Intelligence

National Cancer Action Team
Part of the National Cancer Programme

NHS

National Cancer Peer Review Programme

Evidence Guide for: POSCU 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 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 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.

Key themes for a POSCU 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 MDT. 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.

POSCU MDT Key Themes:

1. Structure and function of the service

Comment in relation to leadership, membership, attendance and meeting arrangements, MDT and 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.

This section of the report requires specific answers to:

- 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. There should be special focus on the relative performance of the MDT in relation to the national range

As the national clinical indicators for children's cancer are still being developed, please comment on the top five clinical priority issues identified by the PTC, POSCUs and MDTs in the network and comment on the performance regarding these.

This section of the report requires specific answers to:

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

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

MDT Operational Policy - Agreement Cover Sheet

The Operational Policy has been agreed by:

Position: POSCU MDT Lead Clinician

Name:

Organisation:

Date Agreed:

Position: Host Trust Lead Clinician for MDT Leadership (11-7C-401)

Name:

Organisation:

Date Agreed:

Position: PTC Lead Clinician (11-7C-401)

Name:

Organisation:

Date Agreed:

The MDT Operational Policy Agreed on:

Date Agreed:

Operational Policy Review Date:

MDT Evidence Guide - POSCU MDT Operational Policy

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Introduction		Confirm PTC which MDT is part of and population served.	Attach team's patient pathway and detail the level of the POSCU.
Purpose of MDT		Describe the aims & objectives of the MDT.	MDTs objectives may include - implementation of IOG, working to agreed CCNCG guidance, undertaking service improvement, participating in audit, including agreed CCNCG audits.
Leadership Arrangements & responsibilities	11-7C-401	State name of MDT clinical lead and detail agreed responsibilities of clinical lead.	
Membership Arrangements	11-7C-401	State names and professional roles of each core team member.	State the name of individual responsible for patient/carer issues.
	11-7C-403	State the cover arrangements for each core member.	
	11-7C-409 11-7C-410	Details of core nurse members' specialist study. Detail the agreed responsibilities for core nurse members.	
Referral	11-7C-414	State agreement to CCNCG agreed initial referral protocol (attach or link to the full network protocol).	
Diagnostic Services	11-7C-415	State agreement to CCNCG agreed diagnosis and staging protocol (attach or link to the full network protocol).	
Psychosocial Assessment	11-7C-418	State agreement to CCNCG agreed guidelines (attach or link to the full network guidelines).	

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
The MDT Meeting	11-7C-402	Confirm level of POSCU, frequency, time and duration of MDT meetings and arrangements for recording attendance.	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).
	11-7C-406	Detail policy whereby it specifies which situations in the patient pathway should require a review by the POSCU MDT.	Useful to also include details of which patients are routinely discussed at MDT, how list for discussion is compiled and arrangements for identifying patients suitable for clinical trials.
	11-7C-413	Include details of the system used for recording MDT reviews of a patient's treatment plan and for circulating these. Attach an example record of a meeting.	
	11-7C-407	Outline key worker policy.	For full compliance refer to annual report for summary of patient notes audit of this policy.
Data Collection	11-7C-419	State agreement to the children's cancer minimum dataset (attach/link to the children's cancer MDS).	
Patient Information	11-7C-412	Details of the type of information offered to patients.	This should include as a minimum information on: • information specific to that MDT about local provision of the services offering the treatment for children with cancer; • information about patient involvement groups and patient self-help groups; • information about the services (including palliative care) offering psychological, social and spiritual/cultural support, if available; • information specific to children's cancer about the diseases and their treatment options (including names and functions/roles of the team members treating them).

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Treatment	11-7C-416	State agreement to CCNCG agreed guidelines (attach or link to the full network guidelines).	
Follow up	11-7C-420	State agreement to CCNCG follow up and long term sequelae protocol (attach or link to the full network protocol).	Describe MDT role as specified in the follow up and long term sequelae protocol.
Agreements		Include the date that this policy was agreed by the MDT. Confirm agreement by all core team members and Trust lead cancer clinician.	

