

The UK's Top 10

**RESEARCH
PRIOR!TIES**

for Endoscopy

Defining **future
endoscopy** research
with our Priority
Setting Partnership.



Introduction

What is a Priority Setting Partnership?

Priority Setting Partnerships (PSPs) bring together patients, carers, nurses, doctors, and other healthcare professionals as equal partners. Together, they find and prioritise the unanswered questions that need research for specific medical conditions, procedures or areas of health.

The James Lind Alliance (JLA) helps PSPs to identify the key unanswered questions and agree on a shared set of research priorities. These priorities then guide researchers and funders towards the areas where new evidence and information could make the biggest difference for patients and the people who care for them.

What is an endoscopy?

An endoscopy is a procedure that allows specialist nurses or doctors to look inside the body using a thin, flexible tube with a light and camera on the end. This tube is gently passed into the body through the mouth, nose or bottom, depending on which part of the digestive system needs to be examined. The camera sends images to a screen so the healthcare team can see what is happening inside in real time.

Why an endoscopy PSP?

Endoscopy is a vital part of diagnosing and treating conditions of the digestive system. In the UK alone, more than 1.5 million endoscopies are carried out each year, making it one of the most common and important procedures in digestive healthcare. Despite this scale, there are still many areas where patients and healthcare professionals have unanswered questions - from how to improve comfort and safety, to how NHS services can keep up with rising demand and new technologies.

Why did Guts UK, Crohn's and Colitis UK, and the British Society of Gastroenterology choose to collaborate on this PSP?

Each of the organisations sees, from a different angle, how important endoscopy is and how many unanswered questions still affect patients who have to undergo an endoscopy and healthcare professionals caring for them.

By combining their experience and networks, they were able to reach a wider range of people and help develop a set of research priorities that better reflects everyone's needs.

Why endoscopy is used

- To diagnose problems such as inflammation, ulcers, bleeding, or blockages.
- To take small tissue samples (biopsies).
- To carry out treatments like removing polyps, widening narrowed areas, or stopping bleeding.

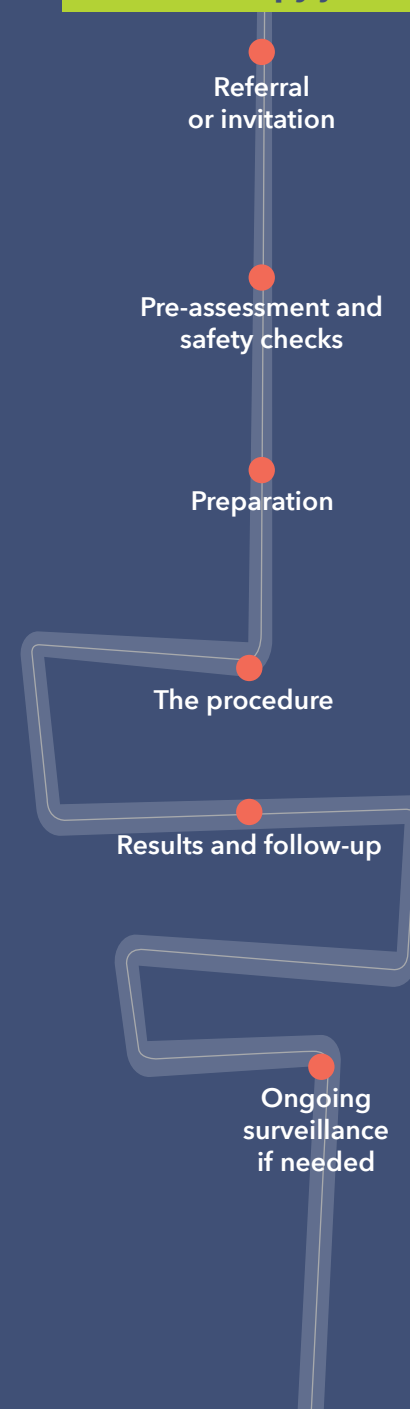
Types of endoscopy

- **Colonoscopy:** the endoscope is passed into your body through your bottom to check your bowels, including the small bowel.
- **Gastrosocopy:** the endoscope is passed into your body through your mouth to check your food pipe (oesophagus), stomach and the first part of the small bowel.
- **Capsule endoscopy:** a tablet containing a camera is swallowed and pictures are taken all the way through the digestive tract.
- **Pancreatobiliary:** the endoscope is passed into your body through your mouth to check the pancreas and the bile ducts.
- **Transnasal:** the endoscope is passed through your nose and down the back of your throat.

