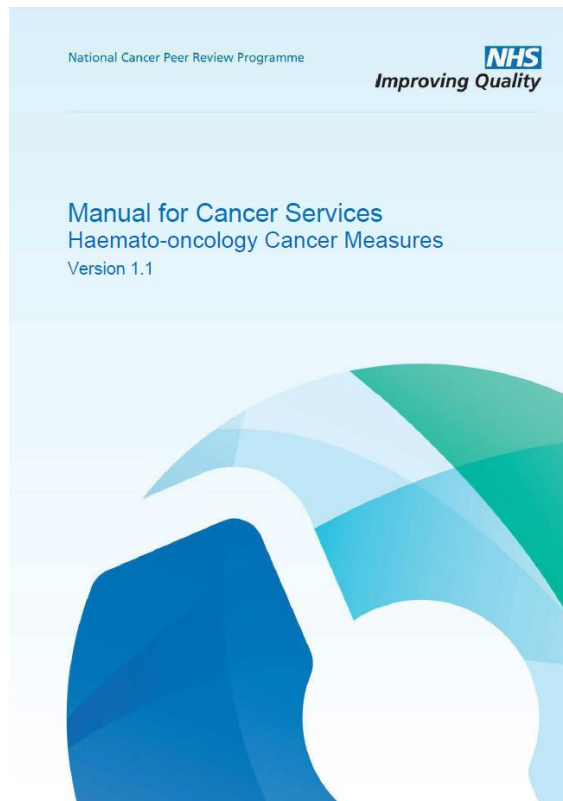


# **NCIN Haematology Workshop - National Peer Review Programme**

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**Programme Director**

# Publication of Haematology Measures

Measures Published in April 2013



# Peer Review Programme 2013/2014 for Haemato-oncology

## Self Assessment

1. Compliance against the measures
2. Upload three key documents OP, WP and AR
3. Self Assessment proforma report

Network Groups only required to complete 1 and 3

April 2013– end of September 2013

## External Verification

October – December 2013

## Targeted Peer Review Visits

Planned from January 2015

## **Call for Peer Reviewers**

In order for peer review to remain peer on peer we need you.

Please can you volunteer to become a reviewer.

# Network Group Measures

Haemato-oncology Network Site Specific Group Measures	
13-1C-101h	Network Configuration
13-1C-102h	Network Site Specific Group Membership
13-1C-103h	Network Site Specific Group Meetings
13-1C-104h	Work Programme and Annual Report
13-1C-105h	Investigational Guidelines Applicable to an NSSG hosting a SIHMDS
13-1C-106h	Investigational Guidelines Applicable to a NSSG referring cases to a SIHMDS in another area
13-1C-107h	Clinical Guidelines
13-1C-108h	Chemotherapy Treatment Algorithms
13-1C-109h	Clinical Diagnostic Pathways
13-1C-110h	Patient Pathways
13-1C-111h	Patient Experience
13-1C-112h	Clinical Outcomes Indicators and Audits
13-1C-113h	Discussion of Clinical Trials

# Specialist Integrated Haematology Malignancy Diagnostic Service Providers

Specialist Integrated Haematological Malignancy Diagnostic Service Provider Measures	
13-1D-101h	Organisation and Leadership of the SIHMDS
13-1D-102h	Provision of Investigational Modalities
13-1D-103h	The QA System for the SIHMDS
13-1D-104h	The IT System for the SIHMDS
13-1D-105h	Laboratory Investigational Guidelines and Internal Protocols of the SIHMDS

# Haemato-oncology MDT Measures

Haemato-oncology MDT Measures	
13-2H-101	Core Membership
13-2H-102	MDT Quorum
13-2H-103	MDT Review
13-2H-104	Core Members Attendance
13-2H-105	Laboratory Investigational Guidelines
13-2H-106	Clinical Guidelines for Leukaemia and Other Myeloid Disorders (Applicable only to MDTs specifying leukaemia's in their disease types)
13-2H-107	Clinical Guidelines for Lymphoid Diseases (Applicable only to MDTs specifying lymphoma in their disease types)
13-2H-108	Clinical Guidelines for Plasma Cell Malignancies (Applicable only to MDTs specifying myeloma in their disease types)