MDT Work Programme - Agreement Cover Sheet

This Work Programme has been agreed by:

Position: POSCU MDT Lead Clinician

Name:

Organisation:

Date Agreed:

The MDT Work Programme Agreed on:

Date Agreed:

Work Programme Review Date:

MDT Evidence Guide - POSCU 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	11-7C-411	Include details of planned work regarding learning from and acting on patient feedback.	
Audit			Include details of the MDT's audit programme/outstanding actions from previous audits. Include details of planned actions in relation to any relevant national audit programme.
Actions from Previous Peer Review Assessments			Include any agreed actions arising from previous peer review, external verification or validation of self-assessment. Note: This will not be applicable in the first year following publication of the measures.
Agreements		Confirm date when work programme was agreed by MDT.	

MDT Annual Report - Agreement Cover Sheet

This Annual Report has been agreed by:

Position: POSCU MDT Lead Clinician

Name:

Organisation:

Date Agreed:

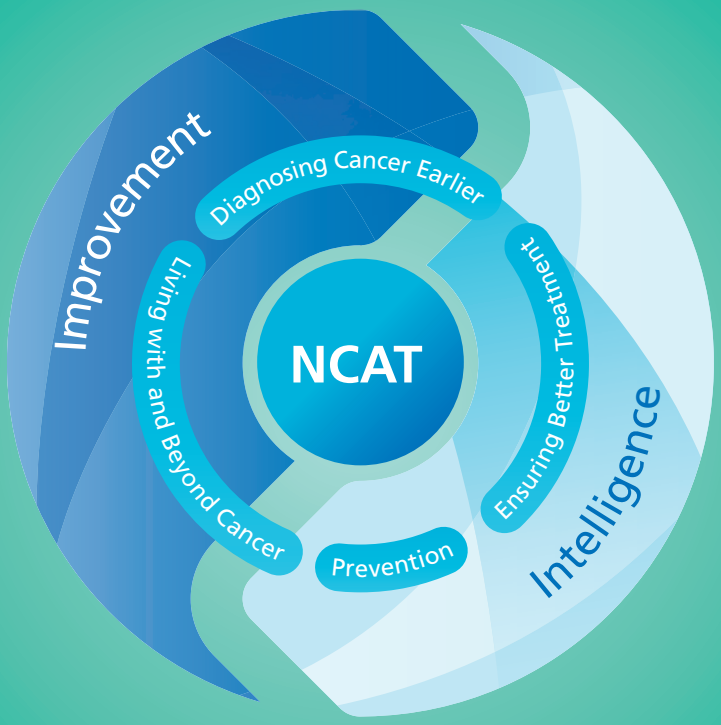
The MDT Annual Report Agreed on:

Date Agreed:

Annual Report Review Date:

MDT Evidence Guide - POSCU 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 a summary assessment of the team's achievements 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.
MDT Meeting Attendance	11-7C-403 11-7C-404	Include a breakdown of attendance by named member and by specialism for MDT meetings over the previous year.	
Meetings to discuss Operational Policies	11-7C-405	Include details of meetings of the MDT over the previous year used to discuss, review, agree and record at least some operational policies.	
Training	09-7C-409	Include details of attendance at the Advanced Communication Skills training.	
IOG Action Plan			Include summary (if relevant) of implementation of changes to service delivery in line with the agreed SCG's children's cancer commissioning strategy.
Data Collection	11-7C-419	Report on completeness of data of agreed CCNCG MDS.	
National/Local Audit	11-7C-407	Include outcome of case note audit of key worker policy.	Include details of the audit projects the MDT had participated in over the previous year, indicating which ones are agreed CCNCG audits. Give date when results of CCNCG audit were presented by this MDT to the CCNCG (if this has happened).
Patient and Carer Feedback & Involvement	11-7C-411	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.	
Agreements		Confirm date when annual report was agreed by MDT.	



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