

Endoscopy Pre- Operative Assessment Standard Operating Policy (SOP)

V1.0

February 2025

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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

This Standard Operating Procedure (SOP) sets out the procedure for the pre-operative assessment (POA) process for patients having a planned Endoscopy on the acute or peripheral sites.

This SOP includes the standards for booking patients, the nurse assessment process (Virtual only - both online and telephone), and the no-go process.

This SOP should be read in conjunction with:

- 1.1. RCH Policy for Consent to Examination or Treatment.
- 1.2. RCH Standard Operating procedure for clinical response to Ultramed (My Endo) patient outcome. [Clinical Response My Endo](#).

2. Purpose of this Standard Operating Procedure

- 2.1. Outline the safe working procedures relating to the planned endoscopy service.
- 2.2. Clarify what cohorts of patients require a pre-operative assessment prior to their procedure.
- 2.3. To ensure all patients undergoing a planned endoscopy have a virtual POA, which will provide a safer service delivered and reduce the number of cancellations on the day and did not attend (DNA) appointments.
- 2.4. To define the standards required by all staff involved with the planned endoscopy service.
- 2.5. This document will identify the roles and responsibilities of staff involved in the planned endoscopy service.
- 2.6. This SOP will define the patient's pathway from booking to attending for their procedure.

3. Ownership and Responsibilities

The Endoscopy pre-operative assessment pathway is shared care between the Gastroenterology governance lead, the Gastroenterology GOF1, Gastroenterology service manager, the responsible referring clinician, the Clinical Matron, the Endoscopy Unit Leader, the POA registrant, the booking and /administration team, each having their own distinct responsibilities to ensure the best outcome for the patient.

3.1. Role of the Endoscopy Lead

- 3.1.1. To be familiar with this SOP.
- 3.1.2. Provide clinical oversight of the process.

- 3.1.3. Encouraging and supporting changes that may be required to the booking and clinical process for pre-assessment of patients for planned endoscopy.
- 3.1.4. Ensuring its effectiveness for patients and fulfilling service needs.
- 3.1.5. Engaging with the Clinical Matron, Service Manager and Deputy Performance & Operations Manager for procedural changes.

3.2. Role of the Clinical Matron

- 3.2.1. To be familiar with this SOP.
- 3.2.1. Ensuring that the endoscopy team have appropriately allocated time to run and manage the pre assessment services.
- 3.2.3. Ensuring that any clinical changes that are required to the functionality or clinical algorithm are actioned, once agreed by the specialty team i.e. changes to the assessment outcomes that prompt further actions for the nursing team to follow.
- 3.2.4. Ensuring that there is a rigorous audit process for evaluating the effectiveness of the pre assessment service.
- 3.2.5. Monitoring the governance of the pre assessment service, including responding and managing incidents, complaints and concerns raised in relation to the pre assessment service.
- 3.2.6. Responding within a timely manner when issues are raised by the nursing or clinical team.

3.3. Role of the Service Manager

- 3.3.1. To be familiar with this SOP.
- 3.3.2. To monitor the clinic activity to ensure standards are being met.
- 3.3.3. Have oversight of the service to manage any capacity concerns.
- 3.3.4. Maintaining functionality of the process.
- 3.3.5. Escalating issues as they arise to the Endoscopy Lead.
- 3.3.6. Investigating incidents and adapt process accordingly.
- 3.3.7. Reviewing the SOP at set intervals.

3.4. Role of the Referrer

- 3.4.1. To be familiar with this SOP.
- 3.4.2. Ensuring that they complete all sections of the endoscopy referral request via maxims referral form or outpatient referrals.
- 3.4.3. Respond to any queries or questions related to the patient's endoscopy referral once completed.

3.5. Role of GOF1 (Gastroenterologist of the Fortnight)

- 3.5.1. To be familiar with this SOP.
- 3.5.2. Respond to Registered Nurses/Nurse Associates requests to review patients' suitability to proceed for procedure that fall outside of the Clinical Trigger Action List. (see SOP for clinical response to My Endo Patient outcome). [Clinical Response My Endo](#).

