

National Cancer Action Team  
Part of the National Cancer Programme

# National Cancer Peer Review Sarcoma

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# Improving Outcomes Guidance



*National Institute for  
Health and Clinical Excellence*

Guidance on Cancer Services

## Improving Outcomes for People with Sarcoma

The Manual



March 2006

Developed by the National Collaborating Centre for Cancer

# The Intentions of Improving Outcomes for People with Sarcoma

- Changes in the provision of care that will significantly improve clinical outcomes and patient experience
- To strike the appropriate balance between local and centralised specialist services
- Improved provision of information at different parts of the patient's pathway
- Sustained development of the delivery of care

# Challenges in Developing the Guidance

- Managing patients with relatively rare tumours, some requiring very specialised surgery and other treatments
- An evidence base that is not strong
- The diverse group of tumours which can occur almost anywhere in the body requiring joint working between MDTs

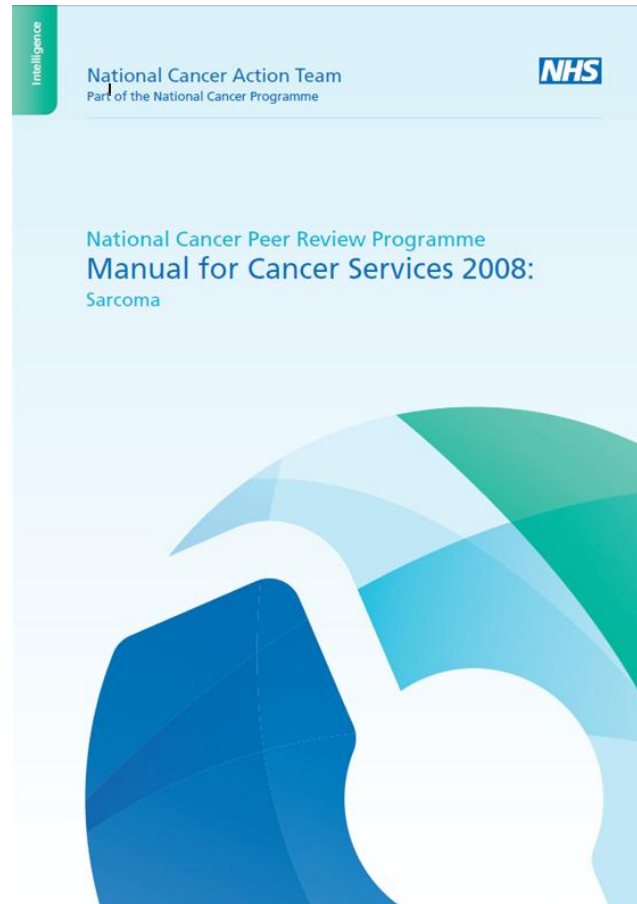
# Key Recommendations

- All patients with a confirmed diagnosis should have their care diagnosed by a Sarcoma MDT
- Diagnostic services should be provided in designated diagnostic clinics
- All provisional diagnoses should be reviewed by a specialist sarcoma pathologist and/or radiologist
- A soft tissue MDT should manage the care of at least 100 new patients p.a.
- Combined bone and soft tissue MDTs should manage at least 50 new patients with bone sarcoma and 100 new patients with STS

# Key Recommendations

- All patients managed by a sarcoma MDT should be allocated a key worker
- Surgery should be undertaken by a surgeon who is a member of a sarcoma MDT or by a surgeon with tumour site-specific or age-appropriate skills
- Chemotherapy and radiotherapy should be carried out at designated centres
- Patients should be supported to enter clinical trials
- All MDTs should participate in national audit
- Where required, patients should have timely access to appropriate support and rehabilitation services

# Improving Outcomes Guidance & Cancer Peer Review Measures



# Development of the Sarcoma Measures

- Evidence based using NICE evidence linked to “Improving Outcomes Guidance” and agreed best practice based on national consensus
- Development of measures for each topic is undertaken by an expert group
- 3 month consultation on new measures



