

# External Peer Review of the Western New South Wales Lung Cancer Service – unique Australian experience

S. Mallawathantri<sup>1</sup>, R. Zielinski<sup>2</sup>, M. Byrom<sup>3</sup>, R. Punwani<sup>4</sup>, K. Thuraisingam<sup>5</sup>, K. Singh<sup>6</sup>, L. Bradbury<sup>1</sup>, T. Hollman<sup>7</sup>, R. Rai<sup>8</sup>, K. Turley<sup>9</sup>, C. Prabhakar<sup>1</sup>, F. Ferguson<sup>2</sup>, M. Macleay<sup>10</sup>, J. Begnell<sup>2</sup>, R. Jones<sup>11</sup>, N. Alam<sup>12</sup>, Y. Mayorchak<sup>13</sup>, P. Flynn<sup>13</sup>, S. Kao<sup>14</sup>, E.S. Choong<sup>15</sup>, M. Duffy<sup>16</sup>, R. Osborne<sup>17</sup>, M. Phillips<sup>18</sup>, K. Fong<sup>19</sup>, D. Baldwin<sup>20</sup>; <sup>1</sup>Respiratory, Dubbo Hospital, Dubbo, NSW/Australia, <sup>2</sup>Medical Oncology, Orange Base Hospital, Orange, NSW/Australia, <sup>3</sup>Cardiothoracic surgery, Royal Prince Alfred Hospital, Sydney, NSW/Australia, <sup>4</sup>Respiratory, Poole NHS Foundation Trust, Poole/United Kingdom, <sup>5</sup>Radiation Oncology, Orange Base Hospital, Orange