NHS

National Cancer Peer Review Programme 2009-2010

Cancer Peer Review Report

Greater Midlands Cancer Network

Central Zone Peer Review Team

July 2010

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Section 1 - INTRODUCTION

1.1 National Cancer Peer Review

The National Cancer Peer Review 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 outcomes of the National Cancer Peer Review Programme are:

- confirmation of the quality of cancer services;
- speedy identification of major shortcomings in the quality of cancer services where they occur so that rectification can take place;
- published reports that provide accessible public information about the quality of cancer services;
- timely information for local commissioning as well as for specialised commissioners in the designation of cancer services;
- validated information which is available to other stakeholders.

1.2 Background and Context to National Cancer Peer Review Programme

National Cancer Peer Review Programme 2001

The first national cancer peer review programme was in 2001. It was organised and operated on a regional basis. The first Manual for Cancer Services which covered 'standards' for the four common cancers Breast, Lung, Colorectal and Gynae was publish in 2001. A national evaluation of the 2001 programme was undertaken by Keele University. This recommended that national consistency was addressed and a new methodology was introduced in 2004.

National Cancer Peer Review Programme 2004-2008

In 2004 the second national programme commenced. This was delivered by 6 zonal teams; North West, North East, West South, East, London and South. The programme was coordinated by a national team. All teams/ services within a cancer network were asked to complete a self assessment once in the three year cycle, which was then followed by a comprehensive peer review visits.

A national independent evaluation of the 2004-2008 programme took place following its completion and it was also included in the review of national programmes by the Office of the Strategic Health Authorities. The continuation of peer review programme was supported but changes were recommended in order to meet: the annual requirements of the national regulator (CQC); reduce the perceived burden of inspection; encompass the principles of better regulation to only review what needs to be reviewed and to become more outcomes focused.

National Cancer Peer Review Programme 2009

In April 2009 a new methodology for National Cancer Peer Review was introduced. The new methodology has adopted an annual self assessment process supported by a targeted visit programme. This annual process, will allow more up to date information to be available to support the commissioning of cancer services and patient choice.

The National Cancer Peer Review Programme (NCPR) and the Care Quality Commission (CQC) are both committed to partnership working, sharing information and working together to determine compliance with standards of safety and quality. The intention is to submit data to CQC on an annual basis at the end of each full peer review cycle to inform CQC's monitoring of compliance with registration requirements.

1.3 The Peer Review Process

The process of peer review is carried out by specialist teams of professional peers and user/carer reviewers. Wherever possible the professional peers are those trained and working in the same discipline as those they are reviewing. Therefore peer review enables assessments to be made by those who understand the service, making them credible and commanding the respect of those being reviewed.

The peer review programme consists of the three key stages: (see figure 1)

- **Internally validated self assessments**

  Following completion of an annual self assessment by the team that delivers the particular cancer service, Internal Validation of the assessment is undertaken by the host organisation or co-ordinating body for that service. It is not mandatory to internally validate a service which is subject to a peer review visit but is seen as good practice.

  The purpose of Internal Validation is:

  - to ensure accountability for the self assessment within organisations and to provide a level of internal assurance;
  - to develop a process whereby internal governance rather than external peer review is the catalyst for change; hence the organisation is using the self assessments for its own assurance purposes;
  - to confirm that, to the best of the organisation's knowledge, the assessments are accurate and therefore fit for publication and sharing with stakeholders;
  - to identify areas of good practice that could be shared.

- **Externally verified self assessments**

  External Verification is a check of selected internally validated self assessments led by the zonal cancer peer review coordinating teams. This check takes the form of a desktop exercise. This process ensures that every team/service will be externally verified at least once every five years.

  The purpose of External Verification is to:

  - verify that self assessments are accurate and have been completed in a similar manner across organisations;
  - ensure that a robust process of self assessment and Internal Validation has taken place;
  - confirm self assessed performance against the measures and any associated issues relating to IOG implementation;
  - support identification of teams or services who will receive an external peer review visit in accordance with the selection criteria.

- **Peer review visits**

  Each year a targeted schedule of peer review visits takes place. The schedule of forthcoming peer review visits is agreed with each cancer network, and the teams/services informed, by the end of December each year. The visit cycle then commences the following May and is completed by March of the next year.

Figure 1

Each of the stages of the peer review process determines whether compliance with each peer review measure has been achieved and whether progress is being made towards those where it has not. Compliance with the measures is appraised as yes, no or not applicable according to the evidence available. If evidence is not available then the measures are considered as not met.

A phased introduction

As a result of national consultation on the new methodology it was agreed that the programme would have a phased introduction. In particular cancer networks and trusts had been concerned that the implementation of the annual Internal Validation cycle across the nine cancer sites would be too onerous, but that this would be manageable with the phased introduction.

In 2009/2010 the programme included six cancer sites, five of which had previously been reviewed - Breast, Lung, Gynaecological, Upper Gastro-Intestinal and Urology and one new site, Skin.

Section 2 - ORGANISATION OF THE REPORT

This report contains:

- an overall summary diagram of the structure of the Network
- an overall Network Report which contains
  - contextual information about the Network
  - an Executive Summary
  - progress against Improving Outcomes Guidance
  - Good Practice
  - a summary of Immediate Risks and Serious Concerns at Network level and
  - comments on the robustness of the IV process across the Network.

There is a similar summary report for each Trust in the Network, and links to the PCT Skin Reports in the final section.

Reports on individual teams may be accessed via hyperlinks both in the Network Summary Table and also in the summaries of compliance within the individual Trusts' sections.

To access these individual reports when online, please click on the links as shown in the example diagrams below. These will take you to the reports as PDF documents which can then be saved or printed.

KEY Peer Review Compliance (%) Internal Validation Compliance (%) External Verification assessment: G - IV Confirmed A - IV Confirmed with Exceptions R - IV Unconfirmed	08-1A-2b - Breast Network	08-1A-2c - Lung Network	08-1A-2e - Gynae Network	08-1A-2f - Upper GI Network	08-1A-2g - Urology Network	08-1A-2j - Skin Network	08-1C-1b - Breast NSSG	08-1C-1c - Lung NSSG	08-1C-1e - Gynae NSSG	08-1C-1f - Upper GI NSSG	08-1C-1g - Urology NSSG	08-1C-1j - Skin NSSG	08-1D-1j - Skin Locality Msrs
PBCN	66G	100G	77	100	82	70	100G	100G	80	75	100	81	
Birmingham East and North													0
Sandwell and West Birmingham													0
South Birmingham													0
Walsall													0

Click on any of the squares to be taken to an individual Report

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2F-2	Specialist Upper GI MDT	86%			Specialist Upper GI Report
08-2G-2	Specialist Urology MDT	89%			Specialist Urology Report

Click on the text in the column 'Link to Report' to be taken to an individual Report

Section 3 - NETWORK LEVEL SUMMARY AND REPORTS

3.1 Overall Network Stucture

The following table shows the structure of the Network, ie the Multi-Disciplinary Teams (MDTs) for the cancers treated at each Trust, and the compliance with the Peer Review Measures for that MDT.

If there has been a Peer Review of those services the percentage compliance is shown as a dark green percentage in the following table. If a service has been internally validated and also externally verified the IV percentage is shown in purple and the EV rating indicating the robustness of the IV process is shown as a red R, Amber A or Green G in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the purple Internal Verification compliance is shown.

As referred to in the introduction Internal Validation (IV) is the process by which the Trust or Network uses its own governance processes to assure the accuracy of its self assessment of compliance against the Peer Review measures. External Verification (EV) is undertaken on a large sample of the IVs by the NCPR Zonal Team to confirm, based on documentary evidence, that the IV was performed effectively. The outcome of EV is a traffic light coded system that reflects the Zonal Team’s confidence in the IV process, and is not an indication of whether the compliance with the NCPR measures is satisfactory or otherwise.

