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British Society of Gastroenterology position statement on patient experience of GI endoscopy

We present the British Society of Gastroenterology (BSG) position statement on patient experience of GI endoscopy, recently published on the BSG website—www.bsg.org.uk/resource/patient-experience-of-gi-endoscopy-2019.html. The three dimensions of healthcare quality are patient safety, clinical effectiveness and patient experience, with much of healthcare practice focusing on the first two dimensions. Greater emphasis is now being given to

the patient experience dimension in light of reports from Francis[1] and Darzi[2] highlighting the interaction between patient experience and quality of care. Clinical standards and safety in endoscopy are well reported and reviewed via the Joint Advisory Group on GI Endoscopy (JAG) accreditation programme. The Global Rating Scale[3] used in JAG assessments includes a patient experience domain, but gives limited guidance available on how that should be measured or what standards should be achieved.

The National Institute for Health and Care Excellence compliant BSG guideline development process was used, and a Guideline Development Group (consisting of gastroenterologists, GI surgeons, a nurse endoscopist, an endoscopy nurse, patient representatives, a health psychologist and a public health research officer) used a Modified Delphi process to finalise and Grades of Recommendation, Assessment, Development and Evaluation assess the statements.

Ten key domains were identified:

1. What are the key definitions and terms associated with patient experience of GI endoscopy?
2. What are the key principles for optimising patient experience?
3. What are the key principles in assessment of patient experience of GI endoscopy?
4. What options (that may alter patient experience of GI endoscopy) should be available?
5. What information is given to patients before the procedure and how is it provided?
6. How is information given to patients after the procedure?
7. Sedation practice and safety.
8. Maintaining the best possible patient experience in complex or difficult situations (eg, emergency procedures, complex procedures).
9. Can pre-assessment help optimise the patient experience of GI endoscopy?
10. What aspects of departmental and endoscopist organisation and training are required in order to provide optimal patient experience?

Domain 2 focuses on the patient pathway from deciding on a procedure, through the information giving and consent process, through to the experience in the endoscopy unit. This builds on the National Health Service Constitution statement that, where appropriate, patients should be involved in all decisions about their care and treatment.[4] We conclude that patients should be involved in the decision-making process, be provided with high-quality written information about procedures, be given ample opportunities to discuss with appropriately trained individuals and that the person performing the procedure should be both technically skilled at the procedure and able to communicate clearly with the patient. Pain scores are frequently assessed during and after procedures, but we also address discomfort and embarrassment in this statement and acknowledge that patient and clinician assessments of these may differ. Domain 3 explores this further, giving recommendations about how the patient experience is measured. Measures should be patient derived, validated, collected in real time and cover the broad range of elements that affect patient experience including pain, gagging, embarrassment, as well as staff interactions, unit practicalities and information provision.[5]

Other domains explore sedation practice availability, location and timing of procedures, quality of written information provided pre-procedure and post-procedure, the preassessment process and departmental operating processes, as all will impact on patient experience and quality of care.

The executive summary and full position statement are available on the BSG guidelines website. As this area of research develops and more data are collected, we anticipate future iterations of the position statement and in time a formal guideline.

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Contributors CJR and RB developed the project and lead the guideline development group. All other authors were members of the Guideline Development Group, reviewed the original manuscript of the position statement and have reviewed and given input into this letter.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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To cite Rees CJ, Trebble TM, Von Wagner C, *et al*. *Gut* 2020;**69**:1718–1719.

Received 31 May 2019
Revised 26 August 2019
Accepted 30 August 2019
Published Online First 10 September 2019

Gut 2020;**69**:1718–1719. doi:10.1136/gutjnl-2019-319207

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