

MINUTES

Reference Group Peer Review of Cancer MDTs

Tuesday 21st April 2009
2.00-4.00pm
Ewart Room, Holywell Hospital,

Present

Cara Anderson	Anne Kyle
Wilma Boyd-Carson	Sarah Liddle
Sally Campalani	Adrian Mairs
Eileen Deery	Beth Malloy
Margaret Fleming	Theresa Nixon
Margaret Hagan	Pat McClelland
Dermot Hughes	Sarah Williamson

1. Apologies Fiona Beattie, Elizabeth England, Stephen Kirk, Hugh Mullen, Joe O’Niell, Nicola Porter, Michael Reilly

2. Minute of last meeting – agreed.

3. Extended scope of review

Dr Hughes informed the group that the extended scope for the review has been discussed with RQIA and commissioners and has been welcomed. The list of clinical issues (Appendix 3 of Project Plan) was discussed. It was confirmed that the issues reflect those being reviewed in England and have significant overlap with the service framework standards.

Cara Anderson informed the group that we will endeavour to collate as much of the data as we can for this round of review. However, it is accepted that some of the required information may require additional audit. The expectation is that where a measure cannot be evidenced during the first round of review that it is at least tabled for discussion by the Network Site Specific Group (NSSG) and that we can evidence plans for collation of the data in subsequent year. The required actions would be expected to be reflected in the MDTs work plan. Cara indicated that she has asked the Peer Review team to provide additional detail / definition in relation to the clinical measures and that this should be included in the amended evidence guides. She indicated that the clinical issues list for colorectal was not yet agreed in England is and likely to be reduced in the absence of fully agreed data definitions

Dr Hughes indicated that Hugh Mullen has confirmed that no additional resource would be made available to trusts to support the introduction of peer review. Margaret O’Hagan stated that the resource implications of peer

review should not be underestimated and that there was a need for a coordination role within each trust, particularly during the first year. Dr Hughes stated that the groups concerns would be fed back to Mr Mullen.

Cara indicated that she intended to work to identify existing data sources and to add the information to the table in Appendix 3 for circulation. She is meeting with Beth Malloy and Stephen Mac Dowell next week in order to define which measures can be extracted from existing sources (e.g. CaPPs, PAS, TMS). It was agreed that Lisa Ranaghan from the Registry should also participate in that meeting. The list of measures will also be shared with the tumour groups to identify where any relevant audits might already exist.

Beth Malloy indicated that the work undertaken to identify which clinical activity data can be collated via CaPPs will specify the data fields that need to be completed so that data queries can be written to enable the data to be retrieved at a regional level. The group expressed concern that one-year of data may not be available by the time of the review visits. Cara stated that she had informed the peer review team that there may not be a full year's worth of data available for a number of the measures.

Sarah Williamson raised the issue of Trust resource for data entry of the CaPPs data sets and that this might impact on the availability of data. Dr Hughes highlighted that one of the measures in the Manual of Cancer Standards was "MDT collection of agreed minimum dataset" and that use of CaPPs would be looked at as part of the review. Beth Malloy indicated that all trusts had now signed up to a timetable for the roll out of CaPPs.

Actions: Cara and Beth to review list of clinical measures and complete a table indicating data source and specifying required data fields where necessary. The table will be circulated to the group as soon as it is available.

4. Draft project plan

Cara took the group through a number of the key milestones within the project plan (Appendix 5). Cara indicated that the date of the visits has had to moved as the planned date clashed with visits already scheduled to some of the London cancer networks. The visits will now take place during the last 2 weeks of April. Trusts will need to undertake internal validation of their submission in January 2010 with data being submitted to CQuINS by the 12th February. Cara indicated that the annual report to be submitted by MDTs will cover the period January – December 2009.

Cara stated that the peer review team is currently drafting local versions of the MDT evidence guides and that these should be available within the next month. The English guides do not contain information about the clinical measures to be reviewed but Cara has requested that this information be included in the local guides in order to make things simpler for the MDTs.

Similarly a local version of the peer review handbook should be available towards the end of May.

Dr Adrian Mairs asked for clarification about the nature of the programme and the process for addressing any concerns identified by the review. Cara confirmed that the programme was a quality assurance programme rather than a performance management programme and that any concerns raised through the review would be largely addressed within Trusts existing governance and risk management processes. She indicated that the handbook contained detailed information about the handling of 3 levels of concern and that this would be amended for local use. This will be agreed by NICaN Board prior to circulation.

Actions:

Cara to circulate amended evidence guides as soon as they become available.

Cara - Section of handbook on dealing with concerns will be redrafted and agreed by NICaN Board prior to circulation of the amended handbook.

