



National Cancer Action Team
Part of the National Cancer Programme

Upper GI SSCRG Workshop

November 2010

Overall National Analysis

The National Cancer Peer Review Report 2009/2010

The report is now published and includes a section on each of the Tumour sites reviewed during 2009/2010

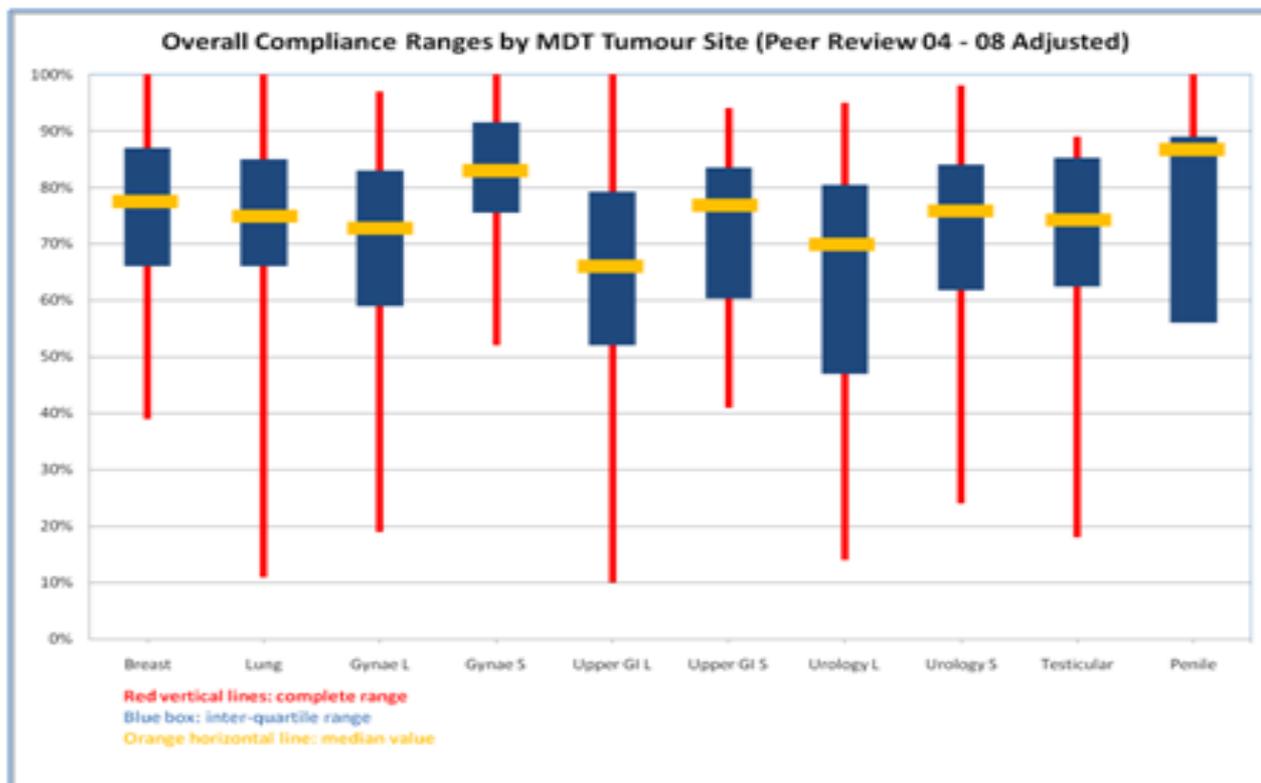
www.cquins.nhs.uk

The intention is that some sections of the report may be included in the CRS refresh



