Intelligence

National Cancer Action Team

Part of the National Cancer Programme

NHS

National Cancer Peer Review Programme

Manual for Cancer Services:

Brain and CNS Measures

Version 1.2

DH INFORMATION READER BOX

Policy	Estates
HR / Workforce	Commissioning
Management	IM & T
Planning /	Finance
Clinical	Social Care / Partnership Working

Document Purpose	Best Practice Guidance
Gateway Reference	16311
Title	Brain and CNS Measures
Author	National Cancer Peer Review-National Cancer Action Team
Publication Date	13 Jul 2011
Target Audience	PCT CEs, NHS Trust CEs, SHA CEs, Foundation Trust CEs , SHA Cancer Leads
Circulation List	Cancer Network Medical Directors, Cancer Network Directors, Cancer Network Lead Nurses, Cancer Action Team, DH Policy Officials, NHS Improvement N ational Managers, Royal Colleges' Members of the National Cancer Peer Review Steering Group, National Cancer Peer Review User Group, Voluntary Sector
Description	Following a three month consultation period, the final Brain and CNS Measures are now published for inclusion in the Manual for Cancer Services. The measures can also be found on the CQUINS website at www.cquins.nhs.net
C ross Ref	Manual for Cancer Services
Superseded Docs	
Action Required	N/A
Timing	N/A
Con tact Details	Zara Gross Project Assistant National Cancer Peer Review, National Cancer Action Team 18th F loor, P ortland House Bressenden Place London SW1E 5RS 2082826315
For Recipient's Use	

Contents

11-1A-2k - NETWORK BOARD MEASURES FOR BRAIN AND CNS

Measure Number	Measure
11-1A-201k	Brain and CNS Network Configuration
11-1A-202k	Establishment of the Neuro-oncology Disease Site Group(s) (Applicable only to networks hosting a neuroscience centre)
11-1A-203k	Brain and CNS Network Configuration (2)
11-1A-204k	Agreeing Arrangements for NDSG(s) (Applicable only to those networks without a neuroscience centre and not responsible for establishing any NDSG(s)).
11-1A-205k	Location of Multidisciplinary Specialist Clinics
11-1A-206k	Operational Policy for Neuro-rehabilitation Facilities

11-1C-1k - FUNCTIONS OF THE NEURO-ONCOLOGY DISEASE SITE GROUP

Measure Number	Measure
11-1C-101k	Meet Regularly and Record Attendance
11-1C-102k	Annual Review, Work Programme and Annual Report
11-1C-103k	Agreed NDSG Clinical Guidelines
11-1C-104k	Area Wide Minimum Dataset (MDS)
11-1C-105k	The Presentation Pathway
11-1C-106k	The Diagnostic Pathway
11-1C-107k	The Treatment Pathway
11-1C-108k	The Follow Up Pathway
11-1C-109k	Area Wide Communication Framework
11-1C-110k	Protocol for Emergency Surgical Interventions
11-1C-111k	Area Lead for Neuro-rehabilitation
11-1C-112k	Area Audit
11-1C-113k	Agreed NDSG Three Year Service Delivery Plan
11-1C-114k	Discussion of Clinical Trials
11-1C-115k	Chemotherapy Treatment Algorithms
11-1C-116k	The TYACN Pathway for Initial Management
11-1C-117k	The TYA Pathway for Follow Up on Completion of First Line Treatment

11-1D-1k - FUNCTIONS OF THE LOCALITY/TRUST GROUP

Measure Number	Measure
11-1D-101k	Trust Lead Clinician
11-1D-102k	MDT Membership of CNS Specialist Nurses
11-1D-103k	The Multidisciplinary Specialist Clinic
11-1D-104k	The Presentation Pathway
11-1D-105k	The Diagnostic Pathway
11-1D-106k	The Treatment Pathway
11-1D-107k	The Follow Up Pathway
11-1D-108k	The Communication Framework
11-1D-109k	The Emergency Surgical Intervention Protocol
11-1D-110k	Electronic Imaging Transfer
11-1D-111k	Neuro-rehabilitation Facilities

11-2K-1 - THE CANCER NETWORK MDT

Measure Number	Measure
11-2K-101	Lead Clinician and Core Team Membership
11-2K-102	Extended Team Membership
11-2K-103	MDT Attendance at NDSG Meetings
11-2K-104	Patient Management Meeting
11-2K-105	Cover Arrangements for Core Members
11-2K-106	Core Members Attendance
11-2K-107	Specialist Nurse Attendance at NSMDT Meetings
11-2K-108	Dual MDT Core Membership of CNMDT Oncologists
11-2K-109	Operational Policy Meeting
11-2K-110	Indications for Patient Discussion by the CNMDT
11-2K-111	Key Worker Policy
11-2K-112	Attendance at the National Advanced Communications Skills Training
11-2K-113	Specialist Training for Core Nurse Member
11-2K-114	List of Responsibilities for Core Nurse Members
11-2K-115	Patients' Permanent Consultation Record
11-2K-116	Patients' Experience Exercise
11-2K-117	Provision of Patient Written Information
11-2K-118	Patient Management Review
11-2K-119	Clinical Guidelines
11-2K-120	The Diagnostic Pathway

Measure Number	Measure
11-2K-121	The Treatment Pathway
11-2K-122	The Follow Up Pathway
11-2K-123	The Communication Framework
11-2K-124	Data Collection
11-2K-125	Agreed Participation in Area Audit
11-2K-126	Discussion of Clinical Trials

11-2K-2 - THE NEUROSCIENCE MDT

Measure Number	Measure
11-2K-201	Lead Clinician and Core Team Membership for a NSMDT Dealing with Brain and Other Rare CNS Tumours
11-2K-202	Lead Clinician and Core Team Membership for a NSMDT Dealing with Brain and Other Rare CNS Tumours which is being reviewed as a combined CN and NS MDT
11-2K-203	Lead Clinician and Core Team Membership for a NSMDT Dealing with Pituitary Tumours
11-2K-204	Lead Clinician and Core Team Membership for a NSMDT Dealing with Spinal Tumours
11-2K-205	Lead Clinician and Core Team Membership for a NSMDT Dealing with Skull Base Tumours
11-2K-206	Lead Clinician and Core Team Membership of NSMDTs Dealing with Combinations of Tumour Groups
11-2K-207	Extended Team Membership for a NSMDT Dealing with Brain and Other Rare CNS Tumours
11-2K-208	Extended Team Membership for an NSMDT Dealing with Brain and Other Rare CNS Tumours which is being reviewed as a Combined CN and NS MDT
11-2K-209	Extended Team Membership for an NSMDT Dealing with Pituitary Tumours
11-2K-210	Extended Team Membership for an NSMDT Dealing with Spinal Tumours
11-2K-211	Extended Team Membership for an NSMDT Dealing with Skull Base Tumours
11-2K-212	Extended Team Membership of NSMDTs Dealing with Combinations of Tumours
11-2K-213	MDT Attendance at NDSG Meetings
11-2K-214	Patient Management Planning Meeting
11-2K-215	Cover Arrangements for Core Members
11-2K-216	Core Members Attendance
11-2K-217	Operational Policy Meeting
11-2K-218	Policy for Patients to be Discussed by the MDT

Measure Number	Measure
11-2K-219	Informing the GP of the Diagnosis
11-2K-220	Key Worker Policy
11-2K-221	Attendance at the National Advanced Communications Skills Training
11-2K-222	Specialist Training for Core Nurse Members
11-2K-223	List of Responsibilities for Core Nurse Members
11-2K-224	Patients' Permanent Consultation Record
11-2K-225	Patients' Experience Exercise
11-2K-226	Provision of Patient Written Information
11-2K-227	Patient Management Planning Decision
11-2K-228	50% Specified Surgical Programmed Activities (Applicable to NSMDTs dealing with brain and other rare CNS tumours and/or spinal tumours)
11-2K-229	Specified Surgical Programmed Activities (Applicable to NSMDTs dealing with pituitary tumours and NSMDTs dealing with skull base tumours)
11-2K-230	Specialist Clinic Attendance by Core Oncologist MDT Members
11-2K-231	Specialist Clinic Attendance by Core Nurse MDT Members
11-2K-232	50% Specified Radiological Programmed Activities
11-2K-233	Clinical Guidelines
11-2K-234	The Diagnostic Pathway
11-2K-235	The Treatment Pathway
11-2K-236	The Follow Up Pathway
11-2K-237	Area Wide Communication Framework
11-2K-238	Data Collection
11-2K-239	Agreed Participation in Area Audit
11-2K-240	Discussion of Clinical Trials
11-2K-241	Joint Treatment Planning for TYAs

Introduction

1.1 Aim of the Manual for Cancer Services

The Manual for Cancer Services is an integral part of Improving Outcomes: A Strategy for Cancer and aligns with the aims of the Coalition Government: to deliver health outcomes that are among the best in the world. The Manual will support the National Cancer Peer Review quality assurance programme for cancer services and enable quality improvement both in terms of clinical and patient outcomes.

The National Cancer Peer Review Programme, which is led by the National Cancer Action Team and includes expert clinical and patient/carer representation, provides important information about the quality of clinical teams and a national benchmark of cancer services across the country.

National quality measures for cancer services were first published in 2001 and were updated in 2004, 2008. The range of measures has subsequently been extended to cover virtually all cancer-sites and cross cutting cancer services (e.g. chemotherapy, radiotherapy). It is intended that the National Cancer Intelligence Network (NCIN) clinical reference groups will review the measures within the manual for cancer services annually to ensure they are clinically relevant and it is intended that the measures will underpin the NICE Quality Standards relating to cancer.

An independent evaluation of the National Cancer Peer Review Programme demonstrated strong support for the programme to continue, subject to reducing the burden of peer review and putting greater emphasis on outputs and outcomes as and when data becomes available.

In response to this the number of measures has been reduced by over one third in 2008 and more recently by a further 10%. In addition "Clinical Lines of Enquiry" (CLE) have been introduced, based on outputs/outcomes to support the Manual for Cancer Services. The revised process for peer review will be implemented in April 2011 but the measures contained within this manual will remain an integral part of the review process.

Compliance with the manual has not been centrally imposed. Adherence to the measures in the manual for cancer service is not mandatory for the NHS but it is used by the National Cancer Peer Review Programme as part of the assessment of cancer services and to provide a ready specification for commissioning of cancer services within a given locality.

1.2 Background and Context

Substantial progress has been made in cancer in the last decade, particularly since the publication of the NHS Cancer Plan in 2000. However, major challenges remain and in January 2011 Improving Outcomes: A Strategy for Cancer was published.

The strategy sets out how the future direction for cancer will be aligned with Equity and Excellence: Liberating the NHS in addition to meeting its stated aim to saving an additional 5,000 lives every year by 2014/15, aiming to narrow the inequalities gap at the same time.

The strategy acknowledges the importance of comprehensive information about cancer services for individual members of the public, cancer patients and their carers, healthcare professionals and commissioners.

1.3 Measures within the National Cancer Peer Review Manual

The peer review is changing its emphasis to focus on both clinical and patient outcomes. In order to achieve this, 'Clinical Lines of Enquiry' have been introduced and it is intended these outcome indicators will form part of the measures along with a reduced number of structure and process measures.

The development of cancer measures is an ongoing process in order to:

- reflect new NICE Quality Standards and clinical guidelines and revisions to existing NICE guidance;
- allow greater influence by users of cancer services and their carers;
- allow greater influence by clinicians;
- take account of possible modifications to measures following peer review visits;
- ensure the scope of measures encompasses the broader implementation of the Improving Outcomes: A Strategy for Cancer;
- reflect new initiatives such as Iapco, information prescriptions.

The relationship between the NICE Improving Outcomes Guidance and Quality Standards and the Manual for Cancer Services is explained in more detail in appendix A.

1.4 Reviewing the Measures

The National Cancer Peer Review (NCPR) Programme aims to improve care for people with cancer and their families by:

- ensuring services are as safe as possible;
- improving the quality and effectiveness of care;
- improving the patient and carer experience;
- undertaking independent, fair reviews of services;
- providing development and learning for all involved;
- encouraging the dissemination of good practice.

The benefits of peer review have been found to include the following:

- provision of disease specific information across the country together with information about individual teams which has been externally validated;
- provision of a catalyst for change and service improvement;
- identification and resolution of immediate risks to patients and/or staff;
- engagement of a substantial number of front line clinicians in reviews;
- rapid sharing of learning between clinicians, as well as a better understanding of the key recommendations in the NICE guidance.

The NCPR programme has been keen to take the opportunity to reduce the burden on the NHS in line with the efficiency gains asked of all NHS organisations. The revised methodology will reduce the burden on the service without substantially impacting on the quality assurance process.

Appendix A

Interpretation of the National Manual for Cancer Services

1.1 Guidance Compared to Cancer Measures

The NICE Improving Outcomes Guidance is exactly what it says - guidance in general and indeed is excellent for this purpose. Guidance involves giving advice and recommendations on how things should be done now, in the future and sometimes on how things should have been done for sometime already. It may involve describing in effect the "perfect" service, using phrases like "the best possible", "to all patients at all times", etc. It may involve all-inclusive and far-ranging objectives and aspirations involving many agencies in long, interlinked chains of events and tasks which all have to be fulfilled before the desired outcome of the guidance is achieved. A particular person's accountability for each task is often not stated.

It may use influential and important ideas and models, which are however complex or not precisely definable, such as "network-wide patient care pathways" or "culturally-sensitive information". It always contains useful and necessary value judgements which use words like "sufficient", "appropriate", "robust" and "comprehensive", but it often has to leave unanswered the key question - what exactly is it which makes the issue under examination "sufficient", "appropriate", "robust" and "comprehensive" or not? It uses concepts which, although crucial, may not be measurable. It ranges widely from things which everybody gets right as a matter of course already through to principles which, if taken literally, nobody would comply with ever.

All these features, although they may sound unhelpful as described above, are present in all guidance documents and are part of the necessary and accepted style of guidance writing. Without this underlying type of mindset, guidance would not inspire, lead, motivate or guide and would probably be almost unreadable. The Manual for Cancer Services has to take a different approach. It is written for and only for the specific purpose of being used to assess a service against it, to aid self assessment and team development (a) by a peer review visit; (b) on a specific occasion; (c) a visit which has to be fair compared to visits to other services elsewhere and (d) to past and future visits to the same service. Therefore, the measures have to:

- be objective - with as little room as possible for arguments between assessors and assessed; and between different teams of assessors;
- be measurable - and at least capable of definitely being complied with or not;
- be specific - not addressing several issues at once or long, linked chains of tasks all being done by different agencies;
- be verifiable - by evidence produced for the visit; state who exactly is responsible for what - or nobody may take responsibility for anything;
- sometimes deal with the implications of the guidance - which may not have been explicitly stated but which are essential for anything to actually happen;
- be discriminating - it's no use spending time and money on assessing something which everybody gets right already;
- be achievable - it's no use committing everybody to permanent and automatic failure because of the way something is worded;
- be clear and unambiguous - the words will be taken to mean exactly what they appear to say, and therefore they have to say exactly what we mean and nothing else;
- pick out and address the most important issues - the peer review process is limited in its scope;
- be developmental - encourage continuous quality improvement and not produce destructive competition or a sense of failure;
- be sensibly and fairly related to previous measures - in order to be developmental - not just arbitrarily moving the goal posts.

All this results in the rather esoteric style of the manual. Please judge the measures on their merits in the light of the above and not in comparison to the guidance.

1.2 "The Responsibility for Assessment Purposes"

This refers to the fact that someone, or some group, is always held nominally responsible for compliance with each one of the quality measures. This has to be specified or, in terms of organising the peer review and collecting the results, it would be unclear who was being held as compliant or non-compliant or who the results could be attributed to. Where it is unclear who has responsibility there tends to be inertia. This attribution of responsibility does not necessarily commit a given person to actually carrying out a given task - this can be delegated according to local discretion, unless it is clear that a given task really is limited to ascertain group.

1.3 "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.

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

1.5 "Quality" Aspects of Cancer Service Delivery

Many of the measures expect that policies, procedures, job descriptions and other documents will be in place. In reviewing compliance with the measures (for instance measure met or not) during validation, verification and visits, reviewers will look only for the presence of such documents, unless aspects of the content are specified in the wording of the measure. Where some aspect of the content is specified then this will be taken into account in determining compliance. As part of the improvement of cancer services, reviewers may comment on the content of documents and agreements but this will not affect the determination of compliance.

Work is ongoing to enable us to subject more of the "quality" aspects of cancer service delivery to objective measures for future rounds of peer review.

Many reviewers have a legitimate and valuable contribution to make by way of comments on areas which are a matter of opinion rather than fact or authoritative and evidence based measures. This recognises the qualitative as well as quantitative approach to reviews. This contribution can be made by way of a textual report in addition to the objective recording of compliance against the measures. This report is separate from the review against the measures and is inevitably more subjective and open to debate. However, there are many ways in which it can add to the overall picture gained from the peer review.

1.6 Structure of the Measures

Each measure has a three part number, for example 11-1A- 201j.

- The first part indicates the year the measure was first issued, for example 11 is 2011.
- The second part relates to a particular topic see below, for example 1A.
- The third part is made up of a unique measure number in the topic and where relevant a suffix letter indicating a specific tumour and cross cutting services, for example 201j (see below).

Index of Suffix Letters

a - Generic to all tumour sites
b - Breast specific
c - Lung specific
d - Colorectal specific
e - Gynaecology specific
f - UGI specific
g - Urology specific
h - Haematology specific
i - Head and Neck specific
j - Skin specific
k - Brain and CNS specific
l - Sarcoma specific
r - Specialist Palliative Care specific
s - Chemotherapy specific
t - Radiotherapy specific
u - User Group specific
v - Rehabilitation specific
w - Complementary Therapy specific
x - Psychological Support specific
y - Acute Oncology
z - Teenage and Young Adults specific

Each network will be made up of several localities/trusts and several NSSGs / cross cutting groups, each with multiple MDTs and services. These MDTs and services will each need to demonstrate compliance with the relevant quality measures. A network overview will be developed by bringing together the findings relating to individual MDTs and services as well as those concerning network organisation and structures.

Manual for Cancer Services On-line

An on-line version of the Manual for Cancer Services has been developed. The on-line version allows individuals to identify and extract measures by tumour site, organisation type and subject area in a variety of formats.

The on-line manual can be accessed from the CQuINS web site at http://www.cquins.nhs.uk.

