

## **CHEC Open (Direct) Access Endoscopy Pathway**

### **Service**

The GP Open (Direct) Access Endoscopy Pathway to CHEC allows GPs to refer patients directly for an Endoscopic procedure (either Gastroscopy and/or Colonoscopy and/or Flexible Sigmoidoscopy) without a preliminary consultation with the Consultant/ Endoscopist.

Patients requiring other Endoscopic procedures must be referred to the respective speciality via outpatients.

### **Referral**

GP Open (Direct) Access referrals are received from GP surgeries within the local healthcare community. The GP should complete the referral proforma with the relevant demographic and clinical details in accordance with the GP Open Access pathway. The referrals are triaged by a Consultant / Endoscopist within 72 hours. Inappropriate referrals that do not meet the British Society of Gastroenterology criteria are rejected on the system with comments; it is the responsibility of the referring clinician to check the referral has been accepted.

### **Booking of Appointment**

Patients will receive a telephone call and an appointment letter/information by post.

Patients should **NOT** be encouraged to contact the Endoscopy Booking Team unless they are unable to attend the appointment.

### **Procedure**

The procedure will take place in the Endoscopy Unit situated at one of the treatment centres, information of how to get there and car parking arrangements are sent to patients with the appointment confirmation letter. Bowel preparation is sent to the patients prior to their procedure (where applicable).

Patients are offered pain management appropriate to their procedure i.e., Throat spray, Entonox, Midazolam and/or Analgesia.

### **Post Procedure**

Following the endoscopic procedure and consultation, a copy of the endoscopy report will be given to the patient and a copy sent directly to their GP.

If no histology is taken, no further action is required by the Endoscopy Service at CHEC.

If histology is taken the Consultant / Endoscopists will review the histology report and either:

- If urgent, i.e., sinister pathology, Endoscopist to organise further investigations and/or out-patient appointment as appropriate and the GP and patient will be informed by letter.

- If non urgent, the GP will be responsible for on-going management and onward referral to an appropriate outpatient clinic if necessary. No letter will be sent, and the GP will be responsible for informing their patient.

If it is identified that a future surveillance procedure is required, the patient will be rebooked as required. The GP will be expected to view the histology report via email.

Treatment is usually initiated post procedure (e.g., Helicobacter pylori eradication) although there may be some instances where the patient will be required to be reviewed by the GP for further management and referral.