

MINUTES

Reference Group
Peer Review of Cancer MDTs

Tuesday 7th July 2009
2.00-4.00pm
Board Room, Holywell Hospital,

Attendance

Cara Anderson
Sally Campalani
Elizabeth England
Margaret Fleming
Dermot Hughes
Anne Kyle
Pat Mc Clelland
Jim McGuigan
Theresa Nixon
Margaret O'Hagan
Alison Porter
Nicola Porter
Sarah Williamson

Apologies

Fiona Beattie
Wilma Boyd-Carson
Stephen Kirk
Beth Molloy
Hugh Mullen
Margaret O'Hagan
Michael Reilly

1. **Minutes of last meeting** - agreed
2. **Matters arising**

Dr Hughes informed the group that the PR Handbook has been amended to reflect feedback from workshops & PR team and that it will be finalised following receipt of final comments from the peer review team. Cara indicated that the one of the main changes related to the inclusion of information about the availability of patient notes on the day of the visit. She indicated that each team would be required to make available 10 sets of notes selected from an MDT meeting that took place 3-4 months in advance of the visit and that the MDT list for the selected meeting should also be made available. Trusts asked if patient notes would also be required from Belfast for patients sent for specialist treatment. Cara indicated that she thought this would not be the case but would clarify it with the PR team.

Action:

Cara to clarify with the PR team the need for Belfast notes to be available on the day of the visit.

Cara to circulate a final copy of the handbook next week.

Cara indicated that a number of amendments have been made to the handbook following feedback received from the peer review sub-groups and familiarisation visits. The amended versions are with PR team for comment and it is hoped that the final versions will be circulated next week.

Action:

Cara to circulate final versions of evidence guides as soon as they agreed with the PR team.

Dr Hughes indicated that a further approach had been made to Hugh Mullen with regard to some additional resource to help Trusts to prepare for PR. Unfortunately, he has indicated that there is no additional resource available. Cara indicated that the Board does still not have a full picture of its budget and projected expenditure so it is difficult for them to commit to any expenditure so timing may also be a contributing factor. Theresa Nixon suggested that Trusts might try to document and quantify the sort of support they would require in the event that any slippage money becomes available. Sarah Williamson highlighted that one of the main areas that required resource was that of data entry / management for the CaPPs system which will be critical to delivering on many of the information requirements of PR.

Action:

Cancer managers to describe and quantify the type of support they would like to put in place.

3. Trust familiarisation visits

Dr Hughes highlighted that a number of issues had been highlighted during the course of the familiarisation workshops which it was felt would be useful to highlight to the commissioner at an early stage. These issues included: the impact of peer review on the surgical service within Northern Trust; the need for a stand alone lung MDT in SE Trust; oncology input; access to CNSs.

Actions:

Cara is to draft a letter to the commissioner outlining the key areas.

Trusts are to submit suggestions for any other issues that they feel it would be useful to raise at this time.

Cara presented slides on a number of issues that come up at all of the familiarisation workshops.

1. Cara clarified that the attendance measure related to attendance by a named core member or their named cover. More than one person may provide cover.

While the measure asks for 66% attendance by the core member of their cover the peer review team would comment if the cover was attending the majority of meetings.

The cover should be named individuals except where this role is fulfilled by a senior trainee. Each core member can have more than one named cover. The expectation is that the number of such individuals providing cover will be limited in number to reflect the trends of increased tumour specific sub-specialisation in diagnostic and treatment services as well as continuity of

input to the MDT.

Cara has a sample excel spreadsheet for recording attendance. The group agreed that it would be useful to share this as not all teams have access to the CaPPs system.

2. Collection of activity / workload

Cara indicated that much of the activity / workload data can be collected as a Network agreed audit. Cara has produced a summary table of the key data items to be collected for each tumour site. This is currently with the PR team for approval and will be circulated as soon as it is agreed.

Gail is to meet with Lisa Ranaghan with regard to progressing the information requirements for PR. Gail will sit on the working group for the development of business objects for CaPPs to ensure that the PR information requirements are built into the process.

3. Cara highlighted that operational policies need to describe the patient pathway (i.e. how do peripheral hospitals refer to the units; how and when do units refer on to the specialist team etc).

4. Cara indicated that the Network now had several sample patient surveys which varied in length and usability. The group agreed that it would be useful to use the same survey for all tumour sites across the region. It was agreed that Gail Malmo would review the surveys available to reduce the selection down to two surveys, one shorter and one more detailed. These surveys will then be circulated to the group for comment before a final selection is made.

5. Patient record of diagnosis & treatment

Cara presented the template from the Breaking Bad News Guidelines (2003). The group agreed that the template might be useful for those teams that do not currently have a way of formally recording the consultation with the patient and highlighted that it could also be used to inform the GP of the diagnosis within 24 hours of the patient being given the diagnosis. Some minor changes to wording were agreed. It was agreed that Cara would circulate the template to the Primary Care Regional Group to ensure that it included appropriate information and would be useful to them.

6. Key worker role

It was agreed that it would be useful to have some Network guidelines around the key worker role. Gail Malmo is to review literature from England and liaise with Sally Campalani to produce some guidance. Cara indicated that particular thought would need to be given to when and how a key worker is allocated for those patients diagnosed outside a unit or centre or in units where there was no access to a CNS.

Gynae MDTs

Cara confirmed that following the familiarisation workshops it has been agreed that SE and Northern gynae teams will be reviewed as locality teams

(diagnostic services). This means that they will be reviewed against a much reduced set of measures (i.e. six). They will be expected to submit an operational policy only but should be able to demonstrate knowledge of the work plan and annual report of the specialist MDT. Locality teams will receive a review visit but it will be much shorter than other MDT review visits.

Actions:

- Cara to circulate excel spreadsheet for recording attendance
- Gail to review patient surveys and circulate for comment.
- Cara to circulate the Breaking Bad News template and to forward it to the Primary Care Group for comment.
- Gail to work with Sally to produce Network guidelines on the role of the key worker.

Cara asked trusts to provide an update on how they plan to take local planning for peer review forward following the workshops. All of the trusts with the exception of Belfast indicated that they were planning to work with the MDTs collectively, providing updates through the MDT meetings. Cara formally introduced Gail Malmö to the group and indicated that Gail would like to make arrangements to meet with each of them firstly, to learn about their roles and secondly, to find about how she can best support trusts in preparing for peer review. Cara suggested that it might be useful to involve Gail in local planning meetings so that she can effectively target her support and ensure that the peer review sub-groups in the early Autumn add-value rather than replicate work that may have happened at trust level during the Summer.

Actions:

Gail to arrange meetings with cancer managers and lead clinicians and to agree communication links for the ongoing development of the programme.

5. Any other business

Trust information for the briefing packs is still outstanding for Western & Southern trusts.

Some trusts have still not confirmed names for shadowing visits – Trusts were asked to confirm dates with the Network office as soon as possible.

Actions:

Alison Porter and Liz England to forward the information for their Trusts as soon as possible.

Remaining trusts to confirm dates for familiarisation visits as soon as possible.

6. Date of next meeting

- Tuesday 11th August - 2-4pm, Boardroom, Holywell