



Royal College
of Physicians

NED

National Endoscopy
Database

Annual governance report 2025

Alex Seth, Amy Cottrell, Keith Pohl,
David Beaton and Nigel Trudgill

Published: October 2026



Contents

Executive summary	3
Introduction	4
Upload completeness	6
Endoscopist data	8
Site-level data	10
Data field completeness and quality	12



Executive summary

Key findings and achievements:

- The National Endoscopy Database (NED) captured 99.8% of procedures compared with local endoscopy reporting systems (ERS), demonstrating excellent upload completeness.
- During 2025, 96.3% of UK endoscopy services registered with the Joint Advisory Group on GI Endoscopy (JAG) uploaded data to NED.
- Endoscopists with valid registered professional body identifiers (General Medical Council (GMC) or Nursing and Midwifery Council (NMC)) were associated with 97.9% of procedures.
- By the end of 2025, 87.6% of services had migrated to NEDi2.1, improving data capture and quality.
- Overall data quality was high, with excellent completeness across core quality metrics. A small number of ERS-specific issues were identified, most notably affecting ERCP uploads.

Focus areas:

- Improve ERCP data quality to ensure reliable reporting and analysis
- Continue working with ERS suppliers to resolve identified data quality issues
- Complete migration of all services to NEDi2.1

Priorities for 2026/27:

Automate upload completeness analysis and include as part of ERS validation and maintenance process

Proactive monitoring and correction of endoscopist identifiers to ensure valid identifiers for each endoscopist

Continue regular engagement with ERS suppliers to resolve identified data quality issues and improve data capture

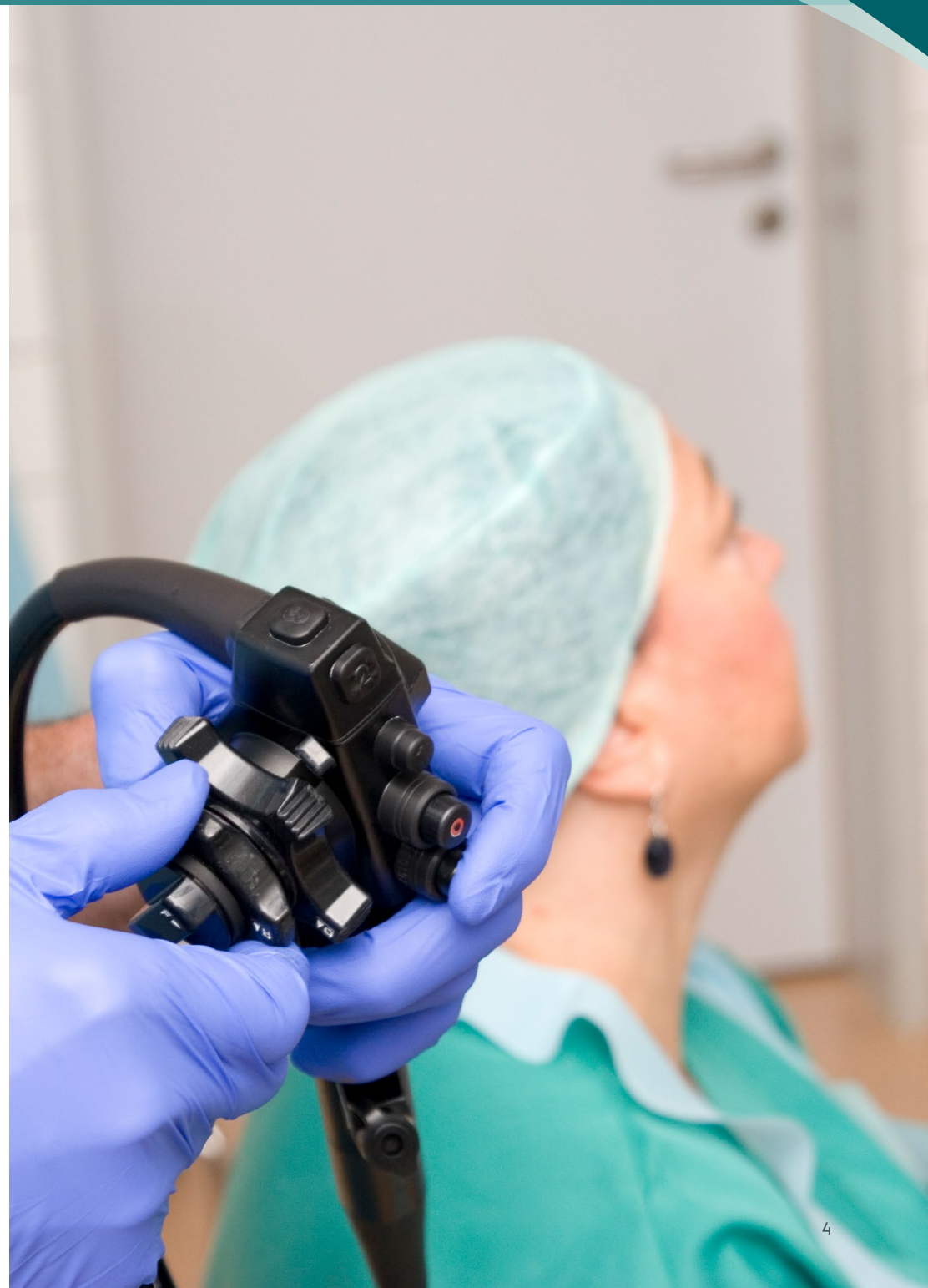
Ensure regular engagement with ERS suppliers and UK endoscopists to support ongoing improvements in NED functionality and data quality

