NED National Endoscopy Database

Using the National Endoscopy Database (NED) for research

Interview with Mo Thoufeeq

The National Endoscopy Database is an increasingly valuable tool for endoscopy research. We recently met with Dr Mo Thoufeeq, consultant gastroenterologist at Sheffield Teaching Hospital, to discuss NED and its uses within research. Mo has worked as a consultant for almost 13 years and has always had a keen interest in research and service improvement. Having contributed to over 100 research papers, Mo enjoys collaborating with other professionals, and has previously written research papers with JAG chair, Professor Matt Rutter, NED chair, Dr Tom Lee, and NED clinical leads, Dr Nick Burr and Dr David Beaton.

In 2021, Mo published a research paper on the Impact of the National Endoscopy Database (NED) on colonoscopy withdrawal time. The initial research for this paper began before the introduction of NED as a system, in 2016, when withdrawal time was measured manually and was dependent on the operator. The data collated pre-NED were then compared with data shortly after the implementation of NED in 2019 to determine the effect of NED on colonoscopy withdrawal time. One of the key motivations for this research was to improve procedural outcomes, such as polyp detection, since longer withdrawal times are associated with a higher polyp detection rate. Higher polyp detection rates can improve outcomes, particularly in relation to colorectal cancer:

'Colorectal cancer is a big challenge to manage and remains a big issue and a challenge for the national service. We knew certain key performance indicators help the outcomes of the procedure, patient and the service. We knew withdrawal time was a key performance indicator that was the most difficult thing to measure pre-NED. So, NED did make that change.'

The research concluded that since the introduction of NED, withdrawal times increased, with all the endoscopists in the study having optimal withdrawal time. This excluded factors such as poor bowel preparation, therapeutic procedures and bowel cancer screening patients. Withdrawal time was equal in all subgroups, including consultant surgeons, consultant gastroenterologists and resident doctors. Mo concluded: 'Since the introduction of NED, the withdrawal times did increase, which was a positive outcome.'

Prior to the study, Mo and his colleagues completed a data comparison using NED data and software-related data to ensure accuracy. This concluded that the data were easily accessible and accurate; 'We thought that the data is accurate, easy to use and also something we thought could be used as a default to measure against.'

When asked about his experience accessing and using NED data, Mo explained that 'it was very easy to export. I did check a few times just to see how the data had changed, but it hadn't, so it was quite reliable. I did not need specific access for this; I already had access to it as a lead.' Following the latest iteration of NED (NEDi2.1), Mo added that NED data currently is 'remarkably easy to get' and expressed intentions to use NED data for future research projects.

Mo expressed the importance of using NED data for research: 'As clinicians, research persons, data analysts, we all aspire to be better. And, if that data is available, it is *great to compare'.* While service data are readily available for NED trust admins and service leads, NED and JETS data can be requested for research purposes. To find out more on how to apply to use NED data for research papers, please take a look at our research and data requests guidance.

Mo also mentioned the uniqueness of NED, detailing how internationally, many countries do not have access to a database as in-depth as NED:

'I've been talking about NED in my international activities, because I do a lot of international work. They're all surprised. In fact, I actually spoke quite recently on how important it is to have that data, and how it can drive quality. It's an eye opener. They don't have this in America or anywhere else.'

More recently, Mo has been working on research projects exploring the outcomes of colorectal cancer based on ethnicity, as well post polypectomy bleeding from colonoscopy. You can find out more about the work that Mo has done by reading his publications.

We thank Mo for taking the time out of his busy schedule to discuss his research using NED. If you are interested in using NED data for research purposes, please complete our research request form.

If you have any questions about the NED programme and wish to get in touch, contact us at askjag@rcp.ac.uk