JAG Joint Advisory Group on GI Endoscopy

Units News

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A Quarterly Publication

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

Warren Lynch, JAG Office

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GRS CENSUS – OCTOBER 2010

The latest GRS (Global Rating Scale) Census was conducted during the month of October. The JAG Office is delighted to report that 100% of Acute Sector sites completed the census and we all wish to record our sincere thanks to everyone involved in achieving this. Some Community and Independent Sector units are also completing the census biannually and JAG is working on increasing these sectors involvement in GRS to assist in improving standards.

For those new to this, the GRS census

From the New JAG Chair

Mr. John Stebbing

I am absolutely delighted and feel privileged to have been appointed as the next Chair of The JAG.

In many ways, the Endoscopy service we have today is unrecognisable when compared with that of ten years ago as levels of quality assurance and patient focus are now much higher. Under Roger Barton's stewardship, The JAG has developed into a recognised and respected brand as part of the modernisation of the Endoscopy service. Yet despite this progress, there is more work ahead in ensuring that The JAG becomes fully accepted as the natural authoritative and multi-professional body providing support for excellence in Endoscopy practice, whether this be in supporting and developing Endoscopy training or in supporting individuals, whole teams and provider organisations delivering Endoscopy services. As I step into this position, work is already underway and the foundations for further progress are sound.

I am fortunate in having considerable relevant experience in both Endoscopy services and bowel cancer screening along with a strong record of achievement in contributing to and agreeing strategy, leading change and obtaining buy-in across networks and organisational boundaries. Personal qualities which will support me include drive, enthusiasm, calmness, clear thinking, politeness, professionalism and a willingness to listen and gather opinions whilst retaining a clear focus on delivery.

No doubt there will be challenges along the way, but I am absolutely determined that The JAG becomes involved in all areas of work and the underlying focus should be "excellence" for patients.

From the Departing JAG Chair

Prof. Roger Barton

As this newsletter circulates, we are in the middle of a transition of JAG Chairs. In October 2006 there was a smaller committee and minimal nurse representation but, most importantly, a remit of championing endoscopy training. My, things have changed! The last four and a half years have been a mix of many, many meetings, negotiations, persuasion, interspersed with tense steps into the unexplored. The interactions and iterations of policy and strategy with numerous various bodies have sometimes been slow and repetitive, and occasionally rapid and rewarding.

We must not pretend that this is all The JAG's work. There has been the brilliant coincidence of the pupation, hatching and glorious death of the National Endoscopy Training Programme along with the current highly successful Bowel Cancer Screening Programme in England. These two phenomena, not entirely unrelated, have brought the

is a biannual census held in April and October each year. Endoscopy units complete a questionnaire by answering yes or no to questions relating to Clinical Quality, Quality of the Patient Experience, Training and Workforce. Further information about GRS and the questions relating to the measures can be found via:

www.globalratingscale.com.

The October results show overall improvements since April 2010 in the following areas:

Clinical Quality: Consent 95.75% (up from 95.65%), Safety 90.57% (up from 86.96%)

Quality of the Patient Experience: Equality 88.68% (up from 87.92%), Choose & Book 90.57% (up from 90.34%), Privacy and Dignity 94.81% (up from 90.34%)

Training: Environment & Training 85.65% (up from 82.44%), Endoscopy Trainers 63.64% (up from 58.54%), Assessment/Appraisal 86.12% (up from 83.41%), Equipment & Educational Opportunities 88.52% (up from 86.83%)

Workforce: Skill Mix 92.92% (up from 92.27%), Orientation & Training 92.92% (up from 91.30%), Assessment & Appraisal 88.68% (up from 85.51%), Staff are cared for 86.79% (up from 85.99%)

A fall in standards was recorded in a small number of areas. Most noticeable though was a big decline in Timeliness down 16% since April 2010. Results were:

Clinical Quality: Comfort 89.62% (down from 92.75%), Quality 89.62% (down from 91.30%), Appropriateness 71.70% (down from 72.95%), Communicating Results 91.51% (down from 94.69%)

Quality of the Patient Experience: Timeliness 69.81% (down from 85.99%), Aftercare 94.81% (down from 96.62%), Feedback 94.81% down from 96.14%

Workforce: Staff are listened to 83.96% (down from 84.54%)

GRAHAM BULL PRIZE

necessary support for a critical mass of enthusiastic endoscopists to meet a critical number of times in a critically short period. Furthermore, many of these endoscopists even knew what they were talking about. There have been huge contributions from so many people, and we should be really grateful to them for their efforts, determination, and sacrifices.

