Experience and Impact of Delays in Endoscopy on Bowel Cancer Screening

A UK and Local Perspective

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St Mark’s Hospital London
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Hospital overwhelmed as nurses resort to bin bags for protection

Critical care

By Bill Gardner

A MAJOR London hospital became the first in the country to be overwhelmed by coronavirus as exhausted nurses revealed they were using bin bags to protect themselves.

In a message to staff, Northwick Park Hospital in Harrow said it had no critical care beds left after a sudden surge in patients infected with Covid-19.

Six coronavirus patients have died at the hospital so far.

As pressure grows on hospitals across the UK, one senior health chief suggested a maximum age threshold of 60 might be placed on admissions.

The critical incident at Northwick Park was stood down after 24 hours as patients were transferred. But a senior nurse there told The Daily Telegraph last night the hospital would be "likely to run out of room again" within hours.

The nurse, who did not wish to be named, issued a plea for proper masks, gowns and gloves as she revealed staff were forced to wear clinical waste bags on their heads and feet for protection.

"We need proper PPE kit now, or nurses and doctors are going to die," she said. "It's as simple as that!"

"There are so many younger people here on ventilation - many with COPD, but also with diabetes. They can't stop coughing, they just cough and cough and cough and they can't help it.

"But there's little we can do apart from try to help them breathe. Sometimes the body just gives up, and they die. We can't save them. Even our own families don't want us to come home in case we bring back the disease. There's too many Covid patients coming in to cope with. We put our brave smiles but inside we're terrified."

National health leaders have suggested the number of critical care beds needs to rise by several times.

Kingston Hospital in south-west London has been told to prepare for a "super-surge" in which the number of coronavirus patients in need of critical care will increase by 800 per cent.

The hospital currently has 15 coronavirus patients in critical care, with a capacity to care for around 45, but expects the number to surge to around 95.

A senior director at another London acute trust told The Health Service Journal: "Given we're in the low foothills of this virus, this is incredibly terrifying. We are going to have to quickly clear thresholds for intensive care. This is what we have had to do, and with 60 or whatever, we are going to do something similar."

"The trusts in the centre are hit much worse. Islington and Greenwich, Epsom and Ewell, North Middlesex and Harefield are struggling."

A spokesman for West University Health, which runs Northwick, said: "Critical care capacity in London is being reviewed by London health organisations to try to find the best possible care, that is what has happened in this case."
Experience and Impact of Delays in Endoscopy on BC Screening

- Service
- Staff
- Participants
Impact on Endoscopy: UK

Weekly GI cancer diagnoses:
- 58% overall
- Colorectal 72%

Figure 1: Number of endoscopy procedures per week, overall and by procedure type. BSG, British Society of Gastroenterology; JAG, Joint Advisory Group for Gastrointestinal Endoscopy; NHS, National Health Service.
Impact on Lower GI & BCSP procedures

BCSP procedures

pre-covid period: 16/01/2020 to 15/03/2020

covid-impacted period: 23/03/2020 to 31/05/2020

BCSP: Colonoscopy, Flexible sigmoidoscopy
Other: Colonoscopy, Flexible sigmoidoscopy

Siwan Thomas-Gibson
A million missed opportunities for bowel cancer screening

Our figures show the number of bowel cancer screening invitations not sent out in England have surpassed the million mark since lockdown began in March.

Of these, around 675,000 people would have taken the home test, of which 2% would have had a positive screening test for the disease, and around 10% of those will have bowel cancer. This equates to 1,350 undiagnosed bowel cancer cases in England alone due to the pause. Additionally, more than 4,000 people will have polyps undetected, which could develop into the disease if not removed.

In addition to this, around 8,500 people who had already received a pre-lockdown positive screening result in England are still waiting for further diagnostic colonoscopy investigations. These have been postponed so resources could be moved to assist the coronavirus response, but also - unique to bowel cancer - because of psychological reasons, it can take time for patients to accept the diagnosis. This has added to the 1,350 undiscovered cases referred to above.

Siwan Thomas-Gibson
Staff: Challenges

- Fear (Covid)
- Guilt
- Loss of team
- Exhaustion
- Illness
- Shielding
- Redeployment, uncertainty,
- PPE- comfort
- New ways working (daily)
- Communication
- High risk cases
- Cancer surgery off site

Siwan Thomas-Gibson
COVID-19 as a barrier to attending for gastrointestinal endoscopy: weighing up the risks

Gastrointestinal endoscopy is the cornerstone of endoscopy and COVID-19 pose, are poorly understood. gastrointestinal cancer surveillance and studies (appendix p 1) with COVID-19 rapidly developed. In May, 2020, representing the impact of the pandemic on gastrointestinal cancer activity. Following both gastrointestinal cancer surveillance and confidence is needed for the future.
Recovery:

• Local
• Service, staff & participants
• National
Multicentre prospective study of COVID-19 transmission following outpatient GI endoscopy in the UK

Bu’Hussain Hayee,1 The SCOTS project group, James East,2,3 Colin J Rees,4 Ian Penman5

