

National Cancer Action Team
Part of the National Cancer Programme

Upper GI SSCRG Workshop

November 2010

Overall National Analysis

The National Cancer Peer Review Report 2009/2010

The report is now published and includes a section on each of the Tumour sites reviewed during 2009/2010

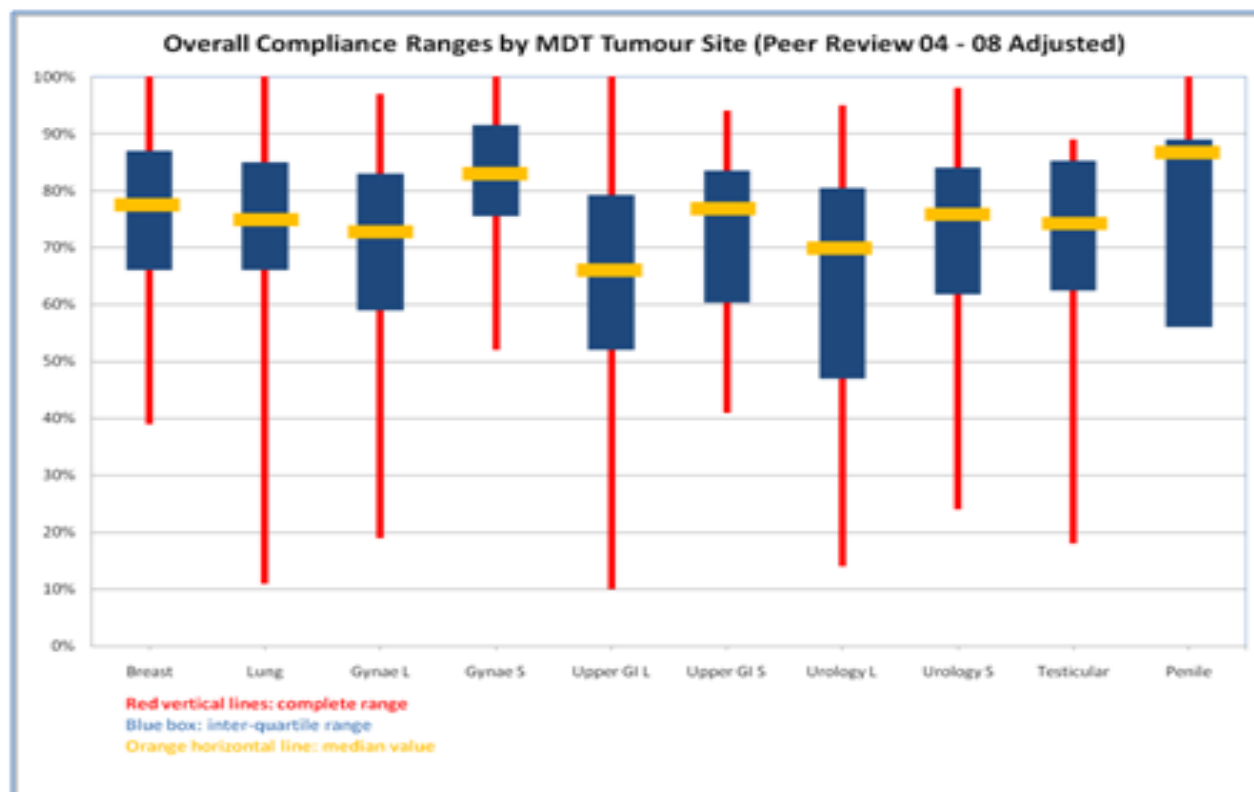
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The intention is that some sections of the report may be included in the CRS refresh



