

PEER REVIEW VISIT REPORT

(MULTI-DISCIPLINARY TEAM)

Network	YHSCN	
Organisation	HULL AND EAST YORKSHIRE HOSPITALS	
Team	Hull And East Yorkshire Hospitals Haematology MDT (13-2H-1) - 2015	
Peer Review Visit Date	16th July 2015	
Compliance		
HAEMATOLOGY MDT	Self Assessment 77.8% (14/18)	Peer Review 33.3% (6/18)
Zonal Statement		
Completed By	Jayne Jones	
Job Title	Assistant Quality Manager	
Date Completed	12 October 2015	
Agreed By (Clinical Lead/Quality Director)	Richard McMahon	
Date Agreed	12 October 2015	
Key Themes		
Structure and function of the service		

The haemato-oncology multi-disciplinary team (MDT) serves a population of almost 1.1 million and is hosted by Hull and East Yorkshire Hospitals NHS Trust (Hull). The MDT comprises of the Diana Princess of Wales Hospital (Grimsby) and Scunthorpe General Hospital (Scunthorpe), part of Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG) and Scarborough General Hospital, part of York Teaching Hospitals NHS Foundation Trust (York). The provision of haematology input to Scarborough changed to York Teaching Hospitals NHS Foundation Trust in October 2014, part of the Harrogate and District NHS Foundation Trust MDT. York or Hull provides the level II care for the Scarborough catchment population dependent on patient preference. The diagnostic input is provided by the Specialist Integrated Haematological Malignancy Diagnostic Service from Leeds Teaching Hospitals NHS Trust (Leeds), known locally as HMDS.

It was evident at the review meeting that the team is well-led and works cohesively to provide a patient centred care pathway. The review meeting was well attended from all specialties and

senior management, however, it was noted that there was a lack of representation from

Scunthorpe which made it difficult for the reviewers to fully explore the team dynamics and pathways of this MDT.

The MDT is fully constituted however, there are no cover arrangements in place for the single-handed haematologist based at Scunthorpe. The reviewers were concerned that not all patients from Scunthorpe are being routinely discussed at diagnosis or prior to commencing treatment. The reviewers were informed that a third haematologist was to be recruited into NLAG which would allow for cross cover across both hospital sites, however, there was no timescale given. The team confirmed that all treating consultants are part of the MDT core membership.

The MDT manages all haemato-oncology disease groups. The MDT meets weekly on a Tuesday 12 noon to 2 pm and discusses on average 30 to 40 patients. The reviewers were informed that there is no agenda order in which patients are discussed within the MDT and the team described being under pressure to discuss all new cases in-depth within the dedicated time. The team confirmed that an audit has been carried out in relation to all new cases being discussed and reported an outcome of 95%, with the analysis of the deficit completed. The reviewers congratulate the team on the governance arrangements in place around this and the undertaking of an audit. However, no documentary evidence was provided to demonstrate what actions had subsequently been taken to ensure that all new cases are now being discussed.

Diagnostic input from HMDS and involvement from Scunthorpe is provided via video-conferencing facilities. Grimsby MDT members utilise this facility to participate when they are unable to attend in person to present and discuss their patients. The reviewers were informed that there are currently technical issues with the video-conferencing equipment and the team described the system as 'not fit for MDT function'. Failure of the video-conferencing equipment has impacted on the haemato-pathology input from HMDS into the MDT. There are plans in place for renewing the Hull IT system within the next 18 months however, the team did not confirm whether this new system would be rolled out to NLAG or whether there were any plans in place.

The team described an increase in the number of new patients and referrals being discussed within the MDT. Despite the management of patients in the Scarborough catchment area being transferred to York, discussions of patients whose treatment decisions had originally been made through the MDT have continued until completion of their treatment pathway. Furthermore, an expansion in the geographical catchment area for Grimsby has increased the number of new patients and referrals being discussed at the MDT.

The attendance records demonstrated positive personal commitment to attend the MDT meetings from all core members in post for the whole of the review period ranging between 69.8% to 84.9%. However, the MDT quorate level does not meet the required 95% due to the lack of myeloid disorder treating haemato-oncologists and haemato-pathology input. The reviewers were informed that the myeloid clinic timetable has been re-arranged to allow the myeloid haematologists to be present for the whole of the MDT meeting.