The three possible outcomes for EV are 'Green - IV confirmed', 'Amber - IV confirmed with exceptions' and 'Red - IV unconfirmed'. The allocation of the different ratings results from applying a combination of criteria including the degree of difference between the IV compliance and that found at EV, and the identification of potential Immediate Risks or Serious Concerns at EV that were not identified by the IV process. The parameters and algorithm for determining how these criteria lead to the red, amber, or green coding are published each year in a Delivery Specification Guide.

Individual Reports may be accessed via hyperlinks contained within the percentage compliances.

3.1.1 Summary of MDT Measures

KEY **Peer Review Compliance (%)** Internal Validation Compliance (%) External Verification assessment: G - IV Confirmed A - IV Confirmed with Exceptions R - IV Unconfirmed	08-2B-1 - Breast MDT	08-2C-1 - Lung MDT	08-2E-1 - Local Gynae MDT	08-2E-2 - Spec. Gynae MDT	08-2F-1 - Local Upper GI MDT	08-2F-2 - Spec. Upper GI MDT	08-2F-3 - Spec. Pancreatic	08-2G-1 - Local Urology MDT	08-2G-2 - Spec. Urology MDT	08-2J-1 - Local Skin MDT	08-2J-2 - Spec Skin MDT	08-6A-1j - Skin for PCTs
DGOH												
Black Country Skin SMDT											**57**	
DGOH	89R	88G	85			**70**		**82**				
Mid Staffordshire												
Mid Staffordshire NHS Foundation Trust	0R	84R	53		83			**62**		**65**		
Shropshire												
Shrewsbury & Telford Hospitals	75A	74R	76		82				**73**	**68**		
UHNS												
UHNS	80R	69G		82		95	89		**92**		**81**	
Wolverhampton City												
The Royal Wolverhampton Hospitals Trust	66R	81G		88	77				**86**			
Dudley PCT												**100**
North Staffordshire PCT												**100**
Shropshire County PCT												**100**
South Staffordshire PCT (gmcn)												**100**
Stoke On Trent PCT												**100**
Telford And Wrekin PCT												**100**
Wolverhampton City PCT												**100**

3.1.2 Summary of Network and Locality Measures

KEY Peer Review Compliance (%) Internal Validation Compliance (%) External Verification assessment: G - IV Confirmed A - IV Confirmed with Exceptions R - IV Unconfirmed	08-1A-2b - Breast Network	08-1A-2c - Lung Network	08-1A-2e - Gynae Network	08-1A-2f - Upper GI Network	08-1A-2g - Urology Network	08-1A-2j - Skin Network	08-1C-1b - Breast NSSG	08-1C-1c - Lung NSSG	08-1C-1e - Gynae NSSG	08-1C-1f - Upper GI NSSG	08-1C-1g - Urology NSSG	08-1C-1j - Skin NSSG	08-1D-1j - Skin Locality Msrs
GMCN	33A	100G	67	14	94	53	57R	85G	70	50	56	81	
DGOH													0
Mid Staffordshire													0
Shropshire													0
UHNS													0
Wolverhampton City													100

3.2 Network Report

3.2.1 Contextual Information

Greater Midlands Cancer Network was formed following the merger of North West Midlands and the Black Country Cancer Networks at the end of 2006. The Network covers a population of approximately 1,930,000 people.

The NHS organisations within the Network are:

Acute Trusts:

University Hospital of North Staffordshire NHS Trust
Mid Staffordshire NHS FT
The Royal Wolverhampton Hospitals NHS Trust
The Dudley Group of Hospitals NHS FT
The Shrewsbury and Telford Hospital NHS Trust
Worcestershire Acute Hospitals NHS Trust
Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust.

Primary Care Trusts:

North Staffordshire PCT
Stoke on Trent PCT
Shropshire County PCT
Telford and Wrekin PCT
Wolverhampton PCT
Dudley PCT

The Network also covers part of Worcester and South Staffordshire PCTs. For Peer Review purposes, South Staffordshire is included in GMCN reviews, and Worcester in 3 Counties Cancer Network. In addition, some patients from Powys also receive services from GMCN.

Also, please note that reports relating to the services at Kidderminster Hospital may be found in the Trust reports in 3 Counties Cancer Network.

The Network is unusual in that it provides radiotherapy and oncology from three hospitals. They are Shrewsbury and Telford NHS Trust, Royal Wolverhampton NHS Trust and University Hospital of North Staffordshire NHS Trust.

The Network Trusts provide host MDTs for all the common cancers and also provide specialised services for some of the less common cancers e.g. Pancreas and Brain. Oswestry provides a service for Sarcoma, as part of the Greater Manchester and Oswestry Sarcoma Service.

In this round of Peer Review, the following Network teams were subject to a full Peer Review Visit:
Gynaecological Cancer Network Site Specific Group and related Network Board measures
Upper Gastro-Intestinal Cancer Network Site Specific Group and related Network Board measures
Urological Cancer Network Site Specific Group and related Network Board measures
Skin Cancer Network Site Specific Group and related Network Board measures.

The following Network teams underwent Internal Validation (IV) which was Externally Verified (EV) by the NCPR Zonal Team:

Breast Cancer Network Site Specific Group and related Network Board measures
Lung Cancer Network Site Specific Group and related Network Board measures.

3.2.2 Executive Summary

The Network serves a mixed population ranging from inner-city to rural and deprived to wealthy. Cancer incidence is similar to the national average, although the 5 year age standardised mortality is worse.

The implementation of videoconferencing has been managed and delivered by the Network in all Trusts. Similarly, the Network has installed the Somerset cancer database and configured it such that all Trusts have comparable data that is accessible to all other hospitals. A Network Commissioning Group has been established and meets monthly, providing advice to PCTs on service configuration, high cost drugs and 'quality, innovation, productivity and prevention' opportunities. The Network hosts the West Midlands-wide groups for HPB and Sarcoma.

The Service Improvement Programme has been redesigned to meet the local needs around delivering the Cancer Reform Strategy and has made appointments to ensure progress in addressing; Chemotherapy (NCAG and NCEPOD), In-patient work, Survivorship and Supportive and Palliative care. The CRS programme is also addressing Radiotherapy (the NRAG 2010 targets have been met) and Rehabilitation as well as other clinical areas. The Network has a very inclusive and robust User Involvement structure that ensures each Locality User Group is supported, as well as a Network Patient Partnership Group. Users also contribute to all NSSGs and cross cutting groups as well as the Network Board.

The Network has made significant progress in taking remedial action to put in place IOG compliant configurations, with Professor Lind undertaking an external review during 2009 (see section below on IOG compliance).

The visits by the review teams to the specialist and local Skin Cancer Teams across the Network generally demonstrated good compliance with the Peer Review measures for this relatively new IOG, however, oncology support to the MDT was highlighted as a problem in three out of four of the teams. The visit to the Skin Cancer NSSG demonstrated a number of areas of good practice including the cohesiveness and openness of the Group along with good user involvement, and the nurse led health promotion initiatives across the Network and supportiveness of the CNSs to each other. No Immediate Risks or Serious Concerns were noted, although the reviewers did comment on the need to clarify guidelines and pathways (especially for patients who go out of the Network) and to examine the practice of block dissections and sentinel node biopsies across the Network.

Three Specialist and two Local Urological Cancer MDTs were visited by Peer Review teams in this cycle. The Network was in the process of having a single videoconferenced MDT, however at the time of the Peer Review visits to the Trust the technology was not allowing this to work effectively. Once again, oncology support to the MDT was an issue raised by the reviewers, affecting all but one of the teams. The Peer Review visit to the Urology NSSG did not note any Serious Concerns or Immediate Risks, and congratulated the NSSG on its engagement with the PCTs and the service improvement group led by the CNSs.