BRAIN AND CNS CANCER MEASURES

INTRODUCTION

The Patient Care Pathway and the Measures

The cancer peer review measures seek to set quality measures for reviewing the whole patient care pathway, with the emphasis on the role of hospital services. The optimal care pathway may require a patient to cross boundaries between health communities and pass through services, teams, hospitals and trusts. The route should be governed only by the patient's needs. Thus the whole network of provider services has to be subject to review, to cover the full potential pathway. Only a small number of measures (under the heading 'patient pathways'), deal with agreeing the inter-service routes which the pathways should actually take. This is only one small part of what is needed in writing measures to ensure high quality care. The 'stops' along the route, or pathway, are the structural components of the network of provider services. Measures are needed to establish what they should be made up of and measures to cover how they should function, through protocols and processes. Lastly, measures are needed for the setting up and functioning of a system which co-ordinates all this.
These elements constitute the cancer measures and they provide a model for delivering a patient care pathway which stands above the interests of individual teams, hospitals and trusts. This model supports only one 'vested' interest -- that of the patients themselves.

Nomenclature

The brain and CNS cancer measures are derived from the NICE Improving Outcomes Guidance on this group of cancers. The words 'cancer' and 'malignancy' have different connotations with reference to the CNS (if they are used at all here) than they have when referring to other parts of the body. These words imply the process of metastasis, including distant blood born metastasis. Primary CNS malignancy only very rarely metastasises outside the CNS. The growths can and often do cause disability and death, just from the confined expansion of the primary itself,(which can occur whether it is 'malignant' or 'benign' in the classic sense), by local infiltrative spread and, less commonly, spread through the meningeal cavities whether by implantation of cells via the CSF or other form of infiltration. Thus for the purpose of these measures, as an all-inclusive term for these diseases, the word 'tumour' will be used in the sense of a shortened version of the term 'neoplastic tumour'.

Scope of the Measures

The measures deal with a range of CNS tumours as follows:

- Primary tumours of the brain (including CNS lymphomas and teratomas), meninges and other sites in the CNS
- Cranial nerve and primary base of skull tumours
- Pituitary tumours
- Brain metastases from tumours at other primary sites in which an MDT decision is required on the suitability of surgical or other radical local treatment of the metastasis
- Nerve root tumours compressing the spinal cord

The following conditions are not covered by the brain and CNS measures, but if providers and commissioners agree to use some of the service structures set up according to these measures, for some of these conditions as well, this is a matter for local judgement provided they comply with any other relevant cancer measures. Tumours of the peripheral nerves, however, would normally come under the remit of the sarcoma MDT.

- Tumours of peripheral nerves
- Non-neoplastic tumours (swellings) e.g. arteriovenous malformations
- Brain metastases other than those specified above

When dealing with CNS lymphoma and skull base tumours, there are provisions in the measures for services to clarify the local arrangements between CNS-based MDTs (see below) and haemato-oncology MDTs and Head and Neck MDTs.

There are separate measures in topic 7 for the whole of children's cancer services, including brain and CNS tumours, but there is provision in them for the possibility that children may be discussed at a CNS site-specific MDT which deals with adults but also children (for treatment planning decisions and the delivery of

neurosurgery only). Such an MDT would be subject to the measures in this Topic. There are separate measures in topic 7 for patients in the teenage and young adult (TYA) age range, for some aspects of care only. Some TYAs with brain and CNS tumours may be dealt with by a site specific CNS MDT which deals with children and adults and some by a conventional 'adult' site-specific CNS MDT. In all cases, TYAs with brain and CNS tumours should be dealt with by structures and processes which are subject to the measures in this topic, except for the TYA- specific aspects which are covered in topic 7.

Tumour Groups

The brain and CNS measures divide the range of tumours into four groups because the service structures and processes for dealing with each group and therefore the corresponding measures, differ somewhat. The groups are:

- Brain and other rare CNS tumours
- Pituitary tumours
- Skull Base tumours
- Spinal cord tumours

Notes: 'Rare CNS tumours' are defined for the purpose of these measures as:

- Primary Central Nervous System Lymphoma (PCNSL)
- Primary Neuroectodermal Tumours (PNET)
- Pineal tumours
- Optic Pathway Glioma
- Tumours associated with genetic predispositions

National clinical guidelines for these rare tumours are available on the BNOS website http://www.bnos.org.uk.

The MDTs

The measures provide for two basic types of CNS MDT, the neuroscience MDT (NS MDT) and the cancer network MDT (CN MDT). They have distinct but interrelated functions and interact with each other accordingly.

The NSMDT and only the NSMDT is the MDT which is required to make the multidisciplinary decisions on at least the following stages in the pathway:

- Confirmation of the diagnosis of a CNS tumour and its type
- Whether a given patient should be offered active treatment or not, for their tumour
- The treatment modalities which should be offered as part of that treatment

These decisions form the essential part of the treatment plan.

The CNMDT is the MDT which oversees the ongoing delivery of the non-surgical aspects of the patient's treatment plan.

For the purpose of this exercise, 'active treatment' means surgical tumour removal or reduction or tumour reduction by radiation and/or systemic therapy.

The MDTs have other functions which are covered in the measures; the above description is just to set out the key distinction between them. Also, there are other aspects of care, namely, specialist palliative care, neurorehabilitation and psychological support, which are needed at any and potentially all stages of the patient pathway and responsibility for these is seen as being shared more, between types of team.
It is understood that the NSMDT would be based in a centre of staff and facilities for the delivery of the neurosurgical treatment and all the immediate support that goes with it. This is referred to as a neuroscience centre. The CNMDT need not be based in such a centre, but some of the staff of an NSMDT associated with such a centre may also fulfil the CNMDT function for their 'local', 'secondary' referral catchment area. Such an MDT is termed a combined, CN and NS MDT.
There is no attempt in the measures to define minimum standards for the staff or facilities of a neuroscience centre. The rest of the measures are thought to achieve what is needed for implementation of the IOG requirements.
The NSMDT may specialise in one or more of the tumour groups, specified above.

Neuro-oncology Disease Site Groups (NDSGs) and Supranetworks

The catchment areas of neuroscience centres and NSMDTs may encompass more than one or parts of more than one cancer network. In other words, the functional unit for primary, secondary and tertiary services for brain and CNS tumours, for some areas may cover more than one cancer network. For this reason, this

document sometimes uses the term 'supranetwork' for this functional unit.

In common with all other cancer sites covered by the cancer measures, there is a requirement for an advisory body of professional and representative peers which over-arches all the MDTs in a given area, which deal with its declared tumour type. This body is used for ensuring consistency between MDTs and as one means of exerting a degree of EQA of their services. For other site-specific cancer services which are organised across a single network, this group is referred to in the measures as a Network Site Specific Group, or NSSG. Because, here more than one network may be involved, the same functional body will be referred to as the Neuro-Oncology Disease Site Group, or NDSG.

Ground Rules for Networking

It is acknowledged that neuroscience centres (and therefore NSMDTs) may not all cover all of the specialist tumour groups, and the areas covered by the various centres and NSMDTs will not always correspond to existing cancer networks. The CNMDTs and their catchments are, however, designed to be coterminous with a cancer network. By exception a network may have more than one CNMDT. Given this situation in order to preserve transparent and effective networking for brain and CNS tumour treatment and to avoid a 'free for all' with destructive competition between teams, it is necessary to apply the following ground rules for networking. (These include what, in measures for other cancer sites, are known as Team Criteria). A number of the measures will require adherence to the relevant ground rules.

1) An MDT should declare which type of team it is, out of:
   - A CNMDT
   - A NSMDT
   - A combined CN and NS MDT
2) A NSMDT or combined CN and NS MDT should declare which groups of tumour types it deals with out of the following groups:
   - Brain and other rare CNS tumours
   - Pituitary tumours
   - Skull Base tumours
   - Spinal cord tumours

   A team should deal with whole groups as specified, not just certain tumours from a group
   NSMDTs which deal only with the subspecialist practices (bullet points 2 to 4 in the above list), should only be associated with stand-alone CNMDTs, i.e. a combined CN and NS MDT should include the 'brain and other rare tumours practice'.
3) A CN MDT should be the only CN MDT for its catchment area.
4) A NSMDT should not be in competition with another one for the same cancer type and for the same catchment population. That catchment population may encompass more than one cancer network.
5) If a previously established MDT which is currently named as part of the head and neck service, is dealing with a skull base tumour practice, it may be put forward against the measures as applied to skull base NSMDTs and be assessed as effectively the skull base team, despite its local label. Note, however, that it would be seen to be included as part of the neuro-oncology supranetwork and be part of the assessment against these ground rules for networking. Only one team, whether it is perceived as a head and neck MDT or an NSMDT, should be dealing with the skull base practice for a given catchment area.
6) A CNMDT should declare which NSMDTs for which tumour types and for which parts of the network it is associated with.
7) A NSMDT should declare which CNMDTs for which tumour types and for which parts of its catchment area it is associated with.
8) A neuroscience centre should host a NSMDT for at least brain and other rare CNS tumours
9) A NS MDT should be associated with only one NDSG for a given tumour group which it deals with.
10) A NDSG should be the only NDSG for each of its tumour groups for the catchment area it serves for that tumour group. NB: The NDSG's catchment area for a given tumour group is made up of the sum of all the catchment areas of the NSMDTs which are associated with the NDSG for that tumour group.
11) Each cancer network and all parts of each network should be covered by a named CNMDT
12) Every part of each cancer network should be covered by a NS MDT for each of the tumour groups in the list above. The number of NS MDTs which are involved with this coverage depends on the local arrangements within the constraints of the ground rules specified here.
13) When a NS MDT refers patients to a CN MDT as part of the patient pathway, it should be the CN MDT of the cancer network which the patient comes from.
14) A NS MDT dealing with brain and other rare CNS tumours should receive at least 100 newly diagnosed

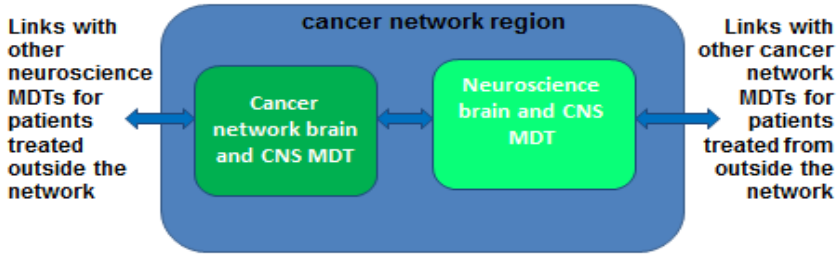
cases of intracerebral tumours for discussion per year.

Notes:

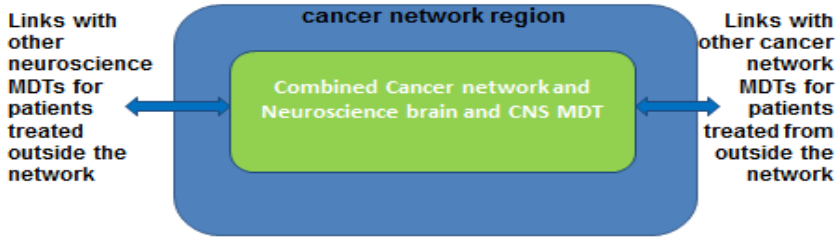
- *There should be certain agreements prior to the review and, (because of the way peer review is organised,) outside the review not subject to the measures. These are between firstly, the SCGs, to determine the areas which are covered by neuroscience centres for each tumour group in the list above. Such areas will be determined by SCGs on the basis of the existing and desired distribution of staff, facilities, expertise anddirections of patient flow. Secondly there should be agreement between the network boards and the relevant SCG to decide which SCG will be responsible for overseeing the brain and CNS cancer service configuration for the network (or more than one SCG if the network in question falls across more than one such SCG-determined area).*
- *The NSMDT is analogous to any conventional site-specific MDT, and will be reviewed against a comprehensive set of MDT measures. The CNMDT is different in that it is called in when relevant, to deal with one part of the patient pathway, to some degree still under the supervision of the NSMDT. The measures for the CNMDT are therefore aimed only at this particular role, many MDT issues being already covered for a givenpatient by those measures used for the NSMDT.*

IOG compliant models

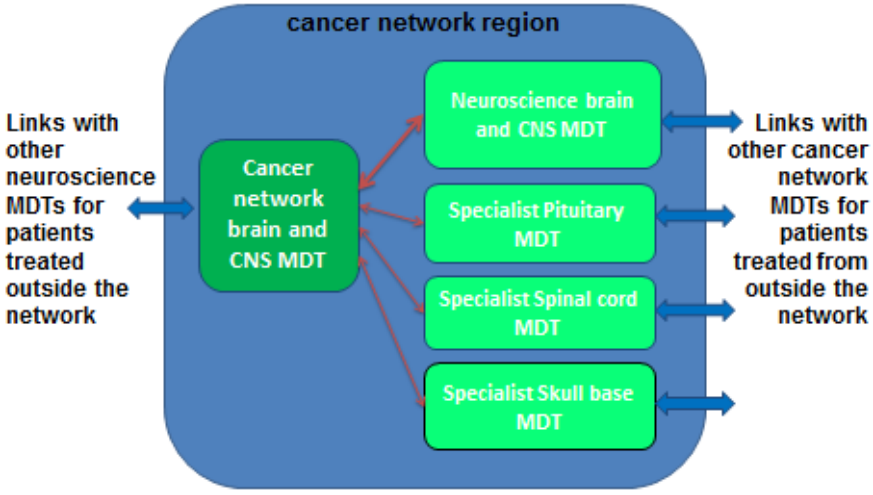
A separate cancer network brain and CNS MDT and neuroscience brain and CNS MDT.



A combined cancer network and neuroscience brain and CNS MDT.



A separate cancer network brain and CNS MDT and a neuroscience brain and CNS MDT plus specialist MDT/s



Reviewing the Brain and CNS Tumours Network

The establishment, location and configuration of MDTs in the cancer network and their relationship to a possibly wider brain and CNS Supranetwork; the location of specialist multidisciplinary clinics and, where relevant, the establishment of NDSGs are the responsibility for peer review purposes of the Chair of the Network Board and are reviewed under topic 1A cancer networks- brain and CNS measures, compliance counting towards the review of the Network Board.

The provision of hospital clinical leads, implementing measures on diagnostic services, rehabilitation, neuropsychology/psychiatry, data collection systems, and neuropathology, are the responsibility for peer review purposes of the cancer lead clinician of the trust and are reviewed under topic 1D functions of the locality/trust group.

Functions of the NDSG, applied to the various tumour types are the responsibility for peer review purposes of the Chair of the NDSG and are reviewed under topic 1C functions of network site specific groups, compliance counting towards the review of the NDSG.

The CNMDT-applying the specific CNMDT measures- is the responsibility for peer review purposes of the lead clinician of the MDT and is reviewed under topic 2K-1 the CNMDT, compliance counting towards the review of the MDT.

The NSMDT-applying the NSMDT measures as adapted for each of the formats of an NSMDT, depending on the declared tumour groups, covered by the team, is the responsibility for peer review purposes of the lead clinician of the MDT and is reviewed under topic 2K-2 the NSMDT, compliance counting towards the review of the MDT.

Brain and CNS Glossary

AHP	Allied Health Professional
BNOS	British Neuro Oncology Society
CNMDT	Cancer Network MDT
CNS	Central Nervous System
CSF	Cerebral Spinal Fluid
DCC	Pas Direct Clinical Care Programmed Activities
ENT	Ear Nose and Throat
EQA	External Quality Assessment
FRCS (SN)	Fellow of the Royal College of Surgeons (spinal neurosurgery)
GP	General Practitioner
MDS	Minimum Dataset
NCCG	Non Consultant Career Grade
NDSG	Neuro-oncology Disease Site Group
NSMDT	Neuroscience MDT
PCNSL	Primary Central Nervous System Lymphoma
PNET	Primary Neuroectodermal Tumours
SCG	Specialised Commissioning Group
SPC	Specialist Palliative Care
TYA	Teenage and Young Adult

TOPIC 11-1A-2k - NETWORK BOARD MEASURES FOR BRAIN AND CNS

INTRODUCTION

The responsibility for review purposes for measures 11-1A-201k to 11-1A-206k lies with the Chair of the Network Board. Some measures have a limited applicability which is stated in the individual measure. Otherwise, they are applicable to all networks.
These measures should be read in conjunction with the introduction to the brain and CNS measures.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE	
THE SHAPE OF NEURO-ONCOLOGY SERVICES (Measures 11-1A-201k to 11-1A-205k)	
Brain and CNS Network Configuration	
11-1A-201k	The Network Board should agree with the relevant SCG(s), whether its network should host a neuroscience centre.
Compliance:	The agreement, authorised by the Chair of the Network Board and a representative of the relevant SCG(s).
Establishment of the Neuro-oncology Disease Site Group(s) (Applicable only to networks hosting a neuroscience centre)	
11-1A-202k	The Network Board should agree with the relevant SCG(s), the number of Neuro-Oncology Disease Site Groups (NDSGs) it will establish and the tumour groups each one will cover. This arrangement of NDSGs should fulfil the relevant ground rules for networking in the introduction to the Brain and CNS Measures. Each of the NDSGs, should have membership fulfilling the following: • the MDT lead clinician from each NSMDT associated with it; • at least one nurse core member of a NSMDT associated with it; • the area lead for neurorehabilitation; there should be a named chair drawn from the above membership; • two user representatives; • one of the NHS-employed members of the NDSG should be nominated as having specific responsibility for users' issues and information for patients and carers; • a member of the NDSG should be nominated as responsible for ensuring that recruitment into clinical trials and other well designed studies is integrated into the function of the NDSG; • named secretarial/administrative support; *Note: Each CNMDT is required to send a representative to at least one of the NDSGs with which it is associated; this is assessed as part of the CNMDT measures, not in this section.* For each NDSG there should be terms of reference agreed for the NDSG which include that it should be recognised as: • the primary source of clinical opinion on the tumour sites dealt with by the NDSG for the networks associated with that NDSG for those tumour sites; • the group to whom those networks delegate corporate responsibility for those tumour sites for co-ordination and consistency across the networks on cancer policy, patient pathways, practice guidelines, audit, research and service improvement; • the group consulting with the relevant 'cross cutting' groups of those networks on issues regarding the NDSG's tumour sites, involving chemotherapy, radiotherapy, cancer imaging, histopathology, laboratory investigation and specialist palliative care. *Notes:*

- *There may be additional agreed members and attendance at an individual meeting need not be limited to the agreed members.*
- *If the local user group do not wish to or are unable to a user representative but there is an agreed mechanism for obtaining user advice then the measure will be deemed to have been complied with.*
- *There may be additional points in the agreed terms of reference. Recommendations may be found in appendix 2.*

Compliance: The number of NDSGs with the tumour types covered by each, agreed by the Chair of the Network Board and a representative of the SCG(s).

The reviewers should enquire whether they meet the relevant ground rules for networking.