Introduction

The National Endoscopy Database (NED) was launched in 2016 to automatically capture live endoscopy data directly from UK endoscopy units' endoscopy reporting systems (ERS). NED aims to improve quality and reduce the burden on services by providing online access to standardised, robust performance analytics. Endoscopists can access their procedural key performance indicators (KPIs). Clinical leads can access both organisation- and individual-level data and download a JAG audit spreadsheet for JAG assessments. NED data also feed into JETS for trainee endoscopists to monitor their performance and log DOPS/DOPyS. Since its full rollout in 2016, there have been over 15 million procedures uploaded, a breakdown of which can be seen below (Fig 1).

The NED report is a newly created, annual governance review to formalise data quality checks, encompassing four key domains: data completeness and quality, upload completeness, accuracy of endoscopist identifiers, and site classification with upload coverage. The report demonstrates the ongoing work undertaken to maintain and improve data quality, summarises key findings and resulting actions, and provides assurance to users that NED data are robust and reliable for service evaluation, endoscopist quality assurance, audit and research.

All data used within the report have been extracted directly from NED, and support information has been provided by ERS suppliers, or from endoscopy services to supplement NED data.



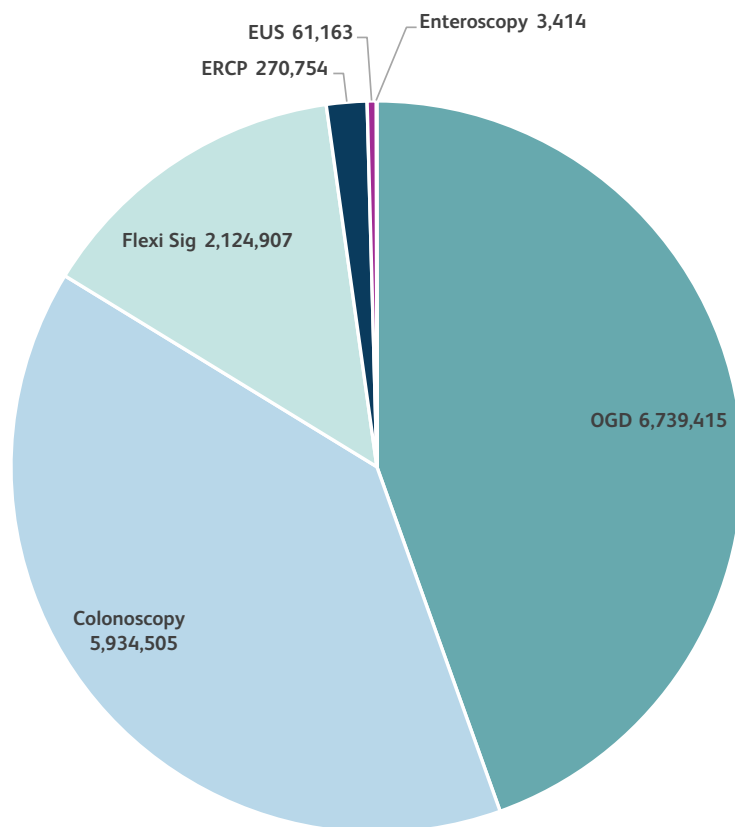


Fig 1. Total procedures loaded into the National Endoscopy Database

Message from NED chair, Professor Nigel Trudgill

The National Endoscopy Database is now the key source of national endoscopy data in the UK, supporting quality assurance, audit, service evaluation, workforce monitoring and planning, quality improvement and research. As the use and importance of NED continues to grow, it is essential that the wider endoscopy community can have confidence that the data are complete, accurate and fit for purpose. This annual NED governance report provides a formal framework for assessing NED data quality, covering upload completeness, accuracy of data fields and endoscopist identifiers, and endoscopy site classification and coverage.

The report should provide assurance to endoscopists, services, ERS suppliers, researchers and other NED users, including those responsible for endoscopy service planning, while identifying areas where further improvement is required. For example, the strong agreement between NED and local ERS procedure volumes, with NED capturing 99.8 % of ERS-recorded procedures in the analysis undertaken, provides reassurance that the database is representative of current UK endoscopy activity.

Looking ahead, NED has huge potential to become an even richer resource for understanding and improving endoscopy. Continued improvements in data quality, wider adoption of NEDi2.1, and learning from the data collected will help shape future developments in NED, research projects and priorities for quality improvement, ensuring that NED evolves in response to the needs of everyone working to improve endoscopy.

Upload completeness

To assess the completeness of procedure uploads to NED, procedure volumes for each ERS supplier were reviewed. Procedure counts recorded in NED were compared with those stored within local reporting systems. The purpose of this analysis was to identify discrepancies in data transfer, quantify any missing procedures and determine whether NED procedure numbers provide an accurate representation of endoscopy activity.

