

The impact of Cancer Peer Review

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National Cancer Peer Review

Purpose of 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

Benefits of Peer Review

- Provision of disease specific information across the country together with information about individual teams which has been externally validated
- Provision of a catalyst for change and service improvement
- Identification and resolution of immediate risks to patients and or staff
- Engagement of a substantial number of front line clinicians in reviews

Benefits of Peer Review

- Enabled rapid sharing of learning between clinicians, as well as a better understanding of the key recommendations in the NICE guidance.
- Trained over 350 patients and carers to assess services; and facilitated a constructive dialogue between patient, reviewers and the members of almost 1,500 MDTs about the experience of the care offered to patients. Patients and carers have been key players in the design and development of the programme, as well as core members of every review team.

Coverage of Peer Review

Cancer Networks	34
NSSGs	238
MDTs	1479
Chemotherapy Services	176
ITC Services	146
Radiotherapy Services	51

Findings Since 2001

- Networks now more established
- Breast teams remain the most robustly developed
- Colorectal teams now have the same overall national compliance as breast teams (77%)
- Lung teams continue to lag behind
- The paucity of thoracic surgeons identified in 2000 – 2001 still presents a challenge
- Specialist gynaecology services now have the highest overall national compliance of all tumour site MDTs
- Improvement in radiotherapy waiting times, with 84% of services now providing urgent treatments within 48 hours

Findings from Peer Review

Challenges:

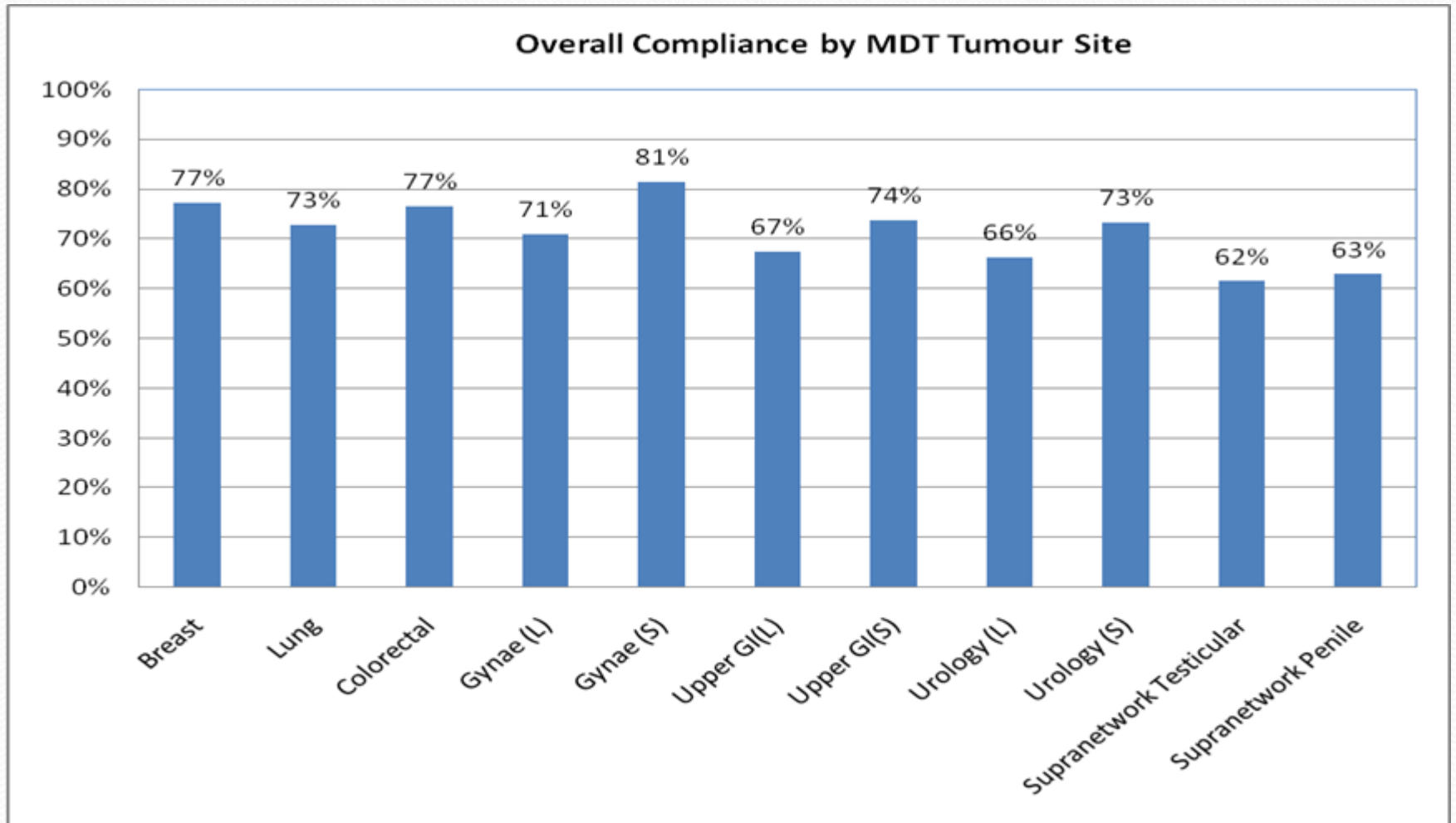
- The translation of Improving Outcomes Guidance Implementation Summaries into clinical services on the ground.
- The need to strengthen the overall management/decision making structures in some of the Cancer Networks.
- The need to strengthen collective commissioning arrangements and forward planning in a number of Cancer Networks.

