



JAG Endoscopy

Principles for restoration of endoscopy services following the COVID-19 pandemic

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Background

As the numbers of cases of from COVID-19 in the UK starts to decline, some endoscopy services are starting the process to restore capacity and manage a number of patients requiring endoscopy procedures. The JAG National Endoscopy Database (NED) has shown large reductions in procedures, with the number of procedures across the UK being 5% of former levels. We want to ensure that endoscopy patients are cared for to prevent any long-term adverse consequences to their health, whilst also protecting staff.

This document provides some general principles to support endoscopy service restoration. We recognise that a 'one size fits all' approach won't apply and that decisions will need to be made locally as to when it is safe and appropriate to resume activity. This should be discussed within the trust, health board or organisation to ensure that the restoration of endoscopy services does not adversely affect other clinical services.

This guidance is aligned with the [NHS England guidance on the second phase of the coronavirus response](#) and equivalent guidance in the devolved nations.

The immediate issues that services should consider locally to inform service restoration are listed below.



Activity

- Symptomatic patients waiting for endoscopy using pre-tests such as qFIT for colonoscopy should be risk stratified. NHS England plan to issue guidance on this soon. This may extend to ongoing 2WW referrals in the longer term ([see NICE guidance](#)). Services in the devolved nations should seek advice from their national commissioners.
- In England, qFIT based screening and BowelScope are currently suspended. Both NHS England and PHE are planning the restoration of screening services post pandemic. This may include qFIT based risk stratification of patients with indications for colonoscopy.

COVID-19 testing


- COVID-19 testing should be available for patients pre-procedure and for staff with symptoms or who have had contact with COVID-19 positive patients ([see Department of Health guidance](#)).
- Patients should be clinically screened before endoscopy for symptoms of COVID-19 and for contact with affected individuals.

Infection control, the environment and personal protective equipment (PPE)

- Upper GI procedures are classed as aerosol generating procedures (AGPs) so appropriate PPE should be worn ([see BSG guidance](#)). Lower GI endoscopy is not currently categorised as a high-risk AGP. There should be separate 'donning' and 'doffing' areas ([see PHE guidance](#)).
- Separate COVID-19 negative and positive areas should be considered. Where possible, high risk and COVID-19 positive patients should be endoscoped in negative pressure rooms ([see PHE guidance](#)).
- Endoscopy list planning will require modification to allow adequate time between cases to allow donning and doffing of PPE, settling of aerosol and cleaning. Services should refer to their local infection control teams for guidance. The needs of the endoscopy workforce should be considered to ensure they have appropriate time to recover between procedures and lists.
- Further guidance for the environment will be provided by JAG in the coming weeks.

Workforce and training

- Workforce availability has been affected by redeployment, sickness and self-isolation and so attention should be given to workforce wellbeing and availability ([see the JAG website](#) which has links to resources available to support staff wellbeing). Local advice should be sought on supporting colleagues with known risk factors, such as black and minority ethnic (BAME) colleagues or those with underlying health conditions.
- The resumption of training is key to the maintenance of the future workforce and service delivery, but should only take place when correct PPE is available and appropriate training provided. Learners should be assessed for personal risk (for example due to health conditions or pregnancy) prior to restarting training. Consideration should be given to prioritising those for whom certification is a requirement for career progression and whose training is time limited.

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- JAG trainee certification applications continue to be reviewed and processed by the JAG office and assessors. [Adjustments to the criteria](#) to support trainees have been made.
 - Further guidance for training provision will be provided by JAG in the coming weeks.

JAG accreditation

- JAG assessments are currently suspended however annual reviews for accredited services, which are remote, are continuing. Services can request that annual reviews are postponed where they are unable to complete them due to COVID-19, and advice is available from the JAG office.
- Further guidance will be provided regarding how the standards are modified and assessed considering COVID-19 to support services in their recovery and to ensure that accreditation status is not adversely affected. Our principles are to remain flexible and proportionate with all services affected by the pandemic. For more information, please see the JAG website.

This guidance is based on a meeting of representatives from JAG, BSG, ACPGBI, NHS England, Public Health England (PHE) and JAG representatives from Scotland, Wales and Northern Ireland. JAG would like to extend its thanks for their support in writing this and subsequent guidance.

This guidance is likely to change regularly; please refer to the JAG website at www.thejag.org.uk/COVID-19 for the latest version.