

Endoscopy and Urology Diagnostic Recovery and Renewal Plan



November 2021



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Foreword



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Foreword



Like many parts of our NHS, responding to the pandemic has meant that some services have been harder to deliver; people are waiting longer for care and treatment, including longer waits for diagnosis.

Diagnostic services are a key part of the patient pathway and often the first stage of treatment to ensuring people have access to the right care in the right place, therefore timely and safe diagnosis is a vital step to delivering high-quality patient-centred care.

As part of our recovery we want to deliver a “Once for Scotland” approach to Endoscopy and Urology diagnostics. To do this it is essential we introduce and build on new and innovative ways of working that provides a sustainable service for the future.

On that basis, the Plan has been developed in collaboration with the National Centre for Sustainable Delivery (CfSD), patients and key stakeholders, including NHS Academy, the Scottish Society of Gastroenterology, the Scottish Urological Society and many third sector organisations, and focuses on 20 key targeted actions to deliver our ambition for Endoscopy and Urology Diagnostic services.

Substantial progress has been made already towards increasing capacity. For example, we have introduced a National Endoscopy Training Programme to provide training for all staff involved in the delivery of endoscopy in Scotland. A National Endoscopy Training Centre will be established and will be supported by Regional Training Centres to enable the delivery of a quality training programme with equity of access across Scotland.

We have also launched, an Academic Training Programme for Urology Advanced Nurse Practitioners with cystoscopy skills that will increase the skilled workforce and diagnostic capacity. We have developed a Scottish Education Programme for Endoscopy Assistant Practitioners, accelerating the development of enhanced practitioners (ADEPt) approach.

New innovative, and less intrusive procedures will help deliver high quality care for people. Cytosponge™, which is a new procedure that provides a less invasive alternative to upper GI endoscopy for the diagnosis of oesophageal cancer, is a great example of this that has now been implemented in a number of health boards across Scotland and will be extended to ensure equitable access across all areas.

The redesign and implementation of Urology Diagnostic Hubs and ‘One Stop’ clinics allows the delivery of clinical review and cystoscopy in an outpatient setting. There are already Hubs in five health boards and further diagnostic hubs will be developed across Scotland.

To support this recovery and innovation, the Endoscopy and Urology Diagnostic Recovery and Renewal Plan is backed by total investment of £70 million over the life of the plan. As a result, we expect to increase endoscopy capacity by 20,000 by March 2023 and by 25,000 each year from 2023/24 onwards.

A handwritten signature in black ink, appearing to read 'H. Yousaf'.

Humza Yousaf

Cabinet Secretary for Health and Social Care

Introduction

In July 2020, the Scottish Government announced £7.8 million investment to increase capacity specifically for Endoscopy and Urology diagnostic services. This supported the initial recovery actions and helped fast-track innovative diagnostic technologies and delivery methods such as Colon Capsule Endoscopy (CCE) and Cytosponge™. In October 2020, the National Endoscopy Programme Board was established.

A number of improvements have been made over the last year despite the limitations as a result of the pandemic, our aim is to continue to achieve overall recovery and a sustainable service for the future. Development so far include:

- Waiting list validation and clinical prioritisation tools introduced
- Clinical Forums for Endoscopy and Urology established
- Endoscopy low risk pathways and testing pathways developed
- National databases and post colonoscopy cancer audit commissioned
- Workforce programmes for Urology and Endoscopy developed

In June 2021, as a result of the pandemic, delivery of new endoscopy procedures within six weeks had fallen from 66.6% to 36.5%. The overall waiting list by June 2021 increased by almost 55%.

The Endoscopy and Urology Recovery and Renewal Plan focuses on recovery of services and builds the platform to deliver sustainable services.

Improving patient experience is fundamental to the delivery of this endoscopy and urology diagnostic plan, and is at the heart of its development. Patients have told us that improving communication and providing information around their diagnostic procedure and timely access to test results is key and that having access to single point of contact across their overall care journey would improve their experience.

The Recovery and Renewal Plan

Following on from the initial work, the next phase of the Endoscopy and Urology Diagnostic Recovery and Renewal Plan will focus on five key areas:

- Balancing Demand and Capacity
- Optimising Clinical Pathways
- Improving Quality and Efficiency
- Workforce Training and Development
- Infrastructure, Innovation and Redesign

Within the key areas, there are a number of associated actions and five flagship actions, that will provide a national approach to progress Scotland toward sustainable endoscopy and urology diagnostic services.

