

# Manual for Cancer Services

## Cancer of Unknown Primary Measures

Version 1.1



## VERSION CONTROL SHEET

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# CUP MEASURES

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# National Cancer Peer Review and The Manual for Cancer Services

## 1 Introduction

The National Cancer Peer Review Programme provides important information about the quality of clinical teams and a national benchmark of cancer services across the country. It 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 benefits of peer review have been found to include the following:

- provision of disease specific information across the country together with information about individual teams which has been externally validated;
- provision of a catalyst for change and service improvement;
- identification and resolution of immediate risks to patients and/or staff;
- engagement of a substantial number of front line clinicians in reviews;
- rapid sharing of learning between clinicians, as well as a better understanding of the key recommendations in the NICE guidance.

The Manual for Cancer Services is an integral part of Improving Outcomes: A Strategy for Cancer and aligns with the aims of the Coalition Government: to deliver health outcomes that are among the best in the world. The Manual supports the National Cancer Peer Review quality assurance programme for cancer services and enables quality improvement both in terms of clinical and patient outcomes. The Manual includes national quality measures for site specific cancer services together with cross cutting services such as chemotherapy and radiotherapy.

The Report of Mid Staffordshire NHS Foundation Trust Public Inquiry (Robert Francis Jan 2013) said the creation of a caring culture would be greatly assisted if all those involved in the provision of healthcare are prepared to learn lessons from others and to offer up their own practices for peer review. Whilst peer review will have a specific relevance in cases of practitioners where there may be concerns about substandard performance, it has a far more fundamental role in changing behaviour to ensure a consistent and caring culture throughout the healthcare services. Peer review therefore needs to be a key part of the delivery and monitoring of any service or activity, and those involved need to demonstrate that this element of monitoring and learning is integral to the process of compliance with fundamental standards and of improvement. Among the recommendations made is recommendation 49, Enhancement of monitoring and the importance of inspection, which states;

Routine and risk-related monitoring, as opposed to acceptance of self-declarations of compliance, is essential.

The Care Quality Commission should consider its monitoring in relation to the value to be obtained from:

- The Quality and Risk Profile;
- Quality Accounts;
- Reports from Local Healthwatch;
- New or existing peer review schemes;
- Themed inspections.

### 1.1 National Cancer Measures

The development of cancer measures is a dynamic process in order to:

- reflect new NICE Quality Standards and clinical guidelines and revisions to existing NICE guidance;
- allow greater influence by users of cancer services and their carers;

- allow greater influence by clinicians;
- take account of possible modifications to measures following peer review visits;
- ensure the scope of measures encompasses the broader implementation of the Improving Outcomes: A Strategy for Cancer;
- reflect new developments and initiatives in treatment and patient care;
- reflect the NHS Commissioning Board specialised service specifications.

## 1.2 Clinical Indicators/ Outcomes

Peer review is changing its emphasis to focus on both clinical and patient outcomes. In order to achieve this, clinical indicators have been introduced and form part of the review process along with a reduced number of structure and process measures.

## 2 Interpretation of the National Manual for Cancer Services

### 2.1 Guidance Compared to Cancer Measures

National guidance is exactly what it says - guidance in general and indeed is excellent for this purpose. Guidance involves giving advice and recommendations on how things should be done now, in the future and sometimes on how things should have been done for sometime already. It may involve describing in effect the "perfect" service, using phrases like "the best possible", "to all patients at all times", etc. It may involve all-inclusive, far-ranging objectives and aspirations involving many agencies in long, interlinked chains of events and tasks which all have to be fulfilled before the desired outcome of the guidance is achieved. A particular person's accountability for each task is often not stated. Without this underlying type of mind-set guidance would not inspire, lead, motivate or guide and would probably be almost unreadable.

The Manual for Cancer Services has to take a different approach. It is written for the specific purpose of being used to assess a service; to aid self assessment and team development; to be fair compared to visits to other services elsewhere and to past and future visits to the same service. Therefore, the measures have to:

- be objective;
- be measurable;
- be specific, clear and unambiguous;
- be verifiable;
- state who exactly is responsible for what;
- be discriminating;
- be achievable;
- be developmental - encourage continuous quality improvement and not produce destructive competition or a sense of failure.

### 2.2 "The Responsibility for Assessment Purposes"

This refers to the fact that someone, or some group, is always held nominally responsible for compliance with each one of the quality measures. This has to be specified or, in terms of organising the peer review and collecting the results, it would be unclear who was being held as compliant or non-compliant or who the results could be attributed to. Where it is unclear who has responsibility there tends to be inertia. This attribution of responsibility does not necessarily commit a given person to actually carrying out a given task - this can be delegated according to local discretion, unless it is clear that a given task really is limited to a certain group.

### 2.3 "Agreement"

Where agreement to guidelines, policies etc. is required, this should be stated clearly on the cover sheet of the three key documents including date and version. Similarly, evidence of guidelines, policies etc. requires written evidence unless otherwise specified. The agreement by a person representing a group or team (chair or lead etc.) implies that their agreement is not personal but that they are representing the consensus opinion

of that group.

## **2.4 Confirmation of Compliance**

Compliance against certain measures will be the subject of spot checks or further enquiries by peer reviewers when a peer review visit is undertaken. When self assessing against these measures a statement of confirmation of compliance contained within the relevant key evidence document will be sufficient.

## **2.5 "Quality" Aspects of Cancer Service Delivery**

The peer review process recognises the qualitative as well as quantitative aspects of review and in addition to the objective recording of compliance against the measures there is a narrative part to the report that provides an overall summary of a team's performance.

## **Manual for Cancer Services On-line**

An on-line version of the Manual for Cancer Services has been developed. The on-line version allows individuals to identify and extract measures by tumour site, organisation type and subject area in a variety of formats.

The on-line manual can be accessed from the CQuINS web site at <http://www.cquins.nhs.uk>

# Carcinoma of Unknown Primary (CUP) Measures

## Introduction

These cancer peer review measures are based on the NICE clinical guideline CG104: Diagnosis and management of metastatic malignant disease of unknown primary origin (MUO), July 2010. This guideline recognises the validity for MUO/carcinoma of unknown origin (CUP) of the same basic service infrastructure which underpins that for site specific cancers, as outlined in the various Improving Outcomes Guidance publications and The Manual for Cancer Services. That is, multidisciplinary teams (MDTs), network groups and various related hospital services. Patients presenting with metastatic malignant disease without an identifiable primary site often suffer problems and delays with their diagnosis and management compared to patients where the primary site is evident or highly probable at presentation. For this reason, the recommendations in CG104 were put forward and these cancer peer review measures have been developed.

### The MDTs and Services

CG104 talked about classic functions of an MDT such as regular meetings for multidisciplinary input into diagnosis and treatment planning and also about an everyday 'on the ground' function of carrying out assessments and giving advice on individual MUO/CUP patients, to facilitate their own patient journey. Although the health professionals involved may be the same, the functions are different. The MDT meeting need not occur in every relevant hospital but the 'on the ground' advisory/assessment function should be provided on site in every relevant hospital. (For definition of 'relevant hospital', see below). Therefore the two functions have to be peer reviewed separately, for clarity and from the point of view of attributing responsibility and recording compliance.

The functions around the MDT meeting and associated activities such as data collection, research and audit, are reviewed under an 'MDT' set of measures as for site-specific MDTs. Each MDT is separately reviewed and its compliance separately recorded and attributed to the peer review performance of that MDT. Any given MDT measure covers the MDT's practice over all the hospitals it is associated with for the particular issue addressed by the measure.

The onsite advisory/assessment function is reviewed as the 'MUO/CUP assessment service' as part of the CUP measures for a relevant hospital. Each relevant hospital is separately reviewed for this, whether it hosts an MDT meeting or not. Compliance is separately recorded for each hospital and counts towards the hospital's performance, not that of the MDT. CG104 recommended a local CUP 'team' (MDT for the purposes of peer review) to which MUO patients should be initially referred, and a specialist CUP MDT to which a selected group of provisional CUP cases may be referred for further advice on diagnosis and management. Following national consultation, it has been decided not to make the specialist CUP MDT, part of the peer review requirement. The measures therefore describe a pathway in which all the necessary MDT input can be provided by a single level or type of CUP MDT. For the purpose of the measures and peer review, this will be known simply as 'the CUP MDT.'

