

Eluned Morgan
Minister for Health and Social Services
Welsh Government

10 March 2023

Dear Eluned

Endoscopy services: follow up inquiry

As you will be aware, following the update you provided on 24 August 2022 on progress made against recommendations for endoscopy services in Wales made in 2019 by the Fifth Senedd Health, Social Care and Sport Committee, we have been holding a short follow up inquiry to consider what further action may be needed to implement the national endoscopy action plan, reduce waiting times, and ultimately improve patient outcomes and survival rates.

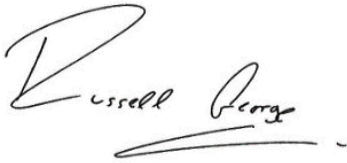
We agreed to write to you to highlight the key issues emerging from the evidence we have gathered through a general call for written evidence and oral evidence sessions with key stakeholders on 2 February 2023 and 15 February 2023, and to make a small number of recommendations.

The Fifth Senedd Committee's report on endoscopy services found that endoscopy capacity was significantly stretched before the COVID-19 pandemic. It is clear from our follow up inquiry, and our work on the NHS waiting times backlog, that the suspension of non-urgent activity in 2020 has resulted in a bigger backlog of patients waiting longer for diagnostic tests.

We welcome the fact that measures to increase capacity and recover the backlog of patients waiting for endoscopy have seen some success. However, it is likely that much of the improvement will be the result of expensive, short-term initiatives such as insourcing and outsourcing of activity. The clear message we heard from stakeholders is that more sustainable solutions are needed. We agree.

We would be grateful for a response to the recommendations set out in the annex **by 25 April 2023**.

Yours sincerely

A handwritten signature in black ink that reads "Russell George". The signature is written in a cursive style with a large initial 'R' and a long horizontal flourish at the end.

Russell George MS
Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

Annex: Endoscopy services: request for information

We would be grateful for a response on the following issues by 25 April 2023.

Driving change

1. The evidence shows that it has been clear for some time what needs to be done to improve endoscopy services. The solutions are the same now as they were before the pandemic. However, we have consistently heard concerns about the slow pace of change, and have been told that this is caused in part by delays in decision-making “at every level”.¹
2. We have heard that there is significant variation across health boards, both in terms of implementing national, evidence-based guidance, and delivering on the National Endoscopy Programme’s aims.² Witnesses also told us that greater clarity about accountability structures is needed, including the role of the new NHS Executive.³
3. We agree that greater clarity is needed about accountability structures. We note that this is an issue that applies not only in relation to endoscopy services, but also more broadly across the delivery of health services and the implementation of the Welsh Government’s objectives, strategies and plans for health and social care in Wales.

Recommendation 1. The Welsh Government should provide further information about the establishment of the NHS Executive. This should include details of its governance arrangements, its role and responsibilities in relation to holding health boards to account and ensuring that change is implemented, and the timescales within which it will take up those roles and responsibilities.

Workforce

Training

4. It is clear from the evidence that workforce capacity is the biggest challenge facing current and future delivery of endoscopy services.⁴ Witnesses told us of the need to ensure that there is a pipeline of staff to deal with the anticipated demand for endoscopy, including screening colonoscopists, endoscopy nurses and clinical nurse endoscopists, as well as administrative staff.⁵
5. All of the witnesses from whom we heard oral evidence supported the development of a clinical endoscopy training academy as a sustainable means of accelerating training pathways and improving

¹ RoP [para 279], 2 February 2023

² RoP [paras 272-274], 2 February 2023

³ RoP [para 294], 2 February 2023

⁴ RoP [para 35], 2 February 2023

⁵ RoP [para 14], 15 February 2023

access to, and the quality of, training.⁶ We note that the new cancer improvement plan for NHS Wales for 2023-2026 says that Health Education and Improvement Wales will develop a business case for an academy of clinical endoscopy by the end of June 2023, with phased implementation of the academy to begin in 2023.⁷ We hope to see this work progress at pace.

Recommendation 2. The Welsh Government should provide us with an update by July 2023 on the development of the academy of clinical endoscopy, in particular to identify whether work is on track to meet the timescales envisaged in the cancer improvement plan for NHS Wales for 2023-2026.