We have ended with the JAG remit covering not only all endoscopists, trainees, trainers, and practitioners, but service provision as well, and this is highly likely to cover the independent sector too. Our standards, methods, and processes are being adopted internationally, and the UK is currently at the forefront of clinical Endoscopy practice. There is still much to do and it is entirely appropriate that, in open competition, John Stebbing steps up (or should he sit down?) as the very first surgical Chair of the JAG. He has an excellent track record and will be greatly assisted by the enhanced support of Caroline Rogers as the new Accreditation Unit Manager, Jane Ingham of the RCP who continues to host the JAG parasite, and the new, yet highly experienced, JAG Executive.

The continuing success of The JAG will depend on maintaining key, highly productive relationships with the BSG, AUGIS, and ACPGBI, as well as with the colleges of physicians and surgeons, and on building upon newly-formed links to the Care Quality Commission and the Department of Health Diagnostics Clinical Committee.

As I step back, I would like to thank all of those who have been so supportive and hard-working over this time, and with a special thanks to Warren Lynch for holding the coracle together through the storms. I will fondly miss the JAG Committee meetings with their mix of critical positivity, collegiality, and explosive discussion.

Introducing the Accreditation Unit Manager

Ms. Caroline Rogers

I would like to introduce myself as the new Accreditation Unit Manager in the Clinical Standards Department at the Royal College of Physicians - JAG is the major player of the new unit and I am overseeing its operations and development. I am ably supported by the team you know already: Warren Lynch and Darran Cahill together with our new administrator, Matt Duffell. I am also now in the process of recruiting a senior manager to support the running of the JAG accreditation visits.

A number of exciting developments are taking place for JAG. Firstly, with the first endoscopy units coming up for their five-yearly accreditation visit at the end of 2011, we are designing the future of JAG re-accreditation with an annual self-assessment requirement (see John O'Donohue's piece in this newsletter for further details). This will set the service in good stead to move forward on its path towards a world-class patient-centred service. More from me to come on this as plans develop! JAG is receiving much overseas interest in its various activities at present and this is something I will also be exploring further. Back to the UK, developing quality improvement through the JAG accreditation pathway for the independent and community sectors will be one important focus of 2011.

The Accreditation Unit has taken on the running of the new SEQOHS (Safe Effective Quality Occupational Health Service) accreditation scheme which was launched in December. New staff are being appointed to manage and operate this scheme. I am pleased to say that we will benefit greatly from considerable cross-over between the two schemes in terms of administrative support, developing expertise and our remit in accreditation.

And last but certainly not least, I am delighted to be working with John

The Graham Bull Prize in Clinical Science 2011

This award was established in 1988 in honour of the late Sir Graham Bull, who was the first Director of the Clinical Research Centre at Northwick Park. A trust for the Graham Bull Prize was set up to provide money for young researchers under the age of 45 years who feel that they have made a major contribution to clinical science. The prize as designed by the Trust is specifically for an application and not for nomination of individuals.

The work can cover a wide range of expertise, such as molecular and cellular biology, imaging technology, psychiatry or health sciences. The award is open to both clinical and basic scientists, who must apply for their own work to be considered. The sum of £1,000 is offered on a competitive basis each year.

The closing date for applications is 31 March 2011.

Further details can be obtained from:

http://www.rcplondon.ac.uk/education/training/Pages/Research-Fellowships.aspx

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Stebbing, the new JAG Chair. I would like to thank Roger for his support in this 'handover' period and wish him all the best.

From the QAWQ for Units Chair

Dr. John O'Donohue

Greetings and best wishes for 2011!

2010 was a year of further, steady progress in accrediting units. Although most assessors will probably have noticed that the number of invitations they receive to perform visits decreased in 2010 compared to previous years, this was cyclical and numbers will recover as re-visits of units previously accredited come on stream in the next 18 months. Just **30 of the 219** acute NHS units in England are yet to have their first JAG visit. Of those units already visited, JAG approval remains deferred for **40 units** pending satisfactory completion of actions necessary to achieve GRS Level B (or A for timeliness). For independent and community sites, uptake of GRS and bookings of accreditation visits is increasing but there is still a lot of work to be done in engaging these units with the process and this will become a major focus for the JAG Office in 2011. **Three** full JAG visits have been performed in Northern Ireland; Scotland is in the middle of a round of pre-JAG formative visits performed jointly by JAG and Quality Improvement Scotland, and Wales is actively engaged in pre-JAG assessments.

