

03/06/2020

UK Endoscopy COVID-19 Survey

UK Endoscopy COVID-19 Survey

This JAG/BSG survey is designed to gather information about endoscopy services in the UK, as they begin to resume activity during the COVID-19 pandemic.

It takes about 10 minutes to complete. We understand the pressures all clinicians are under, however a rapid response would be greatly appreciated - the survey will close at midnight on SUNDAY 24 MAY (this Sunday). If you feel someone else in your organisation is better-placed to complete this survey, please forward to them.

There are three sections:

1. Endoscopy workload and management
2. COVID-19 minimisation
3. Referral pathways and support

All responses will be treated confidentially and in no way constitute an assessment of your service. The data will be processed by Newcastle University on behalf of JAG/BSG. We are collecting email address and organisation name to help us assess the completeness of the data collected.

Many thanks for completing the survey.

Prof. Matt Rutter and Dr Jamie Catlow, on behalf of JAG/BSG

***Required**

1. Email address *

2. What is the name of your hospital/organisation? *

This helps us to know which organisations have not responded. All responses will be treated confidentially and in no way constitute an assessment of your service, but you can write ANON if you prefer.

03/06/2020

UK Endoscopy COVID-19 Survey

3. In which UK region is your service based *

Mark only one oval.

- Northern Ireland
- Wales
- Scotland
- East of England
- London
- Midlands
- North East and Yorkshire
- North West
- South East
- South West
- Multi-region

4. What type of organisation is your service based in? *

Mark only one oval.

- NHS
- Independent sector

Endoscopy Workload - Currently

5. How many lists a week are you currently providing (including weekends)? *

6. How many points are you allocating per list? (please give rough average if list sizes vary, assuming a 4-hour list; in general OGD/FS = 1 point, colon = 2 points) *

03/06/2020

UK Endoscopy COVID-19 Survey

7. How many days a week is your service scoping? (planned lists - exclude out of hours emergency cases) *

Endoscopy Workload - projections in 6 weeks' time

8. In 6 weeks' time, approximately how many lists a week (including weekends) do you anticipate your service will be providing? *

9. In 6 weeks' time, on average how many points do you anticipate allocating per list? *

10. In 6 weeks' time, how many days a week do you anticipate your service will be scoping? (planned lists only) *

Endoscopy workload - limitations

03/06/2020

UK Endoscopy COVID-19 Survey

11. What limitations for increasing workload are you CURRENTLY encountering? *

Mark only one oval per row.

	Major issue	Minor issue	No issue
Reduced number of endoscopy nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced number of endoscopists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced available endoscopy rooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social-distancing constraints in unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of PPE kit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced list size from enforced down-time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced list size from PPE kit don/doff/comfort constraints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced number of referrals for endoscopic procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referred patients being unwilling to attend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Are there any other rate-limiting barriers you have experienced?

13. Do you have a waiting list back-log for Urgent/2WR cases? *

Mark only one oval.

- Yes
- No
- Unsure/Not applicable

03/06/2020

UK Endoscopy COVID-19 Survey

14. Please estimate how many months you think it will take to clear it. (We appreciate this will only be a vague estimate; put 0 if no back-log currently) *

15. Do you have a waiting list back log for routine/surveillance cases? *

Mark only one oval.

- Yes
- No
- Unsure/Not applicable

16. Please estimate how many months you think it will take to clear it. (We appreciate this will only be a vague estimate; put 0 if no back-log currently) *

17. Do you have an endoscopy recovery plan? Tick any which apply *

Tick all that apply.

- None
- Restore normal services ASAP
- Own team work additional sessions in-hours that we wouldn't normally do
- Own team work additional sessions out-of-hours that we wouldn't normally do
- Use in-sourcing service (external team coming in) to provide additional sessions
- Use out-sourcing service (send patients to another organisation)
- Clinically vet referrals to remove people from endoscopy waiting lists
- Change referral pathway (e.g. introduce alternative investigations/FIT)

Other: _____

03/06/2020

UK Endoscopy COVID-19 Survey

18. If other, please outline what additional measures you are taking

COVID-19
minimisation -
patient
assessment

Please note that we are not saying that all of the aspects described below are necessary, we simply want to understand what is being done / what issues each organisation is facing

19. For endoscopic procedures, is your organisation separating COVID-positive/suspected, from COVID-unknown and from COVID-negative patients?

*

Mark only one oval.

- Yes - separating [COVID-positive/suspected] from [COVID-unknown/negative] (i.e. assuming unknowns are COVID-negative)
- Yes - separating [COVID-positive/suspected/unknown] from [COVID-negative] (i.e. assuming unknowns might be COVID-positive)
- Some separation, but neither of the above
- No separation

20. And how is this achieved? *

Tick all that apply.

