

**National Endoscopy Programme
Revised Action Plan
October 2020**

NATIONAL ENDOSCOPY PROGRAMME

ACTION PLAN 2019-2023

October 2020



Introduction

In recognition of the pressures facing endoscopy services in Wales, the Welsh Government announced a nationally directed approach to endoscopy service improvement in September 2018. Chaired by Welsh Government officials, the National Endoscopy Programme Board comprises of senior health board leaders representing all Health Boards and relevant peer groups in Wales.

The programme aims to balance demand and capacity, enable optimisation of the bowel screening programme, achieve JAG (Joint Advisory Group on Gastrointestinal endoscopy) accreditation of units and to enable delivery of the single cancer pathway.

Underpinning the Board are four work stream subgroups, each with an agreed work plan to enable delivery of the programme aim.

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 in response to the Health, Social Care and Sport Committee's recommendations of April 2019, an action plan was published in October 2019 setting out a phased improvement plan to support health boards to develop sustainable endoscopy services.

Progress towards achievement of actions has been made, but timescales will need to be flexed in light of the Covid-19 pandemic. This refreshed action plan sets out the original actions planned for the immediate, stabilisation and sustainability phases of the programme, achievements to date and revised deadlines for delivery of remaining actions along with the additional actions necessary to support Health Boards recover from the pandemic.

Recommendations	Immediate Phase (By 31-12-19)	Sept 20 Update	Stabilisation Phase (By 31-03-21)	Sept 20 Update	Sustainability Phase (By 31-03-23)	Sept 20 Update
High level milestones	Programme and governance established.	Complete	By April 2020, HBs to agree local plans to deliver increased activity, improved infrastructure, recruitment and training.	Plans developed and being amended in light of Covid-19 pandemic	All units fully JAG accredited.	No change
	Work streams in train.	Complete	At least 50% of units fully JAG accredited.	Delayed until March 2022	JAG accreditation sustained.	No change
	Action plan published.	Complete	Endoscopy routine, urgent and surveillance breaches in balance and declining in all units.	Demand and capacity modelling indicated improvement prior to pandemic-ongoing modelling	Endoscopy routine, urgent and surveillance breaches are eradicated.	No change
	Resources allocated.	Complete	Sufficient capacity provided to optimise the age range of the bowel screening programme.	Plans in development but delayed because of pandemic	Sufficient capacity provided to optimise the test threshold of the bowel screening programme.	No change
	Health Boards engaged through Board and IMTPs.	Complete and ongoing				
Covid recovery	Describe short, medium and long term national recovery plans. Secure funding for national recovery plan. Develop service specification for additional capacity.		Develop an implementation plan for new model. Consult with relevant stakeholders. NEP to transition into the network. Additional regional capacity developed comprising of new units.		Deliver national recovery plan and ensure programme aims are achieved for new and existing units.	

Delivery of the programme						
Improvement in endoscopy services is driven at greater pace and with greater ownership by the NHS.	Hold programme scoping workshop.	Complete	Board to provide national direction to local leaders.	Ongoing – no change to deadline	Determine future model of leadership and implement.	No change
	Establish programme team.	Complete	Scope, progress and demand/capacity gap to be reviewed.	Ongoing- no change to deadline	Programme team to transition to network support team.	No change
	Establish National Leadership Board.	Complete	Work streams to deliver sustainable outputs and benefits.	Ongoing -no change to deadline	Health Boards to embed outputs.	No change
	Agree Terms of Reference.	Complete	Programme team to support Health Boards to embed outputs.	Delayed until March 2022	Annual allocation to be used to support the programme and accounted for.	No change
	Establish work streams and plans.	Complete	Annual resource to be used to support programme and accounted for.	Ongoing	End of programme report to be published against original recommendations and programme metrics.	No change
	Appoint clinical leads.	Complete	Metrics to be monitored and requisite directive action to be taken.	In development		
	Allocate resource to programme.	Complete	Consider future direction for the programme.	Ongoing- no change to deadline		
	Develop action plan.	Complete				
	Develop programme metrics.	In development				
Covid recovery	Develop NEP planning cell and governance arrangements. Map local plans for recovery. Agree national recovery plan.		Implement national recovery plan.		Build the case for change and consider options for long term service model.	

