NHS

National Cancer Peer Review Programme 2009-2010

Cancer Peer Review Report

Greater Manchester & Cheshire Cancer Network

North Zone Peer Review Team

July 2010

DH INFORMATION READER BOX	
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The Zonal Team would also like to thank the Network and its constituent Trusts and PCTs for the hard work put in to preparing for this round of Peer Review. Their openness, healthy debate and hospitality during the reviews is recognised and appreciated.

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Section 1 - INTRODUCTION

1.1 National Cancer Peer Review

The National Cancer Peer Review Programme aims to improve care for people with cancer and their families by:

- ensuring services are as safe as possible;
- improving the quality and effectiveness of care;
- improving the patient and carer experience;
- undertaking independent, fair reviews of services;
- providing development and learning for all involved;
- encouraging the dissemination of good practice.

The outcomes of the National Cancer Peer Review Programme are:

- confirmation of the quality of cancer services;
- speedy identification of major shortcomings in the quality of cancer services where they occur so that rectification can take place;
- published reports that provide accessible public information about the quality of cancer services;
- timely information for local commissioning as well as for specialised commissioners in the designation of cancer services;
- validated information which is available to other stakeholders.

1.2 Background and Context to National Cancer Peer Review Programme

National Cancer Peer Review Programme 2001

The first national cancer peer review programme was in 2001. It was organised and operated on a regional basis. The first Manual for Cancer Services which covered 'standards' for the four common cancers Breast, Lung, Colorectal and Gynae was publish in 2001. A national evaluation of the 2001 programme was undertaken by Keele University. This recommended that national consistency was addressed and a new methodology was introduced in 2004.

National Cancer Peer Review Programme 2004-2008

In 2004 the second national programme commenced. This was delivered by 6 zonal teams; North West, North East, West South, East, London and South. The programme was coordinated by a national team. All teams/ services within a cancer network were asked to complete a self assessment once in the three year cycle, which was then followed by a comprehensive peer review visits.

A national independent evaluation of the 2004-2008 programme took place following its completion and it was also included in the review of national programmes by the Office of the Strategic Health Authorities. The continuation of peer review programme was supported but changes were recommended in order to meet: the annual requirements of the national regulator (CQC); reduce the perceived burden of inspection; encompass the principles of better regulation to only review what needs to be reviewed and to become more outcomes focused.

National Cancer Peer Review Programme 2009

In April 2009 a new methodology for National Cancer Peer Review was introduced. The new methodology has adopted an annual self assessment process supported by a targeted visit programme. This annual process, will allow more up to date information to be available to support the commissioning of cancer services and patient choice.

The National Cancer Peer Review Programme (NCPR) and the Care Quality Commission (CQC) are both committed to partnership working, sharing information and working together to determine compliance with standards of safety and quality. The intention is to submit data to CQC on an annual basis at the end of each full peer review cycle to inform CQC's monitoring of compliance with registration requirements.

1.3 The Peer Review Process

The process of peer review is carried out by specialist teams of professional peers and user/carer reviewers. Wherever possible the professional peers are those trained and working in the same discipline as those they are reviewing. Therefore peer review enables assessments to be made by those who understand the service, making them credible and commanding the respect of those being reviewed.

The peer review programme consists of the three key stages: (see figure 1)

- **Internally validated self assessments**

  Following completion of an annual self assessment by the team that delivers the particular cancer service, Internal Validation of the assessment is undertaken by the host organisation or co-ordinating body for that service. It is not mandatory to internally validate a service which is subject to a peer review visit but is seen as good practice.

  The purpose of Internal Validation is:

  - to ensure accountability for the self assessment within organisations and to provide a level of internal assurance;
  - to develop a process whereby internal governance rather than external peer review is the catalyst for change; hence the organisation is using the self assessments for its own assurance purposes;
  - to confirm that, to the best of the organisation's knowledge, the assessments are accurate and therefore fit for publication and sharing with stakeholders;
  - to identify areas of good practice that could be shared.

- **Externally verified self assessments**

  External Verification is a check of selected internally validated self assessments led by the zonal cancer peer review coordinating teams. This check takes the form of a desktop exercise. This process ensures that every team/service will be externally verified at least once every five years.

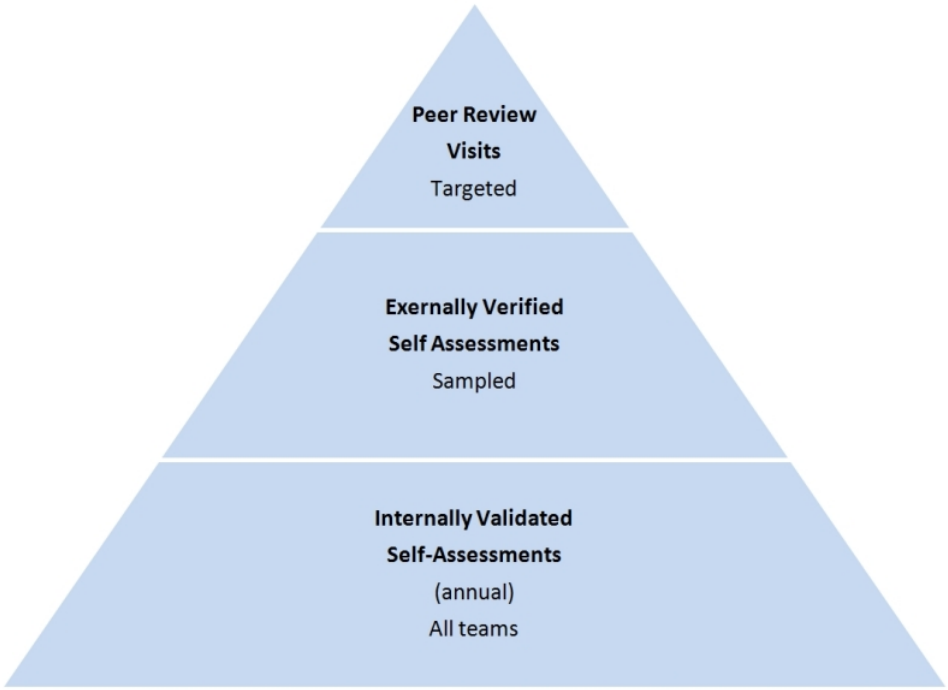
  The purpose of External Verification is to:

  - verify that self assessments are accurate and have been completed in a similar manner across organisations;
  - ensure that a robust process of self assessment and Internal Validation has taken place;
  - confirm self assessed performance against the measures and any associated issues relating to IOG implementation;
  - support identification of teams or services who will receive an external peer review visit in accordance with the selection criteria.

- **Peer review visits**

  Each year a targeted schedule of peer review visits takes place. The schedule of forthcoming peer review visits is agreed with each cancer network, and the teams/services informed, by the end of December each year. The visit cycle then commences the following May and is completed by March of the next year.

Figure 1



Each of the stages of the peer review process determines whether compliance with each peer review measure has been achieved and whether progress is being made towards those where it has not. Compliance with the measures is appraised as yes, no or not applicable according to the evidence available. If evidence is not available then the measures are considered as not met.

A phased introduction

As a result of national consultation on the new methodology it was agreed that the programme would have a phased introduction. In particular cancer networks and trusts had been concerned that the implementation of the annual Internal Validation cycle across the nine cancer sites would be too onerous, but that this would be manageable with the phased introduction.

In 2009/2010 the programme included six cancer sites, five of which had previously been reviewed - Breast, Lung, Gynaecological, Upper Gastro-Intestinal and Urology and one new site, Skin.

Section 2 - ORGANISATION OF THE REPORT

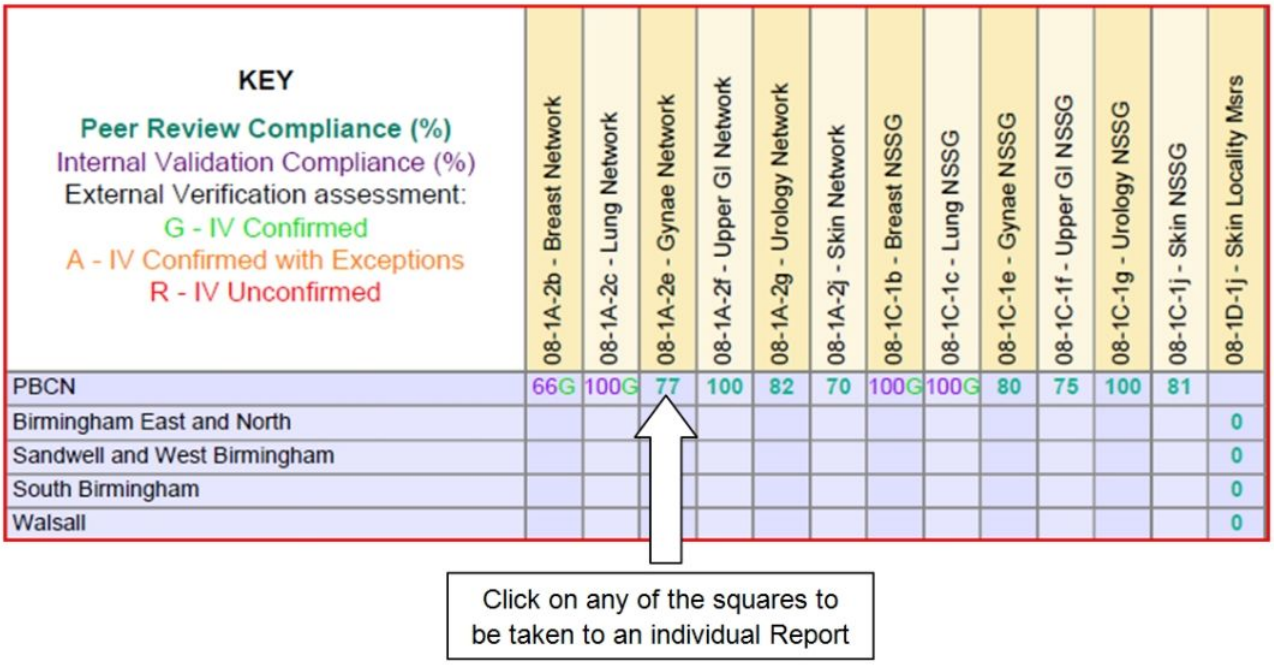
This report contains:

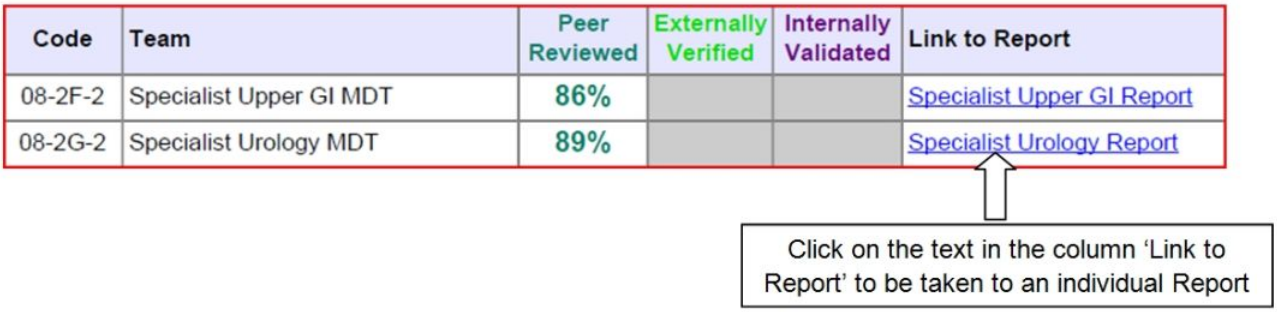
- an overall summary diagram of the structure of the Network
- an overall Network Report which contains
    - contextual information about the Network
    - an Executive Summary
    - progress against Improving Outcomes Guidance
    - Good Practice
    - a summary of Immediate Risks and Serious Concerns at Network level and
    - comments on the robustness of the IV process across the Network.

There is a similar summary report for each Trust in the Network, and links to the PCT Skin Reports in the final section.

Reports on individual teams may be accessed via hyperlinks both in the Network Summary Table and also in the summaries of compliance within the individual Trusts' sections.

To access these individual reports when online, please click on the links as shown in the example diagrams below. These will take you to the reports as PDF documents which can then be saved or printed.





Section 3 - NETWORK LEVEL SUMMARY AND REPORTS

3.1 Overall Network Stucture

The following table shows the structure of the Network, ie the Multi-Disciplinary Teams (MDTs) for the cancers treated at each Trust, and the compliance with the Peer Review Measures for that MDT.

If there has been a Peer Review of those services the percentage compliance is shown as a dark green percentage in the following table. If a service has been internally validated and also externally verified the IV percentage is shown in purple and the EV rating indicating the robustness of the IV process is shown as a red R, Amber A or Green G in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the purple Internal Verification compliance is shown.

