

Reimagine and Renew – A Networked Approach to Improving Outcomes of Barrett’s Surveillance in Wales

Neil Hawkes, Consultant Gastroenterologist, CTMUHB | Contact: neil.d.hawkes@wales.nhs.uk

Context and Approach:

Missing early mucosal changes in Barrett’s oesophagus is the commonest cause of a missed upper GI cancer in UK series of Post-endoscopy UGI cancer (PEUGIC) [1]. Audit of endoscopic practice against national standards for GI endoscopists shows unwarranted variation and room for improvement [2].

Through the establishment of clinical networks across Wales, supported by National Programme teams, we aim to establish PEUGIC rates in each Health Board, evaluate current practice in surveillance of patients with Barrett’s oesophagus, share best practice and learning from cases of missed cancers, and support improvement in clinical KPIs and service delivery.

Planned Activity:

Research:

We aim to provide data relating to the following questions: What are the PEUGIC rates across the Health Boards in Wales? What are the underlying reasons for missed UGI cancers? To what extent are best practice recommendations for Barrett’s surveillance being followed? To what extent will a dedicated Barrett’s workshop improve individual KPIs for endoscopists undertaking Barrett’s surveillance lists? Can the new B-PROMS tool be introduced into Barrett’s surveillance pathways? What factors make clinical networks effective?

Collated data from all Health Boards and data related to the use of B-PROMS within CTMUHB will be presented initially in abstract form submitted to local Research and Development conferences, British Society of Gastroenterology and United European Gastroenterology Week meetings. Abstracts related to the Educational Workshop will be submitted to the Academy of Medical Educators.

Leadership:

The National Diagnostics Programme will co-ordinate regular network meetings and support data collection. We are working with the National Endoscopy Programme and network of Welsh GI trainees (WING) to help with data collection and co-ordination.

Education/teaching :

The Endoscopy Academy of Wales and National Endoscopy Programme will support a dedicated training workshop for all endoscopists and lead nurse assistants involved in delivering dedicated Barrett’s surveillance lists. Additional on-line learning resources will be available.

Progress to date:

1. Alignment of key project stakeholders, completion of a project plan and timetable.
2. Initial PEUGIC data collection on a standardised tool has been started in four Health Boards.
3. An all-Wales ‘kick-off’ event has been set for 9th July 2025.
4. Specific alignment of the B-PROMS tool with online delivery platforms is being discussed with the CTM Value team with an exploration of the clinical and administrative support required.
5. The outline of the Barrett’s workshop has been discussed to timetable the development of learning resources.

Reflections:

- I am collaborating with Denise Lowry – Towards Patient Centredness – Patient Activation & Value Based Healthcare Measures (on the introduction of the B-PROMS tool) and will explore overlap with McKenzie’s project on Empowering Multiprofessional Teams: Designing a CPD Framework which Directly Impacts Patient Care (workshop and online resource development) as a training workshop (November 2025) and online CPD materials will be developed to support training in the assessment of Barrett’s oesophagus aimed at improving dysplasia detection rates
- Establishing effective clinical networks and reliable collection of data is a key enabler. Support from programme teams and resourcing of the workshop has been secured. Barriers include non-engagement, failure to allow access to data, IT issues, inability to influence service managers.
- Overall project aims remain unchanged, timing of events and approach to B-PROMS amended to aid engagement and deliverability of specific project components.