Workforce data

6. We received mixed evidence about the availability and robustness of data about the endoscopy workforce. Professor Sunil Dolwani, representing the National Endoscopy Programme, said:

"I wouldn't say we have perfect data, but we do have good enough data to model the [service and workforce] plans, going forward".⁸

7. Other witnesses, however, indicated that reliable workforce data was not widely available.⁹

8. We agree that there would be benefit in ensuring workforce data is more widely and publicly available, and are encouraged by the indication from Dr John Green of the Welsh Association of Gastroenterology and Endoscopy that the National Endoscopy Programme is developing a dynamic dashboard to improve the availability of data across the whole endoscopy workforce.¹⁰

Insourcing and outsourcing

9. We heard from witnesses about the use of insourcing and outsourcing arrangements to increase endoscopy capacity in the short term. We share the concerns we heard about the amounts spent on insourcing and outsourcing to private companies, which were described by Professor Dolwani as "absolutely staggering".¹¹

10. Moving away from reliance on short-term measures to meet demand such as insourcing and outsourcing, and towards a more sustainable position in terms of workforce and capacity will require investment, and we would like to understand more about how the Welsh Government, working with key partners including the NHS Executive, the National Endoscopy Programme and health boards, plans to achieve this.

⁶ RoP [paras 41-43, 15 February 2023

⁷ Wales Cancer Network, [A cancer improvement plan for NHS Wales 2023-2026](#), 31 January 2023

⁸ RoP [para 323], 2 February 2023

⁹ For example RoP [para 35], 2 February 2023 and RoP [para 10], 15 February 2023

¹⁰ RoP [para 14], 15 February 2023

¹¹ RoP [para 306], 2 February 2023

Recommendation 3. The Welsh Government should set out what actions will be taken, and when, to move endoscopy services from the current position, which is reliant on short-term measures such as insourcing and outsourcing to meet demand, and to free up money to invest in more sustainable workforce and capacity solutions.

Bowel screening programme

- 11.** The bowel screening programme was paused during the early months of the pandemic. We applaud the significant efforts that went into successfully recovering the programme by September 2021.
- 12.** It was positive to hear from witnesses that uptake of bowel cancer screening invitations has been increasing, but we are concerned that inequalities in uptake remain. For example, we were told that men are less likely to take up the offer than women, and that uptake is significantly lower in more deprived areas.¹²
- 13.** We welcome initiatives to increase screening uptake, including GP-endorsed letters, and the work Bowel Screening Wales is doing to improve patient experience and screening uptake for people with learning disabilities.¹³
- 14.** Demand for screening colonoscopy will increase as the bowel screening programme expands in terms of both age threshold and test sensitivity. Stakeholders welcomed the phased approach to the expansion of the programme, which was described as having been carefully planned to avoid overwhelming existing screening capacity.¹⁴
- 15.** We support the calls made by some of those who gave evidence to our inquiry for Wales to work towards meeting the UK National Screening Committee's recommendation of further reducing FIT test sensitivity to 20µg/g once the currently-planned optimisation of the bowel screening programme is complete. This will help improve outcomes for more patients, and maximise the cost effectiveness of the programme. It is clear that ensuring we have sufficient, sustainable endoscopy capacity in the longer term will be key to achieving this.

Joined-up working across health boards

- 16.** Witnesses described how services and health boards too often operate in siloes, and called for more joined-up working and more regional working to improve resilience across the system and make more efficient use of existing capacity.¹⁵

¹² RoP [para 65], 2 February 2023

¹³ RoP [para 145], 2 February 2023

¹⁴ RoP [para 298], 2 February 2023

¹⁵ RoP [para 206-207], 2 February 2023

17. We were concerned in particular to hear about the challenges people may encounter in working or training outside the health board in which they are based due to varying and restrictive HR policies across different health boards.¹⁶

Recommendation 4. In its response to this letter, the Welsh Government should set out what work is being done to understand and address barriers associated with variations or overly-restrictive health board HR policies that may prevent NHS staff from working or training in a health board other than the health board in which they are based. If more time is needed to respond, the Welsh Government should commit to providing this information by July 2023.