As referred to in the introduction Internal Validation (IV) is the process by which the Trust or Network uses its own governance processes to assure the accuracy of its self assessment of compliance against the Peer Review measures. External Verification (EV) is undertaken on a large sample of the IVs by the NCPR Zonal Team to confirm, based on documentary evidence, that the IV was performed effectively. The outcome of EV is a traffic light coded system that reflects the Zonal Team’s confidence in the IV process, and is not an indication of whether the compliance with the NCPR measures is satisfactory or otherwise.

The three possible outcomes for EV are 'Green - IV confirmed', 'Amber - IV confirmed with exceptions' and 'Red - IV unconfirmed'. The allocation of the different ratings results from applying a combination of criteria including the degree of difference between the IV compliance and that found at EV, and the identification of potential Immediate Risks or Serious Concerns at EV that were not identified by the IV process. The parameters and algorithm for determining how these criteria lead to the red, amber, or green coding are published each year in a Delivery Specification Guide.

Individual Reports may be accessed via hyperlinks contained within the percentage compliances.

3.1.1 Summary of MDT Measures

KEY **Peer Review Compliance (%)** Internal Validation Compliance (%) External Verification assessment: G - IV Confirmed A - IV Confirmed with Exceptions R - IV Unconfirmed	08-2B-1 - Breast MDT	08-2C-1 - Lung MDT	08-2E-2 - Spec. Gynae MDT	08-2F-1 - Local Upper GI MDT	08-2F-2 - Spec. Upper GI MDT	08-2F-3 - Spec. Pancreatic	08-2F-4 - Pancreatic / Liver	08-2G-1 - Local Urology MDT	08-2G-2 - Spec. Urology MDT	08-2G-3 - Testicular MDT	08-2G-4 - Penile MDT	08-2J-1 - Local Skin MDT	08-2J-2 - Spec Skin MDT	08-2J-4 - Supra T-Cell Lymph	08-6A-1j - Skin for PCTs
Bolton															
Bolton	86G	68G		83				69				72			
North West Sector Lung MDT		66G													
Central Cheshire															
Mid Cheshire	80G	65A		40								78			
Central Manchester															
Central Manchester & Manchester Childrens		77G	71		76	77	80		73						
Christie															
Christie Hospital			84							73	84			64	
East Cheshire															
East Cheshire	83A	59G										44			
Pennine															
North/Bury	74G														
Pennine Acute		78G		80		54	78	67							
Roch/Oldham	71G														
Salford															
Salford	89G		88	49	89				69			58	43		
South Manchester															
University Hospital of South Manchester NHS Foundation Trust	74G	84G	85		86				71			58			
Stockport															
Stockport	80G	84G		74				71				51			
Tameside															
Tameside & Glossop Acute	86G	74G		63								73			
Trafford															
Trafford		74G													
Wigan															
Wrightington, Wigan And Leigh	78A	84A		66				58				47			
Ashton, Leigh And Wigan PCT															0
Bolton PCT															0
Bury PCT															0
Central And Eastern Cheshire PCT															0
Heywood, Middleton And Rochdale PCT															0
Manchester PCT															0
Oldham PCT															0
Salford PCT															0
Stockport PCT															60
Tameside And Glossop PCT															0
Trafford PCT															0

3.1.2 Summary of Network and Locality Measures

KEY **Peer Review Compliance (%)** Internal Validation Compliance (%) External Verification assessment: G - IV Confirmed A - IV Confirmed with Exceptions R - IV Unconfirmed	08-1A-2b - Breast Network	08-1A-2c - Lung Network	08-1A-2e - Gynae Network	08-1A-2f - Upper GI Network	08-1A-2g - Urology Network	08-1A-2j - Skin Network	08-1C-1b - Breast NSSG	08-1C-1c - Lung NSSG	08-1C-1e - Gynae NSSG	08-1C-1f - Upper GI NSSG	08-1C-1g - Urology NSSG	08-1C-1j - Skin NSSG	08-1D-1e - Gynae LOC Funct.	08-1D-1j - Skin Locality Msrs
GMCCN	100R	100G	80	29	53	76	86G	100A	82	83	78	88		
Bolton													67	
Central Cheshire													100	
Central Manchester														0
Christie														
East Cheshire													100	
Pennine													100	
Salford														0
South Manchester														0
Stockport													100	
Tameside													67	
Trafford													83	
Wigan													100	

3.2 Network Report

3.2.1 Contextual Information

The Greater Manchester and Cheshire Cancer Network (GMCCN) is the largest of the cancer networks in the country. The GMCCN covers a population of 3.2 million.

The Network encompasses eleven Primary Care Trusts and twelve Acute Hospital Trusts:

Acute Trusts;
Royal Bolton Hospital NHS Foundation Trust
Central Manchester University Hospitals NHS Foundation Trust
The Christie NHS Foundation Trust
East Cheshire NHS Trust
Mid Cheshire Hospitals NHS Foundation Trust
Pennine Acute NHS Trust
Salford Royal NHS Foundation Trust
University Hospital of South Manchester NHS Foundation Trust
Stockport NHS Foundation Trust
Tameside Hospital NHS Foundation Trust
Trafford Healthcare NHS Trust
Wrightington, Wigan and Leigh NHS Foundation Trust

Primary Care Trusts;
NHS Ashton, Leigh and Wigan
NHS Bolton
NHS Bury
NHS Central and Eastern Cheshire
NHS Heywood, Rochdale and Middleton
NHS Manchester
NHS Oldham

NHS Salford
NHS Stockport
NHS Tameside and Glossop
NHS Trafford

The hospices in Greater Manchester and Cheshire are:
Bolton Hospice
Bury Hospice
Dr Kershaw's Hospice, Oldham
East Cheshire Hospice, Macclesfield
Springhill Hospice, Rochdale
St Anne's Hospice, Heald Green, Stockport
St Anne's Hospice, Salford
St Luke's Hospice, Winsford, Cheshire
Wigan and Leigh Hospice
Willow Wood Hospice, Ashton Under Lyne

Specialist services:
Skin - Salford
HPB - Central Manchester and Pennine - under review
OG - Salford, South Manchester, Central Manchester - under review
Gynae - Salford, South Manchester, Central Manchester and Christie
Urology - Salford, South Manchester, Central Manchester and Christie (Testicular and Penile)

3.2.2 Executive Summary

The 2009/10 Cancer Peer Review Programme (CPR) comprised Peer Review of Gynaecology, Urology, Upper Gastro-Intestinal (GI) and Skin NSSGs (Network Site Specific Groups), targeted visits to Gynaecology and Urology MDTs (Multidisciplinary Teams) and all Skin Cancer MDTs and corresponding PCTs.

External Verification was undertaken by the Zonal Team for all breast and lung MDTs and NSSGs, in order to determine the robustness of internal validation and to identify which teams should be subject to peer review during the 2010/11 cycle of visits.

The Network has been unable to reconfigure services in line with IOG (Improving Outcomes Guidance) requirements in most of the cancer sites reviewed. Even in areas where configuration has been achieved, it later broke down due to individual action by Foundation Trusts and lack of commissioner adherence to the Network's agreed action plans. In some cases, the competing claims of Trusts to host specialist services have been allowed to persist. There is a need for network commissioning, managerial and clinical leads to work together to achieve sustainable service models.

The Cancer Peer Review programme has been seen as a driver for change but the responsible bodies have not generally followed through on required action in a timely manner.

As a result of a failure to agree on a suitable configuration for HPB surgery in the GMCCN and a neighbouring network, the NSSG ceased to meet early in 2008. Prior to the review, it was agreed that the Zonal Team would discuss the situation with the Network Board and representatives of the key providers and commissioners. The Zonal Team also agreed not to review the respective OG MDTs providing reassurance was forthcoming that a review of the configuration by the Specialist Commissioning Team was being progressed. This assurance was given and a review is in progress of HPB services across the North West. The outcome of the tendering process for upper GI cancer services is yet to be announced.

The deadline for implementation of Skin Cancer IOG was December 2009 and therefore most of the services, both acute and community were still in the development stage. All referring PCTs were reviewed alongside their associate MDTs to determine whether network guidelines were agreed and being adhered to and also if there were

appropriate governance arrangements in place or being developed. Models of community skin cancer services were at varying stages of development and peer review provided an opportunity to discuss the different models and how they could be implemented to ensure safe quality care.

On a positive note reviewers were very impressed with the support and training for user representatives that has resulted in using their valuable contribution for service improvement and also the dedicated CNSs (clinical nurse specialists) who are instrumental in providing high quality care/support for patients. However, concerns were expressed regarding the high workload of some CNSs who may be single handed with no cover.

Gynaecology NSSG

Despite the network configuration differing from the original plan, the Specialist Teams are delivering co-ordinated care for patients; however there is a need to address the number of SMDTs (specialist MDTs) and referral pathways in order to conform to an IOG compliant service. Future clinical developments suggest that more gynaecological cancer surgery will take place on the Christie site and network planning needs to consider this. Following discussion with representatives from the NSSG, it was unclear whether there was commissioner support for the NSSG's work programme to consolidate the footprint of Specialist Gynaecology MDTs across the Network.

Upper GI NSSG

Since the last Cancer Peer Review visit, a revised approach to reconfiguration is now being pursued and this is welcomed. The Network is going through a transitional phase, currently implementing proposals outlined in the Alderson Report, which recommends a reduction in the number of surgical centres. Reviewers were encouraged by the level of support for change and the amount of activity apparent in the tendering process, although increased attendance and engagement of all local teams will be important to help ensure successful implementation of new arrangements.

Whilst confident that good practice exists, reviewers did not see evidence that this is integrated across the Network, or of any pro-active evaluation of the quality or consistency of care/treatment. However, the CNSs have established an excellent process for effective communication across the Network that will enable continuity within change during the transition phase and hopefully lead to an improved approach to sharing good practice to enhance consistency.

Urology NSSG

The network configuration includes three teams operating on four sites. However, it is clear that a fifth site (The Christie) is also functioning separately and has acquired a Da Vinci Robot, which is now being used extensively for prostate surgery. The Network Group and Network Board need to work with commissioners to ensure that an equitable and compliant service is established.

Skin NSSG

The NSSG has overseen the implementation of a single SSMDT (specialist skin MDT), at Salford, although plastic surgery is based elsewhere and there is also an MDT arrangement at Christie, where surgery is also performed, which does not appear in the network's scope.

LSMDTs (local skin MDTs) have been established in all Trusts, except Pennine, which although it is a large Trust serving a population of 800k, has recently decommissioned skin cancer services. The chair of the NSSG had made every effort, in conjunction with the Trust management and the local PCT, to re-establish a local service, but without success. Central Manchester and Trafford also do not have a local MDT, but both link up with the team in South Manchester. A T Cell Lymphoma Supra Network MDT is hosted by The Christie.

There are no clinical oncologist core team members in the LSMDTs, but as this is a separate measure and teams provided reviewers with sound criteria for referral to a clinical oncologist, reviewers did not consider this to be a concern. The important role of the CNSs is recognised by the Network and recruitment of additional skin cancer nurse specialists is ongoing.

Network plans for community skin cancer services do not reflect what is happening in practice, there is therefore a need for the NSSG to ensure that formal governance arrangements are in place and monitored on a regular basis.

3.2.3 IOG Progress

Three teams are IOG compliant/NCAT (National Cancer Action Team) approved, namely testicular, penile and head and neck, including a separate team for thyroid.

The following teams are not compliant as explained in the executive summary. There are two teams for HPB both serving less than a 2 million population; three teams exist for upper GI, two of which serve less than a 1 million population; urology has three teams, but five operating sites and an internal review is ongoing; gynaecology has four teams, which is out with the original network plan and finally skin, which is also non compliant due to the need for reconfiguration following withdrawal of skin cancer services in Pennine.

3.2.4 Good Practice

Many examples of good practice were identified by reviewers and are recorded in the individual reports. The following are some of the highlights.

Gynaecology NSSG

Clinical guidelines are commended and the Network has draft proposals for implementation of new FIGO staging in January 2010. Patient information is consistent across the network and network CNSs meet regularly to discuss service issues and for peer support.

Upper GI

It was encouraging to know that patients have played an extremely active part in both how the Network Group functions as well as inputting their skills and experience to help inform the future planning of OG services within GMCCN. In addition the excellent communication between the CNSs should ensure continuity throughout the management of change.

Reviewers were impressed that all units have submitted data onto the National OG Cancer Database.

Urology NSSG

The support and training for user representatives and their valuable contribution to service improvement was highlighted as good practice, evidenced by input from patients who helped the Urology CNSs to develop patient information pathways.

Establishment of effective supra network SMDTs for testicular and penile patients was a significant achievement, as was the amount of active research and good recruitment into trials. There is an excellent audit programme, and the successful establishment of the Central Manchester SMDT is a significant step forward, as are increases in the nursing workforce that enables high quality care to be delivered consistently across the network.

Skin NSSG

The commitment of NSSG members to develop quality skin cancer services is commendable, along with clinical services working together cohesively to develop coordinated patient centred care. The educational programme to support the development of safe quality services is good practice.

