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

JAG census 2023

Service Profile

* 1. Which region are you in?

- ◯ England - East of England
- ◯ England - London
- ◯ England - Midlands
- ◯ England - North East And Yorkshire
- ◯ England - North West
- ◯ England - South East
- ◯ England - South West
- ◯ Northern Ireland
- ◯ Scotland
- ◯ Wales

* 2. Is your service:

- ◯ NHS
- ◯ Independent Sector

* 3. Organisation/Trust

*Independent Sector only

4. Do you provide an outsourced service?*

- ◯ Yes
- ◯ No

5. If yes which trust*

6. Do you take direct referrals?*

- ◯ Yes
- ◯ No

* 7. Number of endoscopy sites* in the organisation/Trust

*Independent sector group hospitals should consider themselves a standalone hospital for the purpose of the census.

* 8. Service name(s)

* 9. Catchment population served by service

* 10. What is your JAG accreditation status?

- Accredited
- Assessed - improvements required
- Not assessed/Undergoing assessment
- Not awarded
- Not assessed/Not awarded

* 11. Are you a linked* service?

**A linked service includes multiple endoscopy services within a trust that has common staff, share waits and policies.*

- Yes
- No

12. *If yes please list names of linked endoscopy sites

* 13. Do you run a common waiting list across all sites in the linked service?

- Yes
- No
- N/A

* 14. Do you have the same core staff across all sites?

- Yes
- No
- N/A

15. Is the clinical lead, nurse lead and management lead for the sites the same person?

- Yes
- No
- N/A

* 16. Are all policies, procedures, and audits common across all sites within the GI endoscopy service?

- Yes
- No
- N/A

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

JAG census 2023

Section 1: Activity

17. How many dedicated endoscopy rooms do you have? Please answer numerically. *Rooms generally within the endoscopy department used predominantly for endoscopy

0 50

18. How many dedicated recovery trolley spaces do you have?

0 100

19. How many endoscopy (Fluoroscopy) screening rooms do you have in total? (anywhere in the organisation)

0 50

20. Do you perform elective endoscopy outside the dedicated rooms/endoscopy suite?

- ◯ Yes
- ◯ No

21. If yes, please tell us the nature and how many sessions are conducted outside the endoscopy suite?

22. Do you have any other ad-hoc room capacity? If so, please specify:

23. In a typical week, what procedure(s) are performed in each room/session? (Please select one from dropdown list)

Note: One session can be defined as half a day or one list. Please do not include any additional WLI work or insourcing sessions in this chart.

	AM	PM	Evening
Room 1			
Room 2			
Room 3			
Room 4			
Room 5			
Room 6			
Room 7			
Room 8			
Room 9			
Room 10			
Room 11			
Room 12			
Room 15			

Other (please specify)

24. In the month of March 2023, how many GI endoscopy lists were delivered at your service?

Please include ERCP, BCSP and activity undertaken outside of endoscopy eg, transnasal endoscopy clinics/theatre endoscopy.

Please exclude insourced or outsourced activity to another provider, and any waiting list initiatives (WLI).

0 500

25. In the month of March 2023, how many additional endoscopy lists were delivered at your service?

Insourcing: commissioned full/partial service from an independent provider/group to operate contracted endoscopy lists on site

Outsourcing: commissioned service from an independent provider or group to operate contracted endoscopy lists off or on the hospital site (Some portable/temporary units are established on the hospital site.

Standard activity: 7 day working, ie normal team at the weekend as part of the working week. This may be planned outpatient work and/or inpatient emergencies.

WLI: waiting list initiatives are additional sessions worked in evenings and weekends in addition to existing capacity.

Insourced (weekday or weekend)

Standard activity during weekend by own team

WLI paid activity by own team

26. From 1 January to 31 December 2022, did your service 'insource' or 'outsource' any activity to an external provider?

- ◯ Yes
- ◯ No

27. Was this an insourced service?

- ◯ Yes
- ◯ No

28. Was this an outsourced service?

- ◯ Yes
- ◯ No

29. If yes, on average how many lists per month were insourced?

0 200

30. If yes, on average how many lists per month were outsourced?

0 200

31. If yes, is this:

Please tick all that apply

- ☐ An ongoing contract for regular activity?
- ☐ A contract to reduce long waits?
- ☐ An ad-hoc arrangement?

