

National Cancer Peer Review Programme
EVIDENCE GUIDE FOR:
Skin PCT

NHS

EVIDENCE GUIDE Skin PCT

Introduction

This evidence guide has been formulated to assist Networks and their constituent cancer service teams in preparing supporting evidence for peer review. The contents of this guide are not exhaustive and organisations should continue to tailor their policies to reflect activity of the respective team, whilst demonstrating compliance with the quality measures. Networks and their constituent teams during the review process will be required to demonstrate ownership of all policies, and assure visiting Review Teams that policy is reflective of practice.

The internal validation proforma for the service covered by the evidence guide is shown in Appendix 1.

Agreement

Where agreement to guidelines, policies etc is required this should be stated clearly on the cover sheet of the three key documents including date and version.

Similarly, evidence of guidelines, policies etc requires written evidence unless otherwise specified. The agreement by a person representing a group or team (chair or lead, etc) implies that their agreement is not personal, but that they are representing the consensus opinion of that group.

Confirmation of Compliance

Compliance against certain measures will be the subject of spot checks or further enquires by peer reviewers when a peer review visit is undertaken.

When self assessing against these measures a statement of confirmation of compliance contained within the relevant key evidence document will be sufficient.

NHS

EVIDENCE GUIDE Skin PCT

Key Questions for PCTs

Can you demonstrate that you have a properly constituted and functioning community skin cancer service?

This can be demonstrated through compliance to those measures that relate to leadership and structure and through compliance to the measures relating to configuration of services and Service Level Agreements. This is also demonstrated in the measures that relate to the training and accreditation of community skin cancer clinicians. Workload data is important here.

Can you demonstrate that you have effective systems for providing coordinated care to individual patients?

This can be demonstrated through compliance to those measures that relate to the existence of a coordinated and patient centred pathway of care. For example, coordinated referral pathways and network agreed clinical guidelines.

In addition, teams may demonstrate within their evidence other aspects of service delivery not covered by the existing measures that fit in here (for example, the provision of streamlined diagnostic pathways or other patient support initiatives).



Agreement Cover Sheet for Community Skin Cancer Operational Policy

The Community Skin Cancer Operational Policy has been agreed by:

Position Chair of Network Board	
Name	
Organisation	
Date Agreed	
Position PCT Cancer Clinical Lead	
Name	
Organisation	
Date Agreed	

Review Date of Community Skin Cancer Operational Policy

If there are no practising Community Skin Cancer GPs, then only upload Operational Policy.



PCT Evidence Guide - Community Skin Cancer Operational Policy

Include names of each GPwSI and LSMDT or PCTs should provide detail of any review of Please detail how policy circulated within Primary Care. services which identifies pre-existing skin SSMDT that they are associated with. See measure 08-1A-205j/08-2J-119 cancer services in the community. Policy to include dates for review. See measure 08-1C-113j Additional Guidance (please also refer to full details of the measure) Details of Network agreed configuration for community skin cancer services. Primary Care referral guidelines including Agreements as per the cover sheet referral policy for skin cancer. Guidance for Compliance* Link to Measure 08-6A-101J 08-1C-102J 08-6A-102J Clinical and Referral Guidelines Configuration of Agreements Category Services

If there are no practising community skin cancer GPs, then only upload Operational Policy.



Agreement Cover Sheet for Community Skin Cancer Service Level Agreement

The Community Skin Cancer Service Level Agreement agreed by:

Position PCT Cancer Clinical Lead
Name
Organisation
Date Agreed

Review Date of Community Skin Cancer Service Level Agreement

If there are no practising Community Skin Cancer GPs, then measures relating to the Service Level Agreement are not applicable.



PCT Evidence Guide - Community Skin Cancer Service Level Agreement

community skin cancer clinicians having fulfilled Attend at least 4 meetings per year of the MDT ncluded in their networks skin cancer audit for SLA should require each accredited practitioner to: Dermatologist who is a core member of a skin Practitioners associated with a named LSMDT with which they are associated, including the surgical excisions for potential skin cancer per See measure 08-1C-115j/08-2J-119/08-2J-137 Keep a personal log of at least 40 of their Have their community skin cancer service They should be on PCTs list of accredited Undergo 15 hours CPD in skin per year (or SSMDT acting as LSMDT to its own 1 session per year with a Consultant the necessary training requirements two teaching/audit meetings See measure 08-2J-109 Additional Guidance cancer MDT peer review catchment) (please also refer to full details of the measure) Include copy of SLA specific to each of its Agreements as per the cover sheet Guidance for Compliance* GPwSI in skin cancer. Link to Measure 08-6A-103J 08-1C-102J Service Level Agreements Agreement Category

If there are no practising Community Skin Cancer GPs, then measures relating to the Service Level Agreement are not applicable.



Agreement Cover Sheet for Community Skin Cancer Training and Accreditation Guide

The Community Skin Cancer Training and Accreditation Guide has been agreed by:

Position PCT Cancer Clinical Lead
Name
Organisation
Date Agreed

Review Date of Community Skin Cancer Training and Accreditation Guide

If there are no practising Community Skin Cancer GPs, then measures relating to Training and Accreditation are not applicable.



PCT Evidence Guide - Community Skin Cancer Training and

Accreditation Guide

Additional Guidance accreditation of community skin clinicians. The (please also refer to full details of the measure) cancer MDT). The date of agreement and the Details of the named lead clinician of the skin dermatologist and a core member of the skin specific to community clinicians, the named Details of the PCTs group 3 GPwSI training MDT involved in the accreditation and redate of agreement and date for review. supervisor (who should be a consultant Agreements as per the cover sheet **Guidance for Compliance*** date for review. Link to Measure 08-6A-104J 08-6A-105J 08-1C-102J Agreements Training Category

If there are no practising Community Skin Cancer GPs, then measures relating to Training and Accreditation are not applicable.



Appendix 1 - Internal Validation of Skin Cancer Measures for PCTs Self-Assessment

Form A - To be completed by the host organisation

Network:	Primary Care Trust:				
Cancer Lead Clinician:					
Summary of validation process – Provide details of the method used to validate the Self Assessment together with names of panel members if appropriate;					
Date Self Assessment Completed:	% Compliance At Self Assessment	% Compliance Post Validation			
Key Questions Provide comments and details of strengths and weaknesses					
Does the self assessment demonstrate that this is a properly constituted and functioning community skin cancer service?					
Does the self assessment demonstrate that the team has effective systems for providing coordinated care to individual patients?					



Provide comments and details of strengths and weaknesses	
Community Skin Cancer Operational Policy:	
Community Skin Cancer Service Level Agreement:	
Community Skin Cancer Training and Accreditation Guide:	
Overall Conclusions	
Good Practice/Significant Achievements:	
Immediate risks / Serious Concerns / Concerns:- Provide details together with proposals to address	
General Comments:	
Organisational Statement	
I (insert name of validation chair)	
on behalf of (insert name of PCT)	
agree this is an honest and accurate assessment of the (insert name of team)	
Service.	
Agreed by Chief Executive Date	

