



National Cancer Action Team
Part of the National Cancer Programme

Sarcoma SSCRG

NCPR Summary Report 2012/13

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Assessment Type

- **Self-assessment (SA)** - this involves self-assessment by the clinical service or network group
- **Internal Validation (IV)** - this is an internal check by the host organisation (internal governance) with sign-off by the host chief executive
- **External Verification (EV)** - as above with desk-top review by the peer review teams
- **Peer Review (PR)** - which involves formal assessment by an external team including relevant specialists and service users.

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National Cancer Peer Review Programme
Manual for Cancer Services:
Sarcoma Measures
Version 1.1

- **Published August 2011**

- **78 Measures falling into 4 categories**
 - **Network Board (7)**
 - **Sarcoma Advisory Group (23)**
 - **Locality/Trust Group (12)**
 - **MDT (36)**

2012/13 cycle

- **24 Network Boards self-assessed against the 7 measures**
- **12 Sarcoma Advisory Groups self-assessed against the 23 measures**
- **145 sites Localities self-assessed against the 12 Locality Measures**
- **15 SMDTs self-assessed against the 36 measures (Bone and Soft Tissue)**

2012/13 Peer Review

- **Total number visits = 65**
- **Completed visits = 23 (total 10 NWs)**
- **Pending visits = 42**

Compliance

SAG 2011/12

Overall Compliance IV 68%
Range 25% – 92%

SAG 2012/13

Overall Compliance SA 88%
 PR 80% - to date
Range SA 68% - 100%

SAG Measures 60% or less

11-1C-113I - Shared Care Pathway for Soft Tissue Sarcomas Presenting to Site Specialised MDTs	50%	60%
11-1C-115I - Proposals for Service Delivery Plan	92%	60%
11-1C-117I - Designated Chemotherapy Practitioners	75%	60%
11-1C-118I - Designated Radiotherapy Practitioners	75%	60%
11-1C-121I - The TYACN Pathway for Initial Management	75%	40%
11-1C-122I - The TYA Pathway for Follow Up on Completion of First Line Treatment	83%	40%
11-1C-123I - TYACN Patient Pathways for Cases Involving NHS Specialised Services	67%	60%

Compliance

SMDT 2011/12

Overall Compliance IV 84%
Range 7% – 100%

SMDT 2012/13

Overall Compliance SA 88%
PR 81% - to date
Range SA 50% - 100%

MDT Measures Below 60%

11-2L-102 - Level 2 Practitioners for Psychological Support	79%	43%
11-2L-103 - Support for Level 2 Practitioners	64%	29%
11-2L-106 - MDT Agreed Cover Arrangements	57%	57%
11-2L-107 - Core Members (or cover) Present for At Least 2/3 of Meetings	57%	43%
11-2L-110 - Policy for Communication of Diagnosis to GP	71%	57%
11-2L-112 - Surgical Core Members Practice	79%	57%
11-2L-117 - Attendance at National Advanced Communications Training Programme	21%	0%
11-2L-119 - Patients' Permanent Consultation Record	79%	57%
11-2L-121 - Patient Written Information	93%	43%
11-2L-131 - Shared Care Pathways for Soft Tissue Sarcomas Presenting to Site Specialised MDTs	93%	57%
11-2L-134 - Agreed List of Approved Trials	86%	57%
11-2L-136 - Joint Treatment Planning for TYAs	86%	43%

Good Practice

- **Generally good provision of TYA Support for this patient group nationally**
- **Good patient involvement overall and good examples of support activities**
- **Several good shared care pathways**
- **Some areas performing very well ahead of time-lines**
- **Several excellent clinical trials**

Immediate Risks

3 Immediate Risks raised to date

- **Inadequate referral population**
- **Below 100 patients**
- **Lack of robust governance structure**

Serious Concerns

9 Serious Concerns raised to date

- **No/inadequate CNS Provision**
- **Lack of attendance at the SMDT by Radiology and Pathology**
- **Lack of Oncology Capacity**
- **Ambiguous/fragmented pathways (Retroperitoneal and site specific)**
- **Poor pathway/MDT governance/ Data**

Recurring Themes (1)

- **Lack of formally agreed and/or robust pathways**
- **Poor administrative support to facilitate strong cross geography working**
- **Poor communication when multiple boundaries are crossed**
- **Some SAGs do not benefit from same support as more mature NSSGs**

Recurring Themes (2)

- **CNS provision to rare tumour groups an on-going concern**
- **Lack of meaningful clinical data/performance indicators inhibits service planning, development and improvement**

Clinical Lines of Enquiry

CLEs for Sarcoma will be introduced in April 2013.

- **% patients treated in Sarcoma centres**
- **Caseload by Sarcoma centre**
- **Readmission rates within 30 days of surgery**
- **% patients with a recorded stage**

RECRUITMENT

- **Southampton University Hospitals**
 - **5th Feb 2013**
 - **Consultant Oncologist**
- **Leeds Teaching Hospitals**
 - **19th March 2013**
 - **Consultant Orthopaedic Surgeon**
 - **Consultant Oncologist, Radiologist or Histopathologist**
 - **Clinical Nurse Specialist**