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

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Ymateb gan: | Response from: Conffederasiwn GIG Cymru | Welsh NHS Confederation

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Welsh NHS Confederation
Conffederasiwn GIG Cymru

	The Welsh NHS Confederation response to the Health and Social Care Committee's consultation on endoscopy services
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Introduction

1. The Welsh NHS Confederation welcomes the opportunity to respond to the Health and Social Care Committee's follow-up inquiry into endoscopy services, having previously contributed to the initial inquiry by the Fifth Senedd's Health, Social Care and Sport Committee in 2019.

2. The Welsh NHS Confederation represents the seven Local Health Boards, three NHS Trusts, Digital Health and Care Wales and Health Education and Improvement Wales (our Members). We also host NHS Wales Employers.

Impact of COVID-19 on delivery of endoscopy services and the implementation of the national endoscopy action plan

3. The COVID-19 pandemic has had a significant impact on a range of health and care services, including endoscopy services. While non-emergency endoscopy activity was briefly paused during the height of the pandemic, high-risk services and patients were prioritised, which included urgent suspected cancer. This effectively paused the implementation of the National Endoscopy Plan whilst the NHS in Wales responded to demand.

4. When work did restart, there were limitations on the volume which could be undertaken, partly due to infection, prevention and control measures which were required to limit the spread of COVID-19.

5. The impact of service suspension, and other limitations due to the pandemic, has adversely impacted endoscopy waiting lists, with members reporting a higher volume of patients waiting over 8 weeks for a diagnostic endoscopy procedure and over 36 and 52 weeks for an initial outpatient appointment.

6. Health boards have also observed a drop in referrals at the beginning of the pandemic, which reflects evidence that patients didn't access healthcare services in the same way at the beginning of COVID-19.

7. During 2021-22, recovery funding was available to endoscopy services to increase capacity through insourcing and outsourcing. This additional capacity helped to stabilise the overall waiting list position for patients referred on a cancer pathway, and to decrease the wait for urgent patients.

The priority given to endoscopy services in the Welsh Government's programme for transforming and modernising planned care

8. Endoscopy services are recognised as a key priority within the programme for transforming and modernising planned care. This reflects their critical role in diagnostic pathways as well as the challenges of accumulated waiting lists.

9. In terms of delivery, regional operational delivery groups have been established to develop and implement plans for delivery with leads appointed to feed into the national operational delivery group, which is chaired by the lead chief executive officer. The national endoscopy programme (NEP) continues to support regional groups and health boards with guidance, tools, and enablers.

10. However, some members have concerns over how the NEP's plan to develop regional units will be appropriately staffed, due to the current workforce pressures, although the principle of the units are welcomed. It has been indicated that these units could be used to support with bowel screening and for training purposes.

11. The Wales Cancer Network are working on a national cancer action plan which is expected to fit strategically with the NEP's plan once finalised.

Issues relating to recovering and improving waiting time performance

12. Across Wales, NHS leaders are taking a number of actions to recover and improve waiting times for patients. These include the use of insourcing, which has been described as essential in the short to medium term. Its use has provided much needed capacity to reduce the backlog and address increasing demand, with NHS organisations planning to phase its use out as improvements are made.

13. Other initiatives to improve wait times have included new management systems and mobile units. Members have also been involved in initiatives such as those around transnasal and colon capsule endoscopy.

14. Members are also involved in regional arrangements, including an agreement between Cardiff & Vale University Health Board (CAVUHB), Cwm Taf Morgannwg UHB (CTMUHB) and Aneurin Bevan UHB (ABUHB) to work on a portfolio of work which includes endoscopy. CTMUHB has been designated as the host in the South East region and in this role has led on developing the endoscopy project in collaboration and consultation with its neighbouring health boards.

15. However, in recent years there has been insufficient core capacity available, including capital investment and workforce, to meet the demands for endoscopy. This demand and capacity mismatch has led to delays in patient's diagnostic, surveillance and therapeutic pathways, also impacting on subsequent treatment.

16. A number of other barriers also exist which impede the effective tackling of the backlog, with members indicating that unscheduled care is significantly busy at hospital sites to allow elective capacity to be created. Alternative models have had to be explored to counter this issue, with capital investment required for some alternative solutions such as regional treatment centres.

17. Health boards are also undertaking validation of waiting lists to determine those who require urgent procedures, using British Society of Gastroenterology (BSG) tools and guidance. One member reported a 62.7% removal rate from their surveillance waiting lists following the validation.

18. There have also been reports of an increase in demand for patients requiring general anaesthetic endoscopic procedure and a reluctance among patients to prioritise endoscopy procedure. Some booking teams are finding that a cohort of patients on the suspected cancer pathway are not prioritising attending the procedure.

What barriers there are to achieving accreditation from the Joint Advisory Group (JAG) on GI Endoscopy

19. JAG accreditation is a supportive process of evaluating the quality of clinical services by guiding services through a quality framework. The accreditation process promotes quality improvement through highlighting areas of best practice and areas for change, encouraging the continued development of the clinical service.

20. It has long been recognised and acknowledged that the demand for endoscopy across the NHS in Wales outstrips the available capacity within individual health boards, with many hospital sites struggling to attain the requirements of JAG accreditation and meet Welsh Government diagnostic timeliness standards.

