University Hospitals Bristol
NHS Foundation Trust

Freedom of Information Request Ref: UHB 20-035

11 February 2020

By Email

Dear Sir/Madam

Thank you for your request for information under the Freedom of Information Act 2000. The Trust's response is as follows:

1. Please state how many patients were diagnosed with:
   a. Barrett's alone
   b. Barrett's with low grade dysplasia
   c. Barrett's with high grade dysplasia

   In each of the following years:
   i. 2014
   ii. 2015
   iii. 2016
   iv. 2017
   v. 2018

   The Trust does not hold this information. Information about patients with Barrett's disease, should be available from the pathology database which is based at North Bristol NHS Trust.

2. Of those patients from Question 1, what percentage of those under the surveillance protocol, went on to develop oesophageal cancer?

   Please see response of question 1.

3. Of those patients from Question 1, what percentage not under a surveillance protocol went on to develop oesophageal cancer?

   Please see response of question 1.

4. Of the patients who were diagnosed with Barrett's where the histology also showed evidence of either low or high grade dysplasia, how many patients as a percentage and by year were offered a place on a surveillance programme to monitor their

disease?

Please see response of question 1.
Please also note that the British Society of Gastroenterology (BSG) guidance suggests these patients are offered endoscopic therapy to ablate the Barrett's after a diagnosis of dysplasia, not surveillance and that there has been a national drive to ensure patients with dysplasia are all referred for discussion at Multi-disciplinary teams.

5. What policy does the Trust have in place to ensure routine follow up if the patient has opted in to a surveillance programme? Please provide a copy of this policy.

   In this setting, the Trust does not have policies but publishes clinical guidelines to help endoscopists in their decision making around Barrett's surveillance (please see attached).
   The Trust also puts posters up in each endoscopy room to provide visual guidance on how to offer and conduct surveillance (attached).
   Finally, the Trust has recently set up a Barrett's Clinic to offer counselling to patients newly diagnosed with Barrett's. Patients with confirmed dysplasia, will be brought into clinic and options will be discussed based on individual factors (such as risk benefit of definite treatment vs surveillance). Indefinite for dysplasia will be brought back in 6 months for further biopsies.
   Finally, there has recently been identified a possible digital solution to tracking patients on the surveillance program to ensure endoscopy procedures are booked for an appropriate time frame. This will not be operational until later this year.
   Please also see attached a flow chart on how to manage patients with Barrett's . This is regularly updated to keep it up to date with British Society of Gastroenterology Guidance.

6. What auditing process is put in place to ensure patients with Barrett's are regularly followed up after their diagnosis?

   Audit does not "ensure patients with Barrett's are regularly followed up after their diagnosis", it would identify if we are complying with clinical standards set by us locally or recommended in guidelines nationally. The Trust is in the process of conducting an audit of the quality of our Barrett's surveillance, but this will not be able to identify patients with Barrett's that have not been offered surveillance, given we are still waiting for the tracking tool to be operational.

7. How regularly are the audits carried out?

   N/A.

8. What timeframe do the audits include (eg are they for people who were diagnosed/ seen for surveillance within the last year or some other period?)

N/A.

9. Does the process put in place by the Trust to monitor those with Barrett's affected or changed in anyway if the initial referral for an endoscopy is made by the GP under the 2 week wait scheme?

   Entry into the Barrett's surveillance program is not affected by the route of referral except in one way. The time allocated for a diagnostic endoscopy under 2WW is "2 points". As you can see from the attached documents, the time allocated for Barrett's surveillance is dependent on how long the segment of Barrett's is. Longer segments can be allocated 4 points, reducing the number of cases on a list as a consequence. Therefore, if patients referred by GP under 2WW are identified as having Barrett's that is >6cm, there is often not enough time to conduct a formal surveillance endoscopy with adequate biopsies (using the Seattle Protocol). Those patients then need to return for a formal surveillance endoscopy. It is important to note that uncomplicated Barrett's oesophagus is always an incidental finding on diagnostic endoscopy (whether it is 2WW or routine) as Barrett's does not cause symptoms
   The Trust ensures all known Barrett's is put onto specific lists for Barrett's experienced Endoscopists.

10. In each of the years mentioned in question 1, please clarify the Trust's policy of informing patients of their diagnosis of their diagnosis of Barrett's. What information, if any, is given to the patient? If leaflets are given, please could I have a copy of the leaflets please?

    Patients have always been informed of any endoscopic diagnosis recorded in the report during the discharge process from endoscopy. If Barrett's is noted and is a new diagnosis to the patient, they should be offered a patient information leaflet.
    The Trust has recently approved a new information booklet for patients diagnosed with dysplasia to inform them about the range of treatments and pathways in place for them which is currently being formatted ready for production.
    The Trust uses the patient.co.uk leaflet on Barrett's on the unit and individual clinicians would write to patients to confirm diagnosis once histology is available.

11. Under what circumstances, if any, is the patient when first diagnosed with Barrett's and dysplasia of any type, referred back to the GP for continuing treatment/ monitoring/ surveillance?

    Only patients that are deemed not fit for the ablative endoscopic therapies available for dysplastic Barrett's are referred back to their GP. Further surveillance in this group is only considered if development of an invasive cancer could be treated with palliative therapies (such as a stent or radiotherapy). All other patients diagnosed with dysplastic Barrett's are referred to the Oesophagogastric MDT and have the opportunity to meet a member of the OG team in clinic to discuss options.

12. If not previously answered above, please clarify any pathways for referrals and treatment for the following:
    a. 2 week wait cancer referrals for suspected oesophageal cancer (or similar)

       The Trust receives referrals from GPs for suspected oesophageal cancer under the fast track '2 week wait' system. Referral criteria are in line with those stipulated in NICE guidance NG12. These referrals go straight to test (endoscopy) and if cancer is still suspected, follow an internal pathway in line with the national optimal timescales. The Trust is a tertiary centre for treatment of OG cancer and as such patients can have all elements of their pathway and treatment delivered within the Trust

    b. Barrett's protocol

       Please see response of question 5 and attached poster.

This concludes our response. We trust that you find this helpful, but please do not hesitate to contact us directly if we can be of any further assistance.

If, after that, you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to:

Director of Corporate Governance
University Hospitals Bristol NHS Foundation Trust
Trust Headquarters
Marlborough Street
Bristol
BS1 3NU

Please remember to quote the reference number above in any future communications.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

<u>Publication</u>

Please note that this letter and the information included/attached will be published on our website as part of the Trust's Freedom of Information Publication Log. This is because information disclosed in accordance with the Freedom of Information Act is disclosed to the public, not just to the individual making the request. We will remove any personal information (such as your name, email and so on) from any information we make public to protect your personal information.

To view the Freedom of Information Act in full please click here.

Yours sincerely

FOI Team
UH Bristol NHS Foundation Trust