- No separation so not applicable
- Separate rooms within the same endoscopy unit
- Separate units within the same organisation (e.g. keeping COVID-positive patients away from an endoscopy unit)
- Separate units across different organisations / independent sector

Other: _____

03/06/2020

UK Endoscopy COVID-19 Survey

21. How and when are you assessing a patient's COVID-status before endoscopy?
(Tick all that apply) *

Tick all that apply.

	Preassessment >24 hours before endoscopy	On the day of endoscopy	Not using
Symptom check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 swab testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Are you advising patients to self-isolate before their endoscopic procedure? *

Mark only one oval.

- No
- Yes - for less than 7 days
- Yes - for 7-13 days
- Yes - for 14 days

23. Are you assessing a patient's COVID-status before in endoscopy in any other ways?

**COVID-19
minimisation -
Staff and
rooms**

Please note that we are not saying that all of the aspects described below are necessary, we simply want to understand what is being done / what issues each organisation is facing

03/06/2020

UK Endoscopy COVID-19 Survey

24. Have you introduced enforced down-time between endoscopy procedures? (if you have different times for different rooms, please give the MAXIMUM) *

Mark only one oval per row.

	No	Yes <15 min	Yes 15- 29 min	Yes 30- 59 min	Yes 60 min+	Don't know
COVID- positive/suspected patients only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. If your organisation has COVID-minimised endoscopy areas, are you completely separating the endoscopy STAFF in these areas from clinical areas with COVID-positive patients? *

Mark only one oval.

- Yes
- No
- Not applicable
- Other: _____

26. Are you routinely swabbing asymptomatic endoscopy STAFF for COVID-19? *

Mark only one oval.

- No, we are not swabbing ASYMPTOMATIC staff
- Unsure
- Yes - daily
- Yes - weekly
- Yes - less often than weekly
- Yes - unknown frequency

03/06/2020

UK Endoscopy COVID-19 Survey

27. If you are not routinely swabbing STAFF, what are the barriers to this?

Mark only one oval.

- Haven't considered it
- Considered in endo service but not felt to be practical/appropriate
- Asked our hospital/organisation if we could do this, but they did not support it
- Hospital/organisation supportive, but unable to get test capacity to implement it
- Other: _____

28. Have you implemented any other measures in your endoscopy service/processes?

03/06/2020

UK Endoscopy COVID-19 Survey

29. For each of the procedure types below, indicate what level of Personal Protective Equipment (PPE) you are using. Level 1 PPE in orange, or Level 2 PPE in green. *

Mark only one oval per row.

Level 1 PPE (less protective)

Level 2 PPE (more protective)

03/06/2020

UK Endoscopy COVID-19 Survey

Upper GI procedures (high COVID-risk)	<input type="radio"/>	<input type="radio"/>
Lower GI procedures (high COVID-risk)	<input type="radio"/>	<input type="radio"/>
Upper GI procedures (low COVID-risk)	<input type="radio"/>	<input type="radio"/>
Lower GI procedures (low COVID-risk)	<input type="radio"/>	<input type="radio"/>

30. Have you had issues with accessing appropriate PPE? (please choose most suitable option) *

Tick all that apply.

	Yes - we had to reduce/stop scoping	Yes - we had to use inappropriate PPE	No problems with PPE kit
Previously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referral pathways and support

31. Have you introduced or increased any of the following alternative investigations for patients referred to for lower GI endoscopy? *

Mark only one oval per row.

	Significantly increased	Somewhat increased	No change
Symptomatic Faecal Immunochemical Testing (FIT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT colonography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT (chest)/abdomen/pelvis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon capsule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

03/06/2020

UK Endoscopy COVID-19 Survey

32. Have you introduced or increased any of the following alternative investigations for patients referred to for upper GI endoscopy? *

Mark only one oval per row.

	Significantly increased	Somewhat increased	No change
CT (chest)/abdomen/pelvis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barium swallow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capsule endoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. Have you introduced or increased any other alternative investigations for patients referred for endoscopy?

34. Which, if any, of these alternative investigations do you think should be used more in the future? *

Tick all that apply.

- CT Colonography
 CT (chest)/abdomen/pelvis
 Symptomatic Faecal Immunochemical Testing (FIT)
 Capsule endoscopy
 Capsule colonoscopy
 None of the above

Other: _____

03/06/2020

UK Endoscopy COVID-19 Survey

35. What endoscopy/COVID-19 aspects do you need more national advice/clarification on?

36. Do you have any suggestions for how the UK endoscopy community should recover (including, if money were to be invested in endoscopy recovery, how would it be best-spent)?

37. What good practice has your service adopted as a result of COVID-19 that you will continue doing?

Please get in touch with askjag@rcplondon.ac.uk to share a case study

Thank you for completing our survey

03/06/2020

UK Endoscopy COVID-19 Survey

38. Please feel free to add any further concerns or thoughts here.

This content is neither created nor endorsed by Google.

Google Forms