3.2.5 Network Response to Immediate Risks/Serious Concerns at Network Level

Urology NSSG

An immediate risk was raised regarding uncertainties over the relationship between local and specialist MDTs, specifically Mid Cheshire and South Manchester, where it was confirmed that level 1 patients from Mid Cheshire were not being discussed at any MDT. This has since been resolved and all patients are now discussed in a timely manner by the appropriate MDT.

Reviewers expressed serious concern about the development of cancer work at the Christie, which may be to the detriment of other specialist centres in the network and impact on referral and surgical activity. The configuration of urology services should therefore be reviewed as a matter of urgency to ensure the most appropriate IOG compliant model is developed.

Skin NSSG

An immediate risk was raised regarding an incidence of suboptimal care/treatment delivered by the Independent Clinical Assessment and Treatment Service (ICAT), commissioned by the NHS. At the time of the review care/ treatment did not comply with IOG or appropriate and safe reporting procedures. The issue was raised with the commissioning PCT and subsequent correspondence received from ICAT, assured the Zonal Team that an interim solution had been implemented to ensure all patients receive optimal care/treatment and steps were being taken to work with the Network to establish more robust clinical and pathway governance.

No immediate risks or serious concerns were raised in breast and lung NSSGs during external verification.

3.2.6 IV Process

A panel approach incorporating a validation meeting was used with the Clinical Director (Quality and Care), Medical Director, a Patient User Rep, and a Network Facilitator. The Panel received evidence for review ahead of the meeting.

More detal is needed regarding the IV process and the Zonal Team recommend that the panel should include a commissioning representative for future reviews.

3.3 Summary of Compliance for Network Board/NSSG Measures

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-1A-2b	Breast Network		Red	100%	Breast Network Report
08-1A-2c	Lung Network		Green	100%	Lung Network Report
08-1A-2e	Gynae Network Board	80%			Gynae Network Board Report
08-1A-2f	Upper GI Network Board	29%			Upper GI Network Board Report
08-1A-2g	Urology Network Board	53%			Urology Network Board Report
08-1A-2j	Skin Network Board	76%			Skin Network Board Report
08-1C-1b	Breast NSSG		Green	86%	Breast NSSG Report
08-1C-1c	Lung NSSG		Amber	100%	Lung NSSG Report
08-1C-1e	Gynae NSSG	82%			Gynae NSSG Report
08-1C-1f	Upper GI NSSG	83%			Upper GI NSSG Report
08-1C-1g	Urology NSSG	78%			Urology NSSG Report
08-1C-1j	Skin NSSG	88%			Skin NSSG Report

The above table indicates the percentage compliance with NSSGs and Network measures. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

Individual Reports may be accessed via the hyperlinks to the reports.

Section 4 - TRUST REPORTS

4.1 Bolton Locality

4.1.1 ROYAL BOLTON HOSPITAL NHS FOUNDATION TRUST

4.1.1.1 Trust Report

Contextual Information

Royal Bolton Hospital NHS Foundation Trust offers patients a wide range of services based at the Royal Bolton Hospital in Farnworth, close to the M61, as well as some which take place in community settings.

The Royal Bolton Hospital became a Foundation Trust in October 2008 and

- Serves the population of Bolton (around 265,000) and patients from other locations.
- Had 32,396 emergency admissions in 2007/08.
- Has 671 inpatient beds, 32 day case beds and 15 endoscopy (gastrointestinal exploration) beds.
- Employs around 3,660 staff.
- Had a turnover of approximately £176m for 2007/08.

In 2007/08 the Healthcare Commission rated the Trust good for both the quality of services and for use of resources. The Trust fully met the core standards and almost met the existing national targets and was good on the new national targets.

During the 2009/10 cycle the following teams were externally peer reviewed as follows.

Diagnostic Gynaecology Team

Local Urology MDT (Multidisciplinary Team)

Local Skin MDT

PCT Skin

Breast and Lung MDTs, including the sector Lung MDT, were subject to external verification following internal validation of self assessments.

The Local Upper Gastro-Intestinal MDT was internally validated only, pending the outcome of the Network wide external review.

Trust Executive Summary

There is a small but well represented health economy group with a public health lead for cancer as an established member; a GP clinical lead and a PPI (Patient and Public Involvement) representative who attends the Acute Trust's Cancer Action Team and is vice chair on the Bolton Cancer Patients and Carer's Consultative Group; this ensures links between the 3 groups.

Key achievements include all cancer targets were being met for both the PCT and Acute Trust; active participation of several group members in the ongoing review of breast services; 2% increase in uptake of bowel cancer screening; increased involvement in prevention and early detection work for breast and testicular cancer and also projects to improve health care for black and minority ethnic groups (BME).

Challenges include improving cancer outcomes whilst delivering required cost savings and meeting information and support needs of patients through effective use of existing resources.

Key points from each of the teams reviewed are highlighted below and include just some of the many examples of good practice commended by reviewers.

Diagnostic Gynaecology Team.

This is a new diagnostic team that is very committed to the principle of a diagnostic service and members are working in partnership with the SMDT.

Good practice included the involvement and dedication from pro-active radiology staff, e.g. rapid access for GP referred ultra sound and imaging which is arranged during dedicated slots for suspected cancer, with a blue form to highlight cases.

There were no immediate risks or serious concerns raised.

Urology MDT

There was initially some ambiguity during the meeting regarding patient pathways and whether all patients are discussed appropriately at the local or specialist MDT. Additional evidence was forthcoming to show that in fact all patients are discussed, but governance arrangements need strengthening to ensure the system is failsafe.

Good practice included the clinical update proforma that consolidates key information which can be immediately faxed to the GP, a copy given to the patient and also filed in the notes, and the review of pathology slides prior to the SMDT (Specialist Multidisciplinary Team) ensures good quality reporting and gives the pathologists feedback on every major case.

There were no immediate risks or serious concerns.

Skin MDT

The MDT is fully functional, and has been meeting fortnightly since January 2008. Strong leadership has been demonstrated by the Lead Clinician who has managed to maintain a quality service in difficult circumstances, including diminishing staffing levels. Very good working relationships exist between dermatology and plastic surgery, which is provided by South Manchester.

Good practice included implementation of the Somerset Cancer Register, with real time data collection; implementation of the British Association of Dermatologists (BAD) mole checks for staff and the three monthly Basel Cell Carcinoma (BCC) audit.

There were no immediate risks or serious concerns.

Bolton PCT

No community skin cancer service was declared and there are no GPs providing a service for skin cancer patients in the community, but the PCT will use the Network Governance Policy if this situation should change.

Both breast and lung teams were externally verified following internal validation of self assessments.

Breast RAG Rating - Green

Lung RAG Rating - Green

North West Sector Lung RAG Rating - Green. The establishment of a sector wide MDT has facilitated improved attendance by the different specialities and significant increase in recruitment to clinical trials, which would not happen at local MDT level. The focus of the Team is the treatment planning decision meeting only and the wider function of an MDT is the responsibility of the local MDTs or diagnostic service. As it is a new concept, the Team will be externally reviewed in the 2010/11 cycle.

IV Process

The following internal validation process followed one of the options recommended by the National Peer Review Team, Zonal Peer Review Team and Network Management Team and was endorsed by the Trust's Executive Board. The process was approved and signed off by the Chief Executives Bolton Hospital and Bolton North West.

Internal validation included a small independent panel review of the self assessment and face to face meetings with members of the MDTs. Further clarification was sought on some issues and there was the opportunity to re-submit specific evidence.

The Trust was advised to include panel members in future reports.

4.1.1.2 Summary of Compliance for MDT Measures

Bolton MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2B-1	Breast MDT		Green	86%	Breast Report
08-2C-1	Lung MDT		Green	68%	Lung Report
08-2F-1	Local Upper GI MDT			83%	Local Upper GI Report
08-2G-1	Local Urology MDT	**69%**			Local Urology Report
08-2J-1	Local Skin MDT	**72%**			Local Skin Report

North West Sector Lung MDT MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2C-1	Lung MDT		Green	66%	Lung Report

The above table indicates the percentage compliance of the MDTs within the Trust. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

Individual Reports may be accessed via the hyperlinks to the reports.

4.1.2 Summary of Compliance for Bolton Locality Measures

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-1D-1e	Gynae Locality Functions	**67%**			Gynae Locality Functions Report

This table applies to the six Gynaecological diagnostic services measures relevant to those localities which have agreed to provide diagnostic services in a hospital or hospitals in their locality. The table follows the same format as that for MDTs above.

4.2 Central Cheshire Locality

4.2.1 MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST

4.2.1.1 Trust Report

Contextual Information

The Trust was established as an NHS trust in April 1991 and now employs over 3,500 staff. They provide a comprehensive range of acute, maternity and child health services to a population of 280,000 living in the areas of Congleton, Crewe and Nantwich, and Vale Royal.

Services are provided from Leighton Hospital in Crewe, and the Victoria Infirmary in Northwich, along with a number of outreach facilities including community midwifery, child health, paediatric home care, phlebotomy, anticoagulant and orthopaedic services. The Trust has approximately 600 beds, 20 of which are at the Victoria Infirmary and 30 at Elmhurst Intermediate Care Centre.

In 2007/08 the Healthcare Commission rated the Trust good for both the quality of services and for use of resources. The Trust fully met both the core standards and the existing national targets and was good on the new national targets.

During the 2009/10 cycle the following services were externally peer reviewed as follows.

Diagnostic Gynaecology Team

Local Skin MDT

PCT Skin

The breast and lung MDTs (Multidisciplinary Teams) were subject to external verification following internal validation of self assessments.

Trust Executive Summary

Further histopathology staff have been recruited to develop the service and support MDT's and the trust is also well underway with the adoption of digital mammography and provision to support the age extension of breast screening. Reviewers were very impressed with the Macmillan Cancer Unit, which will make a huge difference to the quality of information and support for patients and carers.

Key points from each of the teams reviewed are highlighted below and include just some of the many examples of good practice commended by reviewers.

Diagnostic Gynaecology Team

This is a strong team that provides a coordinated, cohesive diagnostic service within patient focused pathways. There is clear leadership that encourages effective team work.

Good practice included patients referred by their GP for diagnostic tests being referred directly by radiology to the Gynaecology Oncology service, thereby reducing delay in the patient pathway.

There were no immediate risks or serious concerns.

Skin MDT

There is good supportive leadership that has been instrumental in establishing a cohesive team with two surgical specialists, ENT and General Surgery. The Team has developed clear clinical pathways that are adhered to. There is currently no clinical oncology attendance at the MDT, but the the Team has developed a referral pathway for oncological opinion for treatment planning, which although non-compliant with the measures, ensures discussion between the Consultant Dermatologist and Oncologist prior to the main MDT discussion.

Good practice included the comprehensive, user friendly patient information packs and the offer of a permanent record of consultation, which is written for the patient during the clinic.

There were no immediate risks or serious concerns.

Central and Eastern Cheshire PCT

The PCT was considering four separate options to develop a community skin cancer service by December 2009. The Review Team questioned the need for additional GPs to continue to excise skin cancer lesions given the number of tumours currently being treated in the community, which is around 200 per year.

A serious concern was raised regarding the PCT consideration of four separate options to develop a community skin cancer service, two of which will be IOG (Improving Outcome Guidance) compliant, but two may not be, depending on the outcome of the NICE (National Institute for Clinical Excellence) review, due to report in January 2010.

The issue relates to PCT plans that will allow non-accredited GPs to undertake excisions of low risk Basel Cell Carcinomas under the supervision of accredited GPs with Special Interests. This is currently non-compliant with model 1 as outlined in the guidance and is out-with the PCT model originally declared.

The Zonal Team were reassured following written confirmation that the PCT would only consider implementing an IOG compliant model .

The breast and lung teams were externally verified following internal validation of self assessments.

Breast MDT RAG Rating - Green

Lung MDT RAG Rating - Amber, due to a serious concern raised during external verification regarding the lack of a named MDT core member histopathologist or cytologist and subsequent lack of attendance and cover for the meetings. The team will be externally peer reviewed in 2010/11.

IV Process

A table top exercise was held following self assessment whereby the Internal Verifiers met to consider the evidence submitted prior to meeting with the team to discuss the self assessment and evidence. Following this the IV assessment was agreed and the IV report was compiled. A meeting was held with the CEO to agree the IV report and a further meeting will be held with the team to feed back the report, especially areas of discrepancy between SA and IV.

The Internal Verifiers were:-

Chief Operating Officer, Director of Nursing and Executive Lead for Cancer

Divisional Director, Surgery and Cancer Division and Cancer Clinical Lead

Non Executive Director

Cancer Commissioning Lead, C and EC PCT

Cancer Manager

Unfortunately, due to illness, no patient representative was able to take part in the IV process.

The Zonal Team considered this to be a robust internal validation process.

4.2.1.2 Summary of Compliance for MDT Measures

Mid Cheshire MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2B-1	Breast MDT		Green	80%	Breast Report
08-2C-1	Lung MDT		Amber	65%	Lung Report
08-2F-1	Local Upper GI MDT			40%	Local Upper GI Report
08-2J-1	Local Skin MDT	78%			Local Skin Report

The above table indicates the percentage compliance of the MDTs within the Trust. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

Individual Reports may be accessed via the hyperlinks to the reports.