Furthermore, a hospital may, as an alternative to a standalone CUP MDT, incorporate this function into the working of one of the existing site specific MDTs. It isn't necessary for every relevant hospital to actually host an MDT but all such hospitals should each be associated, for the purpose of MDT discussion, with a single named CUP MDT such that all patients with CUP from a given, relevant hospital are dealt with by the same named MDT.

The full recommendations in CG104 (including the specialist CUP MDT) still remain as a description of recognised best practice. This has indicated potential benefits for clinical management of cases of confirmed CUP, and for data collection, audit and research. A network is free to establish specialist CUP MDTs if it chooses.

Given the above considerations, the following should be noted with regard to a network's configuration of MDTs for CUP:

- If, in line with CG104, a network agrees to establish an additional, more specialised level of CUP MDT, with referral pathways agreed with the 'peer review CUP MDTs', this is not an issue for peer review as long as the measures are complied with.
- Such 'specialist MDTs', if they are established, should provide the 'local' MDT function for their own secondary catchment area, in line with the practice of specialist MDTs for other cancer sites. Thus, they would need to be reviewed against the peer review CUP MDT measures for their local MDT function and

this local function would be considered subject to the CUP MDT ground rules, specified below.

- Whether a network establishes standalone CUP or combined CUP/site specific MDTs or a specialist level of CUP MDT or not, the whole network catchment should be covered by MDTs which are reviewed against the peer review CUP MDT measures.

## **CUP Networks**

The term 'network' in these measures refers to the provider clinical networking arrangements and infrastructure for the management of MUO/CUP. The extent of a given network consists of the relevant services and MDTs which are associated with one named CUP network group. This will constitute the network being reviewed.

## **Scope and Definitions**

For the purpose of peer review, the following definitions apply:

- Malignancy of undefined primary origin (MUO) -- Metastatic malignancy identified on the basis of a limited number of tests, without an obvious primary site, before comprehensive investigation or histology. This applies to any potential histological type.
- Provisional carcinoma of unknown primary origin (provisional CUP) -- Metastatic epithelial or neuro-endocrine malignancy identified on the basis of histology or cytology, with no primary site detected despite a selected initial screen of investigations, before possible review and possible further specialised investigations.
- Confirmed carcinoma of unknown primary origin (confirmed CUP) -- Metastatic epithelial or neuro-endocrine malignancy identified on the basis of final histology, with no primary site detected despite a selected initial screen of investigations, review, and further specialised investigations as appropriate.

If an MUO patient, during the diagnostic pathway, is found to have a malignancy of one of the following histological types (irrespective of whether the primary site is discovered or not); melanoma, sarcoma, lymphoma or germ cell; then there are cancer type specific guidelines and infrastructures which then apply and these measures would no longer apply to their case and they should be referred on.

If, for an MUO or provisional CUP patient during the diagnostic pathway, the primary site is diagnosed, again the relevant cancer site specific guidance then applies, rather than these measures and they should be referred on. This applies also to those cases where the primary site is diagnosed but the actual primary is assumed to be occult; for example, squamous cell carcinomatous lymph nodes in the neck and adenocarcinomatous axillary lymph nodes in the female, resulting from occult upper aerodigestive tract and breast carcinomas respectively.

For a named site-specific cancer, the scope of the peer review measures can cover a patient pathway as far back as the recognition of such a potential patient by primary care and their referral to secondary services. Such measures may then focus on issues such as referral guidelines intended for primary care practitioners, to direct patients straight to named MDTs. The range of patients can only be defined at this stage in the pathway by the relevant set of national 'two week referral' signs and symptoms. MUO is a much wider clinical entity than any site specific cancer, and it is impossible to set such clearly definable, detailed clinical boundaries around it. Therefore, for the purpose of peer review, the measures will not go into the recognition and referral of MUO cases by primary care. It will tacitly accept the current situation of primary care practitioners referring such patients initially to whichever hospital-based medical or surgical diagnosticians or, indeed, MDTs as are determined by the practitioner's clinical judgement. The pathway will be taken to start, for the purpose of peer review, from the establishment of a patient as a case of MUO by hospital practitioners and their subsequent referral on to the CUP service infrastructure. This has implications for the ground rules for networking, for which, see below.

Networks may, at their own discretion, consider local guidance on MUO and CUP, for initial referral by their local primary care practitioners. However, in view of the lack of evidence base and lack of clarity of definition in this area, careful thought should first be given as to whether such guidance could alter patient flow away from established initial diagnostic pathways to a CUP infrastructure which is not equipped for this.

## **CUP Measures and Acute Oncology (AO)**

Some patients will present acutely ill and possibly via emergency services and will be recognised early on in the diagnostic pathway as cases of MUO. In theory, the AO arrangements and infrastructure as well as a CUP assessment infrastructure will be available for their initial management. The measures allow for the CUP assessment arrangements to be offered as part of AO if desired, or to be a separate entity. If the two

assessment services are set up as separate entities, the measures do not deal with any process for determining which of these infrastructures an ill MUO/CUP patient should initially be referred to. It would depend on whether the diagnostic process or the immediate management of the presenting condition took precedence. The details governing this type of decision are a matter of individual clinical judgement. The measures also allow for a separate standalone CUP network group, or for this function to be offered as part of the work of an existing network AO group.

### **Ground Rules for Networking**

A functioning cancer network as described through the IOG series has a number of essential ground rules which are often not explicitly stated but which are tacitly or even unconsciously assumed to underpin it. It is necessary to establish these ground rules as part of the requirements for building up the new network infrastructure for CUP. Some of the measures require compliance with the ground rules. The measures and peer review of necessity cover a pathway which starts with the establishment of the MUO diagnosis in a hospital setting, and don't go into the way primary care deals with this entity. This has the following implications for how the ground rules are defined for CUP MDTs and the coverage of the network population:

- Unlike named site-specific MDTs, which may need a minimum patient throughput or catchment population for viability and should not be in competition with each other for the same primary care catchment population, these considerations are irrelevant for the CUP MDT, or for the coverage of the network population by CUP MDTs.
- The important emphases for the CUP MDT function are that a) a CUP MDT is available to all relevant hospitals and that b) there should not be competition between CUP MDTs within a given hospital.

**Ground rules regarding the CUP MDT** (Applicable to standalone MDTs or those incorporated into a site-specific MDT or specialist CUP MDTs acting as the local CUP MDT for their own secondary catchment area):

- All relevant hospitals in the network should be associated with a CUP MDT.

*Note: 'Relevant hospitals' are defined as:*

- any hospital with one or both of a) an A&E department and/or b) acute medical beds which are open to direct admissions (often locally referred to by specific terms such as 'GP take'). This can be with or without specialist oncology beds;
- hospitals with specialist oncology beds but without either an A&E department or acute medical beds used as above.

The above definitions are based on the classification of hospitals used for the AO measures, although MUO/CUP patients are not necessarily acutely ill. This is just a pragmatic way of covering the vast majority of relevant hospitals. Any hospitals which fall outside this definition but which, it is thought, should come under the review, should be discussed with the relevant peer review team.

- Any given relevant hospital should be associated with one and only one named CUP MDT.
- A CUP MDT should be the only MDT with this role in its host hospital.
- A CUP MDT should be associated with only one CUP network group.

*Note: These ground rules do not necessarily require every relevant hospital to host its own MDT.*

**Ground rule regarding the CUP network site specific group (network group)** (Applicable to standalone network groups or those incorporated into a network AO group).

- A CUP network group should be the only network group for the CUP MDTs which are associated with it.

## Reviewing the CUP Network

- The functions of the CUP network group are the responsibility for peer review purposes of the Chair of the network group and compliance counts towards the review of the network group.
- Implementing the CUP minimum service provision for a relevant hospital is the responsibility for peer review purposes, of the trust cancer lead clinician and compliance counts towards the review of the hospital/trust.
- The functions of the CUP MDT are the responsibility for peer review purposes of the lead clinician of the MDT and compliance counts towards the review of that individual CUP MDT. The network would have as many sets of results of a CUP MDT review, as there are such MDTs in the network.

