Intelligence

National Cancer Action Team

Part of the National Cancer Programme

NHS

Cancer Peer Review Report 2011 - 2012

Kent & Medway Cancer Network

South Zone Peer Review Team

June 2012

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Section 1 - INTRODUCTION

1.1 National Cancer Peer Review

The National Cancer Peer Review Programme aims to improve care for people with cancer and their families by:

- ensuring services are as safe as possible;
- improving the quality and effectiveness of care;
- improving the patient and carer experience;
- undertaking independent, fair reviews of services;
- providing development and learning for all involved;
- encouraging the dissemination of good practice.

The outcomes of the National Cancer Peer Review Programme are:

- confirmation of the quality of cancer services;
- speedy identification of major shortcomings in the quality of cancer services where they occur so that rectification can take place;
- published reports that provide accessible public information about the quality of cancer services;
- timely information for local commissioning as well as for specialised commissioners in the designation of cancer services;
- validated information which is available to other stakeholders.

1.2 Background and Context to National Cancer Peer Review Programme

National Cancer Peer Review Programme 2001

The first national cancer peer review programme was in 2001. It was organised and operated on a regional basis. The first Manual for Cancer Services which covered 'standards' for the four common cancers breast, lung, colorectal and gynaecology was publish in 2001. A national evaluation of the 2001 programme was undertaken by Keele University. This recommended that national consistency was addressed and a new methodology was introduced in 2004.

National Cancer Peer Review Programme 2004-2008

In 2004 the second national programme commenced. This was delivered by six zonal teams; North West, North East, West South, East, London and South. The programme was coordinated by a national team. All teams/services within a cancer network were asked to complete a self assessment once in the three year cycle, which was then followed by a comprehensive peer review visit.

A national independent evaluation of the 2004-2008 programme took place following its completion and it was also included in the review of national programmes by the Office of the Strategic Health Authorities. The continuation of the peer review programme was supported but changes were recommended in order to meet: the annual requirements of the national regulator Care Quality Commission (CQC); reduce the perceived burden of inspection; encompass the principles of better regulation to only review what needs to be reviewed and to become more outcomes focused.

National Cancer Peer Review Programme 2009

In April 2009 a new methodology for National Cancer Peer Review was introduced. The new methodology has adopted an annual self assessment process supported by a targeted visit programme. This annual process, will allow more up to date information to be available to support the commissioning of cancer services and patient choice.

The National Cancer Peer Review Programme (NCPR) and CQC are both committed to partnership working, sharing information and working together to determine compliance with standards of safety and quality. The intention is to submit data to CQC on an annual basis at the end of each full peer review cycle to inform CQC's monitoring of compliance with registration requirements.

National Cancer Peer Review Programme 2010

In April 2010 a second round of the new methodology was undertaken. There were only minor changes made from the 2009 programme. These were the introduction of:

- Earned Autonomy

  In recognition that some teams/services have achieved a good standard of internal quality assurance governance, the concept of 'Earned Autonomy' was introduced for the Internal Validation (IV) process during 2010. A team/service who had earned autonomy did not have to be subject to IV.
  A team/service that had an external review, be it a peer review visit or External Verification (EV), in the previous year indicating compliance against the measures at 75% or greater, and had no immediate risks or serious concerns, was eligible for earned autonomy if the self-assessment in 2010 was also above 75% and was no less than that of the previous year.

- Clinical Lines of Enquiry - Pilot for breast and lung services.

  Working with the National Cancer Intelligence Network (NCIN) Site Specific Clinical Reference Groups, a number of key clinical indicators were identified for breast and lung services. National and local benchmarked data against these indicators was identified for each service. As part of the review process, reviewers were asked to discuss the data on the service in relation to the clinical indicators. This discussion is referred to as 'Clinical Lines of Enquiry', and has been included in peer review reports. Clinical Lines of Enquiry are intended to provide greater clinical engagement in the peer review programme.

National Cancer Peer Review Programme 2011

In 2011 the peer review programme introduced further changes to reduce the burden on organisations whilst maintaining an annual review of all cancer services.

- Self-Assessment

  The programme maintained annual SA in order to provide up to date information for commissioners, patients and the public but reduce the burden of providing documentary evidence to support the process. Instead teams/services were accountable for the accuracy and honesty of the SA confirmed by the lead clinician. The documentary evidence is only required every other year.

- Internal Validation

  The Internal Validation (IV) process has been reduced to every other year rather than an annual process. Documentary evidence for SA is only required when Internal Validation or a Peer Review visit is taking place.

- Amnesty

  It was noted that the introduction of further new measures for Acute Oncology, Brain and CNS and Sarcoma negated the reduction in burden in the revised methodology. Therefore, in recognition of this, a one year self-assessment amnesty was agreed whereby high performing teams did not have to complete a self-assessment in 2011.

  To have been eligible for the self-assessment amnesty a team must not have been subject to internal validation or have been identified for a peer review visit during April 2011 and March 2012 and have met the following criteria:
  - Peer review visit 2010/11: Teams with 85% or over with no Immediate Risks (IRs) or Serious Concerns (SCs).
  - IV with EV 2010/11: Teams with IV score of 85% or over with a green overall EV (and therefore by implication no IRs or SCs).
  - IV only 2010/11: Teams with IV score of 85% or over with no IRs or SCs.

- Clinical Lines of Enquiry

  In order to better address outcomes within the peer review programme, the Clinical Lines of Enquiry pilot for breast and lung services was extended to another four cancer sites in 2011-2012; gynaecology, head & neck, upper GI and colorectal.

1.3 The Peer Review Process

The process of peer review is carried out by specialist teams of professional peers and user/carer reviewers. Wherever possible the professional peers are those trained and working in the same discipline as those they are reviewing. Therefore peer review enables assessments to be made by those who understand the service, making them credible and commanding the respect of those being reviewed.

The peer review programme consists of the three key stages: (see figure 1)

- **Internally validated self assessments**
  Following completion of an annual SA, IV of the assessment is undertaken by the host organisation or co-ordinating body for that service. It is not mandatory to internally validate a service which is subject to a peer review visit but is seen as good practice.
  The purpose of Internal Validation is:
  - To ensure accountability for the self assessment within organisations and to provide a level of internal assurance;
  - To develop a process whereby internal governance rather than external peer review is the catalyst for change; hence the organisation is using the self assessments for its own assurance purposes;
  - To confirm that, to the best of the organisation's knowledge, the assessments are accurate and therefore fit for publication and sharing with stakeholders;
  - To identify areas of good practice that could be shared.

- **Externally verified self assessments**
  External Verification is a check of selected internally validated self assessments led by the zonal cancer peer review coordinating teams. This check takes the form of a desktop exercise. This process ensures that every team/service will be externally verified at least once every five years.
  The purpose of EV is to:
  - Check SA has been completed.
  - Ensure that a robust process of IV has taken place.
  - Verify the IV assessment is accurate.
  - Support identification of the teams/services that will receive an external peer review visit in accordance with the selection criteria.

- **Peer review visits**
  Each year a targeted schedule of peer review visits takes place. The schedule of forthcoming peer review visits is agreed with each cancer network, and the teams/services informed, by the end of December each year. The visit cycle then commences the following May and is completed by March of the next year.

- Please see section 1.2 for more details on amendments to the process for 2011-2012 introduced in order to reduce the burden of NCPR on the NHS.

Figure 1

Each of the stages of the peer review process determines whether compliance with each peer review measure has been achieved and whether progress is being made towards those where it has not. Compliance with the measures is appraised as yes, no or not applicable according to the evidence available. If evidence is not available then the measures are considered as not met.

Topics reviewed in 2011-2012

Acute Oncology, Brain and CNS, Sarcoma, Chemotherapy, Teenage and Young Adults (TYA), Psychological Support, and Network Service User Partnership Group Measures were all introduced in the 2011-2012 cycle, making the full list of topics reviewed;

Breast
Lung
Gynaecology
Upper Gastrointestinal (Upper GI)
Urology
Skin
Colorectal
Head & Neck
Children's Services
Radiotherapy
Complementary Therapy
Rehabilitation
Cancer Research Networks.

Acute Oncology

Brain and Central Nervous System (CNS)

Sarcoma

Teenage and Young Adults (TYA)

Psychological Support

Network Service User Partnership Group

Section 2 - ORGANISATION OF THE REPORT

This report contains:

- An overall summary diagram of the structure of the Network and compliances
- A national benchmarking summary of MDT and Network measures
- An over all Network Report which contains:
    - Contextual information about the Network
    - An Executive Summary
    - Progress against Improving Outcomes Guidance

- A summary of compliance of MDT measures per Trust

Reports on individual teams may be accessed by hyperlinks both in the Network Summary Table and also in the summaries of compliance within the individual Trusts sections.

