

Improving outcomes in pancreatic cancer: the NHS England GIRFT pancreatic cancer programme

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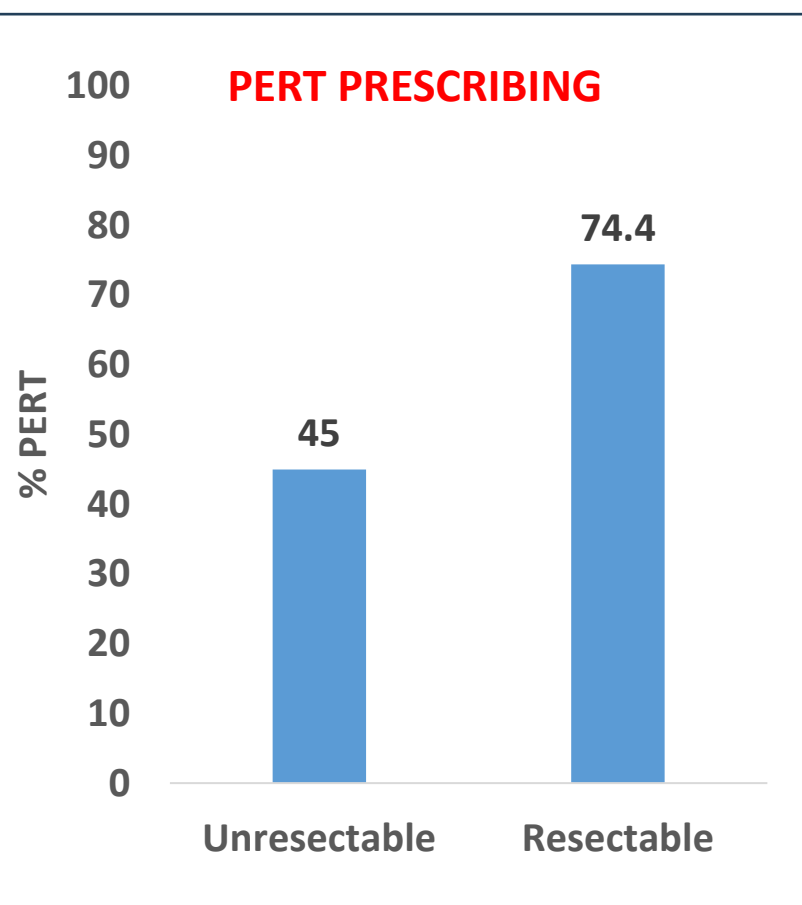
Stefania Deligia (Edge Health)

Kate Cooper (Edge Health)

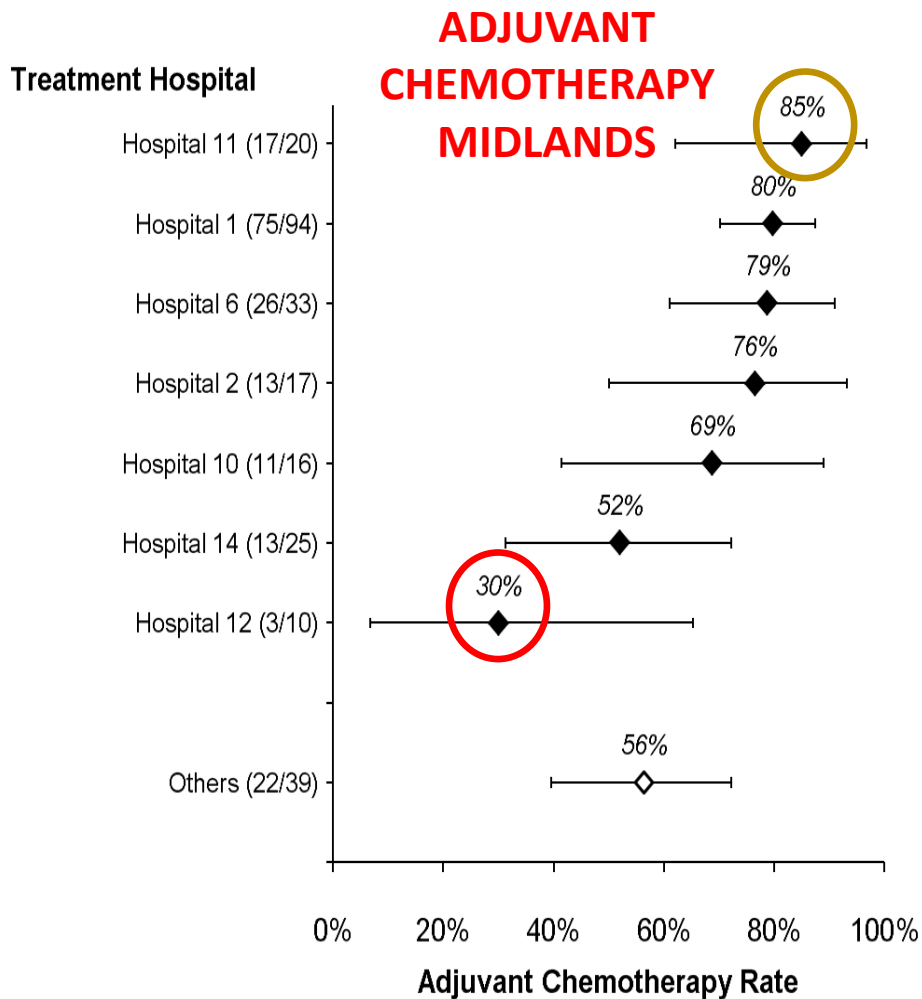
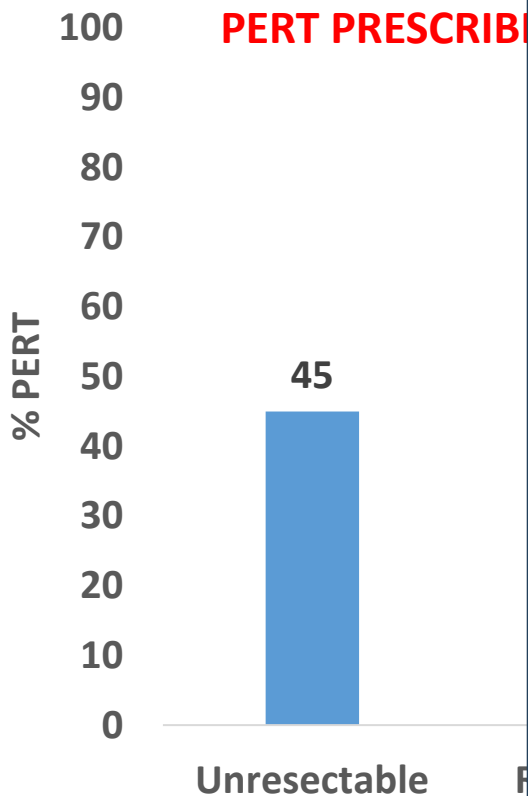


