Response to NHS Chief Executive’s Open Call for Evidence and Ideas

Respondent ID: 265

Organisation name: National Training Programme in Laparoscopic Colorectal Surgery (Lapco)

Type of response: Online
**Respondent ID:**
265

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**Organisation name:**
National Training Programme in Laparoscopic Colorectal Surgery (Lapco)

**Please choose the description below that best fits your organisation’s main role:**

Other

**What can the NHS and NHS Commissioning Board learn from national and international best practice to accelerate the pace and scale of adoption of innovations throughout the NHS?**
The National Training Programme (NTP) was established in 2008, following the 2006 NICE Guidance (TA105) in Laparoscopic Colorectal Surgery. It is also referred to as Lapco. The programme is funded by Department Health National Cancer Action Team (NCAT), and it was set up to train laparoscopic surgery to existing Colorectal Consultants in England.

The Education team at Imperial College have been involved with the programme since its inception, and they initially projected that a benchmark of between 20-25 separate training cases would need to be undertaken by each Consultant before the required standard of competency would be reached. Once the volume of cases has been recorded the trainer recommends that the Consultant is ready to be invited to undertake the "Sign Off" process. The sign off assessment is undertaken at the end of the training period, which involves the submission of 2 separate recorded cases on DVD which are anonymised and independently assessed. A successful sign off from the National Training Programme became a Peer Review Measure in March 2010.

http://www.lapco.nhs.uk/peer-review.php

The programme currently has 59 trainers from 35 separate Trusts, along with 150 Consultants that have either now been "signed off" the programme, or are currently completing their training. In total, Lapco has engaged with over 200 Colorectal Consultants which represents over one third of the Colorectal Consultants in England.

Lapco have had extensive experience with adoption and spread with the implementation and success of the National Training Programme in Laparoscopic Colorectal Surgery since training commenced in 2008.

Lapco invested and developed a national web site www.lapco.nhs.uk which went live in April 2009. With promotion to our Consultant trainees and professional forums, we have not only enabled the web site to form a recording tool of training activity, but it has also become a communication resource which is highly respected by the Colorectal Community, which now includes surgical trainees, junior doctors and theatre staff.

We have found that by ensuring the web site is easy to use, and is kept up to date that it maintains its calibre as a both a record, and reference tool which is used locally, regionally, nationally and internationally. The web site has become a location to convey clear communication of our training requirements, as well as a source to obtain supporting documents for all the above groups on best practice approaches including access to:

1. Lapco - Patient Information Leaflet on Laparoscopic Colorectal Surgery
   This document was written by members of the Lapco training team and once approved by NCAT it was circulated by email to all our contacts. It is now available on line as a PDF and word document on the Lapco web site. It was specifically designed so it can be adapted for local hospital use with the ability to incorporate their own logos and contact details. A number of Colorectal Consultants are now using this document for their patients in Trusts across the country.

2. Training Case Recording
The Lapco web site was designed for the 150 Consultants that are, or have been trained through Lapco. A dedicated on line Global Assessment Score (GAS) form was designed for Consultants to record each clinical session, with a clear structure for each training episode. As a result of the ease of use of the web site and the “best practice” format of approach to our training, Lapco were approached by the junior surgical community to design a dedicated specific section of the web site for their use. This has been implemented and the uptake has been widespread ensuring that Lapco structure to training episodes can be used in a set format for application in a wider surgical group. This spread initiative only required some minor adaption to achieve this from our original model.

3. Funding
Lapco have over 1,300 individual theatre training sessions recorded since April 2009 and a clear approach to funding allocation was required for consistency of the programme. We unitised the rates for training, and found that this has assisted the incentivisation of trainers to arrange training sessions. It was essential to establish our “best practice” approach to funding which has provided clarity for surgical and financial teams internally within their Trusts to project income from training activity, ensuring there is financial transparency throughout the programme.

4. Sign Off
The DVD “Sign Off” assessment at the end of the Consultants training period has real advantages for the programme. It provides a rigorous independent assessment process of a new surgical technique with measureable results which clearly demonstrates the effectiveness and success of Lapco.

5. Learning Curve
Imperial College have designed the software required to allow trainers and trainees to view their own learning curve as a benchmark against the average of laparoscopic colorectal reported activity across the programme, along with individual separate procedures which form part of the GAS form assessment. This innovation allows trainers and trainees to assess their progress, and focus on specific areas where improvement maybe required, or project the volume of further training sessions needed.

