

Endoscopy Services Quality Assurance Group Meeting 11 October 2017

Actions and outcomes of a meeting of the Endoscopy Services Quality Assurance Group held on 11 October 2017 from 10am to 1pm in Censors room, house 11, Royal College of Physicians, London, NW1 4LE.

In attendance: John Green (Chair), Debbie Johnston (Head assessor), Helen Griffiths (deputy head assessor), Eva Lynch (JAG assessment manager), Raphael Broughton (senior programme manager), Tim Shaw (JAG manager), Jordan Daniel (JAG administrator).

By Phone: Neil Haslam (former chair).

Apologies: Billie Moores (BCSP lead), William Dickey (Northern Ireland representative).

Actions arising

No	Action	Owner
1.	(From meeting 08/12/16) Continue ongoing conversations with BSG regarding their accreditation plans and patient requirements. A copy of what constitutes good patient experience from the BSG to be given to Graham Prestwich for review	Debbie Johnston
2.	(From meeting 08/12/16) Arrange call with Neil Hawkes to discuss Training workstreams.	John Green
3.	(From meeting 08/12/16) Review and consider regional training centre documentation and the JAG accreditation of centres, and implications if not meeting accreditation.	John Green
4.	(From meeting 15/03/17) Publish data collected from annual census.	Carolyn Charlton John Green
5.	(From meeting 15/03/17) Consider license fees regarding services that are continually stuck on long-term quality improvement process. Discuss possibility of option to reduce fees. Discuss ways to express value of annual fees.	ESQAG
6.	(From meeting 26/07/17) Write decontamination guidance for assessors to use on visits, along with TS & John Green's input.	Debbie Johnston
7.	(From meeting 26/07/17) Organise IHEEM meeting in Birmingham. (complete)	Helen Griffiths
8.	(From meeting 26/07/17) Draft a decontamination guidance to assist assessors during visits.	Helen Griffiths
9.	(From meeting 26/07/17) Share PHO Final decision report with assessors.	Debbie Johnston
10.	Draft a communication to all assessors regarding the decision that only clinicians can act as clinical leads on assessments.	Debbie Johnston
11.	Liaise with Siwan Thomas-Gibson to discuss a BSGE representative for ESQAG.	John Green
12.	Discuss the membership of group and make sure the correct representation is present.	Tim Shaw John Green
13.	Review the terms of reference, to be discussed at the next meeting.	Tim Shaw
14.	Invite CQC to attend one ESQAG meeting.	JAG Office
15.	Look at standards regarding insourcing and locums, with a view to creating new standards.	Debbie Johnston
16.	Look at competencies from Wales and the mapping work done so far for JETS Workforce.	Helen Griffiths
17.	Document current progress with the pathway and hold webex to finalise outstanding parts.	Eva Lynch
18.	Discuss the use of the GRS with the JAG committee	John Green
19.	Take forward proposal to establish an Ireland working group	Tim Shaw
20.	Agree dates of 2018 meetings.	Jordan Daniel

Decisions/outcomes

1. No declarations of interest were made.
2. The record of meeting for 26 July 2017 was accepted subject to the following change:
 - Action 4 to be changed to 'Review decontamination standards alongside the revised IHEEM and IPS tools'
3. All actions from the previous meeting were accepted as complete, apart from the actions carried over and listed above.
4. The group discussed the person specification for the nurse lead position. It was agreed that the person specification should state that candidates need a minimum of 5 years' experience in endoscopy and must be 'actively involved in the delivery of clinical endoscopy services'. The group accepted the role description and person specification.
5. Following a request from the assessors, JG asked whether an experienced nurse endoscopist or non-medical endoscopist could act as clinical lead on assessments. The group discussed this but felt that although there were very experienced assessors in this position, they did not have enough knowledge in certain areas such as training and audit. The group also felt that although they may be able to act as clinical lead in some assessments, this was not possible for all assessments and that there must be consistency. The group agreed to maintain the current requirements but that this could be discussed again in the future. (Action 11)
6. The prospect of reviewing the ESQAG membership was raised to increase the amount of external representatives and ensure that the group has full membership of existing roles. The group discussed having representation from the BSG Endoscopy Committee as there are a number of similarities in the work conducted by both groups (action 11). The group decided that the other roles on the committee were appropriate, but that membership would be reviewed to ensure the roles were filled (action 12). The group agreed to review the terms of reference at the next meeting (action 13).
7. DJ raised a concern from Chris Healey regarding insourcing provider KPI data, and whether this should be reviewed on assessments. The group discussed this and didn't feel that KPI data should be reviewed, however further guidance should be provided (action 15). In addition, it was noted that a project to accredit insourcing providers will begin in 2018.
8. The group reviewed Rachael Follow's final lead nurse update (action 16)
9. EL informed the group of the work done so far with the NAP project. The group raised concerns about reducing the use of the GRS, and felt that although it was important to reduce burden for services, this may have negative consequences. It was agreed that the current progress with the pathway would be documented, and a webex held to finalise the outstanding parts of the pathway (action 17). In addition, the use of the GRS would be discussed at the next JAG committee (action 18).
10. TS asked the group whether it would be beneficial to have an 'Ireland working group' to better coordinate and take forward activity in Ireland. The group agreed with this proposal (action 19).
11. The group discussed dates for meetings in 2018 and agreed to meet three times rather than four. These dates would be agreed as soon as possible (action 20).