Intelligence

National Cancer Action Team
Part of the National Cancer Programme

NHS

National Cancer Peer Review Programme

Evidence Guide for: Gynaecology NSSG

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

Confirmation of Compliance

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

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

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 Gynaecology NSSG

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 NSSG. 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.

Gynaecology NSSG Key Themes:

1. Structure and function of the service

Comment in relation to membership, terms of reference, generic NSSG functions, and where relevant, the relationship of MDTs, NSSGs and supranetwork teams. In addition comment on progress towards implementing IOG recommendations and network configuration issues.

2. Coordination of care/ patient pathways

Comment on coordination and patient centred pathways of care, network guidelines and communication. This includes considering pathways of shared care between these MDTs and other parts of the network infrastructure, such as children's, TYA and late effects MDTs, MDTs of other site specialties, specialist palliative care MDTs and 'cross cutting' groups. There may be information from related initiatives not covered by the measures.

There should also be comments on the range of performance of the MDTs within the Network (with special focus on outliers).

3. Patient experience

Comment on the commitment of the NSSG to gain feedback on patient experience. In addition, comment on the achievement of improvements to service delivery and overall patient experience. Consider information associated with enhanced recovery programmes, other patient support initiatives and service improvement initiatives such as process mapping and capacity and demand analysis, communication with and information for patients.

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

Comment on the range of performance of the MDTs – 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. There should be special focus on outliers in the network and the relative performance of the MDTs and the network in relation to the national range.

Include results of network audit projects. In addition this section also includes NSSG measures on clinical research, and the report should comment on the range of performances of the MDTs (with special focus on outliers), on this issue.

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.

NSSG Constitution Agreement Cover Sheet

The constitution has been agreed by:

Position: Chair of the NSSG

Name:

Organisation:

Date Agreed:

Position: Chair of the Network Board

Name:

Organisation:

Date Agreed:

Position: Representative of PCTs in the Network for Primary Care Referral Policy and Guidelines (11-1A-202e, 11-1C-107e)

Name:

Organisation:

Date Agreed:

Position: Network Configuration of Teams and Diagnostic Services (11-1A-203e, 11-1A-210e)

Name:

Organisation:

Date Agreed:

Position: Lead Clinicians of the MDTs for onward referral guidelines from diagnostic services (11-1C-108e)

Name:

Organisation:

Date Agreed:

NSSG members agreed the constitution on:

Constitution Review Date:

NSSG Evidence Guide - Gynaecology NSSG - Constitution

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Agreements/ Cover Sheet		Include date that terms of reference were agreed. Confirm agreement by Chair of Network Board, NSSG Chair(s), PCT Rep, Specialist Commissioner and Lead Cancer Clinician	Include date for review of terms of reference.
Terms of Reference			
Membership of Group	11-1A-201e	State names and professional role of each NSSG member. Include details of agreed mechanism for obtaining user advice if there are not two user representatives. State name of member with responsibility for recruitment to clinical trials. There should be named administrative support to the group.	Useful to include details of group's required Quorum. Annual Report should include details of meeting frequency and actual attendance. Include details of agreed mechanism for obtaining user advice if there are not two user representatives.
Role / Function of Group	11-1A-202e	State role and function of the NSSG (see measure 08-1A-202e for full detail).	For guidance on the role and function of NSSGs see section 2.2 of the appendix to the 2004 Manual for Cancer Services. Useful to include details of the group's role in influencing commissioning decisions across the network and how this will be achieved.
Scope of Service			
Network Configuration	11-1A-203e	Include IOG implementation summary and detail the current configuration of designated diagnostic, local and specialist MDTs across the network. This should also include referral patterns and catchment population.	Outline any changes to configuration that have taken place over the previous year.
Data Collection	11-1C-103e 11-1C-104e	Include responsibility for agreeing a network wide minimum dataset. Attach the NSSG MDS	For guidance on the role and function of NSSGs see section 2.2 of the appendix to the 2004 Manual for Cancer Services. Useful to include details of the group's role in influencing commissioning decisions across the network and how this will be achieved.