32. Please provide numbers to record your endoscopy activity for the calendar year of 2022.

Include all activity completed including in theatres and out of hours, except outsourced procedures. Should include outpatients as this may be the site for GI nasal endoscopy (DO NOT include ENT endoscopy only GI Endoscopy)

Please include any core activity completed by the team 'off site' in additional or temporary hired rooms from other hospitals to deliver activity.

If N/A please enter '0'

Upper GI – Diagnostic and therapeutic	
Colonoscopy - Diagnostic and therapeutic	
Flexible sigmoidoscopy - Diagnostic and therapeutic	
Colonoscopy (Flexi/limited colons) - bowel cancer screening	
Trans nasal endoscopy (TNE)	
Small bowel capsule endoscopy	
Colon capsule endoscopy	
Enteroscopy - including single or double balloon	
ERCP	
EUS	
Total number of GI procedures	
Number of GI endoscopies for patients <16yo	
Other non-GI procedures performed within the endoscopy service facilities - eg bronchoscopy, colposcopy, or cystoscopy	

33. Considering the use of endoscopy to support patient flow:

During 2022, was any area at any site within your service used to support flow in the emergency department or other purpose not part of your core endoscopy activity? (NHS only)

For example, as a temporary escalation area for patients pending discharge home or awaiting a bed

- ◯ Yes
- ◯ No
- ◯ We do not have an emergency department

34. If yes, on approximately how many occasions has this happened?

0 250

35. If yes, how many of these occasions were in response to a major internal or external trust incident?

0 250

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

JAG census 2023

Section 2: Workforce

36. Please provide the number of endoscopists per grade. Please include medical and clinical endoscopists. Note: previously known as non-medical endoscopists (NMEs)

Consultant gastroenterologists	
Consultant colorectal surgeons	
Consultant upper GI or HPB surgeon	
Clinical endoscopists	
Non-consultant grade medical/surgical endoscopists	

37. Please provide the number of templated sessions per grade.

Total templated sessions per week in endoscopy in 2022

Definition: a session is typically one endoscopy list, half a day/four hours

Consultant gastroenterologists	
Consultant colorectal surgeons	
Consultant upper GI or HPB surgeon	
Clinical endoscopists	
Non-consultant grade medical/surgical endoscopists	

38. Does your service undertake training?

- ◯ Yes
- ◯ No

39. If yes, (for training) How many service lists per week?

Gastroenterology specialist trainees (ST/SPRs)	
Surgical specialist trainees (ST/SPRs)	
Other medical trainees (eg radiology, research fellows, non-consultant trainees)	
Trainee clinical endoscopists	

40. How many training lists per week?

	Training lists (per week)
Gastroenterology specialist trainees (ST/SPRs)	
Surgical specialist trainees (ST/SPRs)	
Other medical trainees (eg radiology, research fellows, non-consultant trainees)	
Trainee clinical endoscopists	

41. Training endoscopy workforce:

Did staff in the following groups have access to specific endoscopy training between 1 January to 31 December 2022?

- [ ] Nurses
- [ ] Administrators
- [ ] HCA/Support staff
- [ ] Decontamination technicians

42. If yes, then what percentage?

Nurses	
Administrators	
HCA/Support staff	
Decontamination Technicians	

43. Has training been affected due to:

- [ ] Increased clinical demand
- [ ] COVID
- [ ] Funding
- [ ] Staffing levels
- [ ] Other (please specify)

44. Nursing and decontamination workforce:

Please provide the whole time equivalent (WTE) for each band of nursing staff and allied health care professionals working in your service providing GI endoscopy. Where individuals work a portion of their time outside of endoscopy, please only include their time that is dedicated to the endoscopy service.