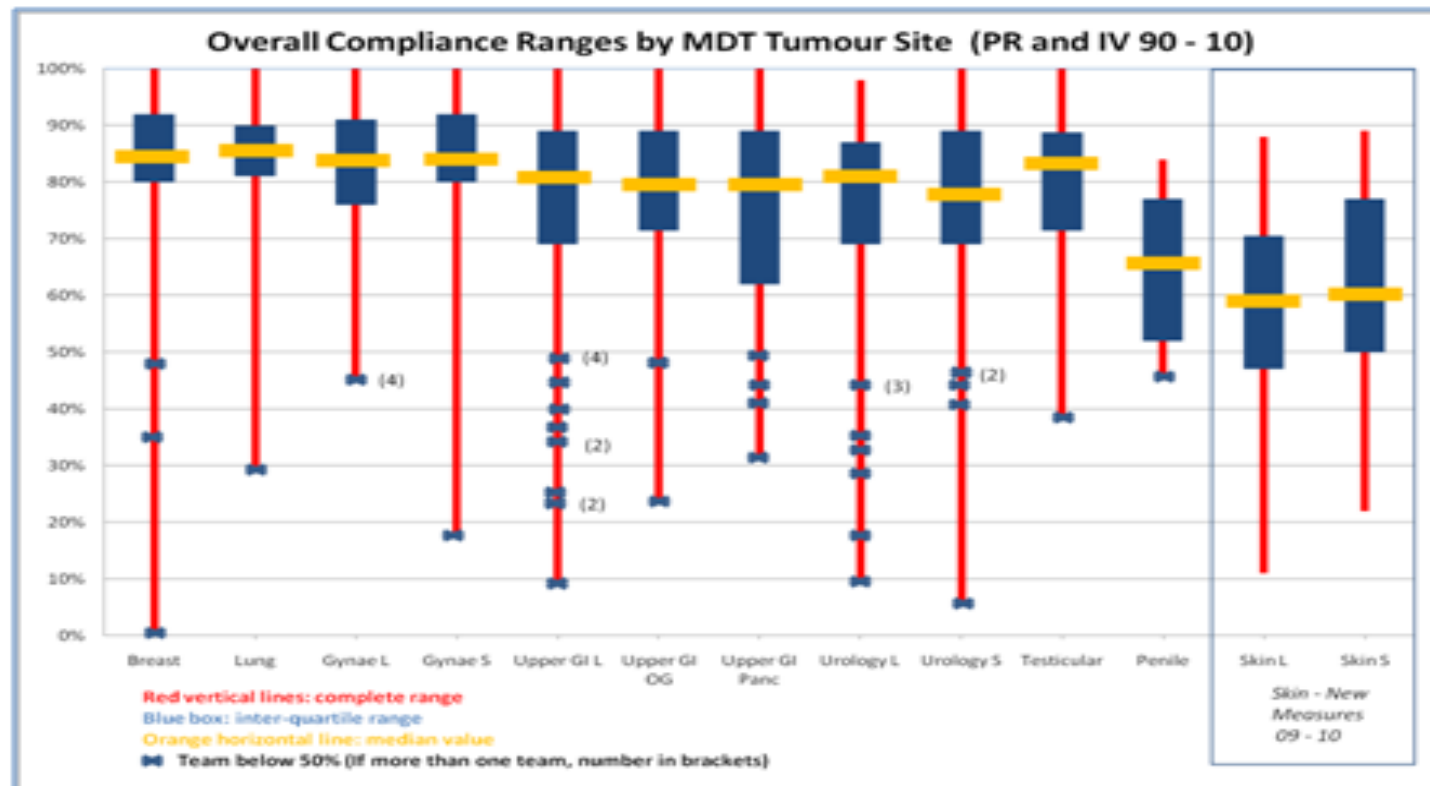
Overall compliance by MDT Tumour Site 04/08 Adjusted

Fig: Overall compliance ranges per tumour site Peer Review 04 - 08 Adjusted



Overall compliance per MDT tumour site 2009/2010

Fig: Overall compliance ranges per tumour site 2009 – 2010



Comparison of Overall Compliance

	2009 – 2010			2004 – 2008 (adj)		
	Range (%)	Interquartile (%)	Median (%)	Range (%)	Interquartile (%)	Median (%)
Breast	0 – 100%	80 – 92%	86%	39 – 100%	66 -87%	77%
Lung	29 – 100%	81 – 90%	87%	11 – 100%	66 – 85%	74%
Gynae (L)	45 – 100%	76 – 91%	85%	19 – 97%	59 – 83%	72%
Gynae (S)	18 – 100%	80 – 94%	85%	52 – 100%	76 – 92%	83%
Upper GI (L)	9 – 100%	69 – 89%	82%	10 – 100%	52 – 79%	67%
Upper GI (OG)	24 – 100%	72 – 89%	81%	41 – 94% (NB OG & Pancreatic combined)	60 – 84% (NB OG & Pancreatic combined)	78% (NB OG & Pancreatic combined)
Upper GI (Pancreatic)	32 – 100%	62 – 89%	81%			
Urology (L)	9 - 98%	69 - 87%	82%	14 – 95%	47 – 81%	70%
Urology (S)	6 - 100%	69 - 89%	78%	24 – 98%	62 – 84%	77%
Testicular	39 – 100%	72 – 89%	85%	18 – 89%	63 – 85%	74%
Penile	45 – 84%	52 – 77%	67%	56 – 100%	56 – 89%	89%
Skin (L)	11 – 88%	47 – 71%	60%	n/a	n/a	n/a
Skin (S)	22 – 89%	50 – 77%	61%	n/a	n/a	n/a