There are three Whole Time Equivalent (WTE) clinical nurse specialists (CNSs) based at Hull, two WTE CNSs at Grimsby and one WTE CNS at Scunthorpe. The reviewers were informed that the single-handed CNS based at Scunthorpe was due to leave imminently and there are interim cover arrangements in place. One of the CNSs at Hull has been trained to level 2 in

psychological support and receives monthly level 3 clinical supervision and the reviewers were informed that one of the CNSs at Grimsby is booked onto the level 2 psychological support training course. The team confirmed that a CNS is not always present in clinic when a new diagnosis is given. There is a newly established bone marrow biopsy service which is carried out by the two CNSs at Grimsby.

It was evident that the CNS team co-ordinator plays a pivotal role within the team and takes responsibility for providing comprehensive administrative and secretarial support.

The three key documents provided were cross-referenced to the quality measures however, they demonstrated a bias towards Hull and did not always reflect practice across all sites.

At the review meeting the chemotherapy CNS provision at Grimsby was raised as an issue by the MDT. The team confirmed that the service was currently under review however no clinical concerns were raised during the review meeting. Due to time constraints, the reviewers were not able to explore these issues further with the team and determine whether this impacts on the haemato-oncology service as a whole.

Coordination of care/patient pathways

The team work collaboratively with the HMDS provider in Leeds. The reviewers were informed that all morphology, aspirate and trephine biopsies are being reported by HMDS with good turnaround times which aid clinical decision-making. All team members have access to the HMDS Integrated Laboratory Information System (HILIS) for the purpose of reviewing integrated reports. It was noted that the MDT did not foresee any problems of de-skilling of staff locally and have maintained local review of blood film reporting and bone marrow aspirates which are then referred on to HMDS.

The reviewers acknowledge that the Network Site Specific Group (NSSG) has recently been reconfigured. The reviewers were informed that the haematology lead from NLAG is the chair of the newly structured meetings. There is a strong commitment from the team to engage in networking across the region and it was noted that two team members have attended two out of three meetings during the review period.

It was noted that the Network clinical guidelines and diagnostic pathway are out of date and were due for review in August 2014. An interim solution has been agreed that the remit to update clinical guidelines will be taken on by registrars at Leeds who will lead on sub-specialty topic areas in collaboration with the disease specific clinical leads as part of a rolling programme. The team confirmed that there is close collaboration with the disease topic clinical leads at Leeds and they can seek advice on complex pathways and treatment advice when required. A robust system is in place for any new guidelines or practices to be discussed at the MDT meetings.

There are Network-wide high level patient pathways in place which incorporate both the Teenage and Young Adult (TYA) and Cancer of the Unknown Primary (CUP) pathways. The team described to the reviewers how these pathways worked in practice however, it was noted that these are due for review at the end of July 2015 and will require updating as part of the Network annual work programme. The reviewers were informed of the Teenage Cancer Trust

Unit based at Castle Hill Hospital for 18 to 24 year olds which is run by a CNS and youth support worker and provides shared care with St James' Hospital in Leeds.

Introduction of the 'Watch List' has improved the patient pathways and the efficiency of the MDT ensuring that patients with a suspected haematological malignancy are identified at an early stage and new patients do not attend the clinic until all of their investigations are completed and the results available.

There is no formal transplant input into the MDT however, the reviewers were informed that a monthly transplant meeting takes place with the transplant lead from Leeds where new patients for consideration of transplant are discussed. The team described a robust referral system for any patients requiring allogeneic transplant input between these meetings, however, this pathway requires formalisation and to be referenced within the operational policy.

The team described the complexity of the patient pathway for Scarborough patients and it was noted that patients within this catchment population have a choice of treatment centre for transplant and radiotherapy delivery. This is through an informal discussion between the visiting clinical oncologist at Scarborough and the named consultant haemato-oncologist followed by a formal referral to the Hull MDT. However, this pathway requires formalisation and referencing within the operational policy.

