NICE National Institute for Health and Care Excellence

NICE quality standard

Colorectal cancer

Quality standard

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Contents

This standard is based on NG151.

This standard should be read in conjunction with QS13, QS15, QS81, QS124 and QS134.

Introduction and overview

Introduction

Colorectal cancer covers cancerous growths in the colon (colon cancer) and rectum (rectal cancer). Most colorectal cancers arise from adenomatous polyps. These neoplasms are usually benign, but some develop into cancer over time. The occurrence of colorectal cancer is strongly related to age, with 83% of cases arising in people who are 60 years or older.

This quality standard describes markers of high-quality, cost-effective care that, when delivered collectively, should contribute to improving the effectiveness, safety and experience of care for people with colorectal cancer in the following ways:

- Preventing people from dying prematurely.
- Enhancing quality of life for people with long-term conditions.
- Helping people to recover from episodes of ill health or following injury.
- Ensuring that people have a positive experience of care.
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

These overarching outcomes are from The NHS Outcomes Framework 2012/13.

Overview

The quality standard for colorectal cancer requires that services should be commissioned from and coordinated across all relevant agencies encompassing the whole colorectal cancer care pathway. An integrated approach to provision of services is fundamental to the delivery of high-quality care to adults with colorectal cancer.

List of quality statements

Statement 1 This statement has been removed. For more details see update information.

Statement 2 This statement has been removed. For more details see update information.

Statement 3 This statement has been removed. For more details see update information.

Statement 4 People with rectal cancer are offered a preoperative treatment strategy appropriate to their stage of local disease recurrence.

Statement 5 This statement has been removed. For more details see update information.

Statement 6 People with metastatic colorectal cancer in the liver have their scans reviewed by the hepatobiliary multidisciplinary team to decide whether further imaging is needed to confirm suitability for local treatment.

Statement 7 This statement has been removed. For more details see update information.

Statement 8 People free from disease after treatment for colorectal cancer are offered regular surveillance.

In addition, quality standards that should also be considered when commissioning and providing a high-quality colorectal cancer service are listed in related NICE quality standards.

Quality statement 1: Colonoscopy

This statement has been removed. For more details see update information.

Quality statement 2: Staging (colon cancer)

This statement has been removed. For more details see update information.

Quality statement 3: Staging (rectal cancer)

This statement has been removed. For more details see update information.

Quality statement 4: Preoperative treatment of rectal cancer

Quality statement

People with rectal cancer are offered a preoperative treatment strategy appropriate to their stage of local disease recurrence.

Quality measure

Structure

Evidence of local arrangements, including written clinical protocols, to ensure people with rectal cancer are offered a preoperative treatment strategy appropriate to their stage of local disease recurrence.

Data source: Local data collection.

Process

Proportion of people with rectal cancer who are offered a preoperative treatment strategy appropriate to their stage of local disease recurrence.

Numerator – the number of people in the denominator who are offered a preoperative treatment strategy appropriate to their stage of local disease recurrence.

Denominator – the number of people with rectal cancer.

Data source: Local data collection.

Outcomes

a) Proportion of people with rectal cancer with local disease recurrence.

Data source:National Bowel Cancer Audit and local data collection.

b) Proportion of people with rectal cancer with circumferential resection margin.

Data source:National Bowel Cancer Audit and local data collection.

What the quality statement means for different audiences

Service providers ensure systems are in place for people with rectal cancer to be offered a preoperative treatment strategy appropriate to their stage of local disease recurrence.

Healthcare professionals offer people with rectal cancer a preoperative treatment strategy appropriate to their stage of local disease recurrence.

Commissioners ensure they commission services that offer people with rectal cancer a preoperative treatment strategy appropriate to their stage of local disease recurrence.

People with rectal cancer are offered treatment before surgery that takes into account the likelihood of the cancer returning.

Source guidance

Colorectal cancer (2020) NICE guideline NG151, recommendations 1.3.2 and 1.3.3

Quality statement 5: Stage 1 colorectal cancer treatment

This statement has been removed. For more details see update information.

Quality statement 6: Imaging hepatic metastases

Quality statement

People with metastatic colorectal cancer in the liver have their scans reviewed by the hepatobiliary multidisciplinary team to decide whether further imaging is needed to confirm suitability for local treatment.

Quality measure

Structure

Evidence of local arrangements to ensure people with metastatic colorectal cancer in the liver have their scans reviewed by the hepatobiliary multidisciplinary team to decide whether further imaging is needed to confirm suitability for local treatment.

Data source: Local data collection.

Process

Proportion of people with liver metastatic colorectal cancer who have their scans reviewed by the hepatobiliary multidisciplinary team to decide whether further imaging is needed to confirm suitability for local treatment.

Numerator – the number of people in the denominator who have their scans reviewed by the hepatobiliary multidisciplinary team to decide whether further imaging is needed to confirm suitability for local treatment.

Denominator – the number of people with metastatic colorectal cancer in the liver.

Data source: Local data collection and the National Bowel Cancer Audit.

What the quality statement means for different audiences

Service providers ensure systems are in place for people with metastatic colorectal cancer in the

liver to have their scans reviewed by the hepatobiliary multidisciplinary team to decide whether further imaging is needed to confirm suitability for local treatment.

Healthcare professionals ensure people with metastatic colorectal cancer in the liver have their scans reviewed by the hepatobiliary multidisciplinary team to decide whether further imaging is needed to confirm suitability for local treatment.

Commissioners ensure they commission services for people with metastatic colorectal cancer in the liver to have their scans reviewed by the hepatobiliary multidisciplinary team to decide whether further imaging is needed to confirm suitability local treatment.

