PCCRC work in England – logistics, lessons learned and how to implement this in other services

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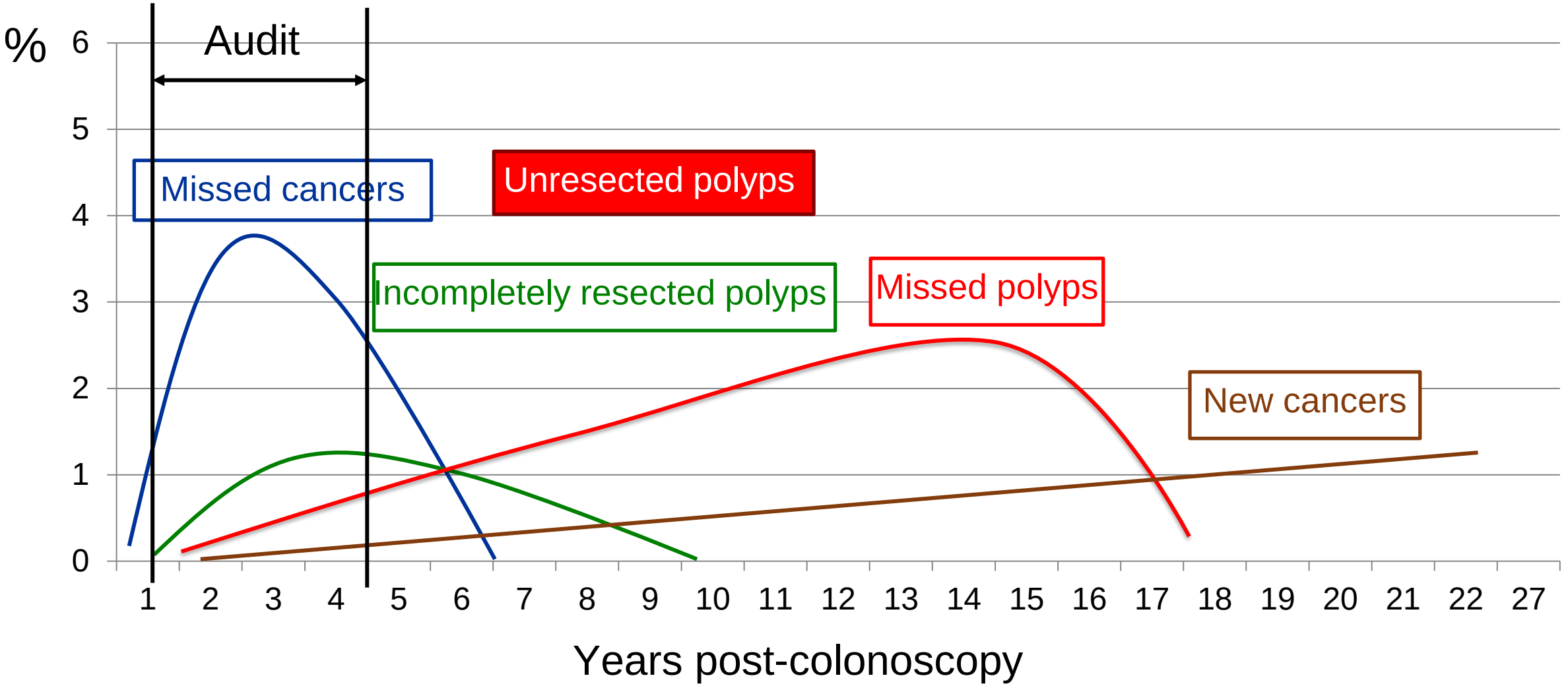
on behalf of the National PCCRC Audit project team

Sources of post colonoscopy CRC (PCCRC)



PCCRC – WEO recommendation

Statement 4. We recommend that services perform a Root Cause Analysis (see table 3) of every PCCRC case identified, to determine the most plausible explanation for the PCCRC, and where appropriate to identify and implement changes in practice to improve performance, monitoring them for effectiveness.

GRADE of evidence: very low; strength of recommendation: strong.