# Focus for the Measures

- The commissioning of services
- Inter-professional communication
- Co-ordination of care
- User Involvement
- User/carer experience
- Information
- Access to services

# Characteristics of the Measures

- Objective
- Specific
- Discriminating
- Clear and unambiguous
- Developmental
- Clear about who is responsible
- Measurable
- Verifiable
- Achievable

# Draft Sarcoma Measures

Divided into sections with linked compliance required:

- 1A** Network Board Measures
- 1C** Sarcoma Advisory Group Measures
- 1D-1** Locality/Trust
- 2L-1** The Multidisciplinary Team (MDT)

# 1A: Network Board Measures

- The Shape of Sarcoma Services
- Designation of Treatment Delivery Services

# 1C: Sarcoma Advisory Group Measures

- SAG Meetings
- Patient Pathways
- Area Audit

# 1D-Functions of the Locality/Trust Group

- Trust Lead Clinicians for Sarcomas
- Patient Pathways
- Provision of the Sarcoma Diagnostic Clinic
- Required MDT Membership of Surgeons Treating Sarcoma
- Required MDT Membership or Designation of Oncologists Treating Sarcomas

# 2L-Sarcoma Multidisciplinary Team (MDT)

- MDT Structure
- Operational Policies for Core Members Practice
- MDT Nurse Specialist Measures
- Patient Centred Care
- Patient Pathways
- Data Collection
- Area Audit

# Consultation Process

- Measures published on DH website and on CQuINS  
<http://www.cquins.nhs.uk/?menu=resources>
- Proforma for comments
- Consultation Events
  - 17<sup>th</sup> March London Holiday Inn Bloomsbury
  - 29<sup>th</sup> March Leeds Queens Hotel



# Consultation Process

- Review the measures and make note of whether:
  - The wording of each quality measure is sufficiently clear
  - Is any supplementary guidance on the quality measure required?
  - Are there any important gaps?

# Consultation Process

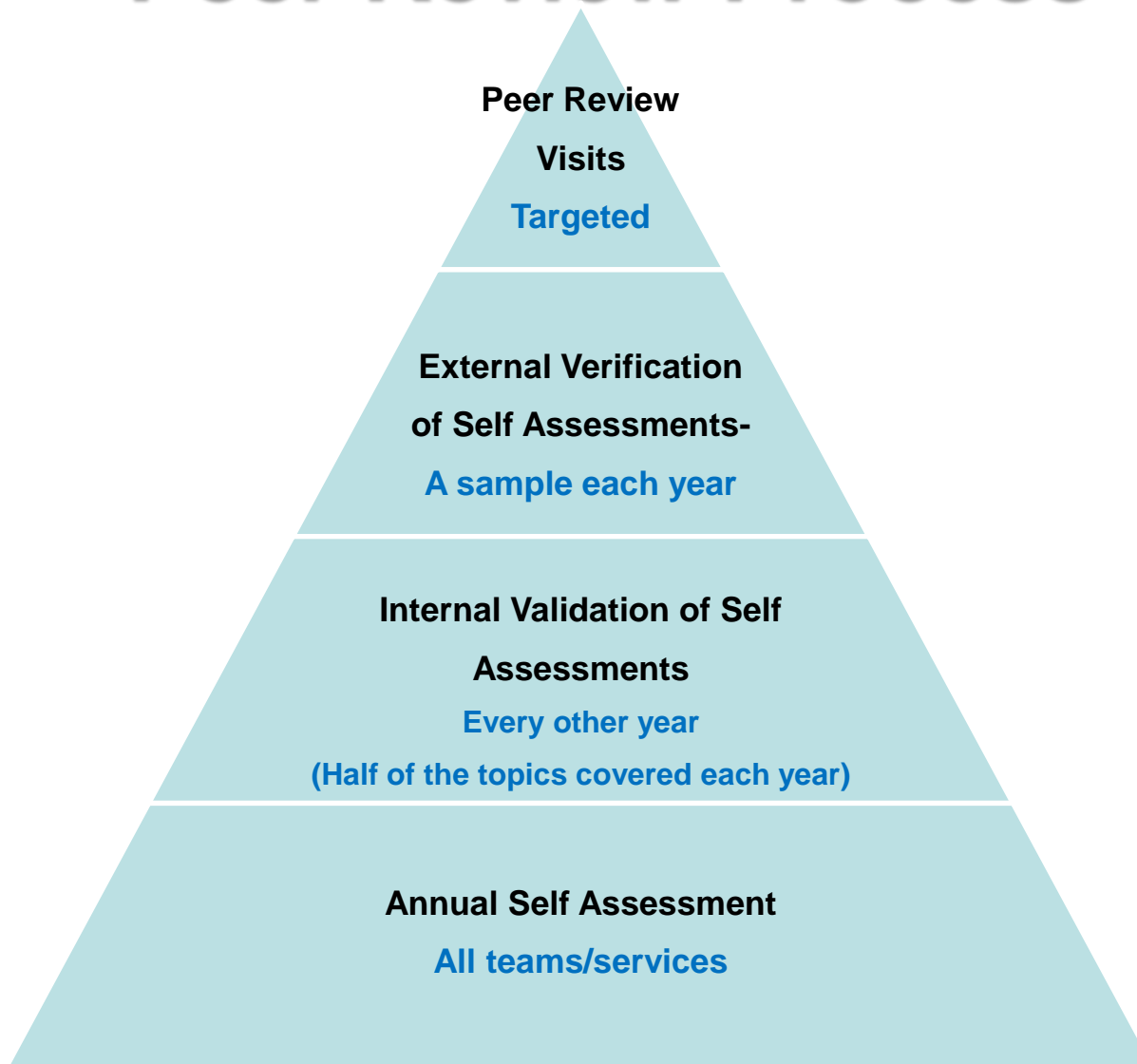
- Complete proforma detailing:
  - the measure number
  - modifications to each quality measure
  - any gaps identified
  - appropriateness of level assigned to each measure
  - contact name and telephone number
- Note any areas where interpretation guidance is required.