The reviewers were informed that there is a palliative care team based at Hull. The team confirmed that there is a close working relationship with the local hospices and no barriers in accessing rehabilitation or special palliative care services.

The CNSs take on the role of key worker and follow the patient through the patient pathway and palliative care setting. It was noted that an introduction letter is sent to each patient identifying their key worker and providing contact details.

The team described a number of capacity issues with regards to inpatient beds at Hull as well as two consultant vacancies with no interim post holders in place. The Grimsby clinics are routinely oversubscribed and the Trust is currently looking at identifying patients who can be referred back into the community setting under the care of their General Practitioner (GP). The reviewers were informed that the CNSs at Grimsby are currently providing a pre-chemotherapy assessment clinic prior to each cycle of treatment, but to sustain and develop this service the CNS provision needs to be expanded.

Patient experience

Each Trust participated in the National Cancer Patient Experience Survey (NCPES) 2013-14 and the team confirmed that the findings were presented at a MDT development meeting. The number of respondents included 138 haemato-oncology patients from Hull and 76 patients from NLAG; 89% of these patients at both Trusts rated their care overall as excellent or very good against a national average of 92%. It was noted that in terms of cancer research being discussed with patients, Hull scored 63% and NLAG 53% which is above the national average of 37%. A robust action plan has been developed for Hull and Grimsby however, the reviewers were informed that Scunthorpe are responsible for their own development of actions which has been hindered due to the change in the CNS workforce. One action which has been

implemented in Hull as a result of the feedback is a weekly quality transplant ward round with a consultant and CNS to discuss patients' concerns and issues in relation to their treatment.

A local patient experience survey has been carried out across both Trusts incorporating the family and friends test and examining the experience of those patients who received a new diagnosis of haematological malignancy. A total of 98 patients were identified from the HMDS database with an overall return rate of 45%. Of the 44 respondents, 95% of patients would recommend the service. The results showed a high percentage of patients at Hull (55%), Scunthorpe (44%) and Scarborough (37%) who despite being able to identify the name of their CNS, had not actually been seen by them. It was noted that future local patient experience surveys will be sent to a larger cohort of patients who have had at least three follow up appointments within the department which the team believe will address these findings. A new patient clinic has been implemented at Grimsby to improve patient pathways and ensure timely access to the CNSs. The results of the survey have been presented at an MDT developmental meeting and an action plan for each Trust developed and it was noted within the documentary evidence that all actions have been completed.

The reviewers were provided with photocopied front pages of patient information so were not able to ascertain whether they met all aspects of the quality measures. The team confirmed that there is no information specific to the MDT about local provision of the services. The team described the demographics of the area and the literacy issues within this catchment population. Alternative patient information in the form of DVDs and CDs are made available for this cohort of patients as well as access to the new website which has recently been developed.

Patients are offered a permanent record of consultation in the form of a clinic letter, however, it was noted that this is not a consistent system across the MDT. Patients at Hull receive a letter from the clinician which is copied to their GP. Patients at NLAG receive a letter which is sent to their GP and copied to them. The reviewers were informed that letters are stamped before going into the patients' case notes to indicate whether the offer of a permanent record of consultation has been accepted by the patient.

The operational policy describes an on-going process for undertaking holistic needs assessment for patients at key stages throughout the patient pathway. The reviewers were informed that the CNSs are responsible for providing an overview of patient's holistic needs at the MDT however, no confirmation was documented within the Hull case notes reviewed that holistic needs had been taken into account during decision-making.

The team described good access to level 3 psychological support for Hull patients with a weekly clinic for the complex patients. Inpatients are seen within 24 to 48 hours with a one to two week wait for outpatient referrals. NLAG patients are given the choice of being referred to Hull for psychological support.

Clinical outcomes/indicators

The MDT co-ordinator records the outcomes of discussions during the MDT onto the Somerset Cancer Register (SCR) and agreed treatment plans are validated in real time. The reviewers were informed that each Trust can only view their own patients on the SCR, therefore, prior to the MDT patients from the Grimsby and Scunthorpe sites are uploaded onto the Hull system.

Following discussion and validation, treatment plans are emailed back across to Grimsby and Scunthorpe to be uploaded onto their own SCR.