6. Audit Data Recording
Lapco are currently working on a post sign off audit data sheet for Consultants who are required to complete this for up to 12 months once they have been signed off the programme for their own personal records. Again, this is the Lapco “best practice” approach to recording the required information, and we have already had requests to supply this to Consultants outside of the programme. It will shortly be made available as a template document on the Lapco web site which can be downloaded.

7. Governance
We have access on the web site to all the Laparoscopic Colorectal governing documents which are a central resource for all Colorectal Consultants nationally. These include the NICE Guidance, Peer Review Measures and Network Site Specific Guidelines (NSSG), along with relevant Government papers including the Cancer Reform Strategy January 2011, and Equality and Excellence: Liberating the NHS (July 2010). This has ensured that reference documents can be easily obtained, and it has been a useful accurate reference point for individuals seeking clarity on...
governance when required promptly.

8. Local/Regional/National Laparoscopic Colorectal Courses
We have used the web site as a forum to promote delivery of cadaveric, immersion, enhanced recovery and live theatre master class courses which has increased awareness of course activity to potential delegates, and widened the overall uptake of surgical training activity across the country. Lapco regularly receive requests to highlight events which ensures that the web site can provide a knowledge base for coordinated laparoscopic educational opportunities.

9. Use of Hospital Episode Statistics (HES) Data
HES is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. HES is the data source for a wide range of healthcare analysis for the NHS, government and many other organisations and individuals.

We ensure that our annual national newsletters on Lapco training activity are produced which include reporting of the latest HES data and trends to evidence the take up and spread of laparoscopic colorectal activity. This is clear reported data which conveys the measured success and impact of our training activity.

10. Academic Papers
A dedicated section to academic papers and publications has been set up on the Lapco web site which is a public access area. This includes material on the clinical output of the programme produced by Imperial College, along with group Lapco Trainer led papers. Again, this provides feedback on our “best practice” to the implementation of a range of our training approaches and overall programme activity.

11. Lapco Train the Trainer Courses
The Department of Health have supported the development of a 2 day train the trainer course for Laparoscopic Colorectal Surgeons. This involves a 1 day dry skills day, followed by clinical theatre training on Day 2. It is an intense course for up to 6 delegates, which has been held, or is currently scheduled to be run in 6 locations nationally over the last 18 months. A total of 41 out of our 59 Lapco Trainers will have attended within this timeframe, and the feedback received from some of the most experienced laparoscopic colorectal consultants in the Country has been excellent. However, in order to implement the “best practice” approach into the Colorectal Community this course should be rolled out to the wider 600 Colorectal Consultants across the Country, with potential to spread this to junior surgeons and different laparoscopic specialities. NB Lapco is only due to be funded to March 2012, and investment would be required to allow Lapco TT Courses to continue to be delivered.

What specific actions do you think national NHS bodies, such as the NHS National Commissioning Board, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?
1. Address Honorary Contracts
An Honorary Contract is the documentation required to allow a visiting surgeon to operate outside of their own Trust. It is issued by the HR Department of the Host Trust where the visiting surgeon will be operating.

One of the “delays” to the spread of best practice is the inconsistent approach of each separate Trust to Honorary Contracts. Our programme requires either “in reach” training (visiting preceptee attends a theatre training session at the host preceptor trust) or “out reach” training (preceptor surgeon visits preceptees Trust). It can take 3-4 months to get an Honorary Contract in place which has delayed the start of training, and resulted in lost momentum for preceptees that wish to advance with training sessions.

This issue also applies to our Lapco TT Courses that are held nationally around the country. The requirements for Honorary Contracts for each course are time consuming for the visiting surgeon, but also the host and visiting Trusts HR department. We have experienced variable approaches and inconsistencies with HR Departments around the Country before occupational health clearance is given to allow an Honorary Contract to be issued.

We would like to see a more streamlined, national uniform approach to honorary contracts, which take up less time, and has more relevance and application particularly where the visiting surgeon is already appointed to a full time substantive Consultant post in an NHS Hospital Trust.

