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 11

Ymateb gan: | Response from: Olympus UK & Ireland

Endoscopy Services Consultation – Olympus Submission

This submission is made on behalf of Olympus UK & Ireland, KeyMed House, Stock Road, SS2 5QH, Southend-on-Sea. For any queries, please contact:

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For context, Olympus are the largest provider of endoscopy equipment into the UK market, providing in-excess of 80% of all gastrointestinal endoscopes and video equipment into NHS hospitals across the UK. Olympus have many years' experience providing endoscopy equipment to services across Wales, with team members visiting and working with sites all over Wales on a daily basis. We would like to put forward the following views, comments and suggestions regarding the current and future state of endoscopy services across Wales.

Capacity

The National Assembly for Wales Health, Social Care and Sport Committee's 2019 report on Endoscopy Services in Wales identified there are significant issues with endoscopy capacity in each health board with regards to infrastructure including, but not limited to, the numbers of rooms per 100,000 population as compared to elsewhere in the UK[1]. In 2022/23, NHS England set clear policy on the expected number of endoscopy rooms within each region to serve the population, this is a minimum of 3.5 rooms per 100,000 inhabitants over the age of 50[2]. To support the diagnostic service transformation policy, NHS England have made £2.3billion of capital funding available nationally, £312.2million of which has been outlined specifically for endoscopy. We would advocate a similar approach being taken in Wales, to identify the required level of endoscopy infrastructure required to meet demand (acknowledging that this may not be the same level as in England), alongside funding to support the required growth. The approach to identifying the required level of infrastructure must also accommodate the regional variations in population density across Wales, particularly between the north and south where availability of access to services can differ.

JAG Accreditation

The National Endoscopy Programme Action Plan 2019-2023[3] set out the ambition to have at least 50% of endoscopy units across Wales fully JAG accredited by 31-03-2021. This ambition was later delayed until March 2022 in the National Endoscopy Programme Revised Action Plan October 2020[4]. According to the JAG website as of 13/12/2022, only two of the 18 participating services in the "Acute / large" sector hold JAG accreditation[5]. In England, NHS England have set out policy outlining the requirement for all integrated care systems to develop plans during 2022/23 for all endoscopy units to achieve JAG accreditation[2]. A capital reserve is being held at national level to support the necessary upgrades for units to achieve JAG accreditation. We would advocate a similar approach be taken in Wales, in

which dedicated funding be made available to support units across Wales make the necessary changes required to achieve JAG accreditation.

Separating Acute and Elective Diagnostics

In 2020, Professor Sir Mike Richards published his Report of the Independent Review of Diagnostic Services for NHS England[6]. One of key actions recommended was that acute and elective diagnostics should be separated wherever possible to increase efficiency. Since its publication, NHS England have embarked upon a programme to create elective diagnostic capacity in the community with dedicated "community diagnostic centres" (CDCs). The CDC programme is well funded centrally by NHS England, with 127 centres currently approved, some of which will offer endoscopy services. Comparatively in Scotland, the NHS have embarked upon The National Treatment Centre (NTC) programme, an investment by the Scottish Government to support a national network of purpose-built healthcare facilities across Scotland for planned and diagnostic care. Once complete, the NTC programme will provide additional endoscopy capacity via five new endoscopy rooms[7]. We would advocate a similar approach being taken in Wales, where clinically appropriate, to separate elective and acute activity in endoscopy.

Equipment Inventory Profile

We request that the following information be kept confidential. [redacted]

Technology-enabled opportunities

The National Assembly for Wales Health, Social Care and Sport Committee's 2019 report on Endoscopy Services in Wales identifies the needs for Earlier Diagnosis, stating "Diagnosing bowel cancer early will achieve better survival outcomes for patients".[1] Whilst the report discusses the importance of increasing the uptake of bowel cancer screening and the potential impact of Faecal Immunochemical Test (FIT) rollout, we would also like the highlight the role that adoption of novel endoscopic technology can play in supporting this aim.

- One example is the adoption of mechanically-enhanced colonoscopy, whereby a distal-attachment device designed to maintain and maximise the viewable mucosa is used to manipulate colonic folds. The National Institute for Health and Care Excellence (NICE) has produced guidance on the use of Olympus' ENDOCUFF VISION attachment for assisting visualisation during colonoscopy in the NHS in England. Evidence supported the case for adopting ENDOCUFF VISION in the NHS because it improves the adenoma detection rate during colonoscopy, particularly for people having a colonoscopy as part of the NHS bowel cancer screening program[9].
- Another recent development is the introduction of Computer Aided Diagnosis systems for the detection of colonic polyps (CADe). Early clinical studies have demonstrated that an increase in ADR (adenoma detection rate) and therefore an improvement in the prevention of colorectal cancer (CRC)[10] is supported when using CADe during colonoscopic procedures[11].
- Based upon the data published in Bowel Screening Wales Annual Statistical Report 2019-20[12], 1,902 patients attended their index bowel cancer screening colonoscopy and could subsequently benefit from these innovations. However, the number of potential beneficiaries is significantly higher since patients that are invited back for surveillance colonoscopy procedures may also benefit from these technologies. These innovations can be used during all colonoscopy procedures. The key benefit to patients is a reduced risk of Post-Colonoscopy Colorectal Cancer (PCCRC). This would also have a significant benefit to the healthcare system as the cost and burden of treatment of PCCRC patients would be reduced.
- A recent single-centre study suggested 27% of PCCRCs were possibly due to missed lesions[13]. Using ENDOCUFF VISION and ENDO-AID CADe to support detection could reduce the number of missed lesions and hence, support the reduction of PCCRCs.