The team has recognised that there have been shortfalls in collecting Cancer Outcomes and Services Dataset (COSD) and the data collected during the review period is unreliable. A new MDT discussion proforma has been introduced to be completed for all patients which captures information on demographics, cell type and staging and the team anticipate that the COSD data will improve over the coming year. However, this has only been introduced into Hull and not uniformly rolled out to NLAG. The reviewers encourage the team to use this proforma across all hospital sites to ensure consistent data fields are being recorded. The team confirmed that the COSD monthly reports are obtained from the cancer registry and distributed to the MDT.

There was lack of presentation of data, in particular, workload and achievement of cancer waiting time targets within the annual report. It was noted that the MDT co-ordinator and the cancer management team carry out root cause analysis for all cancer waiting time breaches and that during the review period 14 breaches were identified. The reviewers were informed that this was due to the complexity of the patient pathway.

The reviewers were informed that electronic prescribing has been introduced within Hull and that the haemato-oncology service was due to implement the use of this by the end of 2015.

The team has demonstrated an active audit programme however, there was a lack of presentation of the findings within the annual report. It was noted that the audits carried out are Hull centered and the reviewers recommend that future audits are carried out across both Trusts within the MDT.

There are good working relationships between the MDT and the research team and the reviewers were impressed with the attendance of a research nurse at all MDT meetings. The team actively participates in entering patients into clinical trials which has been summarised within the annual report. The reviewers were informed that NLAG patients are offered the opportunity to participate in the clinical trials provided at Hull. It was noted that currently there are limited clinical trials for TYA patients therefore patients are offered the opportunity to transfer to Leeds who are currently recruiting to UKALL 2012.

The reviewers were informed of a significant amount of GP education being carried out locally at Hull. The team described a haematology email advice service which enables local GPs to get advice before referring a patient to the MDT. The email account is managed by secretaries who co-ordinate the requests and then triage onto the relevant clinicians for response.

Good Practice

Good Practice/Significant Achievements

Introduction of the 'Watch List' which has improved the patient pathways and the efficiency of the MDT.

Haematology email advice service for GPs which reduces referrals into the MDT.

Request for MDT discussion proforma to improve data collection.

Maintaining level 3-4 clinical supervision for level 2 psychological trained practitioners.

Implementations of a weekly quality transplant ward round to discuss patients' concerns and issues in relation to their treatment.

Innovation of a CNS team co-ordinator to help the CNSs with administration duties.

Nurse led bone marrow biopsy service provided at Grimsby.

Attendance of a research nurse at all MDT meetings.

Concerns

Immediate Risks Identified?

Not Identified

Immediate Risks

Immediate Risks Resolved?

Not Applicable

Immediate Risks Resolution

Serious Concerns Identified?

Identified

Serious Concerns

There is no identified cover for the single-handed consultant haematologist at Scunthorpe General Hospital. The reviewers were informed that in their absence, case discussion at MDT is deferred or patients commence treatment without the benefit from the knowledge and expertise of full multidisciplinary discussion of their diagnosis and treatment plan. This could adversely impact on the quality of treatment decisions and outcomes.

Trust Response:

The Trust has provided assurance that there are four WTE consultant haematologist funded posts in NLAG. Cover arrangements have been reviewed and job plans revised to ensure full cross cover for haematology services. MDT lead clinician will undertake an audit of attendance in three months time to confirm that the new arrangements have been successfully implemented. Implementation of this action plan will now be monitored by commissioners.

Serious Concerns Resolved?

Not Resolved

Serious Concerns Resolution

Concerns

- Members of the Scunthorpe team not fully engaged with the MDT.
- Technical issues in relation to the video-conferencing equipment not yet resolved.
- Sustainability of the CNS provision at the Scunthorpe Hospital site.
- Grimsby clinics are routinely being oversubscribed.
- Network clinical guidelines and diagnostic pathways are currently out of date.
- Despite there being a transplant referral pathway in place, this has not been documented.
- Sustainability of the capacity of the MDT meeting.
- Not reassured that all patients receive a holistic needs assessment.
- No information specific to the MDT about local provision of the services.