Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar Gwasanaethau endosgopi

This response was submitted to the Health and Social Care Committee consultation on Endoscopy Services

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Ymateb gan: | Response from: Public Health Wales | Iechyd Cyhoeddus Cymru

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Health and Social Care Senedd Committee
Inquiry into Endoscopy Services

Public Health Wales' Written Response

December 2022

1 Purpose

The purpose of this submission is to respond to the additional questions raised by the Health and Social Care Senedd Committee in relation to the inquiry into endoscopy services.

This submission focuses on the following key areas relating to the provision of the Bowel Screening Wales (BSW) programme and symptomatic faecal immunochemical testing (FIT) service including the:

- Impact of the COVID-19 pandemic on the BSW programme and the delivery of screening colonoscopy procedures
- Waiting times for screening colonoscopy and measures taken to manage this situation
- Progress against the plan to optimise the bowel screening programme in Wales and how the position compares to other UK-based bowel screening programmes
- Primary care access to symptomatic FIT and how this is being used to prioritise patients for endoscopy.

Bowel Screening Wales (BSW) aims to reduce the number of people dying from bowel cancer in Wales through early identification of cancer when treatment is more likely to be successful and through the removal of pre- cancerous growths. From October 2022, people aged from 55 to 74 years are invited to take part every two years. Eligible people are sent an invitation and a FIT test kit to their home address to complete and send to the screening laboratory for analysis to identify if there are small amounts of blood in the faecal sample, more specifically, the globin component of human haemoglobin.

Those who are identified as having blood in their faeces are offered further investigations in endoscopy (screening colonoscopy). Those who are referred for screening colonoscopy have a high pathology yield with over 70% having polyp detection and 10% bowel cancer detection. Evidence shows that 90% of people who have a bowel cancer diagnosed through screening are expected to be cured. Public Health Wales commissions colonoscopy and diagnostic services (radiology and pathology) from the seven health boards in Wales.

2 The impact COVID-19 has had on the delivery of endoscopy services and the implementation of the national endoscopy action plan, and the implications of this for patient outcomes and survival rates.

2.1 Pause of the Bowel Screening Programme

In March 2020, it was evident that the onward referral pathways for screen-positive participants who required further investigations in endoscopy were increasingly being impacted by the effects of the Coronavirus pandemic. This situation was under regular review at this time and on the 17 March 2020, following risk assessments and discussions with Welsh Government officials, Public Health Wales recommended a temporary pause of the adult screening programmes. The recommendation considered the Welsh Government's announcement of plans to suspend non-urgent outpatient appointments and non-urgent surgical admissions and procedures in order to redirect staff and resource to support the pandemic, and the UK Government guidance to stop non-essential social contact and travel. Welsh Government officials confirmed their acceptance of the recommendation and a proactive press release was issued on the 20 March 2020 which included a quote from the Minister for Health and Social Services.

This resulted in BSW pausing screening invitations from the 20 March 2020 and by the 30 March 2020, all screening colonoscopy procedures had ceased across Wales in response to recommendations issued by the British Society of Gastroenterology that stated that all but emergency endoscopy procedures should stop immediately. Computed Tomography (CT) Colonography procedures in radiology had also ceased at this time.

During this pause period, BSW introduced a temporary pathway to mitigate risks involving the use of CTs for the abdomen and pelvis for screen-positive participants who were identified with symptoms associated with bowel cancer, in order to highlight them for possible surgical intervention (this pathway operated from the 24 April to the 31 July 2020).

As COVID-19 cases started to reduce from May 2020, plans to reinstate COVID-19-safe screening pathways against agreed criteria were implemented, and the risk-based and phased implementation of the paused programmes started from June 2020 with Bowel Screening invitations restarting on the 1 July 2020.

As a consequence, the bowel screening programme in Wales was paused for 19 weeks from the end of March to July 2020, during which time approximately 110,000 screening participants were overdue their screening invitation

2.2 Restart and Recovery of the Bowel Screening Programme

On the 1 July 2020, BSW re-started the screening programme in a phased, risk-based manner. The first phase involved re-issuing screening kits to approximately 3,000 participants who had a screening test kit rejected for testing during the programme pause, with subsequent reinstatement of weekly screening invitations to the eligible population from the 7 August 2020. From November 2020, BSW

ensured that participants due their first screening kit were prioritised and not delayed their screening offer, given that these participants were deemed higher risk than those who had previously been screened by the Programme.