# Network Group Measures

<p><b>Introduction</b></p> <p>The responsibility for review purposes for measures dealing with the functions of the network group lies with the chair of the network group.</p>		
<p><b>Key Theme</b></p> <p><b>Structure and Function</b></p>		
<p><b>Objective</b></p> <p><i>Patients have access to appropriate care.</i></p>		
Measure	Notes	Evidence
<b>14-1C-101m</b>	<b>Network Configuration</b>	
<p>The CUP network group should be named with its associated named CUP MDTs, their host hospitals and the other relevant hospitals with their CUP assessment services. (1)</p> <p>The CUP network group should fulfil the following ground rule for networking (2)</p> <p>A CUP network group should be the only network group for the CUP MDTs which are associated with it.</p> <p>The CUP MDTs and the relevant hospitals should fulfil the following ground rules for networking:</p> <ul style="list-style-type: none"> <li>• all relevant hospitals in the network should be associated with a CUP MDT;</li> <li>• any given relevant hospital should be associated with one and only one named CUP MDT; (3)</li> <li>• a CUP MDT should be the only MDT with this role in its host hospital;</li> <li>• a CUP MDT should be associated with only one CUP network group.</li> </ul>	<p>(1) <i>'Relevant hospital' is defined in the introduction to these measures.</i></p> <p>(2) <i>A full version of the ground rules for networking, for all types of MDT, network groups and also cross cutting service groups can be found in Appendix 1.</i></p> <p>(3) <i>These ground rules do not necessarily require every relevant hospital to host its own MDT.</i></p>	<p>Constitution.</p>
<b>14-1C-102m</b>	<b>Network Group Membership</b>	
<p>There should be a single network group, having the following membership: (1)</p> <ul style="list-style-type: none"> <li>• the MDT lead clinician from each CUP MDT in the network;</li> <li>• at least one nurse core member of a CUP MDT in the network;</li> <li>• an oncologist;</li> <li>• an imaging specialist;</li> <li>• a histopathologist;</li> <li>• a consultant in palliative medicine;</li> <li>• two user representatives; (2)</li> <li>• there should be a named chair who should be a core member of one of the associated MDTs;</li> <li>• one of the NHS employed members of the network group should be nominated as having specific responsibility for users' issues and information for patients and carers;</li> <li>• a member of the network group nominated as</li> </ul>	<p>(1) <i>There may be additional agreed members and attendance at an individual meeting need not be limited to the agreed members.</i></p> <p><i>Any one individual may fulfil more than one of the roles on the list, compatible with their discipline and status.</i></p> <p>(2) <i>If there are no user representatives, there should be an agreed mechanism for obtaining user advice.</i></p> <p>(3) <i>There may be additional points in the agreed terms of reference.</i></p>	<p>Constitution.</p> <p>Annual Report including meeting attendance spread sheet.</p> <p><i>The spread sheet should include names, roles and MDT represented.</i></p>

<p>responsible for ensuring that recruitment into clinical trials and other well designed studies is integrated into the function of the network group;</p> <ul style="list-style-type: none"> <li>named secretarial/administrative support.</li> </ul> <p>There should be terms of reference agreed for the network group which include: (3)</p> <ul style="list-style-type: none"> <li>the provision of clinical opinion on issues relating to CUP for the network;</li> <li>the development of patient pathways and clinical guidelines;</li> <li>the co-ordination and consistency across the network for CUP policy, practice guidelines, audit, research and service development;</li> <li>consulting with the relevant 'cross cutting' network groups where applicable.</li> </ul>		
<p><b>14-1C-103m   Network Group Meetings</b></p>		
<p>The network group should meet regularly and record attendance.</p>	<p><i>The attendance of MDT representatives is reviewed as part of the MDT measures.</i></p>	<p>Constitution. Annual Report including meeting attendance spread sheet.</p>
<p><b>14-1C-104m   Work Programme and Annual Report</b></p>		
<p>The network group should produce an annual work programme in discussion with the strategic clinical network (SCN) and agreed with the director of the relevant area team.</p> <p>It should include details of any planned service developments and should specify the personnel responsible and the timescales for implementation.</p> <p>The network group should have produced an annual report for the SCN and relevant area team.</p>		<p>Work Programme. Annual Report including details of any service development.</p>

**Key Theme****Co-ordination of Care / Patient Pathways****Objective**

All patients receive agreed treatment that is consistent and equitable.

Measure		Notes	Evidence
<b>14-1C-105m</b>	<b>Clinical Guidelines</b>		
<p>The network group should produce clinical guidelines (i.e. how a given patient should be clinically managed, usually at the level of which modalities of imaging and pathology investigation and which modalities of treatment are indicated, rather than detailed regimens or techniques) for the following situations:</p> <ul style="list-style-type: none"> <li>Investigation protocols for MUO patients in general.</li> <li>Presentations that may benefit from radical (potentially curative) treatment; <ul style="list-style-type: none"> <li>Squamous carcinoma involving upper or mid neck nodes;</li> <li>Adenocarcinoma involving axillary nodes;</li> <li>Squamous carcinoma involving inguinal nodes;</li> <li>A solitary, apparent metastasis.</li> </ul> </li> <li>Presentations with a poor prognosis; <ul style="list-style-type: none"> <li>Brain metastases as the only apparent sign of malignancy;</li> <li>Multiple metastases including brain involvement.</li> </ul> </li> </ul> <p>The NICE CG104 guideline should be taken into account when producing the network guidelines.</p> <p>The network group should distribute the guidelines to relevant hospitals and the cancer site-specific MDTs in the network.</p>		<p><i>Chemotherapy treatment algorithms are dealt with in a separate measure in this section, below. Radiotherapy treatment techniques are dealt with in the Radiotherapy measures.</i></p>	<p>Clinical Guidelines.</p>
<b>14-1C-106m</b>	<b>Network CUP Guidelines and Algorithms on the Systemic Therapy of Treatable Syndromes</b>		
<p>The network group should, in consultation with the CUP MDT leads and the relevant site-specific network group chairs, agree network wide guidelines, including chemotherapy treatment algorithms, on the systemic treatment of at least the following treatable syndromes within the CUP spectrum:</p> <ul style="list-style-type: none"> <li>poorly differentiated carcinoma with a midline distribution;</li> <li>women with predominantly peritoneal adenocarcinoma;</li> <li>women with adenocarcinoma involving the axillary lymph nodes;</li> <li>squamous cell carcinoma of lymph nodes in the neck;</li> <li>poorly differentiated neuroendocrine carcinoma.</li> </ul> <p>The guidelines should specify that patients should be</p>			<p>Annual Report. Work Programme. Examples of treatment algorithms should be seen at Internal Validation (IV) and Peer Review Visit (PR).</p>

