Royal College of Physicians | JAG Joint Advisory Group on GI Endoscopy

JAG accreditation programme
Checklist for services which use insourcing providers

About this document

The use of endoscopy insourcing has increased in recent years and is largely used to secure extra clinical capacity to meet increasing endoscopy demand and to clear waiting list backlogs. This short to medium term solution allows organisations to retain capacity planning in-house and ensure patients can be seen within the organisation.

This document provides clear requirements to ensure that the commissioning, governance and operational arrangements are safe and effective for patients who have a procedure performed by an insourcing provider. Endoscopy services will be required to meet the requirements and submit the listed evidence as part of their accreditation assessment. To renew accreditation, accredited services will need to provide a completed version of this checklist showing adherence to the requirements.

Definition

Insourcing is defined as where an NHS organisation subcontracts medical services or procedures. The supplier uses the NHS organisation's premises and equipment to deliver these services. Insourcing is largely focused on secondary care and the services are used out of hours when the premises/equipment is not operational or being utilised by the NHS service, for example at weekends.

JAG believes that endoscopy services should focus efforts to reduce waiting times on improving:

- Productivity of lists
- Validation of surveillance cases
- Capacity of the service including infrastructure and workforce.

Criteria for working with insourcing providers

There are important considerations for an endoscopy service when commissioning and operating with an insourcing provider. What happens before, during and after the procedure impacts on patient experience, quality and safety, and so the same level of care must be provided regardless of how it is delivered.

It is recognised that the requirements may require new roles for some endoscopy staff and information gathering systems. Moreover, JAG appreciates that an excellent patient experience, high quality and safe endoscopy is the priority for any service including insourcing providers.

Requirements

Guidance	Y/N	Evidence
Safety		

• Insourcing lead representatives must visit the endoscopy site ahead of new contracts/work commencement to familiarise themselves with the physical environment and general communication of any organisation issues, (eg alerts about equipment safety, patient alerts (for example "be on the lookout for")). This should include the nurse who is going to 'run' the initial lists.
• A member of the host nursing team must be present during all insourced activity. A local member of decontamination is also likely to be required when a new insourcing provider commences a new contract.
• Key service operational and clinical documents must be communicated with the insourcing provider including as a minimum:
  ○ Service operational policy and supporting policies eg consent
  ○ Decontamination policy
  ○ Safety reporting procedures
  ○ Clinical protocols
  ○ Surveillance / follow up protocols, tattoo policy etc.
  ○ Emergency procedures including bleeds
  ○ Follow up protocols.
• The operating policy must be easily accessible in paper/electronic form for all insourcing personnel.
• Insourcing endoscopists must enter all procedural information into the endoscopy reporting system. Training and information must be provided to the insourcing team on how to use the system. All fields relating to the National Endoscopy Database (NED) must be completed and endoscopists must confirm that they are registered with NED prior to commencing lists.
• There must be an agreement of the level of therapeutics that will performed on lists (for
		1. Completed version of this checklist
		2. Communication with the insourcing provider and the documented agreement which includes confirmation of receipt of this checklist
		3. Evidence of ERS use
		4. Evidence of meetings and actions/ feedback/ issues
		5. Evidence of issues escalate/ reported if any

example, polypectomy up to 2cm will be done but those of a greater size will be documented in the report and photographed only). • Documented safety checklists/briefs/debriefs must be undertaken in line with the host's processes. • The process for capturing and reviewing adverse events and near misses must be communicated and followed by all staff to determine whether further improvements are required. • The insourcing team must escalate issues either during the working day or after lists if there are any concerns. • The insourcing provider must be included in actions and recommendations for all safety matters (where relevant) including clinical incidents, complications and near misses. • The contract must have agreed and timely feedback processes to ensure effective safety action and learning.		
Quality		
• Insourced endoscopists' procedural KPI data must be collected and reviewed by the insourcing provider and by the host organisation to ensure they are compliant with British Society Gastroenterology (BSG) quality and audit standards. • The insourcing provider must employ endoscopists who are JAG certified (or equivalent) and who comply with the BSG standards for endoscopy. • Insourcing endoscopists must only undertake procedures they perform as part of their usual clinical practice.		6. Confirmation that the service has verified clinical KPIs and competencies
Appropriateness		
• Processes must ensure that only appropriate patients are selected for insourcing lists – usually diagnostic or low risk therapeutic procedures. The selection criteria must be documented and made clear to all referring clinicians or the lead clinician who is overseeing the selection of cases. • There must be a clear policy and process to agree any procedure undertaken outside of the normal selection process.		7. Evidence of case selection/agreement

• There must be robust established processes so that the insourcing endoscopist is able to review the endoscopy as appropriate and cancel procedure for clinical reason apparent on the day of the test, such as illness, change in symptoms. This reason must be communicated to the patient and recorded clearly in the patient pathway so that the host organisation can review and decide further management.		
Communicating results		
• A local clinician must have ring-fenced time in their job plan to review all reports and ensure appropriate next steps are undertaken such as booking scans, referring to MDT, requesting repeat procedures, reviewing radiology or pathology reports, writing to clinicians etc. Results must be reviewed in a timely manner by the agreed personnel. • Insourced endoscopists must follow agreed follow-up procedures ie request GI clinics and surveillance follow up intervals as per the service guidelines. • There must be a clear process for the management of patients with suspected cancer and how these patients are managed and supported at weekends by the insourcing team.		8. Evidence of time commitment to support insourcing 9. Evidence of agreement (as before)
Consent including safety		
• All patients must have the same level of pre-assessment as the host service to identify high risk factors and act appropriately eg anticoagulants, implantable cardiac devices etc.		10. Confirmation of agreement (as before)
Access and booking		
• Processes must be in place to ensure that radiology, clinic appointments and repeat procedures occur as clinically required.		11. Confirmation of agreement (as before)
Productivity and planning		
• There must be an agreed safe level of scheduling and activity on all lists (points or numbers) and these must be reported for every list. Any deviation from this must be reported to the host service for further discussion and possible recording of an adverse event		12. Confirmation of agreement (as before) 13. Adverse events
Patient involvement		
• Patients who are selected for insourcing must be invited to complete patient surveys.		14. Confirmation that patients are invited to

		participate in the feedback survey
Workforce-teamwork		
• A formal handover must take place after an insourcing list to alert teams of any patients of concerns or operational issues. This should be a two-way process and recorded through an agreed communication process.		15. Evidence of signed agreement and staff interviews
Workforce delivery		
• All insourcing endoscopists must be competent to perform or assist with endoscopic procedures. All host nursing and decontamination staff must be competent to perform the roles that they are expected to undertake; those within the procedure rooms should have a background of working in endoscopy. • Registrations and PINs of all insourcing staff must be verified and live on the professional register.		16. Confirmation that the service has verified KPIs and competencies

Document control	
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