Why it matters

Endoscopy plays a key role in diagnosing and treating digestive diseases. Improving comfort, safety, and access is essential for patients and the healthcare professionals who care for them.

The endoscopy journey



The process

1

Steering group

This was made up of seven patients/carers and eight healthcare professionals, all with direct experience of endoscopy.

2

Protocol scope

This was agreed by the steering group, who decided that the PSP should include all types of image-based endoscopy and the whole endoscopy journey. This included from referral or invitation, through pre-assessment checks and preparation, to the procedure itself and the results.

3

Survey

This gathered questions for research from patients, carers, family members and healthcare professionals. This was an open answer survey, where we asked, 'What questions would you like to see answered by research?' 665 people responded, asking over 1,550

4

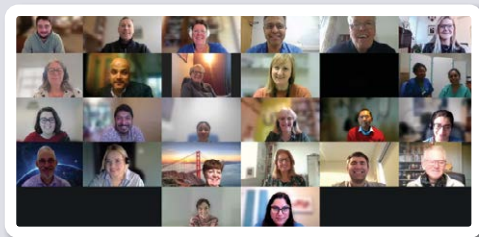
Information process

Next, we categorised the questions and found that 332 of the questions submitted in the survey were within the agreed protocol scope. Similar questions were grouped together and summarised into 19 questions. The questions were then evidence-checked to ensure that they hadn't already been answered by research.

5

Final workshop

The 19 questions were taken to the final workshop, where 12 patients and carers and 11 healthcare professionals discussed the questions and prioritised a top ten.



PRIORITY

1

What are the best ways to reduce patients' anxiety or distress both before and during endoscopy?

“ Looking back at my endoscopy, I realise how much better supported I could have felt. I wasn't offered options for pain relief and have only now heard that 'going under' was possible. If I ever needed another procedure, I would definitely request that.

Simple things like having the healthcare team explain honestly what to expect, not facing a long, stressful wait at reception and being able to stay long enough afterwards to safely leave on my own without relying on someone else, would make a huge difference. I think many patients feel anxious or distressed, and better approaches are really needed.”

Bernadette, patient

“ As an endoscopist, I see how anxious patients can be when they attend for endoscopy procedures. We know that this can negatively affect their experience of the procedure, so answering this research question will hopefully lead to changes in how we prepare patients and have a positive impact on their experience. Reducing anxiety before the endoscopy might mean less patients are put off having an endoscopy. Researching how we can reduce anxiety and distress during the procedure, beyond the use of sedative medication, will be really helpful in making these procedures more tolerable for patients, and



importantly, making sure we are able to complete the endoscopy and give the patient the answers they need.”

Laura Neilson, Consultant Gastroenterologist

PRIORITY

2

What are the best ways to communicate the results of endoscopies to patients after the procedure?

“ As a patient with over 40 years of experience of different types of endoscopies, I was keen to take part in the PSP to ensure that future research focuses on improving patient experience. Clear communication of results after an endoscopy is really important. Patients need a simple, plain-English explanation rather than trying to understand complex medical language, especially when sedation may affect how much you remember, so I was really pleased to see this question come out as a priority.”

Tanya, patient



PRIORITY

3

How can the detection and monitoring of abnormalities (cancer or non-cancerous) by endoscopists be improved?

“ Following an endoscopy in 2017, I was diagnosed with Barrett’s oesophagus. This is a non-cancerous condition, but it can progress to abnormal cell changes and sometimes lead to cancer. Patients with Barrett’s oesophagus currently have endoscopies every two or three years to check for abnormalities, but I believe that we should have more frequent examinations. Identifying how often these surveillance examinations should be performed is really important and that’s why I support this research priority. We need to find better ways to detect and monitor abnormalities to help people with conditions such as Barrett’s.”

Reg, patient



“ Endoscopy tests can be stressful for patients. After the procedure, people may still feel anxious, tired, or affected by sedation, making it harder to take in information. Results may sometimes include distressing news, such as a possible cancer diagnosis, and even normal results can be frustrating if symptoms remain unexplained.