The named members and chair of each NDSG, agreed by the Chair of the Network Board.

The terms of reference of each NDSG, agreed by the Chair of the Network Board and the Chair of the NDSG.

Notes: See below for measures requiring agreement to the NDSG arrangements from networks who do not host a neuroscience group and who are not themselves responsible for establishing a NDSG.

Brain and CNS Network Configuration (2)

11-1A-203k

1. Applicable only to networks hosting a neuroscience centre

The Network Board should agree with the relevant SCG(s):

- the location of the CNMDT and whether it is combined with a brain and other rare CNS NSMDT, or stand alone;
- the NSMDTs with which the CNMDT will be associated and for which tumour types;
- the location of the neuroscience centre and the number of NSMDTs which it hosts;
- the tumour types covered by the respective NSMDTs;
- the NDSGs with which the NSMDTs will be associated and for which tumour types.

The above configuration should fulfil the relevant ground rules for networking described in the introduction.

2. *Applicable only to networks without a neuroscience centre and NSMDT.*

The Network Board should agree with the relevant SCG(s):

- the location of the CNMDT;
- the NSMDTs in which networks and for which tumour types, the CNMDT will be associated with.

The above configuration should fulfil the relevant ground rules for networking in the introduction.

Compliance:

1) The named teams, locations, tumour coverage and the teams and groups they associate with, agreed by the Chair of the Network Board and a representative of the SCG(s).
2) The named team, its location, and the teams they will associate with, for which tumour types, agreed by the Chair of the Network Board and a representative of the SCG(s).

The reviewers should enquire whether this configuration fulfils the ground rules for networking.

Agreeing Arrangements for NDSG(s) (Applicable only to those networks without a neuroscience centre and not responsible for establishing any NDSG(s)).

11-1A-204k

The Network Board should agree, with the relevant SCG(s), the membership of and terms of reference for the NDSG(s) which, according to the SCG(s) arrangements, the network's CNMDT is to be associated with via the NSMDT(s) it refers to.

Compliance: The named NDSG(s), with their membership and terms of reference agreed by the Chair of the Network Board and a representative of the SCG(s).

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE	
Location of Multidisciplinary Specialist Clinics	
11-1A-205k	The Network Board should agree the location in the network and declared CNS subspecialty of the multidisciplinary specialist clinic(s) as defined in the relevant measure for trusts in topic 1D. For each NSMDT's catchment area, there should be at least one multidisciplinary specialist clinic for the CNS tumours subspecialties dealt with by that NSMDT.
Compliance:	The named clinics and their host hospitals, agreed by the Chair of the Network Board. The reviewers should check the coverage by area and subspecialty.
NEURO-REHABILITATION FACILITIES	
Introduction	This policy and the measures associated with it are separate from the neuro-rehabilitation referral guidelines which are required as part of the rehabilitation guidelines for all currently reviewed cancer sites, and are to be found as part of the cancer rehabilitation measures (topic 1E-1v). The boards, for their compliance with these measures, should agree and produce the policy and the trusts for compliance with their relevant measures, should agree to abide by it and distribute it accordingly.
Operational Policy for Neuro-rehabilitation Facilities	
11-1A-206k	The Network Board in consultation with the trust cancer leads in the network should produce an operational policy for in-patient and community neuro-rehabilitation facilities with regard to the treatment of patients with CNS tumours. The policy should include the specification that the facility should be open to patients whose rehabilitation needs are caused by their tumour or its treatment, and that they should not be excluded from the facility's scope of practice on the grounds alone of the diagnosis of a tumour.
Compliance:	The policy, naming the neuro-rehabilitation facilities and their host hospitals, agreed by the Chair of the Network Board.

TOPIC 11-1C-1k - FUNCTIONS OF THE NEURO-ONCOLOGY DISEASE SITE GROUP

INTRODUCTION

Where agreements or other interactions are needed with a network board to comply with any of these measures, the board in question should be agreed with the relevant SCG(s) prior to the peer review / self-assessment. This would be expected to be the Network Board held responsible for establishing the Neuro-oncology Disease Site Group (NDSG) under review, as agreed with the SCG, see Network Board measures for Brain and CNS Cancer.

Pathways, guidelines and agreements should apply area-wide, according to the areas for brain and CNS tumours agreed with the SCGs. Similarly, distribution of pathways etc. should be area-wide.

The responsibility for these measures for the purposes of peer review lies with the Chair of the NDSG.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE	
The responsibility for review purposes for the measures in this section lies with the Chair of the Neuro-Oncology Disease Site Group.	
GENERAL ACTIVITIES (Measures 11-1C-101k to 11-1C-102k)	
Meet Regularly and Record Attendance	
11-1C-101k	The NDSG should meet regularly and record attendance. *Note:* *The attendance of MDT representatives is reviewed in the measures of the MDT.*
Compliance:	A list of meetings and attendance records in the last 12 months.
Annual Review, Work Programme and Annual Report	
11-1C-102k	The Chair of the NDSG should have an annual review with the network lead clinician and/or appropriate member of the Network Board. The NDSG should have agreed an annual work programme with the board. The NDSG should have produced an annual report for the board.
Compliance:	Documentation sufficient to show that a review meeting took place with the network lead clinician and/or an appropriate member of the Network Board. The annual work programme agreed by the Chair of the NDSG and Chair of the Network Board. The annual report agreed by the Chair of the NDSG and the Chair of the Network Board. *Note:* *This should be face to face. An email is not an acceptable mechanism for the review.*

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

CLINICAL GUIDELINES

Introduction

The responsibility for review purposes for the network guidelines measures lies with the team lead clinician, the NDSG and Chair of the Network Board.

For their compliance with this measure the NDSG should produce the guidelines, and the individual MDTs, for their compliance with the relevant team measures, should agree to abide by them. Network guidelines should be reviewed at least every three years or when new guidance is available. The measures count towards the review of the NDSG and the individual team.

Agreed NDSG Clinical Guidelines

11-1C-103k

The NDSG should agree area-wide clinical guidelines (how a given patient should be clinically managed, usually at the level of which modality of treatment is indicated, rather than detailed regimens or surgical techniques). For NDSGs which cover intracerebral tumours, the clinical guidelines should include the management of cerebral metastases.

Notes:

More details of regimens and techniques may be agreed if desired.

Compliance: The clinical guidelines agreed by the Chair of the NDSG and the Chair of the Network Board.

Area Wide Minimum Dataset (MDS)

11-1C-104k

The NDSG should agree an area-wide minimum dataset (MDS) which covers at least the latest approved cancer dataset at www.isb.nhs.uk.

The NDSG may wish to agree additional data items such as:

- the cancer waiting times monitoring, including Going Further on Cancer Waits in accordance with DSCN 20/2008, to the specified timetable as specified in the National Contract for Acute Service;
- the National Brain and CNS Dataset.

The MDS must include all items required for the national contract; any additional items should use definitions and codes taken from the National Cancer Dataset and the NHS Data Dictionary.

The NDSG should agree a network-wide policy specifying:

- which team should collect which portion of the MDS;
- when each data items should be captured on the patient pathway;
- how the data will be stored and managed within local data systems

Compliance: The MDS agreed by the Chair of the NDSG and the Chair of the Network Board.

The policy agreed by the Chair of the NDSG and the Chair of the Network Board.

Note:

The NDSG for their compliance with this measure should, in consultation with the MDTs, agree the MDS and the individual MDTs, for compliance with their relevant measure, should agree to collect it.

PATIENT PATHWAYS

General Introduction

It is understood and acknowledged that some aspects of care, especially rehabilitation, psychological support, support with reintegration, other aspects of survivorship and some other aspects of holistic care are not confined to any specific part of the pathway and not necessarily represented by a named MDT dedicated to that aspect of care. Thus it is expected that these elements of care will be specified as relevant to the pathway for measures 11-1C-105 to 11-1C-108. Measures covering the detailed requirements for the role of AHP and general psychological support in cancer services are contained in topics 3V and 3X of the measures, which are specific to these disciplines and cover all cancer types, not just brain and CNS tumours.

THE PRESENTATION PATHWAY

Introduction

The presentation pathway will be defined for the purpose of these measures as dealing with the pathway of referral from all aspects of primary care to whoever provides the hospital diagnostic process. It also covers the pathway of referral when a patient presents to a hospital doctor who is not a member of a brain and CNS MDT or part of the diagnostic service. It covers the referral of newly presenting patients and patients presenting to with symptoms suggestive of recurrence.

For their compliance with this measure, the NDSG should in consultation, produce the pathway and each individual acute trust, for compliance with its relevant measure, should agree to it and add locally relevant content.

The Presentation Pathway

11-1C-105k The NDSG should, in consultation with the trust leads for brain and CNS tumours, agree an area-wide presentation pathway for brain and CNS tumours which specifies at least the following:

- the contact points for primary care and for hospital doctors, for referral of patients newly presenting with symptoms urgent, suspicious of a brain and CNS tumours;
- specific instructions if relevant, for cerebral metastases, pituitary tumours, spinal cord primaries and skull base tumours;
  Note: Pathways for the presentation of metastatic spinal cord compression are dealt with under the measures for Acute Oncology (topic 3Y).
- the contact points for primary care to refer back patients with symptoms suspicious of recurrence.

Compliance: The pathway agreed by the Chair of the NDSG.

THE DIAGNOSTIC PATHWAY

Introduction

This is defined for the purpose of peer review as covering the process of investigation to establish and confirm the diagnosis, once the patient has been seen by the hospital service. It covers the process for a new diagnosis and for a recurrence. It covers the pathway for referral of patients with an unexpected imaging diagnosis of a CNS tumour.

For their compliance with this measure, the NDSG should in consultation, produce the pathway and each individual acute trust and MDT, for compliance with its relevant measure, should agree to it and add any locally relevant content including named MDTs.

The Diagnostic Pathway

11-1C-106k The NDSG should, in consultation with the trust leads for brain and CNS tumours and MDT lead clinicians, agree an area-wide diagnostic pathway for brain and CNS tumours which specifies at least the following:

- the imaging modalities and their specific indications;
  - which part of the imaging investigational protocol may be carried out by the diagnostic service and which should be carried out by the NSMDT, specifying at which stage in the pathway, the patient should be referred to the NSMDT; for biopsy.

- the referral pathway and contact points for patients with an unexpected or incidental diagnosis of a CNS tumour for them to be referred to the relevant NSMDT; this should specify that all diagnostic imaging suggestive of primary CNS tumours should be referred to the relevant NSMDT within 2 working days.
- the indications for referral for biopsy, by the NSMDT;
- the laboratory and histopathological/histochemical investigations and their indications;
- specific instructions if relevant, for cerebral metastases, pituitary tumours, spinal cord primaries and skull base tumours;
- any aspects of the process which differ between a new diagnosis and that of a recurrence.

Compliance: The pathway agreed by the Chair of the NDSG.

THE TREATMENT PATHWAY

Introduction

This is defined for the purpose of peer review as covering the process of active treatment delivery up to, but not including, referral for follow up. It covers this process whether it is with radical or palliative intent and whether it is for treatment of a first presentation or of a recurrence. It also covers the situation where the treatment plan is to offer palliative and supportive care only, rather than active tumour removal or cytoreductive therapy.

For their compliance with this measure, the NDSG should in consultation, produce the pathway and each individual acute trust and MDT, for compliance with its relevant measure, should agree to it and add any locally relevant content including named MDTs and services.

The Treatment Pathway

11-1C-107k The NDSG should, in consultation with the MDT lead clinicians, agree an area-wide treatment pathway for Brain and CNS tumours which specifies at least the following:

- which team from the CNMDT, NSMDT, TYAMDT (for the relevant age group), Lymphoma MDT (for PCNSL) or SPCMDT is responsible for which aspects of care; including the requirement that all patients should be referred to a CNMDT or combined CN and NS MDT for supervision of the non-surgical aspects of their care.
- at which stages in the pathway, the patient should be referred between teams;
- specific instructions if relevant, for cerebral metastases, pituitary tumours, spinal cord primaries and skull base tumours;
- that the treatment planning decision for initial management and for the initial management of at least the first recurrence, should be made after discussion at the NSMDT.

Compliance: The pathway agreed by the Chair of the NDSG.

THE FOLLOW UP PATHWAY

Introduction

This is defined for the purpose of peer review as covering the process, following completion of an episode of active treatment, from and including the referral to whoever is undertaking follow up. It covers follow up until this ends and includes the process of referral back to the MDT when recurrence is diagnosed by the follow up clinic.

For their compliance with this measure, the NDSG should in consultation, produce the pathway and each individual MDT, for compliance with its relevant measure, should agree to it and add any locally relevant content including named MDTs.

The Follow Up Pathway

11-1C-108k The NDSG should, in consultation with the acute trust leads for brain and CNS tumours and MDT lead clinicians, agree an area-wide follow up pathway for brain and CNS tumours which specifies at least the following:

- what the roles are, in the follow up process, of the multidisciplinary specialist clinics (

as defined and agreed in the relevant measures for the Network Board and the trusts, topics 1A and 1D), the brain and CNS MDTs, the SPCMDT and the late effects MDT (topic 7);

- the contact points for referral back with recurrence.

Compliance: The pathway agreed by the Chair of the NDSG.

AREA WIDE COMMUNICATION FRAMEWORK

Introduction

For their compliance with this measure, the NDSG should in consultation, produce the framework and each individual acute trust and MDT, for compliance with its relevant measure, should agree to it and add any locally relevant content including named MDTs and multidisciplinary specialist clinics.

Area Wide Communication Framework

11-1C-109k The NDSG should, in consultation with the trust leads for brain and CNS tumours and lead clinicians of the MDTs, agree a policy for communications between providers of care for brain and CNS tumours, which fulfils the following framework:

- that patients with an initial imaging diagnosis of a CNS tumour should have been logged on to a dataset of the NSMDT within one week of the date of the image report;
- that a clinical summary from the clinician in charge of the patient at the time of the imaging diagnosis should have been received by the NSMDT within two working days of the date of the imaging report;
- that a written summary of the proposed management plan be sent out from the NSMDT within one working day of the MDT meeting to the referring clinician, the CNMDT and the GP;
- that the patient or their carers are informed of the diagnosis within one working day for inpatients and five working days for outpatients of the NSMDT meeting at which it is confirmed;
- that the patient or their carers are informed of the management plan by the NSMDT within one working day for inpatients and five working days for outpatients of the NSMDT meeting at which it is decided;
- that a referral for relevant patients is sent to the rehabilitation or palliative care service within one working day of the decision being made;
- that a referral of relevant patients for management by a member of the CNMDT is sent within two days of discharge from neurosurgical care;
- that patients or their carers are informed of the identity and role of their key worker within one working day for inpatients and five working days for outpatients of the NSMDT meeting;
- that a referral back to the neuroscience MDT for further management of possible recurrence is sent from the multidisciplinary specialist clinic within one working day of the decision.
- that should the assessment made by the MDT indicate that the diagnosis is more likely to be a cerebral abscess than a tumour, this should be communicated urgently to the referring hospital and arrangements should be made for urgent transfer.

Compliance: The framework agreed by the Chair of the NDSG.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

PROTOCOL FOR EMERGENCY SURGICAL INTERVENTIONS

Introduction

For compliance with this measure the NDSG should, in consultation, produce the protocol and the trusts for compliance with their relevant measure should agree to abide by it, add locally relevant content and distribute it.

Protocol for Emergency Surgical Interventions

11-1C-110k The NDSG should, in consultation with the trust lead clinicians for brain and CNS tumours, agree an area-wide protocol for emergency surgical interventions in patients with a CNS tumour, for intra-CNS problems caused by the tumour or its treatment.

Compliance: The protocol, agreed by the Chair of the NSDG.

Area Lead for Neuro-rehabilitation

11-1C-111k There should be a named lead for neuro-rehabilitation for the NDSG area.

They should be at consultant (whether from the medical profession or AHP) level or senior/specialist AHP with recognised specialist clinical skills in oncology and neurological rehabilitation. (Band 7 and above, and level 4 or 3 practitioner).

They should have specified time and a list of responsibilities for the role, agreed with the chair of the NDSG.

Note*: A list of suggested responsibilities for the role, for illustration only, may be found in* *appendix 3*

The role need not be full time and the actual specified time is not subject to review.

Compliance: The named lead, agreed by the Chair of the NDSG.

The specified time and list of responsibilities agreed by the Chair of the NDSG and the area lead for neuro-rehabilitation.

AREA AUDIT

Introductory notes

For review purposes an area audit project is an audit project related to the NDSG and the activities of its MDTs. The same project should be carried out by all MDTs for that area, each team's results being separately identified.

The minimum progress needed for the NDSG's compliance with this measure (since audit is a long and multistage process) is that the NDSG, in consultation with the MDTs, agrees at least one area audit project with the host network board, with any necessary sources of funding agreed, usually within trust audit programmes. The individual MDTs, for compliance with their relevant MDT measure, should agree to participate in the audit.

Area Audit

11-1C-112k The NDSG should agree at least one area audit project with the Network Board.

The NDSG should annually review the progress of the area audit project or discuss the results of the completed area audit project.

Note:

Additional projects may be agreed.

Compliance: The project agreed by the Chair of the NDSG and the Chair of the Network Board.

Written confirmation of an annual review sufficient to show compliance with the measures.

