Looking Within: The State of Endoscopy in England

A Public Policy Projects report produced in partnership with Vanguard Healthcare Solutions

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Foreword

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If we are to have a joined-up care system, focused on early intervention and continuing care rather than on treatment in the event of serious ill health, then rapid access to diagnostic procedures will be vital. The NHS Long Term Plan rightly identifies this.

We know, however, that access standards for diagnostics are consistently being missed at present. This is particularly the case for endoscopy, a procedure crucial to the identification of cancer and so central to screening programmes.

This paper details research on the state of endoscopy decontamination suites in English hospitals, and the results make for concerning reading. These suites are necessary for the provision of efficient endoscopy services, but a Freedom of Information request has shown many hospitals are operating facilities with outdated equipment. This may well hinder the ability to provide efficient endoscopy services.

The reasons for this situation are complex, but a continuing lack of capital funding for the NHS undoubtedly plays a part. It is my hope that this paper will help, once again, make the case for national policymakers to address this challenge urgently. I hope too that it will serve to shine a spotlight more generally on the importance of diagnostic services to a high-quality NHS.

Sir Robert Naylor
National Adviser to the UK Government on NHS Property and Estates

Foreword

Since 2010, the capital budget, used to finance long-term investment in new buildings and equipment has fallen consistently. My report 'Why the Estate Matters for Patients', which the Government has accepted, recommends substantial increases in future capital funding. The lack of capital funding has contributed to essential replacement and refurbishment of endoscopy decontamination equipment suites across the country.

Announcements by the new government have outlined 'hospital upgrades' as central to their domestic policy agenda. The announcement of an extra £1.8 billion increase in capital funding for the NHS included a list of hospital upgrades.

Part of this additional capital is the agreement for hospitals to spend their own capital by increasing the capital expenditure limit (CDEL) by £1 billion on backlog maintenance or other priorities determined locally. This gives hospitals and trusts the option to allocate funding to replacing and refurbishing their ageing endoscopy decontamination suites.

Refurbishing endoscopy decontamination suites is a lengthy process. This process needs to be included in a larger plan to invest in planning and development capacity to create a pipeline of new schemes over the next decade and beyond.

I hope that this report highlights to trust boards the importance in prioritising investment in modern endoscopy decontamination facilities and to national policymakers the need to include endoscopy suites in overall plans to improve NHS facilities and estates.

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Endoscopy is an increasingly important diagnostic procedure, supporting speedy detection of a range of cancers. Yet the first ever review of endoscopy decontamination suites in England, vital to providing the procedure efficiently, shows worryingly outdated facilities.

Of the hospitals responding to a Freedom of Information request for this research, more than a third (41 per cent) are operating decontamination suites that are approaching or exceeding the manufacturer's recommended ten-year lifespan. The ability to provide high quality, cost effective and timely endoscopy services is threatened as a result. Staff in some organisations are so concerned that they have placed the issue on their risk register.

This is a situation incompatible with the aims and standards rightly espoused by national leaders. The NHS Long Term Plan commits to increasing the proportion of cancers diagnosed early, from half currently to three quarters by 2028. A review of screening programmes is intended to support this.

Simultaneously a review of access standards by NHS England's medical director has suggested maintaining a target of 99 per cent of patients waiting fewer than six weeks between referral for a diagnostic test and the test taking place.

None of these admirable aims are likely to be met without excellent endoscopy provision, something this research shows many English hospitals are not in a position to provide currently.

In many instances, this is because of continued pressures on capital funding. This needs urgent review by national leaders. Equally, leaders at local NHS organisations may need to explore alternative means of providing high quality endoscopy facilities.

This paper details the results of the first research into the state of endoscopy decontamination suites in England and suggests actions that must now be taken to improve services.

This paper has been produced independently by Public Policy Projects **www.publicpolicyprojects.com**

Key Findings

A Freedom of Information request was made to all NHS hospitals in England in December 2018, asking for details on the current age of endoscopy decontamination suites. Having up to date equipment in these suites is vital to providing efficient endoscopy services.

Of the 153 hospitals (across 105 trusts) that responded to the request:

- More than a third (41 per cent) are operating endoscopy decontamination suites with equipment approaching or exceeding the manufacturer's recommended ten-year lifespan;
- 25 per cent (39) have endoscopy decontamination suites that are more than ten years old and are likely to be operating beyond the manufacturer's guidelines for key equipment
- A further 15 per cent of hospitals have not upgraded or refurbished their decontamination suite within the past eight years.

Waiting times for endoscopy are lengthy across the country. Since endoscopy waiting time data is collected at trust rather than hospital level, it is not possible to establish a direct correlation between age of equipment and increased waiting times.

