

# Cirencester Community Endoscopy Service

## Frequently Asked Questions for Practice Staff



### Key Information

The service is commissioned by your CCG under an NHS contract and operates from a JAG accredited unit in Cirencester Hospital, Tetbury Road, Cirencester, Gloucestershire GU7 1LY

### Patient Referral Centre ("PRC")

Our call handlers work from 8am to 8pm Monday to Friday and can be contacted on **0333 202 3187**

### You can also refer using NHS e-referrals.

We provide transnasal gastroscopy, oral gastroscopy, flexible sigmoidoscopy and colonoscopy with results sent back to you and shared with your patient on the same day.

### Background to this service

#### 1. Why do we need a community based endoscopy service?

National guidance states that many diagnostic endoscopies can be dealt with in community settings, rather than being seen in secondary care departments.

- **More cost effective.** This community service is provided at cheaper tariffs than the national tariffs used in hospitals and is direct access, saving out-patient appointments for lower procedures.
- **Quicker.** Waiting times for appointments for this service are generally 2-3 weeks from referral
- **High patient satisfaction.** All patients give us feedback and 99% would recommend us to Family or a Friend. Our innovative use of transnasal gastroscopy offers very high levels of comfort
- **Immediate feedback.** Both patients and GPs get a full diagnostic report on the day of appointment

#### 2. Will the service be another administrative burden?

No. Because our service is available on NHS Choices and e-referrals, your patients can choose our service and you can handle the referral in the same way as for any NHS commissioned service.



### 3. Does the practice need to use the referral template?

We would like you to use this wherever possible but, unless this is a mandated requirement of your CCG, you do not have to. You may simply create a letter. However, we do ask you to ensure all the information on the referral template is included to ensure the required information is received. The reason for the referral ought to be clearly stated and easy to find. You can make a referral using e-referrals or email us at [inl.inhealthreferrals@nhs.net](mailto:inl.inhealthreferrals@nhs.net).

### 4. What will happen to any referral received where some information is missing?

Depending upon what and how much information is missing, you may be telephoned to gather the information that is required. The referral may not be able to be progressed if key information is missing.

***It really helps if you can always include a mobile number for the patient when attaching the referral template, as we can then send a text reminder. This cuts down DNAs.***

### 5. How will the service work with e-referrals?

You will initiate the e-referral for this service under the Diagnostic Endoscopy Speciality. The service will appear on the primary care menu as “**Community Endoscopy Service - Cirencester - InHealth Endoscopy - NV1L4**”.

### 6. What information is available for patients?

There are a number of patient leaflets that the booking service will send to patients when they confirm the appointment. These leaflets are at the back of the

Practice Pack. If the practice finds it useful to use them as part of the referral process they are free to do so

- A poster template will be provided for you to put on your notice board if you wish
- A map and directions are included with the patient letter
- All patients identified with a clinical condition will be provided with a relevant clinical advice sheet

### 7. Do we need to book patient transport?

Yes, in common with other NHS services please arrange Patient Transport Services for the patient if they are eligible for free transport. Our services are not funded to provide patient transport and will direct patients back to you.

### 8. What does the service actually do?

The service provided in the community offers a safe and convenient location for your patient.

We provide a diagnostic lower endoscopy (colonoscopy and flexible sigmoidoscopy) and upper endoscopy (transnasal and oral gastroscopy). We will also complete therapeutic procedures such as polypectomy when it is safe to do so. We work to the British Society of Gastroenterology (BSG) guidelines and protocols.

### 9. What is the telephone pre-assessment?

Your patient is booked for a telephone pre-assessment. If you send in a referral, we will call the patient and initiate the telephone pre-assessment so there is no need to tell them this.





## 10. Why do you pre-assess patients and not just book an appointment?

Endoscopy is an invasive procedure that carries some risk and patients need to be fully assessed for the type of procedure they can have before an appointment is booked. The pre-assessment checks the appropriateness of the referral and ensures that the patient is safe to be treated in a community setting and that the GP has selected the correct test (based on the history). It also ensures any risk factors have been identified, eg a patient's warfarin status or impaired renal function.

During the 'phone call with the patient, a range of questions are covered to identify any potential risk, e.g. breathlessness on exertion that might indicate cardio vascular disease. Finally, the call gives the patient the opportunity to talk about the test, how to take the preparation, choose an appointment. This tends to result in fewer DNAs, patients who are less anxious (and therefore lower rates of sedation) and who have a better understanding of the test.

Once an appointment has been confirmed, the patient is then sent a pack of information plus their bowel prep (if required). This has all our information in it and gives the patient the number to ring if they have further queries or want to change their appointment time.

## 11. Are patients sedated?

Most patients having transnasal gastroscopy or flexible sigmoidoscopy do not have sedation although they can have it if they choose. Patients having a colonoscopy will generally need sedation although we try to minimise the use of sedation as this aids the patient recovery and also can avoid masking any pain that could help in the diagnosis.

**All patients who have sedation must be accompanied for their journey home and should not drive themselves.**

Patients should be accompanied for at least 12 hours after the procedure. We will make sure all of this is explained to the patient as part of the booking process but you may wish to advise them of this so that they hear it a number of times.

## 12. Where is the service based?

The address of the service is Cirencester Community Endoscopy Service, Cirencester Hospital, Tetbury Road, Cirencester, Gloucestershire GU7 1LY

## 13. What about patient identifiable data?

It will be necessary to share patient data to facilitate the referral process. All data will be treated in strictest confidence. All data will be handled in accordance with the Data Protection Act and NHS confidentiality rules

#### 14. What about MDT referrals or urgent transfers?

If we identify that your patient needs to be referred to the MDT, we will contact the MDT whilst the patient is with us and agree an appointment time. We will also telephone you to make sure that you are aware of our findings. Should a patient need urgent medical attention whilst in our care we would alert the emergency services and effect an immediate transfer to the nearest A&E department. In such cases we would alert the referrer as soon as possible. Our MDT pathways are agreed with Gloucestershire Hospitals NHS Foundation Trust and Great Western Hospitals NHS Foundation Trust

#### 15. Are you JAG accredited?

We work to JAG accredited standards, or above, at all of our locations

#### 16. Information your patients may ask

- **How long will I be there?** Please inform the patient to allow between 1 and 3 hours from admission to discharge.
- **Will I be able to go to work afterwards?** Most patients having a transnasal or oral gastroscopy procedure without sedation can continue their day as normal after they leave the unit. Patients having other procedures will need to rest afterwards.

#### 17. What support is there for vulnerable patients?

Because the service starts with a telephone pre-assessment our staff making the appointment will be sensitive to the patient's particular needs.

They are trained to highlight what preparation the patient needs to make, they will send them the right information leaflet and they will address any transport issues. If there is a need to conduct an assessment under the mental capacity act, as notified by you, our staff will contact you for more information. We are also able to arrange translation services but please advise us if there are any non-English speaking patients so that we can make early arrangements to be able to communicate effectively with them.

#### Any other questions?

If you have any other questions, please feel free to email the service or give us a call and we will do our best to help. Our contact details are below.

#### Pre- Referral Advice

**Email: [gastroadvice.inhealth@nhs.net](mailto:gastroadvice.inhealth@nhs.net)**  
(we offer a maximum 48 hours' response on email)

Telephone: **0333 202 3187**



For further information please call **0333 202 3187**