

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](#)

EN 06

Ymateb gan: | Response from: Cytel

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## Wales endoscopy response

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We are very grateful for the opportunity to respond to this enquiry.

Cytel delivers a cutting-edge “capsule on a string” test for oesophageal cancer and precursor conditions like Barrett’s oesophagus. The test can be used as an alternative to endoscopy as a standard of care for early testing. In these circumstances, our test is quicker, easier, and less demanding of time, resource, and labour than endoscopy. We recognise it is not a replacement for endoscopy in all instances and will continue to complement and assist endoscopy services.

We were spun out of the University of Cambridge by Dr Marcel Gehrung and Prof. Rebecca Fitzgerald OBE, Director of the CRUK Cambridge Centre Early Detection Institute. We remain headquartered in Cambridge with a laboratory at Huntingdon. Our technology is used in more than 50 UK hospitals and in community-based clinics, where it can be easily deployed. Our test has already been used by thousands of people.

Earlier in the year the Moondance Cancer initiative funded a programme to roll out our non-invasive test in Betsi Cadwaladr University Health Board. It will bring patients under surveillance for Barrett’s oesophagus a quicker and easier diagnostic pathway, helping to bridge the gap between demand and service provision.

As Cytel’s focus is on oesophageal cancer, we will restrict our answers to this area of care. We hope we can continue to work with the Committee to aid its work in this enquiry and elsewhere.

### **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.**

In Wales in September 2022 (the latest month for which there are statistics), there were 25,146 people waiting for a diagnostic endoscopy, 13,123 of whom were waiting 14 weeks.<sup>1</sup> Similarly, of the 6.6 million<sup>2</sup> people waiting for a procedure on NHS England, 180,000 are waiting for an endoscopy.<sup>3</sup>

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<sup>1</sup> <https://statswales.gov.wales/catalogue/health-and-social-care/nhs-hospital-waiting-times/diagnostic-and-therapy-services/waitingtimes-by-weekswait-hospital>

<sup>2</sup> <https://www.rcseng.ac.uk/news-and-events/media-centre/press-releases/waiting-list-6-million/>

<sup>3</sup> <https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/monthly-diagnostics-data-2022-23/>

Lack of awareness is impacting waiting times. This particularly affects oesophageal cancer. Many people only seek treatment when it is too late. 90% of people who are likely to develop oesophageal cancer go undiagnosed; those who are diagnosed have less than a 15% chance of surviving more than 5 years.

There is a clear link between a lack of early intervention, backlogs, and negative outcomes. While longer-term data is not yet available, it seems clear that as the pandemic impacts backlogs, it will impact outcomes too.

**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).**

We will not make specific comments on the Welsh government and Welsh NHS's decisions about the management of the NHS. In general terms, however, the proposed approach has the potential to strike a balance which, from our point of view, would be positive. The principles of a more collaborative, more responsive system will, if realised effectively, deliver better outcomes for patients.

From our experience of working with NHS England and NHS Scotland, a perennial issue for rolling out treatments has been the need to work with individual regional systems to implement care solutions. We hope that the structure proposed for Wales can create a strong link between central approval for a treatment and widespread roll-out across the health system.

**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.**

Improving waiting time performance is a topic of particular interest to Cytel.

Patients receiving a Cytel test swallow a capsule on a string which is then retrieved and analysed. The test can be done within 10 minutes and does not require sedation. We have found patients prefer this experience to endoscopy.

The relative speed of the process also helps NHS staff and management. Unlike endoscopy, the process can be performed by a single nurse and requires only brief introductory training. Once the test has been taken, the AI diagnostic pathways developed by Cytel ensure quick and effective diagnostic analysis.

While, of course, Cytel's test is limited to patients experiencing oesophageal problems, we have seen how our test, deployed in more than 50 hospitals and care settings in England and Scotland, has the potential to cut endoscopy waiting lists by enabling swifter early detection of cancers. The tests are now being used in GP clinics and Community Diagnostic Centres in the North-West of England, ensuring that patients can receive the service outside hospitals.

The test has been able to positively identify around 12.5% of patients on endoscopy waiting lists as having suspected cancer or Barrett's oesophagus, who are prioritised for urgent endoscopy. At least 75% of patients have been found to test negative, and so could be diverted from endoscopy waiting lists, meaning that their symptoms could be safely managed outside hospital.<sup>4</sup> This helps clinical teams risk classify their endoscopy waiting lists and make sure patients can get the care they need in time.

In future, the early cancer test will be able to:

- Provide early detection of oesophageal cancer on a national scale through more effective surveillance for Barrett's Oesophagus, helping to improve early diagnosis of cancer.
- Triage endoscopy referrals across the health service. The test can help quickly inform patients whether they need further tests and prioritise those with suspected Barrett's and cancer for urgent endoscopies.
- Proactively find Barrett's Oesophagus cases, which would not otherwise be found through usual care, enabling earlier cancer detection across an estimated 1.1-2.2m higher risk patients in the UK.

Where symptoms of oesophageal cancer or pre-cancerous conditions like Barrett's oesophagus are evident, alternatives to endoscopy can help tackle these pandemic-related waiting times. We hope the Committee takes these into consideration in its deliberation of solutions for waiting times in Wales.

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<sup>4</sup> This data has not yet been published.