GETTING IT RIGHT FIRST TIME

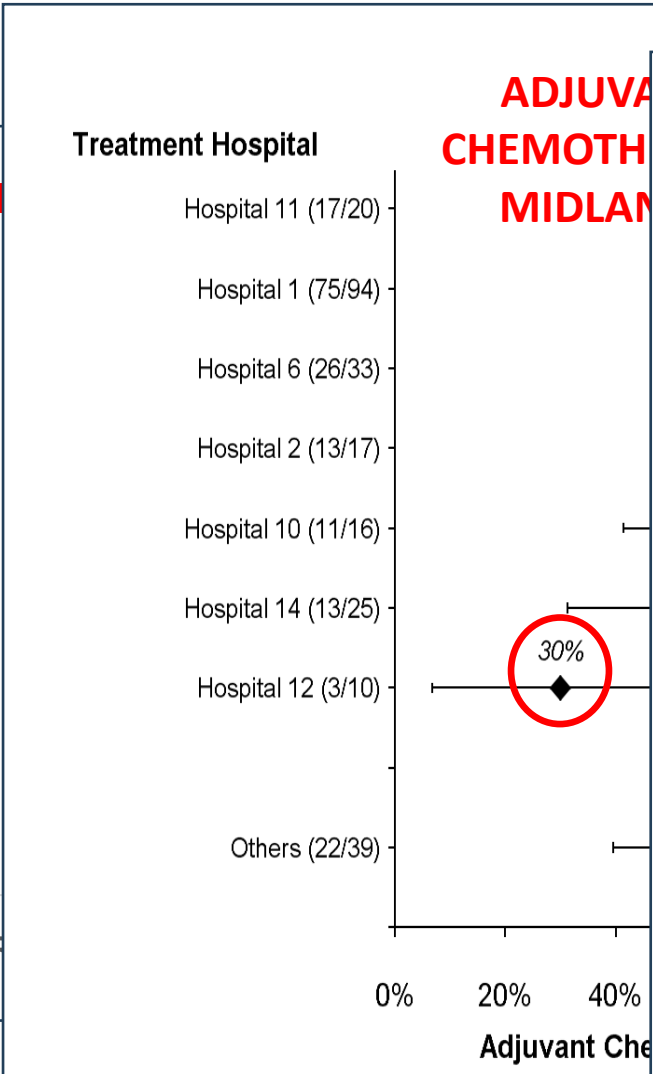
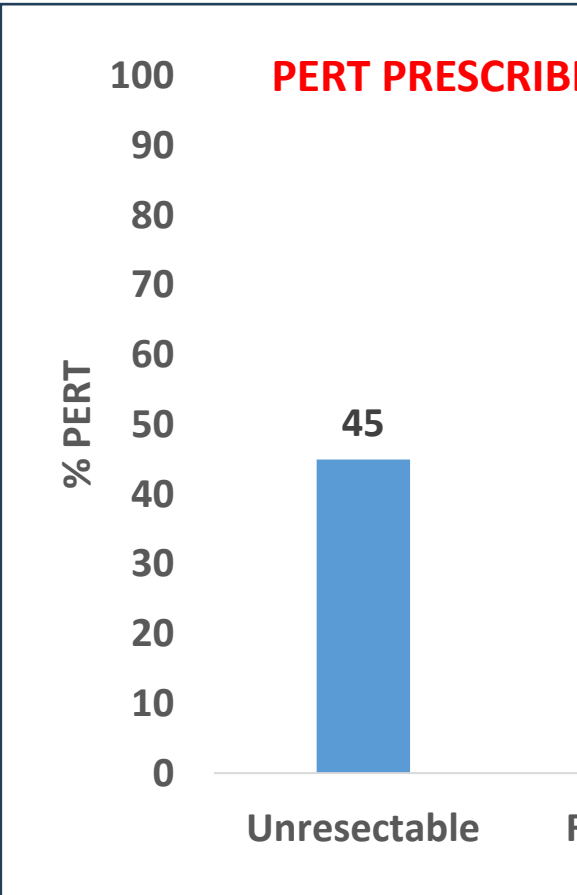
Background: unwarranted variation in care



Background: unwarranted variation in care



Background: unwarranted variation in care



RECENT AUDIT DATA

- 46% of pts recommended CHEMO received chemo
- 57% of pts recommended SURGERY resected
- 77% of those undergoing surgery RESECTED
- 21% of patients undergoing biliary drainage dead within 30 days
- Diagnostic pathway:
 - 36 days resectable **Q1= 15 days Q3 = 68 days!**
 - 24 days unresectable **Q1= 12 days Q3 = 45 days!**

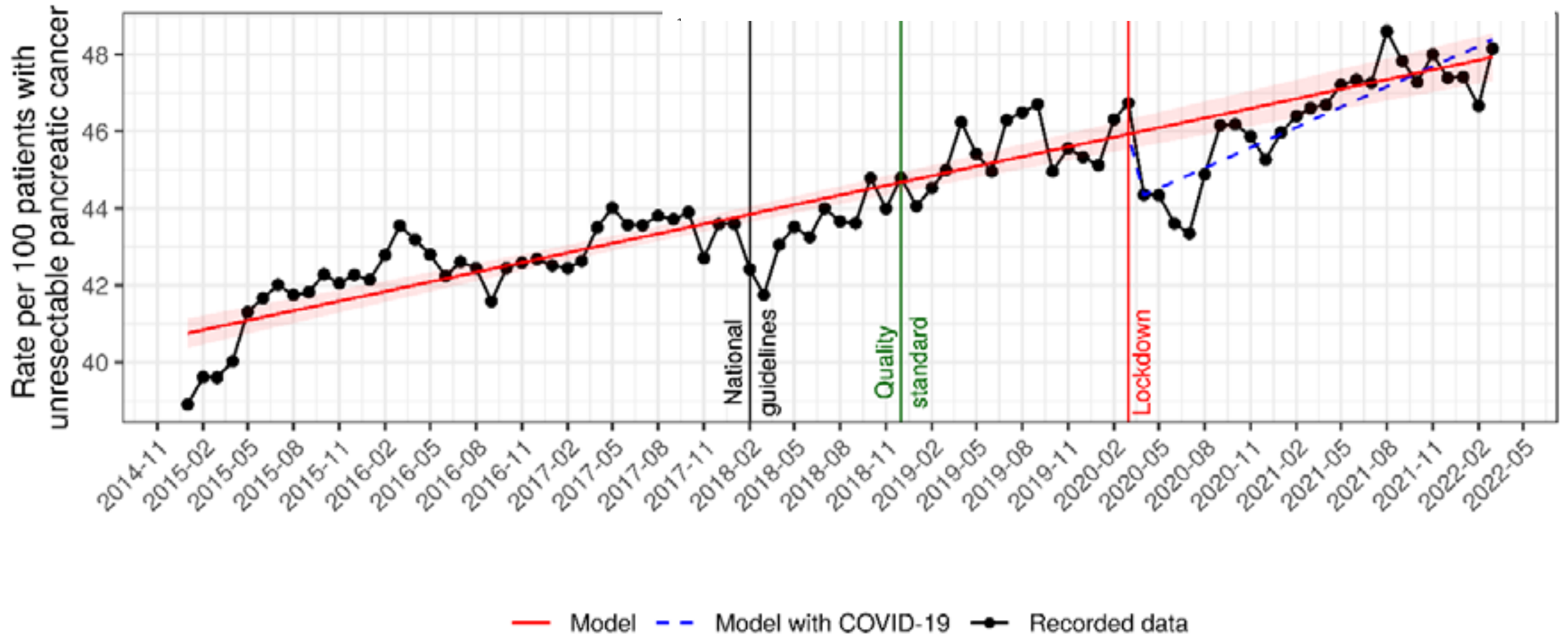
NICE guidelines: guideline fatigue?