Work stream 1: Demand and Capacity Planning						
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.	Develop minimum dataset and agreed definitions.	Complete	Refinement and regular reporting of Health Board demand and improved capacity against baseline.	Ongoing- no change to deadline	Refinement and regular reporting of Health Board demand and improved capacity against baseline.	Ongoing- no change to deadline
	Scope and plan work stream outputs.	Complete	Direct action to address balance of demand and capacity.	Ongoing- no change to deadline	Direct action to address balance of demand and capacity	Ongoing- no change to deadline
	Conduct, refine and agree baseline of Health Board demand and capacity.	Complete	Deliver work stream outputs to health boards to address the capacity gap.	Delayed until March 2022	Health Boards fully adopt work stream outputs to address the capacity gap.	Ongoing- no change to deadline
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.	Develop and implement a common approach to local demand and capacity modelling.	Complete	Health board annual action plans developed, reviewed and implemented; linking through to IMTPs.	Ongoing- no change to deadline	Health Board annual action plans developed, reviewed and implemented; linking through to IMTPs.	Ongoing- no change to deadline
	Develop and implement a standardised approach to improving resource utilisation. Develop management and performance tool kits	Complete	Health Board implementation of productivity measures at unit level.	Ongoing- delayed until March 2022	Health board implementation of productivity measures at unit level.	Ongoing- no change to deadline
Health Boards to continue to work toward achieving JAG accreditation.	Agree common approach to managing surveillance lists.	Complete	Health Board reduction of surveillance backlogs.	Ongoing- no change to deadline	Health Board lists maintained in balance with one another	Ongoing- no change to deadline
	Develop operational and strategic reporting structures	Ongoing				

Covid recovery	Adapt national planning tool to consider Covid. Describe current backlog, demand and capacity.		Model demand and capacity for new and existing sites.		Model demand and capacity for new model- 5 year activity.	
Work stream 2: Clinical Pathways						
Health Boards to agree a standardised referral pathway for endoscopy referrals.	Map current referral pathways.	Complete	Agree nationally optimised pathways for routine, urgent and emergency referrals, for both existing centres and any new centres.	Ongoing- no change to deadline	Complete implementation of optimised pathways.	Ongoing- no change to deadline
	Map current pathways for urgent, routine and emergency referrals.	Complete	Implement nationally optimised pathways.	Ongoing- deadline delay until March 2022	Agree and apply common approach to symptomatic FIT.	Ongoing- no change to deadline
	Develop enhanced pilot of FIT for the symptomatic service.	Complete	Implement pilot project to build the evidence base for symptomatic FIT.	Ongoing- no change to deadline	Implementing alternative service models for more specialist endoscopy services.	Ongoing- no change to deadline
	Implement the new BSG surveillance guidelines.	Complete	Be at an advanced stage of implementation of DG30 across all HBs	Ongoing- no change to deadline		
Scope provision of specialist services relating to G.I. endoscopy in Wales and describe the challenges.			Ongoing- no change to deadline			
		Assess the impact of the new BSG surveillance guidelines.	Ongoing- no change to deadline			
Covid recovery	Develop national guidance for Covid recovery. Develop guidance for triage and management of USC cases. Develop potential clinical model for new units.		Develop referral pathways to new units and follow up pathways to Health Boards.		Develop pathways for specialist services. Consider potential direct referral pathway from primary care.	

