National Cancer Peer Review Programme – Clinical lines of enquiry

SSCRG/NSSG Leads workshop
Key elements of NCPR (1):
Aim of NCPR

Ensuring Services are as safe as possible

Improving the quality and effectiveness of care

Improving the patient and carer experience

Undertaking independent, fair reviews of services

Providing development and learning for all involved

Encouraging the dissemination of good practice
Key elements of NCPR (2): Influences

- Independent Evaluation
- Healthcare Commission
- National Programme Review
- "Darzi Report"
- Cancer Reform Strategy
- Patient Expectations

NCPR Programme 2008 onwards
Key elements of NCPR (3):
Direction

- Light touch approach
- Focus on Self-Assessment & Internal QA
- Value for Money
- Responsive to NHS Changes
- Continued emphasis on clinically-led peer review
- A Greater emphasis on outcomes
Key elements of NCPR (4):

Process

Peer Review

Visits
- Targeted

Externally Verified Self-Assessments
- Sampled

Validated Self-Assessments
  (annual)
  All Teams
NCIN and Peer Review (1)

• Joint working

  – Collaboration in establishment of the Clinical Outcomes Group

  – Collaboration between NCIN and Peer Review in development of SSCRG work programmes
NCIN and Peer Review (2)

• Joint working
  
  – Information sharing between NCIN and peer review

  – Increase awareness and effective use of Peer Review data and national benchmark information
NCIN and Peer Review (3)

- Joint working
  - Collaborate on development and QA process for microsites, and utilisation of data to inform Peer Review
  - Continued development of Cancer Commissioning Toolkit
NCPR: Inclusion of key clinical issues (1)

• Increasing focus on addressing key clinical issues

• Clinical Indicators to be developed in conjunction with SSCRGs and relevant tumour specific national bodies e.g. BAUS, BASO, AUGIS etc
NCPR: Inclusion of key clinical issues (2)

• Rationale
  – Range of possible diagnostic and treatment interventions has increased
  – Subsequent guidance issued by NICE incorporated into Peer Review discussions
  – Supporting the overall aims of the Cancer Reform Strategy
  – In step with commissioning function of cancer services
NCPR: Inclusion of key clinical issues (3)

- Conclusions from clinical discussions with review teams will be supportive in
  - Highlighting significant progress and/or good clinical practice
  - Identifying challenges faced in providing a clinically effective service
  - Identifying areas where a team/service may require support/development to maximise its clinical effectiveness
NCPR: Inclusion of key clinical issues (4)

- Not intended to introduce any additional measures to support this changed focus

- Key clinical issues will be highlighted through discussion and review of existing evidence and information
NCPR: Inclusion of key clinical issues (5)

• Progress to date
  – Pilot with Lung and Breast
  – List of possible indicators for Breast and Lung services which are to be reviewed during 2010/2011
  – Circulated for comment to Network Medical Directors
  – Discussion with SSCRG, NCIN, NCPR
  – First comments for Breast Peer Review received
NCPR: Inclusion of key clinical issues (6)

• Key headline indicators – Lung reviews
  – The % of expected cases on whom data is recorded
  – The % Histological Confirmation Rate
  – The % Having active treatment
  – The % undergoing surgical resection (all cases excluding mesothelioma)
  – % small cell receiving chemotherapy
NCPR: Inclusion of key clinical issues (7)

- Key headline indicators – Breast reviews
  – National Data
- Percentage of women offered access to immediate reconstruction surgery by MDT or by referral onto another team and rate of uptake
- Ratio of mastectomy to Breast Conserving Surgery (BCS)
- Each surgeon managing at least 30 new cases per year
- Average length of stay for breast cancer with any surgical procedure
- The one-, two- and five-year survival rates
NCPR: Inclusion of key clinical issues (8)

• Key headline indicators – Breast reviews
  – Local Data

• Proportion of women tested for HER2 prior to commencement of drug treatment (if undergoing resectional surgery and receiving adjuvant or neo-adjuvant chemotherapy)

• Availability of Screening and estimated impact on workload of extended Programme

• Availability of Digital mammography
NCPR: Inclusion of key clinical issues (7)

Close the circle

NCIN  ↔  NCPR

To improve cancer services/outcomes