Note:

An agreed summary is sufficient provided it shows compliance with the measure

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE
Agreed NDSG Three Year Service Delivery Plan
11-1C-113k The NDSG should agree proposed service developments for brain and CNS for the three contracting years, as advice to the board, for the network proposed service delivery plan. The agreed proposals should be sent to the relevant SCG and relevant network boards. *Compliance:* The plan agreed by the Chair of the NSSG. Reviewers to confirm the proposals have been sent to the relevant SCG and network boards.
Discussion of Clinical Trials
11-1C-114k The NDSG should discuss at least annually, the report on clinical trials from each of its MDTs (see relevant MDT measures). The following should be present at the discussion: • the Chair of the NDSG or a nominated representative; • the NDSG research lead; • the lead clinician of the MDT or nominated representative from that MDT; • the clinical lead of the research network or a nominated representative from the research network. A programme for improvement for clinical trial entry for the MDT should be agreed at the discussion. *Compliance:* Confirmation of discussions, sufficient to show compliance with the measure, including those present. The programmes for improvement, agreed by the lead clinicians of the MDTs and the clinical lead for the cancer research network. *Notes:* *The discussion with various individual MDTs may take place at different meetings of the NDSG. All of the MDTs of the NDSG need to have attended such a meeting for the measure to be compliant.*
CHEMOTHERAPY TREATMENT ALGORITHMS **Introduction** • For the purposes of peer review, a chemotherapy regimen is defined by the therapeutic chemotherapy drugs used, often expressed as an acronym e.g. 'FEC'. A change of one or more of these drugs themselves would normally be necessary for it to be classed as a change of regimen. In some cases major changes in the dose or route of administration of one or more of the drugs effectively changes the regimen but these cases are generally known and recognised nationally. A given network is free to choose any further changes which they classify as changing the regimen, as long as it is in accord with the above definition and national exceptions; i.e. they are free to make the definition of a regimen narrower, but not wider. • For the purposes of peer review, a chemotherapy treatment protocol is defined as constituting all the parameters specified in the bullet points in chemotherapy measure 11-3S-122. A change in any of these parameters would change the treatment protocol but any change other than the therapeutic drugs themselves (apart from the national and local exceptions specified above) would change only the protocol, not the regimen as well. • For the purposes of peer review a chemotherapy treatment algorithm may be described as a guideline which specifies the acceptable ranges of regimen options for named steps on the patient pathway. Treatment algorithms are cancer site-specific. They are not specific to individual patients, i.e. they are not individual treatment plans. Thus, a treatment algorithm for breast cancer would include a statement of the range of regimens agreed as acceptable for adjuvant chemotherapy and for first, second and third line palliative chemotherapy etc. Illustrative examples of treatment algorithms in different formats may be found in appendix 1 in the chemotherapy measures. There may be other formats which would be acceptable to the reviewers. Thus, a change of regimen or order of regimens may no longer comply with a previous treatment algorithm, but a change of one of the minor aspects of a treatment protocol would still comply.
Chemotherapy Treatment Algorithms
11-1C-115k The NDSG, in consultation with the Network Chemotherapy Group (NCG) should agree

a list of acceptable chemotherapy treatment algorithms. It should be updated bi-annually.

Notes:

- *The intention is **not** to require a single mandatory regimen for each clinical indication. It is to prevent individual practitioners having unorthodox, obsolete and unpredictably varying practice, which is against the opinion of their peers within the network.*
- *The NDSG should produce the algorithms for its compliance with this measure and the chemotherapy multi-professional team should produce a compatible list of algorithms for the NDSG's cancer site for their own service (measure 11-3S-122).*
- *The chemotherapy multi-professional team should agree lists with all the NDSGs relevant to their practice, for compliance with their measure.*
- *The network algorithm for a particular clinical situation may have a number of alternative regimens of which the multi-professional team need only agree those which it intends to use in its service. The multi-professional team need only address those clinical indications which are applicable to the scope of its practice. The key requirement is that all the algorithms on the multi-professional team list are compatible with the NDSG agreed list.*
- *This exercise should include oral chemotherapy.*
- *This measure is assessed as part of the responsibility of each NDSG, but from the NCG's point of view regarding the management of this process, the algorithms don't all need to be updated at the same time. It would seem sensible, however, to update all those for a given cancer site, at the same time.*

Compliance: The algorithms in place prior to the self assessment/peer review visit agreed by the Chair of the NDSG, and the Chair of the NCG.

For NDSGs meeting for three or more years since the publication of the measures, the algorithms are needed from the first year, then the agreed updates every two years up to the self assessment/peer review visit.

The TYACN Pathway for Initial Management

11-1C-116k The NDSG should agree, with the chair of the relevant TYACNCG, the TYACN patient pathway for initial management, including any features specific to the NDSG's cancer site and their host adult cancer network and incorporating their relevant MDT contact numbers.

The NDSG should distribute the pathway to the lead clinicians of the MDTs of their cancer site in their host cancer network.

Compliance: The pathway, agreed by the Chair of the NDSG and the chair of the relevant TYACNCG.

The reviewers should check that it fulfils the features above.

The reviewers should enquire as to the distribution process.

Note:

The TYACNCG should, for compliance with their relevant measure, produce the pathway and the NDSG, for compliance with this measure, should agree to abide by it, add local contact points and distribute it.

The TYA Pathway for Follow Up on Completion of First Line Treatment

11-1C-117k The NDSG should agree, with the chair of the relevant TYACNCG the TYACN patient pathway for follow up on completion of first line treatment including any features specific to the NDSG's cancer site and their host adult cancer network and incorporating their relevant MDT contact numbers.

The NDSG should distribute the pathway to the lead clinicians of the MDTs of their cancer site in their host cancer network.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE	
Compliance:	The pathway, agreed by the Chair of the NDSG and the chair of the relevant TYACNCG. The reviewers should check that it fulfils the features above. The reviewers should enquire as to the distribution process. *Note:* *The TYACNCG should, for compliance with their relevant measure, produce the pathway and the NDSG, for compliance with this measure, should agree to abide by it, add local contact points and distribute it.*

TOPIC 11-1D-1k - FUNCTIONS OF THE LOCALITY/TRUST GROUP

The responsibility for the first of these measures lies with the trust cancer lead clinician and the responsibility for the subsequent measures lies with the trust lead clinician for brain and CNS tumours. The measures should be applied to each locality/trust in the network under review.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

The responsibility for the first of these measures lies with the trust cancer lead clinician and the responsibility for the subsequent measures lies with the trust lead clinician for brain and CNS tumours. The measures should be applied to each locality/trust in the network under review.

TRUST LEAD CLINICIANS FOR BRAIN AND CNS TUMOURS

Trust Lead Clinician

11-1D-101k

There should be a named lead clinician for brain and CNS tumours for the trust.

They should be at consultant level.

They should have specified time and a list of responsibilities for the role, agreed with the trust cancer lead clinician.

Notes: A list of suggested responsibilities for the role, for illustration only, may be found in appendix3.

The role need not be full time and the actual specified time is not subject to review.

The role may be fulfilled by the trust cancer lead clinician themselves, in which case this proposal and the specified time for the role should be agreed with the Chair of the Network Board.

Compliance: The named lead, agreed by the trust cancer lead clinician.

The specified time and list of responsibilities agreed by the trust cancer lead clinician and the trust lead clinician for brain and CNS tumours.

Note: See the special compliance requirements for the case where the role is taken by the trust cancer lead clinician.

MDT Membership of CNS Specialist Nurses

11-1D-102k

Each nurse employed by the trust, with specified time in their job plan for the role of nurse specialist for patients with CNS tumours, should be a core member of at least one relevant MDT (CN or NSMDTs).

Compliance: The reviewers should enquire as to the working practice of the trust with regard to this.

THE MULTIDISCIPLINARY SPECIALIST CLINIC

Introduction

This measure is applicable only to those trusts agreed in the network measures as needing to host such a clinic and should be read in conjunction with the relevant measure in that section. For compliance with their relevant measure the host network of the NSMDT should produce the configuration of multidisciplinary specialist clinics for the area and the trusts for compliance with this measure should provide and staff the clinics as agreed.

The Multidisciplinary Specialist Clinic

11-1D-103k

The trust should host an outpatient clinic or a number of bookable slots in an existing clinic which is named in the outpatient department timetable as the multidisciplinary clinic for CNS tumours.

It should be declared and stated in the name of the clinic, which subspecialties of CNS tumours the clinic deals with.

There may be one clinic which caters for all the subspecialties of CNS tumour (brain, spine, skull base and pituitary), or clinics for one or more out of the subspecialties, as long as all the subspecialties are covered by the requirements in this measure.

A given trust or hospital may cover only one or some out of them, provided this is according to the network agreement and providing there is at least one clinic fulfilling these requirements for each subspecialty, within the catchment area of the relevant NSMDT.

Note: If the overall provision across the area is non-compliant, the reviewers should decide whether this is due to lack of compliance on the part of a trust or trusts or lack of compliance of the underlying agreement for the area or both.

The clinic should have associated with it, the following named staff with specified DCC PAs or specified time for the clinic in their job plans or timetables and who are core members for the relevant role in a NSMDT which deals with the relevant subspecialty of CNS tumours.

- A surgeon.
- An oncologist who has responsibility for radiotherapy.
- An oncologist who has responsibility for chemotherapy.
- A specialist nurse.
- In the case of a clinic dealing with patients with pituitary tumours, an endocrinologist.

Notes: The two oncology roles may be fulfilled by the same person.

Compliance: The outpatient department timetable.
The named staff and their job plans or timetables.

PATIENT PATHWAYS

Introduction

These measures should be read in conjunction with their relevant counterparts in topic 1C Functions of the 'Neuro-oncology Disease Site Group'.

For their compliance with their relevant measure, the NDSG should in consultation, produce the pathway and each individual acute trust, for compliance with this measure, should agree to it and add locally relevant content.

The Presentation Pathway

11-1D-104k The trust should agree the presentation pathway and its role in it and provide local contact points.

Compliance: The pathway with local contact points, agreed by the trust lead clinician for brain and CNS tumours.

The Diagnostic Pathway

11-1D-105k The trust should agree the diagnostic pathway and its role in it and provide local contact points, including named MDTs.

Compliance: The pathway with local contact points, agreed by the trust lead clinician for brain and CNS tumours.

The Treatment Pathway

11-1D-106k The trust should agree the treatment pathway and its role (if any) in the provision of rehabilitation services and provide local contact points.

Compliance: The pathway with local contact points, agreed by the trust lead clinician for brain and CNS tumours.

The Follow Up Pathway

11-1D-107k The trust should agree the follow up pathway and its role in the provision of a multidisciplinary clinic, and provide local contact points.

Compliance: The pathway with local contact points, agreed by the trust lead clinician for brain and CNS tumours.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

THE COMMUNICATION FRAMEWORK

Introduction

For their compliance with their relevant measure, the NDSG should in consultation, produce the framework and each individual acute trust lead for brain and CNS tumours, for compliance with this measure, should agree to it and add any locally relevant content including any named imaging services and multidisciplinary clinics.

The Communication Framework

11-1D-108k The trust should agree its role in the communication framework and add any locally relevant content including any named imaging services and multidisciplinary clinics.

Compliance: The framework, with any local content, agreed by the trust lead clinician for brain and CNS tumours.

The Emergency Surgical Intervention Protocol

11-1D-109k The trust should agree the area-wide emergency surgical intervention policy for patients with a CNS tumour, and add locally relevant content.

The trust should distribute the protocol to its A&E departments, surgeons on the acute surgical take rota and neurosurgeons.

Compliance: The protocol agreed by the chair of the NDSG and the trust lead clinician for brain and CNS tumours.

The reviewers should enquire as to the distribution process.

Electronic Imaging Transfer

11-1D-110k The trust should be electronically transferring images of CT and MRI scans used in the investigation of patients with a potential brain and CNS tumour, from its imaging department to the radiology core members of the NSMDTs it refers patients to.

Compliance: The reviewers should enquire as to the working practice of the trust in regards to this.

NEURO-REHABILITATION FACILITIES

Introduction

The boards, for their compliance with their relevant measures should agree and produce the policy and the trusts for compliance with this measure, should agree to abide by it and distribute it accordingly.

Neuro-rehabilitation Facilities

11-1D-111k The trust should agree the network operational policy for neuro-rehabilitation facilities, naming the facilities either hosted by the trust or to which, according to the policy, the trust would refer patients to and distribute it to lead clinicians of any NSMDTs or CNMDTs hosted by the trust and clinical leads and relevant managers of any neuro-rehabilitation facilities hosted by the trust.

Compliance: The policy, naming the facilities as in the measure, agreed by the trust lead clinician for brain and CNS tumours.

The reviewers should enquire as to the distribution.

TOPIC 11-2K-1- Cancer Network Multidisciplinary Team, Stand Alone Team.

When is a Team a Team and when is it not a Team?

The measures review a variety of aspects of the team, both structure and function, but the key question which underlies all this is who exactly constitutes the MDT from the point of view of the peer review? Which group of people should be put forward for review against these measures and who is it who is held compliant or not compliant?

This is best answered from the patient's point of view. If you were a patient who would you consider to be your MDT?

Primarily it is that group of people of different health care disciplines, which meets together at a given time (whether physically in one place, or by video or tele-conferencing) to discuss a given patient and who are each able to contribute independently to the decisions about the patient. They constitute that patient's MDT. In the case of the Cancer Network Multidisciplinary Team (CNMDT), the initial, definitive diagnostic and treatment planning decisions are taken by the Neuroscience MDT and therefore the decisions which are under the remit of the CNMDT, take place at a different stage of the patient's pathway. These measures are adapted to fit with this particular role undertaken by the CNMDT.

The way the MDT meeting itself is organized is left to local discretion such that different professional disciplines may make their contributions at different times, without necessarily being present for the whole meeting in order to prevent wastage of staff time. The key requirement is that each discipline is able to contribute independently to the decisions regarding each relevant patient.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

Introduction

The responsibility for review purposes for the first measure lies with the cancer lead clinician of the host trust of the MDT.

The responsibility for review purposes for the subsequent measures lies with the lead clinician of the MDT.

If a team is put forward for review which does not meet the relevant ground rules for networking, (topic 1A) it should be identified as a major issue in the report, and a discussion should take place with the zonal peer review team whether the situation is suitable for review as such.

These measures should be applied only to a CNMDT which meets separately from a NSMDT. For a combined CN and NS MDT, the NSMDT measures should be applied which have certain built-in modifications to use when applying them to the combined team.

Lead Clinician and Core Team Membership

11-2K-101

There should be a single named lead clinician for the MDT who should then be a core team member.

The lead clinician of the MDT should have agreed the responsibilities of the position with the lead clinician of the host trust.

Note:

The role of lead clinician of the MDT should not itself imply chronological seniority, superior experience or superior clinical ability.

The MDT should provide the names of the core team members for named roles in the team as follows:

- a clinical oncologist who takes responsibility for radiotherapy and who may take responsibility, in addition, for chemotherapy. If this clinical oncologist core member does not take responsibility for chemotherapy, another core team member should be named (either a second clinical oncologist or a medical oncologist) for chemotherapy;
- a clinical nurse specialist, who should be put forward for review against the MDT nurse measures in this section;
- a healthcare professional who is a core member of a specialist palliative care team;

- an occupational therapist with time specified in their job plan for the care of patients with a CNS tumour;
- a speech and language therapist with time specified in their job plan for the care of patients with a CNS tumour;
- a physiotherapist with time specified in their job plan for the care of patients with a CNS tumour;
- an MDT coordinator/secretary;
- an NHS- employed member of the core or extended team should be nominated as having specific responsibility for users' and carers' issues and information;
- a member of the core team should be nominated as the person responsible for ensuring that recruitment into clinical trials and other well designed studies is integrated into the function of the MDT;
- each clinical core member should have sessions specified in the job plan for the care of patients with Brain and CNS and attendance at MDT meetings.

Notes:

Where a medical specialty is referred to the core team member should be a consultant. The cover for this member need not be a consultant.

The co-coordinator/secretary roles need different amounts of time depending on team workload, see appendix 2 for an illustration of the responsibilities of this role. The co-coordinator and secretarial role may be filled by two different named individuals or the same one. It need not occupy the whole of an individual's job description

There may be additional core members agreed for the team besides those listed above.

Compliance: The name of each core team member with their role, agreed by the lead clinician of the MDT.

The job plans of the relevant specialists.

Note:

The reviewers should record in their assessment each case where the post(s) needed to provide the minimum core membership for a given listed role in the measure is unfilled or non-existent or existing posts cannot provide the service. This does not refer to mere holiday or sickness absence, or less than two thirds attendance, and it refers only to the core member roles listed in the measure, not to additional roles that the MDT has decided locally to include as core members. The reviewers should identify the particular missing roles and identify the particular MDT in the report.

Extended Team Membership

11-2K-102 The team should provide the names of members of the extended team for named roles in the team if they have not already been offered as core team members.

The named extended team for the MDT should include:

- a neurologist with specified DCC PAs for the care of patients with the neurological consequences of a CNS tumour and of its treatment;
- a radiologist;
- a dietician;
- a clinical psychologist;
- a psychiatrist.

Note: The MDT may wish to name additional extended team members. This is not subject to review.

Compliance: The name of each extended team member with their role, agreed by the lead clinician of the MDT.

MDT Attendance at NDSG Meetings

11-2K-103 The CNMDT should send a core team member as a representative to at least two thirds of the meetings of the NDSGs associated with the NSMDTs which the team under review, relates to.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE	
Compliance:	The attendance record(s) of the NDSG(s).
Patient Management Meeting	
11-2K-104	The MDT should meet at least monthly, record core members' attendance and have a written procedure governing how to deal with referrals which need action before the next scheduled meeting (guidance only e.g. letters, emails or phone calls between certain specified members, retrospective discussion at next scheduled meeting).
Compliance:	Attendance records of the meetings. Written procedure agreed by the lead clinician of the MDT.
Cover Arrangements for Core Members	
11-2K-105	The MDT should agree named cover arrangements for each core member. *Notes:* *This refers to the nominating of staff that should in general be expected to provide cover for core members e.g. a ST3 on a consultant's team or core members of the same discipline providing cover for each other. It does not refer to the member having to provide a person to cover for each and every absence. This aspect is dealt with by the attendance measure below.* *Where a medical specialty is referred to the cover for a core member need not be a consultant, but should be at a minimum seniority of specialist registrar ST3 or NCCG.* *Core members should arrange cover only from within the discipline of the core member type as listed in measure 11-2K-101 e.g. neurosurgeon for neurosurgeon, nurse specialist for nurse specialist.* *Cover for the AHP member need not be from the same AHP profession, but should be from an AHP individual with brain and CNS experience.*
Compliance:	The written arrangements agreed by the lead clinician of the MDT.
Core Members Attendance	
11-2K-106	Core members or their arranged cover (see measure 11-2K-105) should attend at least two thirds of the number of meetings.
Compliance:	Attendance record of the MDT. *Note:* *The intention is that core members of the team should be personally committed to it, reflected in their personal attendance at a substantial proportion of meetings, not relying instead on their cover arrangements. Reviewers should use their judgment on this matter and should highlight in their report where this commitment is lacking.*
Specialist Nurse Attendance at NSMDT Meetings	
11-2K-107	The specialist nurse core members of the CNMDT should attend the meetings of the NSMDTs with which the CNMDT is associated.
Compliance:	The reviewers should enquire as to the working practice of the CNMDT with respect to this.
Dual MDT Core Membership of CNMDT Oncologists	
11-2K-108	Each oncologist core member of the CNMDT should be named as a core member of at least one of the NSMDTs with which the CNMDT is associated and they or their cover should attend at least two thirds of the meetings of at least one NSMDT. *Notes:* *This measure obviously only applies to stand alone CNMDTs.* *This applies to both clinical and medical oncologist core members of the CNMDT.* *The responsibility for this measure lies with the CNMDT and compliance with this*

measure counts only towards the compliance of the CNMDT.

All the oncology core members of the CNMDT should comply for the team to comply with this measure.