<p>offered clinical trials where this is applicable.</p> <p>The network group should distribute the protocols to relevant cancer site-specific MDTs in the network.</p>					
<p><b>Objective</b>  <i>All patients receive co-ordinated care.</i></p>					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: center;">Measure</th> <th style="width:25%; text-align: center;">Notes</th> <th style="width:25%; text-align: center;">Evidence</th> </tr> </thead> </table>			Measure	Notes	Evidence
Measure	Notes	Evidence			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; text-align: center;"><b>14-1C-107m</b></td> <td colspan="2" style="text-align: center;"><b>Patient Pathways</b></td> </tr> </table>			<b>14-1C-107m</b>	<b>Patient Pathways</b>	
<b>14-1C-107m</b>	<b>Patient Pathways</b>				
<p>The network group should, in consultation with the CUP MDT leads agree network-wide patient pathways which include the indication for referral of patients with an initial diagnosis of MUO between the following teams and services, and which particular aspects of investigation and subsequent management are the responsibility of which particular teams (whether exclusively or to be shared): (1)</p> <ul style="list-style-type: none"> <li>• the hospital specialists or A&amp;E department initially accepting the referral of the patient from primary care;</li> <li>• the Acute Oncology (AO) service;</li> <li>• the CUP MDT;</li> <li>• the cancer site-specific MDTs.</li> </ul> <p>The pathways should be compatible with the ground rules for networking (in the introduction to the CUP measures) and the network configuration for CUP.</p> <p>The pathways should include the following specifications:</p> <ul style="list-style-type: none"> <li>• that all patients with MUO should be reported to one of the hospital's designated members of a CUP MDT;</li> <li>• that they should be assessed face to face by a core member of the CUP MDT which the hospital is associated with, within two weeks of the diagnosis of MUO, for outpatients and by the end of the next working day, for inpatients; (2)</li> <li>• that all patients with provisional CUP should be discussed at the next CUP MDT meeting for: <ul style="list-style-type: none"> <li>• any advice on remaining investigations needed to confirm the diagnosis of CUP or establishment of a primary site;</li> <li>• any necessary decision regarding suitability for 'active treatment' (active treatment, here, referring to any tumour shrinking/cytoreductive treatment or therapeutic surgical resection);</li> <li>• any relevant treatment planning decisions.</li> </ul> </li> <li>• That any site specific MDT, on being referred any MUO patients, should refer them on for discussion by the CUP MDT. (3)</li> </ul> <p>The network group should distribute the pathway to relevant hospitals and the cancer site-specific MDTs in the network.</p>	<p><i>(1) The particular pathways between teams and services will vary depending on, for instance, certain specific presenting scenarios and which site-specific MDT is being considered. It is expected that such specific pathways will be described and agreed, covering at least the scenarios specified in the NICE CG104 guideline.</i></p> <p><i>(2) For patients presenting on Friday or during a weekend, this would require them to be seen by the end of the normal working day on Monday.</i></p> <p><i>(3) For CUP patients with certain special scenarios which imply a specific but occult primary site and a site specific treatment, (e.g. squamous carcinomatous, upper or middle neck node metastases, and adenocarcinomatous, female axillary node metastases); whether such patients are discussed at the CUP MDT as well as the site specific MDT, is a matter for the network to agree.</i></p> <p><i>If the MUO/CUP and AO assessment services are set up as separate entities, the measures do not deal with any process for determining which of these infrastructures an ill MUO/CUP patient should initially be referred to. It would depend on whether the diagnostic process or the immediate management of the presenting condition took precedence. The details governing this type of</i></p>	<p>Constitution.</p>			

		<i>decision are a matter of individual clinical judgement.</i>	
<b>14-1C-108m</b>	<b>Patient Investigation and Management Policy</b>		
<p>The network group should, in consultation with the CUP MDT leads, agree a network wide policy which underpins the ongoing investigation and subsequent management of all patients presenting as cases of MUO. The policy should include specifying the following:</p> <ul style="list-style-type: none"> <li>that continuing investigations to find the primary should only be carried out if; <ul style="list-style-type: none"> <li>the patient is fit for treatment if the primary were found;</li> <li>the results are likely to affect a treatment decision;</li> <li>the patient understands why the investigations are being performed and the potential risks and benefits of investigation and treatment;</li> <li>the patient is prepared to accept eventual treatment.</li> </ul> </li> <li>that confirmed CUP patients without a specific 'treatable syndrome'(measure <a href="#">14-1C-106m</a>), who are being considered for chemotherapy, should: <ul style="list-style-type: none"> <li>have the balance between potential risks and benefits discussed with them;</li> <li>if it is decided to proceed with chemotherapy, be offered entry into a clinical trial if available;</li> <li>that confirmed CUP patients with a 'treatable syndrome' and fit for treatment, should be offered chemotherapy according to the network guidelines for the management of treatable syndromes (measure <a href="#">14-1C-106m</a>).</li> </ul> </li> </ul> <p>The network group should distribute the policy to relevant hospitals and the cancer site-specific MDTs in the network.</p>			Constitution.
<b>Key Theme</b>			
<b>Patient Experience</b>			
<b>Objective</b>			
<i>All patients receive patient centred care with respect and dignity which takes account of their holistic needs.</i>			
<b>Measure</b>		<b>Notes</b>	<b>Evidence</b>
<b>14-1C-109m</b>	<b>Patient Experience</b>		
<p>In the course of their regular meetings, the network group should annually review patient feedback of their associated MDTs and any actions implemented, and should agree an improvement programme with them.</p>			Annual Report.

**Key Theme****Clinical Outcomes / Indicators****Objective**

All patients receive treatments intended to provide the best possible outcomes, consistent across the MDTs.

Measure		Notes	Evidence
<b>14-1C-110m</b>	<b>Clinical Outcomes Indicators and Audits</b>		
In the course of their regular meetings, the network group should annually review the progress (or discuss the completed results, as relevant), of their associated MDTs' outcome indicators and audits, which should have been carried out, or the data examined across all its associated MDTs.	<ul style="list-style-type: none"> <li>Any cancer outcome indicators for hospital practice, required by the Clinical Commissioning Group Outcomes Indicator Set (CCGOIS).</li> <li>Clinical indicators identified in section 2 of the measures.</li> <li>Any additional audits for hospital practice, which the network group has agreed across its relevant, associated MDTs. (1)</li> </ul>	<p><i>Information from the cancer outcomes and service dataset (COSD) should be used where relevant.</i></p> <p><i>The compliance for this measure relates to the discussion of the data.</i></p> <p><i>(1) Recommended audits can be found in the appendix.</i></p>	Annual Report. Work Programme.
<b>14-1C-111m</b>	<b>Discussion of Clinical Trials</b>		
The network group should discuss the MDT's report on clinical trials annually with each of its associated MDTs and agree an improvement programme with them.			Annual Report. Work Programme.

# Cancer of Unknown Primary Measures for Hospitals

## Introduction

The responsibility for these measures lies with the trust cancer lead clinician. The measures should be applied to each relevant hospital in the network under review.

*Note: The meaning of the term 'relevant hospital' is defined for the purposes of peer review as:*

- Any hospital with one or both of a) an A&E department and/or b) acute medical beds which are open to direct admissions (often locally referred to by specific terms such as 'GP take'). This can be with or without specialist oncology beds.
- Hospitals with specialist oncology beds but without either an A&E department or acute medical beds used as above.

It should be noted that patients with MUO and CUP need not necessarily be acutely ill, but the above definition of relevant hospital should pragmatically cater for the vast majority of MUO and CUP patients.

## Key Theme

## Structure and Function

## Objective

*Patients receive treatment from specialists that have the skills and expertise to ensure the best possible outcomes.*

## Introduction

The hospital may elect to separately staff a standalone CUP service, with staff who do not fulfil any acute oncology (AO) related role when they are acting as members of the service. Alternatively it may elect to combine this service wholly or partly with the hospital's AO assessment service. In the latter case, the service should be put forward for review/assessment against both sets of measures, each set being used for the relevant review/assessment. These are likely to take place on different occasions. Compliance would be expected with each set of measures.

To facilitate this, individual members may act in more than one role, and as part of both the AO and CUP functions of the service, provided this is compatible with their professional discipline and post. Local names for such a wholly or partly dual purpose service are not an issue for peer review as long as an identifiable service is put forward for review against each set of measures on the relevant occasions.

If the two assessment services are set up as separate entities, the measures do not deal with any process for determining which of these infrastructures an ill MUO/CUP patient should initially be referred to. It would depend on whether the diagnostic process or the immediate management of the presenting condition took precedence. The details governing this type of decision are a matter of individual clinical judgement.

