

National Cancer Peer Review Programme
Evidence Guide for:
Urology Supranetwork Testicular 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 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.

Key themes for a Supranetwork Testicular 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.

Supranetwork Testicular 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

This Operational Policy has been agreed by:

Position: MDT Lead Clinician

Name:

Organisation:

Date Agreed:

Position: Trust Lead Clinician for MDT Leadership (11-2G-301)

Name:

Organisation:

Date Agreed:

MDT members agreed Operational Policy on:

Date Agreed:

Operational Policy Review Date:

MDT Evidence Guide - Urology Supranetwork Testicular 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.	Attach team's patient pathway.
Purpose of MDT		Description of purpose / objectives of MDT	Include commitment to IOG compliance, working to agreed NSSG guidance, undertaking service improvement, participating in audit, including agreed NSSG audits.
Leadership Arrangements & responsibilities	11-2G-301	State Name of clinical lead and detail agreed responsibilities of clinical lead.	
Membership Arrangements	11-2G-301	State names and professional roles of each core team member.	Include the member responsible for recruiting to clinical trials, member responsible for Patient/Carer issues
	11-2G-302	Details of level 2 psychological support provision.	
	11-2G-305	State the name of the Consultant Surgeon responsible for resection of post chemotherapy residual masses.	The individual should either be a core member of the testicular cancer team or a member of the extended team for testicular cancer.
	11-2G-307	State the cover arrangements for each core member	
	11-2G-320	State names and profession of each extended team member	
	11-2G-317	Detail of core nurses specialist study. (Completed or enrolled on)	
	11-2G-318	Detail the agreed list of responsibilities for core nurse members of MDT.	

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
The MDT Meeting	11-2G-306	Confirm the frequency, time and duration of MDT meetings and arrangements for recording attendance.	Please refer to the Annual Report for full compliance, where a summary of attendance should be given. Outline requirements for attendance (e.g. in person, via video link)
	11-2G-310	Include policy for dealing with patients that require a treatment decision before next scheduled meeting. Include operational policy that all new cancer patients should be reviewed by an MDT.	
	11-2G-324	Include details of the system used for recording MDT decisions and for circulating these. Attach an example record of a meeting.	
	11-2G-313	Outline policy for allocation of 'key worker'	The offering of this resource should be identified within the patient notes.
	11-2G-312	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 to be included in Annual Report.
Data Collection	11-2G-328	State agreement to the NSSG minimum dataset. Attach or link to the NSSG MDS	
Patient and Carer Feedback & Involvement	11-2G-321	Arrangements for patients to be offered permanent record of consultation	
	11-2G-323	Details of the type of information offered to patients. The offering of this information should be identified within the patient notes.	This should include as a minimum information on: - local provision of services - self help groups - psychological, social and spiritual/cultural support available - specific disease information and treatment options - sperm storage facilities for testicular cancer patients

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Treatment (including palliative care)	11-2G-325 11-2G-326 11-2G-327 11-2G-314	State agreement to the network clinical, referral and follow-up guidelines (attach or link to the full Network Guidelines)	
	11-2G-315	Identify hospital site where operations for residual masses post chemotherapy are carried out	
	11-2G-316	Outline policy that patients should be offered the option of sperm storage prior to treatment	
Agreements		Include the date that this policy was agreed by the MDT and Trust Lead Cancer Clinician.	

MDT Work Programme - Agreement Cover Sheet

This Work Programme has been agreed by:

Position: MDT Lead Clinician

Name:

Organisation:

Date Agreed:

The MDT members agreed Work Programme on:

Date Agreed:

Work Programme Review Date:

MDT Evidence Guide - Urology Supranetwork Testicular 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			<p>Include details of how the team is planning to address any weaknesses in service delivery and/or the constitution and function of the MDT.</p> <p>It is important that the service improvement aspects of this work programme are aligned with the relevant national and local service improvement priorities.</p>
Patient and Carer Feedback and Involvement			<p>Include details of planned work regarding learning from and acting on patient feedback.</p>
Audit			<p>Include details of the MDTs audit programme / outstanding actions from previous audits.</p> <p>Include details of planned actions in relation to any relevant national audit programmes.</p>
Research	11-2G-330	Outline of any agreed actions arising from MDTs recruitment results	
Actions from Previous Peer Review Assessments			<p>Include any agreed actions arising from previous peer review assessments.</p>
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

Name:

Organisation:

Date Agreed:

The MDT members agreed Annual Report on:

Date Agreed:

Annual Report Review Date:

MDT Evidence Guide - Urology Supranetwork Testicular MDT Annual Report

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Introductions			<p>Define period report relates to (i.e. state year covered)</p> <p>Include short narrative giving summary assessment of the team's achievements and challenges faced over the previous year.</p>
Workload of MDT / Cases Discussed	11-2G-331	Include details of the total number of patients referred with testicular cancer.	<p>It would be helpful to include details of the number of new cases discussed by the MDT over the previous year, although this is not a specific requirement.</p> <p>Include details of the number of patients treated (over the previous year) by treatment type.</p>
	11-2G-332	Include details of the total number of resections of post chemotherapy masses, and the number of procedures by individual surgeon.	
Team Attendance at Network NSSG Meetings	11-2G-304	Include details of the team's attendance over (at least) the last years NSSG meetings.	
MDT Meeting Attendance	11-2G-306 11-2G-308	Include a breakdown of attendance by named member and by "specialism" for MDT meetings over the previous year.	
Meetings to discuss Operational Policies	11-2G-309 11-2G-311	Include details of meetings of the MDT used to discuss, review, agree and record at least some operational policies.	
Training	11-2G-319	Advanced communication skills training	<p>Please note the measures differ for each team in terms of core team members who should have attended the training. Please provide detail of when training was undertaken for relevant team members. (regardless of year).</p>
	11-2G-303	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 Plan			Include summary (if relevant) of implementation of changes to service delivery in line with agreed network IOG plans.
Data Collection	11-2G-328	Report on completeness of data of agreed NSSG minimum dataset.	
National / Local Audit	11-2G-311 11-2G-329	As part of annual meeting with referring teams providing details of an audit of testicular cases undertaken from the previous year Include details of the audit projects the MDT has participated in over the previous year, indicating which ones are agreed NSSG audits. Give date when results of NSSG audit were 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 and appropriateness of referrals from GPs.	11-2G-312	Include the results of the audits of the timeliness of diagnosis notification and appropriateness of GP referrals.	
Patient & Carer Feedback and Involvement	11-2G-322	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	11-2G-330	Include details of recruitment into each of the agreed NSSG clinical trials and remedial actions agreed with NSSG arising from MDTs recruitment results.	
Agreement		Confirm date when MDT agreed this report.	

