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Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Russell George MS
Chair,
Health and Social Care Committee

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25 April 2023

Dear Russell

Thank you for your letter of 10 March regarding the Committee's follow up to its inquiry into endoscopy.

The sustainability and professional accreditation of endoscopy services continues to be a priority for the Welsh Government. As I set out in my previous response to the Committee on this matter, there has been significant disruption to the national programme of work to support NHS organisations. Nonetheless, we continue to work with the NHS to make progress and to align this work with the Diagnostic Board. I announced earlier today the Diagnostics Recovery and Transformation Strategy, which aims to improve access to diagnostic tests and support the development of our diagnostic workforce. This new Strategy will build on, and incorporate, the work of the National Endoscopy Programme, providing opportunities to align with crucial wider developments such as the proposed regional diagnostic hub for southeast Wales.

I have responded to your Committee's recommendations below.

Recommendation: 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.

As you will know, the NHS Wales Executive became operational from 1 April 2023: [Home - NHS Wales Executive](#). The National Endoscopy Programme forms part of the overall National Diagnostics Programme and the governance arrangements between national programmes and the NHS Wales Executive will be determined by the senior leadership team.

Working on behalf of the Welsh Government, the NHS Wales Executive's role is to provide strong leadership and strategic direction, and enable support and, where necessary, intervene to ensure the delivery of national priorities and standards and safeguard and

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

improve the quality and safety of care. The NHS Wales Executive will provide additional capacity at a national level to oversee and support delivery of these priorities by bringing together the NHS Wales Health Collaborative, NHS Wales Delivery Unit, NHS Wales Financial Delivery Unit and NHS Wales Improvement Cymru. The NHS Wales Executive will operate under a dedicated senior leadership team and will continue to provide many of the functions originally delivered by these organisations but in a more effective, efficient, and collaborative way. The NHS Wales Executive will:

- Strengthen national leadership and support for quality improvement.
- Provide more central direction to ensure a consistent and equitable approach to national and regional planning based on outcomes.
- Enable stronger performance management arrangements, including capacity to challenge and support organisations that are not operating as expected.
- Leverage and respond to the advances in medicine science and technology to deliver a modern NHS in Wales.

Establishing the NHS Wales Executive will not change statutory accountability mechanisms. All NHS organisations are already directly accountable to Ministers, and the Welsh Government, and this will continue to be the case. Ministers will continue to set priorities, targets, and outcome measures for the NHS in the form of the NHS Planning Framework. This has been translated by the Director General for Health and Social Services/Chief Executive of NHS Wales into a Mandate to the NHS Wales Executive, setting out its role, ways of working and functions in the delivery of the expectations detailed in an annual Remit Letter.

During 2023, the intention is to build on this first phase of its establishment and strengthen the arrangement by incorporating further functions as part of the phase 2 programme. April 2023 - March 2024 will be a transitional year for the NHS Wales Executive and it is accepted that some elements of its development and its full effectiveness will continue to evolve over time as it matures and settles into the wider health and social care system.

Recommendation: 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.

Health boards in southeast Wales continue to develop proposals for endoscopy facilities that can accommodate the growing demand in this clinical service. Discussions are ongoing with clinical colleagues, including a Clinical Endoscopy Summit scheduled for 21 April to consider the most effective model for future service delivery. In parallel, Health Education and Improvement Wales is considering how the establishment of a Clinical Skills Training Academy model for endoscopy can be introduced to aid in both recruitment and retention of clinical endoscopists.

Recommendation: 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.

The Welsh Government continues to work with health boards on the development of their endoscopy capacity. The national endoscopy programme has supported health boards to develop their demand and capacity modelling. Health boards are planning their services in response to this, and we are reviewing their local and regional plans. These involve a mixture of solutions, such as amended job planning, additional recruitment, training existing staff, and developing new facilities. I would like to draw attention to the Welsh Government's capital investment in new and refurbished endoscopy theatres in Cardiff and Newport as an example of Welsh Government support, but it will take many years for NHS bodies to recruit, train and deploy the required additional workforce capacity.