PERT prescribing across England

The impact of the COVID-19 pandemic on prescribing of pancreatic enzyme replacement therapy for people with unresectable pancreatic cancer in England. A cohort study using OpenSafely-TPP

Patients receiving enzyme replacement
Region: whole England

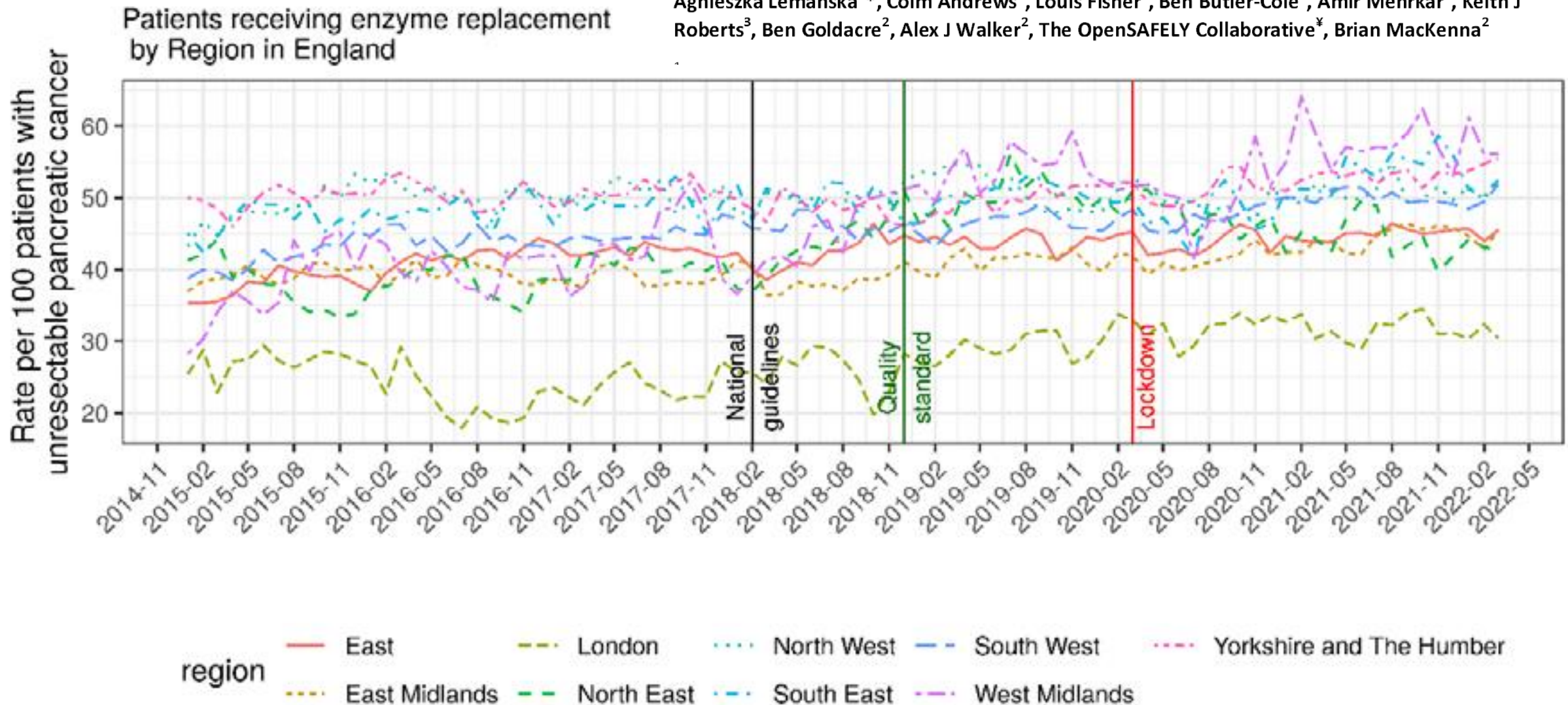
Agnieszka Lemanska^{1*}, Colm Andrews², Louis Fisher², Ben Butler-Cole², Amir Mehrkar², Keith J Roberts³, Ben Goldacre², Alex J Walker², The OpenSAFELY Collaborative[‡], Brian MacKenna²



