Quality Assurance Breast Cancer Services

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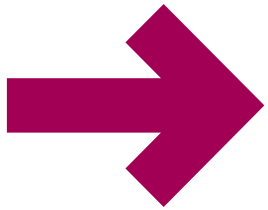
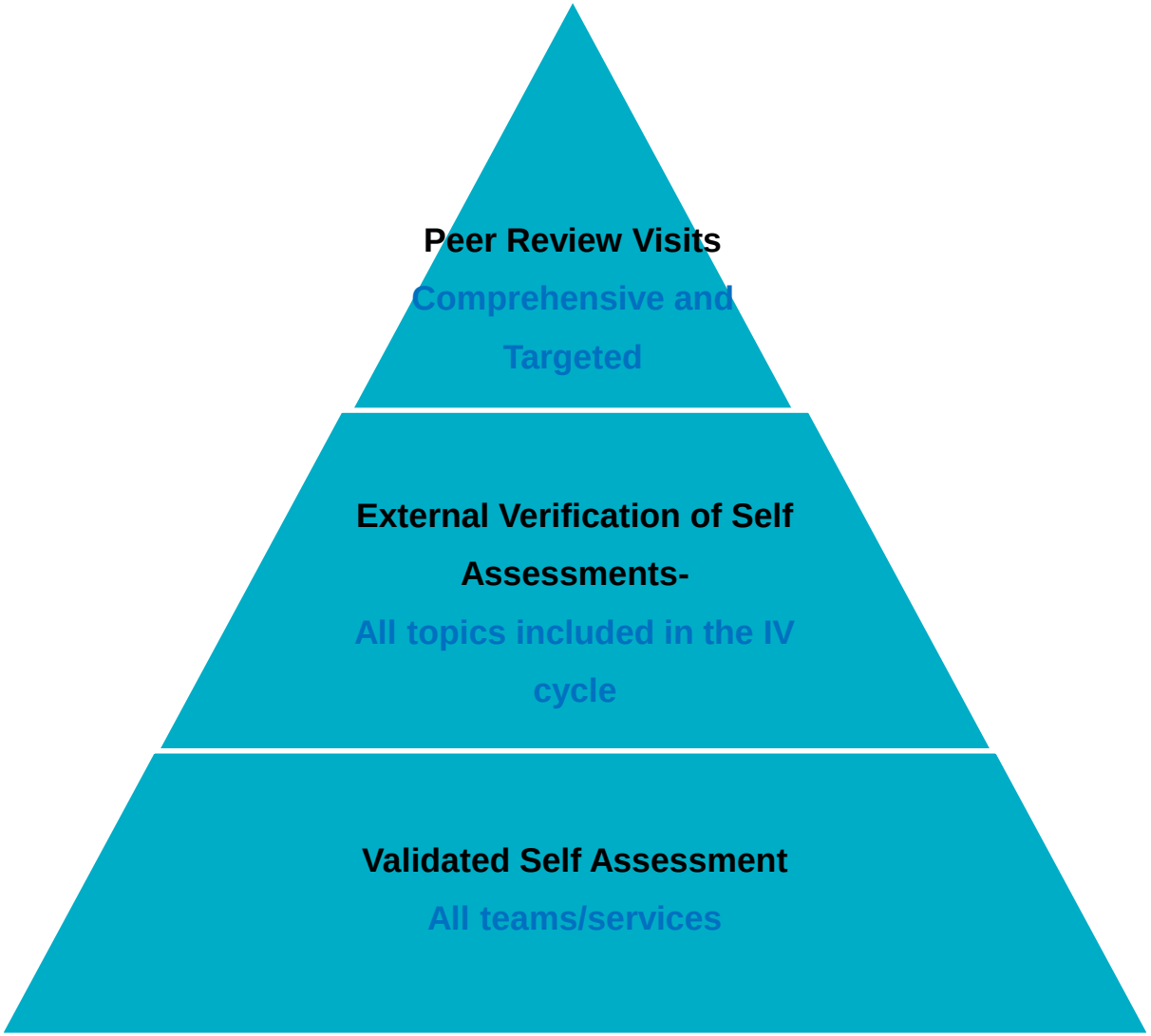
Key Principles

NHS England

- Clinically Led
- Consistency in delivery of programme
- Driver for service development and quality improvement
- Focus on Coordination within and across organisations - networking
- Peer on Peer
- Quality assurance process for clinical services
- User/Carer Involvement



The Peer Review Programme



Measures & Indicators

- Evidence based using national guidance e.g. NICE Guidance & Quality Standards, Specialised Services Specifications
- Development of measures for each topic is undertaken by an expert group
- Clinical Indicators developed in consultation with national clinical groups
- National Audits used where possible
- Consultation on new measures

Review Visit Day

1.5 Hours Peer Review Team Preparation	• **General discussion of early findings and issues** • **Initial consensus on compliance** • **Review patient case notes if applicable – NHS professionals only** • **Identify and formulate questions**
Facilities Review (Optional)	• Applicable where the facilities and environment the service is delivered in impacts significantly on service
1.5 Hours Peer Review Meeting with team being reviewed	• Full multi disciplinary team encouraged to attend and actively participate.
2 Hours Peer Review Team Report Writing	• Report structured around 4 key themes (Structure & Function, Patient Pathways, Patient Experience & Clinical Outcomes)