People with colorectal cancer that has spread to the liver have their CT scans reviewed by the hepatobiliary multidisciplinary team to decide if further scans are needed to guide the choice of treatment.

Source guidance

Colorectal cancer (2020) NICE guideline NG151, recommendations 1.5.5 and 1.5.7

Quality statement 7: Systemic anticancer therapy

This statement has been removed. For more details see update information.

Quality statement 8: Follow-up and regular surveillance

Quality statement

People free from disease after treatment for colorectal cancer are offered regular surveillance.

Quality measure

Structure

Evidence of local arrangements to ensure people free from disease after treatment for colorectal cancer, are offered regular surveillance.

Data source: Local data collection.

Process

a) Proportion of people free from disease after treatment for colorectal cancer who receive 6-monthly blood carcinoembryonic antigen estimation (CEA) for 3 years after treatment.

Numerator – the number of people in the denominator who received CEA estimation no more than 6 months ago.

Denominator – the number of people who have been free from disease for 3 years or less after treatment for colorectal cancer.

Data source: Local data collection.

b) Proportion of people free from disease after treatment for colorectal cancer who receive at least 2 CT scans of the chest, abdomen and pelvis within 3 years of treatment for colorectal cancer.

Numerator – the number of people in the denominator who received at least 2 CT scans of the chest, abdomen and pelvis within 3 years of completion of treatment.

Denominator – the number of people who have had colorectal cancer who have been disease free

for 3 years or more after completion of treatment.

Data source: Local data collection.

c) Proportion of people free from disease after colorectal resection who receive a clearance colonoscopy at 1 year and a surveillance colonoscopy at 3 years.

Numerator – the number of people in the denominator who receive a clearance colonoscopy at 1 year and a surveillance colonoscopy at 3 years after colorectal resection.

Denominator: the number of people who are free from disease for 1 year after colorectal resection.

Data source: Local data collection and British Society of Gastroenterology, the Association of Coloproctology of Great Britain and Ireland and Public Health England guidelines on post-polypectomy and post-colorectal cancer resection surveillance.

What the quality statement means for different audiences

Service providers ensure systems are in place for people free from disease after treatment for colorectal cancer to be offered regular surveillance.

Healthcare professionals offer regular surveillance to people free from disease after treatment for colorectal cancer.

Commissioners ensure they commission services for people free from disease after treatment for colorectal cancer that offers regular surveillance.

People with colorectal cancer who are disease free after treatment are offered regular check-ups and investigations to check for any signs of the disease returning.

Source guidance

- Colorectal cancer (2020) NICE guideline NG151, recommendation 1.6.1

- The timeframes for colonoscopy used in process measure c) for this statement are considered practical timeframes to enable service providers to measure performance. They are used in the British Society of Gastroenterology, the Association of Coloproctology of Great Britain and Ireland and Public Health England guidelines on post-polypectomy and post-colorectal cancer resection surveillance

Using the quality standard

The quality measures accompanying the quality standard, aim to improve the structure, process and outcomes of healthcare. They are not a new set of targets or mandatory indicators for performance management.

Expected levels of achievement for quality measures are not specified. As quality standards are intended to drive up the quality of care, achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, we recognise that this may not always be appropriate in practice, taking into account patient safety, patient choice and clinical judgement, and therefore desired levels of achievement should be defined locally.

See NICE's how to use quality standards for further information, including advice on using quality measures.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments (developed at each meeting of the Topic Expert Group) are published on the NICE website.

Good communication between health and social care professionals and people with colorectal cancer is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with colorectal cancer should have access to an interpreter or advocate if needed.

Development sources

Evidence sources

The document below contains clinical guideline recommendations or other recommendations that were used by the Topic Expert Group to develop the quality standard statements and measures.

Colorectal cancer (2020) NICE guideline NG151

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- NHS England (2019) The NHS Long Term Plan
- Independent Cancer Taskforce (2015) Achieving world-class cancer outcomes: a strategy for England 2015-2020
- Department of Health (2011) Commissioning cancer services

Definitions and data sources for the quality measures

References included within the definitions and data sources sections:

- Healthcare Quality Improvement Partnership (2020) National Bowel Cancer Audit Annual Report 2019
- British Society of Gastroenterology, the Association of Coloproctology of Great Britain and Ireland and Public Health England (2019) Guidelines on post-polypectomy and post-colorectal cancer resection surveillance

Related NICE quality standards

- Suspected cancer (2016, updated 2017) NICE quality standard 124
- Patient experience in adult NHS services (2012, updated 2019) NICE quality standard 15
- End of life care for adults (2011, updated 2017) NICE quality standard 13

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Update information

January 2020: Changes have been made to align this quality standard with the updated NICE guideline on colorectal cancer. Statements 1, 2, 3, 5 and 7 were removed because they are no longer in line with the NICE guideline. Statements 4 and 6 were amended to better reflect the updated guideline. For statement 4, 'risk' of recurrence was replaced with 'stage' and the measures were updated. For statement 6, the wording was changed to be clearer that the statement applies to people with metastatic colorectal cancer in the liver and that review is for suitability for local, rather than surgical, treatment only. New timescales for post-resection colonoscopy were also added to the measures for statement 8. Data sources, links and references were also updated throughout.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Information about how NICE quality standards are developed is available from the NICE website.

This quality standard has been included in the NICE Pathway on colorectal cancer, which brings together everything we have said on this topic in an interactive flowchart.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Society and College of Radiographers (SOR)

- Royal College of Nursing (RCN)
- Royal College of Physicians (RCP)