Hepatocellular Cancer (HCC) Surveillance: Good Practice

Theme | Cancer Services

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SaTH Improvement Hub

NHS The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

Around 95% of hepatocellular cancer (HCC) cases occur in people with underlying liver disease, meaning those at risk can be identified and offered surveillance. However, only around 29% of HCC cases in the UK are currently diagnosed through surveillance, with most detected at a later, less treatable stage. This limits treatment options and worsens outcomes. NHS England aims for 75% of cancers to be diagnosed at stage 1 or 2, requiring HCC surveillance diagnoses to increase to at least 60%. Audits, including across the West Midlands, have highlighted variation and inefficiency in current surveillance services, leading to missed opportunities for early diagnosis.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

To increase the number of hepatocellular cancer (HCC) patients recalled for timely surveillance by April 2026.

PLAN

Only a small proportion of HCC cases were being diagnosed through surveillance, with patients being missed due to variation in tracking and recall processes. We planned to improve the reliability of surveillance by introducing dedicated oversight of patients requiring regular screening, with the aim of increasing the number of patients recalled for timely surveillance.

Best practice principles for an effective HCC surveillance service were identified, focusing on:

- Identifying patients at risk and recording them on a dedicated HCC surveillance registry.
- Developing comprehensive databases to enable systematic surveillance.
- Introducing automated call and recall systems at six-monthly intervals.
- Reducing DNA rates and preventing loss to follow-up.
- Improving communication between secondary care, primary care, and specialist teams.
- Ensuring comprehensive data capture, including cancer stage at diagnosis, treatments, and outcomes.

DO

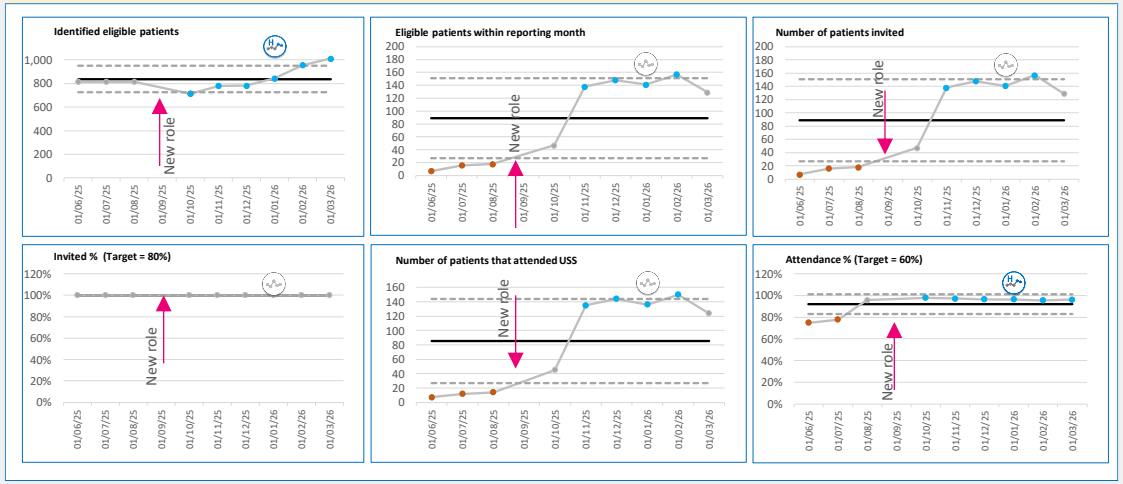
A dedicated surveillance coordinator role was introduced to monitor patients requiring HCC surveillance. The role focused on identifying eligible patients, tracking surveillance due dates, and coordinating recall for screening. Role start date- September 2025.

Process measures included:

- Number of patients identified and logged on the HCC surveillance list.
- Number of patients due surveillance who were successfully recalled.
- Number of patients attending scheduled surveillance appointments.
- Proportion of patients with overdue surveillance.
- Number of patients requiring follow-up due to DNAs.

STUDY

Following introduction of a dedicated HCC surveillance coordinator, the number of patients identified and recorded on the HCC surveillance register increased, with improved oversight of surveillance due dates. Post-implementation data showed an improvement in the proportion of patients recalled for six-monthly surveillance and an increase in attendance at scheduled appointments. The number of patients with overdue surveillance reduced. Run charts demonstrated a sustained improvement over time, indicating a more reliable and systematic surveillance process. The results were broadly in line with expectations, confirming that dedicated coordination improves surveillance reliability.



ACT

We are looking to make the post (surveillance coordinator) a permanent fixture to the hepatology service because as it stands it is being funded by the West Mid Cancer Alliance Service. There is a clear benefit to patients by having this person in post.

ACKNOWLEDGEMENTS & REFERENCES | West Midlands Cancer Alliance service for their support and input on improvement for the trust service for the HCC surveillance program.