BSW put in place a plan to recover the screening programme following the pandemic pause, by increasing the quantity of weekly screening invitations to enable a reduction of the 110,000 individuals who were overdue a screening test kit. The additional volume of screening invitations varied between 20-30% in response to the impact of the ongoing pandemic on secondary care services and temporarily reverted back to baseline volumes of 6,000 weekly invitations during the second COVID-19 wave in January and February 2021. This process of over-inviting re-commenced in March and continued throughout 2021, with recovery of the bowel screening invitation backlog completed on the 24 September 2021.

The introduction of the screening FIT in 2019, increased uptake by 10% (55% with guaiac faecal occult blood test to 65% with FIT). Screening uptake immediately following the restart of the Programme in August and September 2020 was high at 69% and 68%, respectively and this increase has been maintained and is currently at 67% (October 2022).

The bowel screening programme has undertaken a range of initiatives aimed at reducing inequalities and increasing screening uptake. These include targeted interventions aimed at increasing screening uptake amongst individuals who did not return their screening test kit (non-responders) with the use of a GP endorsed reminder letter from the individual's GP practice and a follow-up telephone conversation to those who did not respond to the letter. In the latest intervention of this type conducted within Hywel Dda University Health Board in late 2021, these interventions increased bowel screening uptake by 13% in this targeted group of non-responders. BSW has also adjusted the wording of its Programme literature and website to make them more accessible to participants, has translated leaflets into multiple languages and is currently working closely with Learning Disability Wales to make adjustments to make bowel screening more accessible to participants with learning disabilities.

As detailed in the recent inequity report, the inequity gap which is the difference between uptake in the least deprived communities compared to the most deprived communities, was 14.5% for Bowel Screening in 2020/2021 which was an improvement of 2% compared with 2019/2020.

2.3 Impact on Screening Colonoscopy

Screening colposcopy services ceased to be offered across Wales from the 30 March 2020 and restarted in a staggered approach between June and August 2020. As a consequence, 32% less screening colonoscopies were performed in 2020 compared to 2019 (2077 in 2020 compared to 3056 total screening colonoscopies performed in 2019).

Whist BSW ceased referring participants for endoscopy during the Programme pause, a backlog of screening participants awaiting a colonoscopy had developed as

a consequence of endoscopy services ceasing to operate from March 2020. The plan to recover the screening programme by inviting additional people each week resulted in additional referrals to colonoscopy, with waiting times for screening colonoscopy as long as 28 weeks in some centres during 2020 and 2021.

BSW modelled colonoscopy demand based on the volume of additional participants being screened each week to recover the Programme. This showed that every 10% rise in the volume of weekly screening invites, increased the number of weekly screening colonoscopy referrals by six across the whole of Wales. Consequentially, the number of screening colonoscopies performed in 2021 (3809 procedures) increased by 25% compared to the pre-pandemic 2019 volume (3056 screening colonoscopies).

Public Health Wales commissions screening colonoscopy services from the seven health boards in Wales. Representatives from BSW met regularly (and continue to meet) with the health board endoscopy teams to share the screening colonoscopy demand data generated by Programme recovery and discuss options to increase screening colonoscopy capacity. The screening colonoscopy demand data was also shared with the National Endoscopy Programme's 'Demand and Capacity' subgroup. In addition, screening participants demonstrating 'red flag' symptoms were expedited for screening colonoscopy or referred to the GP if screening could not be expedited.

3 Issues relating to recovering and improving waiting time performance including: reducing waiting times for diagnostic tests and imaging to eight weeks by spring 2024 and support for people waiting for tests and follow up appointments; active waiting list size for all current inpatient and day-case patients waiting for endoscopic procedures (by modality); extent to which elective capacity is impacted by emergency activity and whether there is sufficient data to understand the impact of emergency cases; whether high risk patients requiring ongoing surveillance endoscopic procedures are included in current demand and capacity planning models; scope for upscaling lessons learned from previous waiting list initiatives such as insourcing, outsourcing or mobile units and what the current demand and capacity modelling tells us about when a sustainable position can realistically be achieved.

