

**SUPPLEMENTARY DATA****1. Reasons for escalation to Interventional Radiology or Surgery following endoscopy**

7 patients underwent IR for peptic ulcer rebleeds, 2 underwent IR for ongoing bleeding with no source seen endoscopically, 2 underwent rescue TIPSS for variceal bleeding, and one had surgery (small bowel resection) for a bleeding jejunal gastrointestinal stromal tumour (GIST).

**2. Comparison of 30-day mortality rates between centres**

Centre	30-day Mortality (%)
ARI	12/89 (13.5)
GRI	9/74 (12.1)
NW	12/87 (13.8)
QEUH	9/84 (10.7)
RIE	10/63 (15.9)

Aberdeen Royal Infirmary (ARI); Glasgow Royal Infirmary (GRI), Ninewells Hospital Dundee (NW), Queen Elizabeth University Hospital Glasgow (QEUH), and Royal Infirmary of Edinburgh (RIE).

**3. Reasons for inpatient endoscopy in low-risk patients**

Clinical concern necessitating inpatient endoscopy in this group was due to, patient haemodynamics in 5, a previous history of UGIB in 4, cirrhosis in 3, anti-thrombotic medication in 3, known gastric cancer in 2, and 2 were unspecified

**4. High patients not undergoing endoscopy**

Causes of death were as follows; cardiac in 4, prior diagnosis of advanced cancer in 3, sepsis in 2, SARS-CoV-2 disease in 1, acute cerebrovascular injury in 1, and UGIB associated with significant co-morbidities in 9. Of the remaining 28 patients who did not receive an endoscopy but survived, 15 had confirmed or suspected SARS-CoV-2 as well as 11 deemed too frail, 5 had underlying significant acute on chronic respiratory issues, 3 were undergoing palliative care treatment for co-morbid illness, 2 self-discharged from hospital and there was no documented reason in 4.