See the related notes on the attendance measure for the NSMDT.

Compliance: The NSMDT core membership lists and attendance records of the relevant NSMDTs.

Note:

The compliance evidence should relate to only one NSMDT per oncologist even if an oncologist attends more than one.

OPERATIONAL POLICIES

Operational Policy Meeting

11-2K-109 Besides the regular meetings to discuss individual patients the team should meet at least annually to discuss, review, agree and record at least some operational policies.

Compliance: The minutes of at least one meeting agreed by the lead clinician of the MDT to illustrate the recording of at least some operational policies.

Indications for Patient Discussion by the CNMDT

11-2K-110 The MDT should agree a policy whereby a patient's case should be discussed by the MDT on first referral through from the NSMDT and should agree the other indications or points in the patient's pathway which should prompt an MDT discussion.

Compliance: The policy, agreed by the lead clinician of the MDT.

Key Worker Policy

11-2K-111 There should be an operational policy whereby a single named key worker for the patient's care at a given time is identified by the MDT for each individual patient and the name and contact number of the current key worker is recorded in the patient's case notes.

The responsibility for ensuring that the key worker is identified should be that of the nurse MDT member(s).

The above policy should have been implemented for patients who came under the MDT's care after publication of these measures and who are under their care at the time of the peer review visit.

Notes:

- *For information: According to the NICE supportive palliative care guidance, a key worker is a person who, with the patient's consent and agreement, takes a key role in co-coordinating the patient's care and promoting continuity e.g. ensuring the patient knows who to access for information and advice.*
- *It may be necessary to agree a different key worker for different parts of the patient's pathway. It is intended that at any one time a patient only has one named key worker.*
- *The key worker at any one time may be from the CN or NSMDT or community services.*
- *This is not intended to have the same connotation as the key worker in social work. It may be necessary to agree a single key worker across both a cancer site specific MDT and the specialist palliative care MDT for certain patients.*

Compliance: The written policy agreed by the lead clinician of the MDT.

Reviewers should spot check some relevant patients' case notes.

Attendance at the National Advanced Communications Skills Training

11-2K-112 At least those core members of the team who have direct clinical contact with patients should have attended the national advanced communications skills training.

Notes:

- *This measure applies only to those disciplines which have direct clinical contact and which are named in the list in the MDT structure measure for core membership.*
- *Also, it applies only with regard to members which are in place i.e. if a team lacks a given core member from that list, it should still be counted as compliant with this measure provided those members which are in place comply.*
- *The relevant disciplines include medical, surgical, nursing and allied health professionals.*
- *The reviewers should record which core members of those relevant are non-compliant.*

Compliance: Written confirmation of the MDT members who have attended the national advanced communications skills training programme.

MDT NURSE SPECIALIST MEASURES (Measures11-2K-113 to11-2K-114)

Introduction

Why are there currently 'nursing measures' for MDTs, but no similar requirements for other MDT members?

The modern change to MDT working has created and then highly developed the specific role of nurse MDT member, with its related activities which, in full measure, go to make up the role of cancer nurse specialist. The roles of the medical specialties in the MDT have not been so profoundly influenced or so extensively developed by their MDT membership itself, compared to that of the MDT nurse members. The role definitions and training requirements of nurse MDT members are not 'officially' established outside the MDT world in contrast to the well-defined medical specialties with their formal national training requirements.

Therefore a particularly strong need was perceived for using the measures to define more clearly the role of the nurse member and to set out minimum training requirements for nursing input into MDTs. This is in order to establish these roles more firmly in the NHS infrastructure, and to avoid the situation where MDTs can comply with measures by having generalist nurses who 'sit in' on MDT meetings and sign attendance forms but play no defining role in the team's actual dealing with its patients.

Specialist Training for Core Nurse Member

11-2K-113 Each core nurse specialist should have successfully completed a programme of study in their specialist area of nursing practice, which has been accredited for at least 20 credits at first degree level or equivalent.

Compliance: Confirmation of successful completion of the course.

List of Responsibilities for Core Nurse Members

11-2K-114 The MDT should have agreed a list of responsibilities with each of the core nurse specialists of the team, which includes the following:

- contributing to the multidisciplinary discussion and patient assessment/care planning decision of the team at their regular meetings;
- providing expert nursing advice and support to other health professionals in the nurse's specialist area of practice;
- involvement in clinical audit;
- leading on patient and carer communication issues and co-ordination of the patient's pathway for patients referred to the team - acting as the key worker or responsible for nominating the key worker for the patient's dealings with the team;
- ensuring that results of patients' holistic needs assessment are taken into account in the decision making;
- contributing to the management of the service (see note below);
- utilising research in the nurse's specialist area of practice.

Notes:

Additional responsibilities to those in this measure may be agreed.

'Management' in this context does not mean clerical tasks involving the documentation on individual patients, i.e. this responsibility does not overlap with the responsibility of the MDT co-ordinator.

Compliance: The list of responsibilities, agreed by the lead clinician of the MDT and the core nurse member(s).

PATIENT CENTRED CARE (Measures**11-2K-115** **to** **11-2K-118**)

Patients' Permanent Consultation Record

11-2K-115

The MDT should be giving patients the opportunity of a permanent record or summary of at least a consultation between the patient and the doctor when the following are discussed:

- diagnosis;
- treatment options and plan;
- relevant follow up (discharge) arrangements.

Note:

The MDT may, in addition, offer a permanent record of consultations undertaken at other stages of the patient's journey.

The record of consultation should identify areas discussed during consultation and include a diagram where appropriate which supports the consultation discussion.

The consultation record provides a permanent summary of the discussion between the doctor and the patient and should always be offered to the patient unless specifically declined by the patient;

a record should be kept in the notes.

Compliance: The reviewers should enquire of the working practice of the team and see anonymised examples of records given to patients.

Note: It is recommended that they are available in languages and formats understandable by patients, including local ethnic minorities and people with disabilities. This may necessitate the provision of visual and audio material.

Patients' Experience Exercise

11-2K-116

The MDT should have undertaken an exercise during the previous two years prior to review or completed self-assessment to obtain feedback on patients' experience of the services offered.

The exercise should at least ascertain whether patients experienced or were offered:

- a key worker;
- assessment of their physical, emotional, practical, psychological and spiritual needs (holistic needs assessment);
- the information for patients (written or otherwise);
- the opportunity of a permanent record or summary of a consultation at which their treatment options were discussed.

Notes:

- *The exercise may consist of a survey, questionnaire, focus group or other method.*
- *There may be additional items covered. It is recommended that other aspects of patient experience are covered.*

Exercises which have been completed during the previous two years should have been presented and discussed at an MDT meeting and the team should have implemented at least one action point arising from the exercise.

Compliance: The results of the exercise.

A report of the actions taken.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

Provision of Patient Written Information

11-2K-117

The MDT should provide written material for patients and carers which includes:

- information specific to that MDT about local provision of the services offering the treatment for that tumour site;
- information about patient involvement groups and patient self-help groups;
- information about the services offering psychological, social and spiritual/cultural support, if available;
- information specific to the MDT's cancer site or group of cancers about the disease and its treatment options (including names and functions/roles of the team treating them);
- information about services available to support the effects of living with cancer and dealing with its emotional effects.

It is recommended that the information and its delivery to patients and carers follow the principles of the NHS Information Prescription project (www.informationprescription.info).

Notes:

- *The information prescription should be tailored to the patients/carers needs based on an information needs assessment. Information may be generated and dispensed outside of the clinic environments within an information centre where a clear operational policy between the clinic and information centre is in place which identifies how clinic records are updated and that facilities and resources within the information centre are appropriate to providing such a service.*

The information prescription should be composed of information from the national pathways supplemented with national and local accredited information

Compliance: The written (visual and audio if used - see note below) material.

Notes:

It is recommended that it is available in languages and formats understandable by patients including local ethnic minorities and people with disabilities. This may necessitate the provision of visual and audio material.

For the purpose of self-assessment the team should confirm the written information which is routinely offered to patients.

Patient Management Review

11-2K-118

The core MDT at their regular meetings should agree and record individual patient's management plans. A record should be made of the plan. The record should include:

- the identity of patients discussed;
- the stage in the patient's pathway at which the MDT discussion is taking place;
- the diagnosis;
- the elements of or any changes to the elements of any non-surgical cytoreductive treatment (or the fact that no changes are being made);
- referral to any palliative care, supportive care and/or rehabilitation disciplines.

Compliance: Anonymised examples of the record of a meeting and individual anonymised treatment plans.

Notes:

Only exactly what is required in the list above is necessary for evidence. Detailed minutes of the content of discussions over patients are not required for evidence. For the purposes of evidence for peer review, patient specific information should be anonymised.

It is recommended that this essential information is recorded on an MDT decision proforma as well as in individual patient's notes.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

AREA WIDE CLINICAL GUIDELINES

Introduction

For their compliance with their relevant measure, the NDSG should in consultation, produce the clinical guidelines and each individual MDT, for compliance with this measure, should agree to them.

Clinical Guidelines

11-2K-119 The MDT should agree the area-wide clinical guidelines.

Compliance: The guidelines agreed by the Chair of the NDSG and the lead clinician of the MDT.

AREA WIDE PATIENT PATHWAYS(Measures 11-2K-120 to 11-2K-122)

THE DIAGNOSTIC PATHWAY

Introduction

This is defined for the purpose of peer review as covering the process of investigation to establish and confirm the diagnosis, once the patient has been seen by the hospital service. It covers the process for a new diagnosis and for a recurrence. It covers the pathway for referral of patients with an unexpected imaging diagnosis of a CNS tumour.

For their compliance with their relevant measure, the NDSG should in consultation, produce the pathway and each individual MDT, for compliance with this measure, should agree to it and add any locally relevant content including named hospital services.

The Diagnostic Pathway

11-2K-120 The MDT should agree its role in the area-wide diagnostic pathway and add any locally relevant content including named hospital services.

Compliance: The pathway agreed by the Chair of the NDSG and the lead clinician of the MDT.

THE TREATMENT PATHWAY

Introduction

This is defined for the purpose of peer review as covering the process of active treatment delivery up to, but not including, referral for follow up. It covers this process whether it is with radical or palliative intent and whether it is for treatment of a first presentation or of a recurrence. It also covers the situation where the treatment plan is to offer palliative and supportive care only, rather than active tumour removal or cytoreductive therapy.

For their compliance with their relevant measure, the NDSG should in consultation, produce the pathway and each individual MDT, for compliance with this measure, should agree to it and add any locally relevant content including named MDTs and services.

The Treatment Pathway

11-2K-121 The MDT should agree its role in the area-wide treatment pathway and add any locally relevant content including named MDTs and services.

Compliance: The pathway agreed by the Chair of the NDSG and the lead clinician of the MDT.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

THE FOLLOW UP PATHWAY

Introduction

This is defined for the purpose of peer review as covering the process, following completion of an episode of active treatment, from and including the referral to whoever is undertaking follow up. It covers follow up until this ends and includes the process of referral back to the MDT when recurrence is diagnosed by the follow up clinic.

For their compliance with their relevant measure, the NDSG should in consultation, produce the pathway and each individual MDT, for compliance with this measure, should agree to it and add any locally relevant content including named MDTs.

The Follow Up Pathway

11-2K-122 The MDT should agree its role in the area-wide follow up pathway and add any locally relevant content including named MDTs.

Compliance: The pathway agreed by the Chair of the NDSG and the lead clinician of the MDT.

THE COMMUNICATION FRAMEWORK

Introduction

For their compliance with their relevant measure, the NDSG should in consultation, produce the framework and each individual MDT, for compliance with this measure, should agree to it and add any locally relevant content including named MDTs and multidisciplinary clinics.

The Communication Framework

11-2K-123 The MDT should agree its role in the area-wide communication framework and add any locally relevant content including named MDTs and multidisciplinary clinics.

Compliance: The framework agreed by the Chair of the NDSG and the lead clinician of the MDT.

Data Collection

11-2K-124 The MDT should be recording its agreed part of the brain and CNS tumour MDS, according to the area data collection specification, in an electronically retrievable form.

Compliance: Anonymised examples of the recorded data for individual patients.

Note:

For the purpose of self-assessment, the team should confirm that they started to record the MDS.

AREA AUDIT

Introduction

For review purposes an area audit project is an audit project related to the NDSG and the activities of its MDTs. The same project should be carried out by all MDTs for that area, each team's results being separately identified.

The minimum progress needed for the NDSG's compliance with this measure (since audit is a long and multistage process) is that the NDSG, in consultation with the MDTs, agrees at least one area audit project with the host network board, with any necessary sources of funding agreed, usually within trust audit programmes. The individual MDTs, for compliance with their relevant MDT measure, should agree to participate in the audit.

Agreed Participation in Area Audit

11-2K-125 The MDT should agree to participate in the area audit project, agreed with the NDSG.

The MDT should annually review the progress of the project or present the results of the completed area audit project to the NDSG for discussion at one of their meeting.

Note: For MDTs which have previously been peer reviewed, the project should have been completed since that peer review.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE	
Compliance:	The project agreed by the lead clinician of the MDT and the Chair of the NDSG. Written confirmation of review of progress of audit sufficient to show compliance with the measure.

Discussion of Clinical Trials

11-2K-126

The MDT should produce a report at least annually on clinical trials, for discussion with the NDSG. The report should include;

- Details of the MDT's trials portfolio including the extent of local provision of the national portfolio.
- The MDT's recruitment to the portfolio, including the extent of delivery against the locally agreed timescales and targets.
- The MDT's programme for improvement for the above, as proposed to the NDSG.

The MDT should agree a final programme for improvement at the NDSG discussion meeting.

Note:

For compliance with this measure the MDT should produce a proposed programme for improvement and, at the discussion with the NDSG, settle on a mutually agreed programme between the participants of the meeting.

In addition, applicable only to MDTs dealing with the following cancer sites:

- Leukaemia
- Lymphoma
- Germ cell malignancy
- Bone and/or soft tissue sarcoma
- Brain and CNS malignancy
- Malignant melanoma

The MDT should produce a report on clinical trials, covering the above points, for TYA patients, for discussion at the teenage and young adults' cancer network co-coordinating group (TYACNCG).

The MDT should agree a final programme for improvement for TYA clinical trials with the TYACNCG.

Note:

The TYACNCG's current list of trials and studies suitable for TYAs may not include any of those malignancies dealt with by the MDT under review, in which case this is not applicable for the current assessment in question.

Compliance: The report, agreed by the lead clinician of the MDT. The reviewers should check that the contents fulfil the points above.

The programme for improvement, agreed by the lead clinician of the MDT and the clinical lead for the cancer research network.

Where relevant, the clinical trials report for TYA patients, agreed by the lead clinician of the MDT, and the programme for improvement agreed by the lead clinician of the MDT, Chair of the TYACNCG and the clinical lead for the cancer research network.

Note: there is no MDT workload measure applicable to the CNMDT.

TOPIC 11-2K-2 - Neuroscience Multidisciplinary Team (NSMDT)

NOTE: Where a trust has more than one NSMDT then each MDT should be reviewed against a duplicate set of measures e.g.11-2K-2, 11-2K-3 etc.

When is a Team a Team and when is it not a Team?

The measures review a variety of aspects of the team, both structure and function, but the key question which underlies all this is who exactly constitutes the MDT from the point of view of the peer review? Which group of people should be put forward for review against these measures and who is it who is held compliant or not compliant?

This is best answered from the patient's point of view. If you were a patient who would you consider to be your MDT?

Primarily it is that group of people of different health care disciplines, which meets together at a given time (whether physically in one place, or by video or tele-conferencing) to discuss a given patient and who are each able to contribute independently to the diagnostic and treatment decisions about the patient. They constitute that patient's MDT.

The way the MDT meeting itself is organised is left to local discretion such that different professional disciplines may make their contributions at different times, without necessarily being present for the whole meeting in order to prevent wastage of staff time. The key requirement is that each discipline is able to contribute independently to the decisions regarding each relevant patient. In the case of the NSMDT, the team may deal with a number of tumour types, which should be declared. Each measure then applies to all NSMDTs and all the tumour types which the team has declared, unless it is explicitly stated in the measure that it is only applicable to a certain tumour type and therefore only certain teams.
Also, there are certain measures or parts of measures which are applicable only to those teams which are being put forward for review as a combined cancer network and neuroscience MDT (CN and NSMDT). This is indicated where relevant in the text.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE
Introduction The responsibility for review purposes for the first measure lies with the cancer lead clinician of the host trust of the MDT. The responsibility for review purposes for the subsequent measures lies with the lead clinician of the MDT. If a previously established MDT which is currently named as part of the head and neck service, is dealing with a skull base tumour practice, it may be put forward against these measures as applied to skull base teams and be assessed as effectively the skull base team, despite its local label. Note, however, that it would be seen to be included as part of the neuro-oncology supranetwork and be part of the assessment against the ground rules for networking, as in the introduction to the brain and CNS tumour measures. Only one team, whether it is perceived as a head and neck MDT or an NSMDT, should be dealing with the skull base practice for a given catchment area, and that team should be put forward against these measures. If two such teams of different origins are in fact in competition in this area of practice, this should be raised as a serious issue in the report and a discussion should take place with the zonal peer review team regarding whether the situation is suitable for review as such. This applies also to any instance of an MDT not complying with the ground rules for networking.
MDT STRUCTURE
Introduction The following measures 11-2K-201 to 11-2K-205 on core team membership (and the subsequent ones 11-2K-206 to 11-2K-210 on extended team membership) apply to NSMDTs dealing with specific tumour groups, as specified in the title of each measure. For teams dealing with combinations of tumour groups, measures 11-2K-206 and 11-2K-212 should be applied, using the instructions in appendix 1. All NSMDTs should declare their group or combination of tumour groups and should be compliant with the 'ground rules for networking', in the introduction to the brain and CNS measures. Any given NSMDT should be reviewed against only one measure for core membership and one measure for extended membership.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

Lead Clinician and Core Team Membership for a NSMDT Dealing with Brain and Other Rare CNS Tumours

11-2K-201

There should be a single named lead clinician for the MDT who should then be a core team member.

The lead clinician of the MDT should have agreed the responsibilities of the position with the lead clinician of the host trust.

Note:

The role of lead clinician of the MDT should not itself imply chronological seniority, superior experience or superior clinical ability.