Waiting Times for Screening Colonoscopy and Measures taken to Help Manage this Situation

3.1 Components of the Bowel Screening Colonoscopy Waiting Time

The turnaround time for a participant sending in a screening test to the laboratory for testing consistently meets the seven days standard at 100%, and usually the result is sent within 48 hours of receipt. Those participants who have a screen negative result are returned to routine recall and invited again in two years if still within the eligible age range. Those participants who have a screen positive result

are asked to contact the programme to book a Specialist Screening Practitioner (SSP) appointment.

The total time a screen-positive participant has to wait for a screening colonoscopy is made up of two components, the time taken for a pre-colonoscopy assessment with a SSP and the subsequent time to receive the screening colonoscopy procedure. Combined, these component waits make up the total time a screen-positive participant is waiting for a screening colonoscopy. A screening colonoscopy can only take place once the pre-assessment to determine medical fitness to proceed has been performed, so any prolonged waits for pre-assessment will impact adversely on the colonoscopy waiting time.

3.2 Waiting Time for Pre-Colonoscopy Assessment with a SSP

All screen-positive participants receive an assessment with an SSP to explain the colonoscopy procedure, evaluate fitness for colonoscopy and to discuss any alterations to medication regimes prior to the screening colonoscopy. Once completed, those who are deemed fit are offered the next available screening colonoscopy appointment in their local hospital or referred for radiological examination (CTC) if deemed unfit. The majority of assessments are conducted over the telephone, with occasional need for a face-to-face assessment as determined by medical need or communication barriers.

Waiting times for SSP assessment have been prolonged on occasions since the restart of the Programme in July 2020 and ranged from 5-12 weeks in October 2021. This was caused by staff shortages in some units (COVID-19 and non-COVID-19 related absences), the increased volume of participants requiring assessment following Programme recovery and the loss of nursing staff to the local COVID-19 response in some units.

In response, BSW conducted an option appraisal to evaluate measures that could be implemented to reduce waiting times for pre-colonoscopy assessment, with the following initiatives implemented:

- BSW central nursing team assisted the SSPs in the pre-assessment, result and attendance at the colonoscopy procedures in response to acute staff shortages.
- BSW central administration staff assisted the hospital-based administration staff during staff shortages (where geographically feasible).
- Change in process to allow SSPs to conduct pre-assessments from home (subject to strict Information Governance requirements). This change enabled those SSPs who were self-isolating, but well enough to work, to continue to provide the pre-assessment service.
- A reduced pre-assessment pilot process was introduced that utilised enhanced participant information leaflets and a pre-assessment questionnaire. This resulted in a 25% reduction in the time taken to complete a telephone assessment and has been implemented across all 13 screening centres.

- Temporary funding to increase screening administration support in the local screening endoscopy units to ensure SSPs are relieved of administration tasks, thereby increasing the capacity of these screening nurses.
- Removal of management audits from the SSPs, with these now performed by the central BSW nursing team. This removes a further administration burden from the SSPs to enable them time to perform additional assessments and attend more screening colonoscopy procedures.
- Allow health boards to use insourced SSPs to attend screening colonoscopy lists (subject to satisfactory quality assurance checks), thereby enabling weekend screening lists whenever BSW SSPs were unavailable.
- Recruitment of additional SSPs and administration staff from April 2021 to support the planned optimisation of the Programme (with further funding being released from April 2023)

As a consequence, the waiting times for SSP assessment have since recovered in all 13 local screening assessment centres and are all now being conducted within the BSW 14-day standard (waiting time range for SSP assessment across the 13 local assessment centres was 5 to 12 days on the 11 November 2022).