Community and regional hubs

18. There was broad support for the development of community hubs to improve diagnostic capacity and patient access, particularly in relation to some of the newer innovative technologies.¹⁷ However, stakeholders rightly emphasised that traditional endoscopy is an invasive procedure that can result in complications, and that consideration needs to be given to the safety of delivering such procedures in community hubs; for example through careful patient selection and ensuring that there are clear pathways and processes in place.¹⁸

19. We also heard about the benefits of developing larger, regional diagnostic hubs in which endoscopy is co-located with imaging and other diagnostic services.

Joint Advisory Group on GI Endoscopy (JAG) accreditation

20. In order to achieve JAG accreditation, endoscopy services must reach a specified 'quality standard'. This includes criteria such as infrastructure, pathways, timeliness, data, patient communication, and privacy and dignity, among others. There was consensus among witnesses that a phased approach is needed, as well as the provision of targeted support for services that are closer to receiving accreditation.

21. We share stakeholders' ambitions for all endoscopy services in Wales to achieve JAG accreditation. We were concerned, however, to hear that the poor quality of the NHS estate is a significant barrier for some services, especially in the context of limited capital funding being available in the Welsh Government's draft budget for 2023-24.¹⁹

Innovation

¹⁶ RoP [para 299], 2 February 2023

¹⁷ RoP [para 105], 15 February 2023

¹⁸ RoP [paras 107 and 109], 15 February 2023

¹⁹ Health and Social Care Committee, [Welsh Government's draft budget 2023-24](#), February 2023

22. We heard that innovations such as colon capsule endoscopy, transnasal endoscopy and Cytosponge™ could help to reduce demand on traditional endoscopy services. Such innovations are also less invasive, and may be more easily tolerated by patients. However, while the wider adoption of new technologies will bring benefits, witnesses were clear that this is not a ‘silver bullet’ and will not address core capacity issues.²⁰

23. Nevertheless, it is concerning to hear that Wales can be comparatively slow to adopt innovation, and it is clear that horizon-scanning for new technologies could be improved. When asked why this is, potential barriers identified by witnesses included lack of leadership and lack of capacity.²¹

Recommendation 5. In the response to this letter, the Welsh Government should set out what actions are being taken, and when, to lead, encourage and facilitate the uptake of innovative technologies and ways of working in endoscopy services in Wales.

Digital Health and Care Wales

24. We heard reports about a ‘bottleneck’ in Digital Health and Care Wales (DHCW) which is contributing to delays in the implementation of a standardised referral pathway for endoscopy in Wales. Professor Dolwani told us:

*“Just to put this in perspective, we wanted some changes in the bowel screening information management system 10 years ago, and that still hasn't happened”.*²²

25. We understand that DHCW handles numerous request from across the NHS where changes are needed to an all-Wales informatics system, but it was concerning to hear that delays in this part of the system could mean a considerable delay in putting in place necessary service improvements.

26. We are currently conducting joint scrutiny of DHCW with the Public Accounts and Public Administration Committee, and will reflect further on this issue as part of that work.

Lynch Syndrome

27. In 2019, in line with NICE guidance, Wales committed to testing patients diagnosed with bowel cancer for the genetic condition Lynch Syndrome. It is not clear from the evidence whether this is routinely happening. We understand that audit work is planned in this respect, and we are keen to see this work progressed at the earliest opportunity. We also heard about the need to improve surveillance of people with Lynch, and discussed with witnesses the importance of people who are diagnosed with Lynch receiving appropriate support.

²⁰ RoP [para 149], 15 February 2023

²¹ RoP [para 280], 2 February 2023

²² RoP [para 352], 2 February 2023

Recommendation 6. In its response to this letter, the Welsh Government should provide further information on the wraparound care and support (including mental health support) available to people diagnosed with genetic conditions such as Lynch Syndrome in Wales. This should include information about how such care and support is tailored to the needs of particular groups, for example women of child-bearing age, people from ethnic minority communities, or disabled people.

Non-cancer conditions

28. Stakeholders emphasised the point that endoscopy does not only relate to cancer, and that focusing on endoscopy only as a component of cancer pathways does not do it justice.²³

29. We agree that endoscopy plays an important role in diagnosing and treating other, non-cancerous conditions such as inflammatory bowel disease. It is vital that this is adequately recognised and reflected in Welsh Government policy and funding decisions.

²³ RoP [para 370], 2 February 2023