Learning how to communicate clearly and sensitively is important as it directly shapes patient experience and outcomes. Patients need to understand their results and next steps, and feel supported by their healthcare team.”

Shahida Din, Consultant Gastroenterologist

“ I have a special interest in early detection and prevention of digestive disease, so this research question is very important to me. Endoscopic procedures are invasive and often uncomfortable, so it is essential to gather as much useful information as possible from each procedure. We must not miss disease-related changes, but it is equally important to be confident when everything appears normal and when harmless changes are detected, so that we do not subject patients to unnecessary repeat endoscopies.”

Jan Bornschein, Consultant Gastroenterologist

PRIORITY

4

How can pain relief and sedation be optimised during endoscopy?

“ If patients feel confident that their comfort will be prioritised and optimised during endoscopy, they have far less reason to become anxious or fearful, and the quality of imaging is likely to improve as well. I hope researchers can explore how different people may require different approaches to pain relief or sedation, taking into account factors such as physical and genetic differences, as well as allergies or medication sensitivities.”

Michael G, patient



PRIORITY

5

What are the best ways to prepare the bowel before colonoscopy, especially for people whose health condition may affect how well this works?

“ As someone with a medical condition that causes food and waste to move slowly through my bowel, I know how difficult clearing the bowel before an endoscopy can be. Even when I follow all the instructions carefully, the prep doesn't always work as well for me as it might for other people, and that makes the whole colonoscopy process really stressful. That's why I feel it's important to look for other ways to prepare the bowel, especially for people like me. If we can find approaches that are more reliable and easier to tolerate, it would make a huge difference.”

Lucy, patient



“ As an endoscopist, I feel this is an incredibly important area. We approach pain relief and sedation in a very standardised manner, but we know we have a very diverse population of patients, and being able to tailor pain relief and sedation to each individual would give us the ability to improve comfort and outcomes during endoscopic procedures. For example, females often experience more discomfort during colonoscopy due to differences in the structure of the pelvis, yet we provide the same sedation strategy for them as we do for men. Having stronger evidence to guide personalised pain relief and sedation across different patient groups could truly transform how we deliver endoscopy.”

Clare Parker, Consultant Gastroenterologist



“ I often see patients struggle to complete their bowel prep (emptying the bowel with a bowel cleansing drink) because of issues with the taste and volume, which can cause nausea and vomiting. This leads to endoscopies being postponed causing delays in diagnosis and treatment.

Current bowel-preps are largely designed for people without additional health complications. Research should be done to develop alternatives that are easier to tolerate and are safer for patients with underlying health conditions, such as kidney disease or heart failure. Research in this area would help ensure that bowel prep is suitable for a wider range of patients.”

Sandra Meyn, Endoscopy Nurse

PRIORITY

6

What are the best ways to reduce the risk of complications from endoscopy?

“ As a patient, undergoing any procedure can be daunting, especially when you might be worried about complications including those related to having an anaesthetic or sedation. If more research was done to understand how to reduce complications from endoscopies, we could help make the procedure better for patients and clinicians. This could also help the healthcare system reduce risks and develop research-informed plans for managing complications if they do happen.”

Michael N, patient



“ As an endoscopist, reducing complications matters because even a low-risk procedure can cause serious harm if safety systems fail. Clear evidence on how to prevent bleeding, perforation, infection and sedation-related events helps healthcare teams standardise practice and improve training. This research priority supports safer endoscopy for every patient and strengthens quality across the whole field.”

Nisha Patel, Consultant Gastroenterologist

PRIORITY

7

Is there value in undergoing endoscopy for people with minor symptoms, including impact on patient outcomes and demand on services?

“ As a carer for someone who was diagnosed with oesophageal cancer following an endoscopy - and having spoken to others who had minor symptoms but were not offered an endoscopy until much later and missed out on the chance of an earlier diagnosis - I feel strongly that there is huge value in offering endoscopy to patients with even mild symptoms. This will save lives, as the earlier problems are diagnosed, the quicker treatment can be given. However, more research will help doctors understand which patients with mild symptoms should be given endoscopies. Improving access to endoscopies and acting earlier would not only improve patient outcomes but could also reduce demand on healthcare services in the long term by avoiding more complex medical interventions later on.”