To access these individual reports when online, please click on the links indicated in the diagrams below. This will take you to the report as a word document which can then be downloaded or printed.

KEY A - Amnesty % - SA Compliance % - IV Compliance % - PR Compliance External Verification assessment: G - IV Agreed A - IV Agreed with Exceptions R - Significant Issue Sections:	11-2B-1- Breast MDT	11-2C-1- Lung MDT	11-2D-1- Colorectal MDT	11-2E-1- Local Gynae MDT	11-2E-2- Spec. Gynae MDT	11-2F-1- Local Upper GI MDT	11-2F-2- Spec. Upper GI MDT	11-2F-3- Spec. Pancreatic	11-2F-4- Pancreatic / Liver	11-2G-1- Local Urology MDT	11-2G-2- Spec. Urology MDT	11-2G-3- Testicular MDT	11-2G-4- Penile MDT	11-2I-1- UAT & UAT/THYROID
Birmingham East and North														
Good Hope Hospital													85	
H of E and UHB NHS Foundation Trust							91							
Heart of England NHS Foundation Trust	97	96	87	86R							98G			

Click on any of the squares to be taken to an individual report

Code	Team	%	Stage	IR	SC	Link to Report
11-2F-4	Pancreatic / Liver MDT	50	PR		SC	Pancreatic / Liver MDT
11-2G-2	Specialist Urology MDT	93	IV (R)			Specialist Urology MDT

Click on the text in the column 'Link to Report' to be taken to an individual report

Section 3 - NETWORK LEVEL SUMMARY AND REPORTS

3.1 Overall Network Stucture

The following table shows the structure of the network, ie the multi-disciplinary teams (MDTs) for the cancers treated at each trust, and the compliance with the Peer Review measures for that MDT.

If there has been a peer review of services the percentage compliance is shown in dark green. If a service has been internally validated and also externally verified, the IV percentage is shown in purple. The EV rating indicating the robustness of the IV process is shown as a red R, amber A or green G in the table. If there has been internal validation of self-assessment, but no external verification of this, only the purple internal verification compliance is shown. For teams on the SA cycle, percentage compliance is shown in blue, and those teams with SA amnesty are shown as a black A.

As referred to in the introduction, IV is the process by which the trust or network uses its own governance processes to assure the accuracy of its self-assessment of compliance against the Peer Review measures. External Verification is undertaken on a sample of the IVs, for all new measures and for those teams for which a visit is planned. The outcome of EV is a traffic light coded system that reflects the zonal team's confidence in the IV process, and is not an indication of whether the compliance with the NCPR measures is satisfactory or otherwise.

The three possible outcomes for EV are 'Green - IV agreed', 'Amber - IV agreed with exceptions' and 'Red - significant issues identified'. The three key documents, SA and IV reports are reviewed and the EV form completed against a check list of key themes. The level of confidence in the IV is established by collating the results from each of the themes and applying the following; All themes agreed = IV Agreed; one theme agreed with exceptions = IV agreed with exceptions; Any significant issue or more than one theme agreed with exceptions = significant issue.

As referred to in the introduction, to have been eligible for the SA amnesty a team must not be subject to internal validation in 2011-2012 or have been identified for a peer review visit during April 2011 and March 2012 and have met the following criteria: Peer review visit 2010/11: Teams with 85% or over with no Immediate Risks (IRs) or Serious Concerns (SCs); IV with EV 2010/11: Teams with IV score of 85% or over with a green overall EV; IV only 2010/11: Teams with IV score of 85% or over with no IRs or SCs.

Individual reports may be accessed via hyperlinks contained within the percentage compliances.

3.1.1 NETWORK LEVEL SUMMARY AND REPORTS

3.1.1.1 Summary of MDT Measures

KEY A - Amnesty % - SA Compliance **% - IV Compliance** **% - PR Compliance** External Verification assessment: **G - IV Agreed** **A - IV Agreed with Exceptions** **R - Significant Issue** Sections:	11-1D-1d- Colorectal Loc Group	11-1D-1e- Gynae LOC Funct.	11-1D-1i- Head Neck Loc Group	11-1D-1j- Skin Locality Msrs	11-1D-1k- Brain CNS Loc Group	11-1D-1l- Sarcoma Loc Group	11-1D-1w- Comp Therapy Loc Gro	11-1D-1z- TYA Hospitals
East Kent								
Kent & Canterbury			-	100	82	100	-	100R
Queen Elizabeth, Queen Mother	100		-					
William Harvey	100		89					
Maidstone - Dartford								
Dartford & Gravesham	100	100	-		100	100	-	
Maidstone Hospital	100		89R	100	82	100	-	0
Tunbridge Wells								
Medway								
Medway NHS Foundation Trust	100	0	100	100	90	63	-	100R

Summary of MDT Measures Cont...

KEY A - Amnesty % - SA Compliance % - IV Compliance % - PR Compliance External Verification assessment: G - IV Agreed A - IV Agreed with Exceptions R - Significant Issue Sections:	11-2B-1- Breast MDT	11-2C-1- Lung MDT	11-2D-1- Colorectal MDT	11-2E-2- Spec. Gynae MDT	11-2F-1- Local Upper GI MDT	11-2F-2- Spec. Upper GI MDT	11-2G-1- Local Urology MDT	11-2G-2- Spec. Urology MDT	11-2I-1- UAT & UAT/THYROID	11-2I-2- THYROID ONLY MDT	11-2J-2- Spec Skin MDT	11-2K-1- Cancer Network MDT
East Kent												
Kent & Canterbury	-	93						91		77R	83	
Queen Elizabeth, Queen Mother	74R		85	97	90A							
William Harvey	87G	93	80						87			
Maidstone - Dartford												
Dartford & Gravesham	97	96	82		97							
Maidstone Hospital	A	100	83	90		82R	69R		89R	A		0
Tunbridge Wells	A											
Medway												
Medway NHS Foundation Trust	97	96	83		97		97	98R			97	

Summary of MDT Measures Cont...

KEY A - Amnesty % - SA Compliance **% - IV Compliance** **% - PR Compliance** External Verification assessment: **G - IV Agreed** **A - IV Agreed with Exceptions** **R - Significant Issue** Sections:	11-3S-1- Chemo Serv. MDT	11-3S-2- Onc. Pharmacy Serv. MD	11-3S-3- Intra. Chemo ITC MDT	11-3T-1- Rad Generic	11-3T-2- Rad External Beam	11-3T-3- Rad IMRT	11-3T-4- Rad Brach	11-3Y-1- Acute Oncology MDT	11-3Y-3- Gen. Acute Onc. MDT	11-3Y-4- Acute Onc. In-Pat. MDT
East Kent										
Kent & Canterbury	88R	100G						33	33	0
Queen Elizabeth, Queen Mother								33	33	0
William Harvey								33	33	0
Maidstone - Dartford										
Dartford & Gravesham	88R	100A	100G					100	67	100
Maidstone Hospital	83R	100A	100R	75	87	A	A	50	45	0
Tunbridge Wells								17	27	0
Medway										
Medway NHS Foundation Trust	85R	100G	100R					17	56	25

Summary of MDT Measures Cont...

KEY A - Amnesty % - SA Compliance **% - IV Compliance** **% - PR Compliance** External Verification assessment: **G - IV Agreed** **A - IV Agreed with Exceptions** **R - Significant Issue** Sections:	11-6A-1s- Chemotherapy PCT	11-6A-2- Chemo Childrens PCT	11-7C-1- Level 1 Core POSCU	11-7C-4- POSCU MDT
East Kent				
Kent & Canterbury			69	79
Queen Elizabeth, Queen Mother				
William Harvey				
Maidstone - Dartford				
Dartford & Gravesham				
Maidstone Hospital			80	63
Tunbridge Wells				
Medway				
Medway NHS Foundation Trust			69	95
Eastern And Coastal Kent PCT	100G	-		
Medway PCT	100G	-		
West Kent PCT	100G	-		

3.2 Network Report

3.2.1 Contextual Information

Kent and Medway Cancer Network serves a population of approximately 1.7 million people residing in the towns and coastal areas across Kent, including Dartford, Gravesend, Sevenoaks, Maidstone, Margate, Canterbury, Ashford, Folkstone and Dover. Some residents from the eastern side of Sussex flow into Kent for oncological treatments expanding the population to approximately 1.9 million.

Kent and Medway Cancer Network is a part of the South East Coast Strategic Health Authority (SHA) which has now merged with the South Central and South West SHAs to form the NHS South SHA cluster.

The Network and its constituent organisations are subdivided into discrete localities known as Local Implementation Groups (LIGs) which are co-terminus with three primary care trusts (PCTs), namely, NHS Eastern and Coastal Kent; NHS Medway; and NHS West Kent. During 2011/2012, the three PCTs joined a Kent and Medway cluster to support the emerging clinical commissioning groups and are now known as NHS Kent and Medway. Currently, there are nine clinical commissioning groups being established with the support of NHS Kent and Medway and the Network.

