

# Bowel Screening Wales - Colonoscopy waiting times

Invites 50–74-year-olds every 2 years for screening (early diagnosis and cancer prevention)

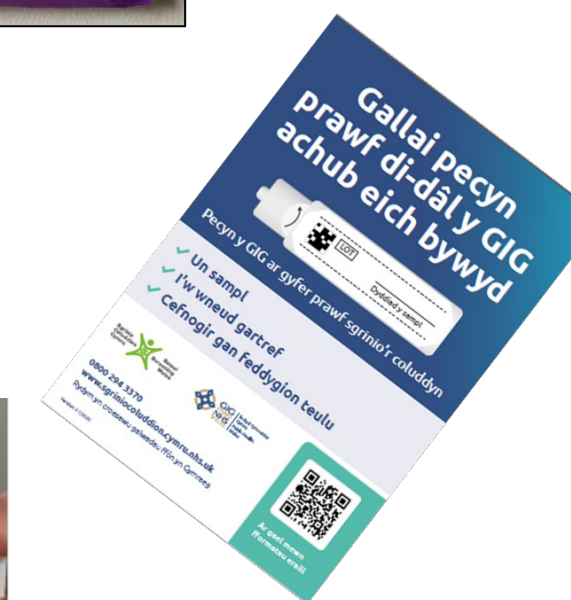
2.5% receive a 'positive' FIT (faecal immunochemical test) screening result

Telephone-based Specialist Screening Practitioner assessment

Screening colonoscopy by Joint Advisory Group (JAG) accredited Screening Colonoscopist – definitive test

Yield : 7% cancer detection rate, 70% polyp detection (screening)

UKNSC recommended - Optimisation 2021- 2025 (planned increase in referrals, communicated and funded)



Colonoscopy demand has increased threefold since 2019 as expected in line with optimisation

30% since October 2024 (age expansion and improved sensitivity)

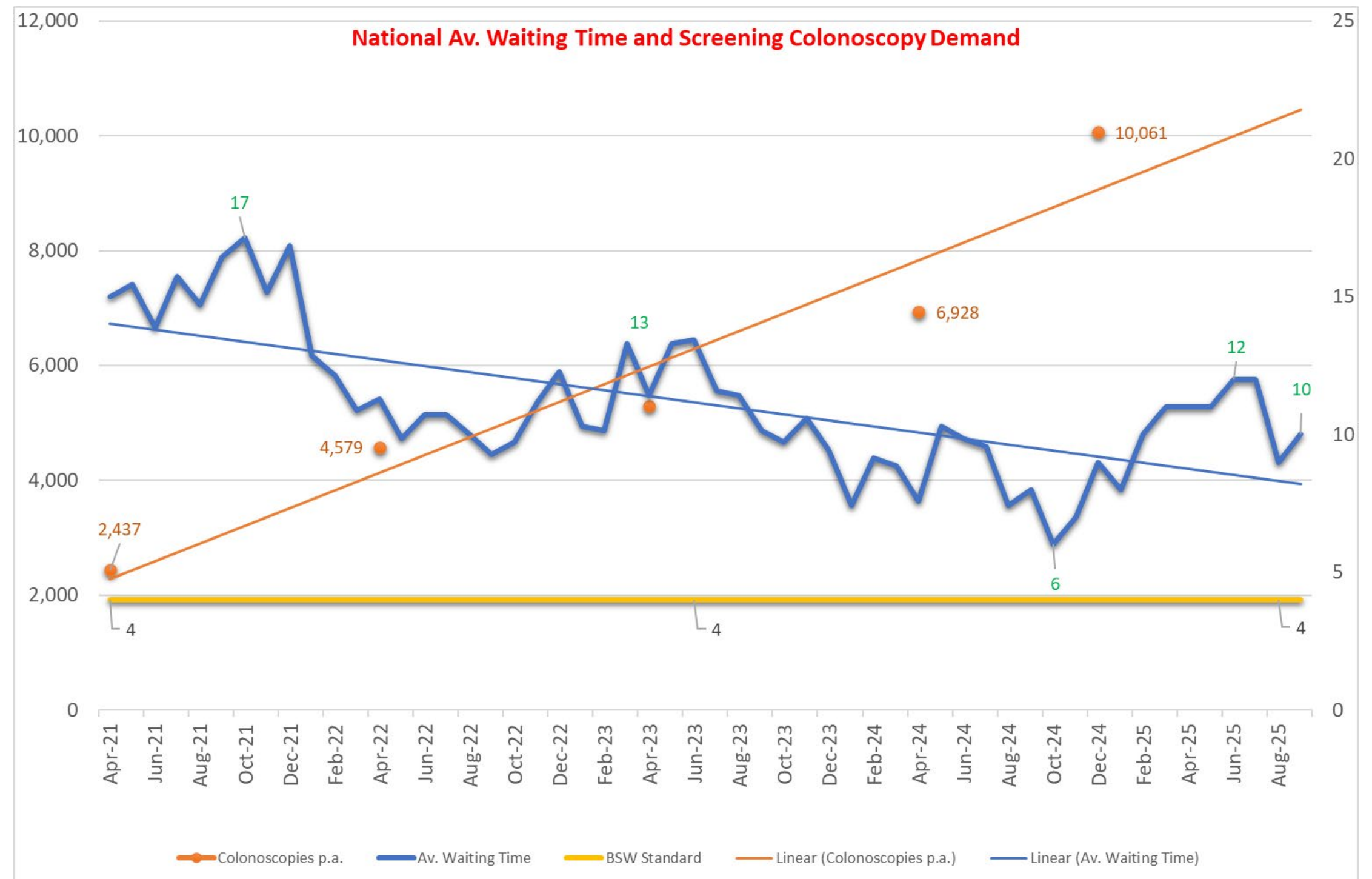
Average waiting times peaked at 17 weeks (Oct 2021)