Each band is defined as:*

- *Band 8 – nurse lead over large service/ multiple sites*
- *Band 7 – nurse lead/senior sister/charge nurse*
- *Band 6 – senior nurse/odp/ nurse lead/ sister*
- *Band 5 – registered nurses, operating department practitioners*
- *Band 4 – assistant practitioners, senior health care assistants with expanded roles/decontamination technicians/ nurse associates*
- *Band 2-3 – decontamination staff, health care assistants*

Please do not include clinical endoscopists or clinical nurse specialists unless they have a dual role.

**For independent sector services, please use the bands listed as equivalent to local banding. Where individuals work a portion of their time outside of endoscopy, please only include their time that is dedicated to the endoscopy service.*

8 a-d	
7	
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45. Please provide the WTE Vacancies for each band of nursing staff and allied health care professionals for your service.

Band 8 a-d	
Band 7	
Band 6	
Band 5	
Band 4	
Band 3	
Band 2	

46. Please provide percentages of absence through sickness for each band of nursing staff and allied health care professionals working at your service for the month from 1 to 31 March 2023. This might be based on days lost as a percentage.

Each band is defined as:

- *Band 8 – nurse lead over large service/ multiple sites.*
- *Band 7 – nurse lead/sister*
- *Band 6 – senior nurse/odp/ nurse lead/ sister*
- *Band 5 – registered nurses, operating department practitioners.*
- *Band 4 – assistant practitioners, senior health care assistants with expanded roles.*
- *Band 2-3 – decontamination staff, health care assistants*

Please do not include clinical endoscopists or clinical nurse specialists unless they have a dual role.

8 a-d	
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47. Do you provide a pre-assessment service (defined)?

- ◯ Yes
- ◯ No

48. If yes, which patients/procedures are pre-assessed?

49. Who does the Pre-assessment (endoscopy staff/non-endo staff)?

- ◯ Endoscopy staff
- ◯ Non-endo staff

50. If endoscopy staff, what WTE/band?

51. Admin/scheduling workforce:
What is your administration and booking model for endoscopy

- ◯ Dedicated/own admin team
- ◯ Shared with other service
- ◯ Centralised
- ◯ Off-site/another provider
- ◯ Other (please specify)

52. Please provide the whole time equivalent (WTE) for the management and administration of the service.

Each band of who support core endoscopy work for the service ie operational management, waiting list management, booking, and scheduling, backfilling and capacity planning, notes preparation etc.

It is appreciated that there are different admin operation models, and we are trying to establish the amount of funded time allocated for the service; Where individuals work a portion of their time outside of endoscopy, please only include their time that is dedicated to the endoscopy service.

Each band is defined as:

- *Band 8*
- *Band 6/7 – senior administrator/manager*
- *Band 5 – administrator/supervisor*
- *Band 4 – admin team leader*
- *Band 3 – admin booker scheduler*
- *Band 2 – admin support/receptionist*

8 a-d	
7	
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4	
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53. Please provide the whole time equivalent (WTE) Vacancies for the management and administration of the service.

Band 8 a-d	
Band 7	
Band 6	
Band 5	
Band 4	
Band 3	
Band 2	

54. Please provide percentages of absence through sickness for each band of admin staff and allied health care professionals working at your service for the month from 1 to 31 March 2023. This might be based on days lost as a percentage.

Each band is defined as:*

- *Band 8*
- *Band 6/7 – senior administrator/manager*
- *Band 5 – administrator/supervisor*
- *Band 4 – admin team leader*
- *Band 3 – admin booker scheduler*
- *Band 2 – admin support/receptionist*

**For independent sector services, please use the bands listed as equivalent to local banding.*

8 a-d	
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Royal College of Physicians | JAG Joint Advisory Group on GI Endoscopy

JAG census 2023

Section 3: Waiting times

55. From January – March 2023, has your service met the relevant national waiting times and JAG criteria targets for the following categories? (Two weeks for suspected cancers and six weeks (Eight weeks in Wales) for routine) for the following categories?