Importance of a regional approach

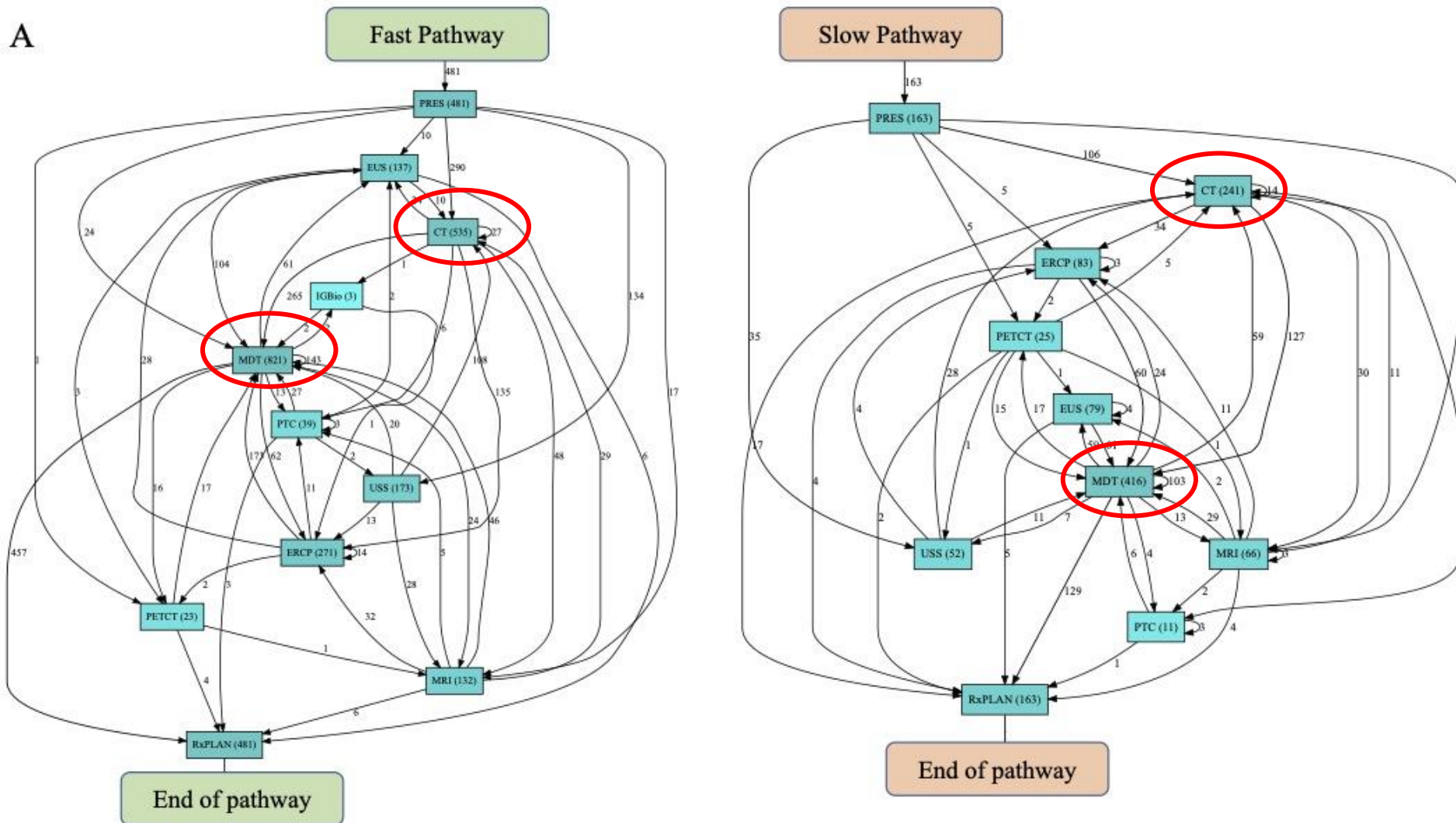
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Agnieszka Lemanska^{1*}, Colm Andrews², Louis Fisher², Ben Butler-Cole², Amir Mehrkar², Keith J Roberts³, Ben Goldacre², Alex J Walker², The OpenSAFELY Collaborative[‡], Brian MacKenna²



Optimal pathway?

Heuristic process mining event sequencing maps



502 MDTs
immediately repeated

114 CTs immediately
repeated

4,001 days added to
whole groups
diagnostic pathway

Improving outcomes?

Difficult?



but not impossible



Getting It Right First Time: Pancreatic Cancer Provider Level Reviews and National Report

*Clinical Co-Leads: Claire Pearce, Ganesh Radhakrishna, Daniel Palmer,
Keith Roberts, Raneem Albazaz*



GIRFT is part of an aligned set of programmes within NHS England

Getting it Right First Time (GIRFT)

‘Tackling unwarranted variation to improve quality of patient care’

- Reviews of **40 clinical specialties** leading to National Report for each
- Led by **frontline clinicians**: expert in the areas they are reviewing
- **Peer to peer engagement** helping clinicians identify changes to improve care and deliver efficiencies, and to design plans to drive **locally designed improvements**
- Mapping out what ‘good’ looks like for standardised pathways of care and **sharing best practice** and knowledge



Achievements to date

40 specialty reviews

4,100+ deep dives and revisits to trusts

60 clinical leads and advisers in post

38 national reports, with more to come

70+ clinical guidance documents and best practice publications

Developed **high credibility** among clinicians and specialty associations as an effective programme to deliver both clinical improvement and evidence for policy change

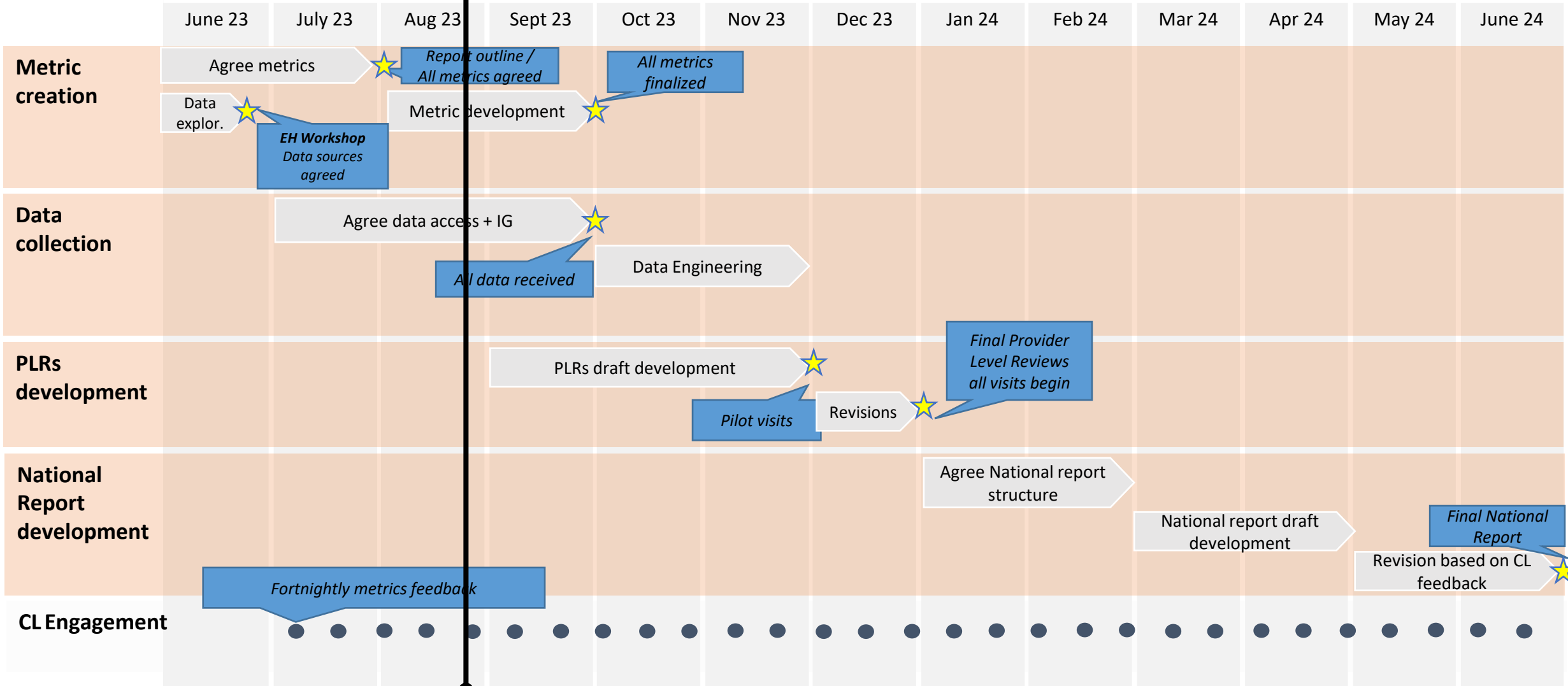
Influenced a **cultural shift**, with clinicians and managers across the NHS taking ownership of their data, questioning their outcomes and taking action to improve

