Intelligence

National Cancer Action Team
Part of the National Cancer Programme

NHS

National Cancer Peer Review Programme

Evidence Guide for: Gynaecology Local MDT

Foreword

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

Agreement

Where agreement to guidelines, policies etc is required this should be stated clearly on the cover of the relevant evidence document including date and version. Similarly, evidence of guidelines, policies etc requires written evidence unless otherwise specified. The agreement by a person representing a group or team (chair or lead, etc) implies that their agreement is not personal, but that they are representing the consensus opinion of that group.

Confirmation of Compliance

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

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

Clinical Lines of Enquiry

1. Rationale

In 2008 the SHAs review of the National Cancer Peer Review (NCPR) programme concluded that there should be a stronger focus on clinical issues in order to make the reviews clinically relevant and to sustain the continued support and involvement of clinical staff. It was therefore decided to introduce clinical lines of enquiry into the review process in order to facilitate this focus.

The introduction of these lines of enquiry is also important in order to align Peer Review with further developments since the publication of the measures, for example the increase in the range of possible diagnostic and treatment interventions; subsequent guidance issued by NICE; to support the overall aims of Improving Outcomes: A Strategy for Cancer and keep in step with the commissioning function of cancer services.

2. Clinical Indicators

Discussions with the Site Specific Clinical Reference Group (SSCRG) Chair, members of the SSCRG, National Cancer Intelligence Network (NCIN) and NCPR have resulted in the development of indicators relating to the following areas:

- Surgical caseload relating to ovarian cancer
- Ovarian Cancer MDT Management
- Gynaecological Oncology Pathology
- Gynaecological Oncology Staging
- Surgical enhanced recovery
- Use of Clinical Nurse Specialists
- Survival Data

Full details are available on the Clinical Lines of Enquiry Briefing Sheet.

3. Data

Information relating to the above will be completed by NHS Trusts through existing monitoring systems, with national data provided where available and relevant to discussions by Trent Cancer Registry and the National Cancer Statistical Analysis Team (NATCANSAT).

4. Clinical Lines of Enquiry

A briefing sheet on the relevance of these headline indicators will be available both to the Zonal National Cancer Peer Review teams and to MDTs and NSSGs. This will structure the discussions on the data on a Peer Review visit which will take place at the time of the formal review against the Manual for Cancer Services and also acts as a guide for those teams completing self-assessment reports.

As part of self-assessment, MDTs and NSSGs should include a commentary on the clinical indicators in their Annual Report, and in the self assessment report under the Key Theme 'Clinical outcomes/indicators'. A commentary on the clinical lines of enquiry will also be included in the Peer Review reports.

Where national data is available this will be provided to both the review teams and the service being reviewed to enable discussion against the clinical indicators. If local data is required to enable discussion against the clinical indicators this may be uploaded, where relevant, as an appendix in the Key Evidence Document section ('Clinical outcomes/indicators') on the Cancer Quality Improvement Network System www.cquins.nhs.uk (CQuINS).

Key themes for a Local Gynaecology MDT

Introduction

With reference to the guidance on Key Themes, when completing a report, please provide comments including details of strengths, areas for development and overall effectiveness of the team. Any specific issues of concern or good practice should also be noted. It is important to demonstrate any measurable change in performance compared to previous assessments.

Local Gynaecology MDT Key Themes:

1. Structure and function of the service

Comment in relation to leadership, membership, attendance and meeting arrangements, MDT and surgical workload. In addition, any measures within the operational policies section regarding patients which are reviewed by the MDT, percentage of time MDT core members devote to this cancer type, training requirements of MDT members and responsibilities of nurse MDT members also help demonstrate this. MDT workload data and surgical activity is also important here.

Teams should specifically comment with regard to the following questions:

- Are all the key core members in place?
- Does the MDT have a clinical nurse specialist?
- What is the compliance with waiting time standards?
- How many patients by equality characteristic (race, age and gender) were diagnosed / treated in the previous year?

2. Coordination of care/ patient pathways

Comment on coordination and patient centred pathways of care, network guidelines and communication. For example, any measures relating to agreement of network guidelines and patient pathways, recording of treatment planning decisions, key worker and principal clinician policies and communication with GPs.

3. Patient experience

Comment on information on and achievement of improvements to service delivery, patient experience and gaining feedback on patients' experience, communication with and information for patients and other patient support initiatives.

It may include information associated with enhanced recovery programmes, communication with and information for patients and other patient support initiatives and service improvement initiatives such as process mapping and capacity and demand analysis.

Information from the National Cancer Patient Experience Survey should be included here. It is important to demonstrate any measurable change in performance regarding these parameters, compared to previous assessments. This section of the report requires specific answers to:

- What are the national patient experience survey results?
- What are the local patient experience exercise feedback results?