The Network comprises the following acute hospital trusts:

Dartford and Gravesham NHS Trust;

East Kent Hospitals University NHS Foundation Trust;

Maidstone and Tunbridge Wells NHS Trust; and

Medway NHS Foundation Trust.

There are plans for Dartford and Gravesham, and Medway NHS Foundation Trust to merge at some point in the near future. Whilst geographically outside the area of Kent and Medway, Queen Victoria NHS Foundation Trust at East Grinstead is linked to the Network.

In summary, the 2011/2012 annual peer review programme for the Network included the following:

External peer review visits were targeted according to the national selection criteria for a visit and included all the colorectal multidisciplinary teams (MDTs) within the Network together with the Colorectal Network Site Specific Group (NSSG). In addition, Children's Paediatric Shared Care Unit (POSCU) Services were subject to an external peer review visit as part of the nationally agreed programme of comprehensive visits.

The external verification programme at Network level focused on the Network Partnership and Chemotherapy Groups and Teenager and Young Adult (TYA) Coordinating Groups where applicable. At trust level, all chemotherapy services and TYA services where designated were included in the external verification programme. A number of MDTs across the Network were subject to risk based external verification to monitor progress on issues identified in 2010/2011. In addition to gynaecology and urology services that had not been peer reviewed or externally verified previously, these included the following:

The Upper Gastrointestinal, Head and Neck and Urology MDTs at Maidstone and Tunbridge Wells NHS Trust;

The Thyroid, Breast and Upper Gastrointestinal MDTs at East Kent University Hospitals NHS Foundation Trust; and

the Specialist Urology MDT for West Kent, hosted by Medway NHS Foundation Trust.

3.2.2 Executive Summary

The Kent and Medway Cancer Network reports to the Kent and Medway Cancer Partnership Board which comprises representatives from all the acute hospital trusts, PCTs and local hospices within the Network. The Partnership Board is supported by a Clinical Advisory Team which includes clinical representation from the trusts, PCTs, NSSGs and other cross cutting groups.

The Network Management Team has remained relatively stable over the last year and is still overseen by the Network Nurse Director who is officially titled as the Clinical Director for Quality and Care. The Network Management Team has recently moved premises and is co-located with the NHS Kent and Medway.

As highlighted previously, all the colorectal MDTs within the Network together with the Colorectal NSSG and Children's POSCU Services were subject to an external peer review visit in 2011/2012. These took place between May and June 2011.

In summary, five colorectal MDTs were peer reviewed, including the two MDTs located on different sites across East Kent University Hospitals NHS Foundation Trust. All MDTs achieved a high level of compliance with the measures ranging between 80 to 85%. It was evident that all MDTs benefited from full core membership and good attendance at meetings with clear patient pathways in place which followed agreed Network guidelines. The exception to this was a lack of clarity regarding the pathway and designated surgeons for anal cancer. Despite there being a Network Anal MDT with all trusts participating, and two surgeons designated, it was apparent from the review that not all clinicians and trusts were signed up to this. However, the Network benefited from a fully constituted NSSG with excellent attendance from all organisations which presented a clear opportunity to resolve this issue. Only one serious concern

was identified across the Network regarding complex colorectal cancer surgery being performed by a single handed, locum consultant surgeon on a Friday operating list with limited cover provided over the weekend. It was considered this potentially could result in patients being at risk of unrecognised complications. However, this was resolved by East Kent University Hospitals NHS Foundation Trust.

At the time of the review, most MDTs were at an early stage of considering and acting on the results from the National Patient Experience Survey. It was suggested that the Network Management team in conjunction with the trust cancer management teams, should consider a more proactive approach in supporting MDTs to address the issues raised.

Significant achievements and good practice were identified for specific colorectal MDTs and at Network level. These included a range of examples such as progress with enhanced recovery programmes, a support care MDT, 48 hour turnaround for biopsies and the availability of laparoscopic surgery, as well as attendance and commitment to NSSG meetings, effective links with supranetwork services and good engagement with commissioners.

The clinical lines of enquiry for colorectal cancer had been considered by both the MDTs and the NSSG, albeit in varying degrees across the trusts. The NSSG planned to regularly review the data as a key part of the NSSG's work-plan over the next 12 months with any specific MDT outliers being followed up as appropriate. The issue of data collection across the Network still required urgent improvement as highlighted in previous annual Network reports. There were plans for the Infoflex system to be implemented during 2011 but it was unclear whether this would meet all data requirements, particularly in terms of clinical outcome data. This will need to be monitored in future reviews to ensure data accuracy and reliability of data can be trusted as an indicator of the quality of services.

Three Children's POSCU services were reviewed at East Kent University Hospitals NHS Foundation Trust, Maidstone and Tunbridge Wells NHS Trust and Medway NHS Foundation Trust. All three MDTs provide level one care and are part of the South Thames Children's and Young People's Cancer Network, referring patients to the Royal Marsden Principal Treatment Centre (PTC) and Great Ormond Street for children under one year's of age.

This was the first year of external peer review of children's services and compliance with the measures ranged between 63% to 95%. All three MDTs had full core membership with most achieving good attendance at meetings. It was clear that effective and timely referral pathways were in place with patients benefiting from rapid referral within 24 hours. It was evident the MDTs treated on average between 10 to 15 newly diagnosed patients a year and had effective working relationships with the PTCs.

Some common themes to emerge related to implementing more robust prescribing policies including the checking, verification and signing off of chemotherapy prescriptions. Immediate risks were raised with all three POSCU MDTs regarding the lack of lockable fridges on the ward for storing chemotherapy agents which were resolved immediately. In addition, further work was required on the level one foundation training, which was being progressed at the time of the review.

Although the PTC provides most information to children and their families, the level of local information given appeared to vary across the three MDTs and would benefit from sharing of examples between the trusts. Good progress had been made on getting feedback from children and their families, particularly from patient surveys, although some actions still needed to be implemented by two of the MDTs. The facilities observed during the review were of an acceptable or good standard across the trusts.

A key theme to emerge from the reviews was that the POSCU MDTs had not given much consideration to potential clinical outcome indicators. The view was that it was challenging to identify specific indicators for shared care, as the numbers treated by the POSCUs were low. The one outcome measure identified that the teams did think could be managed locally was febrile neutropenia and most were undertaking an audit of measuring whether patients receive antibiotics within the agreed standard with varying degrees of success due to the small numbers involved.

A number of significant achievements and good practice specific to each MDT were recognised by the review teams. These included examples such as the facilities, effective links between the community nursing and inpatient teams, and parents and children being invited to meet the team before treatment commenced.

A number of significant issues were raised through the external verification process for the specific teams mentioned previously. These were generally related to MDT core membership and attendance and lack of progress in implementing IOG. These teams will be monitored and reviewed through the 2012/2013 peer review programme.

3.2.3 IOG Progress

Good progress has been made on the majority of IOG configurations as is set out below.

The IOG for gynaecology services is fully implemented. The Network configuration of specialist services for gynaecology cancers consists of two specialist MDTs, one for the east on the Queen Elizabeth/Queen Mary site of the East Kent University Hospitals NHS Foundation Trust and one for the west, hosted by Maidstone and Tunbridge Wells NHS Trust including Maidstone, Medway and Dartford and Gravesham NHS Trusts. The diagnostic service is part of the specialist MDT at East Kent and there are two local diagnostic teams for West Kent at Medway and Maidstone, including Dartford.

The IOG for head and neck cancer services is also fully implemented. The Network configuration of head, neck and thyroid cancers comprises four specialist MDTs in total. There are separate MDTs for head and neck and thyroid cancers at East Kent University Hospitals NHS Foundation Trust on two different sites. Thyroid is on the Kent and Canterbury site, with head and neck on the William Harvey site. Then two separate MDTs for head and neck and thyroid at Maidstone Hospital. Diagnostic and local support services are provided at East Kent, Medway and Maidstone, including Dartford. Skull base cancers are referred to Guys and St.Thomas hospital in London.

The Network configuration of urology services comprises a single, joint local and specialist MDT at East Kent University Hospitals NHS Trust, based on the Canterbury site with all specialist, complex surgery undertaken at Canterbury.

There is also a joint specialist MDT comprising Medway, Maidstone and Dartford, with local MDTs at Maidstone and a joint local MDT for Medway and Dartford. All specialist, complex urological surgery should be undertaken at Medway. However, external peer review and external verification of the specialist MDT (West) and local MDTs at Medway and Maidstone during the period covering 2009 to 2011 found that complex surgery was still being performed at all three sites with transfer of surgery delayed. This was raised as an immediate risk with the trusts concerned and the Network and trusts were advised to work with NHS South East Coast to ensure appropriate action was taken to resolve this situation with an implementation date of October 2011. Progress reported to the SHA in November 2011 indicated that all complex urology surgery had been centralised at Medway NHS Foundation Trust and this will be monitored through external peer review in 2012.

