

The Endoscopy Booking Office – Safe and Effective Coordination of Bowel Preparation Standard Operating Procedure (SOP)

V1.0

February 2025

Table of Contents

1. Introduction	4
2. Purpose of this Standard Operating Procedure	4
3. Ownership and Responsibilities	4
3.1. Role of the Gastroenterology Governance Lead	4
3.2. Role of the Referrer	5
3.3. Role of Pharmacy	5
3.4. Role of the Gastroenterology Service Manager	5
3.5. Role of the Deputy Performance and Operations Manager/CAL	5
3.6. Role of the Team Leader	6
3.7. Role of the Endoscopy Booker	6
4. Standards and Practice	7
4.1. Referral Standards	7
4.2. Endoscopy Booking Standards	7
4.3. Storing of bowel preparation in the Endoscopy Booking Office	9
4.4. Ordering of Moviprep/Plenvu	9
4.5. Pharmacy Standards	9
5. Dissemination and Implementation	10
6. Monitoring Compliance and Effectiveness	10
6.1. Monitoring of the SOP	10
7. Updating and Review	12
8. Equality and Diversity	12
Appendix 1. Governance Information	13
Version Control Table	14
Appendix 2. Equality Impact Assessment	15
Appendix 3 - Maxims Internal Referral List	18
Appendix 4 – Maxims Individual Referral	19

Appendix 5 - Booking Process Maps:.....	20
Appendix 6 – Bowel Prep Tracker spreadsheet	21
Appendix 7 – Bowel Prep Process	22
Appendix 8 – Pharmacy request	23

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. This Standard Operating Procedure (SOP) sets out the process and framework for the administration and dispatching of Bowel preparation in Endoscopy. The co-ordinating of this process at the Royal Cornwall Hospital Trust is essential to support our organisational aims of delivering “Brilliant Care” by our “outstanding people”.
- 1.2. The Endoscopy booking team are responsible for the booking of patients for Endoscopy procedures and sending out the correct Bowel preparation to the correct patient as prescribed.
- 1.3. The team comprises of Booking Clerks and one Team Leader who are managed by the Deputy Performance and Operations Manager/Clinical Admin Lead (CAL) and the Service Manager for Gastroenterology/Endoscopy.
- 1.4. This service is essential so that the bowel is empty for a lower Endoscopy procedure allowing the Clinical Endoscopist to visualise the lining of the bowel using a colonoscope. To achieve this, the patient may need to take Bowel preparation to clear the bowel before the procedure.
- 1.5. All colleagues should be aware of the Bowel preparation SOP and take joint ownership and responsibility for their roles as detailed in each section to follow.
- 1.6. Bowel preparation is prescribed medication that clears the bowel of stool.

2. Purpose of this Standard Operating Procedure

- 2.1. The purpose of this Standard Operating Procedure is to ensure that there is a safe procedure in place for the administration of prescribed Bowel preparation and its dispatch to the patient.
- 2.2. This document is to support the managing of the service to have a standardised process to follow.
- 2.3. The administration colleagues are required to send out a prescribed medication in advance of a patient’s procedure and are required to operate within the parameters of this SOP.

3. Ownership and Responsibilities

3.1. Role of the Gastroenterology Governance Lead

The Gastroenterology Governance Lead is responsible for:

- Providing clinical oversight of the process. Encouraging and supporting changes that may be required to the booking process.
- Ensuring its effectiveness for patients and fulfilling service needs.

- Engaging with the Service Manager and Deputy Performance and Operations Manager/CAL for procedural changes.

3.2. Role of the Referrer

The referrer is responsible for:

- Completing a referral (on Maxims) that details what bowel preparation is required. They will need to be a prescriber to do this.

3.3. Role of Pharmacy

The Pharmacy Department is responsible for:

- Dispensing requested bowel preparation (Picolax).
- Escalation to the Team Leaders if there are any queries with the prescription requests.
- Moviprep and Plenvu is provided to the Endoscopy Booking Team by Pharmacy.