Only the Upper Gastro-Intestinal MDT at Dudley received a Peer Review visit, and whilst the compliance with the Peer Review measures was satisfactory, the review team did note two Serious Concerns. The review of the Upper

GI NSSG demonstrated limited compliance with the measures, but no Immediate Risks or Serious Concerns. The reviewers did note the contribution by all Network Trusts in the National Upper GI audit.

Whilst no Gynaecological MDTs were visited in this round of Peer Review, the NSSG was subject to a visit. The reviewers commended the NSSG on the laparoscopic surgery supporting the Enhanced Recovery Programme, and the clearly written clinical guidelines. However, the reviewers raised as a serious concern that the NSSG was aware of inappropriate surgery that should be carried out in a specialist centre being undertaken under the Local MDT at Shrewsbury. The Network responded positively to this issue (see relevent section below).

The Lung Cancer NSSG had its self assessment against the Peer Review measures Internally Validated (IV) by the Network, and this was Externally Verified (EV) by the NCPR Zonal team and judged to be 'Green - IV confirmed'. No Immediate Risks of Serious Concerns were noted. However, the EV of the Breast cancer IV demonstrated additional Serious Concerns and a discrepancy of more than 20% (but less than 30%) between the compliance with the Peer Review measures found at IV and EV.

3.2.3 IOG Progress

The Network has been non compliant with four major IOGs since it was formed. This was raised at a previous Peer Review visit and the Network then commissioned Professor Mike Lind to lead an external review of those IOGs, which he carried out over the course of 2009.

Gynaecology: This service was reviewed and found not to be compliant, it recommended that patients in Shropshire are transferred to one of the specialist centres for surgery, and the Network is considering how that can be best achieved.

Head and Neck: The service at Shrewsbury and Telford does not undertake a sufficient number of procedures to be compliant as a Head and Neck centre. This service has been reviewed and the Network is now considering how best compliance can be achieved.

Upper GI: This service was reviewed and has also been through an assessment of its population base. The assessment demonstrated that the Dudley Group of Hospitals does not have the required one million to be compliant with the IOG. The Network is now working through the best way to achieve IOG complaint services for all its population.

Urology: This was reviewed as part of the Network IOG External Review. It was deemed to be an acceptable configuration as soon as Video Conferencing was established as a method of ensuring the SMDT meets. This is now in place and the Teams are meeting using this technology.

Other IOG plans are in preparation including Sarcoma, which is a regional service. This will be subject to a review to be organised by the North West Specialised Commissioning Team.

There are also plans to review HPB services against the Upper GI IOG for Pancreas and the National Plan for Liver. This review will be West Midlands wide, not just for the GMCN.

The Network is also preparing for implementation of the Supportive and Palliative Care IOG.

3.2.4 Good Practice

A number of examples of good practice were noted by the reviewers when they visited the Network and the NSSGs. These included:

- Well established laparascopic surgery supporting the Enhanced Recovery Programme, and the good quality clinical guidelines in gynaecology,
- The cohesiveness and openness of the NSSG along with good user involvement, and the nurse led health promotion initiatives across the Network and supportiveness of the CNSs to each other in the Skin NSSG,
- Engagement with the PCTs and the service improvement group led by the CNSs in Urology, and
- The contribution by all Network Trusts in the National Upper GI audit.

The Internal Validation process raised a number of good practices in the Breast (EG recruitment to clinical trials) and Lung (EG the pleural effusion pathway and well evidenced clinical guidelines) NSSGs.

3.2.5 Network Response to Immediate Risks/Serious Concerns at Network Level

The only Serious Concern noted by the reviewers when the met the NSSG and Network Team was that the Gynaecological Cancer NSSG was aware of inappropriate cancer surgery being undertaken at one of the Trusts hosting a Local MDT in the Network. The Network responded very positively in that consultants from both the SMDTs started undertaking sessions in the Trust and arranging to operate on patients at their hospitals.

3.2.6 IV Process

The panel examined the evidence and met with the Network Officer who supported the group. The panel consisted of: Network Medical Director, Chief Executive, University Hospital of North Staffordshire, PCT Representative, User Representative and Network Director.

3.3 Summary of Compliance for Network Board/NSSG Measures

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-1A-2b	Breast Network		Amber	33%	Breast Network Report
08-1A-2c	Lung Network		Green	100%	Lung Network Report
08-1A-2e	Gynae Network Board	67%			Gynae Network Board Report
08-1A-2f	Upper GI Network Board	14%			Upper GI Network Board Report
08-1A-2g	Urology Network Board	94%			Urology Network Board Report
08-1A-2j	Skin Network Board	53%			Skin Network Board Report
08-1C-1b	Breast NSSG		Red	57%	Breast NSSG Report
08-1C-1c	Lung NSSG		Green	85%	Lung NSSG Report
08-1C-1e	Gynae NSSG	70%			Gynae NSSG Report
08-1C-1f	Upper GI NSSG	50%			Upper GI NSSG Report
08-1C-1g	Urology NSSG	56%			Urology NSSG Report
08-1C-1j	Skin NSSG	81%			Skin NSSG Report

The above table indicates the percentage compliance with NSSGs and Network measures. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

Individual Reports may be accessed via the hyperlinks to the reports.

Section 4 - TRUST REPORTS

4.1 DGOH Locality

4.1.1 THE DUDLEY GROUP OF HOSPITALS NHS FOUNDATION TRUST

4.1.1.1 Trust Report

Contextual Information

The Dudley Group of Hospitals NHS Foundation Trust (DGoH) is a District General Hospital in the West Midlands. The Trust operates from three new hospitals which were completed through a PFI financed development in June 2005. Russells Hall Hospital was commissioned in 1984 with a wide range of specialities including Accident and Emergency, acute medicine and all inpatient surgical services. From an original bed stock of 450, this site has been redeveloped and since March 2005 substantially expanded so that it now provides modern for health care in Dudley with 722 inpatient beds.

Two new Hospital Outpatient Centres have been built at Corbett and Guest Hospitals providing outpatient and day attendance facilities and services. The Dudley Group of Hospitals is the principal provider of acute hospital services to the residents of Dudley covering a population of 306,500. The Trust also provides services to surrounding areas, principally Sandwell, Wyre Forest and South Staffordshire, giving a catchment population for most services of around 400,000.

In this round of Peer Review, the following Teams were subject to a full Peer Review visit:

Skin Cancer Specialist MDT

(Please note this is the Black Country Skin SMDT and is a joint SMDT with the Royal Wolverhampton Hospitals NHS Trust; the review took place on the 9th March on at the New Cross Hospital, Wolverhampton but is shown here for administrative reasons)

Upper Gastro-Intestinal Specialist MDT

Urological Cancer Local MDT.

The following Teams underwent Internal Validation (IV) which was Externally Verified (EV) by the NCPR Zonal Team:

Breast Cancer MDT

Lung Cancer MDT.

The following Team underwent IV only:

Gynaecological Cancer Local MDT.

Trust Executive Summary

Radiotherapy is principally provided through New Cross Hospital in Wolverhampton. Chemotherapy is delivered on site in the Georgina Unit, which has 15 chairs,two trolleys and undertakes intrathecal chemotherapy. The Unit is currently using a computerised system to manage chemotherapy bookings, but will be moving to a new workload planning and management system shortly. There is a 16 bedded haematology--oncology unit with an additional 6 in an isolation unit. Oncologists are provided from Wolverhampton under a Service level Agreement (SLA) and the Trust is working with the Royal Wolverhampton Hospitals NHS Trust and the Network to plan an acute oncology service in line with the NRAG report. One step already being planned is to change the SLA so that oncologists spend full days on site.

The Trust implemented the Somerset cancer database last year in collaboration with the Network. All other Trusts in the Network use it and are able to access each others data.