4.2.2 Summary of Compliance for Central Cheshire Locality Measures

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-1D-1e	Gynae Locality Functions	100%			Gynae Locality Functions Report

This table applies to the six Gynaecological diagnostic services measures relevant to those localities which have agreed to provide diagnostic services in a hospital or hospitals in their locality. The table follows the same format as that for MDTs above.

4.3 Central Manchester Locality

4.3.1 CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

4.3.1.1 Trust Report

Contextual Information

Central Manchester University Hospitals NHS Foundation Trust was established on 1st January 2009 after being authorised by Monitor. Up until then it was known as Central Manchester and Manchester Children's University Hospitals Trust which was founded on 1 April 2001.

Central Manchester University Hospitals NHS Foundation Trust is a major teaching Trust providing services for over 600,000 patients each year. Considerable capital investment has led to the development of four new hospitals (children's hospital, adult's hospital including new mental health facilities, women's hospital and eye hospital) on the same site in Manchester. The hospitals will have separate identities but will be fully integrated in terms of clinical relationships.

Three of the new hospitals are up and running now with the new Manchester Royal Eye Hospital opening from 8th August. This marks the last major phase of the four year, 500 million pound new hospitals development. The new Royal Manchester Children's Hospital opened on 11th June. It is the largest children's hospital in the UK with 371 beds. It replaces Booth Hall and Pendlebury Children's Hospitals which are now closed. The new wing of the Manchester Royal Infirmary opened on 11th July. The new Saint Mary's Hospital opened on 13th July.

In 2007/08 the Healthcare Commission rated the Trust fair for the quality of services and good for use of resources. The Trust fully met the core standards and partly met the existing national targets and was excellent on the new national targets.

During the 2009/10 cycle the following teams were externally peer reviewed as follows.

Specialist Urology MDT (Multidisciplinary Team)

Specialist Gynaecology MDT

PCT Skin

The specialist Upper Gatro-Intestinal MDT was not externally reviewed during this cycle as an external review of the Network configuration was being undertaken with a view to rationalising the number of teams. Once reconfiguration is complete, all the teams will be subject to a comprehensive peer review.

The Trust does not host a Skin MDT as patients are referred to the South Manchester.

The lung MDT was subject to external verification following internal validation of self assessments

The Trust does not host a breast MDT, therefore patients have a choice of either South Manchester or North Manchester, which is part of Pennine Acute Trust, depending where they live.

Trust Executive Summary

Key points from each of the teams reviewed are highlighted below and include just some of the many examples of good practice commended by reviewers.

Specialist Gynaecology MDT

This is a well constructed and effective SMDT (Specialist Multidisciplinary Team) that comprises a wide range of members from all relevant areas. The attendance of many core members is high and ensures a consistent, high standard of decision making is guaranteed.

Good practice included the good relationship with benefits and welfare rights advisers; excellent links with the fertility service for young patients with gynaecological malignancy and the strong academic and research department with a wide-ranging portfolio led by a figure of international repute. This ensures that the SMDT can be at the forefront of developments in care for women with gynaecological cancer.

There were no immediate risks or serious concerns.

Specialist Urology MDT

Since the last Cancer Peer Review visit, this local MDT has evolved into a fully fledged SMDT with good leadership and excellent team work. It is a cohesive team that feels positive about the future.

Additional members were recruited including a radiologist, histopathologist and a CNS (Clinical Nurse Specialist), which has significantly improved meeting attendance.

Good practice included ensuring appropriate radiological / pathological / oncological support despite geographical constraints; personal letters to patients detailing treatment options / plans and radiology review of all cases prior to the SMDT meeting with double reading of particularly difficult cases.

There were no immediate risks or serious concerns.

Skin Cancer Services

Central Manchester skin cancer patients are referred to South Manchester MDT, as per the network plan, for discussion of treatment options/plans, but treatment is undertaken locally.

Manchester PCT

From the 1 October 2009 there will be a new community dermatology service for Manchester delivered by

Manchester Community Health and Salford Royal NHS Foundation Trust. This service currently does not see skin cancer patients. The existing GPs with Special Interests contracts are with Manchester Community Heath and will be part of this new service.

The Lung MDT was subject to external verification following internal validation of self assessments.

Lung RAG Rating - Green.

IV Process

Internal Validation Comments

The panel consisted of; Trust Cancer Lead Clinician, Macmillan Lead Cancer Nurse, PCT Cancer and Palliative Care Clinical Lead to Commissioning, Director of Performance, Cancer Manager, Divisional Manager for unscheduled care and rehab, Cancer Manager and Cancer Information Centre Manager.

The process carried out was one of document review followed by the panel meeting with the core MDT members.

The Zonal team considered this to be a robust internal validation process.

4.3.1.2 Summary of Compliance for MDT Measures

Central Manchester & Manchester Childrens MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2C-1	Lung MDT		Green	77%	Lung Report
08-2E-2	Specialist Gynae MDT	**71%**			Specialist Gynae Report
08-2F-2	Specialist Upper GI MDT			76%	Specialist Upper GI Report
08-2F-3	Specialist Pancreatic MDT			77%	Specialist Pancreatic Report
08-2F-4	Pancreatic / Liver MDT			80%	Pancreatic / Liver Report
08-2G-2	Specialist Urology MDT	**73%**			Specialist Urology Report

The above table indicates the percentage compliance of the MDTs within the Trust. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

Individual Reports may be accessed via the hyperlinks to the reports.

4.3.2 Summary of Compliance for Central Manchester Locality Measures

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-1D-1j	Skin Locality Measures	0%			Skin Locality Measures Report

This table applies to the one skin locality measure relevant to the above Trust(s) which according to the network agreement should establish clinics for immunocompromised patients with skin cancer, in their locality. The table follows the same format as that for MDTs above. NB: As there is only ONE measure for skin, compliance can only be 0% or 100%.

4.4 Christie Locality

4.4.1 THE CHRISTIE NHS FOUNDATION TRUST

4.4.1.1 Trust Report

Contextual Information

The Christie is one of Europe's leading cancer centres, treating over 40,000 patients a year. The Trust is based in Manchester and serves a population of 3.2 million across Greater Manchester and Cheshire, but as a national specialist around 15% patients are referred from other parts of the country. The Trust provides radiotherapy through one of the largest radiotherapy departments in the world; chemotherapy on site and through 14 other hospitals; highly specialist surgery for complex and rare cancer; and a wide range of support and diagnostic services.

The Christie is currently implementing a five-year strategy which set to transform treatment and care for cancer patients. A 72 million pound investment plan over the next two years includes a new 35 million pound patient treatment centre, which will include the largest early clinical trials unit in the world - and a unique network of 17 million pound Christie radiotherapy centres in other parts of the area to deliver treatment closer to people's homes.

In 2007/08 the Healthcare Commission rated the Trust excellent for both the quality of services and for use of resources. The Trust fully met both the core standards and the existing national targets and was excellent on the new national targets.

During the 2009/10 cycle the following teams were externally peer reviewed as follows:
Specialist Gynaecology MDT (Multidisciplinary Team)
Penile Supra-network MDT
T-cell Lymphoma MDT

The Supra-network Testicular MDT was subject to self assessment and internal validation only as it is scheduled to be externally peer reviewed in the 2010/11 cycle.

Trust Executive Summary

Key points from each of the teams reviewed are highlighted below and include just some of the many examples of good practice commended by reviewers.

Specialist Gynaecology MDT
This is a well led, highly specialized collegiate team with a specific brief and a common vision. Members function at a level which is beyond the usual SMDT (Specialist Multidisciplinary Team) which makes it unique. Core member cover for the surgeons is organized on a rotational basis with other specialist gynaecology oncology surgeons in the network. Reviewers considered this arrangement to be acceptable, despite the low level of individual attendance and compliance with the measures.

Good practice included the highly integrated pelvic team providing care/treatment for the most complex surgical challenges and reviewers noted the data presented, which compared favourably with international publications, but the Team appreciate further improvements can be made through audit and clinical research.

There were no immediate risks or serious concerns.

Penile Supra-network MDT
The significant achievement in developing this Supra-network MDT over the last two years was commended along with the well specified network guidelines. Both the Christie Hospital and Wirral Teaching Hospital have effective, documented care pathways, however, these services need to be approached in a more integrated manner to maintain equity and consistency of high quality patient care across the two sites.

Good practice included the nurse led rapid discharge post surgery with the CNSs (Clinical Nurse Specialists) supporting the district nurses for patents operated on at Christie; the Christie information website and the high participation in national audits and new trials.

There were no immediate risks or serious concerns.

T-cell Lymphoma MDT

This Team has a long record of care for patients with skin lymphoma and the constitution pre dates Specialist Skin MDT (SSMDT) and any of the peer review measures and therefore, the original pattern of working has continued. To be fully compliant with the ethos of MDT working, the team needs to consider the broader aspects of coordinated patient centred care e.g. all clinicians who are involved in treatment should be members of the SSMDT. A dedicated nursing service also needs to be established to support patients through the pathway.

Good practice included the molecular haematology tests are available within a seven day turnaround time; the 30 minute clinic slots at Hope Hospital for new patients, to enable full and frank discussion with patients receiving a diagnosis of cancer and all patient outcomes are collected and stored within the Somerset Cancer Register, which is collected live during MDT meetings.

There were no immediate risks or serious concerns.

IV Process

Panel Members.

Medical Director and Chair of Internal Validation Panel

Executive Director and Chief Operating Officer

Deputy Director of Finance and Performance Management, Oldham PCT

General Manager Cancer Centre Services

Deputy Director of Nursing and Lead Cancer Nurse

Patient Representative, FT Governor.

The panel went through the documentation provided and together went through the self assessment of the team. Lead Clinician of Testicular SMDT was present throughout the internal validation to answer any questions or queries the panel may have had.

The process was robust.

4.4.1.2 Summary of Compliance for MDT Measures

Christie Hospital MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2E-2	Specialist Gynae MDT	84%			Specialist Gynae Report
08-2G-3	Testicular MDT			73%	Testicular Report
08-2G-4	Penile MDT	84%			Penile Report
08-2J-4	Supra T-Cell Lymph MDT	64%			Supra T-Cell Lymph Report

The above table indicates the percentage compliance of the MDTs within the Trust. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

Individual Reports may be accessed via the hyperlinks to the reports.

4.5 East Cheshire Locality

4.5.1 EAST CHESHIRE NHS TRUST

4.5.1.1 Trust Report

Contextual Information

East Cheshire NHS Trust provides services for a population of circa 200,000 people at Macclesfield, Congleton and Knutsford sites, as well as at Poynton, Wilmslow and Handforth clinics and most recently alongside Primary Care colleagues at the Waters Green 'super' surgery.

The Trust serves a population that is low in ethnic diversity, is less deprived (although each town served does have pockets of deprivation) and significantly older compared to the English average. In 2005 the over 65 years of age group exceeded the under 16 age group. For the rest of England this is expected to happen in 2013.

In 2007/08 the Healthcare Commission rated the Trust good for the quality of services and fair for use of resources. The Trust almost met the core standards, fully met the existing national targets and was good on the new national targets.

During the 2009/10 cycle the following teams were externally peer reviewed as follows.

Diagnostic Gynaecology Team

Local Skin MDT (Multidisciplinary Team)

PCT Skin

Breast and Lung MDTs were subject to external verification following internal validation of self assessments.

Trust Executive Summary

Key points from each of the teams reviewed are highlighted below and include just some of the many examples of good practice commended by reviewers.

Diagnostic Gynaecology Team

This Diagnostic Team provides a coordinated, cohesive diagnostic service within patient focused pathways. The Lead Clinician is very supportive of the team and this was evidenced in their close working relationship that enhances continuity of safe quality care.

Good practice included streamlining the pathway for patients who have been referred by the GP, or another team, to radiology/pathology, by developing a system that enables direct notification of a serious diagnosis to the Team.

There were no immediate risks or serious concerns.

Skin MDT

The MDT has been established for five years and is well led by the Consultant Dermatologist. However, core membership lacks a clinical nurse specialist and oncologist. The Review Team was advised that a business case for a skin cancer CNS (Clinical Nurse Specialist) had been agreed and there was an expectation that the post would be appointed to in the near future.

Good practice included the multi-professional clinic where patients can discuss treatment options / plans with a range of specialists and in addition to informing the PCT Lead for Cancer, the Lead Clinician writes to every GP who has excised a malignant skin cancer lesion to offer advice on the management of the patient and referral to an MDT.

There were no immediate risks or serious concerns.

Central and Eastern Cheshire PCT

The PCT is considering four separate options to develop a community skin cancer service by December 2009. The Review Team questioned the need for additional GPs to continue to excise skin cancer lesions given the number of tumours currently being treated in the community, which is around 200 per year.

A serious concern was raised regarding that the PCT were considering four separate options to develop a community skin cancer service, two of which will be IOG (Improving Outcomes Guidance) compliant, but two may not be, depending on the outcome of the NICE review, due to report in January 2010.