2. MDT Discussions
Multi Disciplinary Team (MDT) discussions are a weekly specialist professional group meeting which are chaired by a Core MDT member, and held to review the care of all patients with cancer. The MDT makes recommendations on the management of the patient, with final decisions being made by the patient in discussion with clinician. The MDT meeting is an opportunity to talk within the professional forum about the reasonable expectations and spread of innovation with patient care. Lapco are interested in making the “suitability of patients for laparoscopic surgery” a mandatory field in the MDT discussion.
1. Industry Involvement

Industry by the nature of their commercial business are wholly supportive of education and training investment into Laparoscopic Colorectal Surgery across the Country, which is a competitive marketplace. However, industry are generally very happy to work with, and alongside other industry partners. These commercial relationships should be encouraged if there are funding shortfalls in bowel cancer training and education initiatives, or where their involvement and investment could allow an increased number of initiatives to be implemented.

Industry are always looking to build long term relationships with surgeons, they will often underwrite the cost of attendance at surgical training courses. Perhaps this could be looked at more formally structured at a national level to build relationships to assist with the role out of dedicated surgical training days/courses, which may otherwise not run locally due to availability of resources.

2. Academia

Deaneries and Universities should encourage more training of medical students and junior doctors in surgical skills within a laboratory environment. This will highlight at an early stage those individuals with the appropriate skills to become excellent surgeons in the future.

3. Patient Groups

It is important that patient groups have access to supporting patient information literature to convey up to date information to patient members, and the ability to communicate this is very important with established databases for contact. Regular contact with the local team of healthcare professionals is essential to ensure that the "best practice" of patient care and follow up is implemented locally. Patient groups should obtain access to dedicated briefings on "pre" and "post" operative patient care as applicable to ensure that ongoing surgical developments and innovative approaches to recovery and management are understood and conveyed appropriately. Patient Groups should always have access to their local medical team representative to answer questions and obtain feedback from patients on their experiences which can hopefully form the foundation of interactive discussion and development of areas of improved patient care.

4. Local Authorities

It is in the interest of local authorities to engage more comprehensively with the surgical community and training to establish training centres of innovation and excellence. This not only supports the quality of local jobs which are available, but it is investing in the long term growth of a City. Unfortunately, funding resources from regional development agencies have come to an end and local authorities are more pressurised on day to day local funding issues within the immediate local community. It should be a top priority of a local authority to work with local stakeholders including their Universities, Deaneries, NHS Trusts to ensure that a local forum is available to review and discuss surgical training investment opportunities for the benefit of the region, with funding solutions often being found through industry partnership.

Do you have any further comments about accelerating the adoption and spread of innovation in healthcare?
Overall, Lapco feel that there needs to be a greater emphasis on the importance of investment into surgical training, with ease of access to leading surgical training aides, and training facilities. Nationally, there remains a lack of structure and resources dedicated to surgical training.

The role and importance of surgical training and investment into this field needs to be recognised, as it is surgery that cures more cancer than any other form of treatment. Surgical training needs to be placed high on the agenda and supported at all levels from access to Basic Surgical Skills training for Junior Doctors, through to the role which Lapco has played for advancement of innovative Consultant training.

We are aware that many delegates wishing to attend surgical training courses accredited by Royal College of Surgeons are not at capacity. In fact, delegate course fees are proving to be a barrier stopping delegates enrolling, and courses are as a result being cancelled which would have previously been well supported. Delegates are normally responsible for paying their own course fees, and current financial personal pressures are impacting on their decision to attend. Intervention by stakeholders may be required to ensure that financial decisions are not impacting on surgical course take up.

Lapco have run quarterly educational live theatre laparoscopic colorectal master classes engaging with industry to fund these events, where we have over 100 delegates for each course. It is important that once study days are approved that clinical pressures are minimised on surgeons to ensure that they are able to attend and benefit from the educational programme available.

We would like to be able to follow up interesting comments and case studies. Can we contact you for this purpose?

Yes

Do you want to be kept in touch with the next steps in this process?

Yes

Do you want to be included in a wider community of interest?

Yes

What specific actions do you think local NHS bodies, such as providers and Clinical Commissioning Groups, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?
1. Patient Education
There needs to be a continued programme of public literature and promotion of bowel cancer awareness which can be implemented and adapted to the accentuating sociological factors within local communities. This will ensure that there is better education on the contributing factors of bowel cancer, greater awareness of lifestyle choices, and removal of the stigma attached with the discussion of Bowel Cancer symptoms within the community.

2. Patient Choice on Laparoscopic Colorectal Surgery
In October 2010, the NICE Guidelines (TA105) on patient choice for Laparoscopic Surgery for Colorectal Cancer came into effect. Again Lapco feel that GPs should be made more aware of the impact and guidelines of this change and should be able to more comprehensively inform patients of their expectations and options at the outset of any discussions.