3.4. Role of the Gastroenterology Service Manager

The Service Manager is responsible for:

- Oversight of training and compliance associated with this procedure.
- Feedback to the team learning from incidents.
- Responding to issues when they are raised by the Deputy Performance and Operations Manager/CAL.
- Maintaining functionality of the process.
- Escalating issues as they arise to the Governance Lead.
- Investigating incidents that relate to this procedure.
- Reviewing the SOP at set interval.

3.5. Role of the Deputy Performance and Operations Manager/CAL

The Deputy Performance and Operations Manager/CAL is responsible for:

- Ensuring all training has been completed by the Booking Team.
- Providing feedback and to be a point of escalation.
- Supporting the bookers and Team Leader with issues or problems.
- Ensuring that the Team Leader is monitoring the process.

- Feeding back to the team learning from incidents.
- Monitoring compliance of the SOP through a periodic audit.

3.6. Role of the Team Leader

The Team Leader is responsible for:

- Maintaining security of bowel preparation in the Endoscopy Booking Team's office.
- Delivering, facilitating, and supporting the Endoscopy Booking Team with the bowel preparation training.
- Ensuring the bookers are following the process.
- Resolving any issues and/or queries from the Endoscopy Booking Team.
- Liaising with Pharmacy if prescriptions haven't been received after 48 hours of request.

3.7. Role of the Endoscopy Booker

The Endoscopy Booker is responsible for:

- Undertaking and completing the bowel preparation administration training which consists of a one-to-one review of the SOP and a sign off to confirm that it has been understood. This will be conducted by the Endoscopy Team Leader and/or Deputy Performance and Operations Manager/CAL with the Endoscopy Booker.
- Adhering to standards and practices.
- Responding to patient queries.
- Escalating to appropriate clinician if patient requires further advice.
- Escalating any issues or queries to the team leader.
- Uploading communication and alterations to the patient's bowel preparation prescriptions on Maxims.
- Updating the bowel prep tracker before the letter has been sent as per process (This is located S:\TR11\Endoscopy Secretaries\ENDO ADMIN\BOWEL PREP TRACKER).

4. Standards and Practice

([Appendix 5](#) details the booking process map.)

4.1. Referral Standards

- A referral will be made to the Endoscopy Booking service on Maxims for a lower endoscopy procedure.
- This referral will be completed in its totality and must include patient demographics, the requested procedure and the prescribed Bowel preparation from a prescribing clinician.

4.2. Endoscopy Booking Standards

Stage 1 Adding the referral from Maxims to PAS.

- The Endoscopy Booker will log on to Maxims and go to Internal Referrals ([Appendix 3](#)).
- They will open an individual referral and review which bowel preparation has been prescribed ([Appendix 4](#)).
- If Moviprep/Plenvu has been prescribed, then the patient will be added to PAS waiting list ([Appendix 5](#)).
- If another Bowel preparation has been prescribed (Picolax) then the Endoscopy Booker will request this from the Pharmacy.
- The internal referral will be emailed to Pharmacy from the rch-tr.AdminEndoscopy@nhs.net generic email account along with the completed specific Pharmacy request form (Appendix 8).
- Booker adds new PAS comment to inform that the pharmacy request has been made and the patient is added to the PAS waiting list.
- The response time for this is 2 working days.
- The Team Leader has daily oversight of PAS waiting list and will chase any outstanding requests.
- It is the responsibility of the Endoscopy Booker to escalate any queries to the Endoscopy Team Leader.

Stage 2 - Booking the Patient from the PAS Waiting List.

- The Endoscopy Booker identifies a patient from the PAS waiting list and opens the Referral on Maxims and completes a basic 3-point check: 1) Name 2) Hospital Number 3) Date of Birth to confirm they have the correct patient.