Penile cancers are referred to St George's, and Testicular to Royal Marsden in London.

The IOG for upper gastrointestinal services is fully implemented. The Network configuration comprises of three local upper GI MDTs at East Kent, Dartford and Gravesham and Medway, with one designated specialist MDT at Maidstone. All hepatobiliary and pancreatic cancers are referred to Kings College Hospital, London.

The current configuration of skin cancer services comprises two joint local and specialist skin MDTs across the Network. One at East Kent hospitals on the Kent and Canterbury site and one hosted by Medway involving Medway, Dartford and Gravesham, Maidstone and Tunbridge Wells and Queen Victoria Hospital in East Grinstead. Queen Victoria also acts as a specialist tertiary level reconstructive surgery centre and is the named centre for block dissections.

Pathology has been centralised at Maidstone and Tunbridge Wells NHS Trust and the IOG is fully implemented.

The current position for haematology, based on the latest update from the National Cancer Action Team (NCAT) in October 2011, is that there are two haematology MDTs at East Kent, on the Kent and Canterbury hospital site and at the Maidstone hospital site of the Maidstone and Tunbridge Wells NHS Trust.

Currently, TYA services within the Network are not formally designated.

3.3 Summary of Compliance for Network Board / NSSG Measures

Code	Team	%	Stage	IR	SC	Link to Report
11-1A-1l	Sarcoma Network Board	0	IV			FAILED TO COMPLETE REPORT
11-1A-2b	Breast Network Board	100	SA			Breast Network Board
11-1A-2c	Lung Network Board	100	SA			Lung Network Board
11-1A-2d	Colorectal Network Board	86	PR			Colorectal Network Board
11-1A-2e	Gynae Network Board	90	IV			Gynae Network Board
11-1A-2f	Upper GI Network Board	100	SA			Upper GI NSSG
11-1A-2g	Urology Network Board	46	IV			Urology Network Board
11-1A-2i	Head and Neck Network Board	100	SA			Head and Neck NSSG
11-1A-2j	Skin Network Board	92	SA			Skin Network Board
11-1A-2k	Brain and CNS Network Board	50	IV			Brain and CNS Network Board
11-1A-3s	Chemotherapy Network Board	100	IV (A)			Chemotherapy Network Board
11-1A-3t	Radiotherapy Network Board	86	SA			Radiotherapy Network Board
11-1A-3u	Partnership Network Board	0	IV (G)			Partnership Network Board
11-1A-3v	Rehab Network Board	0	SA			Rehab Network Board
11-1A-3w	CompTherapy NET	100	SA			CompTherapy NET
11-1A-3x	Psychological Network Board	100	SA			Psychological Network Board
11-1A-3y	Acute Oncology Network Board	33	IV			Acute Oncology Network Board
11-1C-1b	Breast NSSG	82	SA			Breast NSSG
11-1C-1c	Lung NSSG	90	SA			Lung NSSG
11-1C-1d	Colorectal NSSG	91	PR			Colorectal NSSG
11-1C-1e	Gynae NSSG	75	IV			Gynae NSSG
11-1C-1f	Upper GI NSSG	78	SA			Upper GI NSSG
11-1C-1g	Urology NSSG	67	IV			Urology NSSG
11-1C-1i	Head and Neck NSSG	85	SA			Head and Neck NSSG
11-1C-1j	Skin NSSG	80	SA			Skin NSSG
11-1E-1s	Chemotherapy Network Group	91	IV (A)			Chemotherapy Network Group
11-1E-1t	Radiotherapy Network Group	58	SA			Radiotherapy Network Group
11-1E-1u	Network Partnership Group	9	IV (G)			Network Partnership Group
11-1E-1v	Rehab Network Group	29	SA			Rehab Network Group
11-1E-1x	Psychological Network Group	42	SA			Psychological Network Group
11-1E-1y	Acute Oncology Network Group	58	IV			Acute Oncology Network Group

The above table indicates the percentage compliance with NSSGs and Network measures. If there has been a Peer Review of those services the percentage compliance is indicated in the Peer Review column. If a service has been Internally Validated and also Externally Verified the IV percentage compliance and the EV rating indicating the robustness of the IV process is shown in the table. If there has been Internal Validation of self-assessment, but no External Verification of this, only the Internal Validation compliance is shown. If a service has been on the self-assessment cycle, then the self-assessment compliance is shown.

Please refer to the Overall Network Structure Section for an explanation of IV and EV ratings.

The Immediate Risks and Serious Concerns at Board level for Upper GI and Head & Neck are not able to be displayed due to the potential linkage to more than one NSSG.

Individual Reports may be accessed via the hyperlinks to the reports.

Section 4 - TRUST REPORTS

4.1 East Kent Locality

4.1.1 EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

4.1.1.1 Summary of Compliance for MDT Measures

Kent & Canterbury

Code	Team	%	Stage	IR	SC	Link to Report
11-1D-1i	Head and Neck Locality Measures	0	SA			FAILED TO COMPLETE REPORT
11-1D-1j	Skin Locality Measures	100	SA			Skin Locality Measures
11-1D-1k	Brain and CNS Locality Measures	82	IV			Brain and CNS Locality Measures
11-1D-1l	Sarcoma Locality Measures	100	IV			Sarcoma Locality Measures
11-1D-1w	Comp Therapy Locality Measures	0	SA			FAILED TO COMPLETE REPORT
11-1D-1z	TYA Hospitals	100	IV (R)			TYA Hospitals
11-2B-1	Breast MDT	0	SA			FAILED TO COMPLETE REPORT
11-2C-1	Lung MDT	93	SA			Lung MDT
11-2G-2	Specialist Urology MDT	91	IV			Specialist Urology MDT
11-2I-2	THYROID ONLY MDT	77	IV (R)			THYROID ONLY MDT
11-2J-2	Spec Skin MDT	83	SA			Spec Skin MDT
11-3S-1	Chemotherapy Serv MDT	88	IV (R)			Chemotherapy Serv MDT
11-3S-2	Oncology Pharmacy Serv MDT	100	IV (G)			Oncology Pharmacy Serv MDT
11-3Y-1	Acute Oncology MDT	33	IV			Acute Oncology MDT
11-3Y-3	General Acute Oncology MDT	33	IV			General Acute Oncology MDT
11-3Y-4	Acute Oncology In-Patient MDT	0	IV			Acute Oncology In-Patient MDT
11-7C-1	Level 1 Core POSCU	69	PR	IR		Level 1 Core POSCU
11-7C-4	POSCU MDT	79	PR	IR		POSCU MDT

Queen Elizabeth, Queen Mother

Code	Team	%	Stage	IR	SC	Link to Report
11-1D-1d	Colorectal Locality Measures	100	PR		SC	Colorectal Locality Measures
11-1D-1i	Head and Neck Locality Measures	0	SA			FAILED TO COMPLETE REPORT
11-2B-1	Breast MDT	74	IV (R)			Breast MDT
11-2D-1	Colorectal MDT	85	PR		SC	Colorectal MDT
11-2E-2	Specialist Gynae MDT	97	IV			Specialist Gynae MDT
11-2F-1	Local Upper GI MDT	90	IV (A)			Local Upper GI MDT
11-3Y-1	Acute Oncology MDT	33	IV			Acute Oncology MDT
11-3Y-3	General Acute Oncology MDT	33	IV			General Acute Oncology MDT
11-3Y-4	Acute Oncology In-Patient MDT	0	IV			Acute Oncology In-Patient MDT

William Harvey

Code	Team	%	Stage	IR	SC	Link to Report
11-1D-1d	Colorectal Locality Measures	100	PR			Colorectal Locality Measures

Code	Team	%	Stage	IR	SC	Link to Report
11-1D-1i	Head and Neck Locality Measures	89	SA			Head and Neck Locality Measures
11-2B-1	Breast MDT	87	IV (G)			Breast MDT
11-2C-1	Lung MDT	93	SA			Lung MDT
11-2D-1	Colorectal MDT	80	PR			Colorectal MDT
11-2I-1	UAT & UAT/THYROID MDT	87	SA			UAT & UAT/THYROID MDT
11-3Y-1	Acute Oncology MDT	33	IV			Acute Oncology MDT
11-3Y-3	General Acute Oncology MDT	33	IV			General Acute Oncology MDT
11-3Y-4	Acute Oncology In-Patient MDT	0	IV			Acute Oncology In-Patient MDT