3.3 Waiting Time for Screening Colonoscopy

Immediately following the pandemic pause in 2020 and through 2021, screen-positive participants were waiting as long as 28 weeks in some health boards for their first screening colonoscopy procedure. The total waiting time in April 2021 ranged from 4-28 weeks (average waits of 14 weeks) and between 7-28 weeks in October 2021 (average waits of 12 weeks). Currently, screening participants are waiting 8.5 weeks on average for their first screening colonoscopy (November 2022), with one health board currently an outlier with a waiting time of 20 weeks and BSW is actively working with them to address this.

3.4. Strategies to Increase Bowel Screening Colonoscopy Capacity

BSW managers continue to meet regularly with the endoscopy teams in every health board to discuss screening waiting times, share screening demand modelling data and investigate options to increase screening colonoscopy capacity. The following initiatives to increase screening capacity have been implemented at different times and in differing health boards since July 2020:

❖ Review of the BSG Colonoscopy Surveillance Guidelines

In 2019, the British Society of Gastroenterology (BSG), the Association of Coloproctology of Great Britain and Ireland (ACPGBI) and Public Health England (PHE) published consensus surveillance guidelines for the management of post polypectomy and colorectal cancers. In November 2019, the National Endoscopy Programme (NEP) published a document detailing the implementation of these guidelines. Between January and July 2020, BSW reviewed and applied the new surveillance pathway to 3,600 screening surveillance participants. This review

resulted in a number of participants moving either to a 3-year colonoscopy surveillance interval (from a one year colonoscopy surveillance) or removed entirely from surveillance, with a resultant increase in available capacity in endoscopy.

❖ Accreditation of Additional Screening Colonoscopists

Due to the nature of the small and subtle polyps found at screening colonoscopy, as well as the high pathology yield (i.e. 70% polyp detection and 10% cancer detection), BSW, in line with the English and Northern Irish screening programmes, requires that screening colonoscopy procedures can only be performed by Colonoscopists who have sufficient experience and skills to satisfy the accreditation standards set by the Joint Advisory Group on gastrointestinal Endoscopy (JAG).

In 2019, BSW had 18 accredited Screening Colonoscopists performing 21 screening colonoscopy procedures on a weekly basis. During 2020, an additional two individuals became accredited to perform screening colonoscopies, with another five accredited to date, the latest of which is the first Clinical Nurse Endoscopist to achieve screening accreditation in Wales (accredited on the 26 November 2022). Currently, BSW has 25 Screening Colonoscopists across the seven health boards, with another two individuals due for formal assessment in early 2023.

To assist this process, BSW works collaboratively with the JAG to administer the screener accreditation process, with certification of screeners issued by the JAG. In addition, BSW offers a range of support to all prospective candidates to maximise their chances of achieving accreditation, including review of key performance indicators prior to applying to become Screening Colonoscopists, local mentorship with assessors in their screening centre and bespoke, one-to-one, weekend mentorship sessions immediately prior to the formal assessment.

To encourage the future recruitment of Screening Colonoscopists, representatives from the bowel screening programme and colleagues from the NEP and the English screening programme presented at the recent Welsh Association of Gastroenterology and Endoscopy (WAGE) conference to explain the accreditation process, detail the support provided by BSW to candidates and raise awareness of the role of Clinical Nurse Endoscopists in screening.

❖ Alterations to Screening Colonoscopist Job Plans

In addition to the recruitment of additional Screening Colonoscopists, there is a need for some existing Screening Colonoscopists to adjust their job plans to allow them to undertake the screening colonoscopy procedures their health board is commissioned to provide. This approach is encouraged by BSW during the discussions with the health board endoscopy teams and this approach has proved to be successful at enabling additional local screening capacity, with clinician's backfilling the accredited Colonoscopists' more general medical roles. However, many health boards find this process difficult to implement due to a lack of clinicians to undertake the roles currently performed by the Screening Colonoscopists.

❖ Use of Insourced Screening Colonoscopists

In early 2021, the BSW Programme Board agreed to accept the use of insource Screening Colonoscopists within the bowel screening programme in Wales. All such individuals must be JAG accredited as Screening Colonoscopists and satisfy a range of strict key performance indicators before being sanctioned to perform BSW colonoscopy procedures (including a review of the screening data from their host national programme). To date, insourcing of screening colonoscopy has been undertaken in four of the seven health boards to assist with the reduction in screening backlogs and backfill lost lists caused by staff absences.