Categorising Review Findings

Good Practice/ Significant Achievement	• Relates to the service and can be either innovative or common practice undertaken very well
Immediate Risk	• An issue that is likely to result in harm to patients and / or staff or have a direct impact on clinical outcomes and therefore requires immediate action
Serious Concern	• An issue that, whilst not presenting an immediate risk to patient or staff safety, could seriously compromise the quality or clinical outcomes of patient care, and therefore requires urgent action to resolve
Concern	• An issue that affects the delivery or quality of the service and should be included in the team's work plan as an area for development

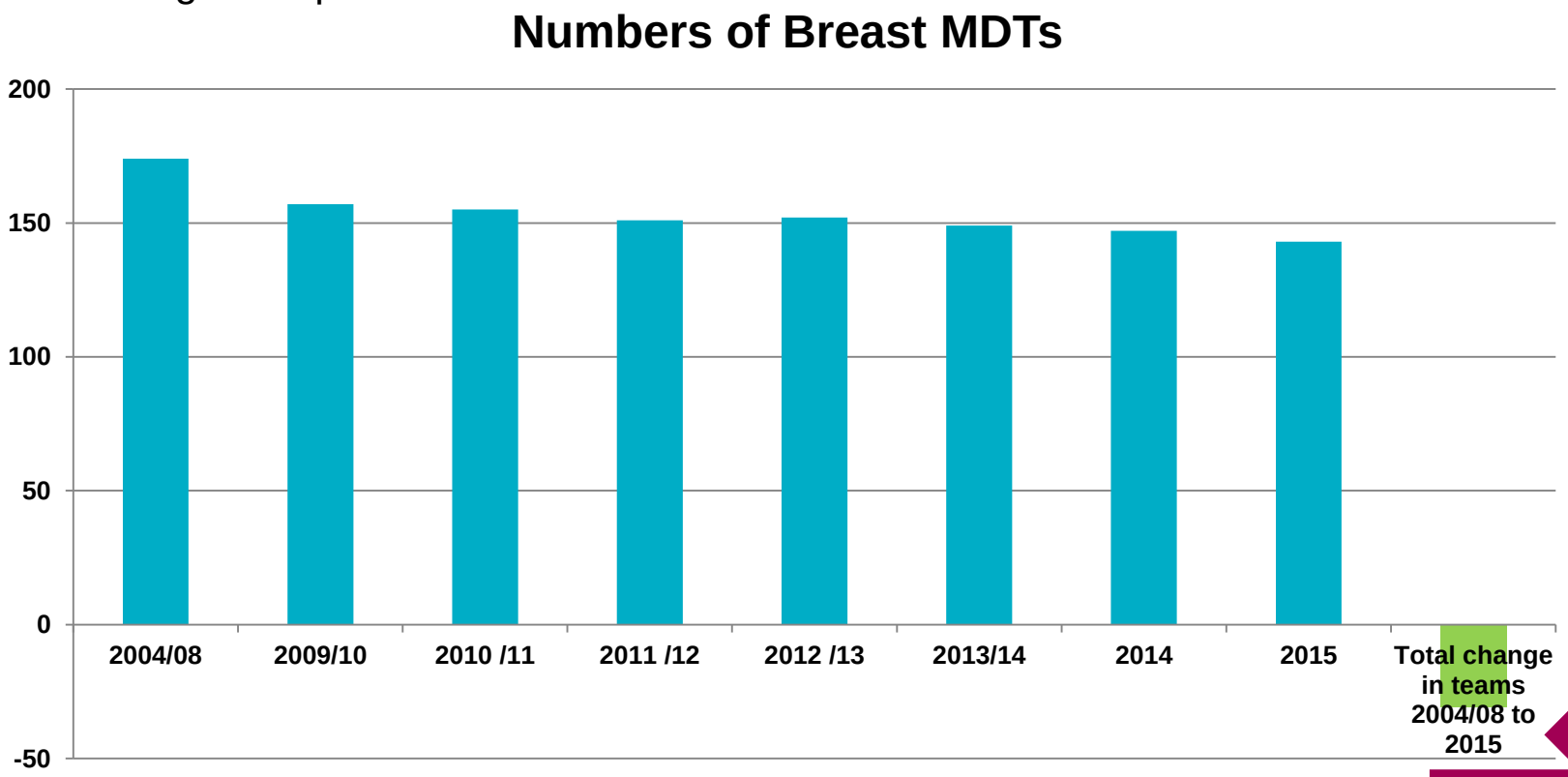
Key Findings

- Increasing workload including numbers of patients requiring MDT discussion
- Insufficient CNS, oncology, radiology and pathology capacity
- Oncology, radiology and surgical attendance at MDTs is challenging
- CNS numbers have increased but increasing workload still impacts on their capacity to support patients along the pathway of care
- Surgical capacity and single handed breast surgeons

Impact on Number of Breast MDTs

Reduction in teams reflects increasingly streamlined pathways.

The number of breast teams has reduced over time from 174 to 143 (18%) and is continuing to drop.



View From the Other Side

- Can feel like a ‘tick box’ exercise
- Clinical Indicators focus on data collection and workload, not clinical outcomes

- Opportunity to review practice
- Work Programme clarifies areas where change is required
- Focus on:
  - Function of the MDT
  - Patient experience