4. Clinical outcomes/ indicators

Where available, the data from the clinical indicators should be used. You should comment separately on each indicator. It is important to demonstrate any measurable change in performance regarding these parameters, compared to previous assessments.

Comment on any relevant measures including any relating to data collection, relevant network audits and research activity.

This section of the report requires specific answers to:

- What are the major resection rates?
- What are the mortality rates within 30 days of treatment?
- What is your recruitment to trials?
- Outcomes of any key audit projects?

Further information on clinical lines of enquiry is shown overleaf.

MDT Operational Policy - Agreement Cover Sheet

The Operational Policy has been agreed by:

Position: MDT Lead Clinician (on behalf of MDT members)

Name:

Organisation:

Date Agreed:

Position: Trust Lead Clinician for MDT Leadership (11-2E-101e)

Name:

Organisation:

Date Agreed:

The MDT Operational Policy Agreed on:

Date Agreed:

Operational Policy Review Date:

MDT Evidence Guide - Gynaecology Local MDT Operational Policy

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Introduction		Confirm locality which MDT is part of and Population Served.	Declare cancer types team deals with. Attach team's patient pathway.
Purpose of MDT		Describe the aims & objectives of the MDT	MDTs objectives may include - implementation of IOG, working to agreed NSSG guidance, undertaking service improvement, participating in audit, including agreed NSSG audits.
Leadership Arrangements & Responsibilities	11-2E-101	State name of MDT clinical lead and detail agreed responsibilities of clinical lead.	
Membership Arrangements	11-2E-101	State names and professional roles of each core team member	State the name of individual responsible for integrating recruitment of patients into clinical trials and person responsible for Patient / Carer issues
	11-2E-106	State the cover arrangements for each core member	
	11-2E-117	State names and professional roles of each extended team member	
	11-2E-114 11-2E-115	Details of core nurse members specialist study (completed or enrolled on). Detail the agreed responsibilities for core nurse members	
	11-2E-102	Details of level 2 psychological support provision.	
Diagnostic Services	11-2E-113	Provide confirmation that core histopathological members are taking part in a general histopathology EQA that includes gynaecological pathology.	

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
The MDT Meeting	11-2E-105	Confirm frequency, time and duration of MDT meetings and arrangements for recording attendance. Detail policy for dealing with patients that require a treatment decision before next scheduled meeting.	Please refer to Annual report for full compliance – where a summary of attendance should be given. Outline requirements for attendance (e.g. in person, via video link)
	11-2E-109	Detail policy whereby it is intended that all new cancer patients will be reviewed by the MDT.	Useful to also include details of which patients are routinely discussed at MDT, how list for discussion is compiled and arrangements for identifying pts suitable for clinical trials.
	11-2E-120	Include details of the system used for recording MDT decisions and for circulating these. Attach an example record of a meeting	
	11-2E-111	Outline 'key worker' policy	For full compliance refer to Annual report for summary of patient notes audit of this policy.
	11-2E-110	Outline policy whereby after a patient is given a diagnosis of cancer, the patient's general practitioner (GP) is informed of the diagnosis by the end of the following working day.	Details of the audit of this (required by measure 08-2E-109) to be included on annual report
Data Collection	11-2E-127	State agreement to the NSSG minimum dataset. Attach/link to the NSSG MDS	
Patient and Carer Feedback & Involvement	11-2E-118	Outline arrangements for patients to be offered permanent record of consultations.	
	11-2E-119	Details of the type of information offered to patients.	

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Treatment (including palliative care)	11-2E-121 11-2E-122 11-2E-123 11-2E-124 11-2E-125 11-2E-126	State agreement to Network Clinical Guidelines (attach the full Network guidelines)	
	11-2E-112	Policy on low risk endometrial patients.	
Agreements		Include the date that this policy was agreed by the MDT / confirm agreement by all core team members and Trust's Lead Cancer Clinician.	

MDT Work Programme - Agreement Cover Sheet

This Work Programme has been agreed by:

Position: MDT Lead Clinician (on behalf of MDT members)

Name:

Organisation:

Date Agreed:

Position: Trust Lead Clinician for MDT Leadership (11-2E-101e)

Name:

Organisation:

Date Agreed:

The MDT Work Programme Agreed on:

Date Agreed:

Work Programme Review Date:

MDT Evidence Guide - Gynaecology Local MDT Work Programme

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Each area of the work-programme should include dates for implementation and a named lead.			
Service Improvement & Development		Outline the MDTs agreed service improvement action plan.	Include details of how the team is planning to address any weaknesses in service delivery and/or the constitution & function of the MDT. It is important that the service improvement aspects of this work programme are aligned with the relevant national and local service improvement priorities.
Patient and Carer Feedback & Involvement			Include details of planned work regarding learning from and acting on patient feedback.
Audit			Include details of the MDTs audit programme / outstanding actions from previous audits. Include details of planned actions in relation to any relevant national audit programmes.
Research	11-2E-129	Outline of any agreed actions arising from MDT's recruitment results.	
Actions from Previous Peer Review Assessments			Include any agreed actions arising from previous peer review, external verification or validation of self-assessment.
Agreements		Confirm date when work-programme was agreed by MDT.	