Five things in this statement

1. Identify cases
2. Explain why they happened
3. Identify what needs to be improved
4. Take action to improve
5. Show action is successful

Gastroenterology 2018;155:909–925

PCCRC-4yr - identifying PCCRCs in England

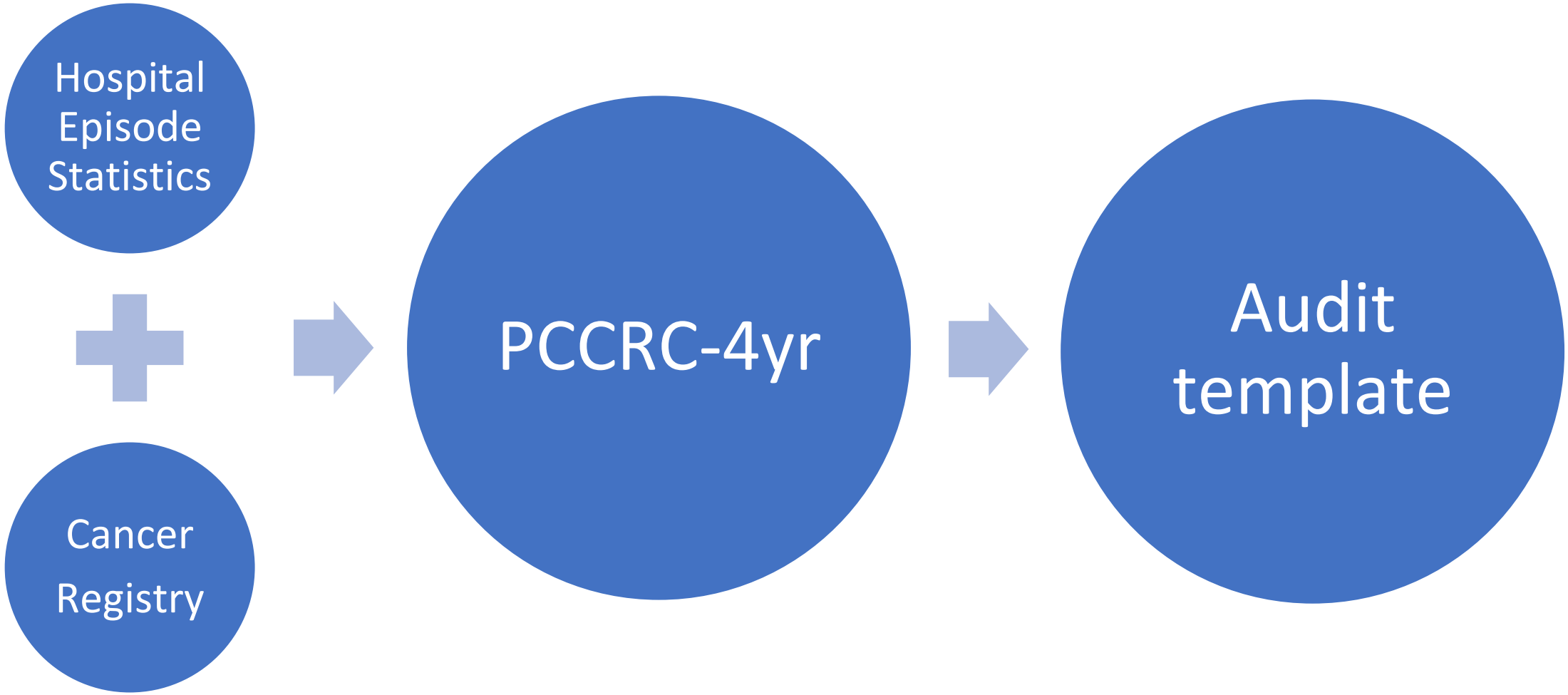
Hospital Episode Statistics

Cancer Registry

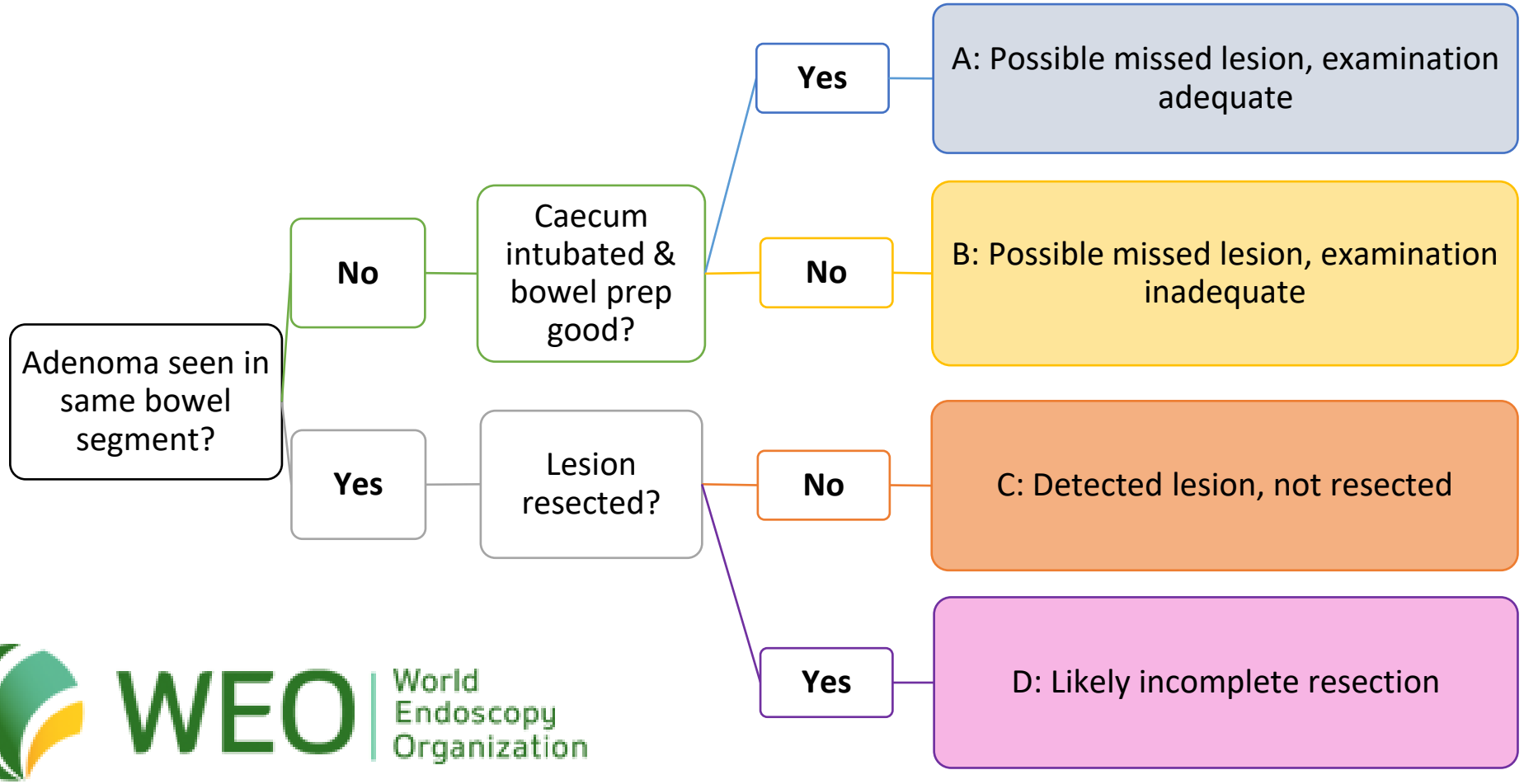
PCCRC-4yr

0-20% PCCRCs diagnosed in a <u>different</u> hospital

PCCRC-4yr - audit template