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Service Developments	11-1C-209e	Include details of proposals for service development for the cancer site.	Useful to also include details of how you ensure strong links between the development of the SDP and the work of the individual MDTs.
Clinical and Referral Guidelines			
	11-1A-204e 11-1A-205e 11-1A-206e 11-1A-207e 11-1A-208e 11-1A-209e 11-1A-210e 11-1C-110e 11-1C-111e	Include responsibility for agreeing Network Clinical and Referral Guidelines that are kept up to date and reflect current practice. Attach or provide an electronic link to the latest versions of all agreed NSSG Clinical Guidelines	

NSSG Work Programme Agreement Cover Sheet

This Work Programme has been agreed by:

Position: Chair of the NSSG

Date Agreed:

Position: Chair of the Network Board

Date Agreed:

Position: Research Clinical Lead for remedial actions for research (11-1C-108e)

Name:

Organisation:

Date Agreed:

NSSG members agreed the Work Programme on:

Date Agreed:

Work Programme Review Date:

NSSG Evidence Guide - Gynaecology NSSG 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.			
Research	11-1C-105e	Include details of any NSSG planned work relating to trial recruitment.	Remedial action to increase recruitment
Patient and Carer Feedback & Involvement			Include details of planned work regarding learning from and acting on patient's experience.
Actions from Previous Peer Review Assessments			Include any agreed actions arising from previous peer review, external verification or validation of self-assessment.

Include details of any planned NSSG service improvement work / implementation of service improvement.

Include any aspects of planned work in response to national quality issues.

NSSG Annual Report Agreement Cover Sheet

This Annual Report has been agreed by:

Position: Chair of the NSSG

Name:

Organisation:

Date Agreed:

Position: Chair of the Network Board

Name:

Organisation:

Date Agreed:

Position: Research Clinical Lead (11-1C-108e)

Name:

Organisation:

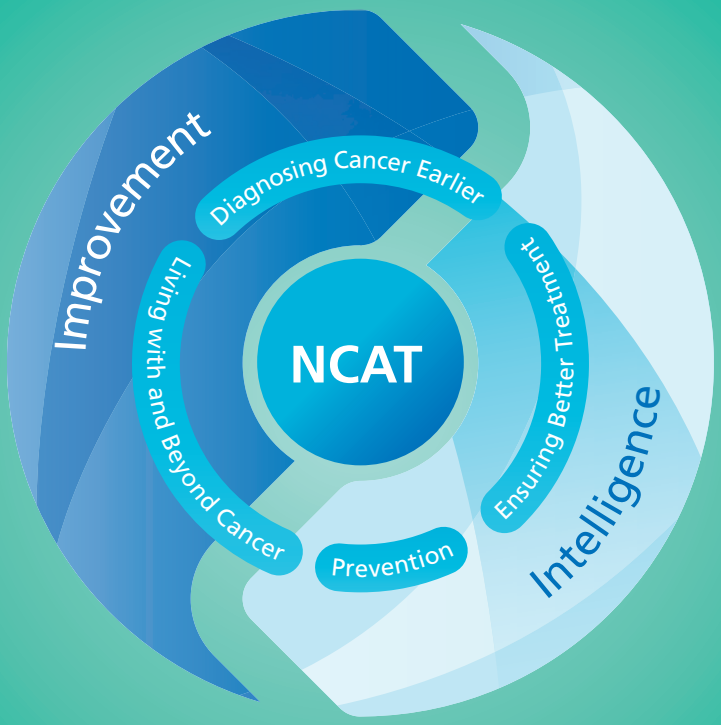
Date Agreed:

Annual Report Review Date:

NSSG Evidence Guide - Gynaecology NSSG 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 a summary assessment of the group's achievements and challenges faced over the previous year. The group's annual report should show details of which guidelines have been developed over the previous year.
NSSG Meetings Schedule / Attendance	11-1C-101e	Give attendance summaries for the meetings that have taken place over the previous year.	This summary should clearly demonstrate attendance by each of the MDTs within the network.
Annual Review	11-1C-102e	Confirm the date that the Chair's annual review took place (if it has) and who conducted the review.	
Activity Overview / Waiting Times			Provide activity of new cancers diagnosed and treatment given across the network by MDTs. Include summary of performance of each MDT against National Cancer Waiting Time targets.
Network Audit	11-1C-104e	Include details of the network audit projects that have been running over the previous year, with details of NSSG meetings dates where projects have been reviewed or if completed discussed.	It is useful to also provide summary details of the outcomes of completed audit projects, and what changes to service delivery across the network have taken place as a result.

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Research	11-1C-105e	Include details of the network agreed clinical trials for this tumour group. A summary of each MDTs recruitment levels into each clinical trial for the previous year should be given.	
Patient and Carer Feedback & Involvement			Include a summary of work that has taken place, through the NSSG, to learn from the experience of patients (specific to this tumour group). Include details of the outcome of this work and what changes to service delivery are taking place as a result.
Agreements	11-1C-102e	Include date that the annual report was agreed. Confirm agreement by Chair of Network Board and NSSG Chair (include date of meetings where this agreement was obtained).	



NHS

All rights reserved © Crown Copyright 2010