NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Part 2: Evidence and References

[(Policy Part 1)]

Management of Dyspepsia in Primary Care and Referral for Endoscopy

Surgical Threshold Policy

Rational and Evidence

Dyspepsia is a common condition affecting approximately 40% of the population annually, but only a very few people are likely to have significant morbidity such as gastric cancer. It is, therefore, neither practical nor desirable to refer patients routinely for endoscopic investigation. NICE commissioning tool recommends an annual benchmark endoscopy rate of 0.75%.

Although clinical evidence shows that symptoms of gastric cancer may be non-specific, and that alarm symptoms do not predict cancer as accurately as would be desired, at the present time, there are no available methods of testing in primary care that would give a greater sensitivity and specificity in identifying potential pathology.

The rationale for the CCG policy on indications for funding of endoscopy, therefore, remains as set out by NICE in its advice on the potential benefits of commissioning an effective service for upper GI endoscopy which is as follows:

- effective management of patients with dyspepsia in primary care, in line with NICE guidance on dyspepsia CG184, to ensure that patients receive the most appropriate and effective treatments, and that endoscopies are carried out only when necessary;
- referral for endoscopy is prioritised, especially for those with alarm symptoms detailed in NICE guidance on referral for suspected cancer NG12;
- reduction in unnecessary referrals – there is a small risk following upper GI endoscopy: in the UK one in 200 patients experience adverse events and the risk of mortality is one in 2000. However, the mortality for ambulatory patients attending an outpatient endoscopy service is much lower;
- optimising availability of endoscopy resources for appropriate cases;
- helping GP practices to manage their commissioning budgets more effectively – this may include opportunities to undertake local service redesign to meet local requirements.

The evidence was obtained from NICE guidance CG184 and NG12.

References

1. NICE CG184 (September 2014), Dyspepsia and gastro-oesophageal reflux disease http://www.nice.org.uk/guidance/cg184 (Updated Oct 2019)
2. NICE NG12 Suspected cancer: recognition and referral. Published June 2015: https://www.nice.org.uk/guidance/ng12/resources/suspected-cancer-recognition-and-referral-1837268071621

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Policy to be reviewed:	November 2022
Reference:	*onedrive\CPF Pols & Working Area\Surgical Threshold Pols\CCG Policies\Upper GI Endoscopy\Agreed\ UPPER GI ENDOSCOPY NOV 2020 – EVIDENCE PART 2*