



Llywodraeth Cymru  
Welsh Government

# National Endoscopy Programme Action Plan 2019–2023

## Introduction

Endoscopy services play an essential part in investigating suspected cancer and positive screening results, as well as providing follow-up for people with prior diagnoses and delivering interventional treatment. Endoscopy provides an equally important role for serious non-cancerous conditions, such as inflammatory bowel disease.

The Welsh Government recognises the pressures facing endoscopy services in Wales. The number of diagnostic endoscopy procedures required is increasing due to population changes, a lower threshold for suspected cancer investigation, the demand for surveillance and the need to expand the bowel-screening programme. Demand is currently significantly out of balance with the available core capacity and health boards have struggled to develop sustainable solutions.

## The Nationally Directed Programme

Following advice from the Endoscopy Implementation Group and in the context of A Healthier Wales, the Welsh Government announced in September 2018 a new nationally directed approach for endoscopy service improvement. Welsh Government officials are chairing a national Endoscopy Programme Board, comprising the senior health board leaders and supported by a £1 million annual allocation. The Board will be underpinned by four work stream subgroups:

### Demand and Capacity

The aim is to ensure health boards have embedded, balanced and responsive, demand and capacity planning through a standardized approach.

### Clinical Pathways

The aim is to develop a national overview of clinical pathways, to standardize pathways according to the evidence, and to achieve optimization and equity.

### Workforce training and development

The aim is to support local workforce analysis, job planning, recruitment and retention, and develop national training and development opportunities.

### Facilities and Infrastructure

The aim is to develop a national overview of the physical estate, to achieve JAG accreditation of units, and to improve the IT infrastructure to enable a world-class endoscopy service.

## The Action Plan

Developed to support this national approach, and also in response to the Health, Social Care and Sport Committee's recommendations of April 2019, this action plan sets out a phased improvement plan to support health boards to develop sustainable endoscopy services. The national programme is not responsible for delivering services directly, these remain the responsibility of the health board. The scope of the programme includes all gastrointestinal endoscopy delivered or commissioned by the NHS in Wales. The Board will focus its efforts on:

- Upper gastrointestinal endoscopy
- Lower gastrointestinal endoscopy
- Capsule endoscopy
- Enteroscopy
- Endoscopic Retrograde Cholangiopancreatography

Although the Board has an important role to play in developing sufficient endoscopy capacity to optimise the Bowel Cancer Screening programme, it is not within the Board's remit to optimise the Bowel Cancer Screening programme. The responsibility for optimising the Bowel Cancer Screening programme remains with Public Health Wales NHS Trust. Important links will be maintained between the two programmes and an announcement on the milestones for optimisation will be made in due course.

### **The Programme Aim**

The overall aim of the programme is to develop sustainable endoscopy services. The necessary actions that underpin this were set out in recommendations from the Endoscopy Implementation Group and included:

1. Improvement in endoscopy services is driven at greater pace and with greater ownership by the NHS.
2. In order to determine the demand and capacity gap, health boards need to better understand their current capacity, productivity and demand projections to support better workforce and service planning.
3. Health boards to agree a standardised referral pathway for endoscopy referrals.
4. Health boards to develop an action plan for sign off at the respective executive boards about how to address the capacity gap, with explicit reference in each Integrated Medium Term Plans (IMTPs).
5. Health boards to review their endoscopy workforce and ensure sufficient capacity is planned for, with explicit links to their IMTP.
6. Health boards to continue to work toward achieving Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation.

This action plan sets out **immediate** actions to establish the programme; some of which are complete or nearly complete. It sets out the medium term actions to support health boards to **stabilise** their services and also the indicative longer-term actions to support health boards to deliver **sustainable** endoscopy services. The plan will be updated annually.