Sarah, carer



“ Gastroenterologists see many patients who have endoscopic procedures for digestive symptoms ranging from minor to very severe. Endoscopy is often the first investigation offered to patients with minor symptoms and demand is increasing each year. However, it is unclear whether there is value in doing endoscopies for patients with minor symptoms and whether the potential benefits outweigh the risks. This highlights a clear need for research, to better identify which patients with minor symptoms are most likely to benefit from an endoscopy and which patients are unlikely to gain meaningful improvement in outcomes or may even face unnecessary complications.”

Yeng Ang, Consultant Gastroenterologist

PRIORITY

8

What are the best ways to prepare for endoscopy of the upper digestive tract, especially for people whose health condition may affect how well this works?

“ As someone living with achalasia, this question is important to me because preparing for an upper endoscopy can be more complicated than the current guidance suggests. Achalasia is a digestive condition where the muscles of the oesophagus stop working properly, so food and liquid can remain in the oesophagus for long periods of time when you have achalasia, making it harder to clear. This makes the endoscopy more difficult and potentially increases the risk of regurgitation or aspiration during the procedure. Research to develop better preparation guidance for people with conditions like achalasia will help patients feel better prepared, safe, and ensure the endoscopy can be carried out as effectively as possible.”

Ian, patient



PRIORITY

9

How can artificial intelligence (AI) improve the diagnosis of health conditions during endoscopy? Can AI improve the quality and the efficiency of endoscopy?

“ I know that the NHS is beginning to invest in research into using AI in endoscopy. It is exciting as it has the potential to bring significant benefits to patients. There is already evidence to show that it can help clinicians detect abnormalities earlier, reduce the risk of them missing lesions, and help them make better decisions about biopsies. It improves consistency, reduces unnecessary procedures, and increases diagnostic confidence as it acts as a second set of eyes.

We don't fully understand the full capabilities of AI, but I really believe it has the potential to become a powerful tool that supports clinical decision-making and improves patient care.”

Rachel, patient



“ As an endoscopy nurse, I know that preparing healthy individuals coming in for upper digestive tract procedures is usually quite straightforward. However, when patients have underlying conditions, preparations need to be more carefully tailored and a better understanding of options for different conditions is essential to ensure a safe and effective procedure.”

Sharon Makabeni, Endoscopy Nurse



“ I believe that AI will play an increasingly important role in endoscopy. AI is already being used to improve diagnosis and classification of disease, providing clinicians with valuable information that can guide decision-making. Emerging AI tools focused on quality are also set to transform how we generate reports, offering more detailed and tailored insights. These developments will not only enhance the accuracy of our assessments but will also improve the efficiency of how we perform endoscopy, giving clinicians more time to focus on delivering the highest-quality care.”

Javed Ahmed, Gastroenterology Trainee

PRIORITY

10

What are the best ways to measure patients' experience of endoscopy?

“ As a patient, I feel there's still so much we don't fully understand about what people actually go through during an endoscopy. Everyone's experience is different, and the current ways of measuring it don't always capture the emotional side, the worries, or the small details that really matter. That's why I believe more research is needed, to find better ways to listen to patients properly and make sure their voices shape how endoscopy procedures and care is improved in the future.”

Beverly, patient



“ GI endoscopy is widely performed, yet there is variation in quality. Most improvements have focused on patient safety and clinical outcomes, but patient experience hasn't had the same attention, and that matters. Patient experience affects whether people attend their initial procedures, come back for repeat procedures, and take part in screening programmes. Positive experiences are even linked to better patient outcomes. The tools we currently use mostly measure 'satisfaction', not the actual patient experience, and they often miss what patients say really matters, like communication and pre-procedure preparation. There's a real gap here, and we urgently need better ways to understand patient experience - developed with patients, not just clinicians.”

Manu Nayar, Consultant Gastroenterologist

PRIORITIES 11-19

The remaining questions were also ranked during the final workshop. These are still important areas where many people want to see progress, and so they highlight opportunities for future research. These questions will also remain publicly available so researchers can explore them.

11

What are the best ways to psychologically support patients who have been traumatised by endoscopy?

12

How can endoscopes be improved e.g. to make endoscopy more comfortable for patients, or more effective at diagnosis?

13

What stops people from attending their appointments for endoscopies? How can these barriers be overcome?

14

What are the best ways to reduce gagging when the endoscope is inserted through the mouth?

