National Cancer Action Team

Part of the National Cancer Programme

Gynaecology SSCRG

The National Cancer Peer Review Report 2011/2012

- Third year of publication in current format.

- Publically available – www.cquins.nhs.uk

Assessment Type

- Self-assessment (SA) - this involves self-assessment by the clinical service or network group
- Internal Validation (IV) - this is an internal check by the host organisation (internal governance) with sign-off by the host chief executive
- External Verification (EV) - as above with desk-top review by the peer review teams
- Peer Review (PR) - which involves formal assessment by an external team including relevant specialists and service users.

Overall National Analysis

National Performance of all MDTs

In 2011/12, nationally of the 1245 MDTs reviewed:

- 20 teams (2%) achieved 100% compliance
- 351 teams (28%) achieved ≥ 90% compliance
- 780 teams (63%) achieved ≥ 80% compliance
- 876 teams (70%) achieved ≥ 75% compliance

Gynaecology

- With the exception of one network, most are now compliant with gynaecology IOG configurations.

- There are three networks where arrangements were subject to satisfactory ongoing monitoring of the configuration, and one network where ovarian surgery was being performed outside IOG agreements.

National Performance of Gynaecological MDTs

In 2011/12, nationally of the 1245 MDTs reviewed:

- 67 local gynaecological teams self-assessed
- 44 specialist gynaecological teams self teams self-assessed

Local Gynaecological teams

In 2011/12, nationally of the 67 MDTs reviewed:

- 25 teams (37%) achieved ≥ 90% compliance
- 52 teams (78%) achieved ≥ 80% compliance
- 63 teams (94%) achieved ≥ 70% compliance
- 2 teams assessed less than 50%
- Median – 86%
- Range 21% - 97%

Local Gynaecological teams

- 8 immediate risks
- 18 serious concerns
  - Inadequate CNS provision
  - Data Collection
  - Not all patients referred to specialist team
  - Ovarian cancer patients being operated on locally
  - Lack of radiological cover

Specialist Gynaecological teams

In 2011/12, nationally of the 44 MDTs reviewed:

- 4 teams (9%) achieved 100%
- 22 teams (59%) achieved ≥ 90% compliance
- 41 teams (93%) achieved ≥ 80% compliance
- 100% teams > 65% compliance
- Median – 90%
- Range 66% - 100%

Specialist Gynaecological teams

- 3 immediate risks
- 14 serious concerns
  - Insufficient oncology, surgical and theatre capacity
  - Data Collection
  - Surgery undertaken outside the centre
  - Pathology and Radiology cover
  - Lack of acute oncology and surgical beds leading to delays in treatment and cancellations

Clinical Lines of Enquiry

Network level

- Difficulty obtaining information from MDTs to facilitate comparison.
- CNS capacity.
- Ovarian cancers not all discussed at specialist MDT.
- Changes in recording of data to ensure accuracy
- Low resection rates prompting audit.
- Low numbers of procedures per surgeon has resulted in investigations.

Clinical Lines of Enquiry

Local Gynaecological MDTs

- Enhanced recovery slower than in specialist centres.
- Data quality issues.
- Availability of CNS when diagnosis is communicated.
- Prompted greater discussion in improving staging data.

Clinical Lines of Enquiry

Specialist Gynaecological MDTs

- Enhanced recovery generally in place in the majority of centres.
- Data quality issues.
- Staging data not being routinely collected.
- No data for some of the CLEs that were discussed.

Clinical Lines of Enquiry

For 2012/13, CLEs were amended.

1. Surgical Caseload

- This indicator is aimed at ensuring that gynaecologists performing ovarian cancer surgery have a surgical caseload of at least 15 ovarian cancer cases per annum. Data provided by Trent Cancer Registry.

2. Gynaecological Oncology Staging

- The National Cancer Intelligence Network and the British Society of Gynaecological Pathologists recommend the FIGO staging system for all gynaecological malignancies.

  Data provided by Trent Cancer Registry.

Clinical Lines of Enquiry

3. Surgical Enhanced Recovery / Length of stay Surgical Caseload

- Post-operative length of stay data for uterine (C54-C55), (related to elective admissions associated with a major surgical procedure) has been provided by Trent Cancer Registry.

Ovarian (C56 – C57) and cervical (C53) cancer have been excluded from the length of stay analysis for the 2012 – 2013 CLEs due to complexity of interpretation and completeness of data.

Clinical Lines of Enquiry

4. Survival

- Data on 12 month, 2 and 5 year survival is readily available from Cancer Registry and HES databases, and was provided at Network level.

5. Clinical Nurse Specialists

- Clinical Nurse Specialists (CNS) play a key part in the patient pathway and are integral to the functioning of multi-disciplinary team working. Assessed on responses to 3 questions from the National Patient survey**.**

Q20: Patient given the name of the CNS in charge of their care

Q21: Patient finds it easy to contact their CNS

Q24: Last time seen, time spent with CNS about right