- If the referrer is a prescriber, then the Endoscopy booker will check Maxims (Patient documents) to look for any documents entitled Endoscopy procedure correspondence to see if there are any further updates to the patient's preparation request.
- The Endoscopy Booker will also check PAS (comments box) to see if there are any further updates to the patient's preparation request. The patient is booked an appointment, and a letter is generated on PAS by selecting the correct letter code. Please be aware that flexi and flexi with enema both show as available letters for all flexi procedures, so please select letter option carefully ([Appendix 7](#)).
- This letter is then printed in the Endoscopy Booking Office.
- If the referring clinician is not a prescriber, then an email is sent to the responsible clinician from the rch-tr.AdminEndoscopy@nhs.net generic email account to request that the bowel preparation is suitable for the patient.
- The PAS comment field is updated to reflect this request.
- Outstanding requests over 5 days will be chased by the Team Leader until resolved.
- Further issues will be escalated to the Deputy Performance and Operations Manager/CAL.
- When the confirmation email is received it will be imported into Maxims as evidence with the generic title Endoscopy procedure correspondence. If the bowel preparation is Picolax, then they will follow the Pharmacy request in stage 1.
- The patient is booked an appointment, and a letter is generated on PAS by selecting the correct letter code. Please be aware that flexi and flexi with enema both show as available letters for all flexi procedures, so please select letter option carefully.
- This letter is then printed in the Endoscopy Booking Office.

Stage 3 - Sending the Patient Letter with the Bowel Preparation

- A colleague who is working in the office sends out the bowel preparation requests from the printer.
- The colleague will take the letters from the printer and process each letter individually to ensure accuracy.
- The Endoscopy Booker completes a basic 3-point check against the patient details in the letter with Maxims to ensure they are booking the correct patient. They will check the following details: 1) Name 2) Hospital Number 3) Date of Birth.

- The Endoscopy booker will check Maxims (Patient documents) to look for any documents entitled Endoscopy procedure correspondence to see if there are any further updates to the patient's preparation request.
- The Endoscopy Booker will also check PAS (comments box) to see if there are any further updates to the patient's preparation request.
- The Endoscopy Booker will also check the correct letter template has been selected.
- The bowel preparation tracker will be filled out ([Appendix 6](#)) (S:\TR11\Endoscopy Secretaries\ENDO ADMIN\BOWELPREP TRACKER).
- If there are queries or discrepancies, then these should be investigated and escalated to the Team Leaders.
- Bowel preparation must be sent out and arrive with the patient at least five working days before their procedure.
- The exception to this is covering a short notice cancellation slot. Bowel preparation can be sent out via Special Delivery. This must be sent out and arrive with the patient three days before the procedure.

4.3. Storing of bowel preparation in the Endoscopy Booking Office

- Bowel preparation is stored in the Endoscopy Booking Office in a locked cupboard and accessed when prep is required.
- The storage cupboard for Bowel preparation is always kept locked and should only be accessed by Endoscopy booking colleagues. The key will be kept in a passcode access key safe.

4.4. Ordering of Moviprep/Plenvu

- Moviprep/Plenvu stocks will be checked every day by the Team on a rota basis to ascertain if more stock will need to be ordered from the Pharmacy.
- Moviprep/Plenvu will be ordered when the prep reaches 120 units (5 days stock) in the cabinet. The cabinet can hold approximately 320 units (8 boxes).
- Moviprep/Plenvu is ordered by emailing the Pharmacy generic ID by a designated endoscopy booker ([Appendix 8](#)).

4.5. Pharmacy Standards

- The pharmacy will dispense Picolax directly to the Endoscopy Booking Office within 2 working days of the request.
- The Booking Office will then dispatch the bowel preparation in line with the SOP.

5. Dissemination and Implementation

- 5.1. This document will be stored in the Endoscopy shared file, accessible by all staff on commencement and following any amendments to this SOP, an e-mail will be sent to all staff to disseminate any changes made.
- 5.2. Training will be required for all staff prior to implementation. This will be documented on a sign off sheet.
- 5.3. All new colleagues will receive this training and sign off during their induction period.

6. Monitoring Compliance and Effectiveness

6.1. Monitoring of the SOP

- Training compliance will be reviewed monthly by the Deputy Performance and Operations Manager/CAL to ensure that all our colleagues are trained in the process.
- Bowel preparation administration will also be reviewed at the Team Improvement meeting to measure efficiency and compliance with SOP.
- The Deputy Performance and Operations Manager/CAL will complete a periodic audit (Appendix 11) of the process and the findings will be shared at the Monthly Gastroenterology and Hepatology Business and Governance Meeting and the meetings to report efficiency and compliance.
- The audit will review the following Key Performance Indicators. The Audit will be completed in the first week of every month and will review the previous month. The sample size will be 40 patients (5%) of the colons and flexi sigs completed.
- The audit will review the following Key Performance Indicators:
 - Does the Maxims referral articulate what Prep should be prescribed? Target 100%.
 - Was the procedure and required bowel preparation added to PAS? Target 100%.
 - Was the bowel preparation sent to the patient at least 5 days before their procedure (3 days if marked as urgent)? Target 100%.
 - If the referral was not made by a prescriber, was confirmation received from the Responsible clinician confirming what bowel preparation is suitable? Target 100%.
 - Has the correct bowel preparation been sent to the patient? Target 100%.
 - Was the bowel preparation tracker completed with all the required information as per audit requirements? Target 100%.