New Models of Care

The Welsh Government's written response to the 2019 report acknowledged that 'Demand is significantly out of balance with the available core capacity and health boards have struggled to develop sustainable services in response' [14]. The challenge this has posed has subsequently been further exacerbated by the impact of the Covid pandemic. Again, we would like to highlight for consideration the potential role of technology in enabling new

models of care to support the resolution of this challenge. We refer here specifically to transnasal endoscopy (TNE), an effective, alternative technique to conventional diagnostic transoral gastroscopy, utilising ultra-thin gastroscopes.

- TNE can be performed by both gastroenterologists and trained nurse endoscopists – Olympus champion the role of the nurse endoscopist, particularly as a solution to help address the workforce shortage
- TNE can be performed outside of the traditional endoscopy room, in less resource-intensive settings, such as an outpatient suite. This can help free the limited capacity in conventional endoscopy rooms to perform more complex procedures, for example colonoscopy which may require sedation or therapeutic endoscopy procedures
- For patients, TNE has been shown to be extremely well tolerated and in many cases, better tolerated than transoral endoscopy
- An additional key benefit to patients is that TNE can be performed without requiring sedation. This shortens the recovery time and enables the patient to attend without a chaperone – sedated patients are unable to drive home from their procedure as an example.
- Removing the need for sedation also minimises the overall risk of the procedure to the patient and may enable some patients to have their gastroscopy procedures that would otherwise have been classified as high risk for anaesthetic.
- By eliminating the need for sedation, TNE can also reduce the number of supporting nursing staff needed both during the procedure and in post-procedure recovery
- Patient preparation can be conducted outside of the procedure room prior to TNE, allowing for more efficient use of the working space compared to traditional oral gastroscopy, which may increase the number of endoscopies performed per day
- As well as providing a more rapid procedure, progress in imaging technology means that the latest ultra-thin gastroscopes may also improve diagnostic capability. For example, the GIF-H190N and the GIF-XP290N advanced, ultra-thin gastroscopes from Olympus use the latest Narrow Band Imaging (NBI) technology. Gastroscopes with NBI technology may provide a higher diagnostic sensitivity and increased procedural efficiency in procedures such as Barret's Surveillance [15, 16]. Targeted biopsies may reduce the amount of tissue that needs to be taken by endoscopists, providing a safer option for patients as well as histology savings for hospital organisations.
- Transnasal endoscopy has already been successfully piloted in Wales in a collaboration project between Olympus, the Moondance Cancer Alliance and both Cwm Taf Morgannwg and Cardiff and Vale University Health Boards, led by Dr Hasan Haboubi of Cardiff and Vale UHB[17]
- Despite the successful pilot project, the uptake of transnasal endoscopy across Wales has been limited to date.

Staff

We acknowledge that the workforce challenges identified in The National Assembly for Wales Health, Social Care and Sport Committee's 2019 report on Endoscopy Services in Wales[1] are being addressed and gradually improving. However, the recruitment of staff, in particular nursing staff, presents a challenge with regards to requirements for training. We would like to advocate the role industry can play in supporting staff training in endoscopy, both at a local and national level. Industry partners can play a role in supporting and facilitating training programmes for nursing staff since many organisations offer a comprehensive suite of professional education for their customers. Additionally, working with a smaller number of suppliers in endoscopy may present an opportunity to add value when it comes to training:

- A supplier's ability to provide and support with training could be evaluated during the procurement process for equipment and services, enabling NHS Wales to leverage its buying power to maximise the value it receives from suppliers in endoscopy
- Consolidating training requirements ie. only requiring to train staff how to use a smaller number of suppliers' devices and subsequently requiring training by a smaller number of organisations – this could create efficiencies when staff are required to move between hospital sites or across health boards

We thank you in advance for the consideration of our comments and look forward to reading the outcome of the consultation.

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[4] National Endoscopy Programme Revised Action Plan October 2020, Welsh Government, 2020 (https://www.gov.wales/national-endoscopy-programme-action-plan-2019-2023)

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