Bolton NHS
NHS Foundation Trust

Speeding up access to endoscopy for patients with acute upper GI bleeding

NICE recommends offering endoscopy to unstable patients with severe acute upper gastrointestinal (GI) bleeding immediately after resuscitation, and within 24 hours to all other patients with the condition.

Royal Bolton NHS Foundation Trust redesigned its services to ensure patients with severe acute upper GI bleeding receive treatment in line with these recommendations.

"The reduced time that patients spent in hospital, and the drop in complication rates, compensated for the costs of increased staff hours."

Mr Joseph Varghese, Consultant Surgeon, Royal Bolton NHS Foundation Trust

Rapid access to endoscopy improves diagnosis and treatment

Acute upper GI bleeding is a common medical emergency, with a mortality rate of around 10%. Older people and those with chronic medical diseases have a higher risk of death from acute upper GI bleeding, and though management of the condition has changed, the risk of death has not significantly improved over the past 50 years.

The likelihood of death from this condition, the requirement for transfusion, the risks of re-bleeding and length of hospital stay can all be lowered by ensuring that hospital patients receive prompt endoscopic diagnosis and treatment.

NICE recommends that hospitals should:

- offer endoscopy to unstable patients with severe acute upper gastrointestinal bleeding immediately after resuscitation
- offer endoscopy within 24 hours of admission to all other patients with upper gastrointestinal bleeding

Royal Bolton NHS Foundation Trust redesigned its endoscopy service and care pathways for patients with the condition to improve the care of patients with acute upper GI bleeding, and to ensure its services meet these recommendations.

Redesigned services open seven days a week

The project began with a strategic review of the department. This revealed that people admitted with GI bleeding are high-risk patients whose treatment outcomes could be improved through redesigning the endoscopy services offered.

It used results from this strategic review to form a new model of care. The redesigned service included:

- a seven-day working endoscopy unit, open Monday to Sunday from 08:00–18:00
- an on-call endoscopy service available outside opening hours, which includes patients with acute upper GI bleed who are haemodynamically unstable
- ensuring up to three emergency slots are kept free on the daily endoscopy lists for patients with acute upper GI bleeding

It is expected that additional costs required for staffing would be offset through benefits such as reductions in the length of patient stay and in the complication rate of patients admitted with acute upper GI bleeding.

The department then presented a business case identifying potential savings from the redesigned model of care, and how it would improve the quality of patient care.

New unit allows for rapid assessment and treatment

Having implemented the new model, the Trust has seen reductions in length of patient stay and rates of patient mortality. There have also been no reports of any adverse incidents, and the seven-day availability of endoscopy has reduced the need for overnight emergency care.

Staff involved in the redesign of services have also commented that they are now able to admit patients with acute upper GI bleeding directly from the emergency department to the endoscopy unit. This means that the rapid assessment and treatment of patients with acute upper GI bleeding is now possible, as recommended by NICE.

The main learning point taken from the project was the importance of close working relationships between all the different departments. Collaboration was necessary to establish the scale of the problem, and to identify those most at risk.

The Trust is now looking to expand on the project by ensuring that all patients with acute upper GI bleeding are admitted to gastroenterology or surgical wards. It is also looking to enhance the model by developing a dedicated 'bleeding unit' next to the endoscopy unit.

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