21. NHS organisations across Wales are working towards achieving accreditation but there are a number of significant barriers, including lengthy waiting lists, lack of IT endoscopy management systems and issues with NHS estates and wider infrastructure. Health boards are investing in JAG co-ordinators, estates and equipment but continued investment is required to ensure adequate staffing and facilities. Some organisations are currently unable to identify the needed capital funds and the Welsh NHS Confederation has addressed the wider need for capital investment across the health and care system in our briefing '[Investing in the NHS: Priorities for future government budgets]'.

22. To achieve accreditation, waiting times must comply with set standards, including a 2-week maximum wait for urgent suspected cancer/urgent referrals and a maximum 8 weeks for routine or surveillance procedures. Organisations continue with recovery plans to improve waiting times for patients.

23. Workforce challenges amongst medical and nurse staffing present another barrier. The medical staffing challenge is felt nationally as there is scarcity amongst consultant gastroenterologist resource, with a 52% vacancy rate nationally, which is also impacting the service's ability to recruit into vacancies or cover sickness. Members also report a high turnover in the endoscopy nurse workforce due to numerous factors, including flat banding structure and barriers to career progression.

The current position for optimising the bowel cancer screening programme

24. The Bowel Screening Optimisation Programme commenced October 2021. This planned expansion of the screening programme will result in increased demand by broadening the invitation criteria and lowering the threshold for invitation over a 3-year period. Expanding the Bowel Screening Wales (BSW) workforce will result in additional capacity to better meet demand and adhere to cancer, diagnostic and BSW standards.

The experiences of younger people and those most at risk of developing bowel cancer

25. Endoscopy services routinely scope patients with Lynch syndrome, usually yearly or two yearly, depending on what genetics teams determine for each patient. Usually, these patients are well informed by the genetics team of their risks with cancer. This cohort of patients are managed by genetics and come to endoscopy for their procedure only. It is imperative that the scopes are done in a timely manner to support diagnosis and management at an early stage.

Primary care access across different health boards to FIT for patients who do not meet the criteria for a suspected cancer pathway referral

26. Pathways for the use of FIT are in place across primary and secondary care and robust safety netting advice is imperative across primary and secondary care for patients who are FIT negative or where the referral priority is downgraded on the basis of the result.

27. Members anticipate that FIT testing will reduce the demand for colonoscopies and USC endoscopy and improve patient experience. Our members are working closely with primary care colleagues to introduce the new BSG guidance that recommends FIT testing is undertaken in the community.

Health inequalities

28. Poverty is one of a range of socio-economic factors which can adversely affect people's health and wellbeing and therefore it is important that the Committee, as part of the inquiry, considers the impact that inequalities have on people accessing screening services and the health outcomes for patients.

29. As highlighted in Public Health Wales report, Screening Division Inequities Report 2020-21, screening aims to detect the early stages of disease or prevent disease and while screening activity was reduced for all programmes in 2020-21 compared to previous years due to the impact of the Covid-19 pandemic, there is a clear social gradient in uptake of screening across all the adult screening programmes. People living in the most deprived communities in Wales were less likely to take up their offer of screening compared to those living in the least deprived communities and the report highlights that "*further exploration of inequities across the whole screening pathway is required to impact upon improving health outcomes for all groups and communities in Wales*".

30. In relation to bowel cancer screening uptake, Cancer Research UK's report Cancer in the UK 2020: Socio-economic deprivation indicates that it varies hugely by socio-economic group in England, Wales, and Scotland. The report also states that for bowel cancer, there is a deprivation gap in survival of almost 9 percentage points in Wales.

31. To support the accessibility and uptake of screening, in August 2022 Public Health Wales opened the first screening centre of its kind on a high street in Wales. Based in Mountain Ash, the centre is the result of a person centred, partnership approach supported by Rhondda Cynon Taf CBC, and has been designed with public accessibility as a priority, making it easier for people to attend screening appointments. Moving onto the High Street will hopefully

improve access for a number of people who might have found it hard to reach other venues in the past.

32. Health inequalities are the result of many and varied factors and arise as a result of the social and economic inequalities that shape the conditions in which people are born, grow, live, learn, work and age. The NHS alone does not hold all the levers required to create the necessary conditions for good health and wellbeing. As highlighted within our Health and Wellbeing Alliance briefing, in partnership with the Royal College of Physicians, Mind the gap: what's stopping change?, meaningful progress will require coherent, strategic efforts across all sectors and Welsh Government departments to close the gap and we are calling on the Welsh Government to produce a cross-government plan for reducing poverty and inequalities in adults and children. This should outline the action being taken across all government departments, setting out how success will be measured and evaluated through shared performance measures and outcomes for all public bodies in Wales, accompanied by guidance on how individual organisations should collaborate to reduce inequalities and tackle the cost-of-living crisis.

Conclusion

33. The COVID-19 pandemic has had a substantial impact on waiting times for endoscopy services, but work is ongoing to recover the position. However, there remains serious barriers to effectively tackling the backlog, including the extreme pressures in unscheduled care and workforce challenges. NHS leaders across Wales are exploring models and initiatives to address these issues and achieve JAG accreditation, however further investment is required.