	Select one for each category
Urgent Cancer waits	
Routine waits	
Surveillance waits	

Not applicable, please explain

56. Where your service has had problems with meeting waiting times, which of the following have been the reason:

	Most Likely	Likely	Neutral	Unlikely	Least likely
Endoscopy room capacity	○	○	○	○	○
Endoscopists numbers and availability	○	○	○	○	○
Nursing staff numbers and availability	○	○	○	○	○
Decontamination staff	○	○	○	○	○
Booking staff	○	○	○	○	○
Single sex requirement	○	○	○	○	○
Availability of General Anaesthetics lists	○	○	○	○	○

Other (please specify)

57. Does your service have an agreed* business/capacity plan to meet demand? Select one

*Costed and signed off at executive level

- ○ No
- ○ Yes – plan for 1yr
- ○ Yes – plan for 3yrs
- ○ Yes – plan for 5yrs or more

58. Does your service routinely collect data and reports for:

	Yes	No
Demand and capacity	○	○
Utilisation of lists	○	○
Utilisation of inlist points	○	○

59. In March 2023 what was your DNA rate for GI endoscopy procedures?

In the UK, DNA is an abbreviation for a patient who "did not attend" on the day of their appointment and did not notify the service.

You can determine your DNA rate by looking at the number of DNAs over the month as a percentage of total appointments for that month.

Standard lists

Bowel cancer screening lists

60. In March 2023 what number of GI endoscopy procedures were cancelled?

In the UK NHS data dictionary, cancellations are defined as the procedure or operation being cancelled at short notice for non-clinical reasons.

If not applicable, please respond 'N/A'.

Standard lists

Bowel cancer screening lists

61. On average, how many how many points are booked on a dedicated training list'*:

*It is recognised that independent sector services may not have dedicated diagnostic lists – please list numbers for an average list.

	Number of points
OGD (Typically one point)	
Colonoscopies (Typically two points)	

Please state below if you do not undertake training lists.

62. In a typical session, how many points are booked on a training list:

	Number of points
OGD (Typically one point)	
Colonoscopies (Typically two points)	

Please state below if you do not undertake training lists

63. Please complete the table below with the latest position of your diagnostic waiting list* for endoscopy services: (eg position as of 31st March 2023)

*Independent sector services may not have a waiting list. Please answer 'N/A' and use the comments section to provide further information.

Total number of patients on the waiting list	
Total number of patients waiting for 6 weeks +	
Comments	

64. How many sessions per month is assigned to non-GI procedures performed within the endoscopy service? (eg bronchoscopy, colposcopy, or cystoscopy)

65. Does your service perform ERCP?

- ◯ Yes
- ◯ No

66. If yes, do you perform in X-Ray or endoscopy service?

- ◯ X-Ray
- ◯ Endoscopy Service
- ◯ Both
- ◯ Other (please specify)

67. Is ERCP supported by:

- ◯ Endoscopy Staff
- ◯ Mixed Staffing
- ◯ Radiology Staff
- ◯ Other (please specify)

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

JAG census 2023

Section 4: Safety

Questions are designed to gather a broad range of information which will allow us to gauge the current status of safety in endoscopy and help generate further improvements in patient care.

None of the information provided in this census will have any effect on a service's accreditation status.

DATIX is the incident/adverse event reporting system used in the UK. Some organisations, particularly Independent Sector organisations may use an alternative system to DATIX.

68. Number of incidents reported in March 2023

69. Please tick the categories that these incidents fell under:

Definitions:

Drug incident - Any incident in drug prescription or administration, including oxygen delivery

Sedation, IV access and monitoring incident - Any incident in relation to sedation eg checking, administration, monitoring methods

Technical skills incident - any technical incident including endoscopists error

Equipment incident - any equipment incidents including failure of equipment

Training incident - Any incidents involving training or trainees, including supervision

Documentation or reporting incident - Any incidents in documentation of procedures or correct patient details

Consent incident - Any incident during consent process eg, incorrect patient or procedure

Histology and sampling incident - Any incident regarding histology samples eg incorrect specimen site, specimen pot labelling, number of specimens

- [ ] Infection control (COVID related)
- [ ] Drug incident
- [ ] Sedation, IV access and monitoring incident
- [ ] Technical skills
- [ ] Equipment incident
- [ ] Workforce/skill mix
- [ ] Training incident
- [ ] Documentation or reporting incident
- [ ] Consent incident
- [ ] Histology and sampling incident
- [ ] Other (please specify)