However, it is notable that:

- Of the five trusts with the longest waits for a diagnostic endoscopy test (colonoscopy, flexi sigmoidoscopy, cystoscopy and gastroscopy), four include hospitals that reported a long period since the last upgrade of the endoscopy decontamination suite;
- 87 per cent of the hospitals that reported ageing decontamination suites (i.e. ones that have not been refurbished in the past eight years) are part of trusts that failed, between April 2018 and March 2019, to meet the six week wait, which is standard for diagnostic tests.

Endoscopy helps enable faster detection of a number of cancers and will be central to meeting aims within the NHS Long Term Plan and to the cancer screening programme under review.

This research therefore suggests urgent action is needed to ensure it is possible to deliver consistently high quality endoscopy services across the NHS.

Recommendations

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Recommendations for national policymakers

1. Increase capital funding for the NHS, to allow the investment needed in endoscopy service facilities as well as in other aspects of the NHS estate.

2. Definitively end capital-to-revenue switches, as was already promised in the Government's response to the Naylor review (January 2018).

3. Continue, accelerate and grow efforts to increase the number of nurses trained as endoscopists, via the clinical endoscopist training programme. It is suggested this should be incorporated into the forthcoming final NHS People Plan.

Recommendations for NHS estates and facilities directors

1. Ensure there is a board-level understanding of the current age of endoscopy decontamination equipment and the risks of outdated equipment.

2. Where endoscopy decontamination equipment is being used, or will soon be used, beyond the manufacturer's recommended lifespan, consider adding it to the organisation's risk register.

3. Consider whether the use of mobile endoscopy suites and endoscopy decontamination suites could increase capacity and circumnavigate challenges to capital budget. This discussion could valuably be held at sustainability and transformation partnership/integrated care system level as well as at individual trust level.

4. Consider the use of mobile endoscopy suites and endoscopy decontamination units in providing resilience and maintaining capacity during periods of refurbishment and equipment replacement programmes.

Introduction: The Growing Importance of Endoscopy Services

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An important procedure

Endoscopy is a procedure by which a narrow tube with a camera, called an endoscope, is passed into the body. It can be used both to look at the upper gastrointestinal tract (gastroscopy) and bowels (colonoscopy).

The procedure is vital for the diagnosis of a number of conditions, including cancer.

An endoscope's external surfaces and internal channels for air, water, aspiration and accessories are all potentially exposed to body fluids and other contaminants.[1] This means they have to be carefully decontaminated between every use.

Decontamination is a detailed and multi-step process, carried out by trained staff in special decontamination suites. It involves multiple pieces of equipment, which most manufacturers recommend are replaced every ten years.

Older equipment is less efficient. This is likely to mean higher maintenance costs and possibly a reduced ability to meet demand for endoscopy services. In the current climate this should be of significant concern.

Ever-growing demand

Demand for endoscopy services is already significant. It is only set to grow, in part due to national pledges to increase early diagnoses of cancer. That includes through revisions to screening programmes.

The programme for bowel cancer is particularly dependent on high quality endoscopy services and is becoming ever more so. The main plank of the screening programme is intended to be the Faecal Immunochemical Test (FIT), offered every two years to all adults of 60 to 74 years of age.

FIT involves testing stool for blood, since bleeding within the gastrointestinal tract can be indicative of cancer. As the test is non-invasive, and makes home testing simpler, there is hope it could encourage more people to go for screening.

While the FIT test does not involve endoscopy, the follow up to an abnormal result is a colonoscopy. The interim review of cancer screening services in England, being led by Professor Sir Mike Richards, notes that "successful implementation of FIT is highly dependent on colonoscopy capacity which has not increased sufficiently to meet demand".[2]

It is worth noting that FIT screening currently starts at 60. But the NHS Long Term Plan pledges to reduce this to 50 years of age, meaning the need for endoscopy services will increase further still.

In addition, it was recommended as far back as 2011 that a one-off bowel scope screening be introduced for people aged 55. This involves a type of endoscopy called a sigmoidoscopy. Yet the interim review by Professor Sir Mike notes that, by September 2018, fewer than half of people due to be targeted had been invited.

The screening changes are all with a view to increasing survival rates from bowel cancer, of which 16,384 people in the UK died in 2016.[3] The National Cancer Registration and Analysis Service highlights that "early diagnosis of bowel cancer is vital to improve outcomes. Over 90 per cent of patients diagnosed with the earliest stage of disease survived five years from diagnosis, compared to only 6.6 per cent of those diagnosed with advanced disease which has spread to other parts of the body."[4]

The NHS Long Term Plan also features pledges across all cancers: to ensure that by 2028 three quarters are diagnosed at early stage (currently half are). From 2020 – next year – the plan says a new faster diagnosis standard will begin to be introduced, meaning "most" patients receive a definitive diagnosis or ruling out of cancer within 28 days of referral from a GP or from screening.