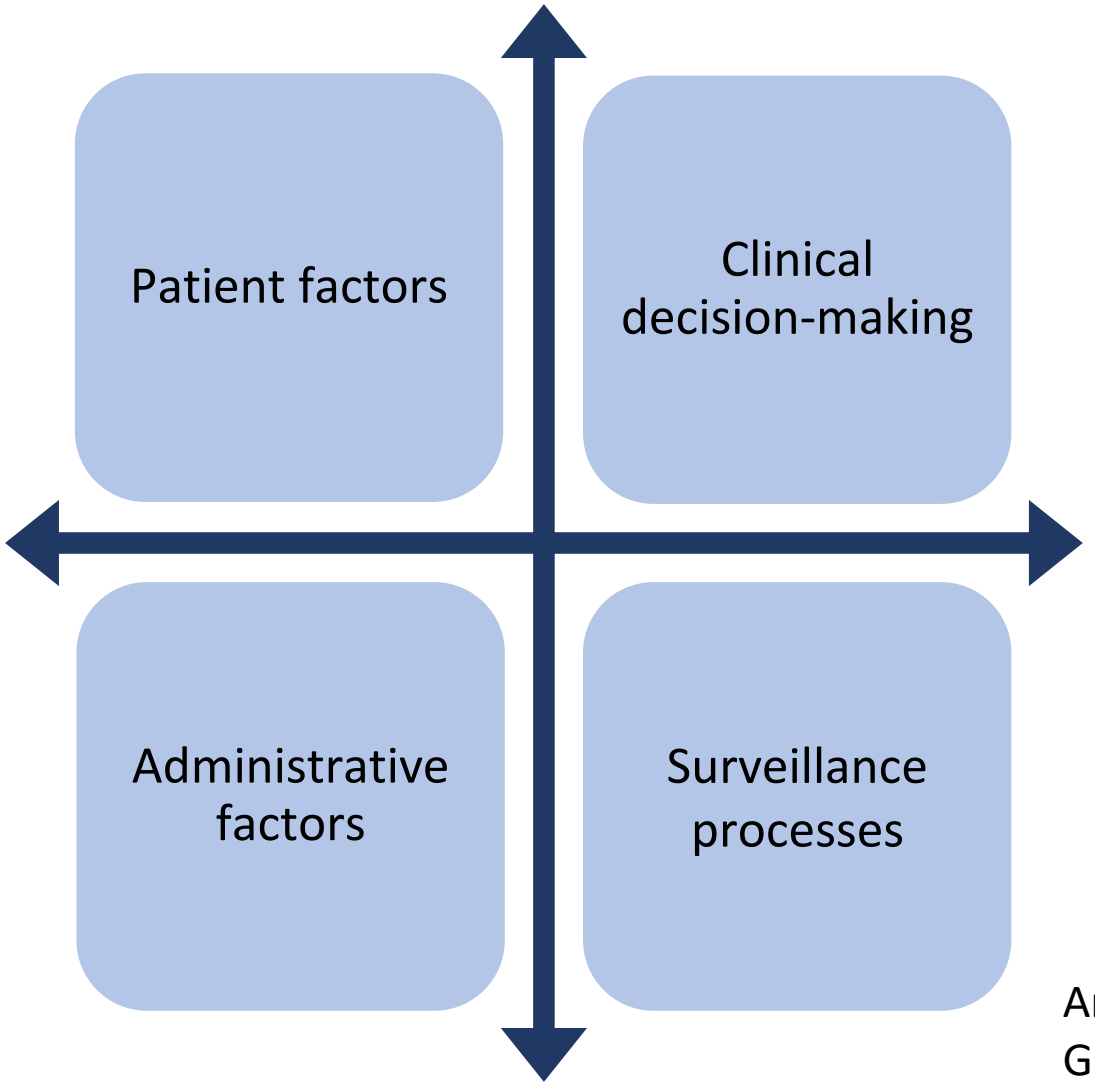


Template based on WEO categorisation of PCCRCs



WEO World Endoscopy Organization

But it also takes account of other factors



Anderson, Burr, Valori.
Gastroenterology 2020;158:1287-1299

cancerdata.nhs.uk

Clinical Audit

Home My Patients About Log out

Post Colonoscopy Colorectal Cancer Audit

Welcome to the Post Colonoscopy Colorectal Cancer Audit, To be added at some point?

Helpful guides on how to use this site and how to add new users are available:

- A link to a pdf.

You have completed:

0

To do:

2

See My Patients

See All Patients

Add another user at this trust

While completing the audit you will be able to:

- Review your patient's record and submit data
- Register other colleagues in the trust to support data collection
- Let us know about missing patients or patients incorrectly assigned to your trust

Please note: You can save any changes, sign out, and come back at any time to complete your patient's records.

