The team has a good team of core team members who have a wealth of knowledge and experience to help the MDT diagnose and treat testicular cancer sufferers across the supraregional network. The team is well supported by its CNS’s who also do a significant amount of additional work to maintain the teams databases and update their policies. It was felt at the peer review that a team of this size would definitely benefit from a data manager who could collate the data from the different sites across the network and aid in joint working.

The team discussed 485 cases in the MDT last year, 274 of whom were new malignancies and 59 of whom had recurrent disease.

The structure of the team is quite complex owing to the large size of the network (referral population of over 7.4 million), but it demonstrably works well. Each of the four networks which comprise the supraregional network has a designated network centre with clear guidelines of what treatment are offered there and which patients need to be referred onto the Supra-network centre which is Barts. There are three surgical centres across the supraregional network where RPLND’s are carried out.

The SRMDT meets fortnightly on a Monday with attendance largely dependent on the functionality of the video-conference equipment, which recently has been greatly improved. The team also now holds additional meetings when a bank holiday Monday causes disruption to the schedule. The links between the teams in the supra-network are excellent and any issues are swiftly resolved. However, there is a problem with the review of all new malignancies with the local urology MDTs which referred them. The MDT is still trying to find a way of achieving this, but the main issues are the volume of cases which would need to be discussed (274) and the number of local Urology MDT’s which refer up to the supra-network. This is included in the work plan and will be discussed at the team’s general meeting.

The attendance of the teams three surgeons at the MDT meeting is poor. This is because they all have other commitments built into their work plans (clinics, surgery lists). The team has overcome this by using the Barts specialist Urology meeting which is held the day after the testis meeting, allowing a surgical opinion to be obtained. However, the team must devise a way to allow the surgeons to attend the MDT meeting more frequently or at least have a surgical SpR in their place.
Coordination of care/patient pathways

Self Assessment Comments

The team has clearly defined patient pathways and a very strong operational policy which the teams follow well.

The network has three RPLND centres which the team considers an optimal number, as it allows enough flexibility to get patients in for surgery swiftly whilst allowing each surgeon to carry out enough cases to maintain a good skill set.

The network has a very close group of CNS's who are responsible for much of the coordination when patients are referred between hospitals. With the introduction of the IEP portal for the electronic transfer of radiology there are now very few problems with getting scans transferred between sites in time for the MDT meeting.

Patient experience

Self Assessment Comments

The patient experience surveys carried out by the network in 2010/11 were generic Urology surveys so the results are of uncertain utility to the Testicular team. The team plans to carry out a testis-specific patient survey across the network in the new year which should be more beneficial.

The audit of diagnoses being communicated to the GPs was seen as the responsibility of the local urology teams who performed the orchidectomies on the patients. The local teams within the NELCN carried out audits on this process with very good results.

A large proportion of the team have yet to attend the Advanced Communications Skills course which is once again included in the team's work programme. The team has shown good initiative and have one of the first CNS's to complete the level 2 psychological support training course.

The patients are helped through the pathways by an excellent team of CNS's, the team also has a good portfolio of patient information which they can share with to the patient. The CNS team has worked hard to produce the patient information and organise approval through the numerous TAB's and hospitals across the network. The team are currently working on the last of the mandatory leaflets which is about the MDT itself and the local contact points for the team, which is due for completion early in 2012.

Clinical outcomes/indicators

Self Assessment Comments

The team offers a wide range of trials and recruitment into these has been very good over the last few years. These trials together with the wide range of research work which the team have been involved in show their dedication to improving patient care for future generations.

Good Practice

Self Assessment Comments

The team offer an exceptionally wide range of treatments for their patients, including those with poor prognosis disease who
cannot be treated within other supraregional networks.

Dedication to trials and research.

Improved video-conferencing abilities and the facility to transfer scans electronically across the supra-network.

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**Self Assessment Comments**

**Internal Validation Comments**

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**Self Assessment Comments**

**Internal Validation Comments**

**Concerns**

**Self Assessment Comments**

**Internal Validation Comments**

- Poor attendance of the team's surgeons at the MDT meeting.
- Lack of level 3 or 4 psychological supervision for the level 2 psychological support-trained nurses within the team.
- No patient information leaflet detailing the role of the MDT and the local contact points for team members.
- No testis-specific patient survey undertaken.
- Some of the team have not attended the Advanced Communications Skills course.
- No meeting between the local referring teams and the specialist teams to review all the newly diagnosed testicular cancer cases over the previous year.
- Lack of a data manager / administrative support to coordinate the different teams within the supra-network.
The internal validation panel agree with these concerns

General Comments

Self Assessment Comments

The team have done a good job to rectify many of the problems highlighted in last year’s peer review. They continue to coordinate patient care effectively across a very large network but there is still work to be done specifically in carrying out a testis-specific patient survey and in acquiring funding for a data manager to coordinate the network and make use of the massive volume of data which is recorded each year.

Internal Validation Comments

The internal validation panel agree with these comments

Summary of validation process

The documentation was emailed to the members of the panel to review prior to the peer review. During the meeting each measure was discussed with the team along with any problems or areas of good practice associated with it.

Members of the review panel in attendance:
Professor Nick Lemoine (Director of Cancer CAU + Chair of the internal validation panel)
Mark Kowalczyk (Cancer Pathways Manager)
Fiona Alcorn (Service Manager Solid Tumours)

Members of the MDT in attendance:
Jonathan Shamash (Medical Oncologist + Clinical lead)
Wendy Ansell (Clinical Nurse Specialist)

Organisational Statement

I, Nicholas Lemoine (Validation Chair) on behalf of BARTS AND LONDON agree this is an honest and accurate assessment of the Testicular MDT.

Agreed by Peter Morris (Chief Executive) on 30th Sep 2011.