# Consultation Process

- All comments collated and considered
- Closing date for consultation is the.....
- Panel / Editing Meeting
- Final Publication

# Peer Review Process

# Peer Review Process



# Clinical Lines of Enquiry

# Development of Clinical Lines of Enquiry

- Increasing focus on addressing key clinical issues
- Clinical indicators to be developed in conjunction with SSCRGs and relevant tumour specific national bodies.

# Development of Clinical Lines of Enquiry

- 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 Improving Outcomes- A Strategy for Cancer
  - In step with commissioning function of cancer services



# Development of Clinical Lines of Enquiry

- 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

# Development of Clinical Lines of Enquiry

- 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

# Principles of Clinical Lines of Enquiry

- The data should be available nationally or readily available locally. Not intended to require further audit in themselves
- Metrics which can be used as a lever for change and for reflection on clinical practice and outcomes
- They may be lines of enquiry around clinical practice, or around collection of data items, rather than enquiry focused on the data itself
- May cover key stages along the patient pathway, including diagnosis, treatment and follow up
- There should be some consensus on national benchmarking data which can be used to inform the discussions

# Progress to Date

- Progress to date
  - Pilot with Lung and Breast almost complete – feedback positive
  - CLEs developed in Upper GI, Gynaecology, Colorectal and Head & Neck for implementation 2011 – 2012 reviews
  - CLEs to be developed for Sarcoma, Brain and CNS, Skin and Urology

# Lung Clinical Lines of Enquiry

## Key headline indicators

- 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

# Breast Clinical Lines of Enquiry

## Key headline indicators – 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

## Key headline indicators – 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

# Preliminary Feedback

- The focus of discussion moved from structure and process to more clinically relevant issues
- Many teams have used the figures as the basis for audits on their practice to understand why they are outliers
- Highlighted issues with completeness of data collection, the process for clinical validation and whether outcomes are regularly reviewed and acted upon by the MDT
- Driven the impetus for clinical teams to work with the trusts to address the infrastructures to support data collection