Work stream 3: Workforce Training and Development

Health Boards to review their endoscopy workforce and ensure sufficient capacity is planned for, with explicit links to their IMTP.	Map local staffing profiles.	Complete	Develop and deliver a therapeutic upskilling programme in order to accredit additional Screening Colonoscopists.	Planning in progress. Covid impact on deadline- to be established	Implemented national workforce plan for endoscopy.	Ongoing- no change to deadline
	Establish future staffing needs based on demand.	Ongoing	Establish standard unit staffing profile.	Ongoing- no change to deadline	Implemented local workforce actions as part of local endoscopy plan.	Ongoing- no change to deadline
	Scope requirement for training of all groups of staff.	Complete	Establish the training infrastructure to deliver the central training elements of the National Endoscopy Training Programme.	Ongoing- no change to deadline	Recruitment and training of additional staff to sustain capacity.	Ongoing- no change to deadline
	Publish a plan for the development of a National Endoscopy Training Programme to support the endoscopy workforce.	Ongoing	Establish the training faculty to support delivery of the National Endoscopy Training Programme.	Ongoing- no change to deadline	Revise job descriptions and increase endoscopy provision among late adopters.	Ongoing- no change to deadline
	Begin development of coordinated national training programme for the clinical endoscopists.	Complete	Develop a sustainable endoscopy training programme for all groups of staff.	Ongoing- no change to deadline	If required, complete training and appointment of two additional cohorts of clinical endoscopists.	Ongoing- no change to deadline
	Scope a national training programme to upskill current endoscopists to undertake screening.	Ongoing	Develop and begin to implement a national workforce plan for endoscopy. Develop and issue guidance on job planning for medical staff.	Ongoing- no change to deadline	Implement screening training programme to further cohorts in line with demand and capacity plans.	Ongoing- no change to deadline
	Commence recruitment to a	Complete	Develop and begin to implement local	Ongoing- no change to deadline	Establish funding to support and	Ongoing- no change to deadline

	National Clinical Endoscopist Training Programme.		workforce actions to recruit, train and retain as part of local endoscopy plan.		maintain the National Endoscopy Training Programme.	
			Recruitment and training of additional staff to stabilise capacity.	Ongoing- no change to deadline		
			Revise job descriptions and increase endoscopy provision among early adopters.	Ongoing- no change to deadline		
			Complete training and appointment of two cohorts of clinical endoscopists.	Ongoing- Covid impact on deadline to be confirmed		
			Review how to address differentials in pay for clinical endoscopists.	Ongoing- no change to deadline		
			Implement screening training programme locally to initial cohort in order to accredit additional screening colonoscopists.	Ongoing- Covid impact on deadline to be confirmed		
			Develop an education pathway for nursing, administrative and managerial staff working within endoscopy services in Wales.	Ongoing- no change to deadline		
Covid recovery	Develop staffing profile for new units. Develop a phased implementation plan for staff recruitment and training. Develop a recruitment campaign. Develop a specialist bank. Establish rotational contracts for staff to work between new and existing units. Establish rapid training programmes for nurses		Liaise with Health Boards to establish staffing structure. Implement an ongoing recruitment campaign. Implement an ongoing training programme.		Ensure robust and competent workforce.	

	and support workers.					
Work stream 4: Infrastructure and facilities						
Health Boards to continue to work toward achieving JAG accreditation	Commission JAG pre-assessment visits.	Complete	Agree and deliver national and local capital investment in units.	Ongoing- no change to deadline	Agree and deliver national and local capital investment in units.	Ongoing- no change to deadline
	Hold accreditation and productivity workshops.	Complete	Commission JAG assessments.	Ongoing- deadline delay- March 2022	Commission JAG assessments	Ongoing- no change to deadline
	Collate pre-assessment report - findings to inform national capital programme.	Complete	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.	Ongoing- deadline delay- March 2022	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.	Ongoing- no change to deadline
	Identify early sites for accreditation and units with significant environmental issues and remedial action necessary to achieve accreditation.	Complete	Complete accreditation process for those units that are ready.	Ongoing- delayed- deadline to be confirmed	Complete accreditation process for those units that are ready.	Ongoing- no change to deadline
	Assess potential barriers to maintaining accreditation in currently accredited units.	Complete	Take remedial action for units that did not achieve accreditation.	Ongoing- delayed- deadline to be confirmed	Take remedial action for units that did not achieve accreditation.	Ongoing- no change to deadline
	Commission accreditation plans; linked to IMTPs.	Complete				
	Identify informatics	Complete				

	challenges and solutions.					
	Map current physical estate.	Complete				
	Assess current informatics infrastructure and scope potential improvements.	Complete				
Covid recovery	Consider options for optimisation of current estate. Develop siting criteria for new units. Develop specification for new units.		Ensure JAG compliant plans for new units. Ensure appropriate equipment planned. Ensure appropriate IT infrastructure for new and existing units.			