DGoH and The Royal Wolverhampton Hospitals NHS Trust have worked together to create the Black Country Specialist Skin Cancer MDT since the Greater Midlands Cancer Network board decision in February 2009. This new SMDT serves the population of Dudley and Wolverhampton. The review of the SMDT took place at the New Cross Hospital, Wolverhampton, site on the 9th March but is shown here for administrative reasons.

The SMDT commenced January 2010 via the newly installed video conferencing equipment however the technology has not allowed the SMDT to operate effectively and because of the potential effect this could have on clinical decision making, this was raised as a Serious Concern by the Reviewers. In a joint response between the from the two Trusts they confirmed that the problem had been resolved and the technology had worked successfully on six consecutive occasions. In addition to the collaboration that has had to take place to set up the new SMDT, the reviewers noted as good practice both the CNS's health promotion initiative with school age children and the quality of the patient information. The reviewers raised a second Serious Concern that the oncologist's attendance at the SMDT was poor, again potentially affecting patients' treatments. The response from the two Trusts indicated that a business case for a further two oncologists at Wolverhampton was being developed.

Upper Gastro-Intestinal Specialist MDTs in the Network have been reviewed by the cancer Network and there is a plan to reduce the number in the Network from two to one. The Dudley SMDT had been viewed as non-IOG compliant by that Network review due to its catchment population. However, it is still functioning as a Specialist MDT and the Peer Review team identified a number of areas of good practice, including the one stop clinic set up directly in response to patient feedback, and the running of nurse-led follow up and telephone clinics. However the review team noted two Serious Concerns; firstly that the number of Upper gastro-Intestinal surgeons was insufficient to provide out of hours covers at all times, and secondly the diagnostic pancreatic cancer MDT was making treatment decisions for some patients without the prospective agreement of the Hepato-Pancreato Biliary Cancer MDT at University Hospitals Birmingham (UHB). In response to these being raised by the review team, the Trust noted that with the uncertainty surrounding the future of the service it is unlikely to be able to fund or recruit a further Upper GI surgeon, and the Trust believes it has an agreement with UHB for the management of pancreatic cancer.

The third team to be reviewed was the Local urological cancer MDT. The reviewers noted a number of examples of good practice including the embedded key worker policy and card for recording for the patient changes to their keyworker. The reviewers noted the there had been a number of occasions when none of the core urological cancer surgeons, or their nominated cover, had been present for the MDT and in addition there was poor attendance by histopathology and oncology. This could detrimentally affect clinical decision making about treatment options. This was extensively investigated by the Trust and attendance, and recording of attendance, addressed.

In addition, at the visit to Heart of England NHSFT on 11th November it became apparent that a surgeon was undertaking surgery for penile cancer at Dudley Group of Hospitals NHSFT. The Review Team considered this practice to be outside the NICE Urology IOG. The IOG requires all penile cancer cases to be reviewed by the penile supra-network MDT and all treatment carried out under the management of that MDT. This was raised as an Immediate Risk at DGoH, and following discussion between the Trusts, surgery for penile cancer was ceased at the Trust.

The IVs of the self assessments undertaken by the breast and Lung cancer services were EVed by the NCPR Zonal Team. The Lung Cancer IV was judged to be 'Green - IV confirmed', however the Breast Cancer IV was judged to be 'Red - IV unconfirmed' due to a discrepancy between the compliance found at IV and that at EV of more than 30%. This has triggered a Peer Review visit to the Breast Cancer service in the next round of Peer Review. No Immediate Risks or Serious Concerns were noted for either team.

IV Process

Validation Process comprised:-

• A small panel undertook an initial assessment of compliance

• This was followed by a face to face panel review meeting with the MDT. Prior to the meeting the Operational Policy, Annual Report and Work Programme were circulated. Discussion took place relating to compliance with the measures and assessment of the key documents. -- panel members:- An MDT Lead Clinician, Clinical Nurse Specialist,, Patient/User representative, Deputy Director of Public Health, Acute Trust General Manager, Cancer Services Manager, Cancer Redesign Manager, Matron/Lead Cancer Nurse.

• Panel members agreed Internal Validation report and which measures should be altered.

- Internal Validation report submitted to Trust Integrated Governance Committee and signed off by Chief Executive Officer
- Documentation uploaded to The Cancer Quality Improvement Network System (CQuINS).

4.1.1.2 Summary of Compliance for MDT Measures

Black Country Skin SMDT MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2J-2	Spec Skin MDT	57%			Spec Skin Report

DGOH MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2B-1	Breast MDT		Red	89%	Breast Report
08-2C-1	Lung MDT		Green	88%	Lung Report
08-2E-1	Local Gynae MDT			85%	Local Gynae Report
08-2F-2	Specialist Upper GI MDT	70%			Specialist Upper GI Report
08-2G-1	Local Urology MDT	82%			Local Urology Report

The above table indicates the percentage compliance of the MDTs within the Trust. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

Individual Reports may be accessed via the hyperlinks to the reports.

4.1.2 Summary of Compliance for DGOH Locality Measures

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-1D-1j	Skin Locality Measures	0%			Skin Locality Measures Report

This table applies to the one skin locality measure relevant to the above Trust(s) which according to the network agreement should establish clinics for immunocompromised patients with skin cancer, in their locality. The table follows the same format as that for MDTs above. NB: As there is only ONE measure for skin, compliance can only be 0% or 100%.

4.2 Mid Staffordshire Locality

4.2.1 MID STAFFORDSHIRE NHS FOUNDATION TRUST

4.2.1.1 Trust Report

Contextual Information

Mid Staffordshire NHS Foundation Trust provides services for patients on two sites: Stafford Hospital and Cannock Chase Hospital. The Trust serves a population of around 320,000 people from Stafford, Cannock, Rugeley and the surrounding rural areas. The catchment area includes some areas of high deprivation and it is estimated that 21% of the local population is over 60 years old.

The Trust is a Cancer Unit and works closely with two Cancer Centres (University Hospital of North Staffordshire NHS Trust and The Royal Wolverhampton Hospitals NHS Trust). The Trust was authorised as a Foundation Trust on 1st February 2008 and became known as Mid Staffordshire NHS Foundation Trust.

In this round of Peer Review the following teams were subject to a full Peer review Visit:
Urological Cancer Local MDT
Skin Cancer Local MDT.

The following teams underwent Internal Validation (IV) and were Externally Verified by the NCPR Zonal team:
Breast Cancer MDT
Lung Cancer MDT.

The following teams underwent IV only:
Gynaecological Cancer Local MDT
Upper Gastro-Intestinal Cancer Local MDT.

Trust Executive Summary

The Trust has a nurse-led Chemotherapy Treatment Unit based at Stafford Hospital which is supported by visiting consultant oncologists from the two cancer centres (University Hospital of North Staffordshire NHS Trust and The Royal Wolverhampton Hospitals NHS Trust). There is funding for an additional five oncology sessions and the Trust is working with the two providers to establish how these can best be utilised. The Trust is implementing a chemotherapy workload and management system with the support of the Cancer Network. The Trust is also considering how it may work with partners to deliver an acute oncology service.

The Trust recognises the need to strengthen its infrastructure to support its cancer services and there is a business case for a second CT scanner. In addition, the Trust is reviewing the roles of its cancer team in order to ensure focus predominantly on the cancer agenda.

The Trust has implemented the Somerset cancer registry and is working with Macmillan to introduce a patient information facility on site.