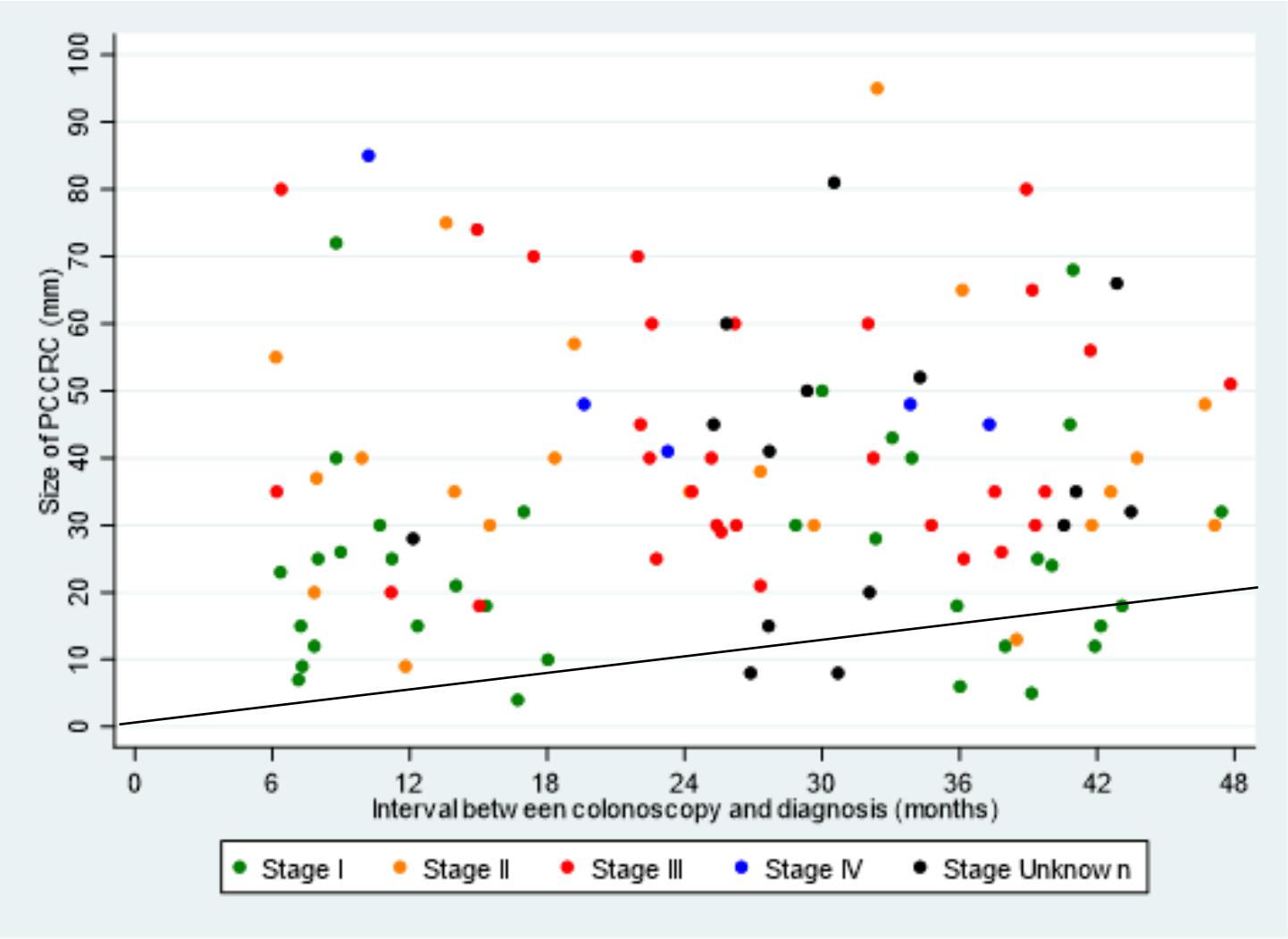
In partnership with

Any problems? visit the **Glossary**, or Email **phe.clinicalaudit@nhs.net**.

Example data outputs

See presentation made to WEO plenary May 2021

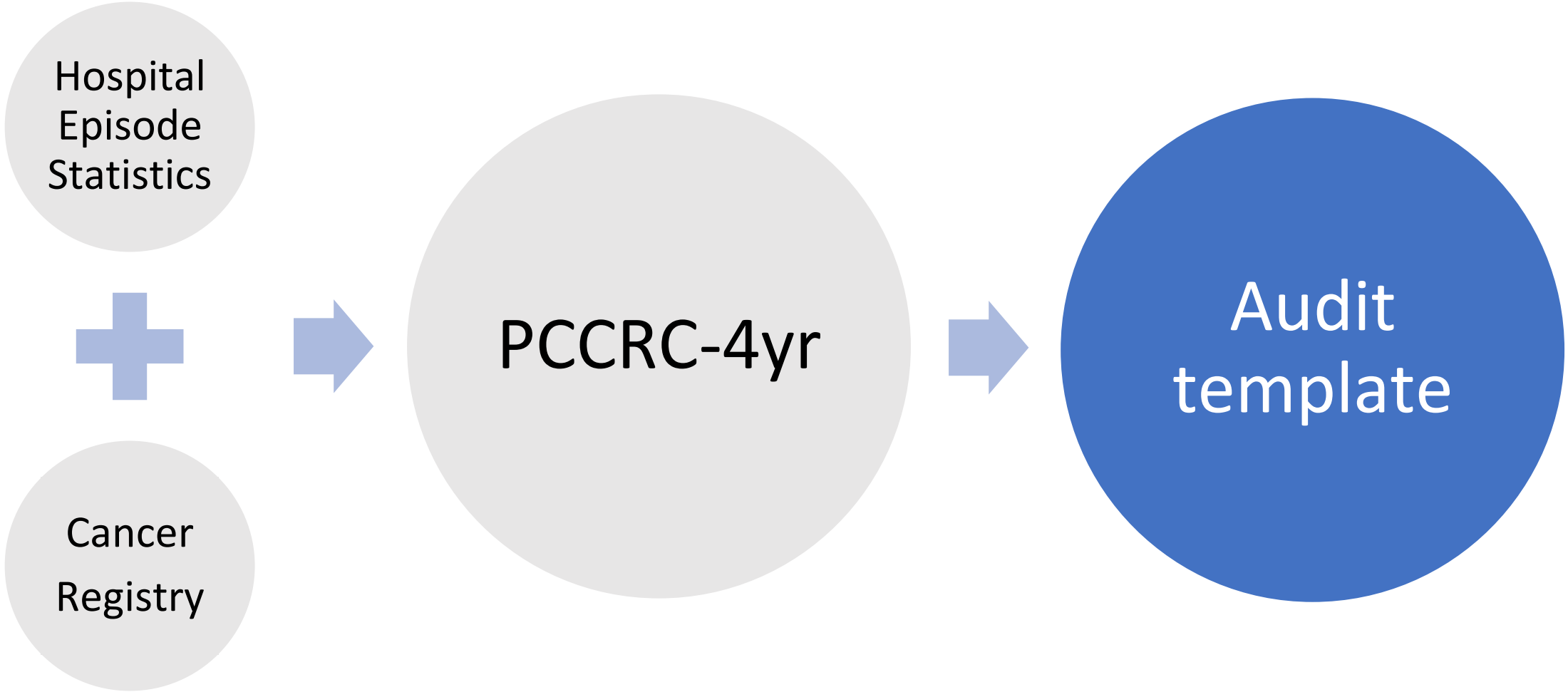
Size/stage of PCCRC versus delay in diagnosis