4.2 Maidstone - Dartford Locality

4.2.1 DARTFORD AND GRAVESHAM NHS TRUST

4.2.1.1 Summary of Compliance for MDT Measures

Dartford & Gravesham

Code	Team	%	Stage	IR	SC	Link to Report
11-1D-1d	Colorectal Locality Measures	100	PR			Colorectal Locality Measures
11-1D-1e	Gynae Locality Measures	100	IV			Gynae Locality Measures
11-1D-1i	Head and Neck Locality Measures	0	SA			FAILED TO COMPLETE REPORT
11-1D-1k	Brain and CNS Locality Measures	100	IV			Brain and CNS Locality Measures
11-1D-1l	Sarcoma Locality Measures	100	IV			Sarcoma Locality Measures
11-1D-1w	Comp Therapy Locality Measures	0	SA			FAILED TO COMPLETE REPORT
11-2B-1	Breast MDT	97	SA			Breast MDT
11-2C-1	Lung MDT	96	SA			Lung MDT
11-2D-1	Colorectal MDT	82	PR			Colorectal MDT
11-2F-1	Local Upper GI MDT	97	SA			Local Upper GI MDT
11-3S-1	Chemotherapy Serv MDT	88	IV (R)			Chemotherapy Serv MDT
11-3S-2	Oncology Pharmacy Serv MDT	100	IV (A)			Oncology Pharmacy Serv MDT
11-3S-3	Intrathecal Chemotherapy ITC MDT	100	IV (G)			Intrathecal Chemotherapy ITC MDT
11-3Y-1	Acute Oncology MDT	100	IV			Acute Oncology MDT
11-3Y-3	General Acute Oncology MDT	67	IV			General Acute Oncology MDT
11-3Y-4	Acute Oncology In-Patient MDT	100	IV			Acute Oncology In-Patient MDT

4.2.2 MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

4.2.2.1 Summary of Compliance for MDT Measures

Maidstone Hospital

Code	Team	%	Stage	IR	SC	Link to Report
11-1D-1d	Colorectal Locality Measures	100	PR			Colorectal Locality Measures
11-1D-1i	Head and Neck Locality Measures	89	IV			Head and Neck Locality Measures
11-1D-1j	Skin Locality Measures	100	SA			Skin Locality Measures
11-1D-1k	Brain and CNS Locality Measures	82	IV			Brain and CNS Locality Measures
11-1D-1l	Sarcoma Locality Measures	100	IV			Sarcoma Locality Measures
11-1D-1w	Comp Therapy Locality Measures	0	SA			FAILED TO COMPLETE REPORT
11-1D-1z	TYA Hospitals	0	IV	IR		FAILED TO COMPLETE IV REPORT TYA Hospitals
11-2B-1	Breast MDT	A	SA			NO REPORT REQUIRED
11-2C-1	Lung MDT	100	SA	IR	SC	Lung MDT
11-2D-1	Colorectal MDT	83	PR			Colorectal MDT
11-2E-2	Specialist Gynae MDT	90	IV			Specialist Gynae MDT
11-2F-2	Specialist Upper GI MDT	82	IV (R)			Specialist Upper GI MDT

Code	Team	%	Stage	IR	SC	Link to Report
11-2G-1	Local Urology MDT	69	IV (R)			Local Urology MDT
11-2I-1	UAT & UAT/THYROID MDT	89	IV (R)			UAT & UAT/THYROID MDT
11-2I-2	THYROID ONLY MDT	A	SA			NO REPORT REQUIRED
11-2K-1	Cancer Network MDT	0	IV			FAILED TO COMPLETE IV REPORT Cancer Network MDT
11-3S-1	Chemotherapy Serv MDT	83	IV (R)			Chemotherapy Serv MDT
11-3S-2	Oncology Pharmacy Serv MDT	100	IV (A)			Oncology Pharmacy Serv MDT
11-3S-3	Intrathecal Chemotherapy ITC MDT	100	IV (R)			FAILED TO COMPLETE REPORT
11-3T-1	Radiotherapy Generic	75	SA			FAILED TO COMPLETE REPORT
11-3T-2	Radiotherapy External Beam	87	SA			FAILED TO COMPLETE REPORT
11-3T-3	Radiotherapy IMRT	A	SA			NO REPORT REQUIRED
11-3T-4	Radiotherapy Brachytherapy	A	SA			NO REPORT REQUIRED
11-3Y-1	Acute Oncology MDT	50	IV			Acute Oncology MDT
11-3Y-3	General Acute Oncology MDT	45	IV			General Acute Oncology MDT
11-3Y-4	Acute Oncology In-Patient MDT	0	IV			Acute Oncology In-Patient MDT
11-7C-1	Level 1 Core POSCU	80	PR	IR		Level 1 Core POSCU
11-7C-4	POSCU MDT	63	PR	IR		POSCU MDT

Tunbridge Wells

Code	Team	%	Stage	IR	SC	Link to Report
11-2B-1	Breast MDT	A	SA			NO REPORT REQUIRED
11-3Y-1	Acute Oncology MDT	17	IV			FAILED TO COMPLETE REPORT
11-3Y-3	General Acute Oncology MDT	27	IV			FAILED TO COMPLETE REPORT
11-3Y-4	Acute Oncology In-Patient MDT	0	IV			FAILED TO COMPLETE REPORT

