

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Gwasanaethau endosgopi](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Endoscopy Services](#)

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Ymateb gan: | Response from: Joint Advisory Group on GI Endoscopy



Inquiry on endoscopy services

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Introduction

A key role of the Joint Advisory Group in Gastroenterology (JAG) is to assess participating endoscopy services. Services able to demonstrate compliance with JAG quality standards are awarded JAG accreditation following an assessment visit

Over 50% of services in the UK are currently JAG accredited, with a total of 562 services registered with JAG in the UK and Ireland.

In Wales 4/25 services are accredited, with a further 8 services earmarked for early assessment. Accreditation for all services is a target laid out in the National Endoscopy Programme Action Plan

This report seeks to explain the accreditation process. I consider how this process can be facilitated by JAG. The main body of the report looks at challenges to accreditation within Wales and how they are being overcome (taken from consultation work performed by Debbie Johnson, our lead assessor). In the conclusion I provide tailored practical advice on achieving accreditation.

My Role within JAG

I am clinical lead and accreditation chair for JAG. I have performed as a technical (clinical) assessor and subsequently as a lead assessor for a total of 5 years.

As accreditation chair, I answer clinical enquiries from services and inspectors; oversee accreditation and inspection visits through a light touch approach; provide guidance on meeting/assessing standards, and review accreditation standards. I am a full time NHS gastroenterologist based in Basildon Essex. I dedicate 4 hours each week to my work at JAG

As a technical assessor I visit and assess units looking to achieve accreditation, focussing on clinical quality. As a lead assessor additionally, I run the visit and write the report.

Accreditation Process Overview

Accreditation is a supportive process of evaluating the quality of clinical services by guiding services through a quality framework. Accreditation promotes quality improvement through highlighting areas of best practice and areas for change, encouraging the continued development of the clinical service. Accreditation is a voluntary process.

Services participating in JAG accreditation work to an accreditation pathway which involves self-assessment and quality improvement against the standards. Accredited services submit evidence annually to demonstrate that they are continuing to meet the standards and have a 5-yearly on-site assessment carried out by our experienced assessment team.

Obtaining Accreditation.

Participating services have access to the accreditation standards via a self-assessment tool. The tool enables services to target their team's improvement efforts. Downloadable summaries are available which enable services to track and share the progress being made towards achieving JAG accreditation.

The standards cover all aspects of a high-quality clinical service and are organised into four domains:

Clinical quality - The clinical quality domain encompasses the service's role in safe and effective diagnosis, treatment and ongoing management. Key to this is the service infrastructure including leadership and governance.

Patient experience - The patient experience domain encompasses the service's role in providing efficient and patient-centred care for all patients, which includes reviewing waiting times, facilities and the environment.

Workforce - The workforce domain focuses on effective training and support for staff, including the recruitment, retention and continued professional development of team members.

Training - The training domain reviews the support and development of trainee endoscopists, including appraisal and competencies. Services that do not provide training in endoscopy, typically those in the independent sector, are only assessed against the first three domains.

Engaged services complete the self- assessment tool (Previously GRS). Once a service can demonstrate compliance with every B and C level standard across all 4 domains, they can request an assessment visit. In preparation for the visit services upload detailed evidence for each standard. This is reviewed by assessors who provide written feedback regarding strengths and deficiencies in the upload. This process is supported by a virtual meeting between service leads and the lead assessor.

Assessment Visit

Typically, the assessment team consists of a doctor, nurse and manager who have experience in endoscopy service. A lay assessor is also part of the assessment team. Visits usually last a day and include a presentation from service leads, departmental tour and interviews with staff and service users. Inspecting teams aim to present findings and outcome on the day. If all standards are met, accreditation is awarded (subject to QA process) if standards cannot be met or more evidence is required then accreditation is generally deferred and a further tailored assessment either of uploaded evidence or through site re-inspection. At that stage accreditation status moves to awarded or not awarded depending on outcome.

Accredited services are expected to provide annual evidence of ongoing compliance annually until their next site inspection in 5 years.

Supporting Welsh Services to Become Accredited

The accreditation process is principally one of quality assurance. At JAG we are keen to help services work towards and ultimately gain accreditation. We support services in the following ways:

- The self- assessment tool plays a role in service development as services strive to comply with all required standards.
- We provide training sessions for the leadership teams (medical, nurse and management) of providers working towards accreditation.
- I Chair a Welsh Accreditation working group every 3 months. Comprises JAG leads with attendees including Sara Edwards (Hywel Dda UHB - Service Delivery Manager - Endoscopy & Gastroenterology) and John Green (a senior gastroenterologist and JAG inspector). These individuals are extremely knowledgeable and understanding of services accreditation needs.
- Additionally, there a drop in sessions to provide troubleshooting support.
- At JAG we have a responsive multidisciplinary team who provide additional support answering enquiries.

Wales Endoscopy Service Summary Report

In 2019 four of our senior inspectors visited 13 Welsh unaccredited endoscopy providers in a consultancy capacity and compiled a report which highlighted key themes and challenges. The findings are summarised below with updates and their current advice.

