Improving acute upper GI bleeding services in a district general hospital

We read with interest the articles by Ramiah and Wurm¹ and Shokouti *et al*² regarding gastroscopy (OGD) provision for acute upper gastrointestinal bleeding (AUGIB). Both groups started with no formalised provision outside normal weekday working hours. They both instituted simultaneously a 7-day service and 24-h on-call cover. It is therefore not clear from their outcome data which of these changes is mainly responsible for any service improvement achieved.

In our hospital, starting from a position with no system for prioritising OGD for AUGIB, we first introduced a 5-day (Monday–Friday) morning AUGIB list and subsequently increased this to a 7-day service.

By repeatedly and prospectively auditing the same 3-month period in consecutive years, we assessed the performance of each of these three systems. We calculated waiting times for OGD from arrival at the A&E department or Emergency Assessment Unit. The number of cases where OGD was performed outside the AUGIB lists and the regular endoscopy unit lists (ie, emergency out-of-hours cases) was

totalled up for the whole period each service was running (from the start of 2007 to November 2012) and adjusted to give an annualised rate. The results are shown in table 1.

Thus the AUGIB lists and the extension to 7 days is an effective way to reduce waiting times for OGD, length of stay and the requirement for emergency out-of-hours OGD. However, a law of diminishing returns is apparent. The 5-day lists involved a reorganisation of pre-existing resources making this improvement cost neutral. The weekend lists cost £29 500 per annum (three endoscopy nurses plus consultant gastroenterologist for 2–3 h Saturday and Sunday). If we were to introduce a 24-h on-call rota this would cost an additional £48 400 per annum (two band five nurses plus consultant gastroenterologist on call 1 : 5). On the basis of our data above, this £48 400 would provide cover for an average of 2.8 patients per annum that currently receive their out-of-hours OGD on a goodwill basis.

NICE conducted a cost-benefit analysis in Clinical Guideline G141³ on the basis of which they recommended that hospitals treating more than 330 AUGIB cases per annum should provide 7-day endoscopy but stopped short of recommending universal 24-h cover. The British

Society of Gastroenterology has however recommended that hospitals provide 24-h cover.⁴ Hospitals such as ours, experiencing difficulty in finding the resources for 24-h cover, would do well to concentrate on establishing a robust and efficient 7-day service. In our experience, once this is done, emergency out-of-hours cases become an uncommon event.

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Table 1 Audit results from Colchester General Hospital

	2009 (no list)	2011 (5-day lists)	2012 (7-day lists)
Total AUGIB cases in 3 months	72	85	81
Cases admitted with AUGIB	54	52	40
OGD within 24 h (%)	14.8	40.4*	75***
Median wait for OGD (hour)	51.7	27.5*	20.5***
Median length of stay (days)	6	3*	3*
Out-of-hours OGD per year	11.5	7.1*	2.8*

*p<0.05 vs 2009.

**p<0.05 vs 2011.

AUGIB, acute upper gastrointestinal bleeding; OGD, oesophago-gastro-duodenoscopy.