70. Number of serious incidents between October 2022 - March 2023?

0 100

71. Is there a nominated patient safety lead in your service?

- ◯ Yes
- ◯ No

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

JAG census 2023

Section 5: Other

Considering your services out of hours service... (NHS only)

72. Is there a 24/7 GI bleed service?

- ◯ Yes – in theatre
- ◯ Yes – within the unit
- ◯ Yes – at another site within the service (hot site)
- ◯ Yes – at another site outside of the organisation (regional service or other)
- ◯ No
- ◯ N/A

73. Which workforce provides the on-call service?

- ◯ Consultant only
- ◯ Consultant and trainee
- ◯ N/A
- ◯ Other (please specify)

74. Is it staffed by endoscopy nurses?

- ◯ Yes
- ◯ No
- ◯ N/A

75. Please provide the number of on-call nursing and decontamination staff

0 500

76. Please provide the banding of on-call nursing staff

77. Please provide the banding of on-call decontamination staff

78. Regarding planned anaesthetics supported lists:

Does your service have access to regular or ad-hoc anaesthetics supported lists?

- ◯ Regular
- ◯ Ad hoc
- ◯ No

79. If yes, how many lists are supported by anaesthetics per month?

- ◯ 1-3
- ◯ 4-10
- ◯ 11+

80. Ideally how many planned lists would your service utilise per month?

- ◯ 1-3
- ◯ 4-10
- ◯ 11+

81. Equipment

	Total number of scopes	Does equipment shortage ever interfere with operation or service delivery?	Percentage of scopes greater than 10 years old?	How many new scopes have you purchased/ been provided with in the past 3 years?	Is there a service & maintenance contract?	Is there a rolling replacement or capital replacement scheme for your endoscopes?	Is there a lease agreement?
OGD							
Flexible Sigmoidoscopy							
Colonoscopy							
ERCP							
EUS							
Endoscopy stack system							
3D imaging systems/scope guide							

82. Do you use disposable endoscopes?

- ◯ Yes
- ◯ No

83. If yes, please provide more information

84. Which of the following statements is the most accurate regarding **still image** digital image capture:

- ◯ All rooms have digital image capture
- ◯ All rooms have image capture but not all digital
- ◯ All rooms have non-digital image capture
- ◯ Some rooms have no form of image capture
- ◯ No rooms have any form of image capture

85. Which of the following statements is the most accurate regarding **video** digital image capture:

- ◯ All procedures videoed and archived
- ◯ All rooms have on-demand video capability
- ◯ Some rooms have on-demand video capability
- ◯ No video capability

86. Which of the following options best describes your booking system?

- ◯ Paper booking system
- ◯ Hospital booking system
- ◯ Bespoke endoscopy booking software

87. What is the name of your booking system?

88. Decontamination:
Where is decontamination provided in your service?

- ☐ In endoscopy unit
- ☐ Managed by sterile services
- ☐ Off site (outsourced)
- ☐ Regional model
- ☐ Mixed (offsite and in house)

89. Is there capacity to decontaminate more scopes?

- ◯ Yes
- ◯ No

90. Would additional building works be required to increase decontamination capacity by >20%?

- ◯ Yes
- ◯ No

91. Would additional reprocessors/drying cabinets/other be required to increase capacity by >20%?

- ◯ Yes
- ◯ No
- ◯ Other (please specify)

92. Where onsite decontamination occurs, is your decontamination unit staffed by endoscopy staff?

- ◯ Yes
- ◯ No
- ◯ N/A

93. Please provide the whole time equivalent (WTE) for the decontamination staff of the service. Where individuals work a portion of their time outside of endoscopy, please only include their time that is dedicated to the endoscopy service.

8 a-d	
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94. Please provide the whole time equivalent (WTE) for the decontamination staff vacancies.

Band 8 a-d	
Band 7	
Band 6	
Band 5	
Band 4	
Band 3	
Band 2	

95. Please provide percentages of absence through sickness for each band of decontamination staff and allied health care professionals working at your service for the month from 1 to 31 March 2023. This might be based on days lost as a percentage.

8 a-d	
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