The MDT should provide the names of the core team members for named roles in the team relevant to the group of tumours it deals with. The core team specific to brain and other rare CNS tumours should include:

- two neurosurgeons;
- a neuroradiologist;
- two neuropathologists;
  Note: For the purpose of peer review, the neuropathologist is defined at minimum as a consultant pathologist who is taking part in the EQA scheme for neuropathology, organised by the British Neuropathological Society, or, for a pathologist acting only as the pituitary tumour pathologist for a team, an EQA scheme for endocrine pathology, judged equivalent by the peer reviewers.
- a clinical oncologist;
- a neurologist with specified DCC PAs for the care of patients with the neurological consequences of a CNS tumour and of its treatment;
- a clinical nurse specialist**,** who should be put forward for review against the MDT nurse measures in this section;
- a clinical neuropsychologist;
- a healthcare professional who is a core member of a specialist palliative care team;
- an AHP agreed as having responsibility for liaison with neurorehabilitation services;
- a therapy radiographer.
  Note: The team may choose to have AHP representatives which are specific to and liaise with only one or some of the AHP subspecialties. This is not subject to review provided the particular system, in its entirety, covers all of the subspecialties.
- an MDT coordinator/secretary;
- an NHS-employed member of the core or extended team should be nominated as having specific responsibility for users' and carers' issues and information;
- a member of the core team should be nominated as the person responsible for ensuring that recruitment into clinical trials and other well designed studies is integrated into the function of the MDT;
- each clinical core member should have sessions specified in the job plan for the care of patients with Brain and CNS and attendance at MDT meetings.

Notes:

Where a medical specialty is referred to the core team member should be a consultant. The cover for this member need not be a consultant.

The co-ordinator/secretary roles need different amounts of time depending on team workload, see appendix 2 for an illustration of the responsibilities of this role. The co-ordinator and secretarial role may be filled by two different named individuals or the same one. It need not occupy the whole of an individual's job description.

There may be additional core members agreed for the team besides those listed above.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE	
Compliance:	Named lead clinician for the MDT agreed by the lead clinician of the host trust. The written responsibilities agreed by the lead clinician of the MDT and lead clinician of the host trust. *Note:* *See appendix2 for an illustration of the responsibilities of this role.* The name of each core team member with their role, agreed by the lead clinician of the MDT. The job plans of the relevant specialists. The reviewers should enquire as to the EQA participation of the pathologists and the practices of the relevant surgeons. *Note:* *The reviewers should record in their assessment each case where the post(s) needed to provide the minimum core membership for a given listed role in the measure is unfilled or non-existent or existing posts cannot provide the service. This does not refer to mere holiday or sickness absence, or less than two thirds attendance, and it refers only to the core member roles listed in the measure, not to additional roles that the MDT has decided locally to include as core members. The reviewers should identify the particular missing roles and identify the particular MDT in the report.*

Lead Clinician and Core Team Membership for a NSMDT Dealing with Brain and Other Rare CNS Tumours which is being reviewed as a combined CN and NS MDT

11-2K-202

There should be a single named lead clinician for the MDT who should then be a core team member.

The lead clinician of the MDT should have agreed the responsibilities of the position with the lead clinician of the host trust.

Note:

The role of lead clinician of the MDT should not itself imply chronological seniority, superior experience or superior clinical ability.

The MDT should provide the names of the core team members for named roles in the team relevant to the group of tumours it deals with. The core team specific to brain and other rare CNS tumours, being reviewed as a combined CN and NS MDT should include:

- two neurosurgeons;
- a neuroradiologist;
- two neuropathologists;
  Note: For the purpose of peer review, the neuropathologist is defined at minimum as a consultant pathologist who is taking part in the EQA scheme for neuropathology, organised by the British Neuropathological Society, or, for a pathologist acting only as the pituitary tumour pathologist for a team, an EQA scheme for endocrine pathology, judged equivalent by the peer reviewers.
- a clinical oncologist;
- a neurologist with specified DCC PAs for the care of patients with the neurological consequences of a CNS tumour and of its treatment;
- a clinical nurse specialist**,** who should be put forward for review against the MDT nurse measures in this section;
- a clinical neuropsychologist;
- a healthcare professional who is a core member of a specialist palliative care team;
- an occupational therapist with time specified in their job plan for the care of patients with a CNS tumour;
- a speech and language therapist with time specified in their job plan for the care of patients with a CNS tumour;
- a physiotherapist with time specified in their job plan for the care of patients with a CNS tumour;
- a therapy radiographer;
- an MDT coordinator/secretary;

- an NHS-employed member of the core or extended team should be nominated as having specific responsibility for users' and carers' issues and information;
- a member of the core team should be nominated as the person responsible for ensuring that recruitment into clinical trials and other well designed studies is integrated into the function of the MDT;
- each clinical core member should have sessions specified in the job plan for the care of patients with Brain and CNS and attendance at MDT meetings.

Notes:

Where a medical specialty is referred to the core team member should be a consultant. The cover for this member need not be a consultant.

The co-ordinator/secretary roles need different amounts of time depending on team workload, see appendix 2 for an illustration of the responsibilities of this role. The co-ordinator and secretarial role may be filled by two different named individuals or the same one. It need not occupy the whole of an individual's job description.

There may be additional core members agreed for the team besides those listed above.

Compliance: Named lead clinician for the MDT agreed by the lead clinician of the host trust.

The written responsibilities agreed by the lead clinician of the MDT and lead clinician of the host trust.

Note:

See appendix 2 for an illustration of the responsibilities of this role.

The name of each core team member with their role, agreed by the lead clinician of the MDT.

The job plans of the relevant specialists.

The reviewers should enquire as to the EQA participation of the pathologists and the practices of the relevant surgeons.

Note:

The reviewers should record in their assessment each case where the post(s) needed to provide the minimum core membership for a given listed role in the measure is unfilled or non-existent or existing posts cannot provide the service. This does not refer to mere holiday or sickness absence, or less than two thirds attendance, and it refers only to the core member roles listed in the measure, not to additional roles that the MDT has decided locally to include as core members. The reviewers should identify the particular missing roles and identify the particular MDT in the report.

Lead Clinician and Core Team Membership for a NSMDT Dealing with Pituitary Tumours

11-2K-203

There should be a single named lead clinician for the MDT who should then be a core team member.

The lead clinician of the MDT should have agreed the responsibilities of the position with the lead clinician of the host trust.

Note:

The role of lead clinician of the MDT should not itself imply chronological seniority, superior experience or superior clinical ability.

The MDT should provide the names of the core team members for named roles in the team relevant to the group of tumours it deals with. The core team specific to pituitary tumours should include:

- a neurosurgeon with a practice in pituitary surgery or ENT surgeon with a practice in pituitary surgery;
- an endocrinologist with a practice in pituitary disorders.
- a neuroradiologist;
- two neuropathologists;
  Note: For the purpose of peer review, the neuropathologist is defined at minimum as a consultant pathologist who is taking part in the EQA scheme for neuropathology, organised by the British Neuropathological Society, or, for a pathologist acting only

as the pituitary tumour pathologist for a team, an EQA scheme for endocrine pathology, judged equivalent by the peer reviewers.

- a clinical oncologist;
- a clinical nurse specialist, who should be put forward for review against the MDT nurse measures in this section;
- an MDT coordinator/secretary;
- an NHS-employed member of the core or extended team should be nominated as having specific responsibility for users' and carers' issues and information;
- a member of the core team should be nominated as the person responsible for ensuring that recruitment into clinical trials and other well designed studies is integrated into the function of the MDT;
- each clinical core member should have sessions specified in the job plan for the care of patients with Brain and CNS and attendance at MDT meetings.

Notes:

Where a medical specialty is referred to the core team member should be a consultant. The cover for this member need not be a consultant.

The co-ordinator/secretary roles need different amounts of time depending on team workload, see appendix 2 for an illustration of the responsibilities of this role. The co-ordinator and secretarial role may be filled by two different named individuals or the same one. It need not occupy the whole of an individual's job description.

There may be additional core members agreed for the team besides those listed above.

Compliance: Named lead clinician for the MDT agreed by the lead clinician of the host trust.

The written responsibilities agreed by the lead clinician of the MDT and lead clinician of the host trust.

Note:

See appendix 2 for an illustration of the responsibilities of this role.

The name of each core team member with their role, agreed by the lead clinician of the MDT.

The job plans of the relevant specialists.

The reviewers should enquire as to the EQA participation of the pathologists and the practices of the relevant surgeons.

Note:

The reviewers should record in their assessment each case where the post(s) needed to provide the minimum core membership for a given listed role in the measure is unfilled or non-existent or existing posts cannot provide the service. This does not refer to mere holiday or sickness absence, or less than two thirds attendance, and it refers only to the core member roles listed in the measure, not to additional roles that the MDT has decided locally to include as core members. The reviewers should identify the particular missing roles and identify the particular MDT in the report.

Lead Clinician and Core Team Membership for a NSMDT Dealing with Spinal Tumours

11-2K-204

There should be a single named lead clinician for the MDT who should then be a core team member.

The lead clinician of the MDT should have agreed the responsibilities of the position with the lead clinician of the host trust.

Note:

The role of lead clinician of the MDT should not itself imply chronological seniority, superior experience or superior clinical ability.

The MDT should provide the names of the core team members for named roles in the team relevant to the group of tumours it deals with. The core team specific to spinal tumours should include:

- a neuroradiologist;
- two neuropathologist**s**;
  Note: For the purpose of peer review, the neuropathologist is defined at minimum as a consultant pathologist who is taking part in the EQA scheme for neuropathology, organised by the British Neuropathological Society, or, for a pathologist acting only as the pituitary tumour pathologist for a team, an EQA scheme for endocrine pathology, judged equivalent by the peer reviewers.
- a clinical oncologist;
- a clinical nurse specialist**,** who should be put forward for review against the MDT nurse measures in this section;
- an MDT coordinator/secretary;
- an NHS-employed member of the core or extended team should be nominated as having specific responsibility for users' and carers' issues and information;
- a member of the core team should be nominated as the person responsible for ensuring that recruitment into clinical trials and other well designed studies is integrated into the function of the MDT.
- a neurosurgeon with a practice in spinal surgery or an orthopaedic surgeon with a practice in spinal surgery;
- an AHP agreed as having responsibility for liaison with neurorehabilitation services;
- each clinical core member should have sessions specified in the job plan for the care of patients with Brain and CNS and attendance at MDT meetings.

Notes:

Where a medical specialty is referred to the core team member should be a consultant. The cover for this member need not be a consultant.

The co-ordinator/secretary roles need different amounts of time depending on team workload, see appendix 2 for an illustration of the responsibilities of this role. The co-ordinator and secretarial role may be filled by two different named individuals or the same one. It need not occupy the whole of an individual's job description.

There may be additional core members agreed for the team besides those listed above.

Compliance: Named lead clinician for the MDT agreed by the lead clinician of the host trust.

The written responsibilities agreed by the lead clinician of the MDT and lead clinician of the host trust.

Note:

See appendix 2 for an illustration of the responsibilities of this role.

The name of each core team member with their role, agreed by the lead clinician of the MDT.

The job plans of the relevant specialists.

The reviewers should enquire as to the EQA participation of the pathologists and the practices of the relevant surgeons.

Note:

The reviewers should record in their assessment each case where the post(s) needed to

provide the minimum core membership for a given listed role in the measure is unfilled or non-existent or existing posts cannot provide the service. This does not refer to mere holiday or sickness absence, or less than two thirds attendance, and it refers only to the core member roles listed in the measure, not to additional roles that the MDT has decided locally to include as core members. The reviewers should identify the particular missing roles and identify the particular MDT in the report.

Lead Clinician and Core Team Membership for a NSMDT Dealing with Skull Base Tumours

11-2K-205

There should be a single named lead clinician for the MDT who should then be a core team member.

The lead clinician of the MDT should have agreed the responsibilities of the position with the lead clinician of the host trust.

Note:

The role of lead clinician of the MDT should not itself imply chronological seniority, superior experience or superior clinical ability.

The MDT should provide the names of the core team members for named roles in the team relevant to the group of tumours it deals with. The core team specific to skull base tumours should include:

- a neuroradiologist;
- two neuropathologist**s**;
- *Note: For the purpose of peer review, the neuropathologist is defined at minimum as a consultant pathologist who is taking part in the EQA scheme for neuropathology, organised by the British Neuropathological Society, or, for a pathologist acting only as the pituitary tumour pathologist for a team, an EQA scheme for endocrine pathology, judged equivalent by the peer reviewers.*
- a clinical oncologist;
- a clinical nurse specialist**,** who should be put forward for review against the MDT nurse measures in this section;
- a MDT coordinator/secretary;
- a NHS-employed member of the core or extended team should be nominated as having specific responsibility for users' and carers' issues and information;
- a member of the core team should be nominated as the person responsible for ensuring that recruitment into clinical trials and other well designed studies is integrated into the function of the MDT.
- Surgeons-a combination which should fulfil the following:
  - mandatory minimum core membership consists of a neurosurgeon with a practice in skull base surgery **plus** at least one, out of the following (whichever are members, they should have a practice in skull base surgery), ENT, maxillofacial, plastic surgeon;
  - if not included as a core member, there should be ENT, maxillofacial, and ophthalmic surgeons as mandatory extended team members;
- an AHP agreed as having responsibility for liaison with neurorehabilitation services.
- each clinical core member should have sessions specified in the job plan for the care of patients with Brain and CNS and attendance at MDT meetings.

Notes:

Where a medical specialty is referred to the core team member should be a consultant. The cover for this member need not be a consultant.

The co-ordinator/secretary roles need different amounts of time depending on team workload, see appendix 2 for an illustration of the responsibilities of this role. The co-ordinator and secretarial role may be filled by two different named individuals or the same one. It need not occupy the whole of an individual's job description.

There may be additional core members agreed for the team besides those listed above.

Compliance: Named lead clinician for the MDT agreed by the lead clinician of the host trust.

The written responsibilities agreed by the lead clinician of the MDT and lead clinician of

the host trust.

Note:

See appendix 2 for an illustration of the responsibilities of this role.

The name of each core team member with their role, agreed by the lead clinician of the MDT.

The job plans of the relevant specialists.

The documentation of completion of a course of training in microvascular surgery by one of the core surgical members.

The reviewers should enquire as to the EQA participation of the pathologists and the practices of the relevant surgeons.

Note:

The reviewers should record in their assessment each case where the post(s) needed to provide the minimum core membership for a given listed role in the measure is unfilled or non-existent or existing posts cannot provide the service. This does not refer to mere holiday or sickness absence, or less than two thirds attendance, and it refers only to the core member roles listed in the measure, not to additional roles that the MDT has decided locally to include as core members. The reviewers should identify the particular missing roles and identify the particular MDT in the report.

Lead Clinician and Core Team Membership of NSMDTs Dealing with Combinations of Tumour Groups

11-2K-206

There should be a single named lead clinician for the MDT who should then be a core team member.

The lead clinician of the MDT should have agreed the responsibilities of the position with the lead clinician of the host trust.

Note:

The role of lead clinician of the MDT should not itself imply chronological seniority, superior experience or superior clinical ability.

The MDT should provide the names of the core team members for named roles in the team, relevant to the tumour groups it deals with, according to the instructions in appendix1.

Notes:

For teams declared as dealing with more than one tumour group, it may be possible for certain individuals to be put forward as fulfilling a given core member role for more than one tumour group. This is acceptable as long as they are put forward for review against all the measures covering any constraints for that role, across all the relevant tumour groups.

Where a medical specialty is referred to the core team member should be a consultant. The cover for this member need not be a consultant.

The co-ordinator/secretary roles need different amounts of time depending on team workload, see appendix 2 for an illustration of the responsibilities of this role. The co-ordinator and secretarial role may be filled by two different named individuals or the same one. It need not occupy the whole of an individual's job description.

There may be additional core members agreed for the team besides those listed above.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE	
Compliance:	Named lead clinician for the MDT agreed by the lead clinician of the host trust. The written responsibilities agreed by the lead clinician of the MDT and lead clinician of the host trust. *Note:* *See appendix 2 for an illustration of the responsibilities of this role.* The name of each core team member with their role, agreed by the lead clinician of the MDT. The job plans and completion of training documentation if relevant to the core membership under review. The reviewers should enquire as to the EQA participation of the pathologists and the practices of the surgeons as relevant. *Note:* *The reviewers should record in their assessment each case where the post(s) needed to provide the minimum core membership for a given listed role in the measure is unfilled or non-existent or existing posts cannot provide the service. This does not refer to mere holiday or sickness absence, or less than two thirds attendance, and it refers only to the core member roles listed in the measure, not to additional roles that the MDT has decided locally to include as core members. The reviewers should identify the particular missing roles and identify the particular MDT in the report.*
EXTENDED TEAM MEMBERSHIP	
Extended Team Membership for a NSMDT Dealing with Brain and Other Rare CNS Tumours	
11-2K-207	The team should provide the names of members of the extended team for named roles in the team if they have not already been offered as core team members. The named extended team for an NSMDT declared as dealing with brain and other rare CNS tumours should include: • a neuropsychiatrist; • an epilepsy nurse specialist. *Note:* *The MDT may wish to name additional extended team members. This is not subject to review.*
Compliance:	The name of each extended team member with their role, agreed by the lead clinician of the MDT.
Extended Team Membership for an NSMDT Dealing with Brain and Other Rare CNS Tumours which is being reviewed as a Combined CN and NS MDT	
11-2K-208	The team should provide the names of members of the extended team for named roles in the team if they have not already been offered as core team members. The named extended team for an NSMDT declared as dealing with brain and other rare CNS tumours and being reviewed as a combined CN and NS MDT should include: • a neuropsychiatrist; • an epilepsy nurse specialist; • a dietician; • a clinical psychologist. *Note:* *The MDT may wish to name additional extended team members. This is not subject to review.*
Compliance:	The name of each extended team member with their role, agreed by the lead clinician of the MDT.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

Extended Team Membership for an NSMDT Dealing with Pituitary Tumours

11-2K-209

The team should provide the names of members of the extended team for named roles in the team if they have not already been offered as core team members. The named extended team for an NSMDT declared as dealing with pituitary tumours should include:

- an ophthalmologist with a practice in visual disturbances caused by CNS tumours;
- a neuropsychiatrist;
- an AHP agreed as having responsibility for liaison with rehabilitation services;
- a clinical neuropsychologist.

Note:

The MDT may wish to name additional extended team members. This is not subject to review.

Compliance: The name of each extended team member with their role, agreed by the lead clinician of the MDT.

Extended Team Membership for an NSMDT Dealing with Spinal Tumours

11-2K-210

The team should provide the names of members of the extended team for named roles in the team if they have not already been offered as core team members. The named extended team for an NSMDT declared as dealing with spinal tumours should include:

- a neuropsychiatrist
- a healthcare professional who is a core member of a specialist palliative care team.
- a clinical neuropsychologist.

Note:

The MDT may wish to name additional extended team members. This is not subject to review.

Compliance: The name of each extended team member with their role, agreed by the lead clinician of the MDT.