- Have all colleagues completed bowel preparation administration training? Target 100%.
- Was the bowel preparation store cupboard locked when the audit was completed? Target 100%.
- Are the Moviprep/Plenvu stock levels in the Endoscopy Booking Office within parameters indicated in 4.4? Target 100%.
- Any non-compliance will be followed up by the Deputy Performance and Operations Manager/CAL and one to one training will be completed. Further compliance to the SOP will be monitored.
- Any learning and actions from incidents relating to bowel preparation will be shared by the Deputy Performance and Operations Manager at the Team improvement meeting.
- Any learning and actions from incidents relating to bowel preparation will be shared by the Service Manager at the Monthly Gastroenterology and Hepatology Business and Governance Meeting.

Information Category	Detail of Process and Methodology for Monitoring Compliance
Element to be monitored	Compliance to the bowel preparation SOP.
Lead	Deputy Performance and Operations Manager.
Tool	Audit - This will comprise of an excel spreadsheet that will articulate the patient's hospital number, the bowel preparation prescribed on the Maxims referral and an initialed check to confirm this has happened correctly.
Frequency	Monthly by exception.
Reporting Arrangements	Report to be provided to clinical governance lead prior to the Gastroenterology departmental meeting. Report would include an agreed sample check of random patients to determine if the correct bowel preparation has been sent out. The Governance Lead and Service Manager will interrogate the data, identify areas for improvement and act upon them.
Acting on Recommendations and Lead(s)	All members named under section three will require involvement in any action planning required, highlighted by the regular reporting. Required actions will be identified and completed in a specified timeframe, agreed by the team.
Change in Practice and Lessons to be shared	Required changes to practice will be identified and actioned within eight weeks. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

7. Updating and Review

- 7.1. This document will require yearly review. Review may also be required if change of service need, or staffing.
- 7.2. Review will be undertaken by the service lead, governance lead, and any actions will need to be taken to the Deputy Performance and Operations Manager/CAL and Matron.

8. Equality and Diversity

- 8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion and Human Rights Policy' or the Equality and Diversity website.
- 8.2. Equality Impact Assessment:

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Endoscopy Booking Office for the Safe and Effective Coordination of Bowel Preparation Standard Operating Procedure V1.0.
This document replaces (exact title of previous version):	New Document.
Date Issued/Approved:	February 2025.
Date Valid From:	February 2025.
Date Valid To:	February 2028.
Author/Owner:	Julie Rowland, Service Manager, Gastroenterology.
Contact Details:	Julie Rowland. Rch-tr.adminendoscopy@nhs.net.
Brief Summary of Contents:	Safe and Effective Coordination of Bowel Preparation.
Suggested Keywords:	Moviprep, Citrafleet, Plenvu, Picolax, Endoscopy.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Care Group Governance Meeting.
Manager confirming Approval Processes:	Ian Moyle, Head of Nursing (HON), Specialist Services and Surgery.
Name of Governance Lead confirming Consultation and Ratification:	Michele Reed, Deputy Governance Manager.
Links to key external standards:	None.
Related Documents:	None required.
Training Need Identified:	Yes – training provided at induction.