What Will This Plan Deliver

This plan is predicated on supporting the recovery and renewal of Endoscopy and Urology services and improvement of patient outcomes. This will be done through the implementation of a number of key actions that are focused on reducing the waiting times back to the six week target, during the lifetime of this parliament. The trajectories and timelines are highlighted throughout the plan for delivering each action.

Increased Access/Reduced Demand

- We will provide an additional 20,000 Endoscopies by March 2023, increasing to 25,000 each year from 2023/24.
- We will implement a new National Surveillance Management Framework to mitigate clinical risk, reducing demand for surveillance endoscopy by up to 30%.
- We will introduce a 'Once for Scotland' Patient Management Pathway (Iron deficiency anaemia, Uncomplicated Diverticular Disease and Endoscopy Minimised Follow-up for Oesophageal Varices) reducing demand for new endoscopy by 7,000 and surveillance demand by 4,000.

Sustainable Workforce

- We will rapidly develop a new educational programme for Urology Nurse (non-medical) Advanced Practitioners with cystoscopy skills resulting in 11 practitioners completing their training in 2023.
- We will provide 20 additional practitioners over the life of the plan, delivering a range of Urology interventions and providing an additional 30,000 cystoscopies.
- We will continue the successful Endoscopy Academic Training Programme for Nurse (non-medical) practitioners. 16 participants have been recruited in 2021 completion date up to 2023.
- We will provide 36 additional practitioners over the life of the plan up to 56,000 endoscopies.
- We will introduce National Endoscopy Training Programme provision for basic and enhanced training for up to 70 non-medical and medical trainees per annum.

Key Areas – Balancing Demand and Capacity

Optimised Patient Access – We will improve access for patients and minimise waiting time variation for a diagnostic test. To reduce the waiting time, promote the effective use of existing capacity and to support the recovery and renewal of endoscopy and urology diagnostic service.

- Increase and co-ordinate capacity across NHS Scotland utilising all additional capacity.
- Increase the effective use of our existing capacity by reducing unwarranted variation in practice to ensure efficient scheduling and booking.
- Develop and implement a national framework for the management of surveillance patients. This framework will provide clinically prioritised endoscopy access and will incorporate new technologies such as Quantitative Faecal Immunochemical Test (qFIT), Cytosponge™, and Colon Capsule (CCE) where these are clinically appropriate.
- Support redesign to provide alternatives to traditional endoscopy and inform clinical prioritisation. This will include Capsule Colonoscopy Endoscopy (CCE), Computer Tomography (CT), Cytosponge TM and Transnasal Endoscopy (TNE). For Urology, alternative delivery pathways such as Diagnostic Urology Hubs and ‘One Stop’ clinics.
- Develop modelling tool to accurately capture and manage fluctuating capacity and demand. We will strive to bridge the current capacity gap as we move towards sustainable services.



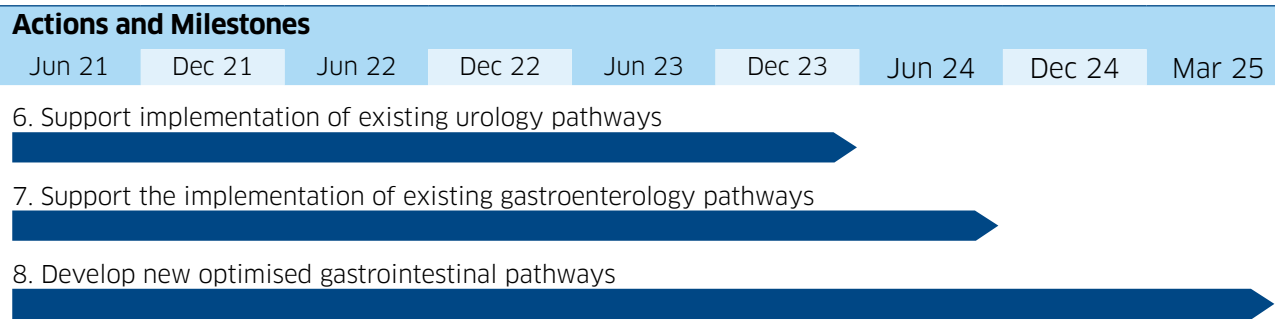
Actions and Milestones

Jun 21	Dec 21	Jun 22	Dec 22	Jun 23	Dec 23	Jun 24	Dec 24	Mar 25
1. Increase and co-ordinate capacity across the system								
2. Increase the effective use of existing capacity								
3. Develop and implement a National Surveillance Management Framework								
4. Implement redesign to support increasing capacity								
5. Model demand and capacity								

Key Areas – Optimising Clinical Pathways

Patient Optimised Care – We will develop and implement clinical pathways that optimise the value of endoscopy and urology diagnostics in each patient’s care. In partnership with the Centre for Sustainable Delivery (CfSD). These revised pathways will also apply the principles of Realistic Medicine.