Pancreatic cancer

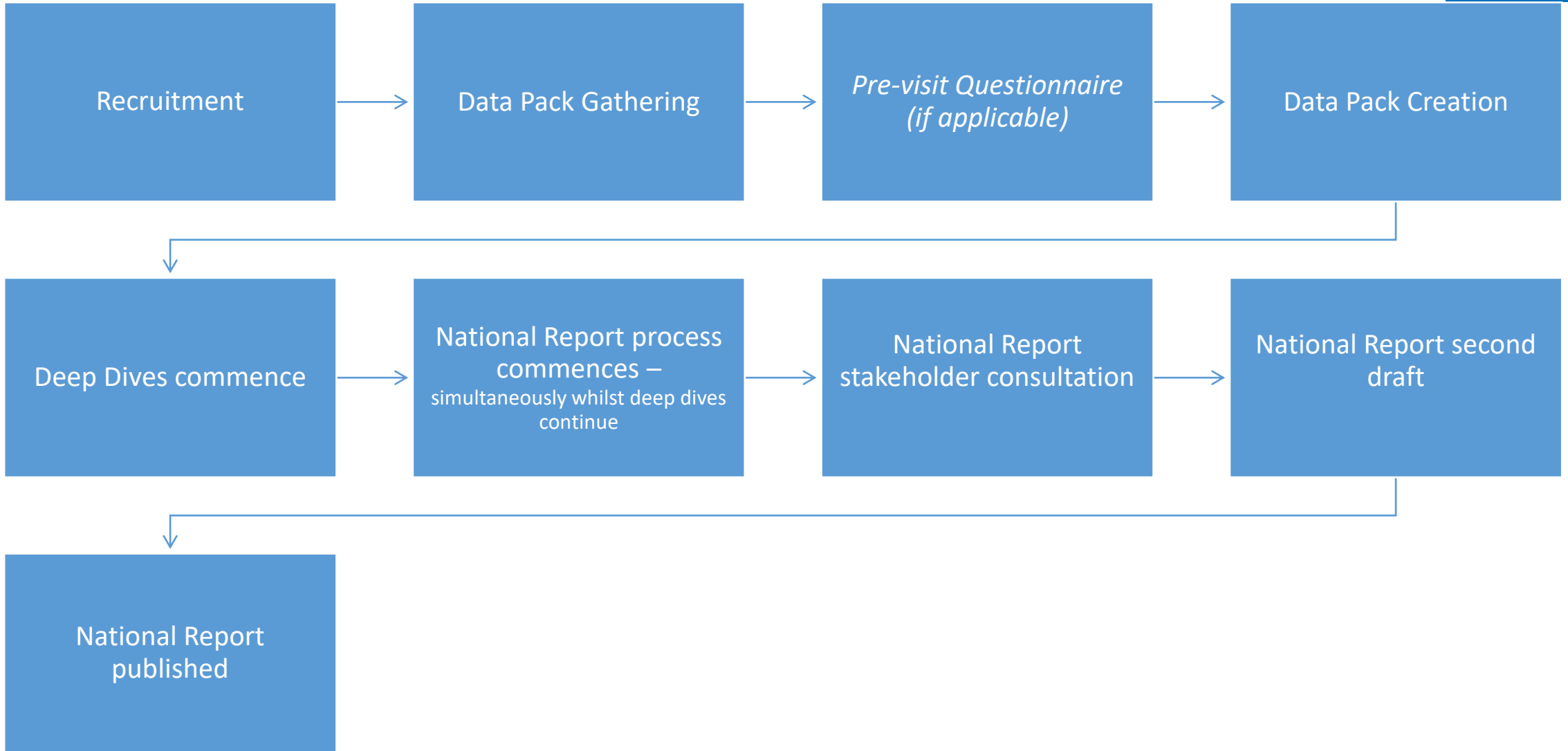
- Proposal is to deliver a GIRFT Pancreatic Cancer review. Working with the Pancreatic Cancer UK Charity to:
 - Assess the current extent of compliance across country of the pancreatic cancer optimal care pathway.
 - Virtually visit every pancreatic centre across England
 - Identify and understand variation
 - Provide recommendations to improve processes and approaches to achieve better ways of working to improve outcomes.
 - Work with cancer alliances, integrated care boards and the regional HPB specialist centres to understand their work so the GIRFT approach complements this.