3.6. Role of the Endoscopy Unit Leader

- 3.6.1. To be familiar with this SOP.
- 3.6.2. To ensure only staff with Endoscopy Pre-assessment competency are assigned to the clinic.
- 3.6.3. Ensuring that the standards outlined in the SOP are adhered to.
- 3.6.4. Ensuring that the nursing team working within the pre assessment service are trained and competent in the functionality of the My Endo system.
- 3.6.5. Ensuring that there is adequate nursing cover to staff the pre assessment service within the endoscopy unit.
- 3.6.6. To have overall responsibility for the endoscopy pre assessment service.
- 3.6.7. Ensuring that any patients who require the pre assessment service to complete a clinician assessment is recorded accurately and logged with the endoscopy booking team so that the service is accurately recording their activity.
- 3.6.8. Manage incidents related to the service.

3.7. Role of Registered Nurse/Nurse Associate

- 3.7.1. To be familiar with this SOP.
- 3.7.2. To be competent and confident to carry out endoscopy pre-assessment having completed the appropriate training pathway.
- 3.7.3. Ensuring they are trained and competent to use the MyEndo system and are familiar with the functionality of the system.

- 3.7.4. Ensure that communication is timely and clinically appropriate between the patient, the clinical administration team and members of the clinical team/referrers.
- 3.7.5. To ensure that they carry out the process in line with the standards (set out in Standard Operating Procedure for Clinical Response to MyEndo patient outcome) required and refer to an appropriate person if they have any concerns.
- 3.7.6. To always adhere to Trust policies and procedures.
- 3.7.7. To ensure knowledge and competence is maintained.
- 3.7.8. To ensure patient is fully informed of appropriate pre and post-procedure care and advice.
- 3.7.9. Ensuring that they follow the Clinical Trigger Action Lists (see SOP for clinical response to My Endo Patient outcome)

3.8. Role of the Endoscopy Booking Team

- 3.8.1. To be familiar with this SOP.
- 3.8.2. To be responsible for managing the endoscopy waiting lists and the administration side of the endoscopy pathway from patient booking until procedure completed.
- 3.8.3. To record outcomes for all telephone outpatient pre-assessment clinic appointments on the patient administration system (PAS).
- 3.8.4. To ensure after the first DNA a patient is contacted by telephone and offered one further appointment if wish to go ahead.
- 3.8.5. Following a second DNA the endoscopy bookers remove the patient from the waiting list and notify the referrer.
- 3.8.6. Regularly monitoring endoscopy generic booking email address to act promptly on any instructions from the pre-assessment nursing team and respond to/act on these instructions as required.
- 3.8.7. Adhering to standards and practices outlined in this SOP.
- 3.8.8. Escalating any issues or queries to the Team Coordinator.

3.9. Role of the Endoscopy Team Co-ordinator

- 3.9.1. To be familiar with this SOP to provide support as required to the endoscopy booking team.
- 3.9.2. Providing administrative oversight of the My Endo booking process.
- 3.9.3. Manage and resolve any issues/queries raised by the booking team.
- 3.9.4. Ensure new starters are trained in the use of My Endo and understands their role within the pre-assessment process.
- 3.9.5. General administration oversight of list bookings.
- 3.9.6. To validate all endoscopy lists to ensure accuracy and that no targets are breached/at risk of breaching without escalation.

3.10. Role of the Deputy Performance and Operations Manager

- 3.10.1. To be familiar with this SOP.
- 3.10.2. To provide administrative oversight of the endoscopy bookings.
- 3.10.3. To review radar reports weekly to ensure compliance of the SOP; ensuring patients are booked according to referral to treatment (RTT) and cancer targets.
- 3.10.4. Monthly monitoring of DNAs and cancellation rates via RADAR endoscopy reports to ensure POA process is effective within the planned Endoscopy service.
- 3.10.5. Escalating any issues that arise to the Service Manager.