Extended Team Membership for an NSMDT Dealing with Skull Base Tumours

11-2K-211

The team should provide the names of members of the extended team for named roles in the team if they have not already been offered as core team members. The named extended team for an NSMDT declared as dealing with skull base tumours should include:

- a healthcare professional who is a core member of a specialist palliative care team;
- an ENT surgeon with a practice in skull base surgery;
- a maxillofacial surgeon with a practice in skull base surgery;
- an ophthalmic surgeon with a practice in skull base surgery;
- at least one out of the neurosurgeon, ENT, maxillofacial, or plastic surgeon, trained in reconstructive surgery including microvascular reconstruction;
- a neuropsychiatrist;
- a clinical neuropsychologist

Note:

The MDT may wish to name additional extended team members. This is not subject to review.

Compliance: The name of each extended team member with their role, agreed by the lead clinician of the MDT.

Extended Team Membership of NSMDTs Dealing with Combinations of Tumours

11-2K-212

The MDT should provide the names of members of the extended team for named roles in the team, relevant to the tumour groups it deals with, if they have not already been offered as core team members.

This should be done according to the instructions in the appendix.

Note:

The MDT may wish to name additional extended team members. This is not subject to review.

A given individual may be put forward as fulfilling a given role for more than one tumour group, providing they fulfil all relevant group specific conditions for the role.

Compliance: The name of each extended team member with their role, agreed by the lead clinician of the MDT.

MDT Attendance at NDSG Meetings

11-2K-213 The NSMDT should send a core team member as a representative to at least two thirds of the meetings of the NDSGs associated with the NSMDTs which the team under review relates to.

Compliance: The attendance record(s) of the NDSG(s).

Patient Management Planning Meeting

11-2K-214 A NSMDT dealing with brain and other rare CNS tumourshould meet weekly and a NSMDT dealing only with one of the subspecialist groups should meet monthly, record core members' attendance and have a written procedure governing how to deal with referrals which need a decision before the next scheduled meeting (guidance only - e.g. letters, emails or phone calls between certain specified members, retrospective discussion at next scheduled meeting).

Compliance: Attendance records of the meetings.

Written procedure agreed by the lead clinician of the MDT.

Where relevant, the frequency of meeting, agreed by theChair of the NDSG.

Cover Arrangements for Core Members

11-2K-215 The MDT should agree named cover arrangements for each core member.

Notes:

This refers to the nominating of staff that should in general be expected to provide cover for core members e.g. a ST3 on a consultant's team or core members of the same discipline providing cover for each other. It does not refer to the member having to provide a person to cover for each and every absence. This aspect is dealt with by the attendance measure below.

Where a medical specialty is referred to the cover for a core member need not be a consultant, but should be at a minimum seniority of post FRCS (SN) specialist trainee or NCCG.

Core members should arrange cover only from within the discipline of the core member type as listed in the relevant core membership measure e.g. neurosurgeon for neurosurgeon, nurse specialist for nurse specialist.

Cover for the AHP member need not be from the same AHP profession, but should be from an AHP individual with brain and CNS experience.

Compliance: The written arrangements agreed by the lead clinician of the MDT.

Core Members Attendance

11-2K-216 Core members or their arranged cover (see measure 11-2K-215) should attend at least two thirds of the number of meetings.

Compliance: Attendance record of the MDT.

Note:

The intention is that core members of the team should be personally committed to it,

reflected in their personal attendance at a substantial proportion of meetings, not relying instead on their cover arrangements. Reviewers should use their judgment on this matter and should highlight in their report where this commitment is lacking.

OPERATIONAL POLICIES

Operational Policy Meeting

11-2K-217 Besides the regular meetings to discuss individual patients the team should meet at least annually to discuss, review, agree and record at least some operational policies.

Compliance: The minutes of at least one meeting agreed by the lead clinician of the MDT to illustrate the recording of at least some operational policies.

Policy for Patients to be Discussed by the MDT

11-2K-218 There should be an operational policy for the team which specifies that all new cancer patients will be reviewed by the NSMDT at least:

- post initial radiological diagnosis, pre-, potential histological confirmation;
- post histological confirmation pre-, potential definitive surgical procedure;
- post definitive surgical procedure, pre-, potential adjuvant treatment;
- any other times as are agreed in the area-wide patient pathways.

Compliance: The operational policy agreed by the lead clinician of the MDT.

Informing the GP of the Diagnosis

11-2K-219 The MDT should have agreed a 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.

The MDT should have completed an audit against this policy of the timeliness of notification to GPs of the diagnosis of cancer.

Compliance: The policy agreed by the lead clinician of the MDT.
The results of the audit.

Key Worker Policy

11-2K-220 There should be an operational policy whereby a single named key worker for the patient's care at a given time is identified by the MDT for each individual patient and the name and contact number of the current key worker is recorded in the patient's case notes.

The responsibility for ensuring that the key worker is identified should be that of the nurse MDT member(s).

The above policy should have been implemented for patients who came under the MDT's care after publication of these measures and who are under their care at the time of the peer review visit.

Notes:

- *For information: According to the NICE supportive palliative care guidance, a key worker is a person who, with the patient's consent and agreement, takes a key role in co-coordinating the patient's care and promoting continuity e.g. ensuring the patient knows who to access for information and advice.*
- *It may be necessary to agree a different key worker for different parts of the patient's pathway. It is intended that at any one time a patient only has one named key worker.*
- *The key worker at any one time may be from the CN or NS MDT or community services.*
- *This is not intended to have the same connotation as the key worker in social work. It may be necessary to agree a single key worker across both a cancer site specific*

MDT and the specialist palliative care MDT for certain patients.

Compliance: The written policy agreed by the lead clinician of the MDT.
Reviewers should spot check some relevant patients' case notes.

Attendance at the National Advanced Communications Skills Training

11-2K-221 At least those core members of the team who have direct clinical contact with patients should have attended the national advanced communications skills training.

Notes:

- *This measure applies only to those disciplines which have direct clinical contact and which are named in the list in the MDT structure measure for core membership.*
- *Also, it applies only with regard to members which are in place i.e. if a team lacks a given core member from that list, it should still be counted as compliant with this measure provided those members which are in place comply.*
- *The relevant disciplines include medical, surgical, nursing and allied health professionals.*
- *The reviewers should record which core members of those relevant are non-compliant.*

Compliance: Written confirmation of the MDT members who have attended the national advanced communications skills training programme.

MDT Nurse Specialist Measures (Measures**11-2K-222** to **11-2K-223**)

Introduction

Why are there currently 'nursing measures' for MDTs, but no similar requirements for other MDT members?

The modern change to MDT working has created and then highly developed the specific role of nurse MDT member, with its related activities which, in full measure, go to make up the role of cancer nurse specialist. The roles of the medical specialties in the MDT have not been so profoundly influenced or so extensively developed by their MDT membership itself, compared to that of the MDT nurse members. The role definitions and training requirements of nurse MDT members are not 'officially' established outside the MDT world in contrast to the well-defined medical specialties with their formal national training requirements.

Therefore a particularly strong need was perceived for using the measures to define more clearly the role of the nurse member and to set out minimum training requirements for nursing input into MDTs. This is in order to establish these roles more firmly in the NHS infrastructure, and to avoid the situation where MDTs can comply with measures by having generalist nurses who 'sit in' on MDT meetings and sign attendance forms but play no defining role in the team's actual dealing with its patients.

Specialist Training for Core Nurse Members

11-2K-222 Each core nurse member who should have successfully completed a programme of study in their specialist area of nursing practice, which has been accredited for at least 20 credits at 1st degree level.

Compliance: Confirmation of successful completion of the course.

List of Responsibilities for Core Nurse Members

11-2K-223 The MDT should have agreed a list of responsibilities with each of the core nurse specialists of the team, which includes the following:

- contributing to the multidisciplinary discussion and patient assessment/care planning decision of the team at their regular meetings;
- providing expert nursing advice and support to other health professionals in the nurse's specialist area of practice;
- involvement in clinical audit;
- leading on patient and carer communication issues and co-ordination of the patient's pathway for patients referred to the team - acting as the key worker or responsible for nominating the key worker for the patient's dealings with the team;
- ensuring that results of patients' holistic needs assessment are taken into account in the decision making;

- contributing to the management of the service (see note below);
- utilising research in the nurse's specialist area of practice.

Notes:

Additional responsibilities to those in this measure may be agreed.

'Management' in this context does not mean clerical tasks involving the documentation on individual patients, i.e. this responsibility does not overlap with the responsibility of the MDT co-ordinator.

Compliance: The list of responsibilities, agreed by the lead clinician of the MDT and the core nurse member(s).

PATIENT CENTRED CARE (Measures **11-2K-224** **to11-2K-226**)

Patients' Permanent Consultation Record

11-2K-224 The MDT should be giving patients the opportunity of a permanent record or summary of at least a consultation between the patient and the doctor when the following are discussed:

- diagnosis;
- treatment options and plan;
- relevant follow up (discharge) arrangements.

Note:

The MDT may, in addition, offer a permanent record of consultations undertaken at other stages of the patient's journey.

The record of consultation should identify areas discussed during consultation and include a diagram where appropriate which supports the consultation discussion.

The consultation record provides a permanent summary of the discussion between the doctor and the patient and should always be offered to the patient unless specifically declined by the patient. A record should be kept in the notes.

Compliance: The reviewers should enquire of the working practice of the team and see anonymised examples of records given to patients.

Note: It is recommended that they are available in languages and formats understandable by patients, including local ethnic minorities and people with disabilities. This may necessitate the provision of visual and audio material.

Patients' Experience Exercise

11-2K-225 The MDT should have undertaken an exercise during the previous two years prior to review or completed self-assessment to obtain feedback on patients' experience of the services offered.

The exercise should at least ascertain whether patients experienced or were offered:

- a key worker;
- assessment of their physical, emotional, practical, psychological and spiritual needs (holistic needs assessment);
- the information for patients (written or otherwise);
- the opportunity of a permanent record or summary of a consultation at which their treatment options were discussed.

Notes:

- *The exercise may consist of a survey, questionnaire, focus group or other method.*
- *There may be additional items covered. It is recommended that other aspects of patient experience are covered.*

Exercises which have been completed during the previous two years should have been presented and discussed at an MDT meeting and the team should have implemented at least one action point arising from the exercise.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE	
Compliance:	The results of the exercise. A report of the actions taken.

Provision of Patient Written Information

11-2K-226

The MDT should provide patients and carers with written material which includes:

- information specific to the MDT about local provision of the services offering the treatment for brain and CNS malignancies;
- information about patient involvement groups and patient self-help groups;
- information about the services offering psychological, social and spiritual/cultural support, if available;
- information specific to brain and CNS malignancies about the diseases and their treatment options (including names and functions/roles of the team members treating them).
- information about services available to support the effects of living with cancer and dealing with its emotional effects.

It is recommended that the information and its delivery to patients and carers follow the principles of the NHS Information Prescription project (www.informationprescription.info).

Notes:

The information prescription should be tailored to the patients/carers needs based on an information needs assessment. Information may *be generated and dispensed outside of the clinic environments within an information centre where a clear operational policy between the clinic and information centre is in place which identifies how clinic records are updated and that facilities and resources within the information centre are appropriate to providing such a service.*

The information prescription should be composed of information from the national pathways supplemented with national and local accredited information.

Compliance: The written (visual and audio if used - see note below) material.

Notes:

It is recommended that it is available in languages and formats understandable by patients including local ethnic minorities and people with disabilities. This may necessitate the provision of visual and audio material.

For the purpose of self-assessment, the team should confirm the written information which is routinely offered to patients.

Patient Management Planning Decision

11-2K-227

The core MDT at their regular meetings should agree and record individual patient's management plans. A record should be made of the plan. The record should include:

- the identity of patients discussed;
- the stage in the patient's pathway at which the MDT discussion is taking place
- (e.g. for illustration; provisionally diagnosed pre-biopsy, post-biopsy pre-definitive surgery, post-op pre-adjuvant treatment, recurrence);
- the diagnosis;
- the multidisciplinary management decision relevant to that stage in the pathway; i.e. to which modalities of treatment and/or supportive and palliative care or rehabilitation, they are to be referred for consideration.

Applicable only to a brain and other rare CNS malignancies team which is being reviewed as a combined CN and NSMDT:

- the elements of or any changes to the elements of any non-surgical cytoreductive treatment (or the fact that no changes are being made).

Note:

A given patient may be discussed at different times by the team acting either in its

CNMDT role or its NSMDT role, with the relevant members present (see the notes on team functioning in the introduction to these MDT measures).

Compliance: Anonymised examples of the record of a meeting and individual anonymised treatment plans.

Notes:

Only exactly what is required in the list above is necessary for evidence. Detailed minutes of the content of discussions over patients are not required for evidence. For the purposes of evidence for peer review, patient specific information should be anonymised.

It is recommended that this essential information is recorded on an MDT decision proforma as well as in individual patient's notes.

50% Specified Surgical Programmed Activities (Applicable to NSMDTs dealing with brain and other rare CNS tumours and/or spinal tumours)

11-2K-228 Each surgical core MDT member should have 50% of their direct clinical care programmed activities (DCC PAs) specified for work related to and including relevant elective surgery and the management of neuro-oncology patients, including attendance at the NSMDT.

Where surgeons are dealing with both brain and other rare CNS tumours and spinal tumours, they should spend 50% on brain and other rare CNS tumours ***and*** the remaining 50% on spinal tumours.

Compliance: The named members and their job plans agreed by the lead clinician of the MDT and the relevant clinical directors of the surgeons' employing trust(s).

Specified Surgical Programmed Activities (Applicable to NSMDTs dealing with pituitary tumours and NSMDTs dealing with skull base tumours)

11-2K-229 Each surgical core MDT member should have DCC PAs specified for work related to and including relevant elective surgery (pituitary or skull base, as the case may be) and the management of neuro-oncology patients, including attendance at the NSMDT.

Note

Where surgeons subspecialise it is expected the majority of their DCC PAs will be in the subspecialty.

Compliance: The named members and their job plans agreed by the lead clinician of the MDT and the relevant clinical directors of the surgeons' employing trust(s).

Specialist Clinic Attendance by Core Oncologist MDT Members

11-2K-230 Each oncologist MDT core member should have specified DCC PAs for attendance at a multidisciplinary specialist clinic as agreed and defined in the relevant measures for the network board and the trusts (topics 1A and 1D).

Compliance: The named members and their job plans agreed by the lead clinician of the MDT and the relevant clinical directors of the oncologists' employing trust(s).

Specialist Clinic Attendance by Core Nurse MDT Members

11-2K-231 Each specialist nurse MDT core member should have time specified for attendance at a multidisciplinary specialist clinic as agreed and defined in the relevant measures for the Network Board and the trusts (topics1A and 1D)

Compliance: The named members and their timetables agreed by the lead clinician of the MDT and the relevant line manager of the nurses' employing trust(s).

50% Specified Radiological Programmed Activities

11-2K-232 Each neuroradiologist MDT core member should have 50% of their direct clinical care programmed activities specified for the practice of neuroradiology.

Compliance: The named members and their job pans agreed by the lead clinician of the MDT and the relevant clinical directors of the neuroradiologists' employing trust(s).

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

AREA WIDE CLINICAL GUIDELINES

Introduction

For their compliance with their relevant measure, the NDSG should in consultation, produce the clinical guidelines and each individual MDT, for compliance with this measure, should agree to them.

Clinical Guidelines

11-2K-233 The MDT should agree the area-wide clinical guidelines.

Compliance: The guidelines agreed by the chair of the NDSG and the lead clinician of the MDT.

AREA WIDE PATIENT PATHWAYS(Measures 11-2K-234 to 11-2K-236)

THE DIAGNOSTIC PATHWAY

Introduction

This is defined for the purpose of peer review as covering the process of investigation to establish and confirm the diagnosis, once the patient has been seen by the hospital service. It covers the process for a new diagnosis and for a recurrence. It covers the pathway for referral of patients with an unexpected imaging diagnosis of a CNS tumour.

For their compliance with their relevant measure, the NDSG should in consultation, produce the pathway and each individual MDT, for compliance with this measure, should agree to it and add any locally relevant content including named hospital services.

The Diagnostic Pathway

11-2K-234 The MDT should agree its role in the area-wide diagnostic pathway and add any locally relevant content including named hospital services.

Compliance: The pathway agreed by the chair of the NDSG and the lead clinician of the MDT.

THE TREATMENT PATHWAY

Introduction

This is defined for the purpose of peer review as covering the process of active treatment delivery up to, but not including, referral for follow up. It covers this process whether it is with radical or palliative intent and whether it is for treatment of a first presentation or of a recurrence. It also covers the situation where the treatment plan is to offer palliative and supportive care only, rather than active tumour removal or cytoreductive therapy.

For their compliance with their relevant measure, the NDSG should in consultation, produce the pathway and each individual MDT, for compliance with this measure, should agree to it and add any locally relevant content including named MDTs and services.

The Treatment Pathway

11-2K-235 The MDT should agree its role in the area-wide treatment pathway and add any locally relevant content including named MDTs and services.

Compliance: The pathway agreed by the chair of the NDSG and the lead clinician of the MDT.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE

THE FOLLOW UP PATHWAY

Introduction

This is defined for the purpose of peer review as covering the process, following completion of an episode of active treatment, from and including the referral to whoever is undertaking follow up. It covers follow up until this ends and includes the process of referral back to the MDT when recurrence is diagnosed by the follow up clinic.

For their compliance with their relevant measure, the NDSG should in consultation, produce the pathway and each individual MDT, for compliance with this measure, should agree to it and add any locally relevant content including named MDTs.

The Follow Up Pathway

11-2K-236 The MDT should agree its role in the area-wide follow up pathway and add any locally relevant content including named MDTs.

Compliance: The pathway agreed by the chair of the NDSG and the lead clinician of the MDT.

AREA WIDE COMMUNICATION FRAMEWORK

Introduction

For their compliance with their relevant measure, the NDSG should in consultation, produce the framework and each individual MDT, for compliance with this measure, should agree to it and add any locally relevant content including named MDTs and multidisciplinary clinics.

Area Wide Communication Framework

11-2K-237 The MDT should agree its role in the area-wide communication framework and add any locally relevant content including named MDTs and multidisciplinary clinics.

Compliance: The framework agreed by the chair of the NDSG and the lead clinician of the MDT.

Data Collection

11-2K-238 The MDT should be recording its agreed part of the brain and CNS tumour MDS, according to the area data collection specification, in an electronically retrievable form.

Compliance: Anonymised examples of the recorded data for individual patients.

Note:

For the purpose of self-assessment, the team should confirm that they started to record the MDS

AREA AUDIT

Introduction

For review purposes an area audit project is an audit project related to the NDSG and the activities of its MDTs. The same project should be carried out by all MDTs for that area, each team's results being separately identified.

