NED National Endoscopy Database

ERCP procedure reporting guidance

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Part of the JAG programme at the RCP

JAG Joint Advisory Group on GI Endoscopy

Royal College of Physicians

Introduction

Endoscopic retrograde cholangiopancreatography (ERCP) is a complex, high-risk therapeutic procedure used for a variety of hepato-pancreato-biliary (HPB) conditions. Individual procedural performance forms one part of a multifaceted patient pathway, often involving patients who are acutely unwell. The recently published British Society of Gastroenterology (BSG) ERCP quality improvement programme outlines minimum service and good practice standards to reduce patient harm across their ERCP journey[1].

The National Endoscopy Database (NED) automatically collects and collates anonymous data from electronic endoscopy reports completed at the time of the procedure in real-time via a standardised schema. In 2022 the schema was expanded to include quality metrics for ERCP. The ERCP data were analysed, and one-to-one interviews with endoscopists using all endoscopy reporting software (ERS) systems undertaken. This review was completed in 2025, and ERCP data were found to be of poor quality for some KPIs. As a result, the NED team have developed this document to help suppliers deliver the correct fields for the NEDi2/2.1 schema for ERCP.

Suggested data capture

The following section provides guidance for suppliers on the best way to capture fields within an ERCP procedure. All the following suggestions fall within the current NED schema.

All ERS would benefit from being able to book a combined EUS+/-ERCP procedure. In centres where these are being done, one of two possible outcomes is occurring:

- Two separate reports completed, one for each procedure. This ensures accurate data recording but potentially inaccurate sedation doses being recorded (similar to OGD and Colon).
- ERCP is booked but EUS performed first and free texted into the ERCP report. If ERCP is then deemed not necessary and not done, because this is all done on an ERCP template, it still uploads to NED as an ERCP and affects KPIs.

This should be reviewed to ensure reports only send through with appropriate EUS / ERCP data.

Successful cannulation

Endoscopists should be asked if they have successfully cannulated the **clinically** relevant duct.

- This field should only be filled as N/A if there is surgically altered gastroduodenal anatomy (e.g. Billroth 2, Roux-en-Y), otherwise it should be Yes or No only.

Complete stone clearance

This field should be filled as follows:

- First ERCP and native papilla
- Successful CBD cannulation
- CBD stones **present** and complete stone clearance **achieved** == Yes
- CBD stones **present** and complete stone clearance **not achieved** == No
- CBD stones **not present** == N/A

(Stone size >10mm is also relevant to ERCP trainees for their KPIs.)

Extra hepatic stricture

This field should only be filled as NA if "successful cannulation" is No or N/A – i.e. if successful cannulation occurs, this field should be filled as Yes/No only

Stricture cytology/histology taken

- This field should be N/A when extra-hepatic stricture is N/A or No.
- If extra-hepatic stricture is Yes, this field must only be Yes/No

Thus, the number of procedures where this field is Yes/No should equal the number of procedures where Extra hepatic stricture is Yes.

Stricture stent placed

This field should be N/A when extra-hepatic stricture is N/A or No.

If extra-hepatic stricture is Yes, this field must only be Yes/No

Thus, the number of procedures where this field is Yes/No should equal the number of procedures where Extra hepatic stricture is Yes.

Previous surgery

The recent NED governance project has identified that there are several suppliers where 100% of procedures are No for this field. Although previous surgery is uncommon, it is worth all suppliers ensuring that this field is being correctly filled.

Level of complexity

The recent NED governance project has identified that there are several suppliers where some procedures are missing a complexity level. This should be filled for all procedures.

Rectal NSAIDs

The recent NED governance project has identified that rates of this field vary significantly between suppliers. All suppliers should ensure that rectal NSAIDs can be entered onto the report in the same manner as all other drugs (allowing endoscopists to ensure the drug name [e.g. "Diclofenac" rather than just "NSAIDs"] and dose can be entered), and this uploads correctly to NED.

ERCP Antibiotics given

This field should be Yes or No only, with no N/A.

Native papilla

This field should only be filled as NA if there is surgically altered gastroduodenal anatomy (e.g. Billroth 2, Roux-en-Y), otherwise it should be Yes or No only.

Examples of how NED calculates ERCP KPIs

Successful cannulation
Numerator
Procedures where: - Successful cannulation == **Yes** - No surgically altered gastroduodenal anatomy.
Denominator
- Successful cannulation == **Yes + No** - No surgically altered gastroduodenal anatomy.

Complete stone clearance
Numerator
Procedures where: - First ERCP - Native papilla == Yes - Successful cannulation = Yes - Complete stone clearance == **Yes**
Denominator
Procedures where: - First ERCP - Native papilla == Yes - Successful cannulation = Yes - Size Largest Stone = 10 or less - Complete stone clearance == **Yes + No**

Stricture cytology taken
Numerator
Procedures where: - Successful cannulation = Yes - Extra hepatic stricture == Yes - **Extra hepatic stricture cytology/histology taken = Yes**
Denominator
Procedures where: - Successful cannulation = Yes - Extra hepatic stricture == Yes

Stricture stent placed
Numerator
Procedures where: - Successful cannulation = Yes - Extra hepatic stricture == Yes - **Extra hepatic stricture stent placed = Yes**
Denominator
Procedures where: - Successful cannulation = Yes - Extra hepatic stricture == Yes

Timelines

Immediate	ERS suppliers to implement the above changes for ERCP reporting.
November 2026	NED team to review ERCP uploads to ensure changes implemented as requested.
January 2027	ERCP fields to be reviewed as part of annual NED data governance.
February 2027	Further feedback to be given to suppliers on ERCP data if issues remain

References

1 Everett SM, Ahmed W, Dobson C, et al. British Society of Gastroenterology Endoscopic Retrograde Cholangiopancreatography (ERCP) Quality Improvement Programme: minimum service standards and good practice statements. Frontline Gastroenterol. 2024;15:445–71. doi: 10.1136/flgastro-2024-102804

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