Two methods of comparison were used:

- **Automatic procedure reports** – ERS suppliers were asked to provide daily comparisons of procedure numbers uploaded vs actual procedures performed. The JAG team evaluated these reports on a regular basis.
- **Service contact** – if procedure summary reports were unavailable or unreliable, services that had uploaded data using the same ERS on NEDi2 throughout 2025 were asked to provide procedure numbers from their local systems. These figures were compared with NED records.

Four procedure types were included in the comparison: OGD, colonoscopy, flexible sigmoidoscopy and ERCP. One supplier was not taken into consideration due to known issues and lack of consistent data that they are working to resolve. Three bespoke suppliers are also uploading via NEDi2 and have been omitted from the reported numbers to maintain anonymity.

Data from five main suppliers were compared against the actual number of procedures performed. The data were taken from a sample of trusts that uploaded consistently to NEDi2 throughout 2025. Data uploaded to NEDi2 by supplier 2 were collected over a shorter period as they were not uploading to NEDi2 for the whole period. Procedure numbers are shown in Tables 1 and 2.



Table 1. Comparison of NED and ERS procedure uploads by supplier and organisation, by procedure type

Supplier	Organisation	NED OGD	ERS OGD	NED: ERS OGD	NED Flexi	ERS Flexi	NED:ERS Flexi	NED Colon	ERS Colon	NED:ERS Colon	NED ERCP	ERS ERCP	NED:ERS ERCP
Supplier 1	Organisation 1	8,091	8,122	99.6%	2,546	2,553	99.7%	6,730	6,746	99.8%	372	373	99.7%
	Organisation 2	6,916	7,028	98.4%	2,218	2,066	107.4%	6,323	6,176	102.4%	258	260	99.2%
Supplier 2	Organisation 3	16,006	16,187	98.9%	4,839	4,860	99.6%	17,433	17,487	99.7%	690	976	70.7%
Supplier 3	Organisation 4	6,444	6,346	101.5%	1,862	1,875	99.3%	6,804	6,656	102.2%	318	327	97.3%
	Organisation 5	6,344	6,366	99.7%	2,049	2,123	96.5%	6,175	6,145	100.5%	358	375	95.5%
Supplier 4	Organisation 6	589	582	101.2%	154	150	102.7%	642	626	102.6%	0	0	N/A
	Organisation 7	4,617	4,665	99.0%	975	979	99.6%	4,707	4,719	99.8%	325	307	105.9%
Supplier 5	Organisation 8	379	381	99.5%	114	106	107.6%	338	320	105.6%	67	72	93.1%
	Organisation 9	614	607	101.2%	247	247	100.0%	901	888	101.5%	34	34	100.0%
Total		50,000	50,284	99.4%	15,004	14,959	100.3%	50,053	49,763	100.6%	2,422	2,724	88.9%

Table 2. Comparison of NED and ERS procedure uploads by supplier and organisation as a total

Supplier	Organisation	Total NED	Total ERS	NED:ERS Total
Supplier 1	Organisation 1	17,739	17,794	99.7%
	Organisation 2	15,715	15,530	101.2%
Supplier 2	Organisation 3	38,968	39,510	98.6%
Supplier 3	Organisation 4	15,428	15,204	101.5%
	Organisation 5	14,926	15,009	99.5%
Supplier 4	Organisation 6	1,385	1,358	102.0%
	Organisation 7	10,624	10,670	99.6%
Supplier 5	Organisation 8	898	879	102.2%
	Organisation 9	1,796	1,776	101.1%
Total		117,479	117,730	99.8%

Comparison of total procedure counts in NED with corresponding ERS data demonstrates excellent agreement across suppliers and organisations. Overall, NED captured 99.8 % of ERS-recorded procedures, indicating minimal variation.

At supplier level, most values were within $\pm 2\%$ of ERS totals. By procedure type, a single supplier was not reliably uploading ERCP data to NED (70.7 % of ERS-recorded procedures were uploaded), and overall ERCP levels were below the expected level. This issue has been raised with the relevant supplier as part of the ongoing ERCP data work. All other procedure types were at an accurate level for the organisations involved.

Overall, these findings provide reassurance that NED procedure volumes closely reflect ERS data and are suitable for quality assurance, audit and research.

Endoscopist data

To ensure an accurate representation of the endoscopist workforce, identifiers and details of all procedures uploaded to NED were reviewed. Accurate identifiers recorded against procedures, together with registered users linked to those identifiers, support auditing and improve the quality of workforce assessments within services and research projects. Accurate identifiers also provide security for endoscopists’ performance data.

To maintain the accuracy of endoscopist details, professional body codes are used as identifiers to link procedure reports to user accounts on NED. There is currently a manual process within the NED registration system that allows the JAG operational team to check registrations against relevant registers. In the longer term, an automatic process is being planned using GMC/NMC registers so that registered names can be compared for accuracy. Any procedures recorded against invalid professional body codes can then be highlighted to local services for correction.

All services were contacted in late 2025 with a list of identifiers that were either unregistered on NED or in an unrecognisable format and had over 100 procedures recorded. The services were encouraged to contact endoscopists or review the identifiers where they did not match existing GMC, NMC or other relevant professional body registers.

NED data from a 5-month period, encompassing 1,141,761 procedures, were used to calculate the proportion of procedures uploaded to NED that could not be attributed to a registered endoscopist or for which other endoscopist data were missing.

