NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Oesophago-gastric cancer

NICE quality standard

Draft for consultation

July 2018

This quality standard covers diagnosing and managing oesophago-gastric cancer. It describes high-quality care in priority areas for improvement.

It is for commissioners, service providers, health, public health and social care practitioners, and the public.

This is the draft quality standard for consultation (from 10 July to 7 August 2018). The final quality standard is expected to publish in December 2018.

Quality statements

Statement 1 Adults with oesophago-gastric cancer have their treatment reviewed by a multidisciplinary team (MDT) that includes an oncologist and a specialist radiologist with an interest in oesophago-gastric cancer.

Statement 2 Adults with oesophageal or gastro-oesophageal junctional tumours (except T1a tumours) that are suitable for radical treatment have staging using 18 fluorodeoxyglucose positron emission tomography (F-18 FDG PET-CT).

Statement 3 Adults with oesophago-gastric cancer have tailored specialist dietetic support before and after radical treatment.

Statement 4 Adults with oesophago-gastric cancer have access to an oesophago-gastric clinical nurse specialist.

NICE has developed guidance and a quality standard on patient experience in adult NHS service (see the NICE pathway on patient experience in adult NHS services), which should be considered alongside these quality statements.

Other quality standards that should be considered when commissioning or providing oesophago-gastric cancer services include:

Suspected cancer (2016) NICE quality standard 124 (statement 2)

Dyspepsia and gastro-oesophageal reflux disease in adults (2015) NICE quality standard 96

A full list of NICE quality standards is available from the quality standards topic library.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

Question 3 Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

Questions about the individual quality statements

Question 4: For draft quality statement 2: Is a timeframe of 1 week from requesting the scan to reporting on the results of F-18 FDG PET-CT reasonable?

Local practice case studies

Question 5 Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to NICE local practice case studies on the NICE website. Examples of using NICE quality standards can also be submitted.

Quality statement 1: Multidisciplinary review

Quality statement

Adults with oesophago-gastric cancer have their treatment reviewed by a multidisciplinary team (MDT) that includes an oncologist and a specialist radiologist with an interest in oesophago-gastric cancer.

Rationale

Adults with oesophago-gastric cancer have their care reviewed in an MDT meeting so that their treatment can be planned. Participation of an oncologist and specialist radiologist with an interest in oesophago-gastric cancer ensures that a range of specialist expertise is available during reviews to enable decision-making appropriate to the stage of disease.

Quality measures

Structure

Evidence that an oncologist and specialist radiologist with an interest in oesophago-gastric cancer take part in multidisciplinary meetings.

Data source: Local data collection, for example, minutes of multidisciplinary meetings, MDT annual reports.

Process

Proportion of adults with newly-diagnosed oesophago-gastric cancer whose treatment is planned at a multidisciplinary meeting that includes an oncologist and specialist radiologist with an interest in oesophago-gastric cancer.

Numerator – the number in the denominator whose treatment is planned at a multidisciplinary meeting that includes an oncologist and specialist radiologist with an interest in oesophago-gastric cancer.

Denominator – the number of adults with newly diagnosed oesophago-gastric cancer.

Outcome

a) Rates of referral from a local MDT to a specialist oesophago-gastric cancer MDT.

Data source: Local data collection.

b) Time from diagnosis to the start of treatment.

Data source: National Oesophago-Gastric Cancer Audit

What the quality statement means for different audiences

Service providers (secondary care services) ensure that arrangements are in place for MDTs reviewing adults with oesophago-gastric cancer to have an oncologist and a specialist radiologist with an interest in oesophago-gastric cancer present to support treatment planning.

Healthcare professionals (oncologists and specialist radiologists with an interest in oesophago-gastric cancer) take part in MDT reviews to support decision-making and treatment planning.

Commissioners (clinical commissioning groups and NHS England) have clinical protocols, network policies and referral criteria in place to ensure that MDTs responsible for reviewing adults with oesophago-gastric cancer include an oncologist and specialist radiologist with an interest in oesophago-gastric cancer.

