

Service Briefing for GPs

Community Endoscopy Service at Thetford Healthy Living Centre



What is it?

- Direct access community based **gastroscopy** (mostly transnasal endoscopy), **flexible sigmoidoscopy** and **colonoscopy**.
- Waiting times 2-3 weeks, daily sessions and 15% less expensive than a secondary care referral.
- Integrated with secondary care multidisciplinary teams (MDTs) for onward referral.
- Provides additional capacity.

What's included?

Lower GI conditions (which do not fulfil 2WW cancer criteria)

- Persistent diarrhoea with or without bleeding
- Anal symptoms/rectal bleeding
- Left sided abdominal pain
- Persistent change in bowel habit
- Surveillance of long term conditions and polyp disease
- Unexplained anaemia



What's included? (continued)

Upper GI conditions (which do not fulfil 2WW cancer criteria)

- Patients who have resistant H.pylori infection and/or worsening dyspepsia in spite of appropriate treatment
- Post-treatment (6-8 weeks) for gastric or oesophageal ulcer and bleeding duodenal ulcer
- Coeliac disease for confirmatory biopsy
- Barrett's oesophagus surveillance
- Follow up of oesophageal and gastric ulcers
- Unexplained anaemia
- Dyspepsia
- Reflux symptoms, where appropriate
- Patients 6 weeks after oesophageal ulceration or histological evidence of dysplasia

Diagnostic Endoscopy

- Trans nasal endoscopy (including biopsy)
- Oral upper endoscopy (including biopsy)
- Flexible Sigmoidoscopy (including biopsy and polypectomy)
- Colonoscopy (including biopsy and polypectomy)

Therapeutic Endoscopy

- Polypectomy including tattooing

What's excluded?

- Significant acute GI bleeding - immediate referral to secondary care
- Under 18 year olds

The provider 'InHealth Endoscopy'

- Founded by a GP and with a full understanding of the needs of primary care. Pioneered community based endoscopy from 2004.
- Now runs 11 dedicated units delivering over 18,000 scopes per annum and initiatives to reduce waiting lists.
- Quality features:
 - The unit is JAG compliant and is working to achieve accreditation (Joint Advisory Group for endoscopy).
 - Achieves High scores (A's and B's) on the Global Rating Scale.
 - All Endoscopists training to British Society of Gastroenterology (BSG) standards.
 - Pioneered the use of transnasal endoscopy which reduces sedation rates and generates high patient satisfaction.

How to refer?

- Choose and Book using the referral form attached. Please telephone the number below if you need advice before referring.
- All referrals triaged by Endoscopists to ensure they are clinically appropriate. If the referral needs to be seen in secondary care it will be forwarded directly
- Patients have choice and can be referred to IHT directly

Reporting; all endoscopies will be reported to practices

- If no suspected serious pathology found report will be sent back to the practice, via NHS email on the day of the scope. If relevant the endoscopists will provide management advice and arrange follow ups.
- If serious suspected pathology is found during the procedure, the Endoscopists will advise the patient, contact the GP by telephone and make a two week referral to the patient's choice of hospital.
- If serious pathology is found at histology the patient will be given an appointment at the next session and then referred to the hospital of their choice on a two week wait.
- For those patients requiring follow up e.g. patients with polyps the service will actively manage their surveillance needs in accordance with BSG guidelines

Benefits to patients

- Shorter waiting times.
- Generous timeslots - most patients seen on time as only routine referrals accepted
- New unit designed for patient comfort
- Integrated onward pathways with secondary care
- Very high levels of patient satisfaction

Contact details

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For further information please call **01842 767600**
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