12-month timeline

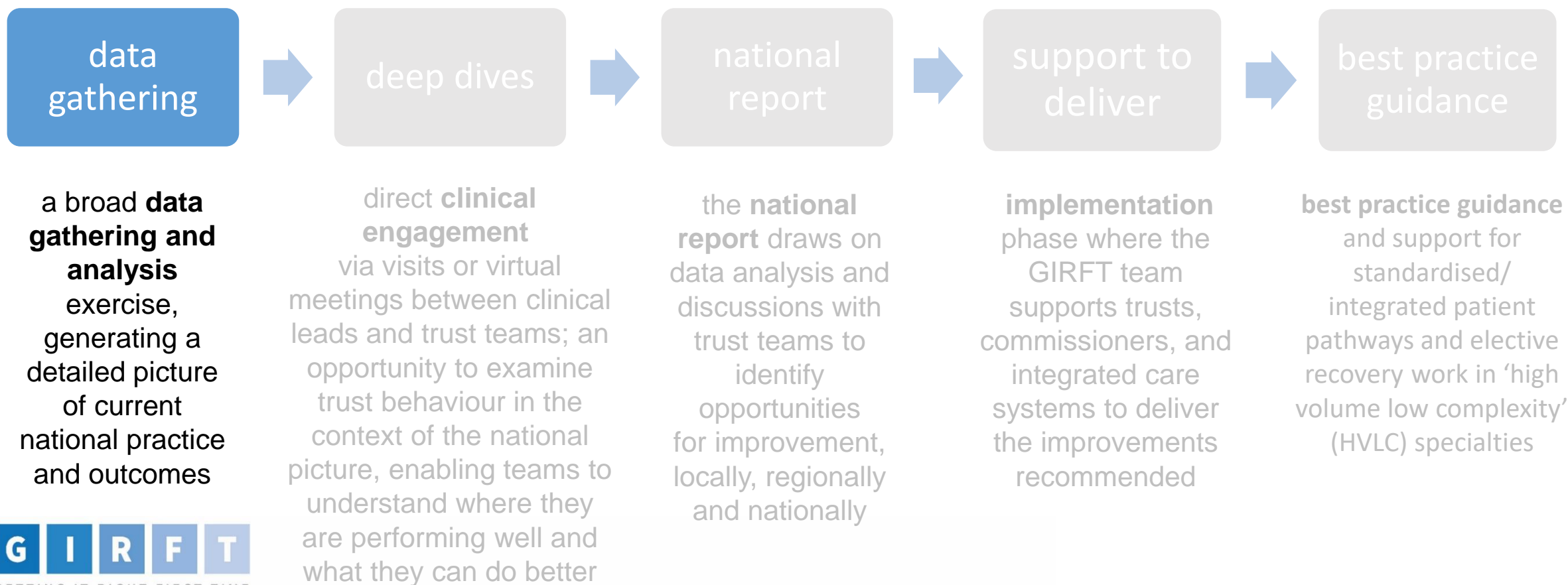


Workstream overview



GIRFT specialty reviews

By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes to help improve care and patient outcomes, as well as delivering efficiencies



A typical GIRFT data pack



Trust
background

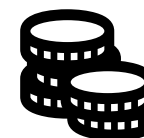


Population
demographics



Clinical quality:

- Detailed procedure-level groupings
- Volumes
- Length of stay
- Outcomes
- Comorbidities



Reference
costs

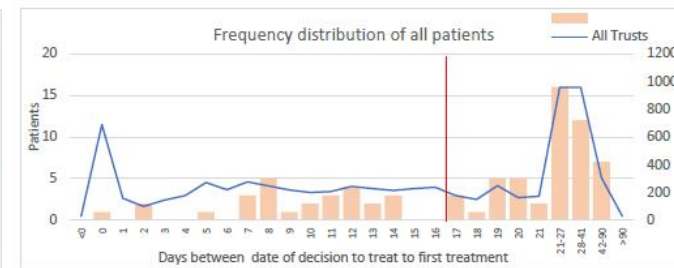
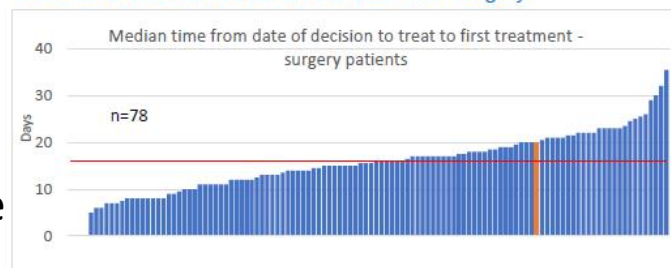


Litigation

A typical GIRFT data pack

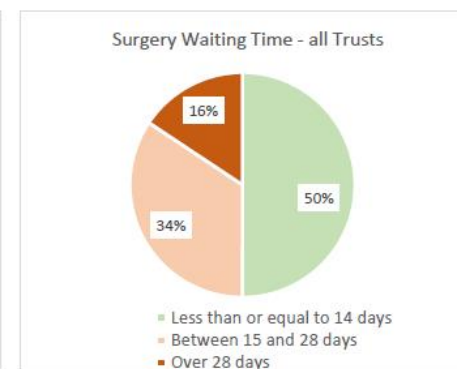
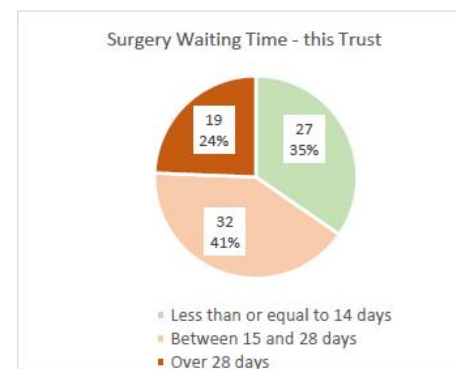
- Iterative approach to metric development and testing
- The data packs can be at provider level, cancer alliance level or at hub and spoke level if appropriate
- Each trust will receive their own data pack.
- In this instance, will be a significant reliance on HES data
 - National Clinical Audit will be invaluable future addition
- Pre-visit questionnaire is a great opportunity to collect data about adherence to optimal care pathway

9.5 Date of decision to treat to First treatment - surgery



Note: analysis in left hand graphs excludes patients with negative timings or those greater than 3 months