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Intranet document library/Endoscopy.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
February 2025.	V1.0	Initial issue.	Julie Rowland, Service Manager, Gastroenterology

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Endoscopy Booking Office for the Safe and Effective Coordination of Bowel Preparation Standard Operating Procedure (SOP) V1.0.
Department and Service Area:	The Booking Office – Preparation.
Is this a new or existing document?	New.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Julie Rowland, Service Manager, Gastroenterology.
Contact details:	Julie.Rowland2@nhs.net

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Endoscopy.
2. Policy Objectives	To ensure safe and effective storing and sending of Bowel Preparation.
3. Policy Intended Outcomes	To ensure the safe and effective management of Bowel Preparation.
4. How will you measure each outcome?	Staff to sign declaration of understanding. Regular monitoring of staff performance.
5. Who is intended to benefit from the policy?	Patients.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category).	<ul style="list-style-type: none"> Workforce: Yes Patients/visitors: No Local groups/system partners: No External organisations: No Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Endoscopy Admin Team.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: Staff and audits.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Julie Rowland, Service Manager, Gastroenterology.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)

This an example of the screen the Endoscopy Bookers use when adding patients to PAS.

Endoscopy Booking Office for the Safe and Effective Coordination of Bowel Preparation Standard Operating Procedure V1.0

Appendix 4 – Maxims Individual Referral

This screenshot shows the referral on Maxims and the bowel preparation prescribed.

https://maximsprodapp.comwall.nhs.uk/ - WHITEMAM logged into IMSLIVE on server APP-IMS-PROD - Internet Explorer

Patient Documents

Authorising HCP: [Redacted] Responsible HCP: [Redacted] Specialty: [Redacted] Document Type: [Redacted]

Date From: [Redacted] Date To: [Redacted]

Event Date¹ Generated Date² Specialty³ Responsible HCP⁴ Document Type⁵ Document Name⁶ Status⁷

15/04/2021	15/04/2021 09:58				Internal Referral Completion	Completed
14/03/2021	25/03/2021 11:43				General Correspondence	Completed
19/02/2021	10/03/2021 16:37				Telephone Assessment	Completed
23/10/2020	04/11/2020 10:35				Telephone Assessment	Completed
28/09/2020	28/09/2020 08:58				GP GASTRO REF	Imported
24/08/2019	16/04/2020 13:02				C167012	Imported
08/02/2020	08/02/2020 18:07				Discharge Summary Report	Completed
08/02/2020	08/02/2020 10:50				Operation Sheet	Completed
30/01/2020	03/02/2020 10:51				Outpatient Correspondence	Completed
30/01/2020	31/01/2020 08:28				Internal Referral Completion	Completed
02/09/2019	20/11/2019 16:28				Outpatient Correspondence CFT	Completed
06/01/2017	17/01/2017 13:07				Outpatient Correspondence	Completed
02/09/2016	28/10/2016 10:41				General Correspondence	Completed
02/09/2016	14/09/2016 15:13				Outpatient Correspondence	Completed

Document Preview

Clinical Details (reason for referral):
RIF pain and fullness on exam

Caecal pathology?

Assessment Details

Are you a Prescriber? If your not a prescriber you can not request this test Yes

Inpatient Endoscopy referrals that are received after 11am will not be reviewed until the following day. If the referral is urgent, please ring Endoscopy on ext 3247 Yes

Procedure Colonoscopy

Is this IBD surveillance? No

Does the patient need dye spray? No

Bowel prep required? Standard prep (currently Moviprep)

