

Reference:	FOI.12689.23
Subject:	Gastroenterology, Endoscopy and Colonoscopy
Date of Request:	18 September 2023

Requested:

1. Do you have a clear pathway in primary care for the investigation of non-cancer related lower gastrointestinal symptoms that include the use of faecal calprotectin tests? If yes, please attach a copy.
2. Are a) qFIT and b) faecal calprotectin tests available in primary care in your area and for what indications?
3. Are a) qFIT and b) faecal calprotectin tests available in secondary care in your area and for what indications?
4. What is the average waiting time in weeks, by month from end August 2022 – end August 2023 or the most recent month available and the preceding 12 months, for a) red flag, b) urgent and c) non-urgent diagnostic colonoscopy referrals?
5. What is the average waiting time in weeks, by month from end August 2022 – end August 2023 or the most recent month available and the preceding 12 months, for a) red flag, b) urgent and c) non-urgent diagnostic flexible sigmoidoscopy referrals?
6. To what extent are the British Society of Gastroenterology Inflammatory Bowel Disease colorectal cancer surveillance endoscopy recommendations been implemented in this Trust? If they are being partially implemented, please outline which areas are currently being met.
7. What percentage of Inflammatory Bowel Disease patients are currently overdue their surveillance endoscopy based on the timelines set out in the British Society of Gastroenterology consensus guidelines on the management of inflammatory bowel disease in adults (2019)? Please provide this information broken down by high risk, intermediate risk and lower risk as out in this same guidance.
8. What plans are in place to manage the Inflammatory Bowel Disease colorectal cancer colonoscopy surveillance backlog in light of the COVID-19 pandemic?

The full guidelines referred to in these questions can be found in Box 11 on page 72 at:

<https://scanmail.trustwave.com/?c=261&d=q-CI5cp783X51U2JzHEHeJparnxMIHYEWy9uCucbHQ&u=https%3a%2f%2fwww%2ebsg%2eorg%2euk%2fwp-content%2fuploads%2f2019%2f12%2fBSG-IBD-Guidelines-2019%2epdf>

Response:

Hywel Dda University Health Board (UHB) is unable to provide you with all of the information requested, as it is estimated that the cost of answering your request would exceed the “appropriate limit” as stated in the Freedom of Information Act 2000 and the Data Protection (Appropriate Limit and Fees) Regulations 2004. The “appropriate limit” represents the estimated cost of one person spending 18 hours (or 2½ working days) in determining whether the UHB holds the information, and locating, retrieving and extracting the information.

In order to provide you with the information requested for question 7, the UHB would be required to undertake a manual trawl of all Inflammatory Bowel Disease (IBD) patients' notes, to identify the percentage of those that are currently overdue their surveillance endoscopy, as this information is not recorded centrally.

The UHB is therefore applying an exemption under Section 12 of the Freedom of Information Act 2000 (FoIA), which provides an exemption from a public authority's obligation to comply with a request for information where the cost of compliance is estimated to exceed the appropriate limit.

However, under section 16 of the FoIA, the UHB has a duty to provide advice and assistance. Therefore, the UHB provides the accessible information it holds overleaf.

1. The UHB confirms that it does not have a formal pathway for the investigation of non-cancer related lower gastrointestinal symptoms that include the use of faecal calprotectin tests. However, both Primary and Secondary Care are in the process of rewriting and updating all gastrointestinal pathways as part of the roll-out of the 'Health Pathways' across the UHB. On completion, this system will be accessible to Primary and Secondary Care, offering guidance on the management of patients dependent on their presenting symptoms.
- 2a. The UHB confirms that Faecal Immunochemical Tests (FIT) are offered in Primary Care to patients of all ages, presenting with a suspected colorectal cancer.
- 2b. The UHB confirms that Calprotectin tests are offered in Primary Care to patients, aged fifty (50) years and under, with a recent onset of lower gastrointestinal symptoms.
- 3a. The UHB confirms that FIT tests are offered in Secondary Care to patients of all ages, presenting with a suspected colorectal cancer.
- 3b. The UHB confirms that Calprotectin tests are offered in Secondary Care to patients, aged fifty (50) years and under, with a recent onset of lower gastrointestinal symptoms.
4. The UHB provides, within the table below, the average number of weeks waiting for a diagnostic colonoscopy referral, broken down into the categories requested, by month, during the twelve (12) month period from 1 September 2022 to 31 August 2023.

Month	Weeks waiting		
	a. Red flag	b. Urgent	c. Non-urgent
September 2022	5	11	93
October 2022	2	6	106
November 2022	4	9	102
December 2022	2	6	96
January 2023	4	12	62
February 2023	2	18	57
March 2023	2	12	85
April 2023	2	15	97
May 2023	8	14	89
June 2023	2	11	120
July 2023	2	12	99
August 2023	2	10	112

5. The UHB provides, within the table overleaf, the average number of weeks waiting for, a diagnostic flexible sigmoidoscopy referral, broken down into the categories requested, by month, during the twelve (12) month period from 1 September 2022 to 31 August 2023.

Month	Weeks waiting		
	a. Red flag	b. Urgent	c. Non-urgent
September 2022	2	9	54
October 2022	2	8	45
November 2022	2	13	46
December 2022	3	9	62
January 2023	1	15	53
February 2023	3	17	26
March 2023	3	18	53
April 2023	2	15	24
May 2023	2	18	58
June 2023	2	16	30
July 2023	2	17	34
August 2023	2	15	27

6. The UHB confirms that all patients on the surveillance waiting list that are overdue their surveillance procedure from the 2018 and 2019 cohorts have been validated against the new British Society of Gastroenterology (BSG) guidance. Patients that meet this clinical guidance have remained on the waiting list and have been expedited for booking. A link to the BSG guidance webpage has been provided below.

[Guidance - The British Society of Gastroenterology \(bsg.org.uk\)](https://www.bsg.org.uk/guidance)

7. A Section 12 exemption has been applied. However, the UHB can confirm that it is in the process of developing a robust system to track and monitor the IBD population, which will involve prospectively reviewing and documenting patient summaries of all IBD patients and requests for surveillance scopes, as per the BSG guidance. The development of an IBD registry is part of this plan. Once this work has been achieved, the UHB should be able to distinguish IBD patients from those within the total surveillance cohort.
8. As described in response to question 6, all patients overdue their surveillance procedure from the 2018 and 2019 cohorts on the surveillance waiting list have been validated against the new BSG guidance. The service is now focused on the validation of the high-risk group of patients from the 2020 surveillance cohort. The clinicians across the service are currently reviewing and validating this waiting list and any patients identified as being high-risk are being expedited for booking within available capacity. Once this cohort has been clinically validated, the service will begin validation of the 2021 cohort of patients.