EIG Recommendations	Immediate phase (By 31-12-19)	Stabilisation phase (By 31-03-21)	Sustainability phase (By 31-03-23)	Related HSCSC Recommendations	Clarifications
High level milestones	<p>Programme and governance established.</p> <p>Work streams in train.</p> <p>Action plan published.</p> <p>Resources allocated.</p> <p>Health boards engaged through Board and IMTPs.</p>	<p>By April 2020, HBs to agree local plans to deliver increased activity, improved infrastructure, recruitment and training.</p> <p>At least 50% of units fully JAG accredited.</p> <p>Endoscopy routine, urgent and surveillance breaches in balance and declining in all units.</p> <p>Sufficient capacity provided to optimise the age range of the bowel screening programme.</p>	<p>All units fully JAG accredited.</p> <p>JAG accreditation sustained</p> <p>Endoscopy routine, urgent and surveillance breaches are eradicated.</p> <p>Sufficient capacity provided to optimise the test threshold of the bowel screening programme.</p>	<p>“By October 2019, the Welsh Government should work with the National Endoscopy Improvement Programme to create and publish a national endoscopy action plan that addresses current and future demand for services with clear timescales and targets for improvement, to be overseen by the National Endoscopy Programme Board, and must include details of how and when each of the following issues will be addressed and/or taken forward at pace:”</p>	<p>The programme metrics are still in development but these high level milestone are essential to the programme.</p> <p>Some units are dependent on wider health board estates strategies to achieve the environmental elements of accreditation.</p>
<b>Delivery of the programme</b>					
<p>Recommendation 1</p> <p>Improvement in endoscopy services is driven at greater pace and with greater ownership by the NHS.</p>	<p>Hold programme scoping workshop.</p> <p>Establish programme team.</p> <p>Establish national leadership Board.</p> <p>Agree Terms of Reference.</p>	<p>Board to provide national direction to local leaders.</p> <p>Scope, progress and demand/capacity gap to be reviewed.</p> <p>Work streams to deliver sustainable outputs and benefits.</p>	<p>Determine future model of leadership and implement.</p> <p>Programme team to transition to network support team.</p> <p>Health boards to embed outputs.</p> <p>Annual allocation to be used to support the</p>	<p>“In making this recommendation, the Committee would like assurances that there is sufficient senior clinical buy-in at health board level and at Ministerial level. The National Endoscopy Programme Board must be accountable to the Minister to ensure implementation of the</p>	<p>Work stream outputs are subject to the work stream plans that are in development.</p>

EIG Recommendations	Immediate phase (By 31-12-19)	Stabilisation phase (By 31-03-21)	Sustainability phase (By 31-03-23)	Related HSCSC Recommendations	Clarifications
	<p>Establish work streams and plans.</p> <p>Appoint clinical leads.</p> <p>Allocate resource to programme.</p> <p>Develop action plan.</p> <p>Develop programme metrics.</p>	<p>Programme team to support health boards to embed outputs.</p> <p>Annual resource to be used to support programme and accounted for.</p> <p>Metrics to be monitored and requisite directive action to be taken.</p> <p>Consider future direction for the programme</p>	<p>programme and accounted for.</p> <p>End of programme report to be published against original recommendations and programme metrics.</p>	<p>national endoscopy action plan is accelerated and delivered at pace.”</p> <p>“The Committee expects the national endoscopy action plan to be published within six months, which will address each of the issues set out above. The Committee will follow up progress in implementing the action plan twelve months after publication to ensure there has been a measurable improvement in patient outcomes.”</p>	

**Work stream 1: Demand and Capacity Planning**

EIG Recommendations	Immediate phase (By 31-12-19)	Stabilisation phase (By 31-03-21)	Sustainability phase (By 31-03-23)	Related HSCSC Recommendations	Clarifications
<p>Recommendation 2</p> <p>In order to determine the demand and capacity gap, health boards need to better understand their current capacity, productivity and demand projections to support better workforce and service planning.</p> <p>Recommendation 4</p> <p>Health boards to develop an action plan for sign off at the respective executive boards about how to address the capacity gap, with explicit reference in each IMTP.</p> <p>Recommendation 6</p> <p>Health boards to continue to work toward achieving JAG accreditation</p>	<p>Develop minimum dataset and agreed definitions.</p> <p>Scope and plan work stream outputs.</p> <p>Conduct, refine and agree baseline of health board demand and capacity.</p> <p>Develop and implement a common approach to local demand and capacity modelling.</p> <p>Develop and implement a standardised approach to improving resource utilisation.</p> <p>Develop management and performance tool kits</p> <p>Agree common approach to managing surveillance lists.</p> <p>Develop operational and strategic reporting structures</p>	<p>Refinement and regular reporting of health board demand and improved capacity against baseline.</p> <p>Direct action to address balance of demand and capacity.</p> <p>Deliver work stream outputs to health boards to address the capacity gap.</p> <p>Health board annual action plans developed, reviewed and implemented; linking through to IMTPs.</p> <p>Health board implementation of productivity measures at unit level.</p> <p>Health board reduction of surveillance backlogs.</p>	<p>Refinement and regular reporting of health board demand and improved capacity against baseline.</p> <p>Direct action to address balance of demand and capacity.</p> <p>Health boards fully adopt work stream outputs to address the capacity gap.</p> <p>Health board annual action plans developed, reviewed and implemented; linking through to IMTPs.</p> <p>Health board implementation of productivity measures at unit level.</p> <p>Health board lists maintained in balance with one another.</p>	<p>“A national approach to service planning to ensure endoscopy services in Wales are in a position to cope with the anticipated increase in referrals from the Bowel Screening Wales programme, including new models of care to increase the number of endoscopists in Wales.”</p> <p>“A more sustainable approach to achievement of the waiting time targets, given the short term nature and cost of insourcing and outsourcing.”</p> <p>“Address current capacity issues and provide assurances that health boards will deliver a maximum waiting time for diagnostic tests.”</p> <p>“Support for health boards to work towards JAG accreditation, with an expectation that all endoscopy units in Wales will aim to achieve accreditation in the future, ensuring that endoscopy services are being</p>	<p>The national programme will support health boards to understand their demand and capacity in a common method; as well as to utilise this to develop local endoscopy action plans that are linked to their strategic intent set out in their respective IMTPs.</p> <p>This work stream will be the primary lead for achieving the timeliness element of unit accreditation and managing clinical risk across the pathways. Although it is informed by clinicians its focus is on enhancing service planning and management.</p>

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				<p>delivered in line with best clinical practice.”</p> <p>“Immediate action to review how high risk patients are managed, with the development of a sustainable, national approach to managing those requiring ongoing surveillance endoscopic procedures.”</p>	
<b>Work stream 2: Clinical Pathways</b>					
<p>Recommendation 3</p> <p>Health boards to agree a standardised referral pathway for endoscopy referrals.</p>	<p>Map current referral pathways.</p> <p>Map current pathways for urgent, routine and emergency referrals</p> <p>Develop enhanced pilot of FIT for the symptomatic service</p> <p>Implement the new BSG Surveillance Guidelines</p>	<p>Agree nationally optimised pathways for routine, urgent and emergency referrals.</p> <p>Implement nationally optimised pathways.</p> <p>Implement pilot project to build the evidence base for symptomatic FIT.</p> <p>Scope provision of specialist services relating to G.I. endoscopy in Wales and describe the challenges.</p>	<p>Complete implementation of optimised pathways.</p> <p>Agree and apply common approach to symptomatic FIT.</p> <p>Implementing alternative service models for more specialist endoscopy services?</p>	<p>“A decision on how and when FIT should be introduced to primary care.”</p>	<p>The optimisation of the pathways will have important links through to the other work streams.</p>

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		Assess the impact of the new BSG surveillance guidelines.			
<b>Work stream 3: Workforce Training and Development</b>					
<p>Recommendation 5</p> <p>Health boards to review their endoscopy workforce and ensure sufficient capacity is planned for, with explicit links to their IMTP.</p>	<p>Map local staffing profiles.</p> <p>Establish future staffing needs based on demand.</p> <p>Scope requirement for training of all groups of staff.</p> <p>Publish a plan for the development of a national endoscopy training programme to support the endoscopy workforce.</p> <p>Begin development of coordinated national training programme for the clinical endoscopists.</p> <p>Scope a national training programme to upskill current endoscopists to undertake screening.</p>	<p>Develop and deliver a therapeutic upskilling programme in order to accredit additional Screening Colonoscopists.</p> <p>Establish standard unit staffing profile.</p> <p>Establish the training infrastructure to deliver the central training elements of the National Endoscopy Training Programme.</p> <p>Establish the training faculty to support delivery of the National Endoscopy Training Programme.</p> <p>Develop a sustainable endoscopy training programme for all groups of staff.</p>	<p>Implemented national workforce plan for endoscopy.</p> <p>Implemented local workforce actions as part of local endoscopy plan.</p> <p>Recruitment and training of additional staff to sustain capacity.</p> <p>Revise job descriptions and increase endoscopy provision among late adopters.</p> <p>If required, complete training and appointment of two additional cohorts of clinical endoscopists.</p> <p>Implement screening training programme to further cohorts in line</p>	<p>“Options for a non-medical accelerated training programme to expand the endoscopy workforce to meet demand including consideration of an endoscopy academy and details of how the different needs of a mixed workforce will be met.”</p>	

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	<p>Commence recruitment to a National Clinical Endoscopist Training Programme.</p>	<p>Develop and begin to implement a national workforce plan for endoscopy. Develop and issue guidance on job planning for medical staff.</p> <p>Develop and begin to implement local workforce actions to recruit, train and retain as part of local endoscopy plan.</p> <p>Recruitment and training of additional staff to stabilise capacity.</p> <p>Revise job descriptions and increase endoscopy provision among early adopters.</p> <p>Complete training and appointment of two cohorts of clinical endoscopists.</p> <p>Review how to address differentials in pay for clinical endoscopists.</p>	<p>with demand and capacity plans.</p> <p>Establish funding to support and maintain the National Endoscopy Training Programme.</p>		

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		<p>Implement screening training programme locally to initial cohort in order to accredit additional screening colonoscopists.</p> <p>Develop an education pathway for nursing, administrative and managerial staff working within endoscopy services in Wales.</p>			
<b>Work stream 4: Infrastructure and facilities</b>					

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<p>Recommendation 6</p> <p>Health boards to continue to work toward achieving JAG accreditation</p>	<p>Commission JAG pre-assessment visits.</p> <p>Hold accreditation and productivity workshops.</p> <p>Collate pre-assessment report - findings to inform national capital programme.</p> <p>Identify early sites for accreditation and units with significant environmental issues and remedial action necessary to achieve accreditation.</p> <p>Assess potential barriers to maintaining accreditation in currently accredited units.</p> <p>Commission accreditation plans; linked to IMTPs.</p> <p>Identify informatics challenges and solutions.</p> <p>Map current physical estate.</p>	<p>Agree and deliver national and local capital investment in units.</p> <p>Commission JAG assessments.</p> <p>Deliver common informatics packages for referral, recording patient results on the Welsh Clinical Portal and uploading data on the National Endoscopy Database to early adopters.</p> <p>Complete accreditation process for those units that are ready.</p> <p>Take remedial action for units that did not achieve accreditation.</p>	<p>Agree and deliver national and local capital investment in units.</p> <p>Commission JAG assessments.</p> <p>Deliver common informatics packages for referral, recording patient results on the Welsh Clinical Portal and uploading data on the National Endoscopy Database to late adopters.</p> <p>Complete accreditation process for those units that are ready.</p> <p>Take remedial action for units that did not achieve accreditation.</p>	<p>“Support for health boards to work towards JAG accreditation, with an expectation that all endoscopy units in Wales will aim to achieve accreditation in the future, ensuring that endoscopy services are being delivered in line with best clinical practice.”</p>	

EIG Recommendations	Immediate phase (By 31-12-19)	Stabilisation phase (By 31-03-21)	Sustainability phase (By 31-03-23)	Related HSCSC Recommendations	Clarifications
	Assess current informatics infrastructure and scope potential improvements.				

The following HSCSC Recommendations will be addressed by the optimisation of the bowel cancer screening programme led by Public Health Wales; appropriate links and reporting will be established between the two programmes:

- “A timetabled programme for increasing FIT sensitivity and age testing with milestones for optimising the programme so that Wales does not fall further behind its UK counterparts.”
- “A more ambitious target than the current 60% of all eligible participants choosing to take part in the bowel cancer screening programme including details of how and when this target will be revised and achieved, and efforts to address health inequalities, particularly to increase uptake among men in deprived areas.”
- “Build on the “Be Clear on Cancer” public awareness campaign to help improve uptake by raising awareness of the changes to the bowel screening programme.”