Changes to the number of teams and measures

Measure	Number of teams 2009 - 2010	Number of teams 2004 - 2008	Reduction in number of teams	Measures / Tumour type 2009 - 2010	Measures / Tumour type 2004 - 2008	Reduction in number of measures
Breast	157	174	17	36	60	24
Lung	163	175	12	32	54	22
Gynae (L)	75	99	24	34	54	20
Gynae (S)	42	44	2	34	54	20
UGI (L)	103	129	26	35	60	25
UGI (S) OG	41	74 (OG and Pancreatic)	8 (OG and Pancreatic)	37	63 (OG and Pancreatic)	26 (OG and Pancreatic)
UGI Pancreatic	25			37		
UGI (Pancreatic put forward as liver resection)	7	17	10	9	15	6
Urology (L)	89	129	40	47	67	20
Urology (S)	51	74	23	49	63	14
Supranetwork Testicular	10	16	6	39	60	21
Supranetwork Penile	8	10	2	21	28	7
TOTALS	771	941	170	373	578	205

MDT's with compliance of 50% or under

Excluding Skin, introduced as a new Topic in 2009 – 2010, 43 Multidisciplinary teams unfortunately still had a compliance of 50% or under. Per tumour site there were:

- 3 breast teams
- 1 lung team
- 4 Gynaecology Local teams
- 1 Gynaecology Specialist team
- 13 Upper GI Local teams
- 2 Specialist Oesophago-gastric teams
- 4 Specialist Pancreatic teams
- 8 Urology Local teams
- 5 Urology Specialist teams
- 1 Supranetwork Testicular team
- 1 Supranetwork Penile

Networks with MDTs compliance of 50% or under

- These 43 teams were from 13 Cancer Networks
- There were 15 Cancer Networks where no teams had 50% or less compliance with the Network
- 4 of the Upper GI Local teams also had 50% or less compliance in the 2004 – 2008 reviews

Local Upper GI MDTs

Network	Team	Percentage compliance	Tumour site	PR/IV
AngCN - Anglia	MDT - Bedford	34%	UGI L	PR
AngCN - Anglia	MDT - Ipswich	9%	UGI L	PR
AngCN - Anglia	MDT - Kings Lynn	26%	UGI L	PR
ECN - Essex	MDT - Colchester Hospital University NHS Foundation Trust	49%	UGI L	IV
GMCCN - Greater Manchester & Cheshire	MDT - Mid Cheshire	40%	UGI L	IV
GMCCN - Greater Manchester & Cheshire	MDT - Salford	49%	UGI L	IV
MVCN - Mount Vernon	MDT - Lister	34%	UGI L	PR
MVCN - Mount Vernon	MDT - Luton & Dunstable	49%	UGI L	PR
NELCN - North East London	MDT - Whipps Cross	36%	UGI L	PR
NLCN - North London	MDT - Barnet And Chase Farm Hospitals	23%	UGI L	PR
NLCN - North London	MDT - North Middlesex University Hospital	46%	UGI L	PR
NLCN - North London	MDT - The Princess Alexandra Hospital	49%	UGI L	PR
NWLCN - North West London	MDT - Ealing Hospital	23%	UGI L	PR

Specialist Upper GI Oesophago - Gastric MDT

Network	Team	Percentage compliance	Tumour site	PR/IV
MVCN - Mount Vernon	MDT - Watford General Hospital	24%	UGI OG	PR
SELCN - South East London	MDT - SELJCC	49%	UGI OG	PR

Specialist Upper GI Pancreatic MDT

Network	Team	Percentage compliance	Tumour site	PR/IV
AngCN - Anglia	MDT - Ipswich	44%	UGI Panc	IV
AngCN - Anglia	MDT - Norfolk & Norwich	50%	UGI Panc	IV
NELCN - North East London	MDT - Barts & London	32%	UGI Panc	PR
NWLCN - North West London	MDT - Hammersmith	41%	UGI Panc	PR

