



# WA Adult Gastrointestinal Endoscopy Services (WAGES) Project Update - November 2016

## Background

- The [WAGES Strategy 2015-2020](#) was endorsed by the Director General in June 2015. The Strategy was developed to assess service provision requirements to meet increasing demand in WA and to identify recommendations to address this demand.
- The WAGES Advisory Group was established in September 2015 and sits under the governance of the Demand Management Steering Committee. The Advisory Group meets monthly.
- The Clinical Support Directorate is responsible for coordinating the implementation of the Strategy in collaboration with the Advisory Group and Health Service Providers.

## Project Goal

The project aims to implement solutions that enable a coordinated and sustainable service delivery model for gastrointestinal endoscopy services, and ultimately patients receiving the care they require within the clinically recommended time.

## Summary of Key Recommendations for Implementation

Short term	Medium to longer term
Partnerships within the system, and with private providers to address the immediate waitlist demand	Standardisation of referral and discharge pathways
Administrative audit of the public waitlist	Maximising utilisation of general hospital capacity
	Standardisation of endoscopy waitlist management processes
	Identification of sustainable funding and workforce models
	Implementation of a communication strategy to meet the needs of the patient, HSP staff and GPs; and support patients receiving care when clinically indicated and in the most appropriate location.

## Progress Report for Key Recommendations

### Administrative Audit

- An administrative audit of cases on the endoscopy waitlist for more than 60 days has been completed at SCGH, KH, BH, RPH and FSH. Of the 3824 patients contacted during the audit, 1596 (42%) were removed from the waitlist.
- FH, RGH and OPH waitlists were not audited because these facilities had recently completed in-house audits of their waiting lists.

### Purchase of additional activity

The DOH purchased additional activity both within the public system and through a private provider as a one-off measure to address the immediate waitlist demand, while medium to longer term recommendations were being developed and implemented.

Additional endoscopy cases have been undertaken at FH which will be completed by December 2016, and St John of God Midland Public and Private Hospitals were awarded the contract following a competitive tender process to undertake additional cases which is scheduled for completion in March 2017.

## **Standardised referral pathway and form for direct access endoscopy services**

A standardised referral form (with electronic functionality) for direct access endoscopy services (including services provided under the Ambulatory Surgery Initiative (ASI)) has been developed. It will be a mandatory requirement for referrals to metropolitan hospitals to be submitted on this form, via the Central Referral Service (CRS). CRS will allocate referrals to hospitals based on clinical requirements, hospital service capability, post code and ASI suitability. The referral form will be implemented in a staged approach commencing in January 2017.

## **Referral guidelines for direct access endoscopy services**

Referral guidelines have been developed for General Practitioners to facilitate appropriate referral and triage practice and support those patients with definitive clinical indication(s) accessing endoscopy services. The guidelines define the access criteria for public adult direct access gastrointestinal endoscopy services, and advise GPs that if their patient referrals do not meet criteria, they will be returned to the GP to monitor and manage the patient's care. The guidelines have informed the development of the WAPHA Health Pathway for Gastroenterology services and will be implemented in January 2017.

## **Mandatory Policy: Urgency categorisation and access policy for public direct access adult gastrointestinal endoscopy services**

A Mandatory Policy will be released in January 2017 to provide direction on the access criteria and usual categorisation for direct access adult gastrointestinal endoscopy services. Implementation of consistent urgency categorisation across all HSPs aims to support timely and equitable treatment of patients with defined clinical indications. This policy will supersede *OD 0409/12 – Assessment and access criteria for public endoscopy services*.

## **Other key recommendations currently in progress include:**

- A comprehensive communication plan (audiences including the GP community and HSP staff) to support implementation of the referral form, guidelines and policy.
- Supporting validation of a patient consultation questionnaire being trialled at SCGH that can be used as an accurate tool for prediction of symptomatic colorectal cancer.
- Liaising with the Nursing and Midwifery Office regarding potential Nurse Endoscopy models for potential trial within WA Health.
- Collaboration with hospitals to identify and support site-level opportunities and strategies for efficiency improvements.

## **Enquiries and Additional Information**

Further information will be made available to all staff impacted by the changes over the coming months.

Enquiries about the project are welcome at [EndoscopyProjectEnquiries@health.wa.gov.au](mailto:EndoscopyProjectEnquiries@health.wa.gov.au) or via Clinical Support Directorate on 08 9222 6461.