JAG accreditation is now the undisputed badge of quality and is not only recognised as such by the service itself but also by the bodies which regulate healthcare. The Care Quality Commission in England is now actively looking at units' participation in GRS/JAG and information on every unit's accreditation status is now available on the JAG website. It is proposed to link this to NHS Choices so that patients and commissioners are fully informed of a unit's status.

The October GRS Census was undertaken by **100% of endoscopy units in England which is a record high.** One concerning theme from this census is that surveillance waiting times are slipping as Trusts focus on symptomatic patients.

Following the consultation exercise on the future shape of the Units Accreditation which took place just over one year ago, the 'light-touch' re-accreditation option has now been approved by the JAG Committee and other stakeholders including the BSG. The five-yearly visits are being maintained but, in between, there will be an annual registration process required to maintain accreditation. To re-register, units will be required to maintain satisfactory scores in the twice-yearly GRS census and provide key evidence relating to each of the GRS domains. Plans for the list of evidence that will be required are yet to be finalised but under consideration are: for quality and safety the key evidence would be the rolling local audit programme (in a standard format), evidence of discussion of adverse events, and a colonoscopy audit to be presented in a standardised format; for patient experience, the patient satisfaction survey; for training**,** evidence of the unit's registration with JETS; and for workforce, the staff survey. All of these activities are required, in any case, by GRS. Evidence of participation in the forthcoming national BSG/ACPGBI colonoscopy audit starting this March will also be required.

There will be a change in the structure of charging from 2012 onwards to reflect the above changes to accreditation. JAG will move away from charging a visit fee every five years and, in its place, an annual fee will be adopted which will cover not only the five-yearly visit but also the annual re-accreditation assessment, support and advice, maintenance and reporting of the GRS and the Knowledge Management System (KMS) and JETS. There will be transitional fee arrangements for units visited during 2011.

Finally, a reminder that every assessor should attend one JAG Assessor

Review Day each year. We aim to have these twice-yearly and the next one scheduled is at the Royal College of Physicians in the spring in London. The date will be confirmed and communicated to assessors shortly. Future Assessor Review Days may be held outside London depending on demand. We will also be maintaining training events for new assessors and revising the 'How to Pass Your JAG Visit' events so that they are specifically tailored to the needs of the acute, independent and community units. Dates will be circulated on the JAG Website and Newsletters.

National Colonoscopy Audit

British Society of Gastroenterology

The BSG and ACPGBI are conducting a UK wide, online audit of all colonoscopy performed during the first two weeks of March 2011. We would be grateful if you, or a nominated clinical lead, can do two things before the audit starts on the 28th February 2011:

Register your unit and your colonoscopists on www.endoaudit.com before the 24th January 2011. Once registration has been signed off, complete a one day sample audit, before the 7th February 2011, to ensure your team is familiar with the process of data collection and data entry.

You can download a user guide from the following link http://www.endoaudit.com/UserGuide.pdf to help you through the process. We require a local team of Endoscopy Lead, Trainee, Nurse Lead and Administrator to be responsible for running the audit. Leadership and clear lines of accountability are essential. Clinical and trainee lead roles will be registered in the e-portfolio of the JETS website

This is a point prevalence audit designed to provide a baseline of colonoscopist manpower and to determine whether colonoscopy performance has improved since the last national audit. The audit is not powered to compare individual or unit performance.

We know that the rate of colonoscopy in the UK is 8/1,000 base population per year. Therefore we expect each unit to submit audit data for approximately 32 colonoscopies/100,000 base population over the two weeks.

The audit will be anonymous: neither individual nor unit data will be made public. Participation in the audit will be a requirement for future 'JAG light-touch accreditation' and failure to participate will increase the likelihood of earlier JAG review. Participation, but not unit data, will be registered on the NHS Choices website.

For this audit to be successful we need ALL units to engage. We have appointed a network of regional physicians, colo-proctologists and trainees to support units and give firm encouragement when the need arises.