4.3 Medway Locality

4.3.1 MEDWAY NHS FOUNDATION TRUST

4.3.1.1 Summary of Compliance for MDT Measures

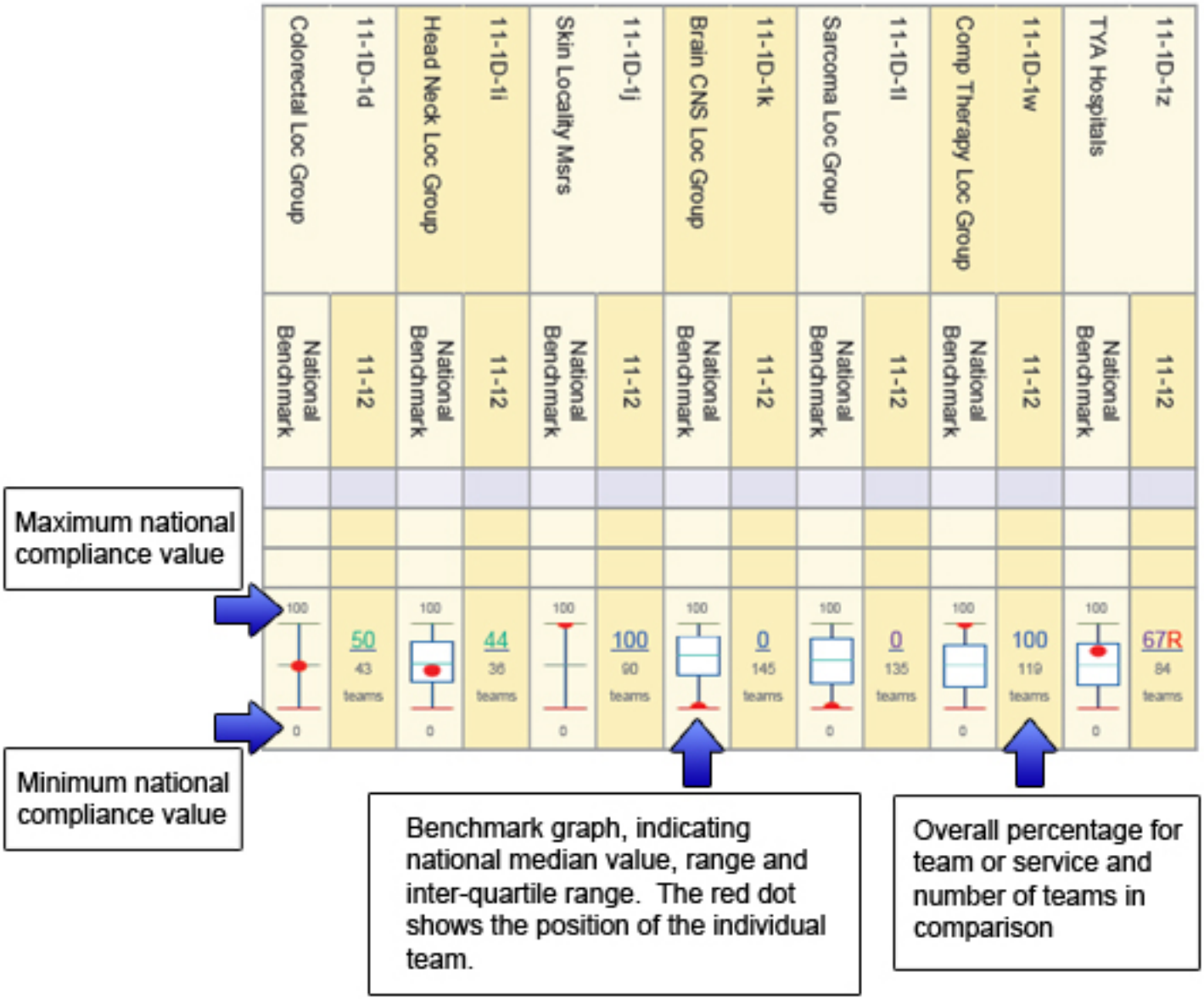
Medway NHS Foundation Trust

Code	Team	%	Stage	IR	SC	Link to Report
11-1D-1d	Colorectal Locality Measures	100	PR			Colorectal Locality Measures
11-1D-1e	Gynae Locality Measures	0	IV			FAILED TO COMPLETE IV REPORT Gynae Locality Measures
11-1D-1i	Head and Neck Locality Measures	100	SA			Head and Neck Locality Measures
11-1D-1j	Skin Locality Measures	100	SA			Skin Locality Measures
11-1D-1k	Brain and CNS Locality Measures	90	IV			Brain and CNS Locality Measures
11-1D-1l	Sarcoma Locality Measures	0	IV			FAILED TO COMPLETE REPORT
11-1D-1w	Comp Therapy Locality Measures	0	SA			FAILED TO COMPLETE REPORT
11-1D-1z	TYA Hospitals	100	IV (R)			TYA Hospitals
11-2B-1	Breast MDT	97	SA			Breast MDT
11-2C-1	Lung MDT	96	SA			Lung MDT
11-2D-1	Colorectal MDT	83	PR			Colorectal MDT
11-2F-1	Local Upper GI MDT	97	SA			Local Upper GI MDT
11-2G-1	Local Urology MDT	97	IV			Local Urology MDT
11-2G-2	Specialist Urology MDT	98	IV (R)			Specialist Urology MDT
11-2J-2	Spec Skin MDT	97	SA			Spec Skin MDT
11-3S-1	Chemotherapy Serv MDT	85	IV (R)			Chemotherapy Serv MDT
11-3S-2	Oncology Pharmacy Serv MDT	100	IV (G)			Oncology Pharmacy Serv MDT
11-3S-3	Intrathecal Chemotherapy ITC MDT	100	IV (R)			Intrathecal Chemotherapy ITC MDT
11-3Y-1	Acute Oncology MDT	17	IV			Acute Oncology MDT
11-3Y-3	General Acute Oncology MDT	56	IV			General Acute Oncology MDT
11-3Y-4	Acute Oncology In-Patient MDT	25	IV			Acute Oncology In-Patient MDT
11-7C-1	Level 1 Core POSCU	69	PR	IR		Level 1 Core POSCU
11-7C-4	POSCU MDT	95	PR	IR		POSCU MDT

If a team is on the IV cycle, but has failed to complete an IV report, a link is provided to any published SA report, and any Immediate Risks or Serious Concerns identified in that report are indicated in the table.

Section 5 - National Benchmarking Summary of MDT Measures

This section displays the national benchmark position of the team or service, alongside the overall percentage;



5.1 Comparison Summary of MDT Measures

KEY
A - Amnesty
% - SA Compliance
% - IV Compliance
% - PR Compliance
External Verification assessment:
G - IV Agreed
A - IV Agreed with Exceptions
R - Significant Issue

Sections:	Colorectal Loc Group 11-1D-1d National Benchmark	Colorectal Loc Group 11-1D-1d 11-12	Gynae LOC Funct. 11-1D-1e National Benchmark	Gynae LOC Funct. 11-1D-1e 11-12	Head Neck Loc Group 11-1D-1i National Benchmark	Head Neck Loc Group 11-1D-1i 11-12	Skin Locality Msrs 11-1D-1j National Benchmark	Skin Locality Msrs 11-1D-1j 11-12	Brain CNS Loc Group 11-1D-1k National Benchmark	Brain CNS Loc Group 11-1D-1k 11-12	Sarcoma Loc Group 11-1D-1l National Benchmark	Sarcoma Loc Group 11-1D-1l 11-12	Comp Therapy Loc Group 11-1D-1w National Benchmark	Comp Therapy Loc Group 11-1D-1w 11-12
East Kent														
Kent & Canterbury						-	100 0	100 94 teams	100 0	82 139 teams	100 0	100 139 teams		-
Queen Elizabeth, Queen Mother	100 0	100 44 teams				-								
William Harvey	100 0	100 44 teams			100 0	89 113 teams								
Maidstone - Dartford														
Dartford & Gravesham	100 0	100 44 teams	100 80	100 42 teams		-			100 0	100 139 teams	100 0	100 139 teams		-
Maidstone Hospital	100 0	100 44 teams			100 0	89R 113 teams	100 0	100 94 teams	100 0	82 139 teams	100 0	100 139 teams		-
Tunbridge Wells														
Medway														
Medway NHS Foundation Trust	100 0	100 44 teams	100 80	0 42 teams	100 0	100 113 teams	100 0	100 94 teams	100 0	90 139 teams	100 0	63 139 teams		-

Comparison Summary of MDT Measures Cont...

KEY
A - Amnesty
% - SA Compliance
% - IV Compliance
% - PR Compliance
External Verification assessment:
G - IV Agreed
A - IV Agreed with Exceptions
R - Significant Issue

Sections:	TYA Hospitals	11-1D-1z	Breast MDT	11-2B-1	Lung MDT	11-2C-1	Colorectal MDT	11-2D-1	Spec. Gynae MDT	11-2E-2	Local Upper GI MDT	11-2F-1	Spec. Upper GI MDT	11-2F-2
	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12
East Kent														
Kent & Canterbury	100 0	100R 84 teams		-	100 0	93 130 teams								
Queen Elizabeth, Queen Mother			97 65	74R 24 teams			93 27	85 69 teams	100 66	97 42 teams	97 13	90A 20 teams		
William Harvey			97 65	87G 24 teams	100 0	93 130 teams	93 27	80 69 teams						
Maidstone - Dartford														
Dartford & Gravesham			100 68	97 126 teams	100 0	96 130 teams	93 27	82 69 teams			100 68	97 80 teams		
Maidstone Hospital	100 0	0 84 teams		A	100 0	100 130 teams	93 27	83 69 teams	100 66	90 42 teams			94 79	82R 6 teams
Tunbridge Wells				A										
Medway														
Medway NHS Foundation Trust	100 0	100R 84 teams	100 68	97 126 teams	100 0	96 130 teams	93 27	83 69 teams			100 68	97 80 teams		

Comparison Summary of MDT Measures Cont...

KEY
A - Amnesty
% - SA Compliance
% - IV Compliance
% - PR Compliance
External Verification assessment:
G - IV Agreed
A - IV Agreed with Exceptions
R - Significant Issue

Sections:	Local Urology MDT	11-2G-1	Spec. Urology MDT	11-2G-2	UAT & UAT/THYROID	11-2I-1	THYROID ONLY MDT	11-2I-2	Spec Skin MDT	11-2J-2	Cancer Network MDT	11-2K-1	Chemo Serv. MDT	11-3S-1
	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12
East Kent														
Kent & Canterbury			98 17	91 45 teams			100 55	77R 8 teams	100 66	83 35 teams			100 43	88R 164 teams
Queen Elizabeth, Queen Mother														
William Harvey					100 61	87 49 teams								
Maidstone - Dartford														
Dartford & Gravesham													100 43	88R 164 teams
Maidstone Hospital	98 62	69R 78 teams			90 72	89R 6 teams		A			89 0	0 20 teams	100 43	83R 164 teams
Tunbridge Wells														
Medway														
Medway NHS Foundation Trust	98 62	97 78 teams	98 17	98R 45 teams					100 66	97 35 teams			100 43	85R 164 teams

Comparison Summary of MDT Measures Cont...

KEY
A - Amnesty
% - SA Compliance
% - IV Compliance
% - PR Compliance
External Verification assessment:
G - IV Agreed
A - IV Agreed with Exceptions
R - Significant Issue

Sections:	Onc. Pharmacy Serv. MDT	11-3S-2		Intra. Chemo ITC MDT	11-3S-3		Rad Generic	11-3T-1		Rad External Beam	11-3T-2		Rad IMRT	11-3T-3		Rad Brach	11-3T-4		Acute Oncology MDT	11-3Y-1	
	National Benchmark	11-12		National Benchmark	11-12		National Benchmark	11-12		National Benchmark	11-12		National Benchmark	11-12		National Benchmark	11-12		National Benchmark	11-12	
East Kent																					
Kent & Canterbury	100 72	100G	160 teams															100 0	33	186 teams
Queen Elizabeth, Queen Mother																		100 0	33	186 teams
William Harvey																		100 0	33	186 teams
Maidstone - Dartford																					
Dartford & Gravesham	100 72	100A	160 teams	100 0	100G	157 teams												100 0	100	186 teams
Maidstone Hospital	100 72	100A	160 teams	100 0	100R	157 teams	100 50	75	51 teams	100 77	87	41 teams		A			A	100 0	50	186 teams
Tunbridge Wells																		100 0	17	186 teams
Medway																					
Medway NHS Foundation Trust	100 72	100G	160 teams	100 0	100R	157 teams												100 0	17	186 teams

Comparison Summary of MDT Measures Cont...