If other please specify

Has bowel prep been dispensed in clinic? No

Admission type Outpatient procedure

Referral urgency Non 2 week wait

Planned procedure due by

Which Consultant should receive the result? michell

Is the referral via Direct Access GP, and results to go directly to GP No

Confirm patient surname bames

Diabetic No

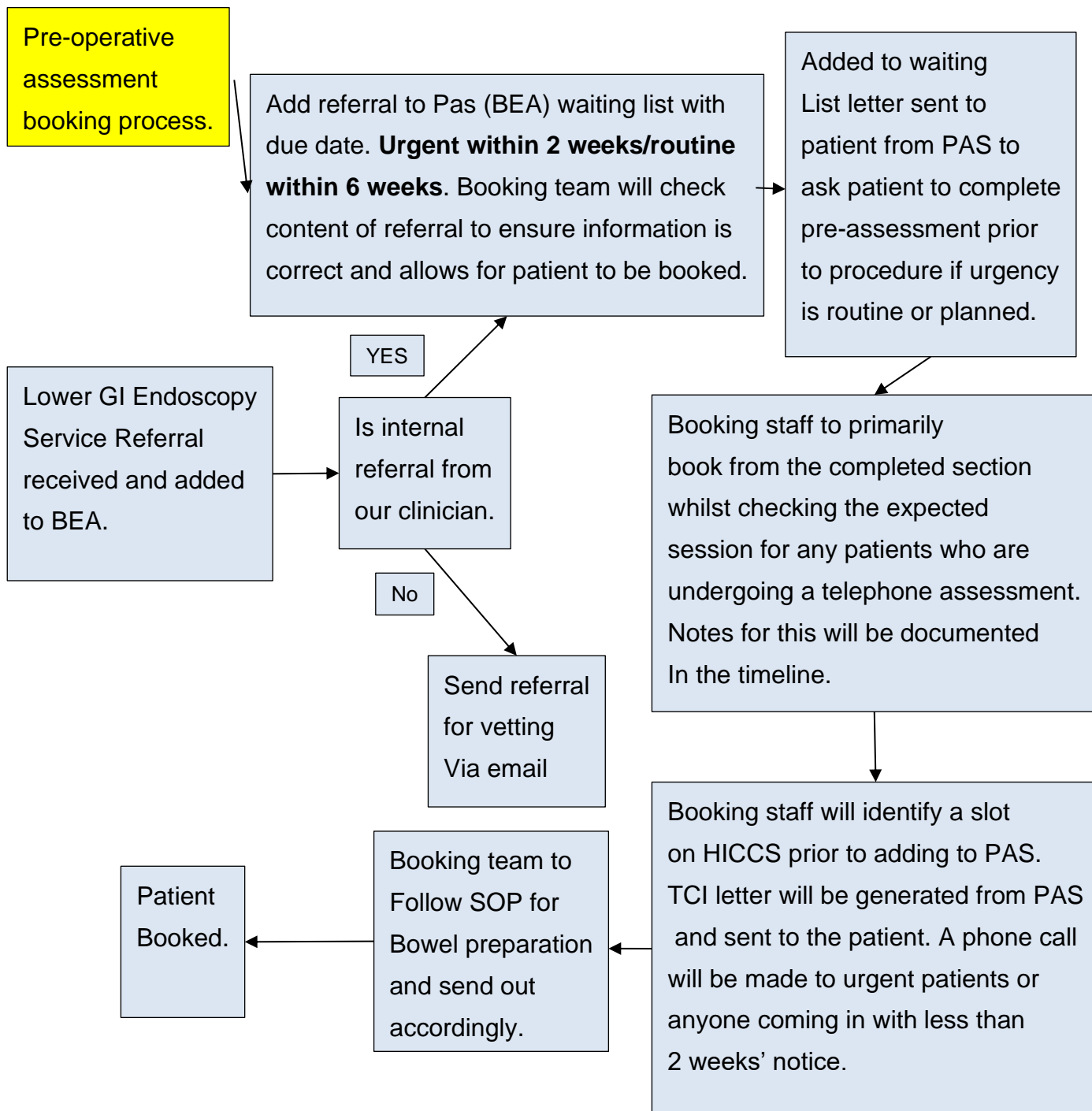
Close

Assessments
Reports

© SIGMA305

Appendix 5 - Booking Process Maps:

Lower Endoscopy Procedures – Booking Process

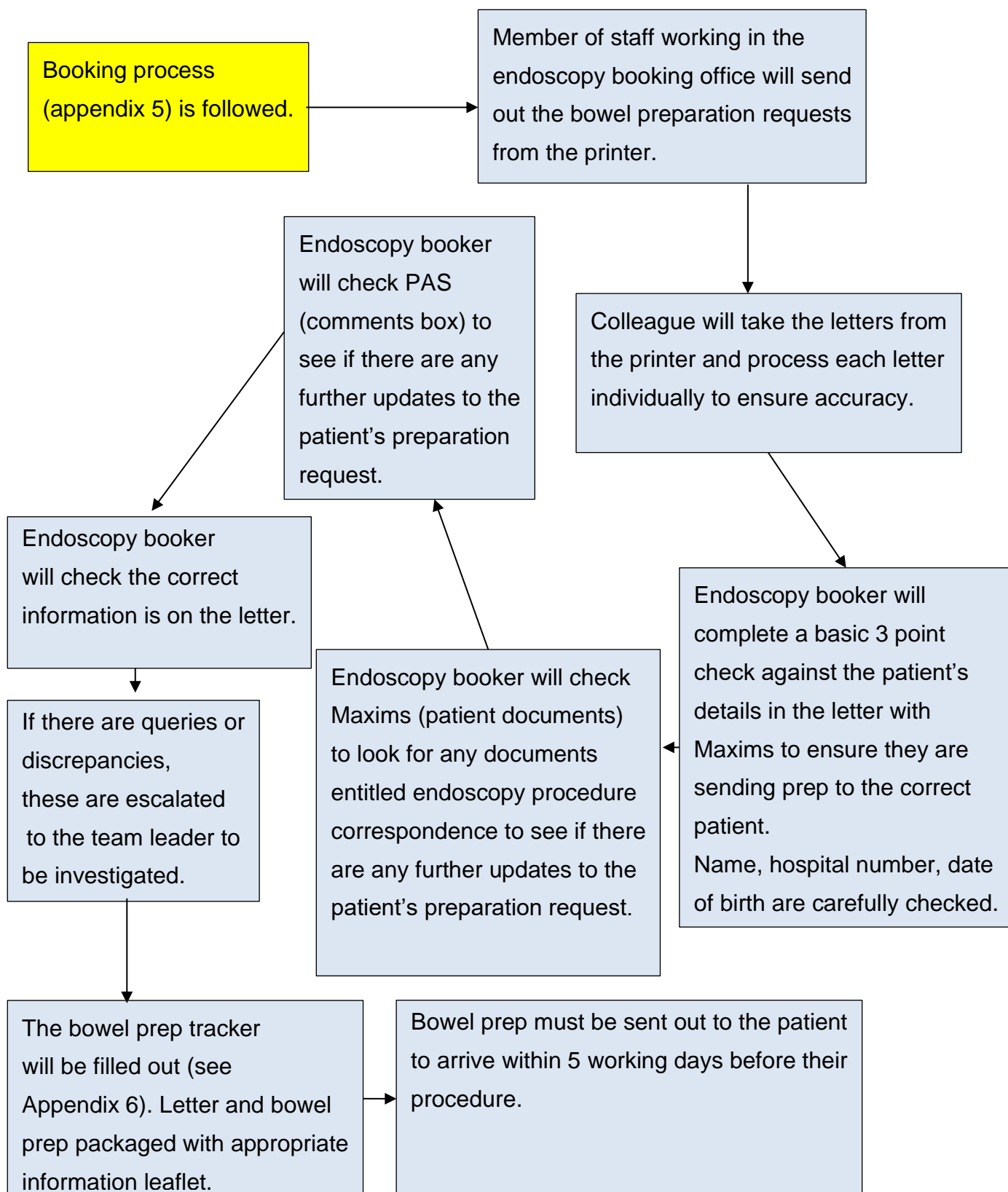


Appendix 6 – Bowel Prep Tracker spreadsheet

(S:\TR11\Endoscopy Secretaries\ENDO ADMIN\MOVIPREP TRACKER).

NAME	CR number	Procedure date	Prescribing clinician initials	Prep expiry	Prep batch number	Person sending prep initials	Date sent	Type	DELIVERY METHOD	TRACKING CODE
------	-----------	----------------	--------------------------------	-------------	-------------------	------------------------------	-----------	------	-----------------	---------------

Appendix 7 – Bowel Prep Process



Appendix 8 – Pharmacy request

Email General Pharmacy - rch-tr.generalpharmacy@nhs.net

URGENT

23/09/2024

Pharmacy Department

RCH Treliske

Dear Sir/Madam

Please can you supply me with 1 box of Sodium Picosulphate bowel prep, which can then be forwarded to (**patient name/hospital number entered here**) home prior to undergoing endoscopy procedures in the Endoscopy Unit on an outpatient basis?

Thanking you in anticipation.

Yours faithfully

Endoscopy Department

Please can this order be kept separately from any other drugs being delivered directly to the Endoscopy Booking Team Office.

Thank you

Please ensure this is addressed to: THE ENDOSCOPY BOOKING OFFICE