Table 3. Completeness of endoscopist identifiers and job information in NED

	Total	Percentage
Incorrect format	4,410 procedures	0.4 % of NED procedures
Unregistered endoscopist	23,802 procedures	2.1 % of NED procedures
No job role	65 users	0.9 % of registered users
No job title	411 users	5.4 % of registered users

Incorrect format – professional body code used for procedure identifier is not in correct format

Unregistered endoscopist – professional body code used for procedure identifier is correct, but no account is registered on NED

No job role – endoscopist has an account, but no job role entered (eg gastroenterologist, GI surgeon, clinical endoscopist, nurse endoscopist)

No job title – endoscopist has an account, but no job title entered (eg consultant, ST5, specialty doctor)

Incorrect or unregistered identifiers prevent procedures from being accurately attributed to individual endoscopists, reducing the reliability of performance metrics, local audits and workforce analyses. Procedures uploaded with invalid identifier formats are grouped within NED, while identifiers for endoscopists who opt out are anonymised on upload. As of 2025, nine UK endoscopists had opted out.

Job roles and titles have also been reviewed and updated to ensure that they reflect current practice, and endoscopists are asked to update them every 6 months upon login. A total of 7,585 endoscopists entered procedures during the 5-month period. As the job titles and roles were updated in April, this should result in improvement throughout the year. A breakdown of procedures entered by job role in 2025 is shown in Fig 2.

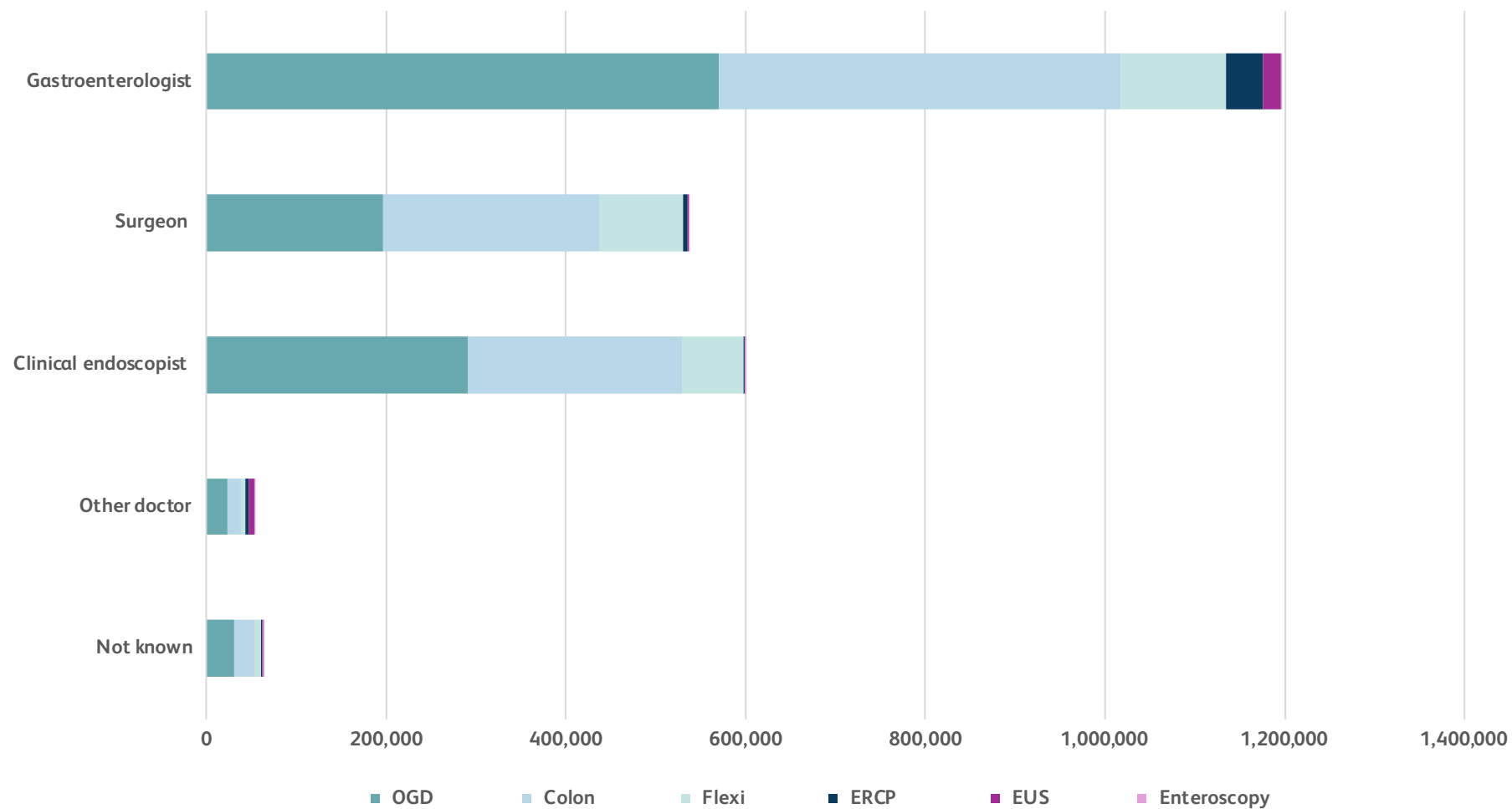


Fig 2. 2025 procedures loaded by endoscopist job role.