Measure	Notes	Evidence
<b>14-1D-101m</b>   <b>Provision of Hospital CUP Service</b>	<p><i>(1) For patients presenting on Friday or during a weekend, this would require them to be seen by the end of the normal working day on Monday.</i></p> <p><i>This would normally require one session per day on each weekday.</i></p> <p><i>The assessor could be timetabled for other work during this time, provided it was such that they were available to carry out face to face assessments before the deadline.</i></p> <p><i>There are various models of service which would be</i></p>	<p>Operational Policy.</p>
<p>The hospital should have the following:</p> <p>(A) Designated personnel;</p> <ul style="list-style-type: none"> <li>• a named consultant oncologist to be considered as the preferred initial consultant oncology opinion for the hospital, on patients with MUO/CUP;               <ul style="list-style-type: none"> <li>• The oncologist should have time specified in their job plan for the role;</li> <li>• The consultant should be a core member of the CUP MDT which the hospital is associated with.</li> </ul> </li> <li>• a named consultant in palliative medicine to be considered as the preferred initial consultant for palliative care opinion for the hospital on patients with MUO/CUP;               <ul style="list-style-type: none"> <li>• The consultant in palliative medicine should have time specified in their job plan for the role;</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>The consultant in palliative medicine should be a core member of the CUP MDT which the hospital is associated with.</li> <li>a cancer nurse specialist or specialists who should be considered as providing the preferred nurse specialist opinion for the hospital on patients with MUO/CUP; <ul style="list-style-type: none"> <li>The cancer nurse specialist or specialists should have time specified in their job plan for the role;</li> <li>The nurses should be core members of the CUP MDT which the hospital is associated with.</li> </ul> </li> </ul> <p>(B) An MUO/CUP assessment service;</p> <ul style="list-style-type: none"> <li>an MUO/CUP assessment service consisting of core members of the CUP MDT which the hospital is associated with, who between them have enough time specified in their job plans/timetables to enable patients with MUO/CUP to have a face to face assessment by a core member of a CUP MDT, within two weeks for outpatients and by the end of the following working day for inpatients. (1)</li> </ul>	<p><i>compliant, including nurse specialists providing the initial face to face assessment.</i></p> <p><i>There is no mandatory requirement for a clinic reserved only for CUP patients.</i></p>	
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## Key Theme

# Co-ordination of Care / Patient Pathways

## Objective

*All patients receive agreed treatment that is consistent and equitable.*

Measure		Notes	Evidence
14-1D-102m	<b>Clinical Guidelines</b>		
	<p>The hospital should agree the role of its receiving specialists and departments in the MUO patient pathway between teams and services. (Measure <a href="#">14-1C-107m</a>). (1)</p> <p>The hospital should add the relevant contact points for the CUP MDT and the MUO/CUP assessment service and distribute the pathway to all its clinical directors.</p>	<p><i>(1) Any aspects of the pathway, treatment procedures and treatment algorithms, pertaining particularly to the receiving specialists and departments of the hospital under review, such as the management of particular presenting scenarios and particular treatable syndromes, should be specified and described in the agreement.</i></p>	Operational Policy.
14-1D-103m	<b>MUO/CUP Patient Investigation and Management Policy</b>		
	<p>The hospital should agree the role of its receiving specialists and departments in the MUO/CUP patient investigation and management policy. (Measure <a href="#">14-1C-108m</a>).</p> <p>The hospital should distribute the policy to its medical and surgical clinical directors and A&amp;E clinical directors.</p>		Operational Policy.

# CUP MDT Measures

## Introduction

The MDT is the group of people from different health care disciplines, which meets together at a given time (whether physically in one place, or by video or tele-conferencing) to discuss a given patient and who are each able to contribute independently to the diagnostic and treatment decisions about the patient. The way the MDT meeting itself is organised is left to local discretion such that different professional disciplines may make their contributions at different times, without necessarily being present for the whole meeting in order to prevent wastage of staff time. The key requirement is that each discipline is able to contribute independently to the decisions regarding each relevant patient.

The responsibility for review purposes for the first measure lies with the cancer lead clinician of the host trust of the MDT.

The responsibility for review purposes for the subsequent measures lies with the lead clinician of the MDT.

## Key Theme

## Structure and Function

## Objective

*All patients benefit from expert multidisciplinary discussion of their diagnosis and treatment without delay.*

Measure		Notes	Evidence
14-2M-101	<b>Core Membership</b>		
<p>There should be a single named lead clinician with agreed list of responsibilities for the CUP MDT who should then be a core team member. (1)</p> <p>The MDT should provide the names of core team members and their cover for named roles in the team. (2)</p> <p>The core team specific to the CUP MDT should include:</p> <ul style="list-style-type: none"> <li>• an oncologist (medical or clinical);</li> <li>• an imaging specialist; (3)</li> <li>• a histopathologist; (4)</li> <li>• a consultant in palliative medicine;</li> <li>• a cancer nurse specialist; (5)</li> <li>• MDT co-ordinator/secretary; (6)</li> <li>• at least one clinical core member of the team with direct clinical contact, should have completed the training necessary to enable them to practice at level 2 for the psychological support of cancer patients and carers, and should receive a minimum of 1 hours clinical supervision by a level 3 or level 4 practitioner per month; (7)</li> <li>• an NHS-employed member of the core or extended team should be nominated as having specific responsibility for users' issues and information for patients and carers;</li> <li>• a member of the core team nominated as the person responsible for ensuring that recruitment into clinical trials and other well designed studies is integrated into the function of the MDT.</li> </ul>		<p>(1) <i>The role of lead clinician of the MDT should not of itself imply chronological seniority, superior experience or superior clinical ability.</i></p> <p>(2) <i>Where a medical specialty is referred to, the core team member should be a consultant. The cover for this member need not be a consultant. Where a medical skill rather than a specialty is referred to, this may be provided by one or more of the core members or by a career grade non-consultant medical staff member.</i></p> <p><i>All consultants responsible for the delivery of any of the main treatment modalities should be a core member of the MDT.</i></p> <p>(3) <i>The role of the imaging specialist can be met by a group of named specialists.</i></p> <p>(4) <i>The role of the histopathologist can be met by a group of named histopathologists provided each meets the required workload.</i></p> <p>(5) <i>The nurse's role may be</i></p>	<p>Operational Policy. Including confirmation of any specific requirements of the roles.</p> <p>Annual Report including meeting attendance spread sheet</p> <p><i>The spread sheet should include the dates of all scheduled meetings and the names and roles of core members.</i></p>

	<p><i>undertaken by a person who also has other roles such as an acute oncology assessment team nurse or cancer nurse specialist for another site-specific cancer.</i></p> <p><i>(6) The co-ordinator/secretary role needs different amounts of time depending on team workload.</i></p> <p><i>(7) For level 2 psychological support, the relevant disciplines include medical, surgical, nursing and allied health professionals. If the MDT has one or more clinical core members who are trained to level 3 or 4, the team is deemed to be automatically compliant with this measure.</i></p> <p><i>The definition of the levels may be found in appendix 4.</i></p>	
<p><b>14-2M-102</b>   <b>MDT Quorum</b></p>		
<p>The MDT should have treatment planning meetings scheduled every week unless the meeting falls on a public holiday.</p> <p>The attendance at each individual scheduled treatment planning meeting should constitute a quorum, for 95% or more, of the meetings. (1)</p> <p>The quorum for the CUP MDT is made up of the following core members, or their cover: (2)</p> <ul style="list-style-type: none"> <li>• one oncologist (medical or clinical);</li> <li>• one imaging specialist;</li> <li>• one histopathologist;</li> <li>• one consultant in palliative medicine;</li> <li>• one cancer nurse specialist;</li> <li>• one MDT co-ordinator.</li> </ul>	<p><i>(1) The % should be calculated over the 12 months prior to the assessment.</i></p> <p><i>(2) The members counting towards the quorum should be drawn from the list of named core members or their named cover as specified in the core membership measures and are therefore subject to the definition of acceptable core members or their cover.</i></p> <p><i>This measure does not imply any policy for what to do when an MDT meeting is not quorate. This is left to the MDT members' discretion.</i></p>	<p>Annual Report including meeting attendance spread sheet.</p> <p><i>The spread sheet should include the dates of all scheduled meetings and the names and roles of core members.</i></p>
<p><b>14-2M-103</b>   <b>MDT Review</b></p>		
<p>There should be an operational policy whereby all new MUO patients will be reviewed by the multidisciplinary team for discussion of their investigation plan. (1, 2)</p> <p>The policy should specify that the results of patients' holistic needs should be taken into account in the decision making.</p> <p>There should be a written procedure governing how to deal with referrals which need a planning decision before the next scheduled meeting (3).</p>	<p><i>(1) Other occasions when a patient should require MDT discussion should be covered in the agreed patient pathways.</i></p> <p><i>It should be understood that any patient may be referred outside the policy, at any stage, at an individual clinician's discretion.</i></p>	<p>Operational Policy.</p>

	<p>(2) Patients who, during the course of their investigation, have the primary site of their malignancy diagnosed or are found to have a lymphoma, sarcoma, melanoma or germ cell malignancy, do not need to be discussed at the CUP MDT but need referral to the relevant site specific MDT without delay. (See the introduction to the CUP measures.)</p> <p>(3) e.g. Letters emails or phone calls between certain specified members, retrospective discussion at the next scheduled meeting.</p>	
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### Objective

Patients receive treatment from specialists that have the skills and expertise to ensure the best possible outcomes.

