THE MANUAL FOR CANCER SERVICES
CONSULTATION PROFORMA
Hepato-Pancreatico-Biliary Measures

Please use this proforma to make comments on the draft Hepato-Pancreatico-Biliary Measures.

Please return this document no later than **10th May 2013** to:

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Measure Number / Section	Is the measure explicit? If 'no' suggest modifications.	What other types of information are required to demonstrate compliance?
Page 5 - conten ts	It would be useful to add the 'key theme' headings to this list	
1. 2	"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".	This really needs the section 2 - clinical indicators/lines of enquiry to be available along with the section 1 - measures. The document still seems to be weighted towards process, structure/function at present. Outcomes section 13.1C-109n and 13-2N-117 do not have enough information to assess them.
13-1C-102n	Netword Site Specific Group Membership - this list should include a histopathologist; the core membership of the MDT (page 18) includes a histopathologist	
13-1C-102n	Page 12 - cross cutting network groups = chemotherapy, cancer imaging, histopathology and lab investigation, specialist palliative care, head of service for radiotherapy	P27 cross cutting groups - 'these currently include network groups for chemotherapy, radiotherapy, acute oncology' - should include same list of cross cutting groups or explain the difference
13-2N-101	Mention of time dependent on team workload. Some indication of team workload would be useful.	Primary liver cancers (HCC and CC) are increasing in incidence and the cohort of patients suitable for first and subsequent CRCLM resections are all increasing at the moment, more than most other cancer sites. Some indicative workload estimates for number of cases that can be discussed in one weekly meeting would be very useful. When do team activities need a step expansion (or contraction).
13-2N-108	Single site surgery and post-op care - what about patients operated in the private sector	Some comment on arrangements for interaction of private and NHS cancer patient care.

13-2N-117	Clinical indicators identified in section 2 of the measures	Section 2: clinical indicators is not included in this discussion document.. As noted above, it is difficult to comment on the measures at this stage unless the Section 2 Clinical indicators/lines of enquiry is also available. Pathology staging reporting should be to RCPath dataset criteria. Are these clinical indicators dependent on pTNM cancer staging? - team learning and quality of staging are improved by post-operative case review. However this would require resection cases to be reviewed at the MDTM which is inconsistent among centres at present, due to time/availability.