Most health boards will remain reliant on non-core staffing solutions to meet their population's overall need. It is likely that this will continue alongside the development of additional core capacity for some time, and this will depend on the pace at which staff can be recruited or trained – as well as future changes in the balance of demand/capacity and the future financial outlook for NHS Wales. The intention is to reduce the reliance as much as possible on outsourcing and to some extent on insourcing and waiting list initiatives. However, there will always be a need for a more limited use of this capacity to meet surges in demand or accelerate the rate of backlog reduction.

The intention is to develop core service capacity to the point where this can meet the vast majority of regular demand. As part of this, the national endoscopy programme is collaborating with Health Education and Improvement Wales (HEIW) to train cohorts of clinical endoscopists. So far HEIW has delivered three successful cohorts and eight clinical endoscopists have completed the training. There are three clinical endoscopists currently in training, with a further cohort to commence in September. The national endoscopy programme has also launched a UK wide attraction campaign to attract healthcare professionals to work in endoscopy in Wales. The Programme is currently undertaking a retention survey of all endoscopy staff within NHS Wales to get a better understanding of their experience within the workplace and ascertain the reasons for those choosing to leave or stay in the profession. The Programme will work closely with HEIW to develop an endoscopy specific retention plan to address any issues identified in the survey. We are also exploring the potential for the introduction of an endoscopy academy to support more rapid development of the future workforce.

Recommendation: 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.

In the National Workforce Implementation Plan published in January, we have committed to address the barriers which currently prevent flexible deployment of staff across organisational barriers. Specifically, we have set out an action to support NHS Wales Shared Services to develop a 'passport' approach to enable more responsive, deployment of the workforce across NHS Wales organisations. We also commit in the plan to support the

need to plan and deliver services regionally as new and sustainable service models are developed.

Recommendation: 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.

Innovation in endoscopic care is an important component of improving services. In recent years, endoscopy services have integrated many innovations such as improved imaging, flexibility, lighting, and capabilities such as minimally invasive endoscopic resection instead of surgical resection. Evaluation of new devices and evolving techniques is important to consider. This needs to be balanced with the needs of the patients and population and evidence for their safety and clinical effectiveness, and cost-effectiveness relative to existing techniques. Clinical teams currently have limited resource, capacity, and time to test and evaluate new techniques, and so coordinated efforts to support the evaluation and integration of innovation is required.

Innovation involves a combination of national evidence synthesis, guidance and support, and local evaluation and feasibility of implementation. The national endoscopy programme's focus is on the development of fit for purpose, sustainable, and accredited services. Innovation in techniques is relevant to this agenda as for some patients, with certain requirements, new techniques may be superior or less resource intensive to deliver. The programme has considered a number of innovations such as colon capsule endoscopy and is working with a number of health boards to test the application of this technique. Allied national programmes, such as cancer, have also supported the testing of new techniques such as trans-nasal endoscopy. National organisations will continue to support national adoption of proven technologies.

Nonetheless, it is the responsibility of NHS organisations to determine which techniques and devices best deliver the requirements for their local populations, provided they comply with national standards of care.

Recommendation: 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.

The Welsh Health Specialised Services Committee (WHSSC) commissions Lynch testing as described in its Genomic Testing Policy Position PP184. This genomic test is commissioned from the All-Wales Medical Genomic Services (AWMGS). AWMGS is a single provider of genomic services for the population of Wales hosted by Cardiff and Vale University Health Board. Approximately 2,000 samples are received a year from all seven health boards. This has been a successful all-Wales implementation, ensuring patients in Wales can access recommended testing, equitably across Wales. We expect health boards to provide holistic and individualised care.

The AWMGS counsels and supports all people being tested for Lynch syndrome, both before testing, and afterwards if they are confirmed as having the condition. The service aims to support patients to understand their options and to decide how to proceed. This will take account of the individual circumstances of each person and includes any decisions that may need to be made about reproductive options, screening or surveillance, treatment, and chemoprevention.

I hope this information is helpful.

Yours Sincerely

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

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