Growth of ≤5mm/year

Warning: this is preliminary data

Audit template was tested in 12 pilot sites and finalised in August 2021



To be clear - this is about two things

- Helping services comply with a requirement
  - Ultimately to improve the quality of colonoscopy at service level
- Creating an evidence base from aggregated data
  - On which future quality measures can be based

The goal

- To reduce the number of patients with PCCRC-4yr in England by 700 every year
  - Many of these 700 cancers will be cancers diagnosed earlier, but some will be cancers prevented altogether

- The impact of the audit on the quality of colonoscopy will have an enduring impact extending well beyond four years
  - And most of this impact will be preventing cancer, rather than earlier diagnosis

Timetable and next steps

- National roll out to all NHS hospitals
  - October 2021– January 2022
  - Each hospital given up to 25 PCCRCs
  - Given 3-4 months to register and complete data entry
- Data analysis
  - January – April 2022
- Sustainable solution
  - Integrate into JAG accreditation and regulator requirements
- Create similar tools for other cancers
  - Upper GI cancer
  - Pancreatic cancer

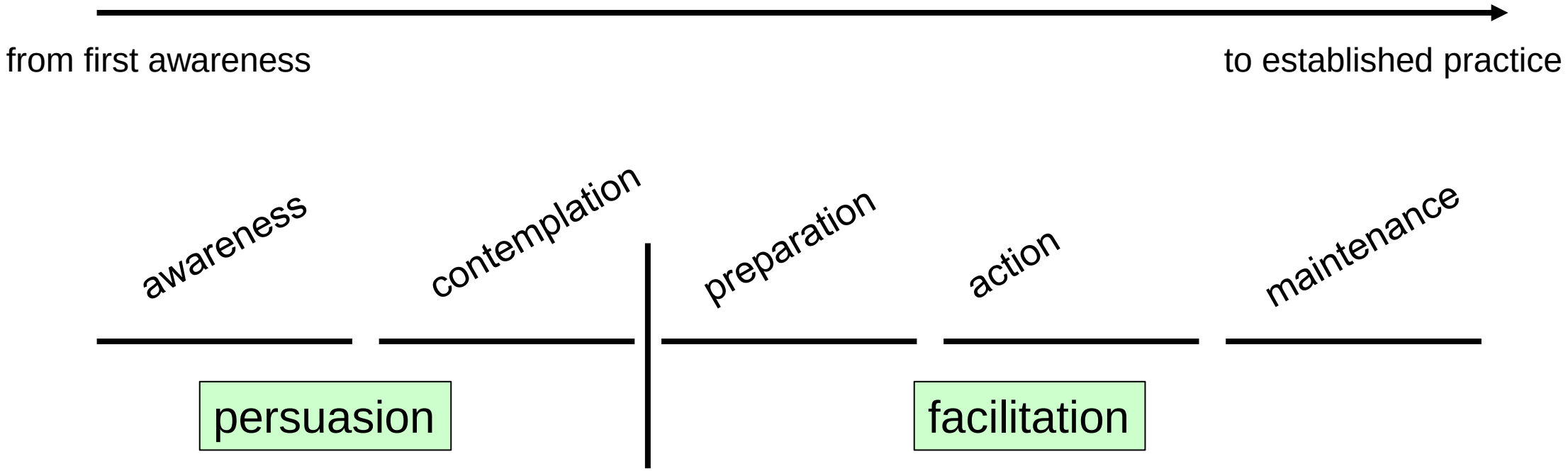
Lessons learned

- Information governance is complicated
- Getting support from professional bodies and patient groups is crucial
- Aligning our aspirations with those of the CRC screening programme (BCSP)
- Achieving a balance between desirable and achievable data points
- Testing the portal is critical, and responding to feedback
- Allowing enough time to change the portal and retest it

Lessons learned

- Making the whole process as easy as possible for the endoscopy team
- Identifying hospital-based contacts well before implementation
- Managing concerns about Duty of Candour
- Map the entire engagement process – and follow through the plan
- Identify all the possible levers
- Be patient – this is a big project and it's a tough time for health care