The plan also details the intention to rollout rapid access diagnostic clinics, offering a "one stop shop" for people with concerning symptoms. Endoscopy will be an important part of the offer at such clinics.

In short, there will be ever-more need for endoscopy. Yet this research shows that many hospitals in the English NHS do not have the up-to-date decontamination suites that are vital to meeting this need.

Current Performance

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Long waits and ageing facilities

Established challenges

The NHS in England is consistently failing to meet its own standards on speedy access to diagnostic tests and from cancer diagnosis to treatment:

- At the end of June 2019, there were 40,200 patients waiting six weeks or more for a diagnostic test. This was 3.8 per cent of the total, well above the one percent which is the target.[5]
- In June 2019, almost a quarter of patients (24 per cent) had to wait longer than 62 days between an urgent GP referral for suspected cancer to treatment.[6]

Endoscopy is a particular challenge. There were 3.2 per cent more people waiting longer than six weeks for the test in April 2019 than in April 2018, the largest increase of any of the 15 diagnostic tests.[7]

The problem of ageing decontamination facilities

In this context, the effect of unreliable equipment could be significant. This research therefore sought to understand the current state of endoscopy decontamination suites across England. Well maintained decontamination facilities are critical to the reliable and safe provision of endoscopy, and most manufacturers recommend that equipment is replaced every ten years.

All English hospitals were contacted with a Freedom of Information request, in December 2018, asking for:

- The date on which the hospital's decontamination suite was built and equipment was installed;
- The date of the most recent significant refurbishment and replacement of essential equipment in the suite;
- Any mentions of the decontamination suite within the hospital risk register.

Responses were received from 153 hospitals across 105 trusts. Where a date of build for a decontamination suite was provided but no date for refurbishment, it has been assumed none has been completed.

Of the hospitals that responded to the request:

- More than a third (41 per cent) are operating endoscopy decontamination suites with equipment approaching or exceeding the manufacturer's recommend 10-year lifespan
- 25 per cent (39) have endoscopy decontamination suites that are more than 10 years old, and are likely to be operating beyond the manufacturer's' guidelines for key equipment
- A further 15 per cent of hospitals have not upgraded or refurbished their decontamination suite within the past eight years

Some have made entries on their risk registers relating to the age of the decontamination facilities:

- "Automated Endoscope Reprocessors (AERs) are on the risk register due to wear and tear": Kingsmill Hospital, Sherwood Forest Hospitals NHS Foundation Trust.
- "AERs were installed in 2004; they have a manufacturer's life of ten years. Drying cabinets were also installed in 2004 and have a manufacturer's life of ten years": Countess of Chester Hospital, Countess of Chester NHS Foundation Trust.
- "Recurring breakdown of near obsolete decontamination washers within the endoscopy department": Kingston Hospital, Kingston Hospital NHS Foundation Trust.

Any hospital with an outdated decontamination suite is at greater risk of equipment operating at reduced productivity. This in turn is likely to lead to higher maintenance costs and could hinder ability to meet the ever-growing need for endoscopy services. Outdated decontamination suites not only contribute to higher costs but can also increase patient waiting times. There is an increased risk of last-minute cancelled appointments if suites are outdated, due to equipment not being available because of decontamination machine down time.

A need to increase efficiency and cut waits

In May 2018, the Royal College of Physicians' Joint Advisory Group on gastrointestinal endoscopy (JAG) published the results of its comprehensive survey of endoscopy practice in the UK.[8] It found "many" services were not meeting national waiting time targets, pointing a challenge with high vacancy rates for endoscopy nurses.

"Endoscopy services will need to continue to increase activity in order to meet the expected rise in demand over the upcoming years," the report of the survey concluded.

"Services will continue to struggle to meet national waiting time targets unless new practices are adopted. They will need to increase capacity by attracting and retaining endoscopists, nurses and support staff. They must optimise productivity to make them as efficient as possible in the current constrained financial environment."

The possible link between ageing facilities and longer waits

The link between performance against access targets and findings from research on decontamination suites is not necessarily clear cut. Endoscopy waiting time data is collected at trust level and not available on a hospital by hospital basis. As a result, it is not possible to establish a direct correlation between age of equipment and increased waiting times.