MDT Annual Report - Agreement Cover Sheet

This Annual Report has been agreed by:

Position: MDT Lead Clinician (on behalf of MDT members)

Name:

Organisation:

Date Agreed:

Position: Trust Lead Clinician for MDT Leadership (11-2E-101e)

Name:

Organisation:

Date Agreed:

The MDT Annual Report Agreed on:

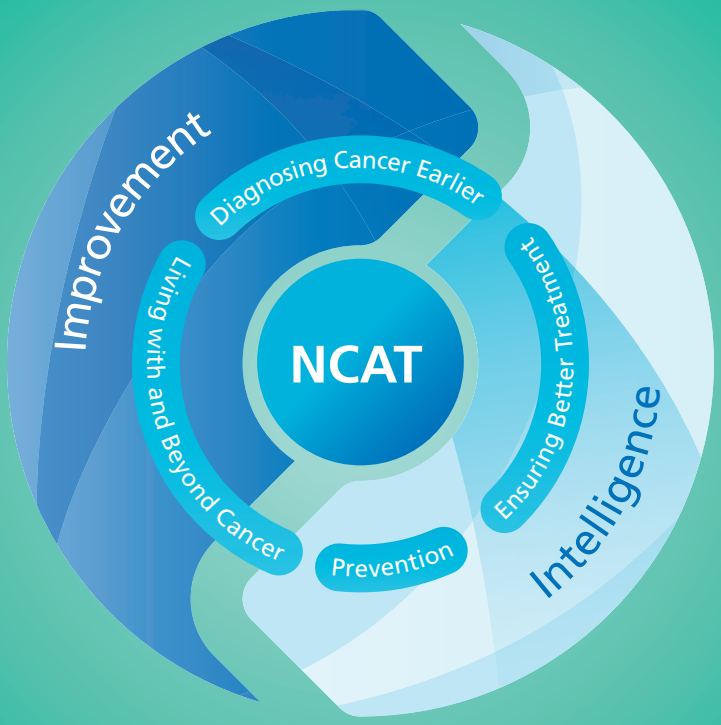
Date Agreed:

Annual Report Review Date:

MDT Evidence Guide - Gynaecology Local MDT Annual Report

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Introduction			Define period report relates to (i.e. state year covered) Include short narrative giving summary assessment of the teams achievement s and challenges faced over the previous year.
Workload of MDT / Cases Discussed			Include details of the number of new cases discussed by the MDT over the previous year. Include details of the number of patients treated (over previous year) by treatment type. Include surgical workload by named surgeon.
Team Attendance at Network NSSG Meetings	11-2E-104	Include details of the team's attendance over (at least) the last years NSSG meetings.	
MDT Meeting Attendance	11-2E-105 11-2E-107	Include a breakdown of attendance by named member and by specialism for MDT meetings over the previous year.	
Meetings to discuss Operational Policies	11-2E-108	Include details of meetings of the MDT over the previous year, used to discuss, review, agree and record at least some operational policies.	
Training	11-2E-116	Advanced communication skills training	This measure is applicable only to those disciplines which have direct clinical contact and which are named in the MDT structure measures for core membership.
	11-2E-103	Provide details of clinical supervision provision for level 2 psychology support staff.	

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Network IOG Action Plan			Include summary (if relevant) of implementation of changes to service delivery in line with agreed Network IOG Plans.
Data Collection	11-2E-127	Report on completeness of data of agreed NSSG minimum dataset	
National/Local Audits	11-2E-128	Include details of the audit projects the MDT had participated in over the previous year, indicating which ones are agreed NSSG audits. Give date when results of NSSG Audit where presented by this MDT to the NSSG (if this has happened).	Include update on team's participation in any established national audit programme. Report on data completeness and specified clinical outcomes. It is useful to also provide summary details of the outcomes of completed audit projects, and what changes to service delivery have taken place as a result.
Audit of timeliness of diagnosis notification to GPs.	11-2E-110	Include the results of the audit of the operational policy whereby after a patient is given a diagnosis of cancer, the patient's GP is informed of the diagnosis by the end of the following working day.	
Patient and Carer Feedback & Involvement	11-2E-118		Include details of the work that this MDT has undertaken to gain feedback from its patients. Include details of the outcome of this work and what changes have taken place to service delivery as a result.
Research	11-2E-129	Include details of recruitment into each of the agreed NSSG clinical trials and remedial actions agreed with NSSG arising from the MDT's recruitment results.	
Agreement		Confirm date when MDT agreed this report	



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