The issue relates to PCT plans that will allow non-accredited GPs to undertake excisions of low risk Basel Cell Carcinomas under the supervision of accredited GPs with Special Interests. This is currently non-compliant with model 1 as outlined in the guidance and is out-with the PCT model originally declared.

Subsequent correspondence provided assurance that an IOG compliant service would be developed.

Breast and lung MDTs were subject to external verification following internal validation of self assessments.

Breast RAG Rating - Amber, due to a serious concern about the low attendance of the histopathologist at MDT meetings. This team will be externally peer reviewed during the 2010/11 cycle.

Lung RAG Rating - Green.

IV Process

Internal Validation Comments

Panel members

Lead Cancer Nurse/Manager for East Cheshire NHS Trust

Patient representative

Executive Director-Chief Operating Officer East Cheshire NHS Trust

Cancer Commissioning Manager for Central and East Cheshire PCT

Lead Clinician for Cancer Services East Cheshire NHS Trust

Annual Report, Operational Policy and Work Programme documentation were distributed to the review panel prior to the reviews in September 2009.

The review panel reviewed the evidence against the self assessment, then met with the teams where discussion around service provision, good practice and challenges for the future took place.

The review panel then reconvened and completed the IV report.

The Zonal team considered this to be a robust internal validation process.

4.5.1.2 Summary of Compliance for MDT Measures

East Cheshire MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2B-1	Breast MDT		Amber	83%	Breast Report
08-2C-1	Lung MDT		Green	59%	Lung Report
08-2J-1	Local Skin MDT	44%			Local Skin Report

The above table indicates the percentage compliance of the MDTs within the Trust. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

Individual Reports may be accessed via the hyperlinks to the reports.

4.5.2 Summary of Compliance for East Cheshire Locality Measures

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-1D-1e	Gynae Locality Functions	100%			Gynae Locality Functions Report

This table applies to the six Gynaecological diagnostic services measures relevant to those localities which have agreed to provide diagnostic services in a hospital or hospitals in their locality. The table follows the same format as that for MDTs above.

4.6 Pennine Locality

4.6.1 PENNINE ACUTE HOSPITALS NHS TRUST

4.6.1.1 Trust Report

Contextual Information

The Pennine Acute Hospitals NHS Trust was established in April 2002 and manages hospitals in Bury, North Manchester, Oldham and Rochdale. Serving a population of approximately 800,000, the Trust is one of the largest in the country.

The Trust provides acute general hospital services to the population of the North East of Greater Manchester. This includes the residents of the Primary Care Trusts for Bury, Rochdale, Heywood and Middleton, Oldham and the northern sector of Manchester PCT. These are the main commissioners of the Trust's services but patients are also treated from the surrounding areas of Greater Manchester.

Within the Trust's catchment population there are a number of areas of high deprivation, significant health need and health inequalities.

In 2007/08 the Healthcare Commission rated the Trust good for the quality of services and fair for use of resources. The Trust fully met both the core standards and the existing national targets and was good on the new national targets.

The North East Sector Locality Group was established in May 2004, is chaired by Colin Scales, Executive Director of Commissioning for NHS Oldham and meets every six weeks. Through an annual work plan the group drives through identified developments and oversees the implementation of both national and network plans. It is also the focus for implementation of the cancer workstream of the Healthy Futures programme.

Areas of work were identified and included opening of the patient information centre on the NMGH (North Manchester General Hospital) site; opening of the Christie at Oldham unit for radiotherapy; improved links to mental health services; expansion of the Somerset data base into all the cancer MDTs (Multidisciplinary Teams) and both inpatient and outpatient breast services reduced from three to two sites.

During the 2009/10 cycle the following teams were externally peer reviewed as follows.
Diagnostic Gynaecology Team
Local Urology MDT
PCT Skin

Skin cancer services had been decommissioned prior to peer review and the Zonal Team was informed that patient referrals would be managed by Oldham PCT and referred to other MDTs for discussion of treatment options/plans and also for treatment.

Two Breast MDTs and a Lung MDT were subject to external verification following internal validation of self assessment.

Specialist HPB was internally validated only as the service is currently undergoing an external review alongside other teams in LSCCN (Lancashire and South Cumbria Cancer Network) and MCCN (Mersyside and Cheshire Cancer Network). Similarly, Upper GI cancer teams were also undergoing an external review and both services will be externally peer reviewed once reconfiguration is complete.

Trust Executive Summary

Key points from each of the teams reviewed are highlighted below and include just some of the many examples of good practice commended by reviewers.

Diagnostic Gynaecology Team
The evidence indicated a strong, cooperative, cohesive team approach for the provision of a diagnostic service. Members of the team are committed to providing a high quality service.

Good practice included coordinated arrangements between consultants to provide the diagnostic service; patient Information including a radiotherapy DVD for patients and rapid access to the fertility service at St Mary's Hospital.

There were no immediate risks or serious concerns.

Local Urology MDT

A new lead clinician has recently taken on the role and is working with team members to establish a fully functioning MDT; individual commitment to and attendance at meetings could be improved.

Good practice included the redesign of a comprehensive local MDT proforma.

There were no immediate risks, but a serious concern was raised regarding the teams' referral patterns, which had been externally evaluated and agreed by members of the NSSG (Network Site Specific Groups), but did not always reflect the flow of patients as described in the Network configuration of Urological services.

This issue was referred to the Network and action is being taken in the form of a review of urology cancer services, with a view to rationalising the number of specialist teams/operating sites.

Bury PCT

A robust referral model for suspected skin cancers had recently been revised to reflect changing pathways. There had been no opportunity to audit the service as the new arrangements came into force at the start of September 2009, but the PCT plan to audit both patient satisfaction and performance targets.

Heywood, Middleton and Rochdale PCT

There is a real will to provide effective coordinated care for skin cancer patients evidenced by the excellent team working of the Locality Group. Heywood, Middleton and Rochdale PCT have commissioned a Model 1 service from the independent sector. Governance arrangement are in place and patients diagnosed with cancer are referred on via the centralised booking service hosted by Oldham PCT.

Oldham PCT

Again there was effective coordinated care for skin cancer patients evidenced by the excellent team working of the Locality Group. Oldham PCT has commissioned a Model 1 service, but evidence supplied on the day of the review was incomplete in relation to training, accreditation and Service Level Agreements (SLA) with GPs with Special Interest. Reviewers were informed that the current SLA expires at the end of September 2009 and the service will be put out for tender.

Good practice for all three PCTs focused on effective cross boundary working to ensure coordinated patient care.

There were no immediate risks or serious concerns.

Manchester PCT

From October 1st 2009 there will be a new community dermatology service for Manchester delivered by

Manchester Community Health and Salford Royal NHS Foundation Trust. This service currently does not see skin cancer patients.

Breast and Lung MDTs were subject to external verification following internal validation of self assessments

Breast, North/Bury Rag Rating - Green

Breast, Rochdale/Oldham RAG Rating - Green

Lung RAG Rating - Green

Both Breast and Lung teams are being externally peer reviewed in the 2010/11 cycle because of mergers resulting in new teams being established.

IV Process

Internal validation panel comprised:

Trust Executive Director

Senior Cancer Clinician

PCT Senior representation

Cancer Team representation

Patient representative

Method:

The internal validation panel were given the following documents to enable them to carry out an internal validation of the MDT:

1 The three Self Assessment documents

2 The MDT evidence file

3 All patient information leaflets

At the end of the internal validation, a representative from the MDT attended to received feedback.

This was a robust process.

4.6.1.2 Summary of Compliance for MDT Measures

North/Bury MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2B-1	Breast MDT		Green	74%	Breast Report

Pennine Acute MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2C-1	Lung MDT		Green	78%	Lung Report
08-2F-1	Local Upper GI MDT			80%	Local Upper GI Report
08-2F-3	Specialist Pancreatic MDT			54%	Specialist Pancreatic Report
08-2F-4	Pancreatic / Liver MDT			78%	Pancreatic / Liver Report
08-2G-1	Local Urology MDT	**67%**			Local Urology Report

Roch/Oldham MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2B-1	Breast MDT		Green	71%	Breast Report

The above table indicates the percentage compliance of the MDTs within the Trust. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

Individual Reports may be accessed via the hyperlinks to the reports.

4.6.2 Summary of Compliance for Pennine Locality Measures

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-1D-1e	Gynae Locality Functions	**100%**			Gynae Locality Functions Report

This table applies to the six Gynaecological diagnostic services measures relevant to those localities which have agreed to provide diagnostic services in a hospital or hospitals in their locality. The table follows the same format as that for MDTs above.

4.7 Salford Locality

4.7.1 SALFORD ROYAL NHS FOUNDATION TRUST

4.7.1.1 Trust Report

Contextual Information

Salford Royal NHS Foundation Trust is a large and busy teaching hospital and cares for an average of 320,000 people a year. The Trust provide a range of medical, surgical, maternity and emergency services to the people of Salford and also offers specialist care to people from all over the UK who need expert help with brain, neuroscience, kidney, bone, intestine or skin conditions.

In 2007/08 the Healthcare Commission rated the Trust excellent for both the quality of services and for use of resources. The Trust fully met both the core standards and the existing national targets and was excellent on the new national targets.

Salford Cancer Locality Group has made significant progress in growth in patient partnership group working with specific work streams established; building work has commenced on the Christie satellite radiotherapy facility at Salford Royal; the integrated Haematology unit serving Bolton , Wigan and Salford embedded with robust team working in place; many MDT (Multidisciplinary Team) core members have completed advanced communications skills training and 7 Day working by Palliative care staff has commenced on the hospital site and in the community.

During the 2009/10 cycle the following teams were externally peer reviewed as follows.
Specialist Gynaecology MDT
Specialist Urology MDT
Local Skin MDT
Specialist Skin MDT
PCT Skin

The breast MDT was subject to external verification following internal validation of self assessments.

Specialist and local Upper GI MDTs were internally validated only, subject to external peer review once reconfiguration is complete.

Trust Executive Summary

Key points from each of the teams reviewed are highlighted below and include just some of the many examples of good practice commended by reviewers.

Specialist Gynaecology MDT

Clinical guidelines are thorough, evidence based and are currently undergoing review. Patient pathways are clear and adherence is facilitated by both good communication and also the outreach gynaecologist/oncologist visiting the diagnostic units.

Good practice included close adherence to the IOG (Improving Outcomes Guidance) regarding place of treatment for gynae cancers; the yearly workshop for GPs on gynaecological cancers and the pilot study of an audit of peri-operative morbidity and mortality with a commitment to continue with prospective audit.

There were no immediate risks or serious concerns.

Specialist Urology MDT

The MDT has documented guidelines, policies and systems which should provide effective integrated care. However, the policy for post treatment follow up of patients, either locally or centrally, needs to identify which teams are responsible for which patients. There is also a need for the SMDT(Specialist Multidisciplinary Team) to reinforce the need for patients with high risk bladder cancer to be referred back for specialist discussion prior to early re-resection.

Good practice included the simultaneous joint review by all three pathologists prior to MDT meetings; the research ethos of the department enhances best practice and access to surgical training on the Da Vinci Robot enables the development of guidelines for using this new technology.

There were no immediate risks or serious concerns.

Local Skin MDT

This was a relatively new local skin MDT that was in the process of developing robust policies and procedures. The participating membership is small reflecting the low number of cases treated, but it was difficult to determine the workload as figures provided did not reflect the level of skin cancer anticipated from the population served.

Good practice included automatic listing of histopathology cases added to MDT meeting agendas which ensured rapid access to MDT discussion and the two week wait one stop clinic facilitating rapid treatment/decision making.

There were no immediate risks or serious concerns

Specialist Skin MDT

Reviewers were impressed with the supportive leadership that has facilitated good operational relationships and cohesive team working. The SMDT is evolving and the Team is commended for setting up the communications required for effective links with partner organisations. However, closer working is required between different aspects of the service to ensure continuity of care/treatment through complex pathways.

Good practice included the SMDT relationship with the Mohs surgeon and ocular plastics.

There were no immediate risks or serious concerns.

Salford PCT

The PCT do not commission any community skin cancer services.

Good practice included the newsletter distributed to GPs from the Histopatholgy department informing them of the outcomes of the ongoing melanoma audit and patients found to have a positive diagnosis are automatically discussed by the Salford MDT.

The breast MDT was subject to external verification following internal validation of self assessments.
Breast RAG Rating - Green

There is no local lung MDT as patients are referred to the NW Sector Lung MDT. The establishment of a sector wide MDT has facilitated improved attendance by the different specialities and significant increase in recruitment to clinical trials, which would not happen at local MDT level. The focus of the Team is the treatment planning decision meeting only and the wider function of an MDT is the responsibility of the local MDTs or diagnostic service.

IV Process

Internal Validation

Each MDT is asked to provide the documentation and complete a self assessment score.
Each panel member received a pack with the documents and the team's self assessment one week prior to the review.
The panel consists of:
Exec. Lead for Cancer or Director of Operations for Cancer
Lead Cancer Nurse and Manager
Lead Cancer Clinician (except where he is a core member of the MDT)
PCT Commissioner / Cancer Manager
Patient representative.
For Specialist MDT's the Trust have also had panel members from partner organisations.