- Promote and implement ‘Once for Scotland’ pathways to prioritise demand for cystoscopy including:
 - Visible and Non-visible Haematuria
 - Recurrent Urinary Tract Infections in Males and Females
 - Non-invasive Muscle Bladder Cancer Surveillance
- Promote and implement guidelines for ‘Once for Scotland’ gastrointestinal pathways to prioritise endoscopy demand including:
 - qFIT validation and prioritisation of new and existing referrals
 - Upper gastrointestinal scoring prioritisation of new and existing referrals
 - A National Barrett’s Oesophagus Surveillance Programme including the British Society of Gastroenterology Barretts investigation and surveillance guidelines
 - British Society of Gastroenterology guidelines for cancer and polyp surveillance
 - British Society of Gastroenterology for family history surveillance
 - Non-biopsy diagnosis for Coeliac Disease
 - Non-endoscopy diagnosis for Irritable Bowel Syndrome
- Develop new, clinically driven evidence based gastrointestinal pathways to safely reduce demand for endoscopy and improve outcomes. This will ensure every patient is on the correct clinical pathway, treated by the correct specialty in a timely manner. We will introduce national pathways for:
 - Iron Deficiency Anaemia
 - Non-endoscopic follow-up for uncomplicated diverticular disease
 - Non-endoscopy surveillance for compensated cirrhosis
 - Inflammatory Bowel Disease Surveillance
 - Endoscopy optimised upper GI ulcer review

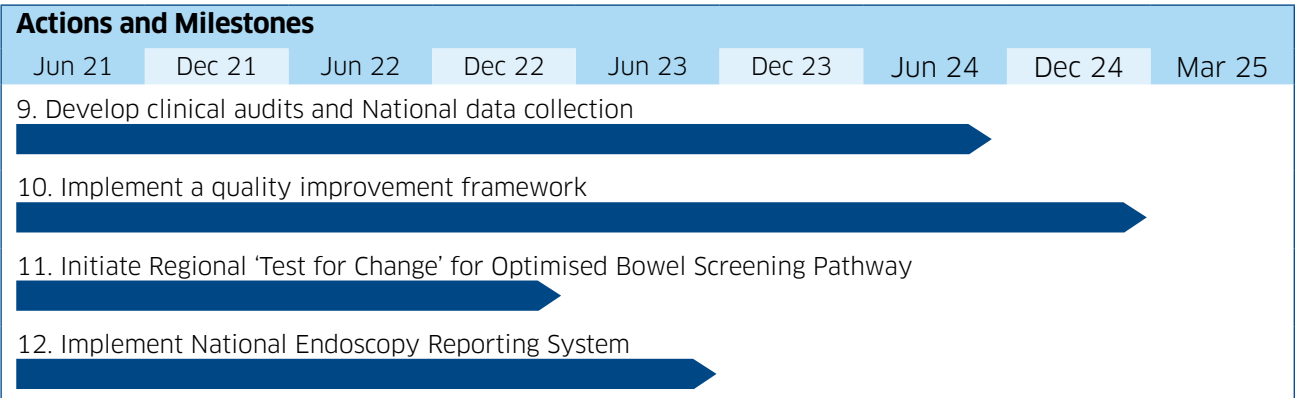


Key Areas – Improving Quality and Efficiency

Optimised Patient Experience – We will improve patient experience by working in partnership with patients to deliver quality endoscopy and urology diagnostic services and provide appropriate and timely information. Implementing a quality framework that will inform best clinical practice, improve quality and drive efficiency.

The framework will cover all aspects of endoscopy and urology diagnostics including booking and scheduling, patient environment, patient information, endoscopy reporting and endoscopy quality. To ensure endoscopy and urology diagnostic services in Scotland are driven by quality and efficiency, we will:

- Develop audit and data collections tools to capture and monitor endoscopy and urology diagnostic performance and patient outcomes. We have commissioned a national post-colonoscopy cancer audit to assess the quality of colonoscopy in Scotland and national databases to capture clinical outcomes for Barrett's Oesophagus Surveillance, Non-muscle Invasive Bladder Cancer Surveillance.
- Implement a quality improvement framework to continue to drive quality and efficiency improvements. An independent review of quality and efficiency of endoscopy services has been commissioned to inform targeted improvements that will be taken forward by our clinical teams.
- Support a regional 'test of change' for the provision of an optimised bowel screening pathway that provide a 'one stop' model to improve patient experience and timely endoscopy and diagnostic delivery.
- Implement a National Endoscopy Reporting System to standardise endoscopy reporting and will provide accurate activity data, prospective endoscopy quality data and will provide support for endoscopy and urology training. The reporting system will also optimise to scheduling and booking efficiency.



