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Special report

Gastrointestinal endoscopy in general practice

The summary of the report of a working party of the endoscopy section of the British Society of Gastroenterology is printed here.

Increasing emphasis on primary care in the NHS has prompted suggestions that a number of services should be provided in general practice. The report considers the possibility of providing gastrointestinal endoscopy in general practice.

Commissioners of health care are responsible for ensuring access to high quality, safe, endoscopic services. Careful consideration of the safety of potential providers, as well as the capital and revenue costs is essential: duplication of services must be avoided.

For the safety of both patients and staff, the following standards must be met wherever endoscopy is performed:

- 1 Endoscopists must be adequately trained. Endoscopic and interpretive skills must be maintained by a sufficient workload and continuing interaction with other endoscopists and specialists.
- 2 Adequate equipment must be available, together with safe facilities for its cleaning and maintenance.
- 3 Providers must adhere to professional guidelines for sedation, monitoring, and recovery.
- 4 There must be sufficient numbers of trained and experienced support staff.
- 5 A safe environment must be provided, to comply with

Health and Safety Executive and Control of Substances Hazardous to Health regulations.

6 Anaesthetic and resuscitation facilities must be provided on site for the management of complications of sedation and procedures, particularly for patients at risk because of age or medical condition.

Because of the risks, therapeutic gastroscopy, colonoscopy, endoscopic retrograde cholangiopancreatography, and endoscopy in children should be confined to hospitals, where support for the management of complications is present.

The working group concluded that providers of endoscopy must conform to standards both of safety for staff and patients and of the quality of the services. Some endoscopic procedures could be provided in general practice if these standards are met. It seems likely, however, that it would not be possible or cost effective to provide the level of support required for anything other than routine diagnostic gastroscopy and flexible sigmoidoscopy in fit adults and even there, the case is in doubt.

Copies of the full report may be obtained from the Secretary, British Society of Gastroenterology, 3 St Andrews Place, London NW1 4LB.

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