



National Assembly Inquiry into Endoscopy Services: Written Evidence from Bowel Cancer UK in Wales

1. About Bowel Cancer UK

Bowel Cancer UK is the UK's leading bowel cancer charity. We are determined to save lives, improve the quality of life and support all those affected by bowel cancer in the UK. We support and fund targeted research, provide expert information and support to patients and their families, educate the public and professionals about the disease and campaign for early diagnosis and access to best treatment and care.

Our pledge is bold and ambitious. Within ten years:

- We will transform survival rates from only one in very two people surviving bowel cancer over five years, to three out of four people surviving
- There will be better information and support for every patient throughout their journey
- Screening will be optimal leading to more cancers being detected early or prevented.

Our vision is where nobody dies of cancer

2. The facts

- Bowel Cancer is the fourth most common cancer in the UK and the second biggest cause of cancer deaths. 2,200 people in Wales will be diagnosed each year and over 900 will die.
- If detected early (stage 1) 98% of people will survive five years or more, if caught later (stage 4) only 8% of people will survive this long.
- Over half of bowel cancer cases are preventable
- Survival for people diagnosed in Wales is poorer than comparable countries (ICBP, CONCORD, Eurocare)
- Survival is disproportionately lower in more deprived communities.
- Screening is the best way to identify cancer early and can actually prevent bowel cancer in the first place as screening will identify high risk polyps and these can be removed before the cancer develops.
- The bowel screening programme in Wales has removed over 10,000 polyps over the last ten years.
- The bowel screening programme has identified 2,200 cancers since it was launched in Wales in 2008.

- We are pleased that Welsh Government has announced that Wales will be screening from the age of 50 by 2023.
- Only half of those offered the screening test take up the offer
- An optimal screening programme and a fully engaged public is the key to saving more lives from bowel cancer

3. The challenge

3.1 A new faecal immunochemical test (FIT) test will be introduced in Wales for those aged 60 - 74 from January 2018. This test is expected to see an increase in uptake of up to 10% and will impact on the capacity of Health Boards to carry out endoscopy tests.

3.2 On the 10 August 2018, the UK Screening Committee recommended that screening should be offered from aged 50 to 74 using the new and more accurate FIT screening at a sensitivity level of 20ug/g. FIT at this level has the potential to detect twice as many cancers and four times as many adenomas (polyps).

3.4 The Health Secretary stated (on twitter) that Wales would lower the screening age to 50 "ASAP". However, no commitment was made publically about increasing the sensitivity level from the proposed 150 ug/g

3.5 It is our understanding, that the Welsh Government expects Bowel Screening Wales to have reduced the screening age to 50 and also increased sensitivity to 80 ug/g by 2023 (this would bring us in line with Scotland as they have been delivering their programme at these levels since 2017)

3.6 The NHS in Wales is currently struggling to cope with the amount of people being referred for tests through the screening programme and symptomatic pathway and these latest announcements will add further pressure to an already overstretched system.

3.7 In 2013, representations were made to Welsh Government that there were challenges within the health service in relation to endoscopy and in particular colonoscopy capacity. At the time, a Task and Finish group was established to get to grips with these challenges and the group made specific recommendations for individual health boards to deliver. The recommendations from this group in 2014 were (broadly) as follows:

- Local Health Boards achieve Joint Advisory Group (JAG) accreditation on all units in Wales and that endoscopy waiting times are made a tier 1 priority
- That health boards make effective use of resources on an all Wales basis including bringing issues of capacity for resolution to the Endoscopy Group to resolve
- The Health Boards deliver evidence based services and phase out Barium Enema and that screening from 50 is recognised as gold standard
- Accountability, each Health Board to publish progress reports annually and publish training and quality plans

3.8 Apart from phasing out Barium Enema as a diagnostic tool, we are concerned that almost five years on from these set of recommendations, NONE of the others have been actioned robustly enough to bring about the whole system change needed to meet the demand for colonoscopy services. The Welsh Government and the NHS have been unable to identify a solution to mitigate the tsunami of demand which has been created as a result of an increasingly ageing population, increasing symptom awareness and most notably, the change in NICE guidance around referral for suspected cancer and the plans to introduce FIT from January 2019.

3.9 The Endoscopy National Survey (see below) published in 2017 found that bowel cancer services have introduced extended working hours over the weekend and many hospitals reported paying extra for bowel cancer diagnostic workload to be outsourced to external private providers to cope with demand.