Challenges, issues for resolving and Good Practice

Local Upper GI MDT

Immediate Risks

2 teams identified immediate risks as part of the IV process and a further 10 teams were identified as having immediate risks through the Peer Review process. Main issues related to immediate risk:

The main issues:

- Complex surgery not transferred to the specialist surgical centre (4 teams)
- Lack of assurance that all patients are discussed with the specialist MDT (2 teams)
- Lack of key members of the MDT (histopathologist, clinical or medical oncologist, CNS and radiology) (4 teams)
- Concern over appropriate referral of Pancreatic patients (2 teams)

Serious Concerns

18 teams identified serious concerns as part of the IV process, 1 additional Serious Concern was identified through EV and a further 19 teams were identified as having serious concerns through the Peer Review process

Main issues:

- MDT membership – CNS and oncology
- Teams undertaking complex surgery
- No referral guidelines and/or with poor engagement with the Network
- Poor communication with the Specialist Teams
- Two teams within a Trust contrary to IOG arrangements, which were therefore both under resourced
- Lack of clarity around pathways of care for patients with pancreatic cancer (4 teams)

Good Practice

Good practice was reported in all 103 of the teams

The key themes:

- Good channels of communication with the Specialist Team
- Pivotal input by CNS
- Local delivery of chemotherapy
- Implementation of electronic data capture in MDT
- Straight to test for endoscopy

Specialist Upper GI Oesophago Gastric MDT

Immediate Risks

5 teams were identified as having immediate risks through the Peer Review process

The main issues:

- Upper GI surgery carried out at referring Trusts out with IOG arrangements (4 teams)
- Low number of cases per Specialist Upper GI surgeon (1 team)
- Not all suitable patients referred to specialist MDT
- No input from the specialist team into any of the local teams (1 team)

Serious Concerns

1 team identified serious concerns as part of the IV process and a further 14 teams were identified as having serious concerns through the Peer Review process

Main issues:

- Lack of formal agreement for 24 hour surgical cover
- Lack of governance arrangements with referring teams to ensure that all complex cases were discussed at the specialist MDT
- Communication with referring local teams
- In a couple of teams the low surgical volumes of core members was identified as a concern
- Cover and attendance of core members (histopathology, oncology, palliative care, radiology, gastroenterology)

Good Practice

Good practice was reported in all of the Specialist Oesophago Gastric Teams

The key themes:

- The provision of EUS and also the development of EMR services
- Excellent data collection
- Clinical outcomes and performance by some teams
- The adoption of good patient information pathways
- Dietetic support for patients

Specialist Upper GI Pancreatic MDT

Immediate Risks

1 team identified immediate risks as part of the IV process
and 1 team was identified as having immediate risks
through the Peer Review process

Main issues:

- Deficient links with referring teams; likely that some patients with resectable tumours were not being referred to the MDT
- Lack of palliative care input and CNS capacity

Serious Concerns

2 team identified serious concerns as part of the IV process and a further 3 teams were identified as having serious concerns through the Peer Review process

Main issues:

- Lack of cover or attendance for core members; oncology, palliative care, CNS, radiology, gastroenterology and surgeons
- Treatment decisions taken prior to discussion at the Specialist MDT
- Deficiencies in the pathway of care for diagnostics (ERCP, EUS, PET and MRI)
- Lack of clarity on radiotherapy and chemotherapy pathways

Good Practice

Good practice was identified in 24 out of 25 Specialist Pancreatic Teams

The key themes:

- Improvements to the pathway of care
- Access to diagnostics
- Development of research
- Excellent 3 year outcome data
- A 'Travelling MDT' where a core member of the team visits each of the referring hospital MDT's every 2 months to feedback on the referrals that have been received and the decisions that the MDT has made

2010 – 2011 Results to date

Topic	Assessment	Number of teams	Overall Percentage	Range
Upper GI Local	IV	91	86%	57 – 97%
	EV to date	15 to date	1R, 1A, 13G	n/a
	PR to date	6 published, 1 unpublished	70%	46 – 97%
Upper GI OG	IV	33	85%	62 – 97%
	EV to date	4 to date	4G	n/a
	PR to date	3 published	70%	57 – 81%
Upper GI Pancreatic	IV	16	81%	46 – 97%
	EV to date	4 to date	2G, 2A	n/a
	PR to date	1 published	81%	81%
Pancreatic acting as liver resection	IV	8	82%	56 – 89%
	EV to date	3 to date	1G, 2R	n/a
	PR to date	0	n/a	n/a