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

JAG Accreditation
Checklist for services who temporarily outsource to a non-accredited provider

About this document

The use of endoscopy outsourcing is likely to increase significantly as a result of the COVID-19 pandemic to secure extra clinical capacity and manage demand. This document provides requirements to ensure that the commissioning, governance and operational arrangements are safe and effective for patients who have a procedure performed by an outsourcing provider.

Outsourcing to a non-accredited provider

JAG has temporarily relaxed the requirement to only outsource activity to a JAG accredited provider but continues to strongly recommend it. This is a temporary solution to support endoscopy services as they restore activity and services should ensure they are compliant with the latest guidance regarding this.

If a service has no other option than to outsource activity to a non-accredited provider, then they must:

- Have a clear recovery plan for their service to become compliant with waiting times
- Ensure the provider is registered with JAG and has an action plan to become accredited
- Meet the below governance requirements to maintain quality and safety.

To gain accreditation (and maintain it where a service is already accredited), services should complete the below checklist and submit the listed evidence as part of their assessment.

Definition

Outsourcing is defined as when an NHS service contracts another service/provider to undertake endoscopy on their patients. The outsourcing provider uses their organisation's premises, equipment and staff to deliver these services. Outsourcing may take place in mobile facilities, in community facilities, in the independent sector or in other NHS hospitals.

Criteria for outsourcing to other providers

There are important considerations for an endoscopy service when commissioning an outsourcing 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 where it is delivered.

Guidance	Y/N	Evidence
Safety		

• A lead representative should visit the outsourced endoscopy site to assess the physical environment and patient pathway.
• The outsourcing provider must provide key service operational and clinical documents with the commissioning organisation including as a minimum:
  ○ Service operational policy and supporting policies eg consent
  ○ Annual IHEEM report and action plan.
  ○ Annual ventilation report
  ○ Safety reporting procedures
  ○ Clinical protocols
• Endoscopists must enter all procedural information into the endoscopy reporting 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 about the type of activity and volume that will provided for the term of the contract.
• There must be an agreement of the level of therapeutics that will performed on lists (for example, polypectomy up to 2cm will be done but those of a greater size will be documented, photographed and referred back to the commissioning organisation).
• Documented safety checklists/briefs/debriefs must be undertaken.
• There must be processes for capturing and reviewing adverse events and any near misses/adverse events. Any issues related to patients referred must be shared with the commissioning organisation.
• Processes for emergency procedures including bleeds and transferring of patients must be clear and agreed with both sites.
• The contract must have agreed and timely feedback processes to ensure effective safety action and learning.
		1. Completed version of this checklist
		2. Communication with the outsourcing provider and the documented agreement
		3. Evidence of ERS use by the outsourcing provider
		4. Evidence of meetings and actions/ feedback/ issues
		5. Evidence of issues escalate/ reported if any.

Quality		
• The outsourcing provider must employ endoscopists who are JAG certified (or equivalent) and who comply with the British Society Gastroenterology (BSG) standards for endoscopy. They must only undertake procedures they perform as part of their usual clinical practice. • Endoscopist procedural KPI data must be collected and reviewed by the outsourcing provider to ensure they are compliant with BSG quality and audit standards.		6. Confirmation that the service has verified clinical KPIs and competencies
Appropriateness		
• Processes must ensure that only appropriate patients are selected for outsourcing – usually diagnostic or low risk therapeutic procedures. The selection criteria must be documented and made clear to the outsourcing provider. • There must be a policy and process to agree any procedure undertaken outside of the normal selection process. • There must be robust established processes so that the outsourcing provider/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 in the patient pathway so that the referring organisation can review and decide further management. • There must be agreed procedures in place as per the terms of the contract for surveillance and follow up protocols.		7. Evidence of agreement/ case selection.
Communicating results		
• The outsourcing service must follow agreed follow-up procedures ie request GI clinics and surveillance follow up intervals as per the agreement. • There must be a process for the management of patients with suspected cancer and how these patients are managed and supported by the outsourced provider.		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 referring organisation 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 patients are offered appointments within the agreed timeframes.		11. Confirmation of agreement (as before)
Productivity and planning		
• The outsourcing organisation must have an agreed safe level of scheduling and activity on all lists (points or numbers). Any deviation from this must be reported as an adverse event.		12. Confirmation of agreement (as before) 13. Adverse events
Patient involvement		
• Patients who are selected for outsourcing must be invited to complete patient surveys.		14. Confirmation that patients are invited to participate in the feedback survey
Workforce		
• All endoscopists must be competent to perform or assist with endoscopic procedures. • All 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.		15. Confirmation that the service has verified KPIs and competencies

Document control	
Version	1.0, final
Effective from	May 2020
Review date	May 2021
Owner	Accreditation Unit