Site-level data

The primary aim of this analysis was to improve the accuracy of site-level data on NED. Accurate site-level data ensure that NED is consistent with national data, confirming correct service names and allocation for research purposes. To enable data capture and auditing at the correct levels, NED sites are categorised using the following flags:

- independent sector / public sector
- organisation
- deanery
- integrated care board
- endoscopy network
- region
- cancer alliance.

To improve the quality of NED data, the JAG office regularly reviews the number of sites uploading to each iteration of NED. The most recent iteration is NEDi2.1, which all accredited services should use when reporting to NED. Throughout 2025, services were contacted to discuss their plans for updating their endoscopy reporting system to the latest iteration.

The JAG office team conducted further analysis of site-level data accuracy by using the NHS Organisation Data Service (ODS) and comparing this with NED data. Where services were not listed on the ODS (such as sites outside of England and Wales), service websites and public records were used.

The following site information was reviewed for accuracy:

- site and organisation names
- site and organisation codes*
- structure of sites within an organisation
- independent and public sector identification
- consistency across JAG and NED.

*As there is no widely accessible organisation data service for Republic of Ireland services, the codes for these services could not be analysed.

Services were contacted and data were changed to match the ODS.

Results

A total of 566 endoscopy sites were reviewed. Each site was assessed to ensure correct classification by sector (NHS or independent) and organisation, with organisation names and codes validated against ODS records.

Of the 465 UK endoscopy services registered with JAG in 2025, 448 (96.3%) uploaded data to NED. Among the 17 services that did not upload in 2025, 12 had previously uploaded in 2024 but ceased due to software-related issues or service deregistration, while the remaining five (1.1%) did not upload to NED in either 2024 or 2025.

Throughout 2025, services were contacted regarding moving to the latest iteration of NED (NEDi2.1). NEDi2.1 provides clinical quality metrics, inclusion of the Faecal Immunochemical Test (FIT) result field, and a more comprehensive data capture of endoscopic procedures. The transition from NEDi1 to NEDi2.1 for all services will help improve the quality of NED data.

Over 2025, the number of sites uploading to NEDi2.1 increased from 344 (76.7%) to 393 (87.6%) while the number uploading to prior iterations of NED (NEDi1 or NEDi2) dropped from 104 (23.3%) to 55 (12.3%).

Table 4 shows the number and percentage of JAG-registered sites within each nation or sector that were uploading to each NED version as of 5 June 2026.

Table 4. Site data by nation, NED version and sector

Country/sector	NEDi1	NEDi2	NEDi2.1
England – NHS	8 (3.3%)	12 (4.9%)	226 (91.9%)
Wales – NHS	0	0	20 (100%)
Scotland – NHS	4 (22.2%)	0	14 (77.8%)
Northern Ireland – HSC	3 (50%)	0	3 (50%)
Independent sector	5 (2.6%)	0	185 (97.4%)
UK	20 (4.2%)	12 (2.5%)	448 (93.3%)

Data field completeness and quality

The primary aim of this analysis was to evaluate data uploaded to the National Endoscopy Database (NEDi2) over a 1-year period (January–December 2025). This included a review of uploaded data fields for each procedure type (OGD, colonoscopy, flexible sigmoidoscopy, ERCP and EUS) to assess data completeness and accuracy, and to enable calculation of core KPIs.

Individual data fields were reviewed to assess completeness, consistency and accuracy. NEDi2 KPIs were calculated in accordance with the NEDi2 KPI guidance. Analyses were initially performed across the entire dataset and subsequently stratified by ERS supplier to identify potential differences in data capture, missing fields and inconsistencies in reporting between systems.

To quantify data quality for each field and KPI, identify areas for improvement and provide transparency for users of NED data, a traffic light classification system was applied as follows:

Green: accurate data upload across all suppliers, with no significant concerns regarding completeness or data quality

Orange: minor data quality concerns affecting one or more suppliers

Red: data currently considered inaccurate or incomplete and therefore unsuitable for reliable analysis

All fields and KPIs, together with their assigned classifications, were reviewed and agreed by the NED Committee.

Background data results can be found in Table 5. These fields are mandatory for NED upload. Minor data quality issues were identified across several fields, with some variation observed between ERS suppliers.

Data capture and quality for core procedure KPIs were high, with most indicators demonstrating consistent data capture across suppliers. A small number of supplier-specific issues were identified, most notably affecting ERCP metrics and selected OGD quality indicators. Detailed KPI findings are presented in Appendix A.

Findings relating to individual data fields and KPIs were subsequently shared with all ERS suppliers to highlight potential issues and support improvements in future data capture and reporting.

