

## Endoscopic Data & Procedures

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Reference Number: RDF1887-23

Date of Response: 15/11/23

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1<sup>st</sup> April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

*Dear Royal Devon University Healthcare NHS Foundation Trust,*

*Under the Freedom of Information Act 2000 provisions, I am requesting specific information about Endoscopic procedures, patient consent, and related data within your Trust.*

1. *Consent for Day-Case Endoscopy: Kindly clarify the process for obtaining patient consent for day-case endoscopy procedures, including but not limited to Gastroscopies, Colonoscopies, ERCP, Flexi Sigs, and Bronchoscopes. Specifically:*

- a. *Are patients consented to within the endoscopy department of the Trust? If not, please indicate the location or department where this process takes place.*

Northern Services: All day cases that take place in the endoscopy department are consented within the endoscopy department.

Not all procedures are carried out in the endoscopy department. Our Transnasal Endoscopies take place in an outpatient setting so the patients are consented in an outpatient room before going into the procedure room. ERCP's are carried out by Radiology.

Eastern Services: The consent process starts either at the point of referral from clinic, or if a straight to test procedure, is arranged following a discussion with the pre-assessment nurses and an information leaflet with further discussion within the pre-admissions section of the endoscopy department. Following a further discussion with the endoscopy nursing team, patients with capacity sign their consent forms for standard diagnostic procedures of gastroscopy, colonoscopy, sigmoidoscopy.

More complex procedures such as advanced polypectomy or ERCP are discussed prior to the patient's attending endoscopy, if it is deemed that the risks are higher of procedural complications. They would then sign the consent in the endoscopy department if this has not been arranged prior to the booked procedure date.

Now, looking at a single endoscopic procedure undertaken with your Trust where variables can be seen between Trusts:

2. ERCP-Related Pancreatitis Rates: I request the pancreatic rate for post-ERCP Pancreatitis within the Trust, considering all levels of ERCP ranging from level one to four, without exceptions.

Answer: Please see below.

Northern Services: Post-ERCP pancreatitis, latest figures from 01/01/22 to 19/10/22: 1.8%.

Eastern Services: Post-ERCP pancreatitis rate in the last audit period (2 years) October 2020 to October 2022: 3.8%. These have not been classified by difficulty of case.

3. National Endoscopy Database (NED) Reporting:

- a. To assess the Trust's compliance with the National Endoscopy Database reporting and the nature of information retained post-procedure, please provide redacted copies (with patient identities concealed) of five ERCP reports before and after the implementation of NED. It would be noteworthy to mention that reports including information within the free-text box are optional for my request.

Answer: The Trust is unable to supply anonymised (redacted) procedure reports, as this requires patient consent to do so.

4. ERCP Medication Dose Metrics: Concerning ERCP procedures performed over the last two years (2021,2022):

- a. Please provide the minimum midazolam and fentanyl doses administered to patients annually.

Answer: (Eastern Services only) 2021-22: Midazolam minimum dose 0 mg. Fentanyl minimum dose 0 mcg. Northern Services do not hold this information in a reportable format.

- b. Please provide the maximum midazolam and fentanyl doses administered to patients annually.

Answer: (Eastern Services only) 2021-22: Midazolam maximum dose 8.5 mg. Fentanyl maximum dose 75 mcg. Northern Services do not hold this information in a reportable format.

- c. Please provide the mean midazolam and fentanyl doses administered to patients annually.

Answer: (Eastern Services only) 2021-22: Midazolam mean dose 2.8 mg. Fentanyl mean dose 0.73 mcg. Northern Services do not hold this information in a reportable format.

- d. When did you routinely start giving Diclofenac for ERCP, if at all?

Answer: Diclofenac was introduced approximately 2014; Diclofenac is given selectively based on individual patient factors such as patient age, renal function, risk of bleeding, medication history, coagulation status and predicted risk of post-ERCP pancreatitis.