Intelligence

National Cancer Action Team
Part of the National Cancer Programme

NHS

National Cancer Peer Review Programme

Evidence Guide for: Network Acute Oncology Group

Foreword

This evidence guide has been formulated to assist Networks and their constituent teams in preparing 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 key themes. 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 and further advice can be found in the NCPR Handbook 2011.

Key themes for Networks

Introduction

With reference to the guidance on Key Themes in the evidence guides, 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 in the following sections. It is important to demonstrate any measurable change in performance compared to previous assessments.

Network Acute Oncology Group Key Themes:

1. Structure and function of the service

Comment in relation to membership, terms of reference and generic NAOG functions, configuration and, where relevant, the relationship of AOTs, NAOGs and specialist teams. In addition comment on progress towards implementing any IOG recommendations on network configuration issues.

2. Coordination of care/ patient pathways

Comment on coordination and patient centred pathways of care, network guidelines, protocols and communication. Including pathways between Trusts and specialist centres.

3. Patient experience

Comment on patient experience and gaining feedback on patients' experience, communication with and information for patients and other patient support initiatives. Teams should comment specifically with regard to:

- Describe lessons learnt from the national patient experience survey results.
- Comment where local surveys are at a variance from national survey results.

4. Clinical outcomes/ indicators

Comment on the audits undertaken in line with the measures. Where national clinical indicators have not yet been agreed comment on the top five clinical priority issues identified by the AOTs. Include comments on clinical research and the range of performances of the AOTs.

Network Acute Oncology Group Evidence Guide - Agreement Cover Sheet

This Constitution has been agreed by:

Position: Chair of the network board

Name:

Organisation:

Date Agreed:

Position: Chair of the NAOG

Name:

Organisation:

Date Agreed:

Position: Trust cancer lead clinicians (11-1A-301y)

Name:

Organisation:

Date Agreed:

Position: Trust managers (11-1E-111y/112y/113y)

Name:

Organisation:

Date Agreed:

Position: Trust AOT leads (11-1E-111y/112y/113y)

Name:

Organisation:

Date Agreed:

Position: Network lead for MSCC (11-1A-304y/11-1E-108y)

Name:

Organisation:

Date Agreed:

Constitution review date:

Network Acute Oncology Group (NAOG) Evidence Guide Constitution

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Introduction			Describe context, patient population covered both in terms of geographical dispersion, numbers and ease of travel. Attach the patient pathways showing referral pathways.
Configuration	11-1A-301y	Outline the current service provided across the Network showing the categorisation of each Trust's AO service. List which Trusts are designated to treat MSCC. List the named chemotherapy and pharmacy services. Include any pathways that cross network boundaries.	
	11 1A-303y	State the range of treatments available and where these should be offered.	
	11-1A-302y	Review the provision of chemotherapy, oncology pharmacy and acute oncology services across the Network.	
Leadership arrangements & responsibilities	11-1A-304y	State name of NAOG chair.	
Membership arrangements and NAOG meetings	11-1A-304y	State names and professional roles of each core team member. Show the agreed lists of responsibilities for the network leads for acute oncology and MSCC. Detail agreed terms of reference of the group.	Please refer to annual report for full compliance where a summary of meetings should be given.
	11-1E-101y	Confirm frequency, time and duration of NAOG meetings and arrangements for recording attendance.	

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Guidelines	11-1E-104y	Produce guidelines covering how patients are referred into the service from all disciplines with contact details with particular attention in avoiding negative guidelines. In particular the signs and symptoms of MSCC are to be included as well as all points in the measure. Show how the guidelines are distributed to NHS Direct.	
Patient information	11-1E-105y	Include a list of the documentation that has been agreed by the Network on the early detection of MSCC.	
Training	11-1E-106y	These measures are about induction training in how all staff access the components of the acute oncology service and not about training to manage the specific clinical problems associated with acute oncology. Detail the training that is agreed.	
	11-1E-107y	Detail the professional qualifications and training required by the MSCC coordinators participating in the MSCC hospital co-ordinating rota. Show the current list of staff and how this is maintained as up to date.	Please refer to annual report for full compliance where a summary of training should be given.
MSCC group	11-1E-108y	This measure only applies if the Network has a separate MSCC group. If so then need to name the chair and show that they are a member of the NAOG. Show the agreed terms of reference for the group.	

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
MSCC senior clinical advisor service	11-1E-109y	The NAOG needs to have a service specification in place for the MSCC senior clinical advisor service showing : that it is available 24 hours a day, 7 days a week for advice to secondary care clinicians and MSCC co-ordinators; • that each senior clinical advisor should be able to view the patient's imaging during the discussions; • how it is either provided as a network service with one contact number or divided up into local services and having contact numbers; • the service may be offered across more than one network if all the relevant NAOGs agree; • there should be a rota made up of consultants (known as the senior clinical advisors for MSCC) from the three disciplines: (i), spinal surgery, (of orthopaedic or neurosurgical disciplines), (ii), clinical oncologists who treat MSCC, (iii), radiology. The rota should be such that, at any one time, at least one of each discipline is on call for giving advice; • contacting the service should enable the caller to initiate a discussion of the case in question between at least a spinal surgeon from the rota, a clinical oncologist from the rota (and a radiologist from the rota, if this is deemed necessary). Need to include an example of the rota.	
MSCC case discussion policy	11-1E-110y	Need to have a policy describing how all cases of MSCC are discussed by network MSCC senior clinical advisors prior to definitive treatment.	