Findings from Peer Review

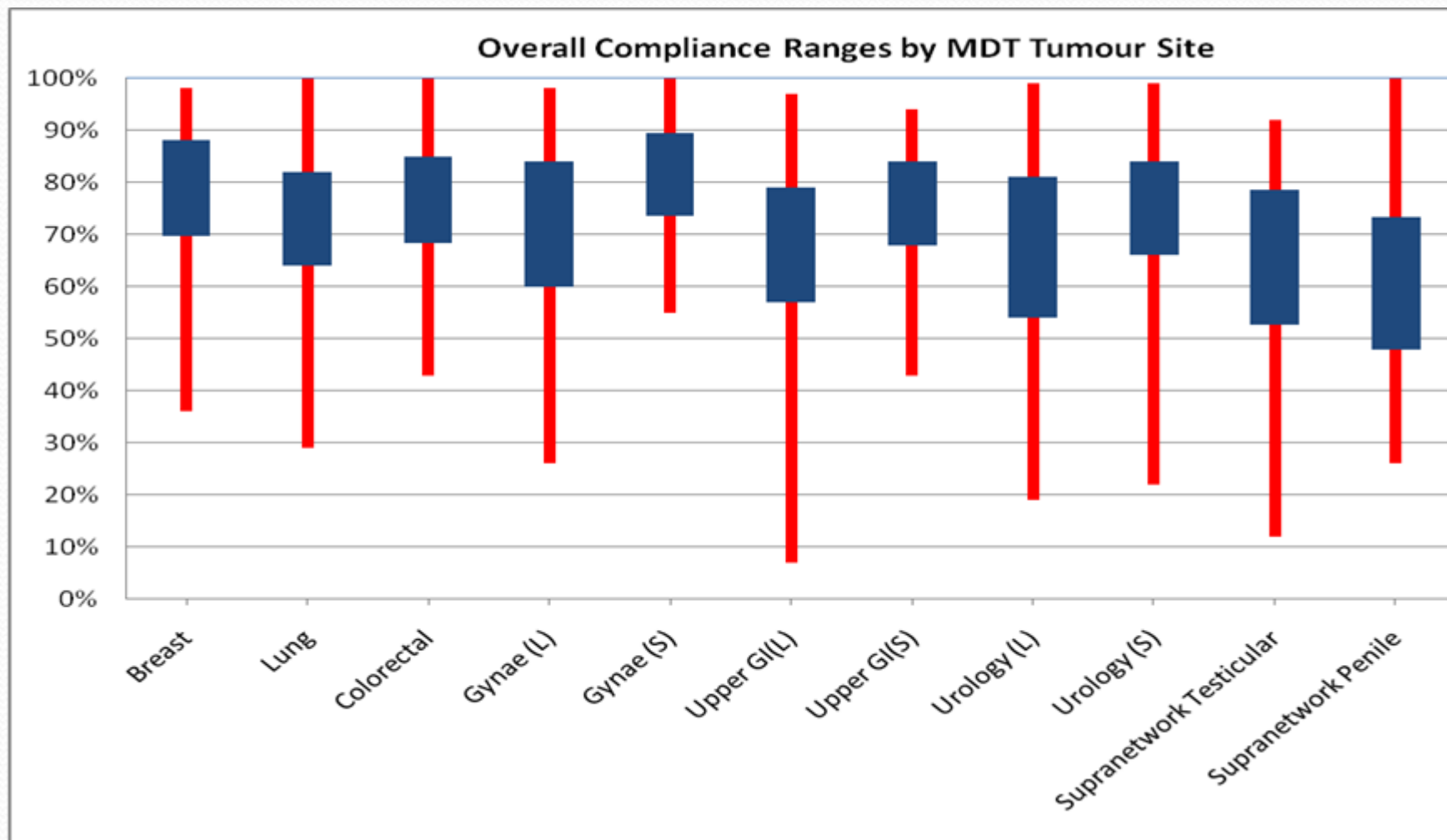
Challenges:

- The need to improve core membership in a number of MDTs, particularly the lung, local gynaecology and local upper GI teams where there are some significant gaps.
- The need to improve attendance of core members at MDT meetings which was disappointingly low on a significant number of occasions.
- How to address the significant gaps in workforce, particularly in oncology, pathology, imaging, consultants in specialist palliative care and clinical nurse specialists (CNS's).

Compliance by MDT



Overall Compliance Ranges



Case to continue peer review as a national programme

- Unique source of information
- Provision of nationally benchmarked data
- Remains a significant programme of change for many teams, in many organisations and for many different cancer types
- There remains widespread support for a national cancer peer programme review

What Needs to Change

- An increasing focus on outcomes data and greater clinical engagement
- Needs to increasingly become a mechanism which supports quality assurance processes within teams and organisations, rather than being an externally driven activity
- An increasing focus on self assessments supported by a process of validation and targeted visits will support the shift in organisational culture

What Needs to Change

- Commissioners will develop service specifications which define eligibility criteria for providing cancer services to include the requirement that providers should undertake annually, and preferably continuously, a programme of self assessment against peer review measures

Proposed Process

Self Assessment



Internal Validation



External Verification (Sample)



Peer Review Visit (Targeted)

Advantages of Proposed Changes

- Comprehensive, benchmarked information, enriched by clinical data and annually updated, will be available to support choice, voice, commissioning, regulation and governance
- A continuous approach to improving quality rather than wait for the next visit
- Promotes local system management responses rather than external intervention
- Maintains benefits of visits but focused on topics of greatest need
- Makes variations in service visible



Thank You