

## **Re. Post-Colonoscopy Colorectal Cancer (PCCRC) audit portal launch**

Dear colleague,

We are writing to you to request engagement in this important national audit. The JAG is not allowed to pass on names and contact details, so we would be grateful if you can nominate a clinical lead for the audit and ask the lead to register with the audit team as soon as possible ([natasha.wood@phe.gov.uk](mailto:natasha.wood@phe.gov.uk)).

The National Post Colonoscopy Colorectal Cancer (PCCRC) Audit is funded by Bowel Cancer UK and managed by the National Cancer Registration and Analysis Service, part of Public Health England, and Health Data Insight.

The audit follows the recommendation made by the World Endoscopy Organisation (WEO) and the requirement of the JAG to review PCCRCs following a colonoscopy that did not show cancer. For practical purposes a 6-48 month post procedure window has been chosen.

Preliminary data from ten pilot trusts indicates that PCCRCs are not just about adenoma detection rates. Quality of colonoscopy is important, but there are other avoidable factors that lead to PCCRCs, and some unavoidable ones. The intention of the audit is to find areas in need of improvement and act on them, NOT to find fault with individuals.

To help services identify and audit PCCRCs, a national reporting system has been developed. PCCRCs are identified using central databases and the trust where the colonoscopy was performed notified of cases via a secure portal. The portal has an audit tool designed to help determine the most plausible explanation for the PCCRC as defined by the WEO. The BSG, the JAG, ACPGIBI and NHSE support this audit. The JAG has recently reduced the burden of audit for accreditation to allow time to review PCCRCs.

In the initial phase up to 25 PCCRCs will be uploaded for each trust. We anticipate a further upload of PCCRCs three times a year as new cases are captured with refresh of national database linkages.

The launch is planned for October 2021. Ahead of this, please can you nominate a clinical lead from your trust to be our main contact. The clinical lead for the project should be a practising colonoscopist who is strongly motivated to improve the quality of colonoscopy, and who is well respected by their clinical colleagues. If you are in a merged trust, we would appreciate it if you could provide a clinical lead to cover all the hospitals within the Trust.

The first step will be for the Trust lead to register for a portal account, providing GMC number and Trust details. The clinical lead needs to have an nhs.net account and provide a mobile number which is used for the portal sign in. Once the lead has an account, they can request accounts for other users in the Trust (and hospitals) to help with the data entry.

Ahead of the launch, information will be provided to you to share with the colonoscopists in your Trust, information for your information governance committee, Duty of Candor guidance and a user guide for the portal.

**Please email the name and email address of your nominated clinical lead to [natasha.wood@phe.gov.uk](mailto:natasha.wood@phe.gov.uk).**

Many thanks,

Roland Valori, Nick Burr  
PCCRC Audit team