# Haemato-oncology MDT Measures continued

13-2H-109	Clinical Diagnostic Pathway
13-2H-110	Patient Pathways
13-2H-111	Treatment Planning
13-2H-112	Attendance at the Network Site Specific Group
13-2H-113	Key Worker
13-2H-114	Patient Information
13-2H-115	Permanent Record of Consultation
13-2H-116	Patient Feedback
13-2H-117	Clinical Indicators Review / Audit
13-2H-118	Discussion of Clinical Trials



# Higher Intensity Chemotherapy Facility Measures

Higher Intensity Chemotherapy Facility Measures (To be included in the chemotherapy measures - topic 3S)	
13-3S-401	Designated Beds and Agreed Number of Single Rooms
13-3S-402	Supporting Facilities
13-3S-403	Consultant Rota
13-3S-404	Neutropenic Patient Staffing Ratio
13-3S-405	Presence of Specialist Trained Nurse
13-3S-406	Venous Access Specialist
13-3S-407	Microbiology Advice
13-3S-408	Capacity Audit

# Move to Clinical Outcomes

Peer Review looks at structure and process measures but is moving to outcome measures.

To address this 'Clinical Lines of Enquiry '(CLEs) have been introduced in the following topics:

Gynae, Head & Neck, UGI, Sarcoma, HPB - CLEs

Breast , Colorectal, OG and Lung– NCIN Service Profile

We now need CLEs for Haemato-oncology

# What are 'Clinical Lines of Enquiry'?

- Key points for discussion
- Designed to give greater depth and breadth of understanding than measurement alone
- Reflect importance of clinical service indicators

# Clinical Lines of Enquiry

## key points

- The data required for discussion should be available nationally so it can be verified
- They should be metrics which can be used as a lever for change and for reflection on clinical practice and outcomes
- They may be lines of enquiry around clinical practice, or around collection of data items, rather than enquiry focused on the data itself
- They can cover key stages along the patient pathway.
- There should be some consensus on national benchmarking data.

## **Gynaecological cancer (data provided by Trent Cancer Registry)**

- 1. Surgical caseload (number)**
- 2. Oncology staging (percentage)**
- 3. Length of stay (percentage)**
- 4. Survival(rate)**
- 5. Clinical nurse specialists (percentage)**
- 6. Minimal access laparoscopic surgery for endometrial cancer (percentage)**

## **Head & Neck cancer (data provided by DAHNO audit and Oxford Cancer Intelligence Unit)**

- 1. New cases discussed at MDT (percentage)**
- 2. New cases discussed at MDT where recorded T, N or M staging category is evident (percentage)**
- 3. Interval from biopsy to reporting is less than 10 days (percentage)**
- 4. New cases confirmed seen by Clinical nurse specialist before the commencement of treatment (percentage)**
- 5. New cases confirmed as having any pre-operative/pre-treatment (includes radio and chemotherapy) dietic assessment (percentage)**
- 6. Cases confirmed as having any pre-operative/pre-treatment dental assessment (percentage)**

## **Hepatic and Pancreato-Biliary (HPB) cancer (data provided by Thames Cancer Registry)**

- 1. New cases treated and recorded in national audits (number):** Not available at present time.
- 2. Cases with confirmed histology (percentage):** Pancreatic cancer only.
- 3. Patients with stage of disease recorded (proportion):** Not available at present time.
- 4. Patients having surgical resection (percentage):** Pancreatic cancer only.
- 5. Mortality following surgery (percentage):** Not available at present time.
- 6. Length of stay (number):** Not available at present time.
- 7. Survival (rate):** Pancreatic cancer only.

## **Sarcoma (data provided by West Midlands Cancer Intelligence unit)**

- 1. Trusts seen in (percentage)**
- 2. Patients treated in a Sarcoma Centre (percentage)**
- 3. Readmission rates within 30 days of surgery (percentage)**
- 4. Patients with a recorded stage (percentage)**

# CLEs for Haemato-oncology

**What do you think are the key clinical indicators of a good haemato-oncology service?**