level. All staff have a vital role to play in meeting this objective and giving all patients the best possible experience during their time in hospital.

To read the full article, please [click here](#).

JAG Visits update

supportive. We all agree that there is a necessity for overarching control of endoscopy in the UK and the JAG fulfils that role.

The most prevalent criticism of the JAG is "poor communications". 76% of respondents think that the communication efforts of the JAG are only "adequate" or "needs improvement". There is a call for greater transparency and better communication at all levels.

In response to this, we have put in place Project Chameleon. We recognise that the JAG is going through a period of change. Project Chameleon, aptly named, will ensure we adapt to these changes. It will make us change the way we communicate with you. We will become more transparent. Project Chameleon involves working on an improved website, ensuring more frequent newsletters and considering additional forms of contact to keep you up to date with current developments.

Have your say

Feel free to email comments on this topic or suggestions for Project Chameleon by [clicking here](#).

RECENT ISSUES

This section is dedicated to issues that have arisen in relation to JAG visits, or where JAG advice has been requested.

Use of propofol

Advice was recently sought on the JAG's policy on the use of propofol.

The JAG does not currently have a formally stated policy on GA nor on propofol, but does have a general perspective, used throughout the whole QA of endoscopy, that can be applied to these questions.

That perspective is:

1. Safe and effective endoscopy that meets agreed quality standards.
2. No proscriptive approach in the absence of good evidence.
3. Cost does not affect the JAG's views - that is not a QA issue.

Please [click here](#) to send through your suggestions for this column.

LEARNING RESOURCES FOR ENDOSCOPY

St Marks

St Marks Multimedia provide media

The following JAG Visits have taken place recently:

May

22 May 2009 – Worthing, Sussex

June

24 June 2009 – Lincoln, Lincolnshire

25 June 2009 – Clatterbridge, Merseyside

July

2 July 2009 – Countess Of Chester

7 July 2009 – Macclesfield

8 July 2009 – Chase Farm

16 July 2009 – Weston-Super-Mare

In total, 150 acute Endoscopy Units in England have so far undertaken a JAG Visit. Of these units, 103 (47%) have full 5 year JAG Certification with 47 (21%) currently with three or six month deferrals. A further 70 Units are still to be visited.

All Endoscopy Units that have not yet had a JAG Visit (including all of the Training Centres, who were part of the original JAG Visits pilot) are currently being contacted to confirm their JAG Visit dates.

The top 10 challenges to Units achieving JAG Certification are:

1. Decontamination
2. Quality of Procedure (audit)
3. Endoscopy Trainers
4. Unit design and layout
5. Environment and Training
6. Aftercare
7. Consent
8. Timeliness
9. Safety
10. Comfort

Of the top three issues, the main problems are:

- **Decontamination** - AERs that are not HTM-20-30 compliant, inadequate tracking
- **Quality of Procedure** - Incomplete audits to Level B (often only raw data is presented)
- **Endoscopy Trainers** - No/unsatisfactory evidence of nurse input into endoscopist's training and evidence of annual evaluation of both trainer's expertise and staff input into endoscopist's training.

Feedback from most JAG Visits has been positive, with the vast majority of Units valuing the JAG Visit process and the Assessor's expertise highly.

Decontamination update

HTM-01-06

The HTM-01-06 guidelines are currently out for public consultation with planned publication in September. The guidelines will be supported with a new audit tool from the Infection Prevention Society (IPS). It will consist of two parts which are currently being reviewed by the JAG Committee and will be communicated when the review is complete. The ESAC-Pr Endoscopy sub-committee see a multi-faceted approach to auditing endoscope decontamination in the future which will include the Care Quality Commission (CQC), IPS, the JAG and

teaching materials for students, doctors, nurses, research scientists and surgeons in a number of aspects of endoscopy.

For further information and how to purchase these resources please click below to visit the following websites:

St Mark's Online Shop

St Mark's Multimedia

JETS

For information on how to view the location and availability of JAG Certified courses please **click here** to visit the JETS website.

Once the required course has been located, please then contact the Unit directly to book your place.

UPCOMING DATES

Wednesday, 23 September 2009

How to pass your JAG Visit seminar, RCP, London

Tuesday, 20 October 2009

JAG Committee Meeting, Park Crescent Conference Centre, London

Friday, 9 October 2009

JAG Assessor Review Day, Park Crescent Conference Centre, London

For further information on any of these meetings, please **click here** to contact Amber Westbury.

JAG OFFICE CONTACTS

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local Trusts.

Tracking

The JAG are following national guidelines and recommending that Units use a purpose built endoscopy tracking system. This can be a paper system in the short term with a view to moving to electronic tracking to meet best practice standards. The HTM-01-06 will include a framework which details the tracking requirements

Trainee Applications for competency certification

A significant proportion of applications from trainees for JAG Certification are missing one or more vital items of documentation preventing them being approved. The documents that are most frequently missing from applications are the cheque to cover the administrative cost of the process (currently £30), the form G registration document and the complete log of the applicant's endoscopy procedures.

A number of alterations have recently been made to the JAG website, intended to outline more clearly what is required for JAG Certification. The JAG would be grateful if Endoscopy Trainers could direct their trainees and those looking to apply for JAG Certification to the JAG website, **www.thejag.org.uk** or contact the JAG Office. In many cases this would significantly reduce time the period taken to become JAG Certified.

For information on what is required for the JAG Certification, please **click here**.

GRS Domains update

The ninth biannual GRS census has recently been completed with excellent returns and further improvement in scores. There has been an overall rise in the achievement of level A standards across all domains. We have seen increased adoption of both the Training and Workforce domains, both of which are mandatory for JAG Certification. Endoscopy Units across the country are continuing to improve as well as sustain improvements.

From October 2009 the JAG will be responsible for future census returns. To obtain JAG Certification GRS Level A for timeliness and level B for all other domains is required. **(JAG Certified Units will still be required to continue to submit their census returns)** The newly formed JAG QA Units Working Group will review all submitted data twice a year. For more information about the remit of this group please go to the JAG website, **www.thejag.org.uk**.

The National Endoscopy Team would like to take this opportunity to thank you all for your efforts and support over the last five years

Linacre Lecture

The Royal College of Physicians is pleased to announce that it is currently accepting applications to deliver the Linacre lecture for 2010. Applicants must be Members or Fellows of the Royal College of Physicians of London who will be under the age of 40 on 30 September 2009. Please **click here** to read more.