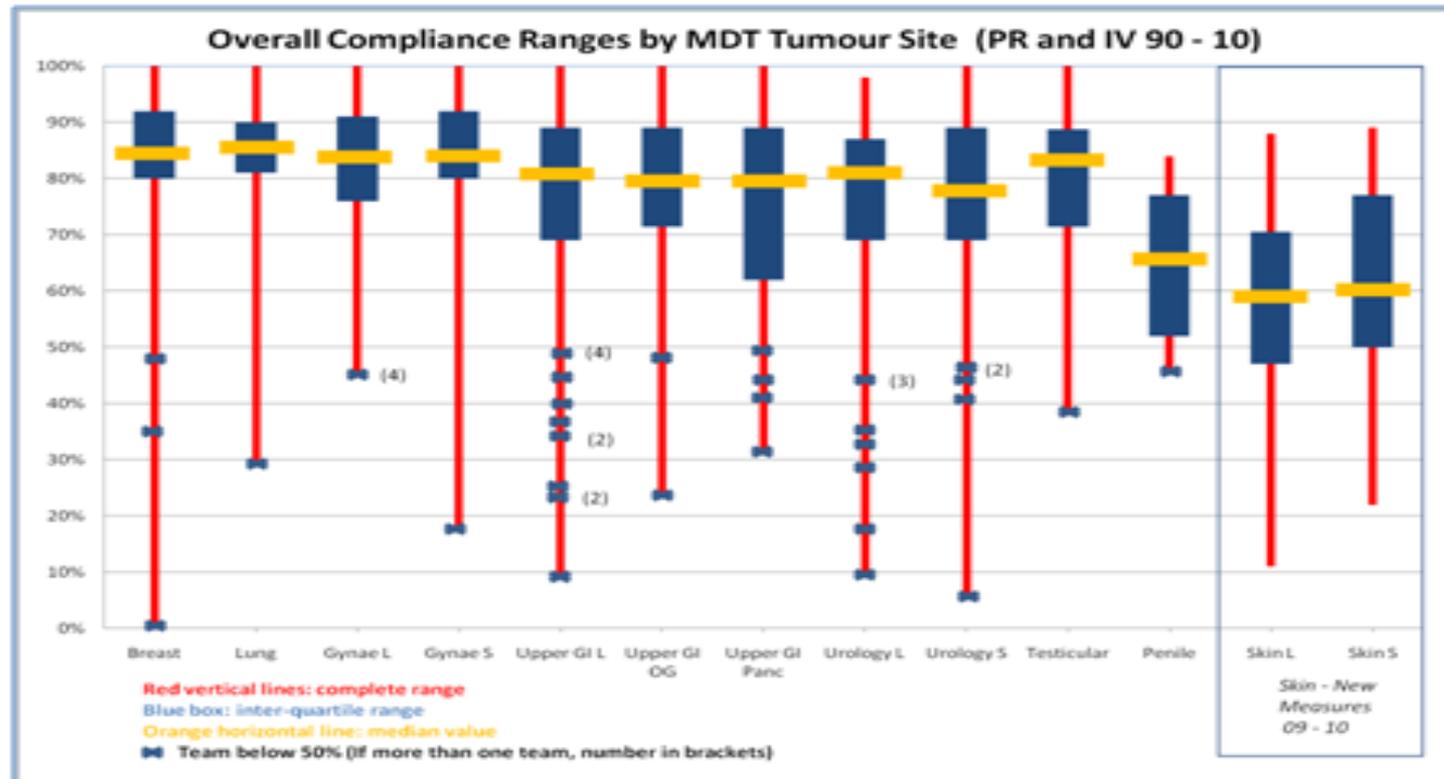
Overall compliance by MDT Tumour Site Site 04/08 Adjusted

Fig: Overall compliance ranges per tumour site Peer Review 04 - 08 Adjusted



Overall compliance per MDT tumour site 2009/2010

Fig: Overall compliance ranges per tumour site 2009 – 2010



Comparison of Overall Compliance

| | 2009 – 2010 | | | 2004 – 2008 (adj) | | |
|------------------------------|------------------|-------------------|------------|---|---|--|
| | Range (%) | Interquartile (%) | Median (%) | Range (%) | Interquartile (%) | Median (%) |
| Breast | 0 – 100% | 80 – 92% | 86% | 39 – 100% | 66 -87% | 77% |
| Lung | 29 – 100% | 81 – 90% | 87% | 11 – 100% | 66 – 85% | 74% |
| Gynae (L) | 45 – 100% | 76 – 91% | 85% | 19 – 97% | 59 – 83% | 72% |
| Gynae (S) | 18 – 100% | 80 – 94% | 85% | 52 – 100% | 76 – 92% | 83% |
| Upper GI (L) | 9 – 100% | 69 – 89% | 82% | 10 – 100% | 52 – 79% | 67% |
| Upper GI (OG) | 24 – 100% | 72 – 89% | 81% | 41 – 94% (NB OG & Pancreatic combined) | 60 – 84% (NB OG & Pancreatic combined) | 78% (NB OG & Pancreatic combined) |
| Upper GI (Pancreatic) | 32 – 100% | 62 – 89% | 81% | | | |
| Urology (L) | 9 - 98% | 69 - 87% | 82% | 14 – 95% | 47 – 81% | 70% |
| Urology (S) | 6 - 100% | 69 - 89% | 78% | 24 – 98% | 62 – 84% | 77% |
| Testicular | 39 – 100% | 72 – 89% | 85% | 18 – 89% | 63 – 85% | 74% |
| Penile | 45 – 84% | 52 – 77% | 67% | 56 – 100% | 56 – 89% | 89% |
| Skin (L) | 11 – 88% | 47 – 71% | 60% | n/a | n/a | n/a |
| Skin (S) | 22 – 89% | 50 – 77% | 61% | n/a | n/a | n/a |