1. In 2020 Endoscopy Services identified several key reasons for not achieving accreditation in current endoscopy service delivery:
 - a. Poorly supported and defined leadership at the clinical team level, Clinical leads (Medical and Nursing) are under extraordinary pressure to deliver and complete the work for accreditation.
 - b. A lack of understanding of endoscopy services at senior management level.
 - c. Poor infrastructure and business case inertia in some organisations.
 - d. Loss of particular focus on key JAG standards e.g., quality, safety (audits) and training.
 - e. Lack of a coordinated approach to achieving accreditation – ‘time to do’.
 - f. Limited methods of networking and sharing of best practice.
 - g. Poor knowledge of capacity planning for endoscopy service delivery, including workforce requirements.
 - h. Inadequate systems to support productivity measurements, reports and improvements.
 - i. Short term fixes for capacity issues and waiting list backlog resulting in excessive costs for insourcing arrangements.
 - j. Lack of flexible capacity endoscopist capacity e.g., investment in the clinical endoscopist workforce.
2. Progress has been made but severely impacted by the pandemic, rising waiting lists and the Global pandemic.
3. JAG is aware that significant progress has been made in several Boards since then and that some Boards are moving closer to accreditation. This has been achieved with the support of the National Endoscopy Programme, support from JAG and external expert support.
4. Overall progress:
 - a. Targeted support from the national endoscopy programmes for Wales. Clear partnership working with JAG
 - b. Training support: JAG ‘drop in’ and training sessions have been provided on a monthly basis. This was commissioned and overseen by the national programme.
 - c. Significant momentum in Boards in progressing issues and plans for accreditation. Investment in QA roles and JAG support to coordinate the effort.
 - d. Investment in infrastructure and kit in several Boards and clear plans to build new facilities in more challenged area (Wrexham)
 - e. improved knowledge of demand and capacity supported by the national programme

2023 Advice

- Ensure that JAG accreditation is built into Board plans and priority is given to it by senior management level. This includes supporting working groups and staff time to achieve the standards and to prepare for accreditation.
- Ensure each service has agreed clinical leadership time e.g., 0.5 PA for medical leads, 0.25PA training lead
- Continue with JAG focused coaching and support through monthly sessions to ensure focus and consistency of approach
- Revitalise focus on key JAG standards e.g., quality, safety (audits) and training. Quality and safety should be a priority with robust governance
- Maintain a high focus on developing clear recovery plans for long waits, this must include trajectories, timelines and actions to address demand and backlog. Consider specific actions at Board level as follows:
 - Review of job plans and executive support to prioritise endoscopy over other competing activities.
 - Review of Clinical Endoscopist job plans who often have a higher number of lists, but some do not and have accessibility issues.
 - e.g., wards/clinics: what could other health professionals do to relieve the consultants such as specialist nurses or physician assistants.
 - Special attention should be paid to tasks that other health professionals or admin staff could do to free up consultant time.
 - Use of annualised contracts for all or monitoring of annual activity in endoscopy.
 - Completing tasks that other health professionals or admin staff could do.
 - Admin hours increase to support changes in working practice (additional workload/booking)
 - Nursing hours increase to support increased changes in working practice m (pre assessments)
- Improve the focus on productivity – data and embedding into service meeting structures needs a high focus. In week productivity needs to be improved with a focus on supporting endoscopists to prioritise endoscopy work. This is a potential area of high gain.
 - Invest in systems to support productivity measurements, reports and improvements.
- Demand and capacity: focus on capacity and demand control to minimize reduce short term fixes for capacity issues and waiting list backlog which is leading to excessive costs for insourcing arrangements.
- Invest in more flexible capacity endoscopist capacity e.g., investment in the clinical endoscopist workforce.
- Improve networking and shared learning opportunities

Conclusion

There is increasingly an understanding of the challenges individual services need to overcome in order to gain accreditation. I have been impressed by demand and capacity modelling and identification of units best placed to achieve early accreditation. There clearly exists within the system a strong drive to improve services through engagement with JAG combined with a detailed knowledge within the system of what needs to be done to achieve accreditation. Unfortunately, despite considerable efforts results are slower than anticipated. Stumbling blocks encountered are broadly like those seen throughout the UK. We recommend focussing on the following areas:

- **Clinical Quality**

We recommend formulation and review of departmental Standard Operating Procedure documents. Sharing of SOP from accredited units and incorporation of pre-existing national guidance reduces the burden of work.

Service leads should create an annualised timetable stating timeframe, responsible individuals and date of presentation at Endoscopy Users Group. A completed JAG audit template for every audit, ensuring actions are recorded and completed can later be uploaded as evidence. A list of mandatory audits is available from JAG.

6 monthly Endoscopy Users Group meetings should be scheduled. This is the main forum to discuss Clinical key performance indicators, audit findings and learning from clinical incidents.

Acute services must provide a 24-hour emergency bleed service staffed by appropriately trained doctors and nurses. Those involved should be appropriately remunerated

- **Capacity**

Develop short-, medium- and long-term recovery plan to address predicted demand in each unit and overall. Plans should be costed, come with clear timelines and there should be high level buy in.

Short term.

Services should ensure lists are fully booked and aim to reduce DNAs. Waiting list initiative lists may be offered during the week and at weekends. Services may employ insource/outsource where appropriate. Review referral pathways and vetting to reduce demand including incorporation of BSG colon surveillance guidelines.

Medium term.

Maximise list utilisation by consultant Job plans incorporating cross cover. Move towards 7 days working and consider evening work. Train additional nurse endoscopists

Long term.

Consider infrastructure and staffing required to deliver service, with clear plans to achieve this.

- **Leadership**

Ensure that there is a clinical lead, training lead, nurse lead and management lead with defined roles. They all need to have sufficient time specifically allocated to achieving accreditation, which should be a key target for them. Ideally individuals should have experience of the JAG process. For a well-functioning unit unaccustomed to the accreditation process half a day each week for a year for all these individuals is likely to be required. Attendance at training sessions and drop-in support should be considered mandatory and mentoring with colleagues familiar with accreditation highly desirable. The local leadership team must have clear lines of communication with and be supported by senior management.