The panel met for one hour to review the evidence and they then met members of the MDT to include as a minimum, lead Clinician, CNS (Clinical Nurse Specialist), MDT Co-ordinator.

All teams were internally validated (14 reviews), but whilst meeting every team has been invaluable the Trust plans to alternate face to face meetings with desk top reviews unless there are particular concerns. This will ensure that the Trust Board is assured of progress and compliance against the Manual of Cancer Measures.

This was considered a robust process.

4.7.1.2 Summary of Compliance for MDT Measures

Salford MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2B-1	Breast MDT		Green	89%	Breast Report
08-2E-2	Specialist Gynae MDT	88%			Specialist Gynae Report
08-2F-1	Local Upper GI MDT			49%	Local Upper GI Report
08-2F-2	Specialist Upper GI MDT			89%	Specialist Upper GI Report
08-2G-2	Specialist Urology MDT	69%			Specialist Urology Report
08-2J-1	Local Skin MDT	58%			Local Skin Report
08-2J-2	Spec Skin MDT	43%			Spec Skin Report

The above table indicates the percentage compliance of the MDTs within the Trust. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

Individual Reports may be accessed via the hyperlinks to the reports.

4.7.2 Summary of Compliance for Salford Locality Measures

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-1D-1j	Skin Locality Measures	0%			Skin Locality Measures Report

This table applies to the one skin locality measure relevant to the above Trust(s) which according to the network agreement should establish clinics for immunocompromised patients with skin cancer, in their locality. The table follows the same format as that for MDTs above. NB: As there is only ONE measure for skin, compliance can only be 0% or 100%.

4.8 South Manchester Locality

4.8.1 UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST

4.8.1.1 Trust Report

Contextual Information

UHSM (University Hospitals of South Manchester) is a major acute teaching hospital trust providing services for adults and children at Wythenshawe Hospital and Withington Community Hospital (the latter owned by Manchester PCT). They provide district general hospital services and specialist tertiary services to the local community.

The Trust's specialist services - including cardiology and cardiothoracic surgery, heart and lung transplantation, respiratory conditions, burns and plastics, cancer and breast care services - not only service the people of South Manchester, but help patients from across the North West and beyond. UHSM has approximately 5,500 staff, including those employed by the Private Finance Initiative partner South Manchester Healthcare Limited.

In 2007/08 the Healthcare Commission rated the Trust excellent for both the quality of services and for use of resources. The Trust fully met both the core standards and the existing national targets and was excellent on the new national targets.

A number of developments were noted in cancer services in UHSM including NCRN (National Cancer Research Network) trials recruitment in terms of all suitable urological patients who are discussed through the SMDT (Specialist Multidisciplinary Team) are now considered for the HYMN study, BOXIT and STAMPEDE; the established dedicated lung cancer diagnostic clinic with full support to reduce the fragmentation of the diagnostic care pathway; the successful resolution of the central review of histopathology specimens for all cervical cancer patients and those referred to the Centre for treatment; 100% of breast patients are offered an appointment within 2 weeks and there is impressive participation in the National Bowel Cancer Audit.

Challenges are around agreement needed within the Network regarding service provision and repatriation of gynaecological cancer cases to the Associate Cancer Centres including UHSM; the roll out of the Enhanced Recovery Programme for colorectal patients and the need to improve recruitment of colorectal cancer patients into clinical trials and NCRN colorectal studies.

During the 2009/10 cycle the following teams were externally peer reviewed as follows.
Specialist Gynaecology MDT
Specialist Urology MDT
Local Skin MDT
PCT Skin

Breast and Lung MDTs were subject to external verification following internal validation of self assessments.

The Specialist Upper GI MDT was internally validated only pending the outcome of the Network wide external review.

Trust Executive Summary

Key points from each of the teams reviewed are highlighted below and include just some of the many examples of good practice commended by reviewers.

Specialist Gynaecology MDT
This Specialist Gynaecology MDT is cohesive, well lead and functions well to provide an excellent service for gynaecological oncology in the south sector. Reviewers were advised of the recent appointment of a second CNS at Wythenshawe Hospital and of the informal arrangements to allow clinical oncology decisions in the absence of the clinical oncology core member. There should, however, be formal arrangements to maintain a clinical oncology presence at all MDT meetings to reduce the risk of delays in the patient pathway.

Good practice included the development of student workbooks, designed to increase knowledge of gynaecological oncology, clearly demonstrating the Team's commitment to continuously improving and educating staff on the diagnosis and treatment of gynaecological cancers.

There were no immediate risks, but a serious concern was raised relating to the need for central review of gynaecological cancer specimens for all cervix cancers and any patients referred for central treatment. This issue has since been resolved.

Specialist Urology MDT

This SMDT reflects the strong personalities of core members and whilst the SMDT works well for Wythenshawe patients, interaction with Stockport does not enable compliance with IOG (Improving Outcomes Guidance), as the Stockport clinician only attends for discussion of a small selection of the Stockport cases via video conferencing. In addition the Mid Cheshire clinician does not bring all appropriate cases for SMDT discussion. The number of cases discussed by the SMDT is already a significant burden for histopathologists/radiologists and given the issues with Stockport and Mid Cheshire, highlighted above, a review of SMDT working arrangements is needed as a matter of urgency.

Good practice included the range of information and support services at each Trust is impressive; good working relationships among the CNSs (Clinical Nurse Specialists) across all units ensure continuity of care for patients and the research ethos amongst the team.

An immediate risk was raised with Mid Cheshire, stating that all level 1 cancer patients should be referred from Mid Cheshire to the SMDT as required by IOG. It was the intention for Mid Cheshire to establish a local MDT within the very near future, but in the meantime reviewers needed to be assured that all patients with a cancer diagnosis would be referred as per the Network plan. Action was taken by both Trusts to resolve the issue in a timely manner.

A serious concern was raised with Stockport regarding the need to discuss certain patients with the named SMDT, including high risk bladder cancer; kidney cancer where the patient is potentially suitable for nephron sparing surgery and all potential radical cystectomies/prostatectomies.

Following negotiations between the two teams it was confirmed that all the above cases are discussed as appropriate with the SMDT.

Local Skin MDT

This is a relatively new Local MDT that has made progress over the previous 21 months in configuring a fully functioning team. The Lead Clinician was complemented by a colleague for her leadership style that has helped to develop a cohesive team. Reviewers were optimistic that areas of non-compliance will be addressed once the CNS develops into the post.

Good practice included the well coordinated care/treatment across three Trusts and the process for filtering and nominating patients for formal MDT discussion, maximises MDT time and ensures all patients are considered then either logged or discussed as appropriate.

There were no immediate risks or serious concerns.

Manchester PCT

From the 1 October 2009 there will be a new community dermatology service for Manchester delivered by Manchester Community Health and Salford Royal NHS Foundation Trust. This service currently does not see skin cancer patients.

Trafford PCT

The PCT declared that there are no plans for a skin cancer service in the community. All suspected and known skin cancer patients will be referred into secondary care.

Breast and lung MDTs were subject to external verification following internal validation of self assessments.

Breast RAG Rating - Green

Lung RAG Rating - Green

IV Process

Method used to complete the Internal Validation process in 2009 was:

Peer review IV panel consisting of;

Exec Lead for Cancer (Medical Director) - chair

Lead Cancer Clinician

PCT representatives from referring PCT(s)

Patient/Carer representative

Cancer Strategy Lead (facilitator)

2-3 weeks prior to review the panel received a pack containing the MDT Operational Policy, Annual Report and Work Programme plus a template from CQuINS indicating areas of compliance/non compliance.

During the review day the panel met for 1.5 hours prior to review to assess the paper evidence, cases note evidence (5 casenotes from recent MDTs) and then compiled an up to date list of areas of non compliance for discussion and allocated questions to panel members.

The Panel met with members of the MDT for 1-1.5 hours to discuss areas of non-compliance and identify any risks, concerns and/or areas of good practice. The then Panel completed the IV report on line. The

Exec Lead met with the Lead Clinician, Lead Nurse and Directorate Manager to provide high level feedback. The week following the review the IV report was provided to the MDT Lead Clinician to check for matters of factual accuracy and then IV report was signed off by CEO prior to deadline.

This was considered a robust process.

4.8.1.2 Summary of Compliance for MDT Measures

University Hospital of South Manchester NHS Foundation Trust MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2B-1	Breast MDT		Green	74%	Breast Report
08-2C-1	Lung MDT		Green	84%	Lung Report
08-2E-2	Specialist Gynae MDT	85%			Specialist Gynae Report
08-2F-2	Specialist Upper GI MDT			86%	Specialist Upper GI Report
08-2G-2	Specialist Urology MDT	71%			Specialist Urology Report
08-2J-1	Local Skin MDT	58%			Local Skin Report

The above table indicates the percentage compliance of the MDTs within the Trust. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

Individual Reports may be accessed via the hyperlinks to the reports.

4.8.2 Summary of Compliance for South Manchester Locality Measures

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-1D-1j	Skin Locality Measures	0%			Skin Locality Measures Report

This table applies to the one skin locality measure relevant to the above Trust(s) which according to the network agreement should establish clinics for immunocompromised patients with skin cancer, in their locality. The table follows the same format as that for MDTs above. NB: As there is only ONE measure for skin, compliance can only be 0% or 100%.

4.9 Stockport Locality

4.9.1 STOCKPORT NHS FOUNDATION TRUST

4.9.1.1 Trust Report

Contextual Information

Stockport NHS Foundation Trust was established on 1 April 2004. The Trust provides acute hospital care for children and adults predominantly across Stockport and the High Peak area of Derbyshire. The catchment population of its services is 350,000. The Trust employs over 3,600 staff working across four sites. The major hospital is Stepping Hill located on the A6, south of Stockport town centre. It also provides hospital services from Cherry Tree Hospital and The Meadows in Stockport and the Corbar Maternity Unit based 18 miles away in Buxton.

In 2007/08 the Healthcare Commission rated the Trust excellent for both the quality of services and for use of resources. The Trust fully met both the core standards and the existing national targets and was excellent on the new national targets.

The Locality Group has made significant progress in driving forward the cancer agenda including meeting all cancer targets for 2009; unsuspected imaging policy implemented with PCT agreement; cancer escalation policy working to 4 hours for resolution and 8 hours to Chief Executive if issue unresolved; collaborative working with Equality and Diversity Projects (Equality Impact Assessments); robust process in place to support Bowel Screening Programme; participation in the Dignified Death Project and successful pilot of the one stop clinic for skin services. Training was provided for internal validation and there is continued engagement of internal validation panel members.

During the 2009/10 cycle the following teams were externally peer reviewed as follows:
Diagnostic Gynaecology Team
Local Urology MDT (Multidisciplinary Teams)
Local Skin MDT
PCT Skin

Breast and Lung MDTs were subject to external verification following internal validation of self assessments

The local Upper GI MDT was internally validated only, pending the outcome of the Network wide external review.

Trust Executive Summary

Key points from each of the teams reviewed are highlighted below and include just some of the many examples of good practice commended by reviewers.

Diagnostic Gynaecology Team
There is clear leadership of this service that benefits from effective team work to deliver a coordinated diagnostic service within patient focused pathways. The policies reflect compliance with the Peer Review Measures.

Good practice includes the provision of home visits by the CNS (Clinical Nurse Specialist) and the use of the PACT (Stockport Patient and Carers Together) in the development of patient and carer experience surveys.

There were no immediate risks or serious concerns.

Local Urology MDT
This is a cohesive, well led team who work effectively together despite the different geographical locations. It was evident at the review meeting that the professional judgment of each individual member is valued. The CNSs play key roles in both service development and provision, and reviewers commended them for establishing effective communication links across the three sites. The NCRN (National Cancer Research Network) research nurse spends 75% of time on urology, which is highly valued by the Team and results in good recruitment to trials.

Good practice included development of the CNS role at Macclesfield to undertake flexible cystoscopies helping to streamline the patient pathway; availability of web-based Picture Archiving and Communications System (PACS) across the three sites which has facilitated improved MDT discussion and treatment planning.

There were no immediate risks, but a serious concern was raised in relation to Stockport being designated as an operating site for complex urological surgery. Reviewers acknowledged that there is the necessary expertise and also facilities to undertake specialist work; however, there is still a need to discuss certain patients with the named SMDT / Supranetwork MDT. This concern was highlighted in the previous report, where interim arrangements were agreed until video-conferencing became available, however, little had changed, which is why the situation needed to be reviewed.

Subsequent correspondence confirmed that Stockport specialist urology issues are now resolved; there is Video link each week with the SMDT and all appropriate patients are being discussed appropriately.

Local Skin MDT

This team was in transition towards becoming a fully functioning local MDT and the Lead Clinician is committed to developing an IOG (Improving Outcomes Guidance) compliant service, but this was proving difficult without either a skin cancer CNS or clinical oncologist.

Good practice included the education programme that has a cancer master class for GPs.