Changes to the number of teams and measures

| Measure | Number of teams 2009 - 2010 | Number of teams 2004 - 2008 | Reduction in number of teams | Measures / Tumour type 2009 - 2010 | Measures / Tumour type 2004 - 2008 | Reduction in number of measures |
|--|-----------------------------|-------------------------------|------------------------------|------------------------------------|------------------------------------|---------------------------------|
| Breast | 157 | 174 | 17 | 36 | 60 | 24 |
| Lung | 163 | 175 | 12 | 32 | 54 | 22 |
| Gynae (L) | 75 | 99 | 24 | 34 | 54 | 20 |
| Gynae (S) | 42 | 44 | 2 | 34 | 54 | 20 |
| UGI (L) | 103 | 129 | 26 | 35 | 60 | 25 |
| UGI (S) OG | 41 | 74 (OG and Pancreatic) | 8 (OG and Pancreatic) | 37 | 63 (OG and Pancreatic) | 26 (OG and Pancreatic) |
| UGI Pancreatic | 25 | | | 37 | | |
| UGI (Pancreatic put forward as liver resection) | 7 | | | 9 | 15 | 6 |
| Urology (L) | 89 | 129 | 40 | 47 | 67 | 20 |
| Urology (S) | 51 | 74 | 23 | 49 | 63 | 14 |
| Supranetwork Testicular | 10 | 16 | 6 | 39 | 60 | 21 |
| Supranetwork Penile | 8 | 10 | 2 | 21 | 28 | 7 |
| TOTALS | 771 | 941 | 170 | 373 | 578 | 205 |

MDT's with compliance of 50% or under

Excluding Skin, introduced as a new Topic in 2009 – 2010, 43 Multidisciplinary teams unfortunately still had a compliance of 50% or under. Per tumour site there were:

- 3 breast teams
- 1 lung team
- 4 Gynaecology Local teams
- 1 Gynaecology Specialist team
- 13 Upper GI Local teams
- 2 Specialist Oesophago-gastric teams
- 4 Specialist Pancreatic teams
- 8 Urology Local teams
- 5 Urology Specialist teams
- 1 Supranetwork Testicular team
- 1 Supranetwork Penile

Networks with MDTs compliance of 50% or under

- These 43 teams were from 13 Cancer Networks
- There were 15 Cancer Networks where no teams had 50% or less compliance with the Network
- 4 of the Upper GI Local teams also had 50% or less compliance in the 2004 – 2008 reviews

Local Upper GI MDTs

| Network | Team | Percentage compliance | Tumour site | PR/IV |
|---------------------------------------|---|-----------------------|-------------|-------|
| AngCN - Anglia | MDT - Bedford | 34% | UGI L | PR |
| AngCN - Anglia | MDT - Ipswich | 9% | UGI L | PR |
| AngCN - Anglia | MDT - Kings Lynn | 26% | UGI L | PR |
| | | | | |
| ECN - Essex | MDT - Colchester Hospital University NHS Foundation Trust | 49% | UGI L | IV |
| | | | | |
| GMCCN - Greater Manchester & Cheshire | MDT - Mid Cheshire | 40% | UGI L | IV |
| GMCCN - Greater Manchester & Cheshire | MDT - Salford | 49% | UGI L | IV |
| | | | | |
| MVCN - Mount Vernon | MDT - Lister | 34% | UGI L | PR |
| MVCN - Mount Vernon | MDT - Luton & Dunstable | 49% | UGI L | PR |
| | | | | |
| NELCN - North East London | MDT - Whipps Cross | 36% | UGI L | PR |
| | | | | |
| NLCN - North London | MDT - Barnet And Chase Farm Hospitals | 23% | UGI L | PR |
| NLCN - North London | MDT - North Middlesex University Hospital | 46% | UGI L | PR |
| NLCN - North London | MDT - The Princess Alexandra Hospital | 49% | UGI L | PR |
| | | | | |
| NWLCCN - North West London | MDT - Ealing Hospital | 23% | UGI L | PR |

Specialist Upper GI Oesophago - Gastric MDT

| Network | Team | Percentage compliance | Tumour site | PR/IV |
|---------------------------|--------------------------------|-----------------------|-------------|-------|
| MVCN - Mount Vernon | MDT - Watford General Hospital | 24% | UGI OG | PR |
| | | | | |
| SELCN - South East London | MDT - SELJCC | 49% | UGI OG | PR |

Specialist Upper GI Pancreatic MDT

| Network | Team | Percentage compliance | Tumour site | PR/IV |
|----------------------------|-------------------------|-----------------------|-------------|-------|
| AngCN - Anglia | MDT - Ipswich | 44% | UGI Panc | IV |
| AngCN - Anglia | MDT - Norfolk & Norwich | 50% | UGI Panc | IV |
| | | | | |
| NELCN - North East London | MDT - Barts & London | 32% | UGI Panc | PR |
| NWLCCN - North West London | MDT - Hammersmith | 41% | UGI Panc | PR |