— NOLCP standard



Source: Trust MDT systems
Jun 2018-May 2019

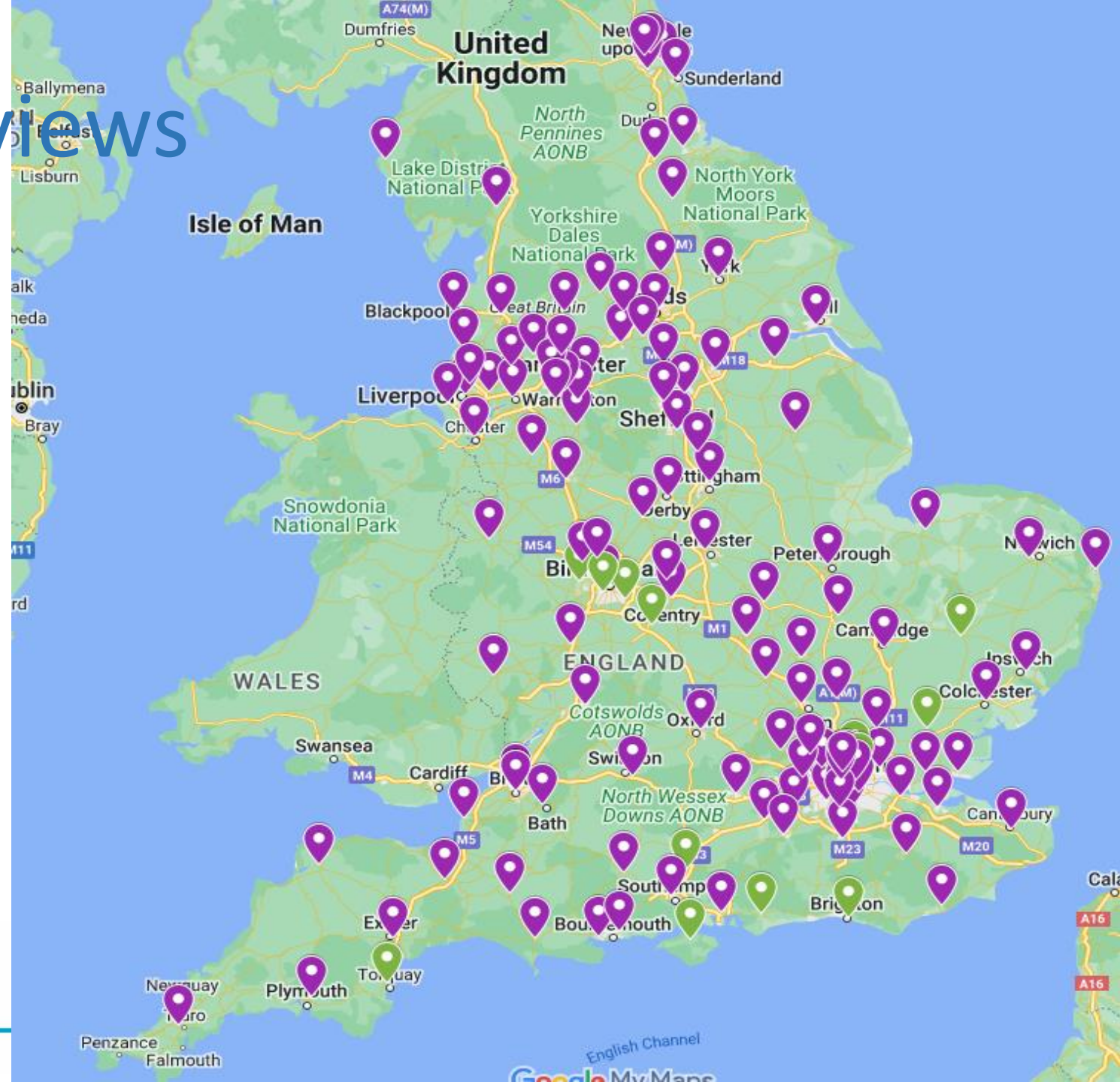
GIRFT specialty reviews

data gathering

a broad **data gathering and analysis** exercise, generating a detailed picture of current national practice and outcomes

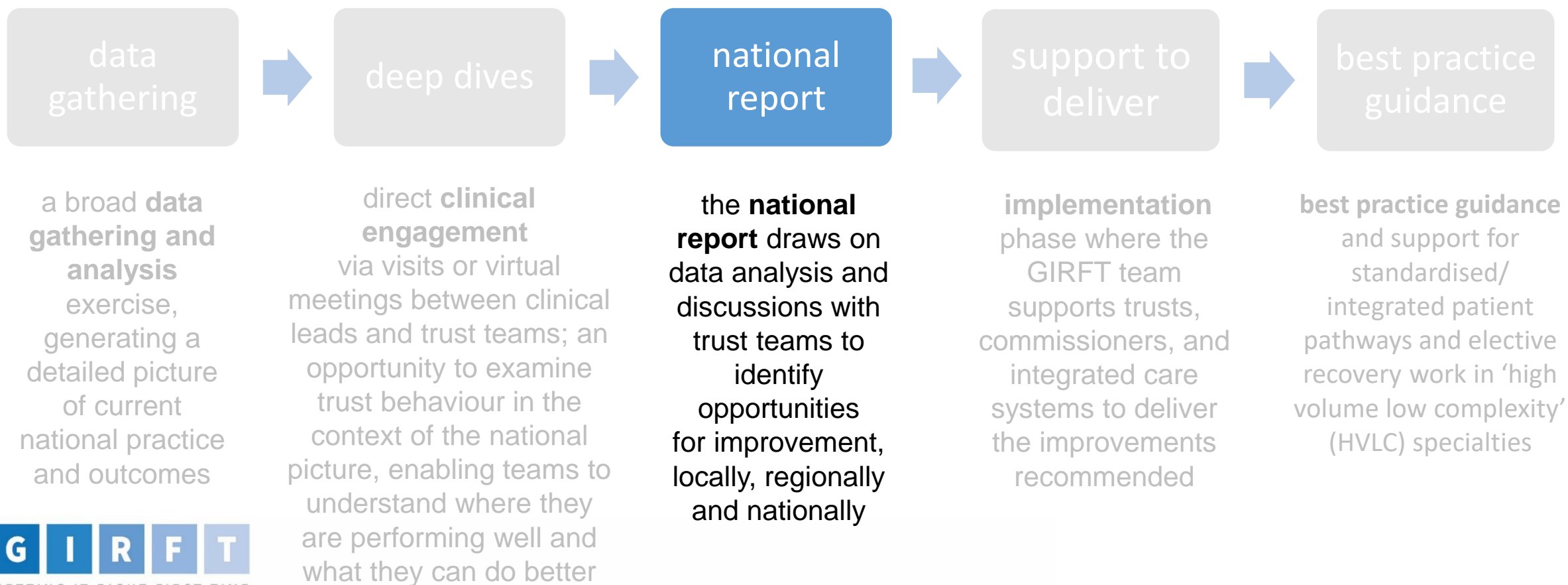
deep dives

direct **clinical engagement** via visits or virtual meetings between clinical leads and trust teams; an opportunity to examine trust behaviour in the context of the national picture, enabling teams to understand where they are performing well and what they can do better



GIRFT specialty reviews

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GIRFT national specialty report

- Recommendations for national, regional and local implementation
 - Specific actions, owners and timelines
 - Prioritised to keep manageable
- Endorsement from relevant professional bodies and partners (inc. forewords)
- Case studies to publicise good practice
- Opportunity to give national prominence e.g. to optimal care pathway



Lung Cancer

GIRFT Programme National Specialty Report

by Dr Paul Beckett, Dr Sarah Doffman and Dr Elizabeth Toy
GIRFT Clinical Leads for Lung Cancer