3.10 Delivering a FIT test at a very sensitive level (10 ug/g) in the primary care setting as a stratification tool for those with vague symptoms (though not red flag symptoms as these would immediately be put on the Urgent Suspected cancer pathway) is currently being explored through pilots in parts of England and Scotland.

3.11 Some health board in Wales are wishing to roll out this new approach, however due to a lack of clear leadership within NHS structures to make Wales wide strategic decisions on the best way to approach introducing the FIT test for use with symptomatic patients, it is yet to be introduced. Some experts believe the test could reduce demand on endoscopy services by up to 40%; however other experts believe that it could potentially increase demand. Until these differences are resolved, and a framework to introduce a trialled approach, Wales will continue to fall further behind in our approach to identifying solutions that could potentially reduce demand on overstretched endoscopy services.

3.10 Whilst we recognised that the Welsh Government has been working through the Endoscopy Implementation Group to identify solutions to address these challenges, we believe that the time for debate within committee and group structures must now move on to an implementation phase. Decisive and swift action is needed now more than ever, from Welsh Government, the Welsh NHS Executive and Health Boards to address these challenges.

3.11 Without focus and pace we will continue to fall behind other nations and Welsh patients will be disadvantaged and people will continue to die unnecessarily. In addition, without action NOW, we will cripple our workforce and disengage already beleaguered NHS colleagues. The system will simply crash.

4. The evidence

4.1 Cancer Research UK's 2015 report 'Scoping the Future' predicted that rising demand for endoscopy services will lead to nearly 1 million additional endoscopy procedures (more than 750,000) a year will be undertaken by 2020 – more than a 50% increase on current activity in 2015. However, this does not even reflect the demands of introducing FIT to the

Bowel Cancer Screening Programme at increasing levels of sensitivity and lowering the screening age to 50, following the UK National Screening Committee's recommendations. As such, this number is expected to increase.

4.2 Cancer Research in Wales' report on the diagnostic workforce also states that the NHS is already struggling to keep up with demand; the target of 95% of newly diagnosed cancer patients referred via the urgent route to begin treatment within 62 days of referral has not been met since 2008.

5. Endoscopy National Survey 2017

5.1 The 2017 UK survey for endoscopy surveyed 508 endoscopy centres across the UK and found that on average only 55% of units were meeting urgent cancer waiting targets and in Wales this number was even lower at 42%.

5.2 Shortages of endoscopists and nursing staff were cited as being the biggest barrier that prevents units meeting the demand. There is currently an 11% vacancy rate for endoscopy nurses in Wales.

5.3 Services have introduced extended working hours to cope with demand including over weekends and 16% of Wales units do not have an agreed capacity plan

5.4 Many reported paying for insourcing/outsourcing patients to external providers to improve waiting times.

5.5 16% of units in Wales had a "Did not attend" rate of more than 10%, compared to 5% in Scotland and 7% in England

6. Recommendations

6.1 We expect to see robust leadership from Welsh Government and senior NHS colleagues to drive a new and innovative approach to delivering endoscopy services in Wales

6.2 We expect to see the new Endoscopy Programme Board set out its timetabled work programme as soon as possible

6.3 We expect front line action and pace behind the capacity and demand modelling that is currently taking place in health boards as part of the Endoscopy Programme Boards work programme

6.4 We expect to see an NHS Executive led system wide solution being developed within six months to address the shortfalls in the identified capacity modelling

6.5 We expect to see investment from Welsh Government through ring fenced monies being allocated to support the implementation of this system wide solution

6.6 We expect to see a phased approach to ending expensive outsourcing to private providers as new solutions come into operation

6.7 We expect to see swift decision making about the best way to develop our use of FIT with symptomatic patients at a level of 10ug/g and a national framework developed to allow health boards to start using this test in their patient populations

6.8 We expect to see Health Education and Improvement Wales (HEIW) prioritise cancer diagnostics as part of their first tranche of work to enable future proofing of our endoscopic workforce

6.9 We expect to see robust and transparent performance monitoring put in place to surface ongoing issues so that they are identified and solved as quickly as possible.

6.10 We expect to see a public commitment from Welsh Government that this work is being carried out.

6.11 We would like to see the Health and Social Care Committee revisiting their recommendations in 18 months time to reflect on progress and to seek assurances that new models of work are being delivered so that we can optimise our Bowel Screening Programme by 2023 as per the Government's commitments.

7. Further Information

For further information about our focus on the early diagnosis of bowel cancer, please see our report from February 2018: [A Spotlight on Bowel Cancer in Wales](#),

For more information please contact [REDACTED]
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