The Peer Review visit to the Urology Local MDT demonstrated a number of areas of significant progress and good practice, including the training of radiographers to undertake TRUS biopsies, the use of the Somerset database to communicate outcomes of MDT meetings to GPs and a strong Prostate Support Group. However, the reviewers were concerned about the oncology support from the Wolverhampton cancer centre to the MDT discussions, and also the vulnerability of the service due to its reliance on the CNS who does not have any cover for absence. The reviewers raised both these issues as Serious Concerns. In response, the Trust is developing a business case for a second urological cancer CNS and the trust is looking at using some of the 5 additional oncology sessions to support this MDT.

The second team to receive a Peer Review visit was the Skin Cancer MDT. The reviewers commended the MDT on the progress it had made in becoming a functioning MDT and for its strong engagement with the PCT. Once again, there was a lock of oncology expertise into the decision making of the MDT, potentially affecting patients'

treatment plans, and consequently this was once again raised as a Serious Concern, and the Trust will be looking to support this MDT with its additional oncology sessions.

The two teams that had their IVs EVed by the NCPR Zonal team were the Breast and Lung cancer services. Both were judged to be 'Red -- IV unconfirmed' by the Zonal team. For the Breast MDT no evidence was submitted so the compliance with the Peer review measures was 0%, and for Lung the evidence was of such poor quality the the EVed compliance was very significantly below the percentage given at IV. Both these services have been added to the Peer Review visit programme for 2010-11.

IV Process

Validation Panel consisted of: Director of Nursing and Quality,Director of Finance, Tumour Lead Clinician, Tumour CNS, Network Director Trust Cancer Lead Clinician, Trust Lead Cancer Manager, Trust Lead Cancer Nurse, Patient user. The validation process was booked eight months ahead. Due to unforeseen circumstances the Executive leads were not available and contingency plans were put in place. The Network Director stepped in for commissioning/PCT and the Nurse and Finance Directors for the Exec Lead for Cancer. The validation was undertaken initially as a desk top exercise and then with the individual teams and the trust cancer team.

4.2.1.2 Summary of Compliance for MDT Measures

Mid Staffordshire NHS Foundation Trust MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2B-1	Breast MDT		Red	0%	Breast Report
08-2C-1	Lung MDT		Red	84%	Lung Report
08-2E-1	Local Gynae MDT			53%	Local Gynae Report
08-2F-1	Local Upper GI MDT			83%	Local Upper GI Report
08-2G-1	Local Urology MDT	62%			Local Urology Report
08-2J-1	Local Skin MDT	65%			Local Skin Report

The above table indicates the percentage compliance of the MDTs within the Trust. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

Individual Reports may be accessed via the hyperlinks to the reports.

4.2.2 Summary of Compliance for Mid Staffordshire Locality Measures

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-1D-1j	Skin Locality Measures	0%			Skin Locality Measures Report

This table applies to the one skin locality measure relevant to the above Trust(s) which according to the network agreement should establish clinics for immunocompromised patients with skin cancer, in their locality. The table follows the same format as that for MDTs above. NB: As there is only ONE measure for skin, compliance can only be 0% or 100%.

4.3 Shropshire Locality

4.3.1 SHREWSBURY AND TELFORD HOSPITAL NHS TRUST

4.3.1.1 Trust Report

Contextual Information

The Shrewsbury and Telford Hospital Trust was formed in October 2003 following the merger of two previous NHS Trusts (The Princess Royal Hospital NHS Trust and the Royal Shrewsbury Hospitals NHS Trust). The Trust is the main provider of acute hospital care for almost 500,000 people from Telford, Shrewsbury, Ludlow, Oswestry, Bridgnorth, Whitchurch, Newtown and Welshpool in Powys.

The Trust has over 900 beds across the two sites (Princess Royal Hospital, Telford - PRH - and The Royal Shrewsbury Hospital - RSH). The PRH was opened in 1989 has been continually updated, and the RSH has also also undergone a major transformation to its facilities with a £25 million Treatment Centre that was opened in early 2005. The Trust recently became a teaching hospital through its partnership with Keele University School of Medicine.

As a Cancer Centre the Trust provides radiotherapy and specialist chemotherapy services to the people of Shropshire and Mid Wales. The Trust currently has two linear accelerators and has recently made a bid for a third.

In this round of Peer review, the following Teams were subject to a full Peer Review visit:
Urological Cancer Specialist MDT
Skin Cancer Local MDT.

The following teams undertook Internal Validation (IV) which were Externally Verified (EV) by the NCPR Zonal team:
Breast Cancer MDT
Lung Cancer MDT.

The following teams were IVed only:
Gynaecological Cancer Local MDT
Upper Gastro-Intestinal Local MDT.

Trust Executive Summary

There are five clinical oncologists based at RSH but no medical oncologists. A business case is being developed for a sixth post but the need for a seventh post is envisaged in the near future. Inpatient chemotherapy is only performed at RSH where there are 16 oncology beds; day case chemotherapy is undertaken at RSH and PRH. Chemotherapy is only given at PRH on three days a week (when the oncologists are there) and is limited to less complex regimens. The day case chemotherapy is nurse led and was introduced because of the lack of middle grade support. In response to the need to develop an Acute Oncology service the intention is to develop a nurse led assessment area.

A Cancer Strategy Board has recently been formed to be chaired by the Chief Executive. The Trust is planning a new extension to its cancer centre. This is being mainly charitably funded and a significant amount of money has already been raised.

The Peer Review visit to the Urological Cancer service found a well led team that was in the process of becoming part of a Network wide SMDT combined (by videoconference) with two other SMDTs. The SMDT was continuing to meet locally until the videoconferencing technology was functioning appropriately and fit for purpose. The service is still run from two sites although the team would like to consolidate on a single site in the future. Surgical activity had dipped below the required rate in the previous year and is being monitored. The reviewers commended the team on the liaison across the two sites by the CNSs, and the development of services in line with patient feedback. However, the reviewers were concerned by the support and lack of cover for the oncology, radiology and histopathology members of the MDT, and raised this as a Serious Concern. In response the Trust has noted

that it is currently recruiting a further radiologist and two further histopathologists, and a business case for a further oncologist has been approved.

The review of the Local Skin MDT at the Trust demonstrated a number of good practices, including: the inclusion of local information in the patient information, the high quality of flap surgery in head and neck, and engagement with users. However, the service is reliant on a a number of single handed members, which leaves the service vulnerable and puts considerable pressure on those individuals. The was highlighted as a Serious Concern, and in response the Trust stated that it has funding for a second dermatologist, but has been unable to recruit, and is seeking 'pump prime' funding for a second CNS from Macmillan Cancer Support.

Two Teams were IVed by the Trust and subsequently EVed by the NCPR Zonal Team. The Breast MDT was judged to be 'Amber - IV confirmed with exceptions'. This was due to a discrepancy of more than 20% (but less than 30%) in the compliance with the NCPR measures found at EV compared with IV. The Lung MDT was judged to be 'Red - IV unconfirmed'. The was RAG rated red due to the Zonal Team considering the lack of resources for some of the key MDT core roles to be an Immediate Risk. In response to this the Trust described its plans to provide additional resources for these key roles.

IV Process

The IV panel consisted of Head of Continuous Improvement, Matron for Oncology Haematology /Trust Lead Cancer Nurse, Clinical Director Oncology/Haematology /Trust Lead Clinician, two patient users. They met with each team and checked their report with the teams for accuracy. The final IV reports went to the divisional boards and were signed off by the Executive Board which has improved engagement by senior management.

4.3.1.2 Summary of Compliance for MDT Measures

Shrewsbury & Telford Hospitals MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2B-1	Breast MDT		Amber	75%	Breast Report
08-2C-1	Lung MDT		Red	74%	Lung Report
08-2E-1	Local Gynae MDT			76%	Local Gynae Report
08-2F-1	Local Upper GI MDT			82%	Local Upper GI Report
08-2G-2	Specialist Urology MDT	73%			Specialist Urology Report
08-2J-1	Local Skin MDT	68%			Local Skin Report

The above table indicates the percentage compliance of the MDTs within the Trust. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

Individual Reports may be accessed via the hyperlinks to the reports.