Repici et al Gut 2020
### Toolkits

**Team working In Endoscopy: a Human Factors Tool kit for the Covid-19 era**  
Ravindran, Thomas-Gibson et al Endoscopy 2020

<table>
<thead>
<tr>
<th>A</th>
<th>Whole team huddle</th>
<th>B</th>
<th>List team briefing</th>
<th>C</th>
<th>List team debrief</th>
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<tbody>
<tr>
<td><strong>Planning for case management for the day ahead</strong></td>
<td><strong>Preparing for the list and cases ahead</strong></td>
<td><strong>Learn from experiences and support team members</strong></td>
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<td>Location &amp; time: e.g. Endoscopy recovery 8:00 am</td>
<td>Endoscopy, assistants, room runner</td>
<td><strong>Describe What happened?</strong>&lt;br&gt;<strong>Analyze Why did it happen?</strong>&lt;br&gt;<strong>Apply What can we do next time?</strong></td>
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<td>Team present: e.g. Endoscopy consultant, endoscopy registrar, lead nurse, recovery nurses, decon staff</td>
<td><strong>Team check-in</strong>&lt;br&gt;- Introductions &amp; greetings&lt;br&gt;- Health-check&lt;br&gt;- Encourage open discussion</td>
<td><strong>Outcomes</strong>&lt;br&gt;- What did we achieve today?&lt;br&gt;- What worked well?&lt;br&gt;- What can we improve upon?</td>
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<td><strong>Team check-in</strong>&lt;br&gt;- Introductions &amp; greetings&lt;br&gt;- Health-check&lt;br&gt;- Encourage open discussion</td>
<td><strong>Team members</strong>&lt;br&gt;- Names&lt;br&gt;- Allocate specific roles (incl. runners and buddies)&lt;br&gt;- Review ENTS plan (see ENTS in PPE aid)&lt;br&gt;- Case planning</td>
<td><strong>Teamworking</strong>&lt;br&gt;- Team dynamics&lt;br&gt;- Communication&lt;br&gt;- Roles and responsibilities&lt;br&gt;- Leadership</td>
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<td><strong>Staff</strong>&lt;br&gt;- Staffing levels, sickness &amp; requirements&lt;br&gt;- Allocate specific roles (incl. runners and buddies)&lt;br&gt;- Ensure appropriate skill mix available&lt;br&gt;- Plan breaks</td>
<td><strong>Equipment</strong>&lt;br&gt;- Identify &amp; source equipment&lt;br&gt;- Clarify essential and standby equipment&lt;br&gt;- Equipment check</td>
<td><strong>Safety</strong>&lt;br&gt;- Review and safety issues&lt;br&gt;- Incident reporting</td>
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<td><strong>Patients</strong>&lt;br&gt;- Inpatients&lt;br&gt;- Review outstanding inpatient cases &amp; prioritise&lt;br&gt;- Arrange cases by COVID status (or other infectious disease)&lt;br&gt;- Alerting specialties if backup required&lt;br&gt;- Outpatients&lt;br&gt;- Identify lists running and timings</td>
<td><strong>PPE</strong>&lt;br&gt;- Review donning and doffing procedures&lt;br&gt;- Clarify and specific PPE requirements</td>
<td><strong>Equipment</strong>&lt;br&gt;- Equipment issues or faults&lt;br&gt;- Stock replenishment</td>
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<td><strong>Flow</strong>&lt;br&gt;- Outline clinical setting for cases&lt;br&gt;- Contact parent team&lt;br&gt;- Convey anticipated running order to relevant teams</td>
<td><strong>Wellbeing</strong>&lt;br&gt;- Check-in with all team members&lt;br&gt;- Review performance-limiting factors&lt;br&gt;- Signpost to relevant resources</td>
<td><strong>PPE</strong>&lt;br&gt;- Donning/clothing experiences&lt;br&gt;- PPE issues</td>
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<td><strong>Equipment</strong>&lt;br&gt;- Specific alerts for endoscopes/other equipment</td>
<td><strong>Checklist</strong>&lt;br&gt;- Complete the relevant checklist elements outside of room (if needed)&lt;br&gt;- Ensure adequate patient communication and consent confirmed</td>
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Recovery: Local

- Staff support: wellness clinics, share experiences
- ‘Marathon not sprint’
- Team re-building
- Cancer services: pathologists, radiologists, surgeons, oncologists, anaesthetics
Participants/patients: St. Mark’s

What we did:
• Complete review of pathways
• Reassurance
• Patient friendly information

What patients said:
• Procedures/PPE- ‘reassuring’
• Low post procedure anxiety
• 69% would have been happy to come for screening during ‘lockdown’
• ‘I felt completely at ease....’
Recovery: National

NHS Recovery Taskforce
Money and Infrastructure Publicity Campaigns

1500 additional deaths
15-16% increase CRC deaths*

THANK YOU

Frontiers 2020

Frontiers in Colorectal and Gastrointestinal Disease

'Difficult Decisions in GI Disease'

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