4. Standards and Practice

4.1. Referral standard

- 4.1.1. Patients referred internally into endoscopy via the Maxims referral form.
- 4.1.2. Patients referred via the E Referral Service via outpatient letter.
- 4.1.3. All referrals are manually uploaded to Maxims by the endoscopy booking team.

4.2. Vetting Standard

- 4.2.1. Consultants on a weekly vetting rota perform a daily review of GP and Consultant referrals (excluding consultant gastroenterologists, consultant hepatologists and consultant surgeons) to determine suitability for endoscopy, urgency and any special requirements.
- 4.2.2. Referrals received from consultant gastroenterologists, consultant hepatologists and consultant surgeons are not vetted as it is felt their

knowledge and experience of the endoscopy service will ensure only appropriate referrals are made.

4.3. Booking Standard

- 4.3.1. Patients are placed on the endoscopy waiting list on the patient administration system (PAS) following vetting.
- 4.3.2. Patients are added to the Ultramed System for pre-assessment and an electronic link is sent to the patient for completion.
- 4.3.3. Patients on the standard pathway will need to complete pre-assessment
- 4.3.4. Patients on the urgent pathway will be encouraged to complete pre-assessment, but it will not inhibit meeting the 2WW standard.
- 4.3.5. Patients are allocated a TCI according to clinical urgency and then chronological date order.
- 4.3.6. Patients on an urgent pathway are given a TCI without confirmation of completion of pre-assessment.
- 4.3.7. Patients on a standard pathway are only given a TCI once confirmation of completion of pre-assessment.

4.4. Ultramed System Reminders

The Ultramed system will automatically send 3 reminders to the patients who have not completed the pre-assessment questionnaire at 24, 48 and 72 hours. At 96 hours the Booking team will phone the patient to check if they can complete the online pre-assessment. If they cannot a telephone pre-assessment appointment will be sent to them.

4.5. Telephone Patient Standard

- 4.5.1. If patient will not complete or cannot be due to technical/hardware issues the booker will book the patient onto a nurse led telephone pre-assessment.
- 4.5.2. For patients who fail to attend the telephone pre-assessment appointment one further appointment will be issued. Further non-attendance will result in the patient being removed from the waiting list and the referrer and GP are notified.

(SEE APPENDIX 4 – Booking Process Flow Chart)

4.6. Nursing Standards

- 4.6.1. Any patients requiring follow up actions or need review by clinicians for appropriateness of procedure will have this completed within 5 working days of their procedure being booked.
- 4.6.2. The pre-assessment service will be operational Monday to Friday 08:00am to 18:30pm.
- 4.6.3. Staff will be allocated with 1 Registered Nurse and 1 Nurse Associate daily. This will be reviewed alongside the clinical activity of the endoscopy unit daily. - Minimal staffing levels for the pre assessment service to continue will be 1 RN.
- 4.6.4. MyEndo will be used as the electronic platform for the pre assessment service.
- 4.6.5. Patients will be required to complete the questionnaire that is sent to them from MyEndo. For patients to proceed to their procedure this questionnaire will be completed in full.
- 4.6.6. Lost Nursing time in pre-assessment due to staff being moved to support other areas of endoscopy will be recorded on the trust incident management system.
- 4.6.7. Relevant incidents/near misses will be reported on the trust incident management system.

4.7. Nursing Practice

- 4.7.1. If patients have not completed the questionnaire in full or the pre assessment nurse feels that there is insufficient information, then the nurse will resend the questionnaire back to the patient through the MyEndo system asking the patient to fully complete all required questions by selecting actions and selecting resend to patient.
- 4.7.2. If patients are unable to complete the pre assessment questionnaire themselves then the pre assessment team will encourage the patient to seek support with completing their questionnaire, from a relative or a close friend who they feel comfortable with to assist them. This may involve the pre assessment nurse explaining to the patient that they will need to send the questionnaire on to the person they are asking to support them in completing the questionnaire or to sit with them and complete it together.
- 4.7.3. If a patient remains unable to complete the questionnaire, then the clinical admin team will arrange a suitable time to contact the patient back to facilitate a clinician-led assessment to be completed.