Key Areas – Workforce Training and Development

Optimised Patient Outcomes – We will optimise patient outcomes through the programme of workforce training and development, improving access to diagnostics as we increase the skilled workforce. In collaboration with National Education Scotland (NES), the NHS Academy and the Centre for Sustainable Delivery, we will deliver a programme of training and development across the different elements of the endoscopy and urology diagnostic workforce. We will:

- **Introduce a National Endoscopy Training Programme to provide training for all staff involved in the delivery of endoscopy in Scotland.** A National faculty will deliver essential basic training for medical and non-medical endoscopists and intensive training to allow full accreditation of Scotland’s new endoscopists.
- **Launch a Scottish Education Programme for Endoscopy Assistant Practitioners, accelerating the development of enhanced practitioners (ADEPt) approach.** This programme will enable safe and sustainable expansion of the workforce. It will enhance skill mix and enable compliance with the JAG recommendation for staffing numbers and skill mix within our endoscopy services.
- **Develop an Academic Training Programme for Urology Advanced Nurse (non-medical) Practitioners with cystoscopy skills in collaboration with our delivery partners, Scottish Access Collaborative, NHS Education for Scotland, Nursing and Midwifery Allied Health Professional (NMAHP) and clinicians.** This Programme will provide an academic framework, underpinned by best clinical practice for registered practitioners, with an interest in Urology.
- We will continue to support the expansion of the existing Endoscopy Academic Training Programme for nurses at pace, thus increasing the number of staff trained to deliver endoscopy services. This will be supported by the JAG Endoscopy Training System (JETS) workforce training programme.



Actions and Milestones								
Jun 21	Dec 21	Jun 22	Dec 22	Jun 23	Dec 23	Jun 24	Dec 24	Mar 25
13. Introduce and Deliver a National Endoscopy Training Programme								
14. Deliver a National Education Programme for Endoscopy Assistant Practitioners								
15. Deliver a National Academic Training Programme for Urology Advanced Nurse Practitioners								
16. Continue Endoscopy Academic Nurse Training								

Key Areas – Infrastructure Innovation and Redesign

Optimised Patient Choice – We will evaluate and implement alternatives to optical endoscopy where these are shown to be safe, add clinical value; reduce risk, and where these are acceptable to patients. We will implement Urology Diagnostic Hubs and ‘One Stop’ Clinics empowering patients, enabling shared decision-making between the professional and the patient around alternative treatment options.

- **Continue the successful roll out of Cytosponge™*** – Cytosponge™ is a new procedure that provides a less invasive alternative to upper GI endoscopy for the diagnosis of early oesophageal cancer. Ten health boards in Scotland have successfully implemented Cytosponge™ and plans are in place to expand this to the remaining health boards.
- Transnasal Endoscopy (TNE) implementation. This is a minimally invasive upper endoscopy procedure that provides an alternative to traditional optical endoscopy. It can be provided in a clinic environment, does not require sedation and improves the patient experience. Where practicable, TNE will be implemented across NHS Scotland.
- Colon Capsule Endoscopy (CCE) implementation. This is a new investigation that provides an alternative to traditional optical colonoscopy. Safety, efficacy and cost effectiveness data collection continues. This data will inform the appropriate application of CCE as a diagnostic test in the investigation of lower GI patients.
- **The redesign and implementation of Urology Diagnostic Hubs and ‘One Stop’ clinics** – Urology Diagnostic Hub enables the delivery of clinical review and cystoscopy in an outpatient setting. There are Hubs in five health boards and further hubs will be developed across Scotland. ‘One Stop’ urology clinics provide the efficient and patient-centred care and management of urology patients, reducing the number of visits a patient is required to attend, provides rapid access to diagnostics.