There were no immediate risks or serious concerns.

Stockport PCT

There is a service provided by two GPs with Special Interest in dermatology, a Dermatology CNS and the MDT Lead Clinician who provide coordinated care for individual patients, but this arrangement could improve with enhanced communication with the Dermatology Department e.g. direct appointments with Dermatologists, links with the CNS and booking patients directly onto surgical lists.

Good practice included the one stop community service for patients presenting with low risk Basel Cell Carcinomas.

There were no immediate risks, but a serious concern was raised regarding a number of GPs who were undertaking skin cancer surgery outside IOG, which could potentially cause delays in providing appropriate treatment for these patients, particularly pigmented lesions, including malignant melanomas. There were plans to resolve the problem, but reviewers needed to be assured that action would be taken as a matter of urgency.

Breast and lung MDTs were subject to external verification following internal validation of self assessments
Breast RAG Rating - Green. This team has been selected for external peer review in the 2010/11 cycle.
Lung RAG Rating - Green.

IV Process

Panel members either attended national or local in-house training sessions.

The members were given access to portfolio's before the agreed validation day to gain knowledge of the MDT and its functions.

A panel Chair was appointed who led the review of each measure, gaining agreement from panel members if compliance was achieved and to facilitate discussion.

A check list was used to record compliance/outcomes.

The Guide to Key Questions for Local MDTs was used to inform report writing.

Full panel agreement and sign off on completed reports was achieved before they were submitted to the Chief Executive/Peer Review Zonal Teams.

4.9.1.2 Summary of Compliance for MDT Measures

Stockport MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2B-1	Breast MDT		Green	80%	Breast Report
08-2C-1	Lung MDT		Green	84%	Lung Report
08-2F-1	Local Upper GI MDT			74%	Local Upper GI Report
08-2G-1	Local Urology MDT	**71%**			Local Urology Report
08-2J-1	Local Skin MDT	**51%**			Local Skin Report

The above table indicates the percentage compliance of the MDTs within the Trust. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

Individual Reports may be accessed via the hyperlinks to the reports.

4.9.2 Summary of Compliance for Stockport Locality Measures

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-1D-1e	Gynae Locality Functions	**100%**			Gynae Locality Functions Report

This table applies to the six Gynaecological diagnostic services measures relevant to those localities which have agreed to provide diagnostic services in a hospital or hospitals in their locality. The table follows the same format as that for MDTs above.

4.10 Tameside Locality

4.10.1 TAMESIDE HOSPITAL NHS FOUNDATION TRUST

4.10.1.1 Trust Report

Contextual Information

Tameside Hospital NHS Foundation Trust is located at the Tameside General Hospital in Ashton-Under-Lyne. The organisation was formally authorised as a Foundation Trust on 1 February 2008. The Trust was formerly known as "Tameside and Glossop Acute Services NHS Trust". Situated at the foot of the Pennines, eight miles to the east of Manchester the Trust services a population of over 250,000. The population is concentrated in the largely industrialised areas of the eight townships of Tameside, which comprises Tameside Metropolitan Borough Council. However, Glossop, with its population of approximately 28,000 is part of Derbyshire High Peak Borough Council, which provides the challenges of a more rural community.

In 2007/08 the Healthcare Commission rated the Trust good for the quality of services and excellent for use of resources. The Trust fully met both the core standards and the existing national targets and was good on the new national targets.

During the 2009/10 cycle the following teams were externally peer reviewed as follows.
Diagnostic Gynaecology Team
Local Skin MDT (Multidisciplinary Team)
PCT Skin

Breast and Lung MDTs were subject to external verification following internal validation of self assessments
The Local UGI MDT was internally validated only, pending the outcome of the Network wide external review.

Trust Executive Summary

Key points from each of the teams reviewed are highlighted below and include just some of the many examples of good practice commended by reviewers.

Diagnostic Gynaecology Team

The elements required for a properly constituted and functioning diagnostic service are partly in place but require some minor amendments in order to safeguard services for patients. From the evidence provided, the Lead Clinician is present at 39% of SMDT (Specialist Multidisciplinary Team) meetings which suggests that the job plan needs amending.

Good practice included material available for partially sighted patients and for patients from different ethnic origins being ordered in advance of appointments and the ability of the CNS (Clinical Nurse Specialist) to follow some patients throughout their pathway from the diagnostic unit to the treatment centre was commended.

There were no immediate risks or serious concerns.

Local Skin MDT

This is a very proactive and cohesive team with excellent leadership that has enabled effective links to form between the Dermatologist, CNS, Surgeon and Pathologist. The Team works hard to be compliant with timed cancer target pathways and there is strong consultant engagement with the peer review process, including the wish to be 100% compliant with the measures. Reviewers were impressed with the evidence presented and noted that the MDT is held in high esteem by the Trust.

Good practice included the strong links between team members that enhance continuity/consistency of care, excellent patient information, and the system to alert GPs when skin cancers are excised/biopsied and inviting them into MDT meetings to connect with the diagnostic processes and engage with MDT discussion.

There were no immediate risks or serious concerns.

Tameside and Glossop PCT

A model 1 community skin cancer service was declared, but leadership arrangements for coordinating the establishment of such a service were unclear, therefore links between the PCT and MDT were not sufficiently

developed. Reviewers suggested that the PCT need to revisit the IOG (Improving Outcomes Guidance) requirements relating to training/accreditation of GPs with Special Interest and governance arrangements.

Good practice included the willingness to develop a safe quality service and engage with Cancer Peer Review.

There were no immediate risks or serious concerns.

Breast and lung MDTs were subject to external verification following internal validation of self assessments.
Breast RAG Rating - Green
Lung RAG Rating - Green

IV Process

A face-to-face meeting took place on the 26th August between representatives of the MDT and the Tameside and Glossop IV panel which consisted of the Trust's Cancer Management Team, PCT representative and a service user representative.

Following the IV a summary report was produced which highlighted areas the panel felt could/should be addresses prior to the formal submission of this report on the 30th September.
Actions taken were reviewed by the trust's Cancer Management Team prior to submission.

A robust internal validation process.

4.10.1.2 Summary of Compliance for MDT Measures

Tameside & Glossop Acute MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2B-1	Breast MDT		Green	86%	Breast Report
08-2C-1	Lung MDT		Green	74%	Lung Report
08-2F-1	Local Upper GI MDT			63%	Local Upper GI Report
08-2J-1	Local Skin MDT	**73%**			Local Skin Report

The above table indicates the percentage compliance of the MDTs within the Trust. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

Individual Reports may be accessed via the hyperlinks to the reports.

4.10.2 Summary of Compliance for Tameside Locality Measures

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-1D-1e	Gynae Locality Functions	**67%**			Gynae Locality Functions Report

This table applies to the six Gynaecological diagnostic services measures relevant to those localities which have agreed to provide diagnostic services in a hospital or hospitals in their locality. The table follows the same format as that for MDTs above.

4.11 Trafford Locality

4.11.1 TRAFFORD HEALTHCARE NHS TRUST

4.11.1.1 Trust Report

Contextual Information

The Trust was established in 1994 and has just under 2,000 staff, supported by over 200 volunteers, in the hospitals and within the community. Services include general surgery and medicine, maternity, children's services, cardiology, orthopaedics, audiology, elderly care, dermatology',respiratory and sexual health. Ear, nose and throat and urology services are provided in partnership with University Hospital of South Manchester NHS Foundation Trust.

Services are provided at Trafford General, Altrincham General and Stretford Memorial Hospitals and in the community. There is an accident and emergency department at Trafford General Hospital and a minor injuries unit at Altrincham General Hospital. The Trafford General Hospital site is host to the Greater Manchester Surgical Centre, the Intermediary Neuro-Rehabilitation Unit of Manchester and Manchester Children's NHS Trust, the Critical Care Skills Institute, the Trafford Macmillan Care Centre and a number of facilities managed by Greater Manchester West Mental Health NHS Foundation Trust. Stretford Memorial Hospital is host to Trafford Combined Care Centre and a carers' centre.

In 2007/08 the Healthcare Commission rated the Trust good for the quality of services and weak for use of resources. The Trust almost met the core standards and fully met the existing national targets and was good on the new national targets.

During the 2009/10 cycle the following teams were externally peer reviewed as follows.
Diagnostic Gynaecology Team
PCT Skin

The Lung MDT (Multidisciplinary Team) was subject to external verification following internal validation of self assessments.

There are no Breast services in the Trust.

Trust Executive Summary

Key points from the two teams reviewed are highlighted below and include examples of good practice commended by reviewers.

Diagnostic Gynaecology Team
This is an enthusiastic team,committed to patient centred care and reviewers were pleased that the Trust had recently appointed a Gynae CNS (Clinical Nurse Specialist), who will be a valuable asset to the diagnostic service.

Good practice included the localised patient information, which is excellent, and a catalogue of available literature which is offered to patients.

There were no immediate risks or serious concerns identified.

Trafford PCT
The PCT declared that there are no plans for a skin cancer service in the community. All suspected and known skin cancer patients will be referred into secondary care.

The Lung MDT was subject to external verification following internal validation of self assessment.
Lung RAG Rating - Green

IV Process

The internal validation panel comprised:
Lead Cancer Clinician (Chair), Acting Head of Legal Services and Clinical Governance, Cancer Manager, Trafford PCT, Patient Representative.

The panel reviewed the operational policy, annual report and the work programme for the MDT. A written evidence file was also submitted for review.

A well represented review panel.

4.11.1.2 Summary of Compliance for MDT Measures

Trafford MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2C-1	Lung MDT		Green	74%	Lung Report

The above table indicates the percentage compliance of the MDTs within the Trust. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

Individual Reports may be accessed via the hyperlinks to the reports.

4.11.2 Summary of Compliance for Trafford Locality Measures

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-1D-1e	Gynae Locality Functions	83%			Gynae Locality Functions Report

This table applies to the six Gynaecological diagnostic services measures relevant to those localities which have agreed to provide diagnostic services in a hospital or hospitals in their locality. The table follows the same format as that for MDTs above.

4.12 Wigan Locality

4.12.1 WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST

4.12.1.1 Trust Report

Contextual Information

Wrightington, Wigan & Leigh NHS Foundation Trust is a major acute trust serving a catchment population of 300,000. Operating across four hospital sites, a modern outpatients centre as well as working from offices at Bryan House and Buckingham Row in Wigan town centre, the trust has 758 inpatient beds and invests around £190 million each year in a broad range of general and specialist acute services.

In 2007/08 the Healthcare Commission rated the Trust good for both the quality of services and for use of resources. The Trust fully met the core standards and almost met the existing national targets and was good on the new national targets.

During the 2009/10 cycle the following teams were externally peer reviewed as follows.
Diagnostic Gynaecology Team
Local Urology MDT (Multidisciplinary Team)
Local Skin MDT
PCT Skin

Breast and Lung MDTs were subject to external verification following internal validation of self assessments
The Local UGI MDT was internally validated only, pending the outcome of the Network wide external review.

Trust Executive Summary

Key points from each of the teams reviewed are highlighted below and include just some of the many examples of good practice commended by reviewers.

Diagnostic Gynaecology Team
This is a cohesive team with strong leadership that is committed to the principles of a diagnostic service. Members demonstrated effective relationships with the specialist team that help to enhance continuity of care for patients with gynaecological cancer.

Good practice included the Lead Clinician's secretary attends the clinic and where possible produces the letters to be handed directly to the patient following consultation. There are also plans to e-mail a copy to the GP.

There were no immediate risks or serious concerns.

Local Urology MDT
This is a cohesive team that, since the previous peer review, has made positive steps in responding to IOG (Improving Outcomes Guidance) requirements. The MDT now meets weekly with named core and deputy members for surgery, radiology, pathology and nursing. However there is still no core oncology member of the team which influences the nature of MDT discussion regarding possible treatment options.

Good practice included double reporting by the pathologists and good working relationships between the radiologists and pathologists of the specialist team.

There were no immediate risks, but a serious concern was raised regarding high risk bladder cancers that are first spotted at the diagnostic cystoscopy. Patients should, according to the network guidance, then be referred to the specialist team where a decision is made as to who will manage them. In Wigan, it is unclear whether patients undergo a second, presumably definitive, resection before being referred to the specialist team. Clarification was therefore sought and reassurance given that the issue had been resolved.

Local Skin MDT
This is a well led team that has achieved progress in establishing MDT working, based on excellent relationships between dermatology and plastic surgery. The MDT is striving to achieve full engagement of core team members through the use of video conferencing, which has recently been established.

Good practice included rapid biopsy clinic for plastics, to help speed diagnosis and management of care and the Prosser White Dermatology Centre at Leigh was commended for providing integrated support for patients and carers in familiar surroundings.

There were no immediate risks or serious concerns.

Ashton, Leigh and Wigan PCT

No community skin cancer services were declared. However, the primary care referral guidelines and community skin cancer services configuration need to be agreed by the Chair of the Network Board.

Breast and Lung MDTs were subject to external verification following internal validation of self assessments.

