

National Cancer Peer Review Programme
Evidence Guide for:
Upper GI Local MDT



Foreword

This evidence guide has been formulated to assist Networks and their constituent cancer service teams in preparing supporting evidence for peer review. The contents of this guide are not exhaustive and organisations should continue to tailor their policies to reflect activity of the respective team, whilst demonstrating compliance with the quality measures. Networks and their constituent teams during the review process will be required to demonstrate ownership of all policies, and assure visiting Review Teams that policy is reflective of practice.

Agreement

Where agreement to guidelines, policies etc is required this should be stated clearly on the cover sheet of the three key documents including date and version. Similarly, evidence of guidelines, policies etc requires written evidence unless otherwise specified. The agreement by a person representing a group or team (chair or lead, etc) implies that their agreement is not personal, but that they are representing the consensus opinion of that group.

Confirmation of Compliance

Compliance against certain measures will be the subject of spot checks or further enquires by peer reviewers when a peer review visit is undertaken.

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

Key themes for a Local Upper GI MDT

Introduction

With reference to the guidance on Key Themes, when completing a report, please provide comments including details of strengths, areas for development and overall effectiveness of the team. Any specific issues of concern or good practice should also be noted. It is important to demonstrate any measurable change in performance compared to previous assessments.

Local Upper GI MDT Key Themes:

1. Structure and function of the service

Comment in relation to leadership, membership, attendance and meeting arrangements, MDT and surgical workload. In addition, any measures within the operational policies section regarding patients which are reviewed by the MDT, percentage of time MDT core members devote to this cancer type, training requirements of MDT members and responsibilities of nurse MDT members also help demonstrate this. MDT workload data and surgical activity is also important here.

Teams should specifically comment with regard to the following questions:

- Are all the key core members in place?
- Does the MDT have a clinical nurse specialist?
- What is the compliance with waiting time standards?
- How many patients by equality characteristic (race, age and gender) were diagnosed / treated in the previous year?

2. Coordination of care/ patient pathways

Comment on coordination and patient centred pathways of care, network guidelines and communication. For example, any measures relating to agreement of network guidelines and patient pathways, recording of treatment planning decisions, key worker and principal clinician policies and communication with GPs.

3. Patient experience

Comment on information on and achievement of improvements to service delivery, patient experience and gaining feedback on patients' experience, communication with and information for patients and other patient support initiatives.

It may include information associated with enhanced recovery programmes, communication with and information for patients and other patient support initiatives and service improvement initiatives such as process mapping and capacity and demand analysis.

Information from the National Cancer Patient Experience Survey should be included here. It is important to demonstrate any measurable change in performance regarding these parameters, compared to previous assessments. This section of the report requires specific answers to:

- What are the national patient experience survey results?
- What are the local patient experience exercise feedback results?

4. Clinical outcomes/ indicators

Where available, the data from the clinical indicators should be used. You should comment separately on each indicator. It is important to demonstrate any measurable change in performance regarding these parameters, compared to previous assessments.

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

This section of the report requires specific answers to:

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

Further information on clinical lines of enquiry is shown overleaf.

MDT Operational Policy - Agreement Cover Sheet

This Operational Policy has been agreed by:

Position: MDT Lead Clinician

Name:

Organisation:

Date Agreed:

Position: Trust Lead Clinician for MDT Leadership (11-2F-101)

Name:

Organisation:

Date Agreed:

Position: Lead Clinician of the Specialist MDT for referral arrangements between specialist and referring teams (11-2F-112)

Name:

Organisation:

Date Agreed:

The MDT members agreed the Operational Policy on:

Date Agreed:

Operational Policy Review Date:

MDT Evidence Guide - Upper GI Local MDT Operational Policy

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Introduction		Confirm locality which MDT is part of and population served.	Declare cancer types team deals with. Attach patient pathway.
Purpose of MDT		Describe the aims & objectives of the MDT.	MDTs objectives may include implementation of IOG compliance, working to agreed NSSG guidance, undertaking service improvement, participating in audit, including agreed NSSG audits.
Leadership Arrangements & Responsibilities	11-2F-101	State the name of MDT clinical lead and detail agreed responsibilities of clinical lead.	
Membership Arrangements	11-2F-101	State names and professional roles of each core team member	State the name of individual responsible for integrating recruitment of patients into clinical trials and person responsible for patient / carer issues.
	11-2F-102	Details of level 2 psychological support provision.	
	11-2F-106	State the cover arrangements for each core member.	
	11-2F-118 11-2F-119	State names and professional roles of each extended team member.	
	11-2F-115 11-2F-116	Details of core nurse members specialist study (completed or enrolled on). Detail the agreed responsibilities for core nurse members.	
Diagnostic Services	11-2F-114	Provide confirmation that core histopathological members are taking part in a general histopathology EQA that includes lung pathology.	