5. Trust familiarisation visits

These half day sessions have been scheduled for the end of June 2009. Belfast and Southern trust have now swapped dates. Trusts need to book a venue with a screen, provide a projector and invite attendees. Confirmation of the venue should be sent to the NICaN office so that the necessary details and maps can be forwarded to the peer review team. Invitees should include the cancer lead team, the chair of each MDT and at least two other core members of the MDT. The MDTs to be reviewed should be invited but, if venue size allows Trusts may want to extend the invitation to other MDTs that may be reviewed in future years. Trust CEOs should also be encouraged to attend. A letter will go from the RHSCB to the Trust CEOs seeking their support for the peer review process. This will be followed by a more detailed letter from Cara outlining the process and the stages at which the Trust CEO will need to engage.

Actions:

Trust leads to forward confirmation of venues to NICaN team.

Cara to notify group when letters have been forwarded to Trust CEOs. CEO letter to be cc'd to Trust Medical Directors.

6. CQuINS

Most Trusts have nominated designated leads who will authorise users within their trust. Users can be authorised for read only access or as people who can add content. The number of people authorised to change content should be kept to a minimum (e.g. cancer manager plus one or two core members of each MDT).

Leads will be sent a welcome email by end of this week / beginning of next to notify them:

1. That they have been registered and can now invite other people within their trust to register.
2. To let them know process for authorisation
3. To forward a basic user guide to CQuINs that they can issue to people who may wish to register. A copy of the user guide will be available on CQuINS and will be uploaded to the NICaN website www.cancerni.net.
4. It is recommended that files are PDF'd prior to upload to prevent people altering content and to make them easier for the peer review team to search for on the system. Details of online sites that provide free PDF conversion will be made available on the CQuINS website.

Cara informed the group that she has now been registered for the new version of CQuINS (version 4) which is where the review data will be uploaded. It has become clear that the examples of good practice have not been transferred across from Version 3. It will take a number of months before the new site becomes populated with examples of best practice from the new model of peer review which commences in England in the coming months. Cara is going to go back to the peer review team to request log on access for CQuINS Version 3 until such times as the new site becomes more populated with examples.

Actions:

Trusts who have not nominated a designated lead should provide a nomination to Cara at their earliest convenience.

Designated trust leads to coordinate invitations to relevant personnel within their Trust.

Cara to approach peer review team re access to CQuINS Version 3.

7. Information for peer review team.

The peer review team has requested that the network pull together some contextual information by the end of May. A document was circulated outlining the nature of the information requested. This includes information on: cancer epidemiology, screening, achievement against cancer access and a range of information about trusts.

Actions:

Beth Malloy to provide information on achievement against access standards.

Cara to liaise with Dr Adrian Mairs and Dr Tracey Owens re information on breast and cervical screening programmes.

Cara to provide further clarification on information required from trusts.

Trusts to return required information to Cara by 18th May 2009.

8. Support arrangements

Cara described the proposed network support arrangements.

1. Network SIL to facilitate peer review sub-groups of each tumour site to provide support and information forum for MDTs preparing for peer review. We feel that given that process is clinically led that this is most appropriate forum for support and would encourage cancer managers to attend. This of course does not preclude trusts from developing their own support mechanisms to look at Trust issues and to help problem solve issues that arise within sub-groups. The sub-groups will focus on enhancing everyone's understanding of what is required for each measure and / or peeve of evidence, sharing best practice and peer support. The trust groups could then focus on:
 - dealing with any local operational issues arising out from the work
 - participating in pre-visits with the peer review team.
 - coordinating the internal validation process
 - uploading of data to CQuINS .
 - coordinating visit arrangements for their trust.
2. Cara has asked the peer review team to identify for each MDT, a clinician from England who will be willing to come across to talk about their experience of peer review. The first sub-groups meetings will kick off with presentations from the nominated clinicians.
3. Shadowing opportunities – Huh Mullen has kindly agreed to central funding for shadowing visits which will be coordinated and booked via the NICaN office. There will be two funded places per trust, with 4 places for Belfast. Cara will send further details in the next couple of days.
4. Support for cancer managers – Cara has asked the peer review team for names of cancer managers in England who would be willing to act as mentors for our managers here, sharing with them their experience of the review process. Details will be forwarded to the managers as soon as they are received.

There was then some discussion about Trust plans in relation to coordinating peer review within their trust area. Most Trusts plan to set up a meeting with the Lead team and the clinical lead from the relevant MDTs. Some trusts have already begun this process.

Cara confirmed that a tracker event has been scheduled for the 14th may in the afternoon. Cara will present an overview of the peer review process.

Actions:

Cara to present on peer review at Tracker event on the 14th May.

Trusts to proceed with local plans for peer review.

9. Dates of next meetings

Tuesday 9th June – 2-4pm, venue TBC

Tuesday 7th July - 2-4pm, venue TBC

Tuesday 11th August - 2-4pm, venue TBC