KEY
A - Amnesty
% - SA Compliance
% - IV Compliance
% - PR Compliance
External Verification assessment:
G - IV Agreed
A - IV Agreed with Exceptions
R - Significant Issue

Sections:	Gen. Acute Onc. MDT	11-3Y-3	Acute Onc. In-Pat. MDT	11-3Y-4	Chemotherapy PCT	11-6A-1s	Level 1 Core POSCU	11-7C-1	POSCU MDT	11-7C-4
	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12
East Kent										
Kent & Canterbury	100 0	33 194 teams	100 0	0 192 teams			96 33	69 57 teams	100 16	79 82 teams
Queen Elizabeth, Queen Mother	100 0	33 194 teams	100 0	0 192 teams						
William Harvey	100 0	33 194 teams	100 0	0 192 teams						
Maidstone - Dartford										
Dartford & Gravesham	100 0	67 194 teams	100 0	100 192 teams						
Maidstone Hospital	100 0	45 194 teams	100 0	0 192 teams			96 33	80 57 teams	100 16	63 82 teams
Tunbridge Wells	100 0	27 194 teams	100 0	0 192 teams						
Medway										
Medway NHS Foundation Trust	100 0	56 194 teams	100 0	25 192 teams			96 33	69 57 teams	100 16	95 82 teams
Eastern And Coastal Kent PCT					100 0	100G 103 teams				

Comparison Summary of MDT Measures Cont...

KEY A - Amnesty % - SA Compliance **% - IV Compliance** **% - PR Compliance** External Verification assessment: **G - IV Agreed** **A - IV Agreed with Exceptions** **R - Significant Issue** Sections:	Gen. Acute Onc. MDT	11-3Y-3	Acute Onc. In-Pat. MDT	11-3Y-4	Chemotherapy PCT	11-6A-1s	Level 1 Core POSCU	11-7C-1	POSCU MDT	11-7C-4
	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12
Medway PCT					100 0	100G 103 teams				
West Kent PCT					100 0	100G 103 teams				

5.2 Comparison of Summary of Network Measures

KEY
A - Amnesty
% - SA Compliance
% - IV Compliance
% - PR Compliance
External Verification assessment:
G - IV Agreed
A - IV Agreed with Exceptions
R - Significant Issue

Sections:	Sarcoma Net Board	11-1A-1l	Breast Net Board	11-1A-2b	Lung Net Board	11-1A-2c	Colo Net Board	11-1A-2d	Gynae Net Board	11-1A-2e	Upper GI Net Board	11-1A-2f	Urology Net Board	11-1A-2g
	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12
KMCN		-	100 100	100 27 teams	100 100	100 20 teams	100 63	86 22 teams	100 60	90 26 teams	100 40	100 21 teams	100 47	46 23 teams
KMCRN														

KEY
A - Amnesty
% - SA Compliance
% - IV Compliance
% - PR Compliance
External Verification assessment:
G - IV Agreed
A - IV Agreed with Exceptions
R - Significant Issue

Sections:	Head Neck Net Board	11-1A-2i	Skin Net Board	11-1A-2j	Brain & CNS Net Board	11-1A-2k	Chemotherapy Net Board	11-1A-3s	Rad Net Board	11-1A-3t	Partnership Net Board	11-1A-3u	REHAB Net Board	11-1A-3v
	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12
KMCN	100 69	100 27 teams	100 77	92 22 teams	100 20	50 27 teams	100 60	100A 28 teams	100 29	86 23 teams	100 0	0G 28 teams	100 0	0 25 teams
KMCRN														

Comparison of Summary of Network Measures Cont...

KEY
A - Amnesty
% - SA Compliance
% - IV Compliance
% - PR Compliance
External Verification assessment:
G - IV Agreed
A - IV Agreed with Exceptions
R - Significant Issue

Sections:	Comp Therapy	11-1A-3w	Psychological Net Board	11-1A-3x	Acute Oncology Net Board	11-1A-3y	Research Net Msrs	11-1A-5	Breast NSSG	11-1C-1b	Lung NSSG	11-1C-1c	Colorectal NSSG	11-1C-1d
	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12
KMCN	100 0	100 20 teams	100 0	100 28 teams	100 0	33 28 teams			100 60	82 27 teams	100 50	90 20 teams	100 57	91 22 teams
KMCRN							100 100	100 20 teams						

KEY
A - Amnesty
% - SA Compliance
% - IV Compliance
% - PR Compliance
External Verification assessment:
G - IV Agreed
A - IV Agreed with Exceptions
R - Significant Issue

Sections:	Gynae NSSG	11-1C-1e	Upper GI NSSG	11-1C-1f	Urology NSSG	11-1C-1g	Head Neck NSSG	11-1C-1i	Skin NSSG	11-1C-1j	Chemotherapy Net Group	11-1E-1s	Radio Net Group	11-1E-1t
	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12	National Benchmark	11-12
KMCN	100 72	75 26 teams	100 67	78 20 teams	100 34	67 23 teams	100 67	85 27 teams	100 70	80 22 teams	100 19	91A 28 teams	100 59	58 24 teams
KMCRN														

Comparison of Summary of Network Measures Cont...

KEY
A - Amnesty
% - SA Compliance
% - IV Compliance
% - PR Compliance
External Verification assessment:
G - IV Agreed
A - IV Agreed with Exceptions
R - Significant Issue

Sections:	Partnership Net Group 11-1E-1u National Benchmark	Partnership Net Group 11-1E-1u 11-12	REHAB Net Group 11-1E-1v National Benchmark	REHAB Net Group 11-1E-1v 11-12	Psychological Net Group 11-1E-1x National Benchmark	Psychological Net Group 11-1E-1x 11-12	Oncology Net Group 11-1E-1y National Benchmark	Oncology Net Group 11-1E-1y 11-12	Research Net Fns. 11-5A-1 National Benchmark	Research Net Fns. 11-5A-1 11-12
KMCN	100 10	9G 28 teams	100 6	29 27 teams	100 0	42 28 teams	100 8	58 28 teams		
KMCRN									100 50	100 16 teams

Section 6 - PCT REPORTS

6.1 Summary of Compliance for PCTs

6.1.1 EASTERN AND COASTAL KENT PCT

Code	Team	%	Stage	IR	SC	Link to Report
11-1D-1j	Skin Locality Measures	0	SA			FAILED TO COMPLETE REPORT
11-6A-1s	Chemotherapy PCT	100	IV (G)			Chemotherapy PCT

6.1.2 MEDWAY PCT

Code	Team	%	Stage	IR	SC	Link to Report
11-6A-1s	Chemotherapy PCT	100	IV (G)			Chemotherapy PCT

6.1.3 WEST KENT PCT

Code	Team	%	Stage	IR	SC	Link to Report
11-6A-1s	Chemotherapy PCT	100	IV (G)			Chemotherapy PCT

Section 7 - Glossary

GLOSSARY	
Acute	Description of any intense sensation such as pain or the description of a disease with rapid onset, severe symptoms and short duration.
Acute Hospital	Provides surgery, investigations, operations, serious and other treatments in a hospital setting.
Adjuvant Therapy	Therapy (usually chemotherapy) given after all visible tumour has been removed, usually by surgery or radiotherapy. Used to improve cure rates and reduce recurrence.
AHP	Allied Health Professional.
ARSAC	Administration of Radioactive Substances Advisory Committee (license use of radioactive materials).
BASO	British Association of Surgical Oncologists (includes breast surgeons).
BCS	Breast Conserving Surgery.
Benign	Tumour that is not malignant. Also used of a condition or disorder that does not produce harmful effects.
Biopsy	Removal of small sample of tissue to aid diagnosis. Biopsied tissue is usually prepared for microscopic examination.
Brachytherapy	Treatment which involves placing a source of radiation directly within the tumour and employs radioactive plaques, needles, tubes, wires, or small "seeds" made of radionuclides. These radioactive materials are placed over the surface of the tumour or implanted within the tumour, or placed within a body cavity surrounded by the tumour.
Breast cancer	Cancer of the breast tissue, the commonest malignant disease in women.
Bronchial cancer	Cancer of the lung. Cigarette smoking is responsible for most cases of bronchial carcinoma.
Cancer	Abnormal and unregulated proliferation of cells that result in invasion and destruction of surrounding healthy tissue. Cancer cells arise from normal cells whose nature has been permanently changed. Cancer cells are spread by blood and lymphatics to other parts of the body to form metastases.
Cancer Network	Cancer Networks were organisations originally created in response to the NHS Cancer Plan. They have a remit to drive change and improve cancer services for the population in specific areas.
Cancer Registries	Collect information on what cancers occur, how advanced they are and where they are diagnosed The availability of information may be variable at different cancer registries, depending on local practices and the completeness of the reporting of staging information by clinicians.
Carcinoma	Any cancer that arises from epithelial tissue.
Care Pathway	A description of the journey taken (or intended to be taken) through a clinical service.
Care Quality Commission (CQC)	National body authorised by parliament to regulate healthcare in both public and private sectors. The NHS Cancer Peer Review Programme works in partnership with the CQC.

