Document Control

Title			
GI Endoscopy Referral Guidelines (for Non-GI Consultant General Surgeons)			
Author			**Author's job title** Consultant Gastroenterologist
Directorate Medicine			**Department** Endoscopy
Version	**Date Issued**	**Status**	**Comment / Changes / Approval**
0.1	Jun 2013	Draft	Initial version for consultation.
0.2	Jul 2013	Draft	Minor amendments by Corporate Governance to convert to guideline template, formatting and checking. Allowance for direct referral if within established direct access pathways
1.0	Aug 2013	Final	Approved by Endoscopy Users Group on 15/08/13. No changes at meeting.
2.0	April 2019	Final	Approved by Endoscopy Users Group 25/04/19
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Superseded Documents			
Issue Date April 2019	**Review Date** April 2022	**Review Cycle** Three Years	
Consulted with the following stakeholders: (list all) • Clinical lead endoscopy/ Clinical Director for support services • Consultant General Surgeons • Clinical leads for Surgery and Medicine			
Approval and Review Process • Lead Clinician Endoscopy • CDs for Surgery, Support Services and Medicine • Endoscopy Users Group			
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Policy categories for Trust's internal website (Bob) Endoscopy			**Tags for Trust's internal website (Bob)** Gastroscopy, flexible sigmoidoscopy, colonoscopy

CONTENTS

1. Introduction

This document sets out Northern Devon Healthcare NHS Trust's guidelines for non-GI consultant general surgeons for GI endoscopy referrals and for Endoscopy staff.

2. Purpose

The purpose of this document is to ensure adherence JAG and GRS in regard to GI endoscopy referrals. The principle is to enhance the appropriateness of GI endoscopy in a format that continues to allow safe, effective and expedient referral to the GI endoscopy unit.

The procedure applies to non-GI consultant general surgeons.

Implementation of this procedure will ensure that:

- All staff adhere to best practice guidance.

3. Definitions/ Abbreviations

3.1. Non-GI consultant general surgeons

The term "non-GI consultant general surgeons" refers to those consultant surgeons that are involved with the general surgical referrals (IPs and OPs) that no longer perform GI endoscopy.

4. Contact Numbers

Lead Clinician Endoscopy ext 2447

5. General Principles of GI Endoscopy referral guidelines for non-GI Consultant General Surgeons

The underlying principle is that referrals are to be appropriate and processed in an expedient, safe and effective manner.

Endoscopy referrals can be characterised as those with either a clearly recognised indication in an appropriate patient or where the situation is more complex or unusual.

5.1. GI endoscopy referrals with clearly recognised indication

For GI endoscopy referrals that do have a clearly recognised indication in an appropriate patient (see Direct access forms for OGD, flexible sigmoidoscopy and bidirectional endoscopy for IDA) then the recommendation is that the endoscopy form is completed clearly and comprehensively and for the form to then go directly to endoscopy. If the referral does not follow established

guidelines (as in the above direct access forms) then it will be returned to the referring consultant.

5.2. All other GI endoscopy referrals

For all other GI endoscopy referrals it is recommended that the endoscopy referral is discussed with one of the colorectal surgeons/GI endoscopists although an alternative is to leave the case notes and the referral form with one of the colorectal surgeons/GI endoscopists.

Current inpatients can be managed as above or using the consultant to consultant referral form. Outpatients again can be managed as above but a further alternative is to send a copy of the outpatient letter to the colorectal surgeon/GI endoscopist requesting the GI endoscopy.

6. Education and Training

Responsibility for education and training lies with the Lead Clinician and Lead Nurse for Endoscopy. It will be provided through email notification of policy and further advice if required. No specific training module required.

7. Consultation, Approval, Review and Archiving Processes

The GRS/JAG recommendations have identified a need to restrict unfettered access to GI endoscopy within NDHT.

The author consulted with all relevant stakeholders. Please refer to the Document Control Report.

Final approval was given by the Lead Clinician for Endoscopy on 25/04/2019.

The guidelines will be reviewed every 3 years. The author will be responsible for ensuring the guidelines are reviewed and revisions approved by the Lead Clinician for Endoscopy in accordance with the Document Control Report.

All versions of these guidelines will be archived in electronic format by the author within the Endoscopy Team policy archive.

Any revisions to the final document will be recorded on the Document Control Report.

To obtain a copy of the archived guidelines, contact should be made with the Endoscopy Team/ author.

8. Monitoring Compliance and Effectiveness

Monitoring of implementation, effectiveness and compliance with these guidelines will be the responsibility of the Lead Clinician for Endoscopy. Where non-compliance is found, it must have been documented in the patient's medical notes.

9. References

- http://www.nice.org.uk/media/87f/b6/uppergiendoscopyserviceupdatecommissioningtool.pdf
- http://www.nice.org.uk/nicemedia/pdf/cg027niceguideline.pdf

10. Associated Documentation

- Direct Access referral forms for OGD, flexible sigmoidoscopy and bidirectional endoscopy for IDA (on BoB)
- Consultant to consultant inpatient referral form