Measure		Notes	Evidence
<b>14-2M-104</b>	<b>Core Members Attendance</b>		
All core members of the MDT should attend at least two thirds of the number of meetings.		<i>The intention is that core members of the team should be personally committed to the MDT which is reflected in their personal attendance at a substantial proportion of meetings.</i>	Annual Report including meeting attendance spread sheet.  <i>The spread sheet should include the dates of all scheduled meetings and the names and roles of core members.</i>

### Key Theme

## Co-ordination of Care / Patient Pathways

### Objective

All patients receive agreed treatment that is consistent and equitable.

Measure		Notes	Evidence
<b>14-2M-105</b>	<b>Clinical Guidelines</b>		
The MDT should agree the clinical guidelines specified in measures <a href="#">14-1C-105m</a> and <a href="#">14-1C-106m</a> .		<i>Where available, these should reflect national guidelines and policy.</i>	Operational Policy.  Clinical Guidelines should be available for IV and PR visit.

<b>14-2M-106</b>	<b>Patient Pathways</b>	
The MDT should agree the network-wide patient pathways specified in measure <a href="#">14-1C-107m</a> .		Operational Policy.
<b>14-2M-107</b>	<b>Patient Investigation and Management Policy</b>	
The MDT should agree the network-wide patient investigation and management policy specified in measure <a href="#">14-1C-108m</a> .		Operational Policy.
<b>14-2M-108</b>	<b>Treatment Planning</b>	
The core MDT at their regular meetings should agree and record individual patient's management plans. A record should be made of the plan. The record should include: <ul style="list-style-type: none"> <li>the identity of patients discussed;</li> <li>the diagnosis;</li> <li>the multidisciplinary management decision relevant to that stage in the pathway; i.e. to which modalities of treatment and/or supportive and palliative care, they are to be referred for consideration;</li> <li>whether they are to be referred to the site-specialist MDT for discussion;</li> <li>confirmation that the holistic needs have been taken into account.</li> </ul>		Operational Policy. Example of treatment plan to be available for IV and PR visit.
<b>14-2M-109</b>	<b>Attendance at the Network Group</b>	
The lead clinician of the MDT or representative should attend at least two thirds of the network group meetings.		Annual Report including meeting attendance spread sheet.
<b>Key Theme</b>		
<b>Patient Experience</b>		
<b>Objective</b>		
<i>All patients receive patient centred care with respect and dignity which takes account of their holistic needs.</i>		
	<b>Measure</b>	<b>Notes</b>
	<b>Evidence</b>	
<b>14-2M-110</b>	<b>Key Worker</b>	
There should be an operational policy whereby a single named key worker for the patient's care at a given time is identified by the MDT for each individual patient and the name and contact number of the current key worker is recorded in the patient's case notes. The responsibility for ensuring that the key worker is identified should be that of the nurse MDT member(s). The policy should have been implemented.		Operational Policy. Examples of patient notes should be available for IV and PR visit.
<b>14-2M-111</b>	<b>Patient Information</b>	
The MDT should provide written material for patients and carers which includes:	<i>Where available, it is recommended that the</i>	Operational Policy.

<ul style="list-style-type: none"> <li>• information specific to that MDT about local provision of the services offering the treatment for CUP;</li> <li>• information about patient involvement groups and patient self-help groups;</li> <li>• information about the services offering psychological, social and spiritual/cultural support, if available;</li> <li>• information specific to CUP about the disease and its treatment options (including names and functions/roles of the team treating them);</li> <li>• information about services available to support the effects of living with cancer and dealing with its emotional effects.</li> </ul>	<p><i>information and its delivery to patients and carers should be in the format of the NHS Information Prescription.</i></p> <p><i>It is recommended that the information is available in languages and formats understandable by patients including local ethnic minorities and people with disabilities. This may necessitate the provision of visual and audio material.</i></p> <p><i>For the purpose of self-assessment the team should confirm the written information which is routinely offered to patients.</i></p>	<p>Examples should be available for IV and PR visit.</p>
<p><b>14-2M-112   Permanent Record of Consultation</b></p>		
<p>The MDT should be offering patients the opportunity of a permanent record or summary of at least a consultation between the patient and the doctor when the following are discussed:</p> <ul style="list-style-type: none"> <li>• diagnosis;</li> <li>• treatment options and plan;</li> <li>• relevant follow up (discharge) arrangements.</li> </ul>		<p>Operational Policy.</p>
<p><b>14-2M-113   Patient Feedback</b></p>		
<p>The MDT should have undertaken an exercise during the previous two years prior to review or completed self-assessment to obtain feedback on patients' experience of the services offered.</p> <p>The exercise should at least ascertain whether patients were offered:</p> <ul style="list-style-type: none"> <li>• a key worker;</li> <li>• assessment of their physical, emotional, practical, psychological and spiritual needs (holistic needs assessment);</li> <li>• the MDTs information for patients and carers (written or otherwise);</li> <li>• the opportunity of a permanent record or summary of a consultation at which their treatment options were discussed.</li> </ul> <p>The exercise should have been presented and discussed at an MDT meeting and the team should have implemented at least one action point arising from the exercise.</p>	<p><i>The exercise may consist of a survey, questionnaire, focus group or other method.</i></p> <p><i>There may be additional items in the exercise. It is recommended that other aspects of patient experience are covered.</i></p> <p><i>As an alternative to the measure the relevant local results of the national patient survey may be offered as compliance with this measure.</i></p>	<p>Annual Report / Service Profile.</p>

## Key Theme

# Clinical Outcomes / Indicators

### Objective

All patients receive treatment intended to provide the best possible outcomes that is consistent across the network.

Measure		Notes	Evidence
14-2M-114	Clinical Indicators Review / Audit		
<p>The MDT should annually review their data, discuss the progress of their audit or discuss the completed results, as relevant, of the following outcome indicators and/or audits, with the network group, at one of the regular network group meetings:</p> <ul style="list-style-type: none"><li>any CUP outcome indicators for hospital practice, required by the Clinical Commissioning Group Outcomes Indicator Set (CCGOIS);</li><li>clinical indicators identified in section 2 of the measures;</li><li>any additional audits which the network group has agreed across its relevant associated MDTs. (1)</li></ul>		<p><i>Information from the cancer outcomes and service dataset (COSD) should be used where relevant.</i></p> <p><i>The compliance for this measure relates to the discussion of the data.</i></p> <p><i>(1) Recommended audits can be found in the appendix.</i></p>	Annual Report / Service Profile. Work Programme.

### Objective

All patients have equitable access to treatments that could potentially improve outcomes.

Measure		Notes	Evidence
14-2M-115	Discussion of Clinical Trials		
<p>The MDT should produce a report at least annually on clinical trials, for discussion with the network group. The report should include:</p> <ul style="list-style-type: none"><li>details of the MDT's trials portfolio including the extent of local provision of the national portfolio;</li><li>the MDT's recruitment to the portfolio, including the extent of delivery against the locally agreed timescales and targets;</li><li>the MDT's programme for improvement for the above, as proposed to the network group.</li></ul> <p>The MDT should agree a final programme for improvement at the network group discussion meeting.</p>		<p><i>For compliance with this measure the MDT should produce a proposed programme for improvement and at the discussion with the network group, settle on a mutually agreed programme between the participants of the meeting.</i></p>	Annual Report.

## Section 2 Clinical Indicators/Lines of Enquiry

### Introduction

The clinical indicators identified in this section have been identified by clinicians within the service as key aspects that reflect the quality of treatment and care provided. These indicators should form the basis of discussion by teams enabling them to identify areas for improvement. The team should comment on these indicators in their self assessment report and any plans for improvement should be included in their work programme.

### Clinical Indicators

TBA

# Appendix 1 Ground Rules for Networking

## Introduction

These ground rules preserve the principles underpinning clinical networking. The principles may be summarized as follows:

- They prevent destructive competition between MDTs for their catchment populations.
- They prevent destructive competition between network groups for their associated MDTs.
- They allow the development of consistent, intra- and inter-team patient pathways which are clinically rational and in only the patients' best interests instead of in the vested interests of professional groups or of NHS statutory institutions.