Adults with oesophago-gastric cancer are cared for by a team of healthcare professionals who have training and experience in caring for people with oesophago-gastric cancer. The team is responsible for planning care.

Source guidance

Oesophago-gastric cancer: assessment and management (2018). NICE guideline 83, recommendation 1.2.1

Quality statement 2: Clinical staging

Quality statement

Adults with oesophageal or gastro-oesophageal junctional tumours (except T1a tumours) that are suitable for radical treatment have staging using 18 fluorodeoxyglucose positron emission tomography (F-18 FDG PET-CT).

Rationale

The staging of oesophageal and oesophago-gastric cancer can help determine whether disease is suitable for radical treatment, or whether the disease is too advanced. For people with oesophageal or gastro-oesophageal junctional cancer, identifying metastatic disease is important, to support more tailored treatment and avoid over- and under-treatment. F-18 FDG PET-CT staging after endoscopy and whole-body CT allows the more accurate detection of metastatic disease. Timely performance and reporting of F-18 FDG PET-CT will avoid further unnecessary investigations for staging (such as endoscopic ultrasound) and delays to treatment.

Quality measures

Structure

Evidence of local arrangements to ensure that adults with oesophageal or gastro-oesophageal junctional tumours have access to PET-CT services that include F-18 FDG PET-CT for clinical staging.

Data source: Local data collection, for example, service protocols and referral pathways.

Process

Proportion of adults with oesophageal or gastro-oesophageal junctional cancer suitable for radical treatment who have staging using F-18 FDG PET-CT with results reported within 1 week of the request for the scan.

Numerator – Number of adults in the denominator who have staging using F-18 FDG PET-CT with results reported within 1 week of the request for the scan.

Denominator – number of adults with oesophageal or gastro-oesophageal junctional cancer that is suitable for radical treatment.

Data source: **Local data collection, for example, patient records.**

Outcome

a) Number of adults with oesophageal or gastro-oesophageal junctional cancer who have accurate staging.

Data source: Local data collection, for example, patient records.

b) Number of adults with metastatic oesophageal or gastro-oesophageal junctional cancer who have endoscopic ultrasound.

Data source: Local data collection, for example, patient records.

What the quality statement means for different audiences

Service providers (specialist oesophago-gastric cancer centres/tertiary care centres) have systems in place for adults with oesophageal and gastro-oesophageal junctional tumours (apart from T1a tumours) to have staging using F-18 FDG PET-CT with results requested and reported within 1 week. This allows effective diagnosis, classification and staging before treatment planning.

Healthcare professionals (such as radiologists and nuclear medicine physicians) perform staging using F-18 FDG PET-CT for adults with oesophageal or gastro-oesophageal junctional tumours (apart from T1a tumours) to more accurately detect metastatic disease, avoid unnecessary further testing and support treatment planning.

Commissioners (NHS England) ensure that they commission services in which adults with oesophageal or gastro-oesophageal junctional cancer are referred to a unit that performs diagnostic procedures in accordance with the requirements of the NHS England standard contract for oesophago-gastric cancer.

Adults with oesophageal or gastro-oesophageal junctional cancer have a scan to show where the cancer cells are, and to confirm how advanced the cancer is and

how far it has spread. If the cancer is advanced, palliative care (for example palliative radiotherapy) should be planned.

Source guidance

Oesophago-gastric cancer: assessment and management (2018). NICE guideline 83, recommendation 1.3.1

The timeframe of 1 week is based on expert consensus.

Definitions of terms used in this quality statement

Suitable for radical treatment

Suitability for radical treatment at the point of having a F-18 FDG PET-CT scan is determined by one or more of the following:

- Identification of metastatic disease during earlier staging investigations (whole-body CT scan)
- Comorbidities or reduced fitness/performance status
- Personal preference to avoid surgery
- Tumour-related issues

People who have palliative care planned aren't suitable for radical treatment.