15

Would improving the quality of referrals for endoscopy (e.g. by making them faster) make a difference to outcomes?

16

How can endoscopy be made more environmentally sustainable?

17

What are the best ways to assess the risks of endoscopy before the procedure e.g. if the patient is frail?

18

Does endoscopy affect the gut microbiome (gut bacteria)? If yes, how is this best managed?

19

What are the best ways to prevent infections caused by complex endoscopy procedures?

The future looks brighter

Guts UK, Crohn's & Colitis UK, and the British Society of Gastroenterology are proud to have supported this PSP. This is the first time that people with experience of endoscopy have been asked what research they'd like to see into these procedures.

We're committed to supporting research into improving endoscopies, and we will now actively promote these priorities to researchers, encouraging them to take forward the areas that matter most to patients, carers and healthcare professionals.

We will also share these priorities with funders, including the National Institute for Health and Care Research, which has an ongoing funding call for research that has been identified as a priority through the James Lind Alliance PSP process.

Finally, we have clear priorities for endoscopy research in the UK. This gives us a strong foundation to drive meaningful improvements and strengthen the evidence base to help drive lasting improvements in endoscopy services.



A message from Suzanne Hudson,
Chief Executive
at Guts UK



Endoscopy is one of the most commonly performed procedures in digestive healthcare across the UK. Despite how routine it has become, there are still major gaps in our understanding of how to deliver the safest, most comfortable and most effective endoscopy services.

Patients, carers and healthcare professionals continue to raise important questions - from how to improve the experience itself, to how NHS services can keep pace with rising demand and rapidly advancing technology.

That's why we were so pleased to work with the James Lind Alliance, Crohn's & Colitis UK and the British Society of Gastroenterology.

In partnership, we brought together a wide range of people - patients, carers, nurses, endoscopists and gastroenterologists - to discuss and identify the areas where research is most urgently needed.

This Priority Setting Partnership marks a meaningful step forward. It ensures that the future of endoscopy research is shaped by the experiences of the people who undergo these procedures as much as by professional expertise.

Thank you to everyone who contributed by sharing your experiences and the questions you want research to answer. Your voice is helping to shape the future of endoscopy research and driving progress that will benefit people for years to come.

**A message from
Manu Nayar,**
PSP Clinical
Lead, Consultant
Gastroenterologist
at the Freeman
Hospital, Newcastle



I am immensely proud of what we have achieved together through this Endoscopy Priority Setting Partnership. It has brought patients, carers, and healthcare professionals together in genuine partnership, ensuring that the future of endoscopy research is shaped by the people who rely on it most.

My sincere thanks go to everyone who contributed their time, experience, and insight throughout this process. The priorities we have identified now provide a clear, shared roadmap for researchers, funders, and policymakers. I look forward to seeing the impact this work will have on improving endoscopy services and outcomes in the years ahead.

You made it possible

We'd like to give our most sincere thanks to our wonderful steering group for leading this process and to all our workshop participants for being so open and honest about your research priorities. Thank you all for giving up so much time to ensure the endoscopy PSP was delivered to the highest possible standard.

Steering group and workshop participants:

Umesh Basavaraju, Shahida Din, Phedra Dodds, Rachel Hill, Gillian MacKay, Tanya McVicker, Manu Nayar, Laura Neilson, Melissa Ozcan, Clare Parker, Tony Parsons, Nisha Patel, Gavin Richards, Edwards Sims, Julie Thompson, Nigel Trudgill

Additional workshop participants:

Jabed Ahmed, Yeng Ang, Jan Bornschein, Caroline Brocklehurst, Reg England, Michael Gregg, Lucy Joynor, Sarah Keyworth, Sharon Makabeni, Sandra Meyn, Michael Natt, Beverly Oxford, Ramesh Rajaratnam, Bernadette Saliba, Jonathon Simpson, Christopher Smith, Ian Tuddenham

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Jonathan Gower
Rhiann McClean
Amy Street

Information Specialist

Kristina Staley

And a big thank you to everyone who submitted their questions and thoughts as part of the survey stage of this PSP. You can say with confidence that you helped shape the future of endoscopy research.

THANK
YOU



**CROHN'S &
COLITIS UK**

bsg BRITISH SOCIETY OF
GASTROENTEROLOGY