4.8. Removing and validating from My Endo

- 4.8.1. Endoscopy booking team will validate the completed worklist daily to ensure patients who have had their procedure are moved to archive to prevent the assessment being used again.
- 4.8.2. Endoscopy booking team to validate the expected worklist daily for urgent patients who have had procedure but did not complete My Endo due to shortened timescale. Their My Endo record would go into the My Endo archive.

4. Dissemination and Implementation

- 5.1. This document will be stored in the Endoscopy shared file, accessible by all Endoscopy 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.

5. Monitoring compliance and effectiveness

	Detail of process and methodology for monitoring compliance
Element to be monitored	Patients received Pre-assessment where appropriate in a timely manner to meet clinical and RTT targets, excluding Bowel 2WW patients.
Lead	Endoscopy Lead.
Tool	Radar & PAS.
Frequency	Weekly Review.
Reporting arrangements	Any issues to be flagged to the Matron, Service manager and Endoscopy Lead This will also be fed back to the Monthly Business and Governance Meeting.
Acting on recommendations and Lead(s)	Any recommendations/changes to this SOP will be reported at the Endomax meeting.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned immediately. 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.

6. Updating and Review

The document will be reviewed every 3 years.

7. Equality and Diversity

7.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

7.2. 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 Pre-Operative Assessment Standard Operating Procedure V1.0.
This document replaces (exact title of previous version):	New.
Date Issued/Approved:	November 2024.
Date Valid From:	February 2025.
Date Valid To:	February 2028.
Author/Owner:	Julie Rowland, Gastroenterology/Endoscopy Service, Specialist Services and Surgery.
Contact details:	07827552187.
Brief summary of contents:	This Standard Operating Procedure (SOP) sets out the procedure for the pre-operative assessment process in Endoscopy, including booking, nurse assessment, both online and telephone, and no-go process.
Suggested Keywords:	Endoscopy pre-operative assessment
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Gastro Governance, SMT Governance, Care Board and PRG.
Manager confirming approval processes:	Ian Moyles, Head of Nursing (HON), Specialist Services and Surgery.
Name of Governance Lead confirming consultation and ratification:	Michele Reed.
Links to key external standards:	None.
Related Documents:	Non required.
Training Need Identified:	Yes, all staff prior to implementation of this document and all new staff.

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

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
February 2025	V1.0.	Initial issue.	Julie Rowland, Gastroenterology/ Endoscopy Service, Specialist Services and Surgery.

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

richt.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Endoscopy Pre-Operative Assessment Standard Operating Procedure V1.0.
Department and Service Area:	Gastroenterology/Endoscopy Service, Specialist Services and Surgery.
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, Gastroenterology/Endoscopy Service, Specialist Services and Surgery.
Contact details:	0782755218.

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)	All Endoscopy staff working.
2. Policy Objectives	To ensure all staff are aware of the preoperative assessment process.
3. Policy Intended Outcomes	Appropriate booking and treatment of endoscopy patients.
4. How will you measure each outcome?	At the Endomax Meeting.
5. Who is intended to benefit from the policy?	Patients receiving care within the Endoscopy Preoperative Assessment Service.

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: Yes External organisations: Yes Other: Yes
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/groups: <ul style="list-style-type: none"> Ultramed. Endoscopy Colleagues.
6c. What was the outcome of the consultation?	Agreed.
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: No.

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	

Protected Characteristic	(Yes or No)	Rationale
Religion or belief	No	
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,
Gastroenterology/Endoscopy Service, Specialist Services and Surgery.

