# WRITTEN STATEMENT

# BY

# THE WELSH GOVERNMENT

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| **TITLE** | **National Programme for Endoscopy** |
| **DATE** | **18 September 2019** |
| **BY** | **Vaughan Gething AM, Minister for Health and Social Services** |

Further to the Health Social Care and Sport Committee Inquiry into endoscopy services, I wish to provide an update on the progress of the National Endoscopy Programme.

I responded the Committee’s call for evidence by recognising the pressures facing endoscopy services in Wales. I set out how the number of diagnostic endoscopy procedures required is increasing due to population changes, a decreasing threshold for suspected cancer investigation, increasing need for cancer surveillance and the need to expand the bowel cancer screening programme. These pressures have resulted in endoscopy demand becoming significantly out of balance with the available core capacity. The Endoscopy Implementation Group provided advice to the NHS and Welsh Government that indicated a more directive approach is required to addressing this issue. Therefore, the Welsh Government announced a new nationally directed approach for endoscopy in September 2018, supported by an annual allocation of £1m to enable the national work programme.

A national workshop involving all health boards and the main stakeholders was held in December 2018 to develop the scope and focus of the programme. The national programme was then established in the NHS Collaborative in early 2019 and the first meeting of the new Endoscopy Board took place in April 2019. The Board is co-Chaired by senior Welsh Government officials and is comprised of senior health board leaders. Since April, a further two meetings of the Board have taken place and four work streams have been established. These work streams are:

* Demand and capacity planning
* Workforce training and education
* Clinical pathways
* Facilities and Infrastructure

Each of these work streams is taking forward a key aspect of the national programme. Their Terms of Reference have been agreed and work programmes are in development. The first two work streams have already made significant progress with scoping and mapping the current service need. A baseline assessment of health board activity has been undertaken, refined and agreed. A productivity workshop for all units is scheduled this month to ensure all units are making the most efficient use of the available resource. On workforce, a centralised training programme for clinical endoscopists has been scoped and we are hopeful the first trainees will begin this year. Regarding infrastructure, the programme is funding a round of unit pre-assessment from the Joint Advisory Group (JAG) by the end of November. The individual unit reports are due by the end of December and a workshop on planning for accreditation is planned for November.

An endoscopy action plan has been drafted with immediate actions to establish the programme, medium-term actions to help health boards stabilise their positions, and longer-term actions to deliver sustainable services. This programme is anticipated to be in place for five years considering the scale of the challenge that must be met and the action plan will be refreshed annually with further detail emerging in the coming months through the subgroup work programmes. More than half of the national £1m allocation has already been dispersed to the NHS Collaborative and Health Education and Improvement Wales to enable the programme. Although good progress is being made nationally, I do not expect health boards to await the programme outputs to improve their endoscopy positions. Board members understand that significant local focus is required on endoscopy services and this has been reinforced in the latest planning guidance being issued to the NHS. I expect to see a focus coming through the next round of health board Integrated Medium Term Plans.

I recognise it is important the programme is informed by expert clinicians and a workshop was held in May to agree how this could be best achieved. Four senior and well respected clinicians have been appointed competitively to the programme and are active participants in the work streams. In addition, a related area of activity is the optimisation of the bowel screening programme. This has important implications for the Endoscopy Board but is not led by the Board. The intention is to bring the programme into line with UK National Screening Committee guidance on age range in two annual phases and then to optimise the test sensitivity by April 2023. I am due to receive advice in the coming weeks on the resource implications of the optimisation programme and will provide further details in due course.

It is vital we achieve sustainability for endoscopy services in order that people can rapidly access the investigations they need to achieve the best possible outcomes. I hope it is clear to Members that the Welsh Government is taking direct and intensive action to support health boards to deliver these. I am confident the actions in train put us on the right course and this will remain a significant priority for the Welsh Government in the years ahead.