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Ymchwiliad i wasanaethau Endosgopi
Inquiry into Endoscopy Services
Ymateb gan BMA Cymru
Response from BMA Wales

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ENDOSCOPY SERVICES

Inquiry by the National Assembly for Wales' Health, Social Care and Sport Committee

Response from BMA Cymru Wales

9 November 2018

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the inquiry by the National Assembly for Wales Health, Social Care and Sport on Endoscopy Services.

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

RESPONSE

BMA Cymru Wales welcomes the opportunity to respond to the consultation and wholeheartedly supports the need for a step change in survival rates for bowel cancer in Wales, given that they are currently amongst the poorest in Europe. This situation is unacceptable, and we commend the committee for focusing on this important topic.

When discussing endoscopy services and tacking colorectal cancer diagnosis, it is important to differentiate between the different groups of patients that will be or will need to access such services.

Firstly, those with clear cut symptoms of Urgent Suspected Cancer (USC) will require a colonoscopy within a very short time span. GP members across Wales have highlighted significant delays and long waiting times for these urgent endoscopies. This has required some Health Boards having to bring in teams from England in order to clear their backlog, no doubt at great cost. This has been attributed to the increase in screening without a consequent increase in the number of endoscopists being recruited and/or trained in these parts of Wales.

Secondly, the patients displaying less clear symptoms which do not merit an USC referral are particularly poorly served. Patients in this group may have cancer, or other conditions such as IBS or colitis. The variation in waiting times between an 'USC' referral to colonoscopy and 'urgent' referral can be measured in months meaning that some cancers are undiagnosed for some time. This group would be very well served by non-invasive testing, such as a fecal immunochemical test (FIT) referral directly by the GP (often not permissible in some areas), which would help to enable speedier diagnosis. Other non-endoscopy alternatives are CT colonograms and MRIs of small bowels, could be considered.

Finally, there is the asymptomatic group considered 'at risk' of bowel cancer, and thus covered by the bowel screening programme. Evidence suggests that non-invasive tests such as FIT are the best option for screening.

We consider the higher threshold of 150ug/g for the FIT screening test in Wales to be unacceptable, particularly when other nations have lower sensitivity thresholds (80ug/g in Scotland and 120ug/g in England). This could be viewed as a 'rationing' step which has a detriment on early cancer detection for this asymptomatic group. Given the increased sensitivity of this test (which we acknowledge could create more false positives), detailed workforce planning is necessary to create capacity for follow up endoscopies in an appropriate time span, as this service is currently lacking in many parts of Wales.

We would also ask that patients with non-cancerous conditions such as colitis are considered within any review of endoscopy services. These patients can suffer from debilitating symptoms but are often not prioritised within the system.

We welcome your consideration of the above issues and would be happy to provide further comment if you deem necessary.

Yours sincerely

Dr David Bailey
Chair, BMA Welsh Council