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

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Sources of post colonoscopy CRC (PCCRC)

- Missed cancers
- Unresected polyps
- Incompletely resected polyps
- Missed polyps
- New cancers

Years post-colonoscopy:
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 27

Audit

%
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
PCCRC-4yr - identifying PCCRCs in England

Hospital Episode Statistics + Cancer Registry → PCCRC-4yr

0-20% PCCRCs diagnosed in a different hospital

ENGLAND
PCCRC-4yr - audit template
Template based on WEO categorisation of PCCRCs

Adenoma seen in same bowel segment?

- Yes: Caecum intubated & bowel prep good?
  - Yes: A: Possible missed lesion, examination adequate
  - No: B: Possible missed lesion, examination inadequate
- No: C: Detected lesion, not resected
  - Yes: D: Likely incomplete resection

Lesion resected?
But it also takes account of other factors

- Patient factors
- Clinical decision-making
- Administrative factors
- Surveillance processes

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

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.
Example data outputs

See presentation made to WEO plenary May 2021
Size/stage of PCCRC versus delay in diagnosis

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

from first awareness to established practice

awareness contemplation preparation action maintenance

persuasion facilitation

Effective Health Care 1999;5(1)
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

EFFORT vs. TIME

- Project work
- Steady state

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
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