Executive Summary

In response to the recommendations of the Colonoscopy Categorisation Guideline Working Party (2016), the Victorian Government Department of Health and Human Service (DHHS) requested that RACS and ASERNIP-S again help develop similar Categorisation Guidelines for Upper Gastrointestinal Endoscopy and that these guidelines be ‘road-tested’ against a data-base of Upper Gastrointestinal endoscopies with known outcomes. This report delivers: Categorisation Guidelines for Upper Gastrointestinal Endoscopy (UGE), Explanatory notes to the Guidelines, Referral Information Form and a Validation of Upper Gastrointestinal Categorisation Guidelines.

Whilst the Waiting List burden for UGE is less than Colonoscopy, it remains essential that a requested Endoscopy is warranted and that adequate information, at the time of referral, is provided to enable appropriate triage and avoidance of unnecessary procedures. This latter point being important for both patient and health services alike. A vital part of ‘good management’ is for a complete assessment to be undertaken prior to an UGE request. This should include a detailed history for all symptoms, a thorough examination and simple investigations (FBC, ferritin, platelet count). This complete assessment can be undertaken by any doctor, be they General Practitioner or Specialist, and is assisted by the UGE Referral Information Form developed.

Attention is also drawn to the fact that, unlike Elective Surgery Waiting Lists, an UGE is an investigation of symptoms which, as a result, needs to be undertaken in a timely manner. The Categorisation Guidelines simply serve to bring to the ‘front of the queue’ those who are statistically most at risk. However, the ‘whole of the queue’ needs to be well managed as it is an investigation that has been requested.

After a Literature Review for Clinical Practice Guidelines had been completed, a first draft Categorisation Guideline was generated. This provided the basis of a Workshop, undertaken by representatives of the various specialty groups involved in the care of patients with Upper Gastrointestinal problems, to refine this document still further, as well as generating a UGE referral information form. After the Workshop, these documents were further refined and then re-appraised by the Working Party members.

In addition, a Validation exercise was undertaken by observing the effect of applying the guidelines to a known-outcome database (RAGE). As can be seen from the included Report, the guidelines were accurate and also prevented overloading of Urgent (Category1) Wait Listings.
Upon completion of this Project, the authors make four important observations:

1. A single Combined Upper Gastrointestinal Endoscopy/Colonoscopy Referral Information Form would be of benefit, thus simplifying those requests for both endoscopy and colonoscopy on the one patient.

2. As with colonoscopy, it would be of great advantage to develop an online triage calculator, based on both the Upper Gastrointestinal Endoscopy and Colonoscopy Categorisation Guidelines, to simplify and standardise requests across the State Health Service.

3. Not only did the Validation confirm the accuracy of the Upper Gastrointestinal Endoscopy Guidelines, but it also demonstrated that these Guidelines could, potentially, be used to support a Direct Access Endoscopy model of care with a resultant much needed reduction in referrals to Outpatient Clinics across the State.

4. The iFOBT test indicates bleeding specifically from the colon and therefore excludes the need for gastroscopy. This point should be clarified in the State guidelines.

Finally, I would like to thank all those on the Working Party who have been so very involved to get this complex project completed (page 105). I would also like to single out several major contributors to this process. Professor Jon Emery has been absolutely pivotal in making sense of very complex scientific literature, undertaking the Validation project and then processing all this information to construct the Categorisation Guidelines, a great colleague to have been working with. To Ms Mary Kyriaikides, Senior Research Officer to Prof Emery, I offer my sincerest thanks. She has been an absolute marvel in drafting the Guidelines, formatting tables and keeping the Project on target. Mr Chris Potter at Victorian Department of Health and Human Services has been so supportive and encouraging throughout this extended process. Finally, I would like to thank Mr Nicholas Marlow, MA Public Health, (ASERNIP-S, RACS) and his team, for their enormous expertise to drive the whole project to this Final Report.

I believe this project has generated some important tools to best manage the timely care of our patients requiring Upper Gastrointestinal Endoscopy in Victoria. Tools which should complement nicely with those previously developed for Colonoscopy (2016)

Hamish Ewing

Project Leader, Upper Gastrointestinal Endoscopy Categorisation Working Group
Summary of steps

The following summary of steps undertaken has been collated under each of the Project #1 deliverables.

1. **Finalised literature review**

   The literature review was conducted in accordance with the project proposal, and in accordance with following six steps:

   I. Confirm project scope
   II. Identify recent and relevant clinical practice guidelines
   III. Identify additional supporting evidence
   IV. Prioritise relevant guidelines and evidence
   V. Extract, appraise and grade prioritised evidence
   VI. Develop the guideline, explanatory notes and referral form

2. **Guideline**

   The working group was engaged to provide feedback into the development of the guideline (as per the project proposal) and were also provided with an opportunity to review and comment on the final guideline and referral form. All comments were reviewed and included as appropriate.

3. **Explanatory notes**

   The explanatory notes deliverable was developed by the projects clinical leads via an iterative process alongside the guideline. This deliverable was collated by R&E inc. ASERNIP-S.

4. **Referral form**

   The referral form, like the guideline, was developed and reviewed through consultation with the working group. All comments were reviewed and included as appropriate.

---

**Working Group Members**

Associate Professor Hamish Ewing  
Chair

Professor Jon Emery  
Primary Advisor, Royal Australasian College Of General Practitioners (RACGP)

Dr Joshua Butt  
Head of Endoscopy, Northern Health

Dr Andrew Metz  
Director of Endoscopy, Royal Melbourne Hospital

**Invitees**

Professor Alex Boussioutas  
Public Health Services

Dr Paul Burton  
ANZ Gastric & Oesophageal Surgery Association (ANZGOSA)
Dr Chris Hair Regional representative
Dr George Hopkins RACS Upper Gastrointestinal Hepatobiliary and Obesity Surgery Section
Ms Elizabeth Hristov Gastroenterological Nurses College of Australia (GENCA)
Associate Professor Ben Thomson RACS Gastrointestinal Endoscopy Committee
Dr Rhys Vaughan Gastroenterological Society of Australia (GESA)

Observers

Mr Nicholas Marlow Research & Evaluation, incorporating ASERNIP-S
Mr Chris Potter Victorian Department of Health and Human Services (DHHS)
Ms Kerryn Rozenbergs Victorian Department of Health and Human Services (DHHS)
Ms Anje Scarfe Research & Evaluation, incorporating ASERNIP-S