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Consultant oncologist telephone on call service	11-1E-103y	Describe the specification for the service and how the oncologists at the Trust contribute to the network agreed telephone on call service. If there is no contribution from particular trusts then this needs to be stated.	
Agreements		Include the date that this policy was agreed by the AOT. Confirm agreement by all core team members, Trust's lead cancer clinician and other parties as necessary.	

Appendices

1. Patient pathway
2. Terms of reference
3. All protocols for fast tracking patients (or electronic link to these)

Network Acute Oncology Group (NAOG) Evidence Guide - Agreement Cover Sheet

This Work Programme has been agreed by:

Position: NAOG chair

Name:

Organisation:

Date Agreed:

NAOG members agreed work programme on:

Network Acute Oncology Group (NAOG) Evidence Guide
NAOG 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 review, implementation and a named lead. It should principally include things that need working on. Any areas identified as deficient in the measures should be considered for inclusion in the NAOG's work programme.			
Service Improvement & Development		Outline the NAOG's 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 NAOG. 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 NAOGs audit programme / outstanding actions from previous audits. Include details of planned actions in relation to any relevant national audit programmes.
Research	11-2B-130	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 NAOG.	

Network Acute Oncology Group (NAOG) Evidence Guide - Agreement Cover Sheet

This Annual Report has been agreed by:

Position: NAOG chair

Name:

Organisation:

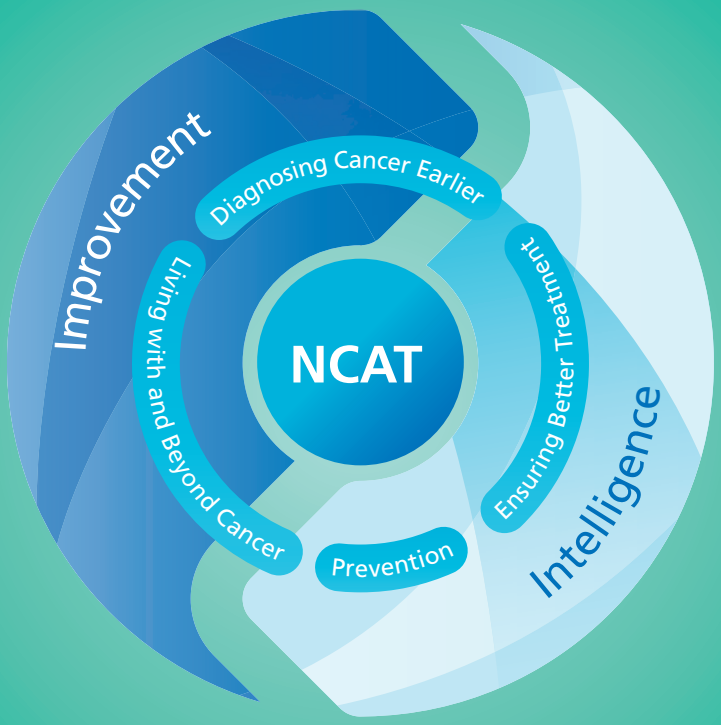
Date Agreed:

NAOG members agreed annual report on:

Network Acute Oncology Group (NAOG) Evidence Guide
NAOG Annual Report

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
The Annual Report needs to reflect things that have changed in the previous year, not re-affirm what has already occurred.			
Introductions			Define period the 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.
NAOG meeting attendance	11-1E-101y	Include a breakdown of attendance by named member and by "specialism" for NAOG meetings over the previous year so that representation from all trusts can be demonstrated. Include an extract of minutes from the meetings. Include future meeting dates.	
NAOG chair review	11-1E-102y	Show that such a review took place and that the NAOG chair has agreed the annual report and work programme with the Chair of the Network Board.	
Review of Acute Oncology and related Services	11-1A-302y	Confirm the review of services and include the implementation programme for achieving the intended network configuration.	

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Audit	11-1E-111y 11-1E-112y 11-1E-113y	Show how the trusts are participating in the three key audits for the MSCC service on: • timeliness of investigation of MSCC; • timeliness of definitive treatment of MSCC; • outcome of definitive treatment of MSCC. Need to show trust participation, discussion of the results of the audits and action plans to improve the issues raised by the audits.	
Patient and Carer Feedback & Involvement			If there has been any patient related feedback assessed, describe this here.
Agreements		Confirm date when NAOG agreed this report.	



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