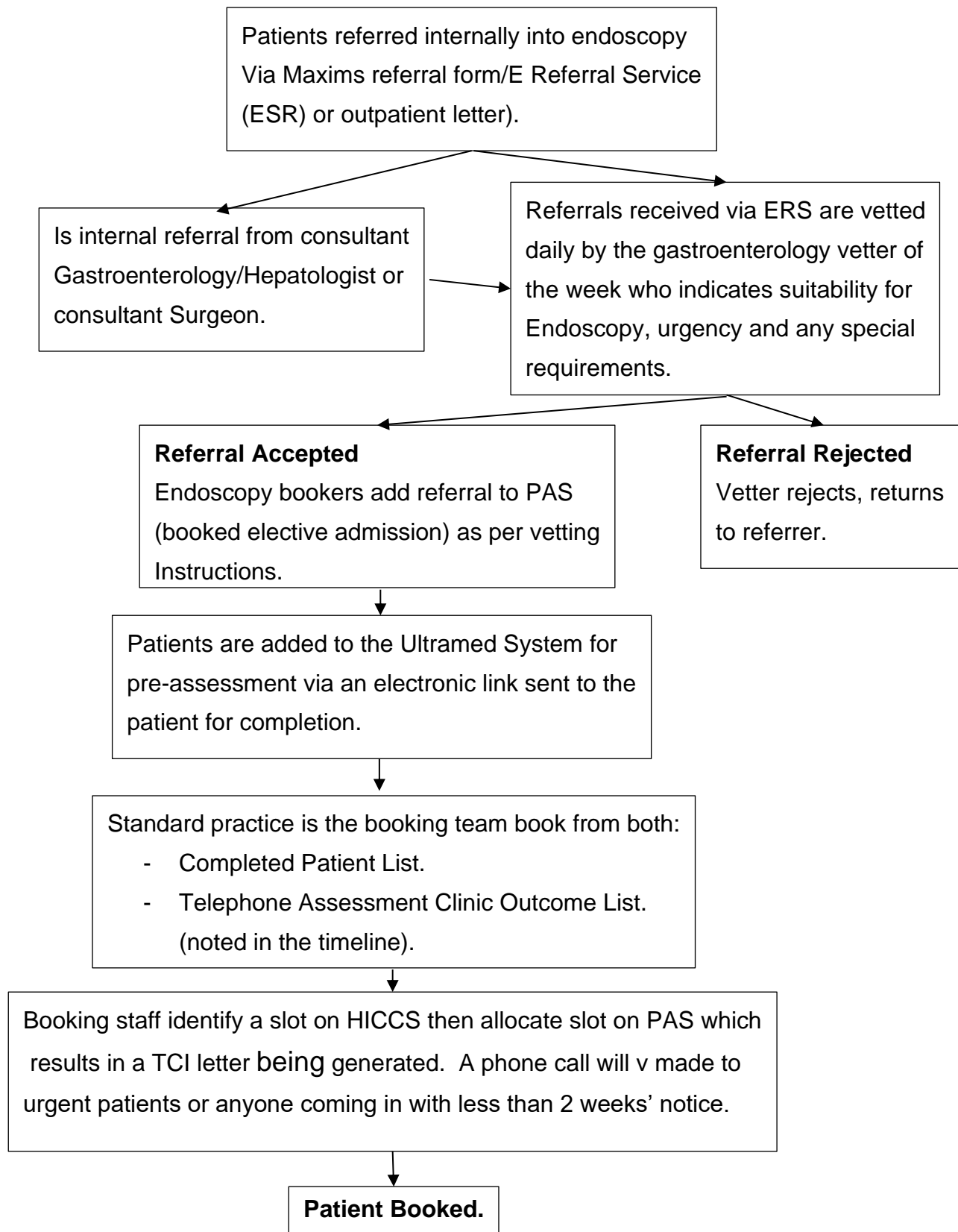
If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)

Appendix 3 Clinical Response to MyEndo Patient Outcome

[Clinical Response My Endo.](#)

Appendix 4 Flow Diagrams Below

Upper Endoscopy Procedures Booking Process



Lower Endoscopy Procedures Booking Process

