

GM CT Colonography Recovery Plan

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What is CT Colonography?

An alternative to colonoscopy as a first-line test for suspected bowel cancer, typically used for older or more fail patients who are unfit for colonoscopy. It entails:

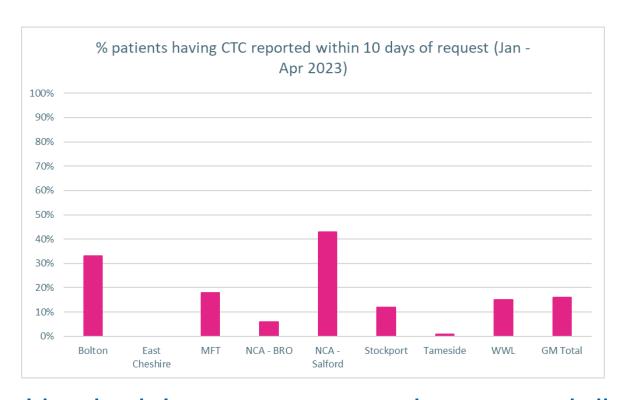




- Bowel preparation and dietary restriction
- Rectal catheter and ~5l of CO₂ to inflate the bowel
- CT scans in multiple positions to construct a 3D image.

Challenge

At the outset of the project, CTC turnaround times were long and showed significant variation between services.



This was resulting in delays to cancer pathways, and disproportionately affected older patients.

Approach

Initial scoping highlighted many causes of delay, including:

- Inappropriate requests for CTC
- Requests lacking information required for vetting by radiology
- Patient choice around appointment time and date
- Patient understanding of what a CTC entails
- Scanning and reporting capacity.

The group took the decision to standardise many aspects of CTC across GM, including the indications/exclusions for the procedure, request form, patient information leaflets and SOPs.

Following a full Equalities Impact Assessment the decision was taken to translate patient information leaflets into a range of languages relevant to the GM population.

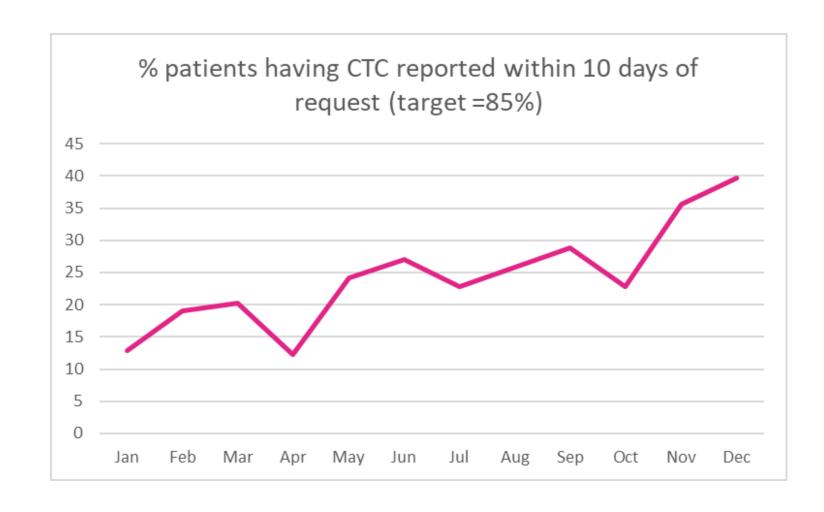
Turnaround time targets

Ambitious, yet realistic, targets set by the group:

Metric	Target
% of patients having CTC scan within 7 days of request	85%
% of patients having CTC reported within 3 days of scan	85%
% of patients having CTC reported within 10 days of request	85%

Key successes

A 200% improvement in the % of patients having their CTC scan reported within 10 days of request. This equates to 1300 patients per year across GM moving more rapidly through Lower GI cancer pathways.



- Standardisation of CTC indications and exclusions through the GM Lower GI Triage and Colonic Imaging Guidelines
- Standardisation of exclusions from a Straight To Test pathway for suspected Lower GI cancer, to maximise appropriate use of this faster pathway.
- Worked with patients to develop a checklist of key information to support informed patient consent for CTC.

Work with individual trusts to identify and remove barriers including:

- Implementation of radiographer-led vetting in two services
- Implementation of a STT pathway for CTC in two services
- Capacity and demand modelling to support revised local capacity

Next steps

- Implement GM-standardised CTC request form.
- Launch GM-standardised patient information leaflet and translate into key languages.
- Continue to work with individual services to identify and remove barriers to improved turnaround times.