However, it is possible to develop a picture of areas where pressures may be highest. It is notable that of the five trusts with the longest waits for a diagnostic endoscopy test (colonoscopy, flexi sigmoidoscopy, cystoscopy and gastroscopy), four contain hospitals that reported a long period since the last upgrade of the endoscope decontamination suite.

Striking too is that 87 per cent of the hospitals that reported ageing decontamination suites (i.e. ones that have not been refurbished in the past eight years) are part of trusts that failed, between April 2018 and March 2019, to meet the six-week standard for diagnostic tests.

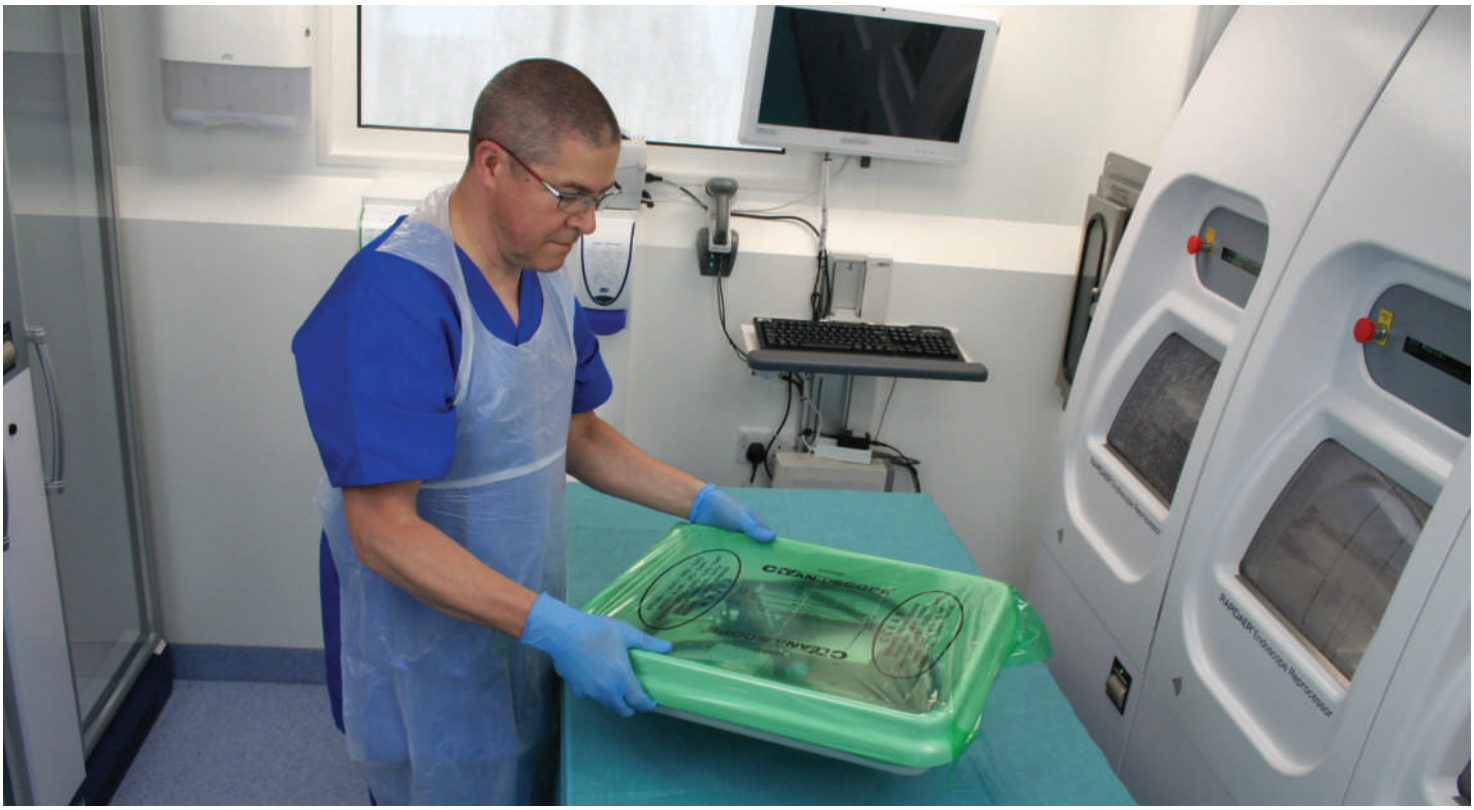

Figure 1 – Trusts with longest waits for diagnostic endoscopy and condition of endoscopy decontamination suites

