

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol
a Chwaraeon
Ymchwiliad i wasanaethau Endosgopi
HSCS(5) E14
Ymateb gan Fwrdd Iechyd Addysgu
Powys

National Assembly for Wales
Health, Social Care and Sport
Committee
Inquiry into Endoscopy Services
Evidence from Powys Teaching Health
Board

1. Earlier diagnosis, specifically the introduction of the Faecal Immunochemical Test (FIT) into the bowel screening programme and the recently announced change to age range.

PTHB response:

Currently we offer bowel screening colonoscopy to residents of Powys within our endoscopy suites in South Powys. We have recently successfully appointed a part time (3 days / week) Bowel Screening Wales (BSW) Specialist Practitioner who screens the participants for fitness for procedure and then guide them through the process.

We run bowel screening Wales colonoscopy lists twice a month which are run on a Saturday, and performed by a BSW colonoscopist who visits from another Health Board, as we do not have our own BSW colonoscopist. We have recently subsumed the BSW patients from the English/ Welsh border who previously visited Hereford Hospital for their tests.

It is our understanding that the introduction of FIT testing and the lowering of the age range will increase the demand for BSW services nationally, including in Powys, and estimates state we may have to double, or even triple the number of patients we see in the next 3-5 years. We have limited flexibility to respond to any moderate or large increase in demand. In order to ensure patients are seen within target for BSW with a year on year increase in demand we would need to look at an increase in the number of BSW colonoscopists, of BSW specialist practitioners, and of endoscopy assistants

We do have the physical room capacity, especially when the facility at Llandrindod Wells is complete.

2. Diagnostic service capacity and waiting times, including the extent to which capacity constraints are driving the recommendation to set the FIT threshold for its introduction to the bowel screening programme at a relatively insensitive level.

PTHB response:

We understand that the Welsh threshold at which FIT will be set is less sensitive than that employed by some other home nations, i.e. there may be the possibility of an increased number of false negatives. We are also aware that the level will be changed to become more sensitive as service capacity improves to cope with the number of participants within the system.

We are mindful that we wish to provide the best and most sensitive service to our local population whilst being able to pragmatically continue to provide a balanced capacity and demand within the endoscopy service.

3. The long term and sustainable solutions to the challenges that exist within endoscopy services in Wales, including how data on diagnostic staffing pressures is being used to inform decisions about current and future workforce planning.

PTHB response:

We are aware that there is a UK wide shortage of Gastroenterologists, and that it has been reported that there are up to 30% vacancies in some areas. We are also aware that the training time for colonoscopists can be many years and is arduous. We understand that in order to provide the good quality standard of endoscopy services required, based upon the JAG accreditation criteria, that leadership, administrative and nursing and workforce support are also crucial to the long term success of the service.

Here in Powys we have been planning for this, and are opening a new endoscopy unit in Mid Wales in the next month. This will provide care closer to home for our rural populations and increase our capacity from one to two rooms, with a potential of 20 sessions / week. We have employed an additional Nurse Endoscopist to perform upper GI endoscopy in this Mid Wales facility, from next month also.

Our patients are all vetted from referral, and we carry out only low complexity procedures for those with less complex needs. This carefully designated population is ideal for specialist nurse services and nurse endoscopist input.

Our service is a multi-professional one, led by a Consultant Surgeon and includes a Gastroenterologist. As the service indicates we will expand our provision of endoscopists to meet demand and look at multi-professional options for this.

Our assisting staff work jointly across endoscopy and day surgery and we are careful to balance capacity in both areas and skill mix.

However, we do recognise that our service is fragile, as we do not have a large team to cross cover etc., and many of our endoscopist team have their substantive role in adjoining organisations, and so we need to be able to flex accordingly.

4. Consideration of other early diagnosis interventions and innovation, such as the introduction of FIT testing by general practitioners in symptomatic patients to reduce referral for diagnostic tests.

PTHB response:

In Powys we can see both advantages and disadvantages in facilitating GP access to FIT.

For patients, access to symptomatic FIT testing could mean faster access to endoscopic procedures, as straight to colonoscopy testing may be advantageous and could enable the removal of an outpatient clinic prior to endoscopy. Patients may get investigated & diagnosed more quickly.

However, in order for this to be facilitated the endoscopy departments need to be able to cope with the significant increase in referrals. We currently estimate that we could cope with a 10% to 15% rise gradually per year; if demand exceeded this, without significant investment in equipment, clinical staff of all levels, administration staff and infrastructure such as IT support, we would struggle to maintain the JAG accreditation quality of service we currently deliver and timeliness of patients access to procedures.

5. Efforts being taken to increase uptake of the bowel screening programme.

PTHB response:

The efforts to increase the uptake of bowel screening by participants is very much welcomed. We have noticed that at times of increased publicity of BSW programmes we appear to be busier with an increased number of participants in the service. Our rural community very much appreciate the opportunity to have the screening tests close to home in a local facility. It could be difficult for patients to travel longer distances because of the bowel preparation needed in advance, and the potential distances to travel.

In South Powys we are a JAG accredited endoscopy unit. We closely audit and monitor our service to anticipate stresses on the service and plan for future developments, via ongoing capacity and demand analysis work.

For further information, please contact:

xxxx (Powys Teaching Health Board), xxxx, xxxx.