Table 5. Data field completeness and accuracy

Field – OGD		OGD	%	Colon	%	Flexi	%	ERCP	%	EUS	%
NEDi2 uploads		918,556		799,961		244,468		45,588		27,535	
List type	Ad hoc training	65,197	7.1	47,712	6.0	13,769	5.6	8,240	18.1	5,534	20.1
	Dedicated training	55,569	6.1	53,165	6.7	9,380	3.8	3,775	8.3	2,710	9.8
	Service	797,790	86.9	699,084	87.4	221,319	90.5	33,573	73.6	19,291	70.1
Urgency	Emergency	14,279	1.6	568	0.1	2,807	1.2	1,465	3.2	83	0.3
	Routine	407,180	44.3	303,223	37.9	116,070	47.5	14,370	31.5	9,401	34.1
	Surveillance	37,464	4.1	53,291	6.7	10,872	4.5	1,241	2.7	334	1.2
	Urgent (non-suspected ca)	300,577	32.7	247,424	30.9	85,250	34.9	26,830	58.9	13,544	49.2
	Urgent (suspected ca)	159,056	17.3	195,455	24.4	29,469	12.1	1,682	3.7	4,173	15.2
Admission	Inpatient	145,338	15.8	51,337	6.4	36,670	15.0	22,531	49.4	4,934	17.9
	Outpatient	773,218	84.2	748,624	93.6	207,798	85.0	23,057	50.6	22,601	82.1
Provider organisation	Other	108,758	11.8	100,209	12.5	32,533	13.3	5,811	12.7	2,808	10.2
	Own trust	809,798	88.2	699,752	87.5	211,935	86.7	39,777	87.3	24,727	89.8

Table 5. Data field completeness and accuracy

Field – OGD		OGD	%	Colon	%	Flexi	%	ERCP	%	EUS	%
Referrer	BCSP	114	0.0	61,137	7.6	3,580	1.5	11	0.0	4	0.0
	GP	172,394	18.8	91,683	11.5	19,497	8.0	627	1.4	1,005	3.6
	Other	106,568	11.6	88,337	11.0	29,858	12.2	4,735	10.4	1,653	6.0
	Other trust	17,931	2.0	16,594	2.1	6,441	2.6	1,777	3.9	1,867	6.8
	Own trust	621,549	67.7	542,210	67.8	185,092	75.7	38,438	84.3	23,006	83.6
Procedure points	1	690,954	75.2	55,003	6.9	185,079	75.7	2,548	5.6	2,412	8.8
	1.5	68,261	7.4	10,007	1.3	20,124	8.2	261	0.6	1,481	5.4
	2	84,575	9.2	493,409	61.7	29,154	11.9	6,392	14.0	3,360	12.2
	2.5	3,744	0.4	19,264	2.4	475	0.2	1,310	2.9	1,183	4.3
	3	58,995	6.4	184,179	23.0	6,067	2.5	25,816	56.6	15,881	57.7
	>3	12,027	1.3	38,099	4.8	3,569	1.5	9,261	20.3	3,218	11.7
Period	AM	449,814	49.0	416,159	52.0	115,439	47.2	34,123	74.9	14,726	53.5
	PM	468,742	51.0	383,802	48.0	129,029	52.8	11,465	25.1	12,809	46.5
Route	Oral	887,923	96.7								
	Transnasal	30,630	3.3								

Appendix A

Table A1. OGD key performance indicators

KPI		Number	%
D2 intubation		855,828	93.2
Failed intubation	Yes	6,001	0.7
J manoeuvre rate	Complete	865,205	94.2
Procedure duration	0 mins	25,870	2.8
	1–4 mins	75,987	8.3
	5–8 mins	294,539	32.1
	9–12 mins	270,549	29.5
	13–20 mins	168,813	18.4
	>20 mins	82,742	9.0
	Negative value	56	0.0
Sedation used	Unsedated	346,892	37.8
	Mild/moderate sedation	541,072	58.9
	Deep sedation	30,592	3.3
Pharyngeal anaesthesia	Yes	643,910	70.1

Table A1. OGD key performance indicators

KPI		Number	%
Fentanyl in patients <70	25 mcg	19,453	7.6
	50 mcg	172,758	67.4
	75 mcg	34,747	13.6
	100 mcg	28,255	11.0
	125 mcg or more	1,272	0.5
Fentanyl in patients ≥70	25 mcg	38,725	37.3
	50 mcg	56,567	54.4
	75 mcg	5,438	5.2
	100 mcg	2,980	2.9
	125 mcg or more	216	0.2
Midazolam in patients <70	1 mg	19,402	5.3
	2 mg	183,541	50.0
	3 mg	112,089	30.6
	4 mg	35,104	9.6
	5 mg	14,845	4.1
	6 mg or more	1,827	0.5
Midazolam in patients ≥70	1 mg	56,348	32.6
	2 mg	94,569	54.7
	3 mg	17,449	10.1
	4 mg	3,267	1.9
	5 mg	1,103	0.6
	6 mg or more	286	0.2

Table A1. OGD key performance indicators

KPI		Number	%
Comfort score	No discomfort	539,817	59.75
	Minimal	251,673	27.86
	Mild	84,280	9.33
	Moderate	23,742	2.63
	Severe	3,875	0.43
	NULL	15,169	
Barrett's	Barrett's in Dx 1	52,713	
Inspection time	0	5,335	10.1
	1	8,454	16.0
	2	9,455	17.9
	3	6,751	12.8
	4	5,698	10.8
	5	6,261	11.9
	6+	10,758	20.4
Barrett's Circ > Max		1,536	
Gastric atrophy	Gastric atrophy in Dx 1	2,249	
	3	189	8.4

Table A1. OGD key performance indicators

KPI		Number	%
Inspection time	0	749	33.3
	1	55	2.5
	2	151	6.7
	3	189	8.4
	4	238	10.6
	5	331	14.7
	6+	536	23.8
Mucosal visualisation	Excellent	490,194	53.4
	Satisfactory	376,493	41.0
	Poor	24,705	2.7
	Curtailed	25,810	2.8
	Null	1,354	0.2
Mucosal cleaning	None	153,835	16.7
	Other	94,738	10.3
	Water	524,563	57.1
	Simethicone	139,053	15.1
	Blank	6,367	0.7