❖ Provision of Additional Screening Lists

All seven health boards have provided additional screening colonoscopy lists on an ad hoc basis to meet the increased demand, be these additional lists at weekends using waiting list initiatives or additional weekday lists. The provision of additional screening lists is dependent on the availability of nursing (SSPs and endoscopy nurses), Colonoscopists and endoscopy rooms, as well as competing demands of the symptomatic colonoscopy service.

4 The current position for optimising the bowel cancer screening programme (i.e. for increasing Faecal-Immunochemical Testing (FIT) sensitivity and age testing) and how this compares to other parts of the UK

4.1 UK National Screening Committee (UK NSC) Recommendation (August 2018)

In response to the UK NSC recommendation in August 2018, that all bowel screening programmes should optimise bowel screening by offering FIT-based screening to those aged between 50-74 years at as low a threshold as possible, BSW developed a multi-stage plan to optimise the bowel screening programme in Wales as outlined below.

4.2 Introduction of FIT as the Primary Screening Test

BSW commenced the rollout of FIT into the Welsh screening programme as planned in January 2019, with the initial roll out of 1:28 screening participants randomly issued with the FIT kit instead of the card-based guaiac faecal occult blood test. This new screening test was phased in during 2019, with all screening participants in Wales issued the FIT kit from September 2019. The FIT kit offered benefits of increased specificity, automated laboratory analysis and single, easier, sample collection, the latter of which helped improve participation rates for bowel screening by 10% compared to the previous test.

In order to meet the available colonoscopy capacity in 2019, the positive threshold (cut-off) for the screening FIT was set at 150 micrograms (µg) of haemoglobin/gram (g) of faeces. This continues to be the current positive screening FIT threshold in Wales.

4.3 Age Expansion and Changes to the Screening FIT Positivity Threshold

In collaboration with expert advisors, BSW initially developed a two-year plan to increase the eligible screening age from 60-74 to 55-74 from 2020, followed by a further expansion to 50-74 years from 2021. This process was due to commence in April 2020 but was not started due to the COVID-19 pandemic and subsequent screening programme pause.

During 2021, BSW reconvened its Optimisation Advisory Board to re-evaluate the Programme's plan for optimisation and it was agreed that due to the impact of the pandemic on available endoscopy service provision and waiting times, a more realistic approach would be adopted due to the impact of the pandemic on health services.

Instead of expanding the eligible screening age over two years, it was agreed this would be extended over a four-year period, with concurrent alteration to the screening FIT threshold during the latter two years as follows:

- From October 2021 – expand the eligible screening age to include those aged from 58-74 (FIT cut off of 150)
- From October 2022 – Further expand the age range to 55-year-olds (55-74), with the FIT cut off remaining at 150
- From October 2023 – Expand the eligible screening age to 51-74 and reduce the FIT threshold (increase kit sensitivity) from 150 to 120 µg/g
- From October 2024 – complete the age expansion process, by inviting all those aged from 50, whilst completing optimisation by reducing the screening FIT threshold to 80µg/g.

BSW has successfully completed the age expansion to the 58-year-olds on schedule between October 2021 and September 2022, and commenced the next phase of the revised optimisation plan on target, when those aged from 55 years started to receive their screening kits from the 5 October 2022 (rollout to all those aged between 55-57 years due to completed by September 2023).

This expansion to 55 years will add an additional 172,000 screening invitations per annum (estimated 492,000 invites per year), with future age expansion as planned, resulting in an estimated 537,000 individuals being issued with a bowel screening kit per annum from October 2024.

BSW has shared detailed demand modelling to all health boards and the NEP based on these invitation volumes. This suggest that the number of screening colonoscopy procedures will rise from 4,600 to 6,900 this year and plateau at over 12,000 procedures on completion of screening optimisation in September 2025.