Breast RAG Rating- Amber, due to a serious concern that there was no clinical oncologist listed as a core team member. This team will be externally reviewed in the 2010/11 cycle.

Lung RAG - Amber, due to difference in EV and IV scores. This team will be also be externally reviewed in the 2010/11 cycle.

IV Process

The Zonal Team is unable to comment on the process as details were not included in the internal verification report.

4.12.1.2 Summary of Compliance for MDT Measures

Wrightington, Wigan And Leigh MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2B-1	Breast MDT		Amber	78%	Breast Report
08-2C-1	Lung MDT		Amber	84%	Lung Report
08-2F-1	Local Upper GI MDT			66%	Local Upper GI Report
08-2G-1	Local Urology MDT	58%			Local Urology Report
08-2J-1	Local Skin MDT	47%			Local Skin Report

The above table indicates the percentage compliance of the MDTs within the Trust. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

Individual Reports may be accessed via the hyperlinks to the reports.

4.12.2 Summary of Compliance for Wigan Locality Measures

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-1D-1e	Gynae Locality Functions	100%			Gynae Locality Functions Report

This table applies to the six Gynaecological diagnostic services measures relevant to those localities which have agreed to provide diagnostic services in a hospital or hospitals in their locality. The table follows the same format as that for MDTs above.

Section 5 - PCT REPORTS

5.1 Summary of Compliance for PCTs

NB. It should be noted that the NICE Improving outcomes for people with Skin tumours was updated in May 2010 in relation to the management of low-risk basal cell carcinomas in the community. The Peer Review measures will be revised to reflect these changes. Therefore, the compliance shown in this report does not reflect the current position, but is the position against the previous version of the NICE guidance. The commentary of the report does however show the extent to which community skin cancer services have been established but the compliance cannot be confirmed.

PCT	Peer Review	Link to Report
Ashton, Leigh And Wigan PCT	0%	Ashton, Leigh And Wigan PCT Report
Bolton PCT	0%	Bolton PCT Report
Bury PCT	0%	Bury PCT Report
Central And Eastern Cheshire PCT	0%	Central And Eastern Cheshire PCT Report
Heywood, Middleton And Rochdale PCT	0%	Heywood, Middleton And Rochdale PCT Report
Manchester PCT	0%	Manchester PCT Report
Oldham PCT	0%	Oldham PCT Report
Salford PCT	0%	Salford PCT Report
Stockport PCT	60%	Stockport PCT Report
Tameside And Glossop PCT	0%	Tameside And Glossop PCT Report
Trafford PCT	0%	Trafford PCT Report

The table above indicates the percentage compliance related to the provision of community skin cancer services for all PCTs within the Network. The PCT may relate to more than one Trust and therefore the Reports for the PCTs are all contained within this section, but may also be cross referenced within the Skin Reports for individual Trusts. All relevant PCT community skin cancer services will have been subject to Peer Review.

Individual Reports may be accessed via the hyperlinks to the reports.

Section 6 - Glossary

GLOSSARY	
Acute	Description of any intense sensation such as pain or the description of a disease with rapid onset, severe symptoms and short duration.
Acute Hospital	Provides surgery, investigations, operations, serious and other treatments in a hospital setting.
Adjuvant Therapy	Therapy (usually chemotherapy) given after all visible tumour has been removed, usually by surgery or radiotherapy. Used to improve cure rates and reduce recurrence.
AHP	Allied Health Professional.
ARSAC	Administration of Radioactive Substances Advisory Committee (license use of radioactive materials).
BASO	British Association of Surgical Oncologists (includes breast surgeons).
BCS	Breast Conserving Surgery.
Benign	Tumour that is not malignant. Also used of a condition or disorder that does not produce harmful effects.
Biopsy	Removal of small sample of tissue to aid diagnosis. Biopsied tissue is usually prepared for microscopic examination.
Brachytherapy	Treatment which involves placing a source of radiation directly within the tumour and employs radioactive plaques, needles, tubes, wires, or small "seeds" made of radionuclides. These radioactive materials are placed over the surface of the tumour or implanted within the tumour, or placed within a body cavity surrounded by the tumour.
Breast cancer	Cancer of the breast tissue, the commonest malignant disease in women.
Bronchial cancer	Cancer of the lung. Cigarette smoking is responsible for most cases of bronchial carcinoma.
Cancer	Abnormal and unregulated proliferation of cells that result in invasion and destruction of surrounding healthy tissue. Cancer cells arise from normal cells whose nature has been permanently changed. Cancer cells are spread by blood and lymphatics to other parts of the body to form metastases.
Cancer Network	Cancer Networks were organisations originally created in response to the NHS Cancer Plan. They have a remit to drive change and improve cancer services for the population in specific areas.
Cancer Registries	Collect information on what cancers occur, how advanced they are and where they are diagnosed The availability of information may be variable at different cancer registries, depending on local practices and the completeness of the reporting of staging information by clinicians.
Carcinoma	Any cancer that arises from epithelial tissue.
Care Pathway	A description of the journey taken (or intended to be taken) through a clinical service.
Care Quality Commission (CQC)	National body authorised by parliament to regulate healthcare in both public and private sectors. The NHS Cancer Peer Review Programme works in partnership with the CQC.

GLOSSARY	
CEO	Chief Executive Officer (CEO), also Chief Executive (CE).
Chemotherapy	Chemotherapy is the use of anti-cancer (cytotoxic) drugs to destroy cancer cells. They are usually given by IV infusion (slowly injected into a vein), but can be given orally (in pill form).
Chronic	Describing a disease of long duration, usually with slow progression.
Clinical audit	The continuous evaluation and measurement by health professionals of the extent to which they are meeting standards that have been set for their service.
Clinical Governance	Process by which an organisation ensures its clinical care is of high quality and is both safe and effective.
Clinical network	A group of services which work together across organisational boundaries to provide better patient care.
CNS	Clinical Nurse Specialist – a nurse with specialist training and experience in a particular area of cancer.
Colorectal Cancer	Cancer of the colon and/or rectum.
CPA	Clinical Pathology Accreditation run by Royal College of Pathologists.
CT Scanner	Computerised tomography scanner which uses x-rays to generate detailed cross sections of internal body structures.
Cytotoxic Drug	Drugs that destroy cells and are used to treat cancer. Also affect normal rapidly dividing cells such as hair follicles and lining of gut.
Digital Mammography	Digital Mammography is the digital capture of mammographic images, providing greater resolution and clarity than conventional mammography.
EQA	External Quality Assurance (EQA) scheme to promote high quality histological reporting.
EV	External Verification is a check of selected internally validated self assessments led by the zonal cancer peer review coordinating teams, in order to confirm that the Internal Validation (IV) was performed effectively. This check takes the form of a desktop exercise.
ERP	Enhanced Recovery Programme; a programme of pre- and post- operative care designed to improve patient outcomes and speed up a patient's recovery after surgery.
FNA	Fine Needle Aspiration.
Gynaecological Cancer	Cancer relating to the ovaries, cervix, vulva, endometrium and associated structures.
HDU	High Dependency Unit, usually for very sick patients. It forms an intermediate stage between an intensive care unit and a ward.
HER2	Human Epidermal growth factor Receptor 2 (HER2) is a protein found on the surface of certain cancer cells. Some breast cancers have a lot more HER2 receptors than others. In this case, the tumour is described as being HER2-positive.
Hospice	Institution specialising in care of patients with advanced cancer.
HPB	Hepato-Pancreato-Biliary.

GLOSSARY	
Immediate Risk	An Immediate Risk is an issue that is likely to result in harm to the patient or staff or have a direct impact on patient outcome and requires immediate action.
Immuno-compromised	Condition where the immune system is inhibited, either due to disease or the administration of immuno-suppressive drugs. Some drugs, e.g. most chemotherapeutic agents, have immuno-suppression as a side effect.
Intrathecal Chemotherapy	Chemotherapy administered via spinal injection. Subject to enhanced clinical governance arrangements due to historical problems.
IOG	Improving Outcome Guidance – guidance drawn from an evidence base to indicate how services should be organised to improve clinical outcomes.
ITU	Intensive Therapy Unit.
IV	Internal Validation (IV) is the process by which the Trust or Network uses its own governance processes to assure the accuracy of its self assessment of compliance against the National Cancer Peer Review measures.
Linac	Colloquial name for a Linear accelerator - major capital equipment used to generate radiation used in external beam radiotherapy.
LIT	Local Implementation Team.
Locality	Sub unit of organisation of a cancer network. Usually consists of an NHS (Hospital) Trust and the Primary Care Trusts within that trusts patient catchment area, although other arrangements are possible.
LUCADA	National Lung Cancer Data Audit Project.
Lymphoedema	Swelling due to abnormal accumulation of lymph where lymph vessels are blocked, damaged or removed.
Malignant	Tumour that is invasive and destroys the tissue in which it originates.
Mammography	X-ray procedure for examining the breast. Used diagnostically and as a screening procedure to detect breast cancer.
MDT	Multi-disciplinary Team.
MDTM	Multi-disciplinary Team Meeting.
Minimum Data Set	A standard set of data items, concepts and definitions to enable the production of national and nationally comparable information. These data items will meet the needs of clinical audit, assist in the generation of National Performance Indicators and will allow outcome assessment.
Morbidity rates	Information relating to disease, expressed as a rate (for example number of cases per 1M population).
Mortality rates	The number of deaths in a given period and for a given size of population.
Mohs Surgery	Mohs surgery is microscopically controlled surgery used to treat common types of skin cancer. It is a precise surgical technique that is used to remove all parts of cancerous skin tumours, while preserving as much healthy tissue as possible.
MRI Scanner	Magnetic Resonance Imaging Scanner – also known as MR scanner. An imaging technique with particular value in certain clinical presentations.
NCAG	National Chemotherapy Advisory Group.

GLOSSARY	
NCEPOD	National Confidential Enquiry into Peri Operative Death – A long running national audit of surgical practice and organisation designed to reduce preventable mortality.
NCIN	National Cancer Intelligence Network.
NCRN	National Cancer Research Network.
Neutropenia	Decrease in the number of neutrophils (a white blood cell). This occurs following chemotherapy.
NICE	National Institute for Health and Clinical Excellence.
NMC	Nursing and Midwifery Council (Regulatory body for registered nurses and midwives).
NSSG	Network Site Specific Group. A sub group of a cancer network which co-ordinates the care delivered across the network for a given tumour site (e.g. breast).
NRAG	National Radiotherapy Advisory Group.
OG	Oesophago-gastric.
Oncology	Study and practice of treating cancer. Can be divided into medical, surgical and radiation oncology.
PACS	Picture Archiving and Communications System – Computer system used to store and share digital radiographic images across a local or wide area network.
PALS	Patient Advice and Liaison Service.
Palliative	Medication, treatment or care that gives temporary relief of symptoms but does not cure disease.
PCT	A Primary Care Trust (PCT) is a local organisation that commissions services from Hospital Trusts, local authorities and other agencies that provide health and social care locally in order to meet the health needs of the local community.
PET	Scanner Positron Emission Tomography – a relatively new scanning technique that is particularly useful in certain clinical presentations.
PFI	Private Finance Initiative – a method for procuring new services, building or equipment that involves the private sector providing the required capital and the leasing the facility back to the NHS over a substantial period e.g. 25 years.
PPI	Patient and Public Involvement.
Radiotherapy	Treatment of disease using radiation to inhibit the disease process, especially the destruction of tumours. Radiation may come from an external beam focused on the tumour or small quantities of radioactive material may be inserted directly into the tumour.
RAG	A rating system that uses the colours of traffic lights; Red, Amber, Green.
RPLND	Retro-peritoneal lymph node dissection.
Serious Concern	A Serious Concern is an issue that, whilst not presenting an immediate risk to patient or staff safety, could seriously compromise the quality or outcome of patient care and requires urgent action to resolve.
SIF	Service Improvement Facilitator.
SIL	Service Improvement Lead, part of the core membership of a cancer network.
SHA	Strategic Health Authority.

GLOSSARY	
SHO	Senior House Officer.
SLA	Service Level Agreement.
SMDT	Specialist Multi-Disciplinary Team.
SNB/SLNB	Sentinel Node Biopsy/Sentinel Lymph Node Biopsy.
SpR	Specialist Registrar.
Supranetwork	Specialised services for rarer cancers provided by a group of networks from whom the multi-disciplinary expertise is drawn.
TRUS	Trans Rectal Ultrasound – an imaging technique of value in urology.
Tumour	Abnormal swelling or lump. A tumour may be malignant (when it is cancer) or benign.
Upper GI	Upper Gastro-Intestinal.
Workforce Development Confederation	Local bodies charged with the following responsibilities.Increasing workforce numbers (particularly consultants and GPs) to meet NHS Plan workforce and service delivery targets.Implementing national policies and local activity to make the NHS a model employer.Modernising processes and roles and the development of skill mix to increase productivity and capacity.Modernising learning and personal development.
WTE	Whole Time Equivalent.
ZAG	Zonal Advisory Group.

Cancer Peer Review Report
Greater Manchester & Cheshire Cancer Network

North Zone Peer Review Team

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