## Network Groups

- The network group should be the only such network group for the MDTs which are associated with it.
- For cancer sites where there is only one level of MDT, the network group should be associated with more than one MDT.
- For cancer sites where there is a division into more than one level of MDT, i.e. into local and specialist/supranetwork MDTs, the network group need only be associated with one specialist/supranetwork MDT as long as it is associated with more than one MDT for the cancer site overall.
  - *Notes: The network group **need** only be associated with one specialist/supranetwork type MDT but **may** be associated with more than one.*

## Cross Cutting Groups

These currently include network groups for:

- Chemotherapy
- Radiotherapy
- Acute Oncology

These services are required to have local multiprofessional management teams. These are not equivalent to the site specific groups and are treated differently in the measures. The ground rules for MDTs do not apply to them.

The network group for a given service should be the only such group for that service for all the hospitals/services it is associated with:

- The equivalent reciprocal ground rules to this for hospitals and services would be; any given hospital should be associated with only one network group for any given service, and any service should be associated with only one network service group.
  - *Note: Hospitals and services are mentioned separately because, for the purposes of peer review and data gathering, it has been necessary to clearly define individual services and delineate their boundaries in terms of staff and facilities. Sometimes a declared 'service' may cross more than one hospital.*

## MDTs

For MDTs dealing with cancer sites for which the IOG and measures recommend only one level of MDT (i.e. no division into local and specialist or their equivalent. e.g. Breast MDTs):

- The MDT should be the only such MDT for its cancer site, for its catchment area.
  - *Notes: The principle of a given primary care practice agreeing that patients will be referred to a given MDT is not intended to restrict patient or GP choice. A rational network of MDTs, rather than a state of destructive competition can only be developed if i) there is an agreement on which MDT the patients will normally be referred to and ii) the resulting referral catchment populations and /or workload are counted, for planning purposes. It is accepted that individual patients will, on occasion, be referred to different teams, depending on specific circumstances. This ground rule does not apply to the carcinoma of unknown primary (CUP) MDT or the specialist palliative care (SPC) MDT. This is because, for this ground rule to be implementable, it is necessary to define a relevant disease entity in terms of objective diagnostic criteria which governs referral at primary care level. This is not possible for CUP or SPC, by the nature of these practices.*

- The MDT should be the only such MDT for its cancer site on or covering a given hospital site.
  - *Note: This is because for patient safety and service efficiency, there should be no rival individuals or units working to potentially different protocols on the same site. This does not prevent a given MDT working across more than one hospital site. Neither does it prevent trusts which have more than one hospital site, having more than one MDT of the same kind, in the trust. This ground rule does not apply to SPC MDTs, since there may be more than one distinctive setting for the practice of SPC on a single given hospital site.*
- The MDT should be associated with a single named network group for the purposes of coordination of clinical guidelines and pathways, comparative audits and coordination of clinical trials.
  - *Note: MDTs which are IOG compliant but deal with a group of related cancer sites, rather than a single site, may be associated with more than one network group, but should have only one per cancer site. e.g. A brain and CNS tumours MDT also dealing with one or more of the specialist sites such as skull base, spine and pituitary could be associated with a separate network group for each of its specialty sites.*

For cancer sites for which there is a division into local, specialist and in some cases, supranetwork MDTs, the following apply to the specialist/supranetwork MDTs. The above ground rules still apply to the 'local' type MDTs.

- The specialist/supranetwork MDT should be the only such specialist/supranetwork MDT for its cancer site, for its specialist/supranetwork referral catchment area.
- The specialist/supranetwork MDT should be the only such specialist/supranetwork MDT for its cancer site on or covering a given hospital site.
- The specialist MDT should act as the 'local' type MDT for its own secondary catchment population. If a supranetwork MDT deals with potentially the whole patient pathway for its cancer site, this ground rule applies to the supranetwork MDT. If it deals with just a particular procedure or set of procedures, not potentially the whole patient pathway, it does not apply.
  - *Note: This is in order that the specialist/supranetwork MDT is exposed to the full range of clinical practice for its cancer site.*
- The specialist MDT should be associated with a single named network group, (or possibly one per individual cancer site, as above) for the purposes of coordination of clinical guidelines and pathways, comparative audits and coordination of clinical trials.

# Appendix 2 Roles and Responsibilities

## Roles and Responsibilities

### Introduction

#### Role of the Network Group

The network group should be multidisciplinary; with representation from professionals across the care pathway; involve users in their planning and review; and have the active engagement of all MDT leads from the relevant associated organisations.

The network group should:

- agree a set of clinical guidelines and patient pathways to support the delivery of high quality equitable services across the network;
- review the quality and completeness of data, recommending corrective action where necessary;
- produce audit data and participate in open review;
- ensure services are evaluated by patients and carers;
- monitor progress on meeting national cancer measures and ensure actions following peer review are implemented;
- review and discuss identified risks/untoward incidents to ensure learning is spread;
- agree a common approach to research and development, working with the network research team, participating in nationally recognised studies whenever possible.

#### Responsibilities of the MDT lead clinician

The MDT lead clinician should:

- ensure that designated specialists work effectively together in teams such that decisions regarding all aspects of diagnosis, treatment and care of individual patients and decisions regarding the team's operational policies are multidisciplinary decisions;
- ensure that care is given according to recognised guidelines (including guidelines for onward referrals) with appropriate information being collected to inform clinical decision making and to support clinical governance/audit;
- ensure mechanisms are in place to support entry of eligible patients into clinical trials, subject to patients giving fully informed consent;
- overall responsibility for ensuring that the MDT meetings and team meet peer review quality measures;
- ensure attendance levels of core members are maintained, in line with quality measures;
- provide the link to the network group either by attendance at meetings or by nominating another MDT member to attend;
- ensure MDT's activities are audited and results documented;
- ensure that the outcomes of the meeting are clearly recorded, clinically validated and that appropriate data collection is supported.

# Appendix 3 Chemotherapy Treatment Algorithms

## Introduction

### Introduction; (Definitions). Regimens, Protocols and Algorithms

For the purposes of peer review, a chemotherapy **regimen** is defined by the therapeutic chemotherapy drugs used, often expressed as an acronym e.g. 'FEC'. A change of one or more of these drugs themselves would normally be necessary for it to be classed as a change of regimen. In some cases major changes in the dose or route of administration of one or more of the drugs effectively changes the regimen but these cases are generally known and recognised nationally. A given network is free to choose any further changes which they classify as changing the regimen, as long as it is in accord with the above definition and national exceptions; i.e. they are free to make their definition of a regimen narrower, but not wider. This is relevant to measures in the chemotherapy section ([Topic 3S](#)).

For the purposes of peer review, a chemotherapy **treatment protocol** is defined as constituting all the parameters specified in the bullet points in chemotherapy measure [11-3S-122](#). A change in any of these parameters would change the treatment protocol but any change other than the therapeutic drugs themselves (apart from the national and local exceptions specified above) would change only the protocol, not the regimen as well.

For the purposes of peer review a chemotherapy **treatment algorithm** may be described as a guideline which specifies the acceptable range of regimens for each relevant step on the patient pathway. Treatment algorithms are cancer site-specific. They are not specific to individual patients, i.e. they are not individual treatment plans. Thus, a treatment algorithm for breast cancer would include a statement of the range of regimens agreed as acceptable for adjuvant chemotherapy and for first, second and third line palliative chemotherapy etc. Illustrative examples of treatment algorithms in different formats may be found in appendix 1 of the chemotherapy measures. There may be other formats which would be acceptable to the reviewers.

In practice, a change of regimen or order of regimens may no longer comply with a previously agreed treatment algorithm, but a change of one of the minor aspects of a treatment protocol would still comply. The measure for the network group is concerned only with chemotherapy **algorithms**.