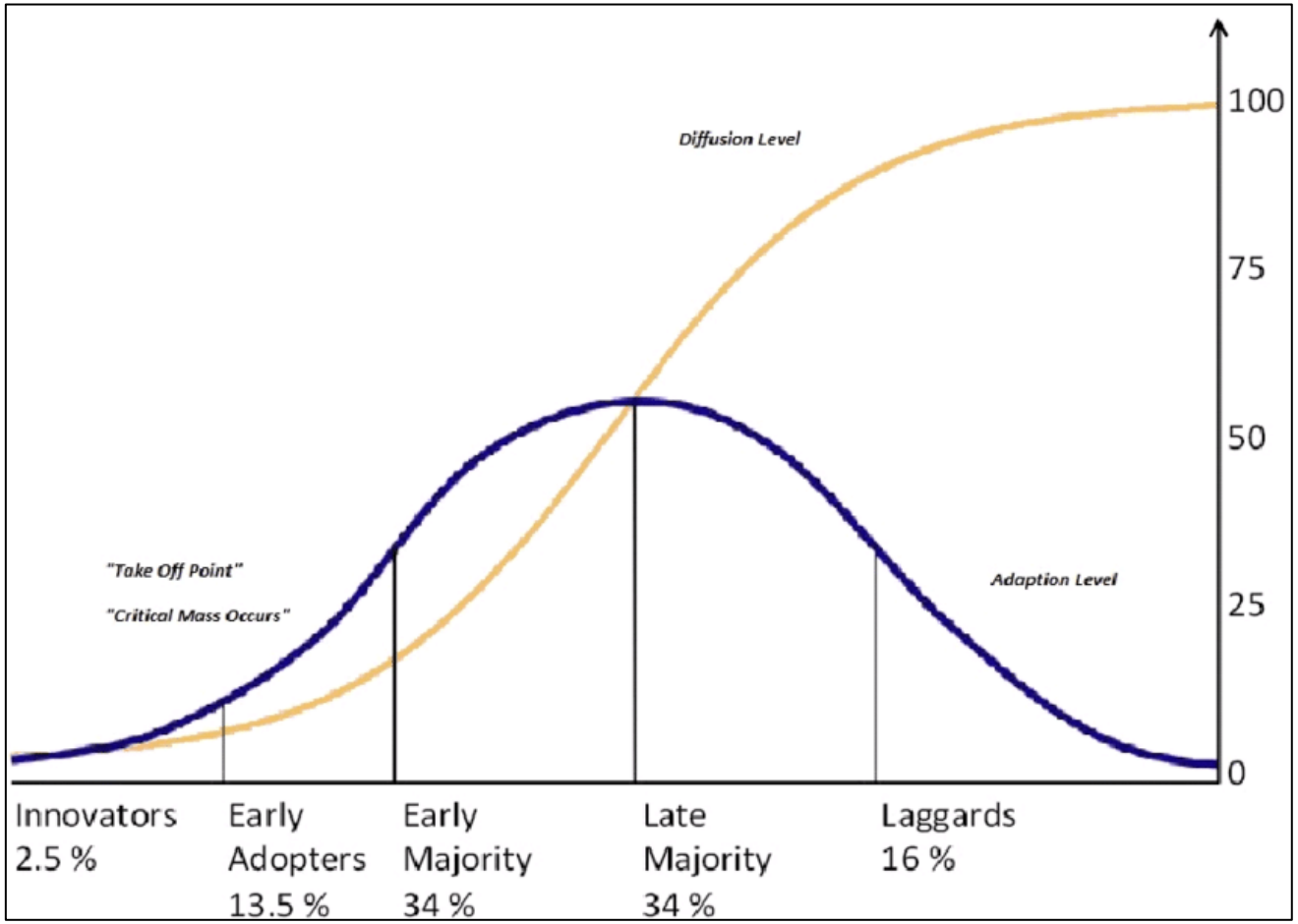
Adopting a process, innovation or change



Effective Health Care 1999;5(1)

