



Welsh Association for
Gastroenterology and Endoscopy
Cymdeithas Gastroenteroleg
ac Endosgopi Cymru

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Health & Social Care Committee – Endoscopy services : follow up enquiry.

Introduction

1. The Welsh Association for Gastroenterology and Endoscopy (WAGE) is the professional leadership group for all aspects of Gastroenterology in Wales. Our members work throughout the country in a variety of medical, nursing, administrative and managerial roles. WAGE has been recognised as a National Speciality Advisory Group by the Welsh Medical Committee.
2. We welcome the ongoing focus on endoscopy services in Wales and submit this written evidence to be considered within the follow up enquiry. It is important to reiterate that although endoscopy is a key diagnostic tool of detecting GI cancers it also diagnoses and treats a range of benign but debilitating conditions eg Inflammatory Bowel Disease as well as emergencies eg Upper GI bleeds.
3. We are aware that other national organisations will be providing specific data relating to endoscopy in Wales. Our submission makes a number of recommendations that are presented below terms of reference for this enquiry (given in italics).

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

4. There were significantly fewer endoscopies undertaken during the height of the pandemic. Activity was largely limited to inpatients and urgent suspected cancer referrals. Our staff were redeployed to other clinical areas. Also the number of patients on lists were reduced due to the need to wear PPE and waiting between patients particularly for upper GI endoscopy which is an aerosol generating procedure.
5. Most services in Wales did not have compliant waiting times before the pandemic but this situation worsened due to reduced activity. There has been some improvement in the waiting list position but much of that has been achieved by 'insourcing' work, mainly at weekends.

The priority given to endoscopy services in the Welsh Government's programme for transforming and modernising planned care, including who is responsible for delivering improvements through the reconfiguration of services and new models of care (including additional endoscopy theatres, diagnostic centres and regional units), and how endoscopy services will feature in the new cancer action plan (expected to be published autumn 2022).

National directed programme

6. We acknowledge the need for a national approach in Wales with greater regional working outside of Health Board borders.
7. WAGE supports the National Endoscopy Programme (NEP) proposal to transition into a permanent operational delivery network within a Gastroenterology strategic network.
8. Within the development of regional units to increase general capacity, WAGE also asks that there is also focus on sub-speciality areas such as complex polypectomy, Endoscopic Retrograde Cholangio-Pancreatography (ERCP), Endoscopic Ultrasound (EUS) , enteroscopy etc looking how best these are delivered.

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; the active waiting list size for all current inpatient and day-case patients waiting for endoscopic procedures (by modality); the 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; the 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.

Additional Capacity

9. WAGE recognises the many achievements of the NEP. Its robust demand and capacity data found that in November 2022 there was a shortfall of 14 procedure rooms across Wales. This is predicted to rise to 18 rooms by 2026/2027 due to increasing demands from both symptomatic and screening work.
10. We believe it is imperative that this recurrent capacity gap is met in a sustainable manner by developing additional endoscopy rooms in Health Boards and within extra regional facilities. This will reduce the current reliance on significantly more expensive 'insourcing' provision by external private providers. This is widespread across the country and is helping but not solving the waiting list pressures.

Workforce and training

11. To meet ongoing demands and the necessary expansion in the service, WAGE recognises the importance of high quality and effective training to attract, train and retain our staff. We fully support a dedicated endoscopy academy, as proposed by the Endoscopy Training Management Group, Health Education and Improvement Wales, which will provide intensive and focused training for our workforce.
12. WAGE recognises the high quality service provision by clinical (non-medical) endoscopists. The NEP supported training programmes have led to the expansion of this valued workforce who undertake independent upper and lower GI endoscopy. We were delighted to hear the recent news of the first clinical endoscopist to pass the bowel screening colonoscopy accreditation assessment in Wales. WAGE recognises the need to further expand the number of these roles in our Health Boards. We believe that appropriate remuneration for Clinical Endoscopists is essential for not only retaining accredited endoscopists but also encouraging those who want to progress further to also become bowel cancer screening colonoscopists.
13. We support the NEP's initiatives to attract nurses into endoscopy. In a number of services a shortage of fully trained nurses has been a limiting factor for activity in weekday schedules. Our endoscopy nurses will benefit from completing the competency based JETS-workforce (JAG Endoscopy training system) to aid their knowledge and development.

What barriers there are to achieving accreditation from the Joint Advisory Group on GI Endoscopy, including whether health boards are investing sufficient resource in developing the facilities and infrastructure for endoscopy services, decontamination services, and the progress that has been made in expanding the endoscopy workforce.