*Notes: The intention is not to require a single mandatory regimen for each clinical indication. It is to prevent individual practitioners having unorthodox, obsolete and unpredictably varying practice, which is against the opinion of their peers within the network.*

*The network group should produce the algorithms for its compliance with this measure and the relevant chemotherapy multi-professional teams should produce a compatible list of algorithms for the network group's cancer site for their own service (measure [11-3S-122](#)). The relevant chemotherapy multi-professional teams should each agree lists with all the network groups relevant to their practice, for compliance with their measure.*

*The network algorithm for a particular clinical situation may have a number of alternative regimens of which the multi-professional team need only agree those which it intends to use in its service. The multi-professional team need only address those clinical indications which are applicable to the scope of its practice. The key requirement is that all the algorithms on the multi-professional team list are compatible with the network group agreed list.*

*This exercise should include oral chemotherapy.*

*This measure is assessed as part of the responsibility of each network group, but from the chemotherapy cross cutting group's point of view regarding the management of this process, the algorithms don't all need to be updated at the same time. It would seem sensible, however, to update all those for a given cancer site, at the same time. Updates require changes only when judged clinically necessary by the network group.*

# Appendix 4 Psychological Support Levels

## Introduction

This appendix gives the definitions, for the purpose of the measures and peer review, of the service levels. The term 'Health Professional' as used in the definitions of levels 1 and 2, implies a professional in a discipline other than the psychiatry/psychology/counselling disciplines themselves, since it is assumed that basic qualification in these disciplines would exempt a practitioner from level 2 training.

### Level 1

Is defined as a degree of psychological screening, intervention and support which is deliverable by any qualified health or social care professional, without any further psychological training other than that provided by the basic training in their own discipline.

Note: Level 1 does not feature directly in the measures but it is specified here to set a baseline for comparison with the higher levels and to put them in perspective.

### Level 2

Is defined as a degree of psychological screening, intervention and support which requires a practitioner who is a health or social care professional who has received further psychological training, as specified below, in addition to that provided by the basic training in their own discipline.

The additional training is as follows:

I. Attendance on the National Advanced Communications Skills Training course from one of the nationally approved programmes.

#### PLUS

II. Participation in a network based training programme, relevant to cancer patients and their carers which covers basic psychological screening, psychological assessment and basic psychological intervention skills.

The detailed content of the training programme will be agreed by the network and is not subject to peer review, but for illustration purposes examples of the training in screening are: Jenkins, K. & North, N. (2008) 'Psychological Assessment Skills: A training course for all health and social care staff working in cancer services'. Salisbury NHS Foundation Trust; or, training in the use of a Holistic Needs Assessment tool such as the Distress Thermometer.

For illustration purposes, examples of the training in psychological intervention skills are: Training in Solution Focussed Techniques, or Anxiety Management, or Problem Solving, or Cognitive Behavioural Therapy.

### Level 3

Is defined as a degree of psychological screening, intervention and support which requires a practitioner who is one of the following:

- a counsellor, accredited by the one of the national voluntary regulatory bodies for counselling;
- an NHS psychotherapist accredited by one of the national voluntary regulatory bodies for psychotherapy.

### Level 4

Is a degree of psychological screening, intervention and support which requires a practitioner who is one of the following:

- a consultant psychiatrist;
- a consultant liaison psychiatrist;
- a clinical or counselling psychologist.

Note:

*All of the above should have completed an induction at level 3. that meets the British Psychosocial Oncology Society (BPOS) and SIGOPAC requirements.*

# Appendix 5 Suggested Audit Topics for Cancer of Unknown Primary

## Suggested Audit Topics for Cancer of Unknown Primary

### The Patient Population

#### Audit 1

The number of MUO/pCUP patients defined as below, per hospital per year and aggregated to give figures for CUP MDTs and trusts, where a CUP MDT or trust covers more than one hospital CUP assessment service.

Definition of the population:

'The number of patients newly referred as MUO or pCUP, to a hospital's CUP assessment service.'

*Notes: The referrals count from any source - Primary care, individual hospital practitioners or site-specific MDTs. Referrals direct to a CUP MDT should count as referrals to the relevant hospital's CUP assessment service. A CUP assessment service may be offered as part of a combined CUP assessment service and acute oncology assessment service.*

#### Audit 2

The number (proportion) of MUO/pCUP patients defined as in Audit 1, who have the primary site diagnosed prior to first active treatment (defined as in the measures) or decision to offer symptomatic and supportive care only, whichever comes first.

*Notes: For the purpose of this audit, patients should be considered to have had their primary site diagnosed and to be part of the numerator population, if they fall into any of the following categories:*

- *The primary site has been actually demonstrated on imaging or examination.*
- *The metastases fall into the specific histological categories of melanoma, sarcoma, lymphoma or germ cell malignancy.*
- *Those cases where the primary site has been assumed but is occult -- the quoted examples of this in the measures being occult squamous carcinoma of the upper aero digestive tract (neck node metastases), and occult breast cancer(axillary node metastases).*

*For any audits outlined below which calculate a proportion of the MUO/pCUP population, it may be helpful when expressing results to use the following denominators.*

- *All those in the simple definition in Audit 1.*
- *The Audit 1 population, excluding those who have the primary site diagnosed along the pathway, as detected in this audit (Audit 2).*

### PET Scanning

#### Audit 3

The number (proportion) of MUO/pCUP patients, who have had PET scanning as part of this diagnostic process prior to first active treatment (defined as in the measures) or decision to offer symptomatic and supportive care only.

*Notes: Those in audit 2 should probably not be excluded from this since the PET scan may be the means whereby they get a primary site diagnosed along the pathway.*

*The definition of 'active treatment' in the measures is: 'any tumour shrinking/cytoreductive treatment or therapeutic surgical resection.'*

## Histological Diagnosis and cCUP

### Audit 4

The number(proportion) of patients, from the MUO/pCUP population, who have had histology determined prior to first active treatment (defined as in the measures) or decision to offer symptomatic and supportive care only, whichever comes first.

*Note: This includes those who have had histology prior to referral.*

### Audit 5

The number(proportion) of patients, from the MUO/pCUP patients who have had histology determined as in Audit 4, been discussed at the CUP MDT and who have the specific diagnosis 'cCUP' recorded in the notes.

*Notes: This population will naturally be aggregated at first, by CUP MDT rather than hospital site, where the MDT covers more than one site.*

*For the purposes of the audits, all these criteria should have been met for a patient to be counted as a patient with 'cCUP.'*

### Audit 6

The number (proportion) of patients from the cCUP population, falling into each histological subtype.

*Note: The subtypes should include adenocarcinoma, squamous carcinoma, undifferentiated carcinoma and neuroendocrine carcinoma.*

## Assessment

### Audit 7

The time from the referral of an MUO/pCUP patient to the hospital CUP assessment service, to their being first seen by a member of the service. This should be audited separately for IP and OP referrals.

*Notes: For the purpose of the audit, MUO/pCUP patients.*

*The time should be recorded as the number of separate calendar working days which the wait spans and the mean and standard deviation of the results, calculated.*

*Also, in each of the two cases, the proportion of the population which complies with the relevant peer review measures should be calculated. The measures are:*

*IP should be seen by the end of the following working day.*

*OP should be seen within two working weeks.*

*If an attempt is made to include those referred from primary care direct to the hospital assessment service, these results should be made separately identifiable since the data collection process from all primary care sources may be more patchy than for referrals from within the hospital.*

### Audit 8

For those from the MUO/pCUP population who are seen for consultation by a core member of a specialist palliative care MDT:

The time from referral to the hospital CUP assessment service to their being seen by a core member of a specialist palliative care MDT.

*Notes: The time should be recorded as the number of separate calendar working days which the wait spans and the mean and standard deviation of the results, calculated.*

*For this and the next audit, first referrals of MUO/pCUP patients direct to a core member of a specialist palliative care MDT, whether or not they are considered to have gone through the hospital CUP assessment service, should count in the audit.*

### Audit 9

The number (proportion) of the MUO/pCUP population who are seen for consultation by a core member of a specialist palliative care MDT prior to first active treatment or decision to give symptomatic and supportive care only, whichever comes first.

## Systemic Anticancer Therapy

### **Audit 10**

The number (proportion) of the cCUP population who embark on systemic anticancer therapy.

*Note: Systemic anticancer therapy includes cytotoxic chemotherapy and biological therapy, but excludes hormone therapy as a separate category as its use in this field often implies that the primary site has been assumed and it is debatable whether the patient should then be included in the population.*

### **Audit 11**

For the patients with cCUP who embark on systemic anticancer therapy, the regimens used in their first line therapy and the numbers (proportion) who receive each regimen.



