



Urology SSCRG Workshop 2012

Aims of Cancer Peer Review

To ensure services are as safe as possible

To improve the quality and effectiveness of care

To improve the patient and carer experience

To undertake independent, fair reviews of services

To provide development and learning for all involved

To encourage the dissemination of good practice



The Peer Review Programme

Peer Review

Visits

Targeted

External Verification of Self Assessments-

A sample each year

Internal Validation of Self

Assessments

Every other year

(Half of the topics covered each year)

Annual Self Assessment

All teams/services



Urology NCPR 2011 – 2012: Urology Local MDTs

Stage	Compliance	Number of teams	Comment	IRs	SCs
IV	87%	77	16 x EV Red 7 x EV Amber 11 xEV Green	3	20
PR	68%	12		1	10

Urology NCPR 2011 – 2012: Urology Local MDTs - Compliance

- Core member cover arrangements 58%
- Core member attendance 58%
- GP Communication 58%
- MDS Collection 58%
- Participation in Network clinical audit –
 42%
- Recruitment to trials 42%

Urology NCPR 2011 – 2012: Urology Specialist MDTs

Stage	Compliance	Number of teams	Comment	IRs	SCs
IV	88%	5	9 x EV Red 7 x EV Amber 5 xEV Green	1	11
PR	74%	7		4	5

Urology NCPR 2011 – 2012: Urology Specialist MDTs - Compliance

- Core member cover arrangements 43%
- Core member attendance 29%
- Single site surgery post operative care -43%
- More than 5 procedures by specialist topic
 - **-43%**

Urology NCPR 2011 – 2012: Urology Testicular Supranetwork MDTs

Stage	Compliance	Number of teams	Comment	IRs	SCs
IV	82%	13	5 x EV Red 1 x EV Amber 2 x EV Green	1	4
PR	n/a	0	n/a	n/a	n/a

Urology NCPR 2011 – 2012: Urology Testicular Supranetwork MDTs

- IV only
- MDT meeting with teams/collaborative audit – 38%
- Permanent record of consultation 54%

Urology NCPR 2011 – 2012: Urology Penile Supranetwork MDTs

Stage	Compliance	Number of teams	Comment	IRs	SCs
IV	85%	8	0	1	1
PR	70%	1	n/a	0	1

Urology NCPR 2011 – 2012: Urology Penile Supranetwork MDTs

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- MDT meeting with teams/collaborative audit – 50%

Urology: Summary 10 - 11 & 11 - 12

	Median 10 - 11	Median 11 - 12	Mean 10 - 11	Mean 11 - 12
Urology Local	89	87	87	87
Urology Specialist	90	88	87	88
Testicular	68	82	69	83
Penile	78	85	74	85

Improvement in compliance for Testicular and Penile teams



Immediate Risks and Serious Concerns: Urology Local MDT

- Low numbers per surgeon of complex surgery
- CNS capacity
- Oncology capacity and cover
- No cover for radiology
- Data collection

Immediate Risks and Serious Concerns: Urology Specialist MDT

- Limited theatre capacity leading to delays in 62 day target
- Nephron sparing surgery at two sites
- CNS capacity
- Surgeons with less than the required 6 complex procedures
- Histopathology and radiology attendance and cover leading to inadequate treatment discussion or delays to pathway

Immediate Risks and Serious Concerns: Testicular Supranetwork MDT

- Lack of attendance by unit oncologist
- CNS availability and cover
- Incorporation of North Wales patients leading to issues with workload and capacity
- No cancer information system to record data or develop service
- No video-conferencing facility from unit



Immediate Risks and Serious Concerns: Penile Supranetwork MDT

- Limited attendance by some core MDT members
- In-reach surgeon with low numbers of procedures
- CNS capacity

Clinical Lines of Enquiry (CLEs)

- 2010 2011 Pilots of CLE in Breast and Lung
- 2011 2012 CLEs additional tumour sites
 - Colorectal
 - Head & Neck
 - Upper GI
 - Gynaecology
- 2011 2012
 - Revision of existing CLEs, concentrating on nationally available data

General Feedback: Clinical Lines of Enquiry (CLE) 2011 - 2012

- Captured in key theme 'Clinical outcomes/indicators'
- Wide variation in robustness of data collection
- Dependent on resources
- Move towards real time capture at MDT & introduction of electronic systems

General Feedback: Clinical Lines of Enquiry (CLE) 2011 – 2012 (Cont'd)

- Prompted discussion of discrepancies in national submission
- Some MDTs good understanding of clinical indicators and outcomes
- Other MDTs and NSSGs had insufficient discussion to objectively understand and develop services

Development of CLEs for Urology

- A need to focus on nationally available data
- Any further nationally available data from registries

More detail on Urology reviews 2011 – 2012 will be available in the National Reportwww.cquins.nhs.uk



