

National Cancer Peer Review Programme
Evidence Guide for:
Upper GI NSSG



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 an Upper GI NSSG

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 NSSG. 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.

Upper GI NSSG Key Themes:

1. Structure and function of the service

Comment in relation to membership, terms of reference, generic NSSG functions, and where relevant, the relationship of MDTs, NSSGs and supranetwork teams. In addition comment on progress towards implementing IOG recommendations and network configuration issues

2. Coordination of care/ patient pathways

Comment on coordination and patient centred pathways of care, network guidelines and communication. This includes considering pathways of shared care between these MDTs and other parts of the network infrastructure, such as children's,

TYA and late effects MDTs, MDTs of other site specialties, specialist palliative care MDTs and 'cross cutting' groups. There may be information from related initiatives not covered by the measures.

There should also be comments on the range of performance of the MDTs within the Network (with special focus on outliers).

3. Patient experience

Comment on the commitment of the NSSG to gain feedback on patient experience. In addition, comment on the achievement of improvements to service delivery and overall patient experience. Consider information associated with enhanced recovery programmes, other patient support initiatives and service improvement initiatives such as process mapping and capacity and demand analysis, communication with and information for patients.

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

Comment on the range of performance of the MDTs – where available, the data from the clinical indicators should be used. You should comment separately on each indicator. It is important to demonstrate any measurable change in performance regarding these parameters, compared to previous assessments. There should be special focus on outliers in the network and the relative performance of the MDTs and the network in relation to the national range.

Include results of network audit projects. In addition this section also includes NSSG measures on clinical research, and the report should comment on the range of performances of the MDTs (with special focus on outliers), on this issue.

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.

NSSG Constitution – Agreement Cover Sheet

The constitution has been agreed by:

Position: Chair of the NSSG

Name:

Organisation:

Date Agreed:

Position: Chair of the Network Board

Name:

Organisation:

Date Agreed:

Position: Representative of PCTs in the Network for configuration of teams (11-1A-202f – 11-1A-203f)

Name:

Organisation:

Date Agreed:

Position: Trust Lead Clinicians of the MDTs for configuration of teams in each locality (11-1A-204f)

Name:

Organisation:

Date Agreed:

Position: Lead clinician of the specialist MDT for catchment populations (11-1A-204f)

Name:

Organisation:

Date Agreed:

NSSG members agreed the constitution on:

Date Agreed:

Constitution Review Date:

NSSG Evidence Guide - Upper GI NSSG Constitution

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Agreements/Cover Sheet		Include date that terms of reference were agreed. Confirm agreement by Chair of Network Board, NSSG Chair(s), PCT Rep and Lead Cancer Clinician	Include date for review of terms of reference.
Terms of Reference			
Membership of Group	11-1A-201f	State names and professional role of each NSSG member. Include details of agreed mechanism for obtaining user advice if there are not two user representatives. State name of member with responsibility for recruitment to clinical trials. There should be named administrative support to the group.	Useful to include details of groups required quorum. Annual report should include details of meeting frequency and actual attendance. Include details of agreed mechanism for obtaining user advice if there are not two user representatives.
Membership ArrangementsScope of Service			
Network Configuration	11-1A-203f 11-1A-204f	Include IOG implementation summary and detail the current configuration of designated diagnostic, local and specialist MDTs across the network. This should also include referral patterns and catchment population.	Outline any changes to configuration that have taken place over the previous year. Please ensure primary care practice populations are only counted once.
Data Collection	11-1C-106f	Include responsibility for agreeing a network wide minimum dataset. Attach the NSSG MDS	
Service Developments	11-1C-109f	Include details of proposals for service development for the cancer site.	Useful to also include details of how you ensure strong links between the development of the SDP and the work of the individual MDTs
Clinical and Referral Guidelines			
	11-1A-202f 11-1A-205f 11-1A-204f 11-1C-103f 11-1C-104f 11-1C-105f	Include responsibility for agreeing network clinical and referral guidelines that are kept up to date and reflect current practice. Attach or provide an electronic link to the latest versions of all agreed NSSG clinical guidelines	

NSSG Work Programme - Agreement Cover Sheet

This Work Programme has been agreed by:

Position: Chair of the NSSG

Name:

Organisation:

Date Agreed:

Position: Chair of the Network Board

Name:

Organisation:

Date Agreed:

Position: Research Clinical Lead for remedial actions for research (11-1C-108f)

Name:

Organisation:

Date Agreed:

NSSG members agreed the Work Programme on:

Date Agreed:

Work Programme Review Date:

NSSG Evidence Guide - Upper GI NSSG 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.			
Research	11-1C-108f	Include details of any NSSG planned work relating to trial recruitment.	
Actions from Previous Peer Review Assessments			Include any agreed actions arising from previous peer review, external verification or validation of self-assessment.
Agreements		Confirm dates when work programme was agreed by NSSG chair and Network Board Chair.	

Include details of any planned NSSG service improvement work / implementation of service improvement.

Include any aspects of planned work in response to national quality issues.

NSSG Annual Report - Agreement Cover Sheet

This Annual Report has been agreed by:

Position: Chair of the NSSG

Name:

Organisation:

Date Agreed:

Position: Chair of the Network Board

Name:

Organisation:

Date Agreed:

NSSG members agreed the Annual Report on

Date Agreed:

Annual Report Review Date:

NSSG Evidence Guide - Upper GI NSSG Annual Report

Category	Link to Measure	Guidance for Compliance* (Please refer to full details of the measure)	Additional Guidance
Introductions			Define period report relates to (i.e. state year covered) Include short narrative giving a summary assessment of the groups achievements and challenges faced over the previous year. The group's annual report should show details of which guidelines have been developed or amended over the previous year.
NSSG Meetings Schedule / Attendance	11-1C-101f	Give attendance summaries for the meetings that have taken place over the previous year.	This summary should clearly demonstrate attendance by each of the MDTs within the network.
Annual Review	11-1C-102f	Confirm the date that the Chair's annual review took place (if it has) and who conducted the review.	
Activity Overview/Waiting Times			Provide activity of new cancers diagnosed and treatment given across the network MDTs. Include performance of each MDT against national cancer waiting time targets.
Network Audit	11-1C-107f	Include details of the network audit projects that have been running over the previous year, with details of NSSG meetings dates where projects have been reviewed, any projects that have completed, and dates of NSSG meeting where results of completed projects have been discussed.	It is useful to also provide summary details of the outcomes of completed audit projects, and what changes to service delivery across the network have taken place as a result.
Research	11-1C-108f	Include details of the network agreed clinical trials for this tumour group. A summary of each MDTs recruitment levels into each clinical trial for the previous year should be given. Record here the date that a meeting to discuss clinical trial activity took place (as required by measure 08-1C-110f) and details of the agreed remedial actions.	
Agreements		Confirm: Date NSSG Chair agreed this report Date Network Board Chair agreed this report	