Actions and Milestones

Jun 21	Dec 21	Jun 22	Dec 22	Jun 23	Dec 23	Jun 24	Dec 24	Mar 25
17. Continue to support the roll out and evaluate Cytosponge across Scotland								
18. Implementation of Transnasal Endoscopy								
19. Continue to support the roll out and evaluation of Colon Capsule Endoscopy across Scotland								
20. Continue to support the roll out the development of Urology Hubs and ‘One Stop’ Clinics								

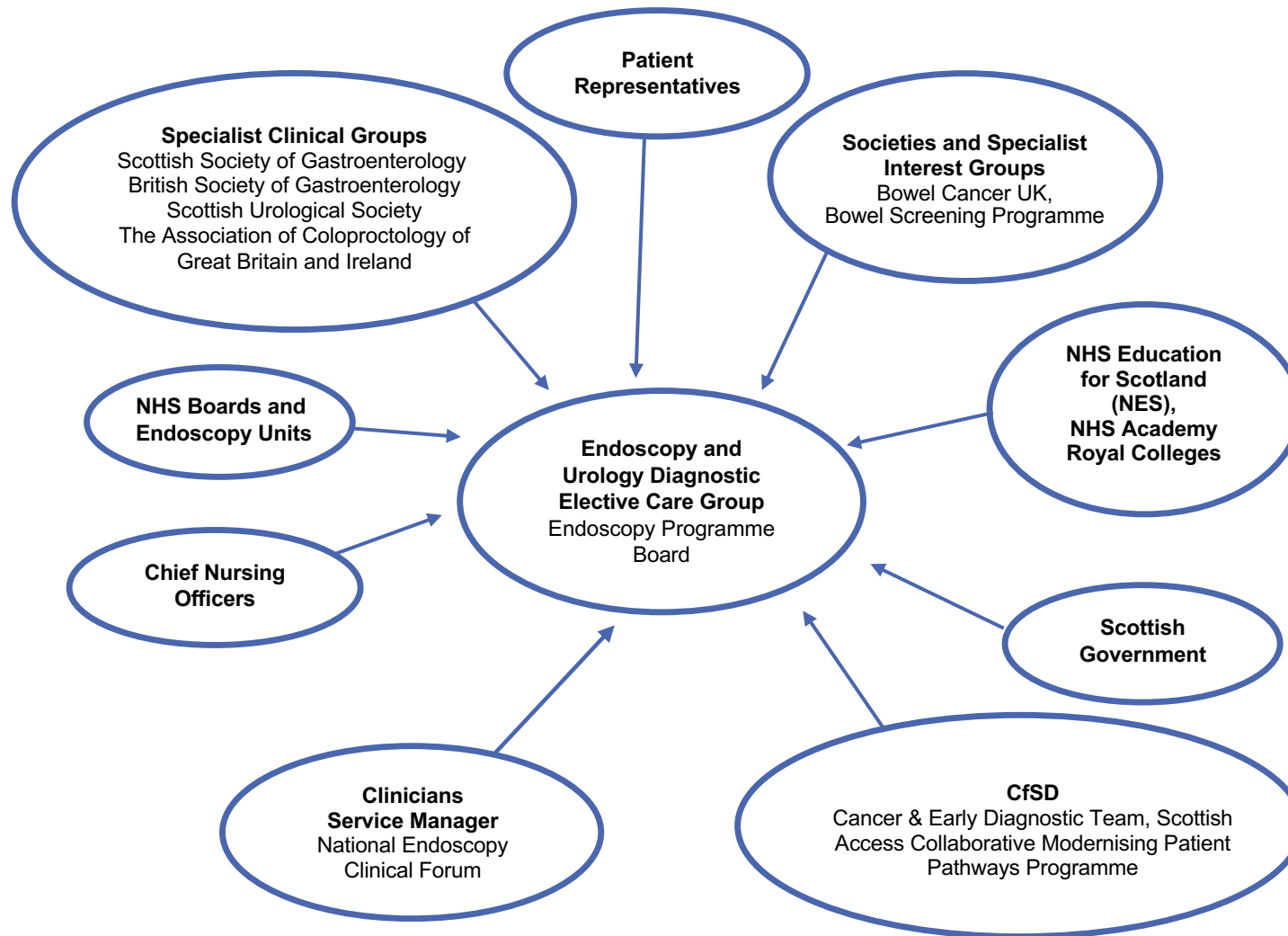
Delivery

The Scottish Government will develop a delivery plan underpinning this recovery and renewal plan ensuring that all 20 actions are monitored and progressed effectively.

This plan will be overseen by the Endoscopy and Urology Diagnostic Elective Care Group (EUDECG) with representation from all key stakeholders (appendix) to support delivery. This group will report to the Integrated Planned Care Steering Group.

We will also work with NHS Boards to develop and implement trajectories/actions within their endoscopy and urology diagnostic plans. Performance Management of NHS Board plans will be through the established performance management framework.

Appendix





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