4.3.2 Summary of Compliance for Shropshire Locality Measures

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-1D-1j	Skin Locality Measures	0%			Skin Locality Measures Report

This table applies to the one skin locality measure relevant to the above Trust(s) which according to the network agreement should establish clinics for immunocompromised patients with skin cancer, in their locality. The table follows the same format as that for MDTs above. NB: As there is only ONE measure for skin, compliance can only be 0% or 100%.

4.4 UHNS Locality

4.4.1 UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE NHS TRUST

4.4.1.1 Trust Report

Contextual Information

The University Hospital of North Staffordshire NHS Trust has 1,250 beds and employs almost 7000 staff. The Trust provides general hospital services as well as providing highly specialist services such as cardiac and cardiothoracic surgery, neurosurgery, cancer services and renal dialysis.

The Trust currently runs two hospital sites; The Royal Infirmary and the City General, providing an extensive portfolio of emergency, general and specialist hospital services. The Trust is part way through a major re-development of its hospitals, and a brand new £370m hospital will open in 2012 on the City General site.

UHNS as a Cancer Centre serves a population of 1.2 million encompassing North and South Staffordshire and parts of Shropshire and South Cheshire. Services include the diagnosis and treatment of all cancer tumour types including a sub regional surgical service for neurological cancers and a shared care service for paediatric cancers with Birmingham Children's Hospital. In 2009 approximately two and a half thousand people with a new cancer diagnosis were treated at UHNS.

The departments of radiotherapy, chemotherapy and haematology are all now located in the new £30million Cancer Centre building on the City General Site which was officially opened in December 2009. These areas are supported by six Oncologists and five Haematologists, who also provide core team membership to the tumour specific multi-professional teams. There are plans to appoint a further 2 Consultant Oncologists, one of whom might be a medical oncologist. Medical oncology at present is provided on a sessional basis from Wolverhampton in particular to support the specialist skin team.

In this round of Peer review, the following Teams were subject to a full Peer Review visit:
Urological Cancer Specialist MDT
Skin Cancer Specialist MDT.

The following teams undertook Internal Validation (IV) which were Externally Verified (EV) by the NCPR Zonal team:
Breast Cancer MDT
Lung Cancer MDT.

The following teams were IVed only:
Gynaecological Cancer Specialist MDT
Upper Gastro-Intestinal Specialist MDT
Pancreatic Specialist MDT.

Trust Executive Summary

The Trust has four matched linear accelerators and facilities for Image Guided Radiotherapy and provides Intensity Modulated Radiotherapy. The Trust is considering a further build to accommodate two more linear accelerators to meet the expectations of the NRAG report. In addition the Trust may seek to develop a fixed PET CT scanner to replace visiting mobile unit. The Trust has 44 clinical trials open across 10 cancer sites, and has the highest accrual in the Network. In addition, the Trust has embraced the Cancer Reform Strategy and has a number of local and national projects supporting this.

The Trust is facing a number of opportunities and challenges, including the potential service configurations following the Network's review of IOG compliance across its trusts, recruitment to pathology vacancies and availability of psychology services.

The Peer review visit to the Specialist Urology MDT recognised the efforts being made to set up a functioning, combined, videoconferenced SMDT with the other two SMDTs in the Network, with only technological limitations

preventing full implementation. The review team commended the SMDT on the progress since the previous Peer Review visit, the development of laparoscopic procedures, and the capture of data through the live updating of the computerised cancer database. However the reviewers noted a serious concern in the provision of oncology support to the SMDT being severely stretched due to maternity leave. In response, the Trust reported that, subsequent to the Peer Review visit, the Trust had agreed a business case for three further oncology posts.

The second team to be visited was the Specialist Skin MDT. The one-stop radiotherapy clinic where patients who meet certain criteria are assessed and treated in one day, was seen as innovative practice. Also, the engagement by the CNS with users and the nurse led health promotion activities were also singled out to be commended. In contrast, however, the reviewers identified three Serious Concerns relating to the videoconferencing equipment not functioning and lack of attendance by core members, patients not being discussed prospectively, and the low number of lymph node dissections being performed. Following the visit, the Trust confirmed that the videoconferencing problems had been corrected, the practice around the prospective discussion of patients had ceased, and that the Trust was now taking on additional block dissections from another trust that would increase the numbers being performed at UHNS.

Of the two services that had their IVs EVed by the NCPR Zonal team, the Lung MDT's IV was judged to be 'Green - IV confirmed'. The Breast IV was judged to be Red - IV unconfirmed' due to a discrepancy of more than 30% in the compliance with the NCPR Peer review measures found at EV compared with IV. No Immediate Risks or Serious Concerns were noted for either service.

IV Process

A desktop exercise followed by a face to face panel discussion was used as the approach to Internal Validation. Membership of the Internal Validation Panel consisted of the following: CEO UHNS, Programme Lead for Cancer Commissioning, Stoke PCT, 2 Service Users, Director of Cancer Services, Cancer Manager, Macmillan Lead Cancer Nurse.

4.4.1.2 Summary of Compliance for MDT Measures

UHNS MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2B-1	Breast MDT		Red	80%	Breast Report
08-2C-1	Lung MDT		Green	69%	Lung Report
08-2E-2	Specialist Gynae MDT			82%	Specialist Gynae Report
08-2F-2	Specialist Upper GI MDT			95%	Specialist Upper GI Report
08-2F-3	Specialist Pancreatic MDT			89%	Specialist Pancreatic Report
08-2G-2	Specialist Urology MDT	92%			Specialist Urology Report
08-2J-2	Spec Skin MDT	81%			Spec Skin Report

The above table indicates the percentage compliance of the MDTs within the Trust. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

Individual Reports may be accessed via the hyperlinks to the reports.

4.4.2 Summary of Compliance for UHNS Locality Measures

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-1D-1j	Skin Locality Measures	0%			Skin Locality Measures Report

This table applies to the one skin locality measure relevant to the above Trust(s) which according to the network agreement should establish clinics for immunocompromised patients with skin cancer, in their locality. The table follows the same format as that for MDTs above. NB: As there is only ONE measure for skin, compliance can only be 0% or 100%.

4.5 Wolverhampton City Locality

4.5.1 THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

4.5.1.1 Trust Report

Contextual Information

The Royal Wolverhampton Hospitals NHS Trust was established in 1994 and is an acute Trust providing a comprehensive range of services for the people of Wolverhampton, the wider Black Country, South Staffordshire, North Worcestershire and Shropshire. It gained Cancer Centre status in 1997, and became one of the first wave of Bowel Screening Centres in 2006.

Trust has 700 beds including 27 intensive care beds and 14 neonatal intensive care cots and employs almost 5000 staff. In 2008/09 the Trust treated more than 670,000 patients at hospital and community sites across the West Midlands. The population of Wolverhampton is 236,800. There are also significant populations in Walsall and South Staffordshire for whom New Cross is their closest hospital and who are routinely referred there.

Cancer services are mainly provided at the Deansley Centre. Radiotherapy is delivered through four linear accelerators. The Centre also includes chemotherapy outpatients and the 16 bedded inpatient oncology ward. In addition to Wolverhampton, the Trust's oncologists see patients in Dudley, Kidderminster and Stafford. The hospital treats about 1600 new cancer patients each year (excluding basal cell carcinoma).

In this round of Peer review, the following Teams were subject to a full Peer Review visit:

Urological Cancer Specialist MDT

Skin Cancer Specialist MDT

(Please note this is the Black Country Skin SMDT and is a joint SMDT with the Dudley Group of Hospitals NHS Foundation Trust; the review took place on the 9th March on at the New Cross Hospital, Wolverhampton but is reported on the Dudley report for administrative reasons).

The following teams undertook Internal Validation (IV) which were Externally Verified (EV) by the NCPR Zonal team:

Breast Cancer MDT

Lung Cancer MDT.

The following teams were IVed only:

Gynaecological Cancer Specialist MDT

Upper Gastro-Intestinal Local MDT.

Trust Executive Summary

The cancer teams have been using the Somerset Cancer Register since July 2008 to collect the minimum dataset, waiting times, and national audit data. It is being used live in many of the weekly multidisciplinary team meetings. Currently there are 6 clinical oncologists and 3 medical oncologists. The Trust has advanced plans for setting up an acute oncology service for Wolverhampton in line with the NCAG report and is working with partners to develop service for other trusts.

The Trust is waiting to determine how it will be affected by GMCN Network IOG review.

The Peer review team visit to the Specialist Urology MDT noted the efforts being made to set up a functioning, combined, videoconferenced SMDT with the other two SMDTs in the Network. At the time of the visit this was not effectively in place due to technical problems with the videoconferencing equipment. All surgeons undertake the required number of operations and most patients are given the choice of a laparoscopic procedure. The review team were impressed by the well structured and flexible nurse-led clinics, and the very active prostate cancer support group. No Immediate Risks or Serious Concerns were noted by the reviewers.

As stated above, the Trust has a joint Specialist Skin Cancer SMDT with Dudley Group of Hospitals NHS Foundation Trust (DGoH). This was reviewed by the review team when it visited New Cross Hospital on 9th March, but for administrative purposes the outcome of that visit is described in the DGoH report.

Of the two services that had their IVs EVed by the NCPR Zonal team, the Lung MDT's IV was judged to be 'Green - IV confirmed'. The Breast IV was judged to be Red - IV unconfirmed' due to a combination of there being a discrepancy of more than 20%, (but less than 30%) in the compliance with the NCPR Peer Review measures found at EV compared with IV and the Zonal team identifying a Serious Concern. The Trust is addressing a number of issues relating to this team that it is hoped will lead to improved compliance; in the meantime the Breast MDT has been selected for a Peer Review visit in the 2010-11 cycle.

IV Process

The Team's self-assessment against the Peer Review Measures was validated by a formally convened Internal Validation Panel. The Panel assessed compliance against the Measures using evidence found in the documents provided by the Team. In addition, members of the Team were invited to attend the meeting to provide additional information/evidence as required by the Panel. The Team were also given the opportunity to briefly present to the Panel any issues that they felt were pertinent to the Peer Review Process. The Internal Validation Panel was made up by following members: Chief Operating Officer, Lead Cancer Nurse, Cancer Manager, Trust Governance Standards Lead, Locum Consultant in Public Health, Wolverhampton City PCT and a Patient Representative.

4.5.1.2 Summary of Compliance for MDT Measures

The Royal Wolverhampton Hospitals Trust MDTs

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-2B-1	Breast MDT		Red	66%	Breast Report
08-2C-1	Lung MDT		Green	81%	Lung Report
08-2E-2	Specialist Gynae MDT			88%	Specialist Gynae Report
08-2F-1	Local Upper GI MDT			77%	Local Upper GI Report
08-2G-2	Specialist Urology MDT	86%			Specialist Urology Report

The above table indicates the percentage compliance of the MDTs within the Trust. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

Individual Reports may be accessed via the hyperlinks to the reports.

4.5.2 Summary of Compliance for Wolverhampton City Locality Measures

Code	Team	Peer Reviewed	Externally Verified	Internally Validated	Link to Report
08-1D-1j	Skin Locality Measures	100%			Skin Locality Measures Report

This table applies to the one skin locality measure relevant to the above Trust(s) which according to the network agreement should establish clinics for immunocompromised patients with skin cancer, in their locality. The table follows the same format as that for MDTs above. NB: As there is only ONE measure for skin, compliance can only be 0% or 100%.

Section 5 - PCT REPORTS

5.1 Summary of Compliance for PCTs

NB. It should be noted that the NICE Improving outcomes for people with Skin tumours was updated in May 2010 in relation to the management of low-risk basal cell carcinomas in the community. The Peer Review measures will be revised to reflect these changes. Therefore, the compliance shown in this report does not reflect the current position, but is the position against the previous version of the NICE guidance. The commentary of the report does however show the extent to which community skin cancer services have been established but the compliance cannot be confirmed.

PCT	Peer Review	Link to Report
Dudley PCT	100%	Dudley PCT Report
North Staffordshire PCT	100%	North Staffordshire PCT Report
Shropshire County PCT	100%	Shropshire County PCT Report
South Staffordshire PCT	100%	South Staffordshire PCT Report
Stoke On Trent PCT	100%	Stoke On Trent PCT Report
Telford And Wrekin PCT	100%	Telford And Wrekin PCT Report
Wolverhampton City PCT	100%	Wolverhampton City PCT Report

The table above indicates the percentage compliance related to the provision of community skin cancer services for all PCTs within the Network. The PCT may relate to more than one Trust and therefore the Reports for the PCTs are all contained within this section, but may also be cross referenced within the Skin Reports for individual Trusts. All relevant PCT community skin cancer services will have been subject to Peer Review.

Individual Reports may be accessed via the hyperlinks to the reports.

Section 6 - Glossary

GLOSSARY	
Acute	Description of any intense sensation such as pain or the description of a disease with rapid onset, severe symptoms and short duration.
Acute Hospital	Provides surgery, investigations, operations, serious and other treatments in a hospital setting.
Adjuvant Therapy	Therapy (usually chemotherapy) given after all visible tumour has been removed, usually by surgery or radiotherapy. Used to improve cure rates and reduce recurrence.
AHP	Allied Health Professional.
ARSAC	Administration of Radioactive Substances Advisory Committee (license use of radioactive materials).
BASO	British Association of Surgical Oncologists (includes breast surgeons).
BCS	Breast Conserving Surgery.
Benign	Tumour that is not malignant. Also used of a condition or disorder that does not produce harmful effects.
Biopsy	Removal of small sample of tissue to aid diagnosis. Biopsied tissue is usually prepared for microscopic examination.
Brachytherapy	Treatment which involves placing a source of radiation directly within the tumour and employs radioactive plaques, needles, tubes, wires, or small "seeds" made of radionuclides. These radioactive materials are placed over the surface of the tumour or implanted within the tumour, or placed within a body cavity surrounded by the tumour.
Breast cancer	Cancer of the breast tissue, the commonest malignant disease in women.
Bronchial cancer	Cancer of the lung. Cigarette smoking is responsible for most cases of bronchial carcinoma.
Cancer	Abnormal and unregulated proliferation of cells that result in invasion and destruction of surrounding healthy tissue. Cancer cells arise from normal cells whose nature has been permanently changed. Cancer cells are spread by blood and lymphatics to other parts of the body to form metastases.
Cancer Network	Cancer Networks were organisations originally created in response to the NHS Cancer Plan. They have a remit to drive change and improve cancer services for the population in specific areas.
Cancer Registries	Collect information on what cancers occur, how advanced they are and where they are diagnosed The availability of information may be variable at different cancer registries, depending on local practices and the completeness of the reporting of staging information by clinicians.
Carcinoma	Any cancer that arises from epithelial tissue.
Care Pathway	A description of the journey taken (or intended to be taken) through a clinical service.
Care Quality Commission (CQC)	National body authorised by parliament to regulate healthcare in both public and private sectors. The NHS Cancer Peer Review Programme works in partnership with the CQC.

GLOSSARY	
CEO	Chief Executive Officer (CEO), also Chief Executive (CE).
Chemotherapy	Chemotherapy is the use of anti-cancer (cytotoxic) drugs to destroy cancer cells. They are usually given by IV infusion (slowly injected into a vein), but can be given orally (in pill form).
Chronic	Describing a disease of long duration, usually with slow progression.
Clinical audit	The continuous evaluation and measurement by health professionals of the extent to which they are meeting standards that have been set for their service.
Clinical Governance	Process by which an organisation ensures its clinical care is of high quality and is both safe and effective.
Clinical network	A group of services which work together across organisational boundaries to provide better patient care.
CNS	Clinical Nurse Specialist – a nurse with specialist training and experience in a particular area of cancer.
Colorectal Cancer	Cancer of the colon and/or rectum.
CPA	Clinical Pathology Accreditation run by Royal College of Pathologists.
CT Scanner	Computerised tomography scanner which uses x-rays to generate detailed cross sections of internal body structures.
Cytotoxic Drug	Drugs that destroy cells and are used to treat cancer. Also affect normal rapidly dividing cells such as hair follicles and lining of gut.
Digital Mammography	Digital Mammography is the digital capture of mammographic images, providing greater resolution and clarity than conventional mammography.
EQA	External Quality Assurance (EQA) scheme to promote high quality histological reporting.
EV	External Verification is a check of selected internally validated self assessments led by the zonal cancer peer review coordinating teams, in order to confirm that the Internal Validation (IV) was performed effectively. This check takes the form of a desktop exercise.
ERP	Enhanced Recovery Programme; a programme of pre- and post- operative care designed to improve patient outcomes and speed up a patient's recovery after surgery.
FNA	Fine Needle Aspiration.
Gynaecological Cancer	Cancer relating to the ovaries, cervix, vulva, endometrium and associated structures.
HDU	High Dependency Unit, usually for very sick patients. It forms an intermediate stage between an intensive care unit and a ward.
HER2	Human Epidermal growth factor Receptor 2 (HER2) is a protein found on the surface of certain cancer cells. Some breast cancers have a lot more HER2 receptors than others. In this case, the tumour is described as being HER2-positive.
Hospice	Institution specialising in care of patients with advanced cancer.
HPB	Hepato-Pancreato-Biliary.

GLOSSARY	
Immediate Risk	An Immediate Risk is an issue that is likely to result in harm to the patient or staff or have a direct impact on patient outcome and requires immediate action.
Immuno-compromised	Condition where the immune system is inhibited, either due to disease or the administration of immuno-suppressive drugs. Some drugs, e.g. most chemotherapeutic agents, have immuno-suppression as a side effect.
Intrathecal Chemotherapy	Chemotherapy administered via spinal injection. Subject to enhanced clinical governance arrangements due to historical problems.
IOG	Improving Outcome Guidance – guidance drawn from an evidence base to indicate how services should be organised to improve clinical outcomes.
ITU	Intensive Therapy Unit.
IV	Internal Validation (IV) is the process by which the Trust or Network uses its own governance processes to assure the accuracy of its self assessment of compliance against the National Cancer Peer Review measures.
Linac	Colloquial name for a Linear accelerator - major capital equipment used to generate radiation used in external beam radiotherapy.
LIT	Local Implementation Team.
Locality	Sub unit of organisation of a cancer network. Usually consists of an NHS (Hospital) Trust and the Primary Care Trusts within that trusts patient catchment area, although other arrangements are possible.
LUCADA	National Lung Cancer Data Audit Project.
Lymphoedema	Swelling due to abnormal accumulation of lymph where lymph vessels are blocked, damaged or removed.
Malignant	Tumour that is invasive and destroys the tissue in which it originates.
Mammography	X-ray procedure for examining the breast. Used diagnostically and as a screening procedure to detect breast cancer.
MDT	Multi-disciplinary Team.
MDTM	Multi-disciplinary Team Meeting.
Minimum Data Set	A standard set of data items, concepts and definitions to enable the production of national and nationally comparable information. These data items will meet the needs of clinical audit, assist in the generation of National Performance Indicators and will allow outcome assessment.
Morbidity rates	Information relating to disease, expressed as a rate (for example number of cases per 1M population).
Mortality rates	The number of deaths in a given period and for a given size of population.
Mohs Surgery	Mohs surgery is microscopically controlled surgery used to treat common types of skin cancer. It is a precise surgical technique that is used to remove all parts of cancerous skin tumours, while preserving as much healthy tissue as possible.
MRI Scanner	Magnetic Resonance Imaging Scanner – also known as MR scanner. An imaging technique with particular value in certain clinical presentations.
NCAG	National Chemotherapy Advisory Group.

GLOSSARY	
NCEPOD	National Confidential Enquiry into Peri Operative Death – A long running national audit of surgical practice and organisation designed to reduce preventable mortality.
NCIN	National Cancer Intelligence Network.
NCRN	National Cancer Research Network.
Neutropenia	Decrease in the number of neutrophils (a white blood cell). This occurs following chemotherapy.
NICE	National Institute for Health and Clinical Excellence.
NMC	Nursing and Midwifery Council (Regulatory body for registered nurses and midwives).
NSSG	Network Site Specific Group. A sub group of a cancer network which co-ordinates the care delivered across the network for a given tumour site (e.g. breast).
NRAG	National Radiotherapy Advisory Group.
OG	Oesophago-gastric.
Oncology	Study and practice of treating cancer. Can be divided into medical, surgical and radiation oncology.
PACS	Picture Archiving and Communications System – Computer system used to store and share digital radiographic images across a local or wide area network.
PALS	Patient Advice and Liaison Service.
Palliative	Medication, treatment or care that gives temporary relief of symptoms but does not cure disease.
PCT	A Primary Care Trust (PCT) is a local organisation that commissions services from Hospital Trusts, local authorities and other agencies that provide health and social care locally in order to meet the health needs of the local community.
PET	Scanner Positron Emission Tomography – a relatively new scanning technique that is particularly useful in certain clinical presentations.
PFI	Private Finance Initiative – a method for procuring new services, building or equipment that involves the private sector providing the required capital and the leasing the facility back to the NHS over a substantial period e.g. 25 years.
PPI	Patient and Public Involvement.
Radiotherapy	Treatment of disease using radiation to inhibit the disease process, especially the destruction of tumours. Radiation may come from an external beam focused on the tumour or small quantities of radioactive material may be inserted directly into the tumour.
RAG	A rating system that uses the colours of traffic lights; Red, Amber, Green.
RPLND	Retro-peritoneal lymph node dissection.
Serious Concern	A Serious Concern is an issue that, whilst not presenting an immediate risk to patient or staff safety, could seriously compromise the quality or outcome of patient care and requires urgent action to resolve.
SIF	Service Improvement Facilitator.
SIL	Service Improvement Lead, part of the core membership of a cancer network.
SHA	Strategic Health Authority.

GLOSSARY	
SHO	Senior House Officer.
SLA	Service Level Agreement.
SMDT	Specialist Multi-Disciplinary Team.
SNB/SLNB	Sentinel Node Biopsy/Sentinel Lymph Node Biopsy.
SpR	Specialist Registrar.
Supranetwork	Specialised services for rarer cancers provided by a group of networks from whom the multi-disciplinary expertise is drawn.
TRUS	Trans Rectal Ultrasound – an imaging technique of value in urology.
Tumour	Abnormal swelling or lump. A tumour may be malignant (when it is cancer) or benign.
Upper GI	Upper Gastro-Intestinal.
Workforce Development Confederation	Local bodies charged with the following responsibilities.Increasing workforce numbers (particularly consultants and GPs) to meet NHS Plan workforce and service delivery targets.Implementing national policies and local activity to make the NHS a model employer.Modernising processes and roles and the development of skill mix to increase productivity and capacity.Modernising learning and personal development.
WTE	Whole Time Equivalent.
ZAG	Zonal Advisory Group.

Cancer Peer Review Report
Greater Midlands Cancer Network

Central Zone Peer Review Team

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