

Written Response by the Welsh Government to the report of the Health, Social Care and Sport Committee on Endoscopy Services in Wales

Everyone diagnosed with bowel cancer deserves to have access to the best available investigations and treatments. Endoscopy services play an absolutely essential part in investigating suspected cancer, investigating a positive screening result and providing follow-up surveillance for people that have previously been treated for cancer. We must also recognise that endoscopy provides an equally important role for serious non-cancerous conditions, such as inflammatory bowel disease, and is used to provide interventional treatment, as well as to perform diagnostic care.

The Welsh Government recognises the pressures facing endoscopy services in Wales. The number of diagnostic endoscopy procedures required is increasing due to population changes, a lower threshold for suspected cancer investigation, the increasing demand for surveillance and the need to expand the bowel screening programme. Demand is significantly out of balance with the available core capacity and health boards have struggled to develop sustainable services in response.

Following advice from the Endoscopy Implementation Group and in the context of A Healthier Wales, the Welsh Government announced a new nationally directed approach for endoscopy in September 2018. To support the approach, I have committed £1 million per annum from the new clinical pathways budget. A national workshop involving all health boards and the main stakeholders was held in December to advise on the scope and focus of the programme. The national programme was established in the NHS Collaborative by February 2019 and the first meeting of the new Endoscopy Board took place in April 2019. The Board terms of reference are being finalised and the national programme lead has started in post. The sub groups have begun working on their respective tasks, including a focus on workforce training and development; demand and capacity planning; clinical pathway design and optimisation; and facilities and infrastructure. I expect to see rapid progress and sustained effort for several years on this challenge.

Recommendation 1

The Committee recommends:

By October 2019, the Welsh Government should work with the National Endoscopy Improvement Programme to create and publish a national endoscopy action plan that addresses current and future demand for services with clear timescales and targets for improvement, to be overseen by the National Endoscopy Programme Board and must include details of how and when each of the following issues will be addressed and/or taken forward at pace:

- timetabled programme for increasing FIT sensitivity and age testing with milestones for optimising the programme so that Wales does not fall further behind its UK counterparts;
- address current capacity issues and provide assurances that health boards will deliver a maximum waiting time for diagnostic tests;

- a more sustainable approach to achievement of the waiting time targets, given the short term nature and cost of insourcing and outsourcing;
- immediate action to review how high risk patients are managed, with the development of a sustainable, national approach to managing those requiring ongoing surveillance endoscopic procedures;
- a national approach to service planning to ensure endoscopy services in Wales are in a position to cope with the anticipated increase in referrals from the Bowel Screening Wales programme, including new models of care to increase the number of endoscopists in Wales;
- options for a non-medical accelerated training programme to expand the endoscopy workforce to meet demand including consideration of an endoscopy academy and details of how the different needs of a mixed workforce will be met;
- support for health boards to work towards JAG accreditation, with an expectation that all endoscopy units in Wales will aim to achieve accreditation in the future, ensuring that endoscopy services are being delivered in line with best clinical practice;
- a decision on how and when FIT should be introduced to primary care;
- a more ambitious target than the current 60% of all eligible participants choosing to take part in the bowel cancer screening programme, including details of how and when this target will be revised and achieved, and efforts to address health inequalities, particularly to increase uptake among men in deprived areas; and
- build on the “Be Clear on Cancer” public awareness campaign to help improve uptake by raising awareness of the changes to the bowel screening programme.

Response: accept

I would like to thank the Committee for undertaking an inquiry on such an important issue and the helpful recommendation that has been put forward. I am pleased to confirm that the Welsh Government accepts the recommendation to publish an action plan for endoscopy services that will cover the specific points suggested and will do so within the six month timeframe that has been requested.

I wish to offer one point of clarification with regard to the point about increasing the ‘target’ for bowel screening uptake. The 60% uptake threshold is not a performance target; it is a minimum standard at which the programme should operate to deliver the intended population benefits envisaged in the UK National Screening Committee recommendations. It is not appropriate to depart from the UK National Screening Committee recommendations. Nonetheless we do want to see that standard met. We expect the impact of efforts to encourage screening participation and the new more user friendly test that is being introduced to result in the standard being met in the years ahead.

I would also like to give the Committee the assurance it has requested regarding senior clinical input at local and national level, this is explicit in the nationally directed approach as set out in the Board Terms of Reference. A further workshop took place in May 2019 with the clinical community to determine how best to secure optimal clinical input throughout all levels of the programme. The required clinical input will be in place for future meetings of the Board and its subgroups.

Financial Implications: the publishing of an action plan based on the work of the national endoscopy programme can be delivered within existing staff resources.