[Adapted from NICE's guideline on the assessment and management of oesophago-gastric cancer: full guideline, glossary, section 9.1.1]

Question for consultation

Is a timeframe of 1 week from requesting the scan to reporting on the results of F-18 FDG PET-CT reasonable?

Quality statement 3: Dietetic support

Quality statement

Adults with oesophago-gastric cancer have tailored specialist dietetic support before and after radical treatment.

Rationale

Nutrition plays an important role in the management of oesophago-gastric cancer because of the physical changes associated with this type of cancer, including difficulty swallowing, loss of weight and malnutrition. Specialist dietetic support, tailored to the person's clinical situation, can help manage specific difficulties. People with better nutrition are more likely to complete their treatment and have an improved quality of life. This may lead to a reduced risk of complications and a reduced length of hospital stay.

Quality measures

Structure

Evidence of the availability of dietitians who specialise in the care of people with oesophago-gastric cancer to support adults with oesophago-gastric cancer before and after radical treatment.

Data source: Local data collection, for example, staff rotas.

Process

a) Proportion of adults with OG cancer with radical treatment planned who have tailored, specialist dietetic support.

Numerator – the number in the denominator who have tailored, specialist dietetic support before radical treatment.

Denominator – the number of adults with oesophago-gastric cancer who have radical treatment planned.

Data source: Local data collection, for example, from patient records (such as a documented discussion with a specialist oesophago-gastric cancer dietitian).

b) Proportion of adults with oesophago-gastric cancer who have tailored specialist dietetic support after radical treatment.

Numerator – the number in the denominator who have tailored specialist dietetic support after radical treatment.

Denominator – the number of adults with oesophago-gastric cancer who have radical treatment.

Data source: Local data collection, from patient records (such as a documented discussion with a specialist oesophago-gastric cancer dietitian).

Outcome

a) Health-related quality of life for adults who have treatment for oesophago-gastric cancer.

Data source: Local data collection. Health-related quality of life scores for adults with oesophago-gastric cancer, for example a survey of people with oesophago-gastric cancer quality of life questionnaire. ECOG (Eastern Cooperative Oncology Group) Performance Status, 0-5.

b) Treatment completion rates for adults with oesophago-gastric cancer who have radical treatment.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (specialist oesophago-gastric cancer centres/tertiary care centres) ensure that they have the expertise and capacity to deliver tailored specialist dietetic support to adults with oesophago-gastric cancer who are suitable for radical treatment, before and after the treatment.

Healthcare professionals (specialist oesophago-gastric cancer dietitians) provide specialist tailored dietetic support to adults with oesophago-gastric cancer before and after radical treatment. This may be done through face-to-face consultations or by providing information to optimise nutritional status. The support should be tailored to individual needs, depending on the stage of disease and its effects. An optimal

nutritional status helps people to complete a treatment that aims to remove or destroy the cancer completely.

Commissioners (clinical commissioning groups and NHS England) ensure that they commission services with capacity and expertise to enable adults with oesophago-gastric cancer to access tailored specialist dietetic support before and after radical treatment. They should monitor contracts and seek evidence of support being provided.

Adults with oesophago-gastric cancer have support from a specialist dietitian before and after treatment to remove the cancer (radical treatment). The dietitian helps them to get the most from their diet so that they are in the best possible health to start and recover from the treatment.

Source guidance

Oesophago-gastric cancer: assessment and management (2018). NICE guideline 83, recommendation 1.6.1

Definitions of terms used in this quality statement

Tailored specialist dietetic support

Specialist dietetic support can include:

- Input into decisions regarding routes for delivering nutrition (including tube feeding, surgical jejunostomy, total parenteral nutrition) and their management in hospital and community settings (including home enteral feeding teams).
- Giving advice and information about dietary changes and food preparation to support adults with oesophago-gastric cancer dealing with the consequences of the condition and its treatment.
- Face-to-face consultation with a specialist oesophago-gastric cancer dietitian via the specialist multidisciplinary team or a referral to hospital inpatient or outpatient services; a dietitian may be present at consultant-led outpatient appointments.