The consequential anticipated increase in screen detected cancers rises from 330 when those aged from 58 were screened, to over 500 during the next two years and over 870 with completion of the planned screening age expansion and FIT sensitivity change. Prior to the optimisation of the bowel screening programme in 2019, approximately 10% of all newly diagnosed colorectal cancers in Wales were detected through screening. BSW modelling indicates that this screen detected proportion is expected to increase to almost 45% per year upon completion of the optimisation process in 2025.

4.4 Comparison with the other UK National Bowel Screening Programmes

As stated above, BSW plans to complete the process to meet the UKNSC recommendation for optimisation of the bowel screening programme in Wales by September 2025, when all individuals registered with a GP in Wales aged between 50 and 74 years will be invited for screening every two years using FIT at a positive threshold of 80µg/g.

The Scottish bowel screening programme is already offering screening to people aged 50 to 74 years for screening every two years using a FIT threshold of 80µg/g. Unlike the other UK-based bowel screening programmes, the Scottish programme is only responsible up to the delivery of the screening FIT results. All screening colonoscopy or CTC procedures are the responsibility of the local health boards and does not require the Colonoscopist to be accredited. This is a different model to other UK screening programme who commission diagnostic bowel screening services and only allow accredited screening Colonoscopists to perform screening procedures.

The English Bowel Cancer Screening Programme (BCSP) programme has commenced its optimisation process and has invited those age 56 years (the previous bowel scope eligible population) since 2021 and recently started inviting those aged from 58 years in 2022, using a FIT positive threshold of 120µg/g. The programme in England has a similar plan and timeframe to complete the optimisation of its programme to Wales.

Northern Ireland is using screening FIT at a positive cut off of 150µg/g, but has not commenced the age expansion and, as such, is currently inviting those aged between 60-74 for screening every two years.

5 Primary care access across different health boards to FIT for patients who do not meet the criteria for a suspected cancer pathway referral and how it is being used to help services prioritise patients and stratify referrals by risk (outpatient transformation)

Prior to the publication of the National Endoscopy Programme's National Framework document there was growing interest in the potential use of Symptomatic FIT to prioritise patients and stratify risk. The initial NICE guidance documents (NG12 and DG30) highlighted the potential of FIT to manage risk, and all-Wales guidance from the National Endoscopy Programme was considered key to implementing this on an effective and equitable all-Wales basis.

Working closely with the National Endoscopy Programme and interested health boards across Wales, the Public Health Wales Screening Division Laboratory indicated its ability to support the Framework. The FIT test and analysers were already in use within the laboratory to provide testing on behalf of Bowel Screening Wales. Beginning in mid-2020, and as part of Public Health Wales's commitment to provide mutual assistance across NHS Wales during the height of the pandemic, the offer was made to all health boards to offer symptomatic FIT testing on their behalf to mitigate harm due to impact of pandemic on health care systems to risk assess symptomatic patients to prioritise the capacity of colonoscopy.

The symptomatic FIT test can identify possible signs of bowel disease by detecting small amounts of blood in faeces, more specifically the globin component of human haemoglobin. The laboratory utilises the recommended threshold of 10µg/g of faeces above which investigations should be triggered. The result is returned to the requesting clinician to enable the risk stratification of patients and effective management of referrals to colonoscopy, with the potential to reduce the 'Numbers needed to scope' (NNS) in order to detect one CRC.

The laboratory currently provides Symptomatic FIT testing to primary care services across five of the seven health boards in Wales (Aneurin Bevan, Betsi Cadwaladr, Cardiff and Vale, Powys and Swansea Bay). This provides coverage to approximately 75% of the population. Uptake has risen over this time as population coverage has increased, and the laboratory is now testing around 5000 samples per month. The service is based on electronic referrals made by the requesting clinician, which are received by the laboratory each day. A test kit is then sent to the patient via Royal Mail, the patient takes the sample, and returns it to the lab in the post. This model is demand-led and is scalable to meet the needs of primary care. It is intended to be readily accessible to clinicians without the need for them to manage test kit stock, and for the patient it provides an easy-access service. The commissioning health boards are responsible for the follow up of the patient result, and the subsequent risk stratification. The laboratory provides safety netting data to local service coordinators to facilitate this.