Berwick D. Disseminating innovations in health care. JAMA; 2003: 1969-1975

Roger’s diffusion of innovations



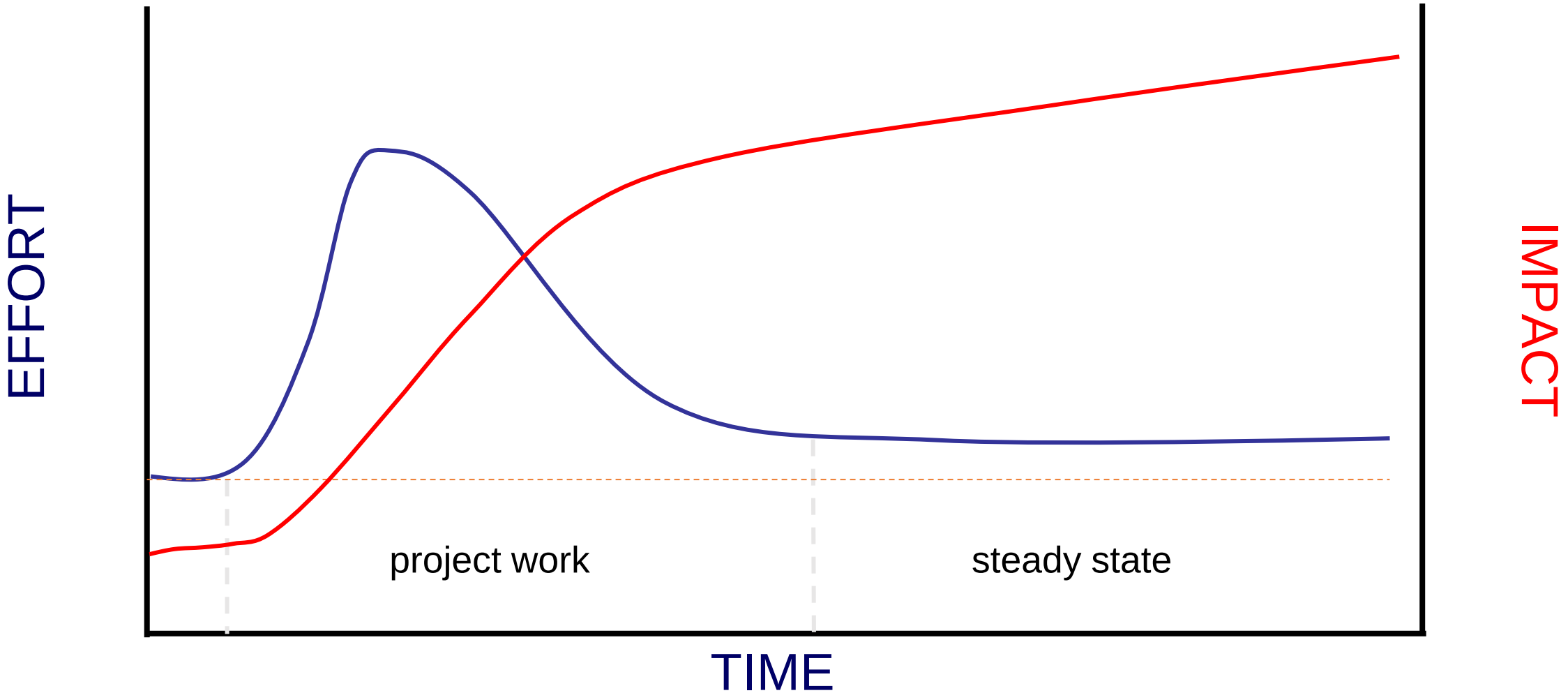
Levers - internal

- Internal motivation - identify wins for the individual
  - Appeal to the desire for excellence
  - Appeal to potential for personal learning
  - Improved standing in their professional network
  - Having a way of identifying and dealing with poor performance

Levers - external

- External motivation
  - Identify all stakeholders and get their support
  - Apply pressure from these external sources
  - Link to professional recommendations and requirements
  - Getting professional and patient groups to support it
  - Make the laggards feel uncomfortable being different

Improving performance - effort and impact



National rollout

- 2902 PCCRCs uploaded for 127 Hospitals
  - 103/127 hospitals provided audit lead
  - 1/127 outright refusal to participate
  - 57/127 active users
  - 35 cancer details submitted for PCCRC diagnosed at another hospital
  - 281/2902 templates started/finished

What is needed to implement elsewhere?

- Resources
  - Money, people and IT
- Align aspirations of all stakeholders
  - Professional bodies
  - Patients
  - The ‘system’
- Integration of databases that have
  - Colonoscopies
  - Cancers
  - Site of both cancer and colonoscopies
- Information governance
  - Sort it out early

What is needed to implement elsewhere?

- A secure portal
  - Able to handle patient identifiable information
- Audit template
  - Balance the desirable with the achievable
- An engagement plan
  - And resources to implement it
- An exit strategy or sustainable solution
  - Be clear about the end game

Things for the WEO PCCRC WG to consider

- Think beyond ADR
  - Helping services deliver change
- Consider creating a recommended template for audit
  - Maybe one for service and one for research
- Creating a guide to support services perform effective audit of PCCRCs
  - A checklist of things to think about for example
- Consider creating quality measures to reduce post procedural cancers
  - Based on this and other data sources

Acknowledgements

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