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
The MDT Meeting	11-2F-105	Confirm frequency, time and duration of MDT meetings and arrangements for recording attendance. Include policy for dealing with patients that require a treatment decision before next scheduled meeting.	Please refer to annual report for full compliance to Annual Report - where a summary of attendance should be given. Requirements for attendance (e.g. in person, via video link). Outline which patient types are routinely discussed at MDT. Useful to include arrangements for identifying pts suitable for clinical trials.
	11-2F-109	Detail policy whereby it is intended that all new cancer patients should be reviewed by an MDT.	
	11-2F-110	Include arrangements to ensure all patients with diagnosis of upper GI cancer are discussed with specialist upper GI team before actual referral or local treatment agreed.	
	11-2F-123	Include details of the system used for recording MDT decisions and for circulating these. Attach an example record of a meeting.	
	11-2F-113	Outline policy for allocation of key worker.	For full compliance refer to annual report for summary of patient notes audit of this policy.
	11-2F-111	Outline policy whereby after a patient is given a diagnosis of cancer, the patient's general practitioner (GP) is informed of the diagnosis by the end of the following working day.	Details of the audit of this to be included in annual report.
Data Collection	11-2F-129	State agreement to the NSSG minimum dataset. Attach/link to the NSSG MDS	

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Patient and Carer Feedback & Involvement	11-2F-120	Arrangements for patients to be offered permanent record of consultation.	
	11-2F-122	Details of the type of information offered to patients.	
Treatment (including palliative care)	11-2F-124 11-2F-125 11-2F-126 11-2F-127 11-2F-128	State agreement to NSSG agreed guidelines (attach or link to the full network guidelines).	
Follow-up	11-2F-112	Follow-up arrangements between specialist team and diagnostic team.	Detail treatment pathway / range of treatments provided by team and arrangements for referring to another provider.
Agreements		Use a front cover sheet which includes: Date MDT agreed this policy Date lead cancer clinician agreed this policy Date when policy is next due for review	

MDT Work Programme - Agreement Cover Sheet

This Work Programme has been agreed by:

Position: MDT Lead Clinician

Name:

Organisation:

Date Agreed:

The MDT members agreed the Work Programme on:

Date Agreed:

Work Programme Review Date:

MDT Evidence Guide - Upper GI Local MDT Work Programme

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Each area of the work-programme should include dates for implementation and a named lead.			
Service Improvement & Development		Outline the MDTs agreed service improvement action plan.	Include details of how the team is planning to address any weaknesses in service delivery and/or the constitution & function of the MDT. It is important that the service improvement aspects of this work programme are aligned with the relevant national and local service improvement priorities.
Patient and Carer Feedback & Involvement			Include details of planned work regarding learning from and acting on patient feedback.
Audit			Include details of the MDTs audit programme / outstanding actions from previous audits. Include details of planned actions in relation to any relevant national audit programmes.
Research	11-2F-131	Outline of any agreed actions arising from MDTs recruitment results.	
Actions from Previous Peer Review Assessments			Include any agreed actions arising from previous peer review, external verification or validation of self-assessment.
Agreements		Confirm date when work-programme was agreed by MDT.	

MDT Annual Report - Agreement Cover Sheet

This Annual Report has been agreed by:

Position: MDT Lead Clinician

Name:

Organisation:

Date Agreed:

The MDT members agreed the Annual Report on:

Date Agreed:

Annual Report Review Date:

MDT Evidence Guide - Upper GI Local MDT Annual Report

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Introduction			Define period report relates to (i.e. state year covered) Include short narrative giving summary assessment of the teams achievements and challenges faced over the previous year.
Workload of MDT / Cases Discussed			Include details of the number of new cases discussed by the MDT over the previous year. Include details of the number of patients treated (over previous year) by treatment type. Include surgical workload by named surgeon.
Team Attendance at Network NSSG Meetings	11-2F-104	Include details of the teams attendance over (at least) the last years NSSG meetings.	
MDT Meeting Attendance	11-2F-105 11-2F-107	Include a breakdown of attendance by named member and by "specialism" for MDT meetings over the previous year.	
Meetings to discuss Operational Policies	11-2F-108	Include details of meetings of the MDT used to discuss, review, agree and record at least some operational policies.	
Training	11-2F-103	Provide details of clinical supervision provision for level 2 psychology support staff.	
	11-2F-117	Advanced communication skills training.	Please note the measures differ for each team in terms of core team members who should have attended the training. Please provide detail for relevant team members regardless of when training was undertaken.
Network IOG Action Plan			Include summary (if relevant) of implementation of changes to service delivery in line with agreed Network IOG Plans.

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Data Collection	11-2F-129	Report on completeness of data of agreed NSSG minimum dataset.	
National/Local Audit	11-2F-130	Include details of the audit projects the MDT had participated in over the previous year, indicating which ones are agreed NSSG audits. Give date when results of NSSG audit were presented by this MDT to the NSSG (if this has happened).	Include update on team's participation in any established national audit programme. Report on data completeness and specified clinical outcomes. It is useful to also provide summary details of the outcomes of completed audit projects, and what changes to service delivery have taken place as a result.
Audit of timeliness of diagnosis notification to GPs.	11-2F-111	Include the results of the audit of the operational policy whereby after a patient is given a diagnosis of cancer, the patients GP is informed of the diagnosis by the end of the following working day.	
Patient and Carer Feedback & Involvement	11-2F-121	Include details of the work that this MDT has undertaken to gain feedback from its patients. Include details of the outcome of this work and what changes have taken place to service delivery as a result.	
Research	11-2F-131	Include details of recruitment into each of the agreed NSSG clinical trials and remedial actions agreed with NSSG arising from the MDTs recruitment results.	
Agreements		Confirm date when MDT agreed this report.	