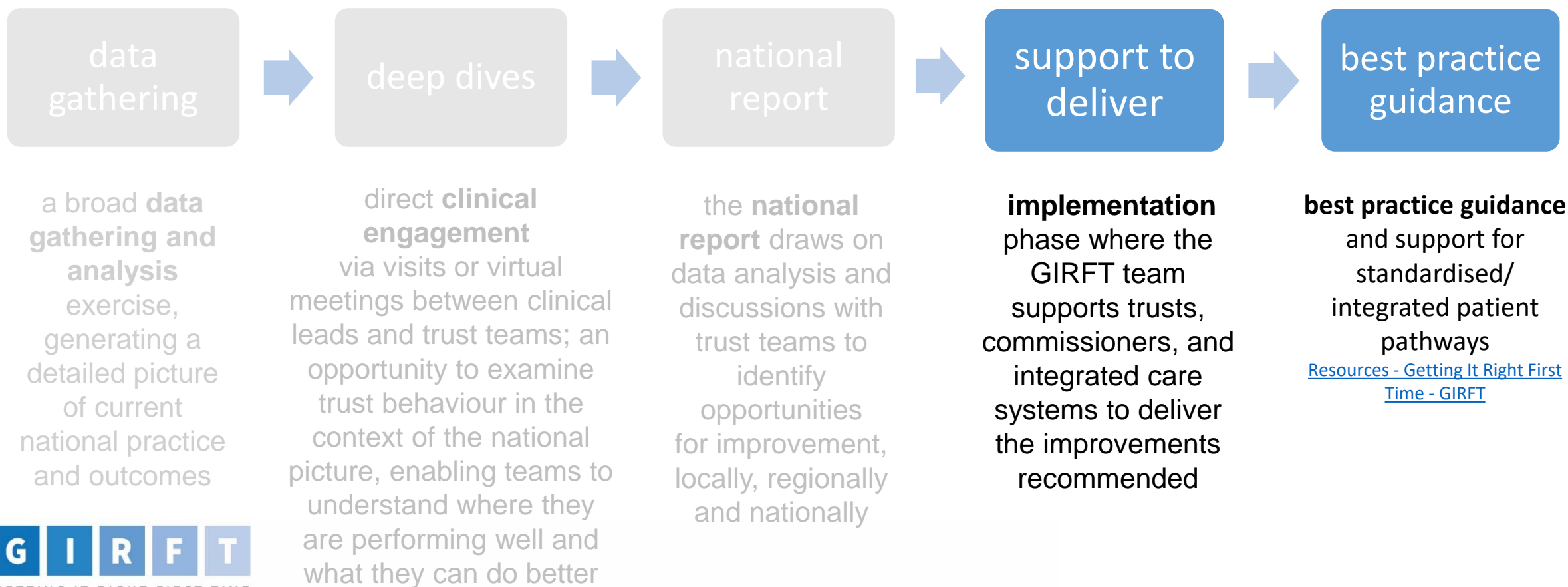
Victoria Anderson and Monica Hugh
Specialist Nursing Leads for Lung Cancer

April 2022



GIRFT specialty reviews

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Impact of a GIRFT review: Orthopaedics

Case study: University Hospitals Plymouth NHS Trust (as of February 2020):

- ✓ Reduced length of stay by > 50% for elective hip (to 2.6 days), and elective knee (to 2.3 days), and by > 35% for revision hip (to 6.8 days), and revision knee (to 5.0 days)
- ✓ Increased use of prosthesis type for cemented hip replacements for patients aged 70+ to 80%, and cemented or hybrid to 98%
- ✓ Stopped low-volume procedures
- ✓ Reduced loan kit spend by 50%
- ✓ Further reduced litigation cost per activity by a quartile, below national average
- ✓ Entered into an Any Qualified Provider (AQP) hot/cold pilot to mitigate winter escalation pressures, protecting delivery of elective activity

(Dr Phil Hughes, Medical Director, UHP)

Getting it right in orthopaedics. Reflecting on success and reinforcing improvement, (GIRFT, February 2020).

Feedback: Walsall Healthcare NHS Trust:

“Using the recommendations as foundation, we have been able to successfully redesign our elective arthroplasty pathway.. Led to winning local service improvement awards ...benefited staff morale...length of stay has reduced...able to offer an average of 144 more joint procedures than before implementation...” (Lucy Beech, Trauma & Orthopaedic Care Group support manager, Walsall). Getting it right in orthopaedics. (GIRFT, 2020).

£696m

Operational and financial opportunities released by trusts over the course of the programme to 2020
Getting it right in orthopaedics. (GIRFT, 2020).

Mixed methods evaluation: “We found substantial improvements in orthopaedic care during the first 6 years of the programme, notably reductions in uncemented hip prostheses, knee arthroscopies and length of stay.. Nationally, we found substantial improvements in care, but the specific contribution of GIRFT cannot be reliably estimated due to other concurrent initiatives”.

Barratt et al’s Mixed methods evaluation of the Getting it Right First Time programme

in elective orthopaedic surgery in England: an analysis from the National Joint Registry and Hospital Episode Statistics (BMJ, 2022).

Feedback from prior GIRFT reviews

GIRFT programme is... *“about clinically led service improvement, allowing us to positively challenge practice through clinical peer-review with the ultimate aim of improving patient care and experience”*. Chief Executive, Calderdale and Huddersfield NHS Foundation Trust

“We have found the clinically led peer review format of deep-dives to be extremely helpful but, more importantly, they are invariably conducted in a very positive and supportive manner which brings engagement ... Most importantly, GIRFT enables clinically driven developments to deliver improved patient experience, safety, outcomes and care”. Consultant Vascular Surgeon and Trust Clinical Lead for GIRFT, Calderdale and Huddersfield NHS Foundation Trust

“The peer-to-peer element provides clinical engagement which is very valuable and in conjunction with benchmarking can generate a real spur to change from the clinical body itself, often otherwise hard to achieve”. Medical Director, district general hospital trust

“There are few national programmes that have had the positive impact on services and staff which characterises the GIRFT programme... Thanks to the support of GIRFT we have a new service model, elective productivity has soared and our latest consultant vacancy attracted more applicants than we can ever remember. The GIRFT journey continues, with many other specialities now benefitting from the unique combination of practising clinicians leading the visits, data provided by the trust and a truly multidisciplinary model”. Chief Executive of Gloucestershire Hospitals NHS Foundation Trust

The GIRFT PC bigger picture



- ✓ Alignment of services, workforce and clinical indicators
- ✓ Fuller picture of changes needed across the UK to improve diagnosis, treatment and care
- ✓ Evidence to support the need for better access to supportive care interventions and treatment options
- ✓ Data to better inform design of clinical trials to develop standard of care/interventions