GLOSSARY	
CEO	Chief Executive Officer (CEO), also Chief Executive (CE).
Chemotherapy	Chemotherapy is the use of anti-cancer (cytotoxic) drugs to destroy cancer cells. They are usually given by IV infusion (slowly injected into a vein), but can be given orally (in pill form).
Chronic	Describing a disease of long duration, usually with slow progression.
Clinical audit	The continuous evaluation and measurement by health professionals of the extent to which they are meeting standards that have been set for their service.
Clinical Governance	Process by which an organisation ensures its clinical care is of high quality and is both safe and effective.
Clinical network	A group of services which work together across organisational boundaries to provide better patient care.
CNS	Clinical Nurse Specialist - a nurse with specialist training and experience in a particular area of cancer.
Colorectal Cancer	Cancer of the colon and/or rectum.
CPA	Clinical Pathology Accreditation run by Royal College of Pathologists.
CT Scanner	Computerised tomography scanner which uses x-rays to generate detailed cross sections of internal body structures.
Cytotoxic Drug	Drugs that destroy cells and are used to treat cancer. Also affect normal rapidly dividing cells such as hair follicles and lining of gut.
Digital Mammography	Digital Mammography is the digital capture of mammographic images, providing greater resolution and clarity than conventional mammography.
EQA	External Quality Assurance (EQA) scheme to promote high quality histological reporting.
EV	External Verification is a check of selected internally validated self assessments led by the zonal cancer peer review coordinating teams, in order to confirm that the Internal Validation (IV) was performed effectively. This check takes the form of a desktop exercise.
ERP	Enhanced Recovery Programme; a programme of pre- and post- operative care designed to improve patient outcomes and speed up a patient's recovery after surgery.
FNA	Fine Needle Aspiration.
Gynaecological Cancer	Cancer relating to the ovaries, cervix, vulva, endometrium and associated structures.
HDU	High Dependency Unit, usually for very sick patients. It forms an intermediate stage between an intensive care unit and a ward.
HER2	Human Epidermal growth factor Receptor 2 (HER2) is a protein found on the surface of certain cancer cells. Some breast cancers have a lot more HER2 receptors than others. In this case, the tumour is described as being HER2-positive.
Hospice	Institution specialising in care of patients with advanced cancer.
HPB	Hepato-Pancreato-Biliary.

GLOSSARY	
Immediate Risk	An Immediate Risk is an issue that is likely to result in harm to the patient or staff or have a direct impact on patient outcome and requires immediate action.
Immuno-compromised	Condition where the immune system is inhibited, either due to disease or the administration of immuno-suppressive drugs. Some drugs, e.g. most chemotherapeutic agents, have immuno-suppression as a side effect.
Intrathecal Chemotherapy	Chemotherapy administered via spinal injection. Subject to enhanced clinical governance arrangements due to historical problems.
IOG	Improving Outcome Guidance - guidance drawn from an evidence base to indicate how services should be organised to improve clinical outcomes.
ITU	Intensive Therapy Unit.
IV	Internal Validation (IV) is the process by which the Trust or Network uses its own governance processes to assure the accuracy of its self assessment of compliance against the National Cancer Peer Review measures.
Linac	Colloquial name for a Linear accelerator - major capital equipment used to generate radiation used in external beam radiotherapy.
LIT	Local Implementation Team.
Locality	Sub unit of organisation of a cancer network. Usually consists of an NHS (Hospital) Trust and the Primary Care Trusts within that trusts patient catchment area, although other arrangements are possible.
LUCADA	National Lung Cancer Data Audit Project.
Lymphoedema	Swelling due to abnormal accumulation of lymph where lymph vessels are blocked, damaged or removed.
Malignant	Tumour that is invasive and destroys the tissue in which it originates.
Mammography	X-ray procedure for examining the breast. Used diagnostically and as a screening procedure to detect breast cancer.
MDT	Multi-disciplinary Team.
MDTM	Multi-disciplinary Team Meeting.
Minimum Data Set	A standard set of data items, concepts and definitions to enable the production of national and nationally comparable information. These data items will meet the needs of clinical audit, assist in the generation of National Performance Indicators and will allow outcome assessment.
Morbidity rates	Information relating to disease, expressed as a rate (for example number of cases per 1M population).
Mortality rates	The number of deaths in a given period and for a given size of population.
Mohs Surgery	Mohs surgery is microscopically controlled surgery used to treat common types of skin cancer. It is a precise surgical technique that is used to remove all parts of cancerous skin tumours, while preserving as much healthy tissue as possible.
MRI Scanner	Magnetic Resonance Imaging Scanner - also known as MR scanner. An imaging technique with particular value in certain clinical presentations.

GLOSSARY	
NCAG	National Chemotherapy Advisory Group.
NCEPOD	National Confidential Enquiry into Peri Operative Death - A long running national audit of surgical practice and organisation designed to reduce preventable mortality.
NCIN	National Cancer Intelligence Network.
NCRN	National Cancer Research Network.
Neutropenia	Decrease in the number of neutrophils (a white blood cell). This occurs following chemotherapy.
NICE	National Institute for Health and Clinical Excellence.
NMC	Nursing and Midwifery Council (Regulatory body for registered nurses and midwives).
NSSG	Network Site Specific Group. A sub group of a cancer network which co-ordinates the care delivered across the network for a given tumour site (e.g. breast).
NRAG	National Radiotherapy Advisory Group.
OG	Oesophago-gastric.
Oncology	Study and practice of treating cancer. Can be divided into medical, surgical and radiation oncology.
PACS	Picture Archiving and Communications System - Computer system used to store and share digital radiographic images across a local or wide area network.
PALS	Patient Advice and Liaison Service.
Palliative	Medication, treatment or care that gives temporary relief of symptoms but does not cure disease.
PCT	A Primary Care Trust (PCT) is a local organisation that commissions services from Hospital Trusts, local authorities and other agencies that provide health and social care locally in order to meet the health needs of the local community.
PET	Scanner Positron Emission Tomography - a relatively new scanning technique that is particularly useful in certain clinical presentations.
PFI	Private Finance Initiative - a method for procuring new services, building or equipment that involves the private sector providing the required capital and the leasing the facility back to the NHS over a substantial period e.g. 25 years.
PPI	Patient and Public Involvement.
Radiotherapy	Treatment of disease using radiation to inhibit the disease process, especially the destruction of tumours. Radiation may come from an external beam focused on the tumour or small quantities of radioactive material may be inserted directly into the tumour.
RAG	A rating system that uses the colours of traffic lights; Red, Amber, Green.
RPLND	Retro-peritoneal lymph node dissection.
Serious Concern	A Serious Concern is an issue that, whilst not presenting an immediate risk to patient or staff safety, could seriously compromise the quality or outcome of patient care and requires urgent action to resolve.

GLOSSARY	
SIF	Service Improvement Facilitator.
SIL	Service Improvement Lead, part of the core membership of a cancer network.
SHA	Strategic Health Authority.
SHO	Senior House Officer.
SLA	Service Level Agreement.
SMDT	Specialist Multi-Disciplinary Team.
SNB/SLNB	Sentinel Node Biopsy/Sentinel Lymph Node Biopsy.
SpR	Specialist Registrar.
Supranetwork	Specialised services for rarer cancers provided by a group of networks from whom the multi-disciplinary expertise is drawn.
TRUS	Trans Rectal Ultrasound - an imaging technique of value in urology.
Tumour	Abnormal swelling or lump. A tumour may be malignant (when it is cancer) or benign.
Upper GI	Upper Gastro-Intestinal.
Workforce Development Confederation	Local bodies charged with the following responsibilities.Increasing workforce numbers (particularly consultants and GPs) to meet NHS Plan workforce and service delivery targets.Implementing national policies and local activity to make the NHS a model employer.Modernising processes and roles and the development of skill mix to increase productivity and capacity.Modernising learning and personal development.
WTE	Whole Time Equivalent.
ZAG	Zonal Advisory Group.

Cancer Peer Review Report

Kent & Medway Cancer Network

South Zone Peer Review Team