Trust	Average percentage of patients waiting 6+ weeks for a diagnostic endoscopy, April 2018-March 2019	Hospital	Years since last significant refurbishment of endoscopy decontamination suite
King's College Hospital NHS Foundation Trust	36.5%	Princess Royal University Hospital King's College Hospital	≥10 6-9
Northern Devon Healthcare NHS Trust	33.6%	North Devon District Hospital	≥10
Taunton and Somerset NHS Foundation Trust	31.1%	Musgrove Park Hospital	≥10
Royal Devon and Exeter NHS Foundation Trust	30.3%	Royal Devon and Exeter Hospital Tiverton & District Hospital	6-9 ≥10
East Cheshire NHS Trust	27.1%	East Cheshire NHS Trust	≤5

Waiting times are from NHS England Monthly Diagnostic Waiting Times and Activity, available here: https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly- diagnostics-waiting-times-and-activity/

Data on refurbishment of endoscopy decontamination suites is from a Freedom of Information request to all English NHS hospitals, made in December 2018.

What needs to happen next?

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Addressing the capital issue and finding new ways to meet need

The need to keep promises

It is clear that high quality endoscopy services are vital to providing the high quality care envisaged by the NHS Long Term Plan. It is also clear that current services are struggling to keep up with demand and that there should be real concern about ageing facilities.

Upgrading decontamination suites will require significant capital investment. One hospital recently completed a full refurbishment programme over nine months at an estimated cost of £2.3 million. It required significant budgetary and patient flow planning.

The problem is that the NHS has been operating in a significantly constrained capital finance environment. NHS England chair Lord Prior has spoken of an English NHS that is "capital starved".

There have been promises to address this situation. Unfortunately, they have often been broken. When, in June 2019, it emerged that some of the NHS's five-year revenue settlement – intended to deliver the Long Term Plan – was the result of a transfer of capital to revenue, it contravened previous pledges to phase out the practice.[9]

And while the current government has announced what it portrayed as an extra £1.8bn of NHS capital funding this year, experts have pointed out this is money hospitals had already earned through incentives to cut costs but been encouraged not to spend it.[10]

The reality is that the capital budget for the NHS has fallen by 7 per cent from £5.8 billion in 2010/11 to £5.3 billion in 2017/18 with money being transferred from the capital to the revenue budget to help balance the books. In the same period, capital spending in trusts has fallen by 21 per cent, from £3.9 billion to £3.1 billion. The maintenance backlog has increased from £4.4 billion in 2013/14 to £6 billion in 2017/18.[11] This an untenable situation.

Constraints on capital budgets may reduce trusts' ability or willingness to renew endoscopy suites in line with recommended standards, particularly as few have identified it as a risk. Yet, without attention and action, hospitals will face a growing backlog of maintenance problems which may in turn have a knock-on effect on waiting times and, crucially, patient outcomes.

Endoscopy services are already understaffed. The dedicated professionals that provide them should not also have to cope with outdated equipment.

Preventing this result will need action both from national NHS policymakers and from estate and facilities directors within NHS trusts.

Recommendations for national policymakers

1. Increase capital funding, to allow the investment needed in endoscopy service facilities, as well as in other aspects of the NHS estate.

2. Definitively end capital-to-revenue switches, as was already promised in the government's response to the Naylor review (January 2018).

3. Continue, accelerate and grow efforts to increase the number of nurses trained as endoscopists, via the clinical endoscopist training programme. It is suggested this should be incorporated into the forthcoming final NHS People Plan.

Recommendations for NHS estates and facilities directors

1. Ensure there is a board-level understanding of the current age of endoscopy decontamination equipment and the risks of outdated equipment.

2. Where endoscopy decontamination equipment is being used – or will soon be used –beyond manufacturer's recommended lifespan, consider adding this to the organisation's risk register.

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4. Consider the use of mobile endoscopy suites and endoscopy decontamination units in providing resilience and maintaining capacity during periods of refurbishment and equipment replacement programmes.

Conclusion

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Endoscopy is a vital diagnostic test and having strong endoscopy services will prove critical to realising the ambitions set forth in the NHS Long Term Plan.

Waits are already long. As this research has shown, professionals are often being forced to use ageing equipment, which is more likely to be unreliable and so posing a risk to the effectiveness of services.

This is not a tenable situation. Action must be taken at the national level to free up capital funding, enabling hospitals to invest in endoscopy decontamination suites and other ageing parts of their estate.

Leaders in trusts, meanwhile, must gain a concrete sense of the age of facilities and declare them a risk when equipment has gone beyond the manufacturer's recommended lifespan.

Only then will it be possible to provide the high quality diagnostic services on which excellent care, and the aims of the Long Term Plan, are entirely contingent.

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