Making endoscopy departments more efficient

More patients seen and reduced wait times

Working within the UCLH Cancer Collaborative - part of the national Cancer Vanguard which aims to change the way cancer care is provided - the productivity of endoscopy departments in eight NHS trusts is being explored through a data collection exercise to evaluate how much additional activity could be delivered with existing resources.

This is additional capacity that will be needed as endoscopy units prepare to cope with a predicted increase in procedures, due to factors including better awareness and increased surveillance of those considered at high risk.

Dr Ed Seward, UCLH consultant gastroenterologist and endoscopy efficiency project lead for the UCLH Cancer Collaborative, said: “Endoscopy is crucial in so many aspects of patient care, largely in cancer diagnostics, including bowel cancer. There’s an anticipated 44% increase in the amount of endoscopy that will take place in the next five years and we’re going to struggle to meet that demand because we just don’t have that capacity.”

44% anticipated increase in the amount of endoscopy that will take place in the next five years

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One way to manage the problem is to try to make endoscopy units work more efficiently. “We don’t want to ask people to work harder,” Ed explains, “but we do need to ask them to work more efficiently.”

Nationally, the NHS has produced guidance on improving the productivity of endoscopy units, which includes reducing waste, improving team working, and better patient and time management.

University College London Hospitals NHS Foundation Trust (UCLH) has devised a new approach that continuously records endoscopy activity in the unit, including reasons for late starts and early finishes. This system is helping staff reclaim lost capacity.

Rather than use data based on fixed points in time, or averages, the team wanted access to the full picture on an ongoing basis, so that problems could be anticipated and action taken more quickly. To be effective, they needed to be able to see the problem and then measure the impact that their changes had made.

Kate Prosser, UCLH service improvement manager, devised a database and dashboard, and this started to produce useful information with just one week’s data. The team now has data spanning a year. Each week the data is printed on an A3 chart and pinned up in the department so all staff can see at a glance what’s going on. Over time, trends began to emerge. A key area of investigation was around clinic start and finish times.

1 NHS Improving Quality: The Productive Endoscopy Unit, Building teams for safer care toolkit. March 2015
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Kate said: “Sometimes we have late starts or we have lists that finish early, so in theory we could be seeing more patients at that time. But what we needed was concrete information, some evidence, to help us make our changes.

“I developed a tool that enables us to record all our start and finish times in the endoscopy unit and also any reasons for late starts or early finishes, for example, if patients are delayed, doctors are running late, or if there’s a problem with equipment.”

One trend to emerge was that a third of late starts was down to patients - last-minute cancellations, delays arriving at the department or, sometimes, them not turning up at all.

The team’s solution was novel – they decided to double book. Kate explains: “We move the last patient on the list, to the front of the list. This means that if the first patient doesn’t turn up or is running late, we don’t have a room full of nursing staff and doctors waiting because there is no patient to see. Patients don’t have to wait too long. If both patients turn up, it doesn’t cause them undue delay.”

The endoscopy efficiency project has been a success, Kate said. “It’s enabled us to look at areas where we could be more efficient, to identify problems and act on them. It gives us a better idea of how our endoscopy department is running. We have evidence and we can use that to make decisions and inform what we do.

“I certainly think it’s something that other trusts can use. It’s been really valuable. We are able to have more patients come through our endoscopy unit; it benefits patients because they are seen quicker; it reduces our waiting times, and provides a better experience for everyone.”

Ed added: “Everyone who has seen the dashboard has loved it and the reason it’s so helpful is because it’s feeding the data back to you. You can look at a bar chart and know that a particular endoscopy room in a particular week, for instance, is always starting late and what the reasons are for that.

“What we hope is that reclaiming capacity we were otherwise losing will enable us to deal with this predicted increase in endoscopic activity and allow us to manage situations better for our patients.”

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Endoscopy efficiency key points

- More patients being seen quicker
- Better experience for patients and staff
- 44% increase in endoscopy over next five years
- Units already feeling the strain
- Need to collect ongoing endoscopy data, including department start and finish times and reasons for delays or early finishes
- Data displayed weekly, so all staff can see at a glance what’s going on
- Double-book patients, so that if a patient is delayed, another patient can be seen and staff are not left waiting
- New approach is helping reclaim lost capacity.