The minimum progress needed for the NDSG's compliance with this measure (since audit is a long and multistage process) is that the NDSG, in consultation with the MDTs, agrees at least one area audit project with the host network board, with any necessary sources of funding agreed, usually within trust audit programmes. The individual MDTs, for compliance with their relevant MDT measure, should agree to participate in the audit.

Agreed Participation in Area Audit

11-2K-239 The MDT should agree to participate in the area audit project agreed by the NDSG.

The MDT should annually review the progress of the project or present the results of the completed network audit project to the NDSG for discussion at one of their meetings.

Notes:

For MDTs which have previously been peer reviewed the project should have been completed since that previous peer review.

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE	
Compliance:	The project agreed by the lead clinician of the MDT and the Chair of the NDSG. Written confirmation of review of progress of audit sufficient to show compliance with the measure

CANCER RESEARCH NETWORK

Introduction

Because of the different types of MDT and their differing roles in the patient pathway, not every team may be able to enter patients into a given trial on the list.

Discussion of Clinical Trials

11-2K-240

The MDT should produce a report at least annually on clinical trials, for discussion with the NDSG. The report should include;

- Details of the MDT's trials portfolio including the extent of local provision of the national portfolio.
- The MDT's recruitment to the portfolio, including the extent of delivery against the locally agreed timescales and targets.
- The MDT's programme for improvement for the above, as proposed to the NDSG.

The MDT should agree a final programme for improvement at the NDSG discussion meeting.

Note:

For compliance with this measure the MDT should produce a proposed programme for improvement and, at the discussion with the NDSG, settle on a mutually agreed programme between the participants of the meeting.

In addition, applicable only to MDTs dealing with the following cancer sites:

- Leukaemia
- Lymphoma
- Germ cell malignancy
- Bone and/or soft tissue sarcoma
- Brain and CNS malignancy
- Malignant melanoma

The MDT should produce a report on clinical trials, covering the above points, for TYA patients, for discussion with the teenage and young adults' cancer network co-coordinating group (TYACNCG).

The MDT should agree a final programme for improvement for TYA clinical trials with the TYACNCG.

Note:

The TYACNCG's current list of trials and studies suitable for TYAs may not include any of those malignancies dealt with by the MDT under review, in which case this is not applicable for the current assessment in question.

Compliance: The report, agreed by the lead clinician of the MDT. The reviewers should check that the contents fulfil the points above.

The programme for improvement, agreed by the lead clinician of the MDT and the clinical lead for the cancer research network.

Where relevant, the clinical trials report for TYA patients, agreed by the lead clinician of the MDT, and the programme for improvement agreed by the lead clinician of the MDT, the Chair of the TYACNCG and the clinical lead for the cancer research network.

Joint Treatment Planning for TYAs

11-2K-241

For each patient in the TYA age group, the MDT should agree the following decisions with the TYA MDT and record them as part of that patient's joint treatment planning decision:

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE	
	• the multidisciplinary treatment planning decision (i.e. to which modality(s) of treatment-surgery, radiotherapy, chemotherapy, biological therapy or supportive care, or combinations of the same, they are to be referred to for consideration); • the named consultant in charge of each modality of definitive treatment and the named person in charge of organising arrangements for the age-appropriate support and care environment including those when the treatment is delivered outside the PTC facility. For those in the age range 19 to the end of their 24th birthday, the MDT should record the choice of treatment location, made by the patient, in particular, whether it is the TYA facility or which of the named designated hospitals for TYAs. *Notes:* *Patients in the age range 16 to the end of their 18th birthday should be treated in the PTC.* *The date of joint agreement to the planning and of the patient's choice of treatment place may be later than the date of the initial treatment planning discussion by the MDT.*
Compliance:	The reviewers should ask to see examples of the treatment planning decision record of patients from the TYA age group. Evidence of joint agreement should be by individual TYA patient decision records of the site-specific MDT being authorised by a core member of the TYA MDT. *Note:* *If the MDT has had no such patients referred since the last assessment/review this part of the measure is considered to have been complied with. The overall compliance depends then, only on the non-TYA aspects of this measure.*

APPENDIX 1

Instructions on defining the required core and extended team members for NSMDTs dealing with combinations of tumour groups

Core Membership

For teams declared as dealing with more than one tumour group, the required core team members are specified by combining those in section 1, below, with those in each numbered section corresponding to the tumour groups in question.

Section 1. The core team common to all NSMDTs should include;

- a neuroradiologist;
- two neuropathologists;
  Note: For the purpose of peer review, the neuropathologist is defined at minimum as a consultant pathologist who is taking part in the EQA scheme for neuropathology, organised by the British Neuropathological Society, or, for a pathologist acting only as the pituitary tumour pathologist for a team, an EQA scheme for endocrine pathology, judged equivalent by the peer reviewers.
- a clinical oncologist;
- a clinical nurse specialist, who should be put forward for review against the MDT nurse measures in this section;
- a MDT coordinator/secretary;
- a NHS- employed member of the core or extended team should be nominated as having specific responsibility for users' and carers' issues and information;
- a member of the core team should be nominated as the person responsible for ensuring that recruitment into clinical trials and other well designed studies is integrated into the function of the MDT;
- each clinical core member should have sessions specified in the job plan for the care of patients with sarcoma and attendance at MDT meetings.

Section 2. For a NSMDT declared as dealing with brain and other rare CNS malignancies;

- two neurosurgeons;
- a neurologist with specified DCC PAs for the care of patients with the neurological consequences of CNS malignancy and of its treatment;
- a clinical neuropsychologist;
- a healthcare professional who is a core member of a specialist palliative care team;
- an AHP agreed as having responsibility for liaison with neurorehabilitation services;
- a therapy radiographer.
  Note: The team may choose to have AHP representatives which are specific to and liaise with only one or some of the AHP subspecialties. This is not subject to review provided the particular system, in its entirety, covers all of the subspecialties.

Applicable only to a brain and other rare CNS malignancies team which is being reviewed as a combined CN and NSMDT:

The requirement for the AHP liaison person -- 4th bullet point above -- is replaced by the following;

- an occupational therapist with time specified in their job plan for the care of patients with CNS malignancy;
- a speech and language therapist with time specified in their job plan for the care of patients with CNS malignancy;
- a physiotherapist with time specified in their job plan for the care of patients with CNS malignancy.

Section 3. For a NSMDT declared as dealing with pituitary tumours;

- a neurosurgeon with a practice in pituitary surgery or ENT surgeon with a practice in pituitary surgery;
- an endocrinologist with a practice in pituitary disorders.

Section 4. For a NSMDT declared as dealing with spinal tumours;

- a neurosurgeon with a practice in spinal surgery or an orthopaedic surgeon with a practice in spinal surgery;
- an AHP agreed as having responsibility for liaison with neurorehabilitation services.

Section 5. For a NSMDT agreed as dealing with skull base tumours;

- Surgeons--a combination which should fulfil the following;
  - mandatory minimum core membership consisting of a neurosurgeon with a practice in skull base surgery plus at least one, out of the following (whichever, with a practice in skull base surgery), ENT, maxillofacial, plastic surgeon;
  - if not included as a core member, there should be ENT, maxillofacial, and ophthalmic surgeons as mandatory extended team members; (See measure 11-2K-205)
- an AHP agreed as having responsibility for liaison with neurorehabilitation services.

Extended Membership

For teams declared as dealing with more than one tumour group, the required extended team members are specified by combining those in each numbered section below, corresponding to the tumour groups in question.

Section 1. For a NSMDT declared as dealing with brain and other rare CNS tumours;

- clinical neuro-psychologist;
- psychiatrist;
- epilepsy nurse specialist.

Applicable only to a brain and other rare CNS malignancies team which is being reviewed as a combined CN and NSMDT;

- a dietician;
- a clinical psychologist.

Section 2. For a NSMDT declared as dealing with pituitary tumours;

- an ophthalmologist with a practice in visual disturbance due to CNS malignancy;
- an AHP agreed as having responsibility for liaison with rehabilitation services.

Section 3. For a NSMDT declared as dealing with spinal tumours;

- a healthcare professional who is a core member of a specialist palliative care team.

Section 4. For a NSMDT declared as dealing with skull base tumours;

- a healthcare professional who is a core member of a specialist palliative care team;
- an ENT surgeon;
- a maxillofacial surgeon;
- an ophthalmic surgeon;
- at least one out of the neurosurgeon, ENT, maxillofacial, or plastic surgeon, trained in reconstructive surgery including microvascular reconstruction.

APPENDIX 2

2.1 Role of the NDSG

Membership

The NDSG should be multidisciplinary; with representation from professionals across the care pathway; involve users in their planning and review; and have the active engagement of all Brain and CNS leads from the relevant constituent organisations in the network.

Service Planning

NDSGs should ensure that service planning:

- is in line with national guidance/standards (including reconfiguration where necessary);
- covers the whole care pathway;
- promotes high quality care and reduces inequalities in service delivery;
- takes account of the views of patients and carers;
- takes account of opportunities for service and workforce redesign;
- establishes common guidelines, including clear referral guidelines.

NDSGs should:

- recommend priorities for service development to the SCG;
- ensure decisions become integrated into constituent organisational structures and processes.

Service Improvement/Redesign

- all NDSGs and individual cancer teams should commit to service improvements;
- process mapping and capacity and demand analyses should become part of the norm;
- NDSGs should develop/approve high quality information for patient, for use across the network.

Service Quality Monitoring and Evaluation

NDSGs should:

- agree on priorities for common data collection (in line with national priorities e.g. for waiting times and cancer registries) but go beyond this where possible;
- review the quality and completeness of data, recommending corrective action where necessary;
- produce audit data and participate in open review;
- ensure services are evaluated by patients and carers;
- monitor progress on meeting national cancer measures and ensure actions following peer review are implemented;
- report identified risks/untoward incidents to ensure learning is spread.

Workforce Development

NDSGs should:

- consider the overall workforce requirements for the NDSG;
- consider the education and training needs of teams and, where appropriate, of individuals;
- liaise with the network board and with the workforce development confederation to ensure that:
    - appropriate workforce numbers and CPD are available;
    - promote links between teams through rotation of staff;
    - develop common recruitment/retention strategies;
    - take account of opportunities for skill mix changes.

Research and Development

NDSGs should agree a common approach to research and development, working with the network research team, participating in nationally recognised studies whenever possible.

Annual Work Plan and Report

NDSGs should:

- draw the above together in an annual work plan in the context of a prioritised clinical governance;
- development plan, for approval by the network board;
- ensure this is fed into commissioning, with agreements specifying standards, service developments and improvement, data collection, audit, research, education and training;
- provide an annual report of activity to feed health economy clinical governance reporting processes.

2.2 The Responsibilities of MDT members

Responsibilities of the MDT lead clinician

- ensure that objectives of MDT working (as laid out in Manual of Cancer Services) are met;
- to ensure that designated specialists work effectively together in teams such that decisions regarding all aspects of diagnosis, treatment and care of individual patients and decisions regarding the team's operational policies are multidisciplinary decisions;
- to ensure that care is given according to recognised guidelines (including guidelines for onward referrals) with appropriate information being collected to inform clinical decision making and to support clinical governance/audit;
- to ensure mechanisms are in place to support entry of eligible patients into clinical trials, subject to patients giving fully informed consent;
- overall responsibility for ensuring that MDT meeting and team meet peer review quality measures;
- ensure attendance levels of core members are maintained, in line with quality measures;
- ensure that target of 100% of cancer patients discussed at the MDT is met;
- provide link to NDSG either by attendance at meetings or by nominating another MDT member to attend;
- lead on or nominate lead for service improvement;
- organise and chair annual meeting examining functioning of team and reviewing operational policies and collate any activities that are required to ensure optimal functioning of the team (e.g. training for team members);
- ensure MDT's activities are audited and results documented;
- ensure that the outcomes of the meeting are clearly recorded and clinically validated and that appropriate data collection is supported;
- ensure target of communicating MDT outcomes to primary care is met.

Responsibilities of the MDT Co-ordinator

- facilitate and co-ordinate the functions of the multidisciplinary team meetings;
- ensure the appropriate proportions of patients are discussed at MDTs;
- help with the introduction and changes to proformas used to ensure all patients are discussed, treated appropriately and outcomes are recorded and reviewed, ensuring patients' diagnoses, investigations, and management and treatment plans are completed and added to the patient's notes;
- managing systems that inform GP's of patient's diagnosis, decisions made at outpatient appointment etc;
- working with staff to ensure all patients have a booked first appointment, investigation and procedure and record details of patients coming via a different route;
- working with key MDT members to identify areas where targets are not achieved, undertake process mapping to identify bottlenecks;
- undertake demand and capacity studies where appropriate;

- report changes to MDTs on a monthly basis;
- data collection and recording of data;
- to manage the systems according to guidelines, monitoring milestones and submitting the required reports in the given format and required times;
- keep comprehensive diary of all team meetings;
- record attendance at meetings;
- take minutes at the multidisciplinary meetings, type notes back in the required format and distribute to all concerned;
- the post holder will be expected to be instrumental in the development of databases to capture patient information and report this to the clinicians on a weekly basis;
- inform lead cancer manager of waiting times for patients when these exceed appropriate targets;
- ensure lists of patients to be discussed at meetings are prepared and distributes in advance;
- ensure all correspondence, notes, x-rays, results, etc are available for the meetings;
- ensure action plans for patient care are produced with agreed reviews;
- assist in capturing cancer data on all patients and assist in the development of systems to complement the cancer audit system;
- ensure members or their deputy are advised of meetings and any changes of date, venue, etc.

APPENDIX 3

List of responsibilities

Trust Lead Clinician

Purpose of the Role

The purpose of the role is to provide leadership and support to medical colleagues in the provision of specialist brain and CNS care within their trust and in collaboration with the NSMDT at the neuro-oncology centre. He/she will be expected to work in partnership with the neuro-oncology centre to contribute to the strategic development of brain and CNS cancer services within the trust and neuro-oncology supranetwork.

The Role of the Lead Clinician is to:

Coordinate care for patients with brain and CNS tumours within the host hospital's catchment area. This will include:

1. Agreeing policies with the NDSG including:

- patient pathways;
- communication framework;
- emergency surgical intervention.

2. Agreeing the provision of services including:

- electronic imaging transfer;
- multidisciplinary specialist clinic;
- neuro-rehabilitation facilities.

3. Liaising with the neuro-oncology centre to:

- establish a pathway for management of patients with brain and CNS tumours;
- establish the process for registration of all new patients diagnosed within the trust's catchment area;
- establish for each patient, in discussion with the NS MDT, responsibility for each component of the patient pathway. In particular who is the most appropriate key worker.

Area Rehabilitation Lead

Role

The area lead for neuro-rehabilitation should be a member of the NDSG with a responsibility for overseeing and signposting access to appropriate acute, specialist inpatient neurological/spinal rehabilitation and community neuro-rehabilitation services for patients with brain and CNS tumours.

Responsibilities

- Attend the NDSG as representative for AHP services.
- Identify the need for service provision for patients with brain and CNS tumours with functional deficits resulting from their disease or side effects of its treatment
- Ensure appropriate clinical intervention through appropriate and effective rehabilitation and management programmes for patients with CNS tumours throughout their treatment pathway across the network.
- Act as a resource and signpost access to local neurological, spinal and general rehabilitation inpatient, community and voluntary sector (hospice) services.
- Guide liaison with acute, specialist inpatient neurological/spinal rehabilitation and community services to influence provision and commissioning of rehabilitation services for patients with CNS tumours.
  NB/ this role will not be able to direct the provision and criteria of these services which are decided and commissioned locally.
- Assist the Regional Cancer Network AHP Lead in the implementation of National Cancer and Palliative Care Rehabilitation Pathways 8 for patients with CNS tumours.
- Assist the Regional Cancer Network AHP Lead to ensure compliance with the Peer Review Rehabilitation Measures 10.
- Assist the Regional Cancer Network AHP Lead to co-ordinate education training and research; to improve knowledge and skills in oncology throughout the network and to improve service provision for patients with CNS tumours across the network.

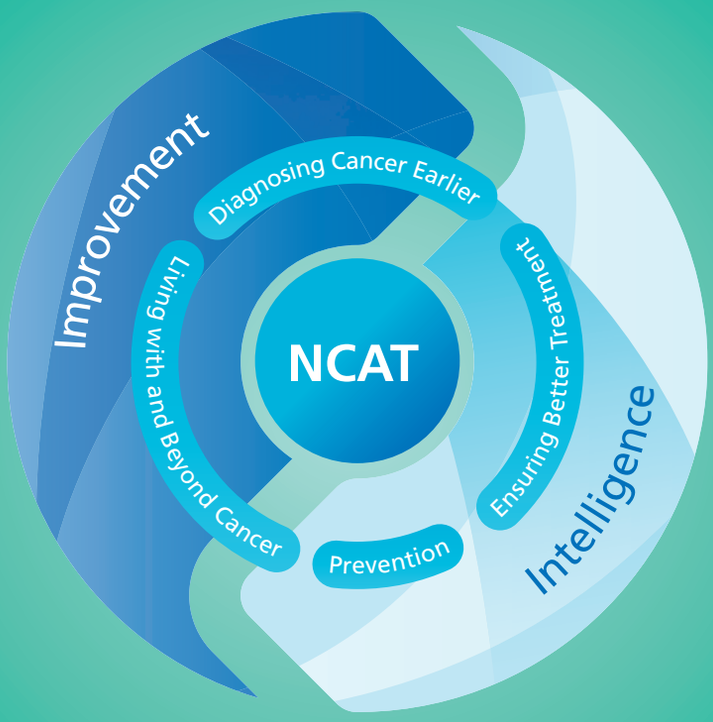
References

1. NICE (2004) Guidance on Cancer Services: Improving Supportive and Palliative Care for Adults with Cancer chapter 10, London, National Institute for Clinical Excellence.

2. Faithfull, S. Cook, K. Lucas, C. (2005) Palliative care of patients with a primary malignant brain tumour: case review of service use and support provided. Palliative Medicine 19 pp 545-50

ADDENDUM - Amendments to measures April 2012

Measure number	Comment
11-1C-109k	Revision to include additional bullet point
11-1C-114k	Revised research measure
11-1C-115k	Chemotherapy Algorithm generic measure for NSSGs
11-1C-116k	The TYACN Pathway for Initial Management
11-1C-117k	The TYA Pathway for Follow Up on Completion of First Line Treatment
11-2K-241	Joint Treatment Planning for TYAs
11-2K-126, 11-2K-240	Revised research measure



NHS

All rights reserved © Crown Copyright 2011