Table A1. OGD key performance indicators

KPI		Number	%
Photodocumentation	No	681,892	74.2
	Yes	236,664	25.8
LA classification	a	12,053	62.1
	b	3,801	19.6
	c	2,025	10.4
	d	1,543	7.9
Oesophageal bx in EoE (dysphagia and no other cause)	No	82,962	67.2
	Yes	40,506	32.8
Coeliac biopsies from duodenum in TTG antibody positive?	No	1,151	18.7
	Yes	4,998	81.3
Checklist performed	No	38,581	4.2
	Yes	879,975	95.8

Table A2. Colonoscopy key performance indicators

Field		Number	%
NEDi2 uploads		799,961	
Intubation (unadjusted)	Caecal intubation	751,443	93.9
	TI intubation	401,178	50.2
Planned extent			
	Caecal/equivalent	794,814	99.4
Mean withdrawal time (mins)	0 mins	20,770	8.6
	1–5 mins	35,775	14.8
	6–9 mins	104,278	43.1
	10–15 mins	65,337	27.0
	16–30 mins	14,217	5.9
	>30 mins	1,449	0.6
Polyp detection rate (PDR)			
	PDR	330,468	44.0
Checklist performed			
	Yes	769,317	96.2
Sedation used	Unsedated	268,007	33.5
	Mild/moderate sedation	511,667	64.0
	Deep sedation	20,287	2.5

Table A2. Colonoscopy key performance indicators

Field		Number	%
Fentanyl dose in <70	25 mcg	15,178	4.3
	50 mcg	215,586	60.4
	75 mcg	64,225	18.0
	100 mcg	61,361	17.2
	125 mcg or more	886	0.3
Fentanyl dose in ≥70	25 mcg	27,241	21.2
	50 mcg	83,917	65.3
	75 mcg	10,172	7.9
	100 mcg	6,955	5.4
	125 mcg or more	194	0.2
Midazolam dose in <70	1 mg	28,699	7.9
	2 mg	224,376	61.9
	3 mg	86,072	23.8
	4 mg	15,611	4.3
	5 mg	6,944	1.9
	6 mg or more	578	0.2
Midazolam dose in ≥70	1 mg	43,340	33.5
	2 mg	75,399	58.3
	3 mg	8,708	6.7
	4 mg	1,099	0.9
	5 mg	546	0.4
	6 mg or more	193	0.2

Table A2. Colonoscopy key performance indicators

Field		Number	%
Comfort score	No discomfort	362,976	45.4
	Minimal	279,541	34.9
	Mild	114,698	14.3
	Moderate	31,977	4.0
	Severe	3,798	0.5
	NULL	6,971	0.9
Bowel preparation score	0	9,981	1.3
	1	6,812	0.9
	2	12,185	1.5
	3	36,096	4.5
	4	20,572	2.6
	5	28,670	3.6
	6	237,134	29.7
	7	47,692	6.0
	8	72,379	9.1
	9	326,308	40.9
Rectal exam	Yes	787,794	98.5
Distal attachment	None	776,844	97.1
	Distal cuff	9,714	1.2
	Cap	13,353	1.7
	Other	50	0.0

Table A2. Colonoscopy key performance indicators

Field		Number	%
Insufflation technique	Air	29,885	3.7
	Air and CO2	15,741	2.0
	CO2	753,657	94.3
Insertion technique	Gas	281,921	35.3
	Gas and water	303,504	38.0
	Water	213,789	26.8
Scoring in UC (all scores)	No	4,936	62.3
	Yes	2,988	37.7
Scoring in CD (all scores)	No	2,671	69.2
	Yes	1,190	30.8

*Data not supplied for: 'Rectal retroversion', 'polyp retrieval', 'tattoo of cancers and polyps 20 mm', 'diagnostic biopsies in unexplained diarrhoea', 'AI system use'

Table A3. Flexible sigmoidoscopy key performance indicators

Field		Number	%
NEDi2 uploads		244,468	
Intubation (unadjusted)	Abandoned	922	0.4
	Anus	576	0.2
	Rectum	17,159	7.0
	Pouch	789	0.3
	Sigmoid	58,222	23.8
	Descending	71,968	29.4
	Splenic	61,721	25.3
	Proximal	33,111	13.5
Checklist performed		234,825	96.1
Sedation used	Unsedated	170,281	69.7
	Mild/moderate sedation	71,285	29.2
	Deep sedation	2,902	1.2
Fentanyl dose in <70	25 mcg	2,885	8.0
	50 mcg	24,301	67.5
	75 mcg	4,513	12.5
	100 mcg	4,076	11.3
	125 mcg or more	224	0.6

Table A3. Flexible sigmoidoscopy key performance indicators

Field		Number	%
Fentanyl dose in ≥ 70	25 mcg	5,805	36.7
	50 mcg	8,566	54.2
	75 mcg	733	4.6
	100 mcg	586	3.7
	125 mcg or more	115	0.7
Midazolam dose in < 70	1 mg	5,699	12.0
	2 mg	29,290	61.6
	3 mg	9,833	20.7
	4 mg	1,748	3.7
	5 mg	835	1.8
	6 mg or more	113	0.2
Midazolam dose in ≥ 70	1 mg	9,851	46.0
	2 mg	10,318	48.1
	3 mg	1,006	4.7
	4 mg	117	0.6
	5 mg	82	0.4
	6 mg or more	63	0.3