JAG Accreditation

14. We acknowledge the importance of accreditation by the Joint Advisory Group on GI Endoscopy (JAG) for quality assurance. WAGE aspires for all endoscopy services in Wales to be JAG accredited. We congratulate the 5 NHS services that have already achieved and maintained this (Bronglais, Withybush, West Wales General, Brecon and Princess of Wales, Bridgend).
15. WAGE is aware that of the remaining 15 endoscopy services in Wales, a further 8 have been identified by NEP as being suitable for an accreditation visit in the near future (Ysbyty Gwynedd, Singleton, Morriston, Prince Charles, Royal Glamorgan, UHW, Llandough and Ysbyty Ystrad Fawr). We recognise that there is a lot of preparatory work required before these visits and ask for the local leadership teams to be given ringfenced time in their job plans to do this and to be supported by project management.
16. For the remaining 7 services, we ask that robust plans are agreed to resolve issues that relate to facilities and infrastructure which need to be addressed to ensure JAG

compliance with its privacy and dignity requirements. We recognise this will involve significant capital investment in several units and may end up with decisions to move activity to other services including the proposed regional units.

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.

Bowel Screening

17. WAGE recognises the significant achievements by Bowel Screening Wales (BSW). Many of our members are involved with this programme and know it a high quality and effective service that we can be proud of. There is strong evidence that this benefits the population of Wales by both preventing cancer when pre-malignant polyps are removed and detecting bowel cancer at an earlier stage with associated survival benefits.
18. WAGE recognises the supportive training and mentoring programme from BSW for those who want to become accredited screening colonoscopists and congratulates those who have recently become screeners. There will be the need for the numbers of screeners to expand further over the next few years to meet projected demand.
19. We strongly endorse the planned lowering of the age of onset to 50 and the reduction of the Faecal Immunohistochemical Testing (FIT) sensitivity from its current threshold of 150µg HB/g to 80 µg HB/g (in line with Scotland). We should aspire to lower this threshold even further after reviewing outcomes from other screening programmes and acquiring sufficient colonoscopy capacity.

The experiences of younger people and those most at risk of developing bowel cancer (i.e., those living with Lynch syndrome) and efforts to diagnose more patients at an early stage.

Polyposis Patients

20. We recognise the importance of timely, high quality endoscopic evaluation and treatment for all patients. This is particularly important in those at an even greater risk of developing cancer and should be achieved by a consistent and co-ordinated approach across our country to minimise variation. WAGE strongly supports the proposed initiatives by the NEP to facilitate this.
21. Wales is already in a better position as compared to most regions in England in case identification through the routine Lynch testing of all diagnosed colorectal cancers.
22. In England, the colonoscopic surveillance of Lynch syndrome patients / family members is undertaken within the national bowel screening programme. If we adopted the same approach it would increase the demand on an already stretched service and so affect its overall timeliness. As an alternative, WAGE supports the option of a networked and co-ordinated solution between all Health Boards to ensure high quality and frequent surveillance. This will

be included within the upcoming NEP guidance for high risk, genetic polyposis patients (including Lynch). WAGE supports participation in the UK Rare Disease network for Polyposis, ensuring a standardised all UK approach. We also recognise the need to liaise with WHSC to ensure the oversight of the multi-disciplinary management of these conditions is properly funded.

23. There will be the need to identify operators in each Health Board to undertake the necessary high quality endoscopic surveillance. Some of these may be existing bowel cancer screeners but via networking other colleagues will also be able to participate, helping to further disseminate optimal practice.
24. The NEP's Pathways subgroup is already in contact with The All Wales Medical Genetics service to develop a training and education program for Specialist nurses in Gastroenterology, Colorectal Surgery and Endoscopy with Genetic counsellors. This will develop a co-ordinated national approach with the standardised management of surveillance across all Health Boards with genetic panel testing at the time of detection of polyps and or cancers to reduce any variation.
25. WAGE wants to endorse and participate in upcoming activities including national education events as well as audits of these conditions in 2023 which will mean we better understand the scale and distribution of these conditions across Wales .

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).

26. FIT is now widely used in our symptomatic service where it has been shown to be a helpful triage tool. It is now available in primary care in all but 1 Health Board – it will also be accessible there in 2023.

**Dr John Green – President of WAGE
& the WAGE Core Executive Committee**



**Royal College
of Physicians**

Coleg Brenhinol
y Meddygon (Cymru)

This response is endorsed by the Royal College of Physicians (RCP).

The RCP represents more than 1,650 physicians and clinicians in Wales - educating, improving and influencing for better health and care. We set quality standards and medical curricula for gastroenterology, and we host the [JAG accreditation programme](https://www.thejag.org.uk/) which is awarded to high-quality gastrointestinal endoscopy services.