Reduced to 6 weeks by Oct 2024  
Increased to 12 weeks June 2025

Currently 10 weeks

Screening standard is 28 days from contact with BSW following FIT test

Single Cancer Pathway treatment standard is 62 days from date of authorised positive screening FIT test



Waiting times composed of SSP and colonoscopy elements

Latest figures 19 September 2025

Specialist Screening Practitioner average wait= 11 days

Against Bowel Screening standard of 14 days

Colonoscopy wait average wait=9 weeks

Total waiting time average 10 weeks

Against Bowel Screening standard of 4 weeks

Range 5-16 weeks across Health Boards

Impact of wait: Risk of disease progression

Anxiety for participants waiting

Health Board	LAC (Hospital)	Waiting time SP assessment	Waiting time colonoscopy with holding lists	Total waiting time
<b>Aneurin Bevan UHB</b>	Ysbyty Ystrad Fawr	0 weeks 3 days	11 weeks 3 days	11 weeks 6 days
<b>Swansea Bay UHB</b>	Singleton / Morriston	2 weeks 0 days	12 weeks 4 days	14 weeks 4 days
	Prince Philip (SBU)	1 weeks 5 days	14 weeks 2 days	16 weeks 0 days
<b>Betsi Cadwaladr UHB</b>	Ysbyty Gwynedd	0 weeks 4 days	4 weeks 5 days	5 weeks 2 days
	Glan Clwyd	1 weeks 3 days	7 weeks 1 days	8 weeks 4 days
	Wrexham Maelor	1 weeks 6 days	5 weeks 3 days	7 weeks 2 days
<b>Cardiff and Vale UHB</b>	Llandough	3 weeks 3 days	5 weeks 0 days	8 weeks 3 days
<b>Cwm Taf Morgannwg UHB</b>	Royal Glamorgan	1 weeks 5 days	11 weeks 4 days	13 weeks 2 days
	Prince Charles	1 weeks 5 days	11 weeks 0 days	12 weeks 5 days
<b>Hywel Dda UHB</b>	Glangwili	0 weeks 5 days	5 weeks 5 days	6 weeks 3 days
	Withybush	2 weeks 5 days	6 weeks 3 days	9 weeks 1 days
	Bronglais	1 weeks 3 days	9 weeks 0 days	10 weeks 3 days
	Prince Philip (HDU)	0 weeks 5 days	7 weeks 5 days	8 weeks 3 days
<b>Powys Teaching HB</b>	Brecon	0 weeks 6 days	9 weeks 1 days	10 weeks 0 days

# Challenges

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Insufficient core screening capacity - despite phased, communicated and funded optimisation plan

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Insufficient number of Screening Colonoscopists (aging workforce) and theatre space in Health Boards

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Competing demands of Screening Colonoscopists (screening and non-screening roles) – overall colonoscopy demand and medical roles

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Inability to backfill staff absences (nursing and medical)

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Lack of training lists – hinders and delays accreditation process

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Reliance on short term capacity (insourcing and Waiting List Initiatives)

# Actions

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Regular (monthly) meetings between BSW and endoscopy service teams

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Increasing the number of JAG accredited Colonoscopists – 26 currently (5 in the accreditation system). 2 of the accredited Colonoscopists in Wales are Clinical endoscopists.

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BSW coordination of SSP waits – and support with central and arrange mutual aid from other Health Boards

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BSW manages the quality assurance and approval of insourcing Colonoscopists

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Agreed equivalence of accredited Colonoscopists in England

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Screening Business Team meet with Health Boards to monitor LTA capacity and delivery

# Joint Executive Meetings at CE level

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July and August – focus on screening colonoscopy waiting times and provision of resilient core screening capacity

Honest, open conversations, productive meetings - All committed to provide high quality, timely, bowel cancer screening

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Lack of core capacity to meet screening demand

Clinical Endoscopists – All have plans to adopt a blended approach to staffing in the future (training lag, limited to 2 currently) – Productive (commit solely to colonoscopy)

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JAG Accreditation -protracted process (support seen as a barrier, lack of mentorship lists delays the process)

Not attractive to Colonoscopists (additional training, more complex procedures, job plans already full)

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Regional working – increase theatre capacity, improve service resilience and may aid recruitment (safety and quality assured)

Cross health board referrals – impacts on local core capacity, difficult to plan for, “unfunded”

Mutual aid between health boards and innovation (e.g. changes to screening delivery, central support to mentorship)

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Next steps – Further discussion locally and at NHS Leadership Group