The support should be tailored to the dietary requirements of the individual adult with oesophago-gastric cancer.

[Adapted from NICE's guideline on the assessment and management of oesophago-gastric cancer: full guideline, sections 10.1.1; expert opinion; NHSE's 2013/14 NHS standard contract for cancer: oesophageal and gastric (adult)]

Equality and diversity considerations

People should be provided with information that they can easily read and understand themselves, or with support, so they can communicate effectively with health and social care services. Information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate and age appropriate. People should have access to an interpreter or advocate if needed.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard.

Quality statement 4: Clinical nurse specialist

Quality statement

Adults with oesophago-gastric cancer have access to an oesophago-gastric clinical nurse specialist.

Rationale

Adults with oesophago-gastric cancer need information and support to help them adapt to physical changes and reduced quality of life. A clinical nurse specialist in oesophago-gastric cancer can provide consistent and tailored information throughout care, potentially reducing the impact of these changes.

Quality measures

Structure

Evidence of the availability of clinical nurse specialists who specialise in care and support of adults with oesophago-gastric cancer.

Data source: Local data collection. NHS England's standard contract for oesophago-gastric cancer (adults) refers to oesophago-gastric clinical nurse specialists in the context of specialist multidisciplinary teams.

Process

Proportion of adults with oesophago-gastric cancer who have contact details for an oesophago-gastric clinical nurse specialist.

Numerator – the number in the denominator who have contact details for an oesophago-gastric clinical nurse specialist.

Denominator – the number of adults with oesophago-gastric cancer.

Data source: Local data collection, such as patient records.

Outcome

a) Patient satisfaction with the availability of a clinical nurse specialist, reported by adults with oesophago-gastric cancer.

Data source: Local data collection. Quality Health National Cancer Patient Experience Survey. The survey contains the following question: How easy or difficult has it been for you to contact your clinical nurse specialist?

b) Patient satisfaction with information provided by the clinical nurse specialist, reported by adults with oesophago-gastric cancer.

Data source: Local data collection. Quality Health National Cancer Patient Experience Survey. The survey contains the following question: When you have had important questions to ask your clinical nurse specialist, how often have you got answers you could understand?

What the quality statement means for different audiences

Service providers (secondary and tertiary care centres) ensure that they have the capacity and expertise for adults with oesophago-gastric cancer to have access to a clinical nurse specialist.

Healthcare professionals (members of oesophago-gastric cancer multidisciplinary teams) ensure that adults with oesophago-gastric cancer have access to a clinical nurse specialist. The clinical nurse specialist should provide support and consistent information for adults with oesophago-gastric cancer, as well as details of how to contact them in the future.

Commissioners (NHS England) ensure that they commission services that can provide enough clinical nurse specialists to support all adults with oesophago-gastric cancer.

Adults with oesophago-gastric cancer have a clinical nurse specialist (a nurse experienced in treating oesophago-gastric cancer in adults) who can provide information, advice and support throughout their care.

Source guidance

Oesophago-gastric cancer: assessment and management (2018). NICE guideline 83, recommendation 1.1.1

Equality and diversity considerations

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For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See quality standard advisory committees on the website for details of standing committee 2 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the quality standard's webpage.

This quality standard has been included in the NICE Pathway on oesophageal and gastric cancer, which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those

countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes:

- Cancer staging
- Nutritional status
- (Health-related) quality of life
- Patient satisfaction with their care

It is also expected to support delivery of the Department of Health and Social Care outcome frameworks:

- NHS outcomes framework
- Public health outcomes framework for England.

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the resource impact statement and baseline assessment tool for the source guidance to help estimate local costs.

Diversity, equality and language

During the development of this quality standard, equality issues were considered and equality assessments are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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