

**Peer Review Reference Group Meeting
Tuesday 3rd March, 2009
Antrim Forum Leisure Centre**

Record of Attendees

Pat McClelland	Fiona Beattie
Nicola Porter	Sally Campalani
Alison Porter	Teresa Nixon
Dr. Rory Convery	Bridget Tourish
Mrs Anne Kyle	Cara Anderson
Dr. Dermot Hughes	Mike Bellamy
Mr Jim McGuigan	Stephen Parsons
Elizabeth England	

Apologies: Mr Hugh Mullen, Mr Stephen Kirk, Mr Tom Morton

1. Welcome and Introductions

Dr. Dermot Hughes welcomed everyone to the meeting, introductions were made and apologies noted. Dr. Hughes advised the group that Mike Bellamy from the London Zonal Peer Review Team and Stephen Parsons, National Lead for Peer review had kindly come across to the meeting in order to provide the group with a more detailed picture of the peer review process.

2. Update on tender process

Cara Anderson informed the group that following an unsuccessful attempt to appoint in November 2008 the tender had been reissued during January. In light of budgetary constraints it was decided to revise the tender to include the review of four MDTs rather than five. The four confirmed sites are breast, gynae, colorectal and lung. It was decided to remove Upper GI in light of the work that is ongoing in relation to the development of an integrated service with centralised surgery.

Cara was pleased to inform the group that the National Peer Review team had won the tender. Cara then handed over to Mike and Stephen for a series of presentations and interactive discussion about the detail of the programme.

3. (a) Context / background briefing

Stephen Parsons presented an overview of the peer review programme, its aims and principles underpinning the programme. He also informed the group about the change to a lighter touch programme of review in England and outlined the drivers that have led to the development of the new model, which is less bureaucratic and much more clinically focused. He outlined that the team hoped to use the new model in the Northern Ireland review process. He then handed over to Mike Bellamy who outlined some of the common issues highlighted through peer review. The English Team

emphasised the need for the reviews to be clinically driven and outcomes focused in order to remain relevant and to secure clinician engagement. This would mean extending the scope of the programme beyond the original remit of looking at the generic MDT measures. The group was very supportive of an extension to the programme, feeling that this would maximise the benefits to clinicians and patients. Cara highlighted that IOG for these tumour sites had not been adopted locally so there would need to be some discussion with the Department and Commissioners to ensure that they were happy with this approach.

Actions: Cara & Dermot to discuss extension of scope with DHSS&PS and with Commissioners and to undertake consultation with relevant network tumour groups.

(b) Proposed stages & process

Mike Bellamy then presented a series of slides relating to the five key stages of the proposed process along with an outlined of proposed timescales.

Stephen Parsons outlined the evidence that would be required focusing on the three key documents:

- An operational policy
- An annual report covering 2009/10
- A work programme for 2010/11.

In addition to these three documents, MDTs will need to confirm achievement of the complete list of MDT measures for their tumour type as listed within the Manual of Cancer Services. This will be done via CQUiNs and validated via an internal Trust validation process.

The group agreed that the process looked reasonable but felt that the proposed timescales were ambitious. It was agreed that these should be revised as follows:

- Trusts training and familiarisation process to commence in June 2009 if possible in order to give trusts as much run in time as possible. Events to be open to MDTs to all MDTs, not just those being reviewed this.
- Submission of data via CQUiNs to take place at the end of April 2010.
- Peer review visits to take place early June 2010.

The presentation highlighted the need for activity data to be collated for each tumour type (e.g. number of new cases, numbers discussed, volumes by treatment type etc). Cara raised this as an issue of concern. While it may be available for those tumour sites where CaPPs is live and actively used it may have implications for audit in other areas. Nicola Porter suggested a separate audit / information group might be needed to look at the requirements.

Actions:

National team to provide detail of activity data required by tumour type at their earliest convenience.

Cara to liaise with Beth Malloy re capacity for information to be retrieved through CaPPs system.

(c) Training & support

An overview of support arrangements were outlined. It was agreed that first line support would be provided by trust cancer managers, second line via the Network team, and third line through the National Team. Cara highlighted that Macmillan, who fund the service improvement lead (SIL) post for NICaN, have kindly agreed that the key focus of the post can be to support preparation for peer review. The SIL and clinical network coordinators will go to London to shadow a review so that they are in position to provide support locally. Mike indicated that this option could also be made available to Trusts if they were interested.

Cara indicated that the Network team is already working to ensure that whatever support / documentation is required at network level or through Network Site Specific groups (NSSGs) is undertaken. For example, NSSG work programmes for 2009/10 will include the development of CMGs, imaging guidelines etc). Cara has also met with the Clinical Trials Network in relation to accessing lists of Network approved trials by tumour type and has asked them if the Network can access trials recruitment figures by MDT. Both issues are being taken forward to their Executive Committee but it is anticipated that both are likely to be approved.

Support will also be provided in the form of training / familiarisation sessions to be held in each Trust area in June 2009 plus two pre-visits from the zonal team prior to submission of data.

Stephen Parsons provided a brief introduction to the CQUiNs website. The website provides 3 main functions:

- It allows teams to upload their review data
- It allows teams to benchmark their achievement within their own region or nationally.
- It allows teams to download a range of resources including evidence guides and documents that represent good practice (e.g. imaging guidelines, operational policies etc).

Northern Ireland is purchasing a license for CQUiNs and hope to make it available as soon as possible in order to try and support trusts in their preparation for peer review. The group agreed that it was an essential resource and welcomed this.

Elizabeth England and Sally Campalani indicated that Trusts are very enthusiastic about the programme but highlighted the workload involved at Trust level and the fact that they are currently struggling to provide clinical services in line with access standards. Mike Bellamy indicated that it would

be easier for Trusts to gauge the workload following the familiarisation sessions. It was agreed that the issue would be flagged in discussion with commissioners.

Action(s):

Stephen Parsons to progress development of CQUINs as a priority.

Cara Anderson to circulate the following with the minutes:

- A copy of the presentation
- A copy of the peer review handbook.
- Evidence guides for each MDT.
- A copy of the Measures for each MDT from the Manual of Cancer Services..

Cara to raise issue of Trust support with Commissioners.