Table A3. Flexible sigmoidoscopy key performance indicators

Field		Number	%
Comfort score	No discomfort	132,130	54.1
	Minimal	77,571	31.7
	Mild	25,248	10.3
	Moderate	6,298	2.6
	Severe	702	0.3
	NULL	2,519	1.0
Bowel preparation score	0	12,556	5.2
	1	33,651	13.8
	2	85,272	35.1
	3	80,454	33.1
	4	8,179	3.4
	5	3,188	1.3
	6	14,291	5.9
	7	664	0.3
	8	664	0.3
	9	4,279	1.8
Rectal exam	Yes	240,375	98.3
Distal attachment	None	240,777	98.5
	Distal cuff	477	0.2
	Cap	3,188	1.3
	Other	26	0.0

Table A3. Flexible sigmoidoscopy key performance indicators

Field		Number	%
Insufflation technique	Air	14,148	5.8
	Air and CO2	3,443	1.4
	CO2	226,782	92.8
Insertion technique	Gas	133,480	54.6
	Gas and water	69,344	28.4
	Water	41,542	17.0
Scoring in UC (all scores)	No	3,523	53.3
	Yes	3,085	46.7
Scoring in CD (all scores)	No	767	68.7
	Yes	349	31.3

*Data not supplied for: 'Rectal retroversion', 'polyp retrieval', 'tattoo of cancers and polyps 20 mm', 'diagnostic biopsies in unexplained diarrhoea', 'AI system use'

Table A4. ERCP key performance indicators

Field		Number	%
Successful cannulation	Yes	29,845	91.9
	No	2,641	8.1
Complete stone clearance	Yes	12,724	62.4
	No	7,663	37.6
Cytology taken from strictures	Yes	2,028	61.6
	No	1,266	38.4
Stent placed from strictures	Yes	3,206	95.8
	No	140	4.2
Fentanyl in patients <70	25 mcg	6,063	28.1
	50 mcg	3,101	14.4
	75 mcg	3,362	15.6
	100 mcg	6,475	30.0
	125 mcg or more	2,566	11.9
Fentanyl in patients ≥70	25 mcg	6,602	27.8
	50 mcg	8,403	35.4
	75 mcg	4,048	17.0
	100 mcg	3,733	15.7
	125 mcg or more	981	4.1

Table A4. ERCP key performance indicators

Field		Number	%
Midazolam in patients <70	1 mg	4,639	22.8
	2 mg	2,548	12.5
	3 mg	4,251	20.8
	4 mg	3,686	18.1
	5 mg	3,469	17.0
	6 mg or more	1,797	8.8
Midazolam in patients ≥70	1 mg	5,316	24.9
	2 mg	7,242	33.9
	3 mg	5,055	23.6
	4 mg	2,090	9.8
	5 mg	1,205	5.6
	6 mg or more	475	2.2
Comfort score	No discomfort	23,671	51.9
	Minimal	12,665	27.8
	Mild	6,298	13.8
	Moderate	1,958	4.3
	Severe	220	0.5
	Missing	776	1.7

Table A5. EUS key performance indicators

Field		Number	%
Checklist performed	Yes	42,429	93.1
	No	3,159	6.9
Successful tissue acquisition	Yes	5,016	88.3
	No	663	11.7
Tissue adequacy	Yes	6,207	88.5
	No	807	11.5
Fentanyl in patients <70	25 mcg	4,586	26.4
	50 mcg	2,788	16.0
	75 mcg	3,033	17.4
	100 mcg	5,523	31.7
	125 mcg or more	1,471	8.5
Fentanyl in patients ≥70	25 mcg	2,790	27.7
	50 mcg	3,472	34.4
	75 mcg	1,838	18.2
	100 mcg	1,714	17.0
	125 mcg or more	274	2.7

Table A5. EUS key performance indicators

Field		Number	%
Midazolam in patients <70	1 mg	2,665	16.3
	2 mg	2,059	12.6
	3 mg	3,955	24.2
	4 mg	3,024	18.5
	5 mg	3,271	20.0
	6 mg or more	1,397	8.5
Midazolam in patients ≥70	1 mg	1,715	18.8
	2 mg	3,047	33.5
	3 mg	2,407	26.4
	4 mg	1,031	11.3
	5 mg	688	7.6
	6 mg or more	214	2.4
Comfort score	No discomfort	17,165	62.3
	Minimal	6,695	24.3
	Mild	2,313	8.4
	Moderate	920	3.3
	Severe	116	0.4
	Missing	326	1.2
Checklist performed	Yes	24,540	89.1
	No	2,995	10.9

Get in touch

For further information, please contact us – we want to hear from you.

<https://ned.thejag.org.uk/>
askjag@rcp.ac.uk

Royal College of Physicians

11 St Andrews Place
London NW1 4LE

The Spine
2 Paddington Village
Liverpool L7 3EA

www.rcp.ac.uk



Royal College
of Physicians

NED

National Endoscopy
Database