

REASON WHY?

3-6 people in 1000 with Barrett's will develop changes that could lead to cancer . In December 2019, a neighbouring hospital highlighted, in an audit, a number of patients had been lost to Barrett's Oesophagus surveillance. It was agreed that a similar audit should be undertaken to identify if SaTH patients have also been lost to surveillance



To identify patients that have had a previous diagnosis of Barrett's Oesophagus and offer a service that is compliant with NICE guidelines (2023)

PLAN

A decision was made to carry out audit however Covid pandemic halted this due to other clinical priorities. The audit was completed in summer of 2021 going back to 2014 When British Society of Gastroenterology guidelines came into use.

Results

- 400 patient diagnosed with Barrett's Oesophagus but not on surveillance program.
- 270 of those over 80 and do not meet surveillance criteria.

Reasons the patient were 'Lost to surveillance'

- Not flagged for surveillance by clinician.
- Did not respond to surveillance invitation .
- Patients did not attend surveillance appointment.
- Clinician decision not to survey due to age and comorbidities but no evidence of patient counselling.
- Patient declined but no evidence of appropriate counselling .
- Administrative error – surveillance or clinic appointment never booked .

DO

In 2023 further validation was undertaken of patients under 75 years old and 99 patients now lost to surveillance .

Following this initial data collection, the plan was to contact patients by letter to inform them they have been lost to surveillance .

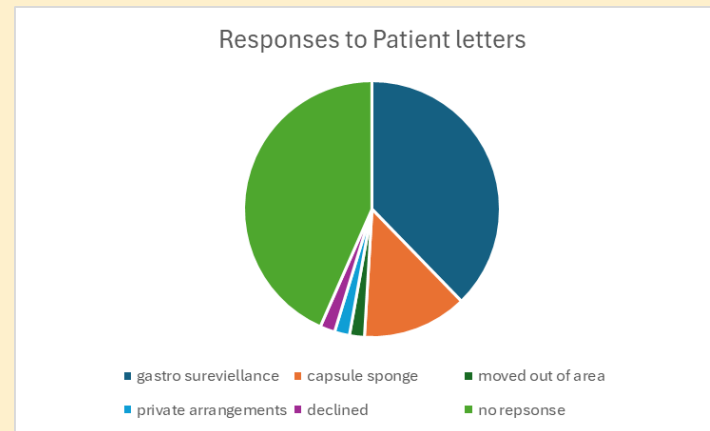
Patients were invited to contact a dedicated number to discuss with a Specialist nurse options of recommending surveillance by gastroscopy or capsule sponge and answer any questions or concerns.

Letters were sent to ten patients initially to gauge response, which was positive.

If patients did not respond to invitation then a follow up letter would be sent before informing the GP of failure to contact.

STUDY

In November 2023 a pilot of 10 patient letters was sent out to assess response rates. Since then a further 54 Patients have been contacted in total to date with a 40% response rate. The patients that did respond reacted positively to being identified and recalled. 53% of the patients so far contacted have gone on to receive surveillance (either gastro or capsule sponge) and 1 person was referred on the urgent cancer pathway and was able to be reassured that all was well. This work has enabled patients to have renewed access to essential health checks.



ACT

The project has informed patients and their GP of their missed surveillance, and the reasons surveillance is offered.

Moving forward the remaining patients < 75 will be contacted before patients over >75 with a Barrett's length of > 3cm are contacted.

The clinical endoscopist team have been working on a surveillance database since 2020 with the intention of future production of monthly spreadsheet identifying patients due for surveillance to double check endoscopy bookings data.

The Barrett's clinic has now commenced for all newly diagnosed patients to discuss diagnosis, risk factors and importance of attending surveillance procedure .