Challenges, issues for resolving and Good Practice

Local Upper GI MDT

Immediate Risks

2 teams identified immediate risks as part of the IV process and a further 10 teams were identified as having immediate risks through the Peer Review process. Main issues related to immediate risk:

The main issues:

- Complex surgery not transferred to the specialist surgical centre (4 teams)
- Lack of assurance that all patients are discussed with the specialist MDT (2 teams)
- Lack of key members of the MDT (histopathologist, clinical or medical oncologist, CNS and radiology) (4 teams)
- Concern over appropriate referral of Pancreatic patients (2 teams)

Serious Concerns

18 teams identified serious concerns as part of the IV process, 1 additional Serious Concern was identified through EV and a further 19 teams were identified as having serious concerns through the Peer Review process

Main issues:

- MDT membership – CNS and oncology
- Teams undertaking complex surgery
- No referral guidelines and/or with poor engagement with the Network
- Poor communication with the Specialist Teams
- Two teams within a Trust contrary to IOG arrangements, which were therefore both under resourced
- Lack of clarity around pathways of care for patients with pancreatic cancer (4 teams)

Good Practice

Good practice was reported in all 103 of the teams

The key themes:

- Good channels of communication with the Specialist Team
- Pivotal input by CNS
- Local delivery of chemotherapy
- Implementation of electronic data capture in MDT
- Straight to test for endoscopy

Specialist Upper GI Oesophago Gastric MDT

Immediate Risks

5 teams were identified as having immediate risks through the Peer Review process

The main issues:

- Upper GI surgery carried out at referring Trusts out with IOG arrangements (4 teams)
- Low number of cases per Specialist Upper GI surgeon (1 team)
- Not all suitable patients referred to specialist MDT
- No input from the specialist team into any of the local teams (1 team)

Serious Concerns

1 team identified serious concerns as part of the IV process and a further 14 teams were identified as having serious concerns through the Peer Review process

Main issues:

- Lack of formal agreement for 24 hour surgical cover
- Lack of governance arrangements with referring teams to ensure that all complex cases were discussed at the specialist MDT
- Communication with referring local teams
- In a couple of teams the low surgical volumes of core members was identified as a concern
- Cover and attendance of core members (histopathology, oncology, palliative care, radiology, gastroenterology)

Good Practice

Good practice was reported in all of the Specialist Oesophago Gastric Teams

The key themes:

- The provision of EUS and also the development of EMR services
- Excellent data collection
- Clinical outcomes and performance by some teams
- The adoption of good patient information pathways
- Dietetic support for patients

Specialist Upper GI Pancreatic MDT

Immediate Risks

1 team identified immediate risks as part of the IV process and 1 team was identified as having immediate risks through the Peer Review process

Main issues:

- Deficient links with referring teams; likely that some patients with resectable tumours were not being referred to the MDT
- Lack of palliative care input and CNS capacity

Serious Concerns

2 team identified serious concerns as part of the IV process and a further 3 teams were identified as having serious concerns through the Peer Review process

Main issues:

- Lack of cover or attendance for core members; oncology, palliative care, CNS, radiology, gastroenterology and surgeons
- Treatment decisions taken prior to discussion at the Specialist MDT
- Deficiencies in the pathway of care for diagnostics (ERCP, EUS, PET and MRI)
- Lack of clarity on radiotherapy and chemotherapy pathways

Good Practice

Good practice was identified in 24 out of 25 Specialist Pancreatic Teams

The key themes:

- Improvements to the pathway of care
- Access to diagnostics
- Development of research
- Excellent 3 year outcome data
- A 'Travelling MDT' where a core member of the team visits each of the referring hospital MDT's every 2 months to feedback on the referrals that have been received and the decisions that the MDT has made

2010 – 2011 Results to date

| Topic | Assessment | Number of teams | Overall Percentage | Range |
|---|------------|----------------------------|--------------------|----------|
| Upper GI Local | IV | 91 | 86% | 57 – 97% |
| | EV to date | 15 to date | 1R, 1A, 13G | n/a |
| | PR to date | 6 published, 1 unpublished | 70% | 46 – 97% |
| Upper GI OG | IV | 33 | 85% | 62 – 97% |
| | EV to date | 4 to date | 4G | n/a |
| | PR to date | 3 published | 70% | 57 – 81% |
| Upper GI Pancreatic | IV | 16 | 81% | 46 – 97% |
| | EV to date | 4 to date | 2G, 2A | n/a |
| | PR to date | 1 published | 81% | 81% |
| Pancreatic acting as liver resection | IV | 8 | 82% | 56 – 89% |
| | EV to date | 3 to date | 1G, 2R | n/a |
| | PR to date | 0 | n/a | n/a |