
17th March 2026

Dear HM Coroner,

I am writing to provide an update regarding the current position of the Barrett's oesophagus surveillance programme within the Endoscopy Service at Cardiff and Vale University Health board.

The Standard Operating Procedure for Surveillance has now been fully implemented. This ensures a consistent and robust process for clerical validation of all surveillance waiting lists, alongside our other endoscopy waiting lists.

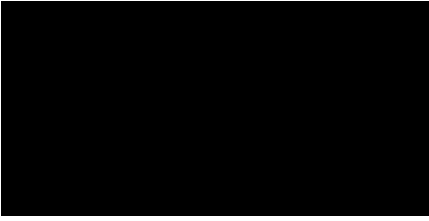
Significant progress has been made in reducing overall waiting times. The total endoscopy waiting list has decreased from approximately 6200 patients in January 2025 to 1200 patients in February 2026. This improvement has been supported by temporary measures supported by Welsh Government funding, including insourced weekend endoscopy lists and a mobile endoscopy unit in Llantrisant. Although the mobile unit did not directly undertake Barrett's surveillance procedures, its use contributed to reduce the overall waiting times and thereby improved capacity for Barrett's surveillance. In addition, successful recruitment of speciality doctors and nurse clinical endoscopists has strengthened the service. All patients who remain on the waiting list continue to be reviewed and undergo clinical validation to ensure appropriate prioritisation. Waiting lists are reviewed weekly to maintain oversight and progress.

At present, the patient who has been waiting the longest for an Oesophago-Gastro-Duodenoscopy (OGD) on the Barrett's surveillance waiting list was originally due in January 2026, representing a delay of approximately two months. All patients whose procedures became overdue in January are being scheduled for appointments this week to address and clear the backlog.

The approach to surveillance grading has been revised. The previous 4a, 4b, and 4c categorisation system, introduced during the pandemic, has now been discontinued. Surveillance intervals will instead be determined using evidence-based recall periods in line with disease specific British Society of Gastroenterology (BSG) guidance. This includes the application of appropriate calculations to determine the extent to which patients are overdue and the utilisation of disease-specific coding to support accurate clinical prioritisation.

Additionally, we are exploring the introduction of capsule sponge procedures in line with the National Endoscopy Programme for Wales, which is currently under development. This innovation is expected to enhance our surveillance capacity and improve patient pathways.

Yours sincerely,



**Interim Lead Nurse
Specialised Medicine**