

National Cancer Peer Review Programme

5 challenges from Peer Review

NCIN Head & Neck Cancer Workshop
April 2013

Setting the scene

- All the data is taken from the *National Cancer Peer Review Programme Report 2011/2012 - Head and Neck*.
- The drop in compliance from 2010/11 is accounted for by the national variation in robustness between peer review and internal validation (approximately 10%). In real terms there has been an increase in compliance for both UAT and Thyroid MDT's.

	2010/2011	2011/2012
	IV Median	PR Median
UAT & UAT / Thyroid MDT	85%	79%
Thyroid only MDT	77%	77%

1. Challenges associated with a complex service

Head and Neck teams have the highest number of Immediate Risks and Serious Concerns, coupled with below average compliance.

Tumour site	No. of teams assessed in 11/12	IR 10/11	IR 11/12	SC 10/11	SC 11/12
Head & Neck UAT/Thyroid	54	4 (7% of teams)	8 (15%)	31 (55% of teams)	22 (41%)
Head & Neck Thyroid only	26	4 (16%) of teams	2 (8%)	11 (44% of teams)	12 (46%)

Tumour MDTs	No. of Teams	SA Amnesty	No. Reviewed	SA	IV	PR	% compliance (Median)	% compliance (Mean)	IR	SC
Head & Neck UAT/Thyroid	54	6	48	16	5	27	79%	77%	8	22
Head & Neck Thyroid only	26	3	23	10	3	10	77%	73%	2	12
Total for MDTs	1245	156	1089	519	373	197	86%	82%	89	327

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2. Challenge of implementing Improving Outcomes Guidance (IOG) compliant services

- Complex surgery without IOG arrangements.
- Inadequate oncology, dietetic and restorative dentist support.
- Lack of Clinical Nurse Specialist and capacity.
- Assessment and treatment of patients with salivary gland malignancy.
- Pathways for head and neck patients remained complex in some networks.

3. Challenge of addressing low percentage compliance against the MDT measures

Structure and function of the service.

Measure Number and Short Title	SA (22 teams)	IV (5 teams)	PR (27 teams)
11-2I-101 - Lead Clinician and Core Team Membership	81%	40%	63%
11-2I-124 - Extended Membership of MDT	73%	80%	41%
11-2I-107 - MDT Agreed Cover Arrangements for Each Core Member	75%	40%	26%
11-2I-108 - Core Members (or Cover) Present for 2/3 of Meetings	44%	40%	4%
11-2I-117 - Attendance on the National Advanced Communication Skills Training Programme	6%	0%	7%

3. Challenge of addressing low percentage compliance against the MDT measures

Coordination of care/patient pathways.

Measure Number and Short Title	SA (22 teams)	IV (5 teams)	PR (27 teams)
11-2I-131 - Single Named Designated Hospital for Surgical Procedure	67%	60%	56%
11-2I-146 - MDT Agreement to Network Surgeon Authorised to Perform Lymph Node Resections	100%	n/a	55%
11-2I-121 - Core Consultant Member spend 50% of Time on Care of UAT Cancer	73%	60%	48%
11-2I-138 - MDT to Discuss at Least 100 New Cases per Year	100%	80%	78%

4. Challenges raised by the Clinical Lines of Enquiry

- Clarification on data analysis methodology & submission to the National Head and Neck Cancer Audit (DAHNO).
- Quality assurance of data capture.
- Agreed procedures for capturing TNM data at MDT meetings.
- Inequities of provision in pre-operative/pre-treatment dental assessment.
- Some inequities in being offered choice of primary surgical voice restoration.
- Difficulties of CNS capacity to see all new patients and the challenges of recording these sessions.

5. Challenge of effectively sharing good practice

- Improvements in the management of feeding tubes resulting in reduced length of stay.
- Doorbell alert for airway management patients.
- Joint Allied Health Professional (AHP) and nurse led clinics.
- Development of Intensity-Modulated Radiation Therapy (IMRT).
- Implementation of transoral laser treatments.
- Introduction of Malnutrition Universal Screening Tool (MUST) at ward level and incorporation into pre assessment clinics.
- Increased cross-specialty team working.

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http://www.cquins.nhs.uk/documents/resources/reports/Head_and_Neck_NCPR_Report_11-12.pdf