Are there any issues that you want to let us know about, which have not been covered in this survey?

Selection of Responses
OOH bleeds are done in theatres with staff unfamiliar with accessories. the Trust view is that they spend a few days in endo and can learn.
All OOH Endoscopies are done in Theatres for patient safety reasons - this can introduce long delays while waiting for trauma, laparotomy and transplant cases to be completed
We are informally using neighboring trust. Their management happy that their rota delivered by general surgeons
Currently on 1 in 8 rota for G.I. bleeding which includes 3 surgical colleagues and 5 gastroenterologists. Surgeons keen to come off rota owing to heavy surgical on-call commitment.
Trust have approved consultant appointment to facilitate OOH service provision and 7 day working - however having difficulty with recruitment.
The survey does not distinguish between in hours and out of hours IR service. We have an in-hours one but not out of hours
We have 1 interventional radiologist. We do not have an OOH IR service. I am not aware of an OOH IR network though cover is arranged at the neighboring tertiary referral center when our Interventional radiologist is on leave
There are significant delays in clinicians referring patients to on call endoscopist which frequently delays time to surgery. We are addressing this locally.
The difficulty of continuing to contribute to the GIM rota whilst offering a consultant led OOH AUGIB cover 24/7
Two site medical rota within trust prevents generation of GI bleed service at present.
Part of the problem with consultant recruitment likely to be around the ongoing need to provide some general medical cover.
Use of colorectal surgeons on the upper GI bleed rota for want of numbers. This is obviously not ideal and some surgeons are slowly withdrawing from the rota, or not engaging fully when oncall. Ideally the medical gastroenterologists would do an increased frequency but our current (and seemingly non-negotiable!) commitment to the GIM rota is impeding this.
Though we are running the tots for 2Yrs, but the business case is not signed off. 4 propel going 1:6 rota is hard!!
The challenge to 'centralise' AUGIB services in a multi-site Trust risks destabilising things on individual trusts.
It has been difficult to maintain the rota with insuffcient gastroenterologists and relies on surgical colleagues and some locums
We currently offer a weekend rota but want to extend this to 24/7 & planning to submit a proposal to delver this with endoscopy nurse cover.
We have severe shortages of consultant staff in several areas (gastroenterology, upper GI surgery, nurses in endoscopy). As a result, there are vacant slots on the GI bleed rota that were not present previously.
We are currently providing a 1:4 two site OOH GI blled service which we are finding onerous and need new consultant appointments