



Newsletter

April 2022

Welcome to the March/April edition of the National Endoscopy Programme's Clinical Pathways Newsletter

Much of our work during the last two years has been to support services through the COVID -19 pandemic – **Key Achievements**



Surveillance

BSG Guidelines

In 2019 the BSH/PHE/ACPGBI released [guidelines for the management of post polypectomy and colorectal cancer resection surveillance](#). The NEP provided guidance to support Health boards with implementation – [click here to find it on our website](#)

Implementing this guidance will have a significant impact on the surveillance waiting list. Endoscopy units have reported a removal rate of **30-40% of patients**, meaning that patients are not undertaking unnecessary procedures and services are able to prioritise others currently waiting.

Risk Stratification Tool

Furthermore, in response to the onset of the COVID-19 pandemic and the increased pressure on waiting lists, the workstream produced further guidance in 2021 for the risk stratification of patients on the surveillance waiting list – [click here](#) to access this now

Faecal-Immunochemical Testing (FIT) in the Symptomatic Service

- In 2021 the workstream published the [National Framework for the Implementation of FIT in the Symptomatic Service](#)
- FIT is now fully implemented at 5 out of 7 HBs across both DG30 and NG12 groups, with 2 HBs progressing to roll out fully
- Since 2020, an enhanced pilot has been running at Cardiff & Vale University Health Board, studying the impact of an enhanced FIT in the form of a combination with FAST score as a prediction tool. The data is currently being evaluated and will be shared in the coming months.

To find out more, register now for our All Wales FIT learning event on the 27th April through [this link](#)



We have developed a short form to give NHS staff across Wales the opportunity to submit feedback about FIT in the symptomatic service – it should only take 5-10 mins to complete. [Click here](#) to access it now.

Exploring the use of Colon Capsule Endoscopy (CCE)

Colon Capsule Endoscopy (CCE) is new to Wales. The NEP has taken steps to explore its use in the lower GI pathway:

- detailed discussion with expert colleagues/teams in Scotland and England to learn from their experience
- collating the evidence base for its effectiveness and setting
- established a CCE stakeholder working group with representation across HBs in Wales as well as supporting and funding with training and equipment, developing guidance and more.

We are delighted to announce the exciting news that our application to Bevan Commission Planned Care Innovation Programme for funding to pilot CCE in Wales was successful. This is a fantastic opportunity and means that we will also be able to tap into valuable expertise and support from the experienced Bevan team to give this national pilot the very best chance of success. In the coming months we will be busy working with 4 health boards to start up their pilots. Read more about Colon Capsule Endoscopy [here](#)

What's next?

Achieving best practice in endoscopy pathways – the workstream is developing best practice guidance for pathways from referral. This can inform the establishment of any new units as part of the national recovery plan.

The [NEP action plan](#) is currently being refreshed and will incorporate the national recovery plan in future to form our **Integrated Plan**.

Thank you for reading. For more information on the above or the Clinical pathways workstream in general please contact naomi.davies8@wales.nhs.uk



Follow us on Twitter
@WalesNEP

Who are we?

Clinical Pathways Core Team

Clinical Lead: Dr Sunil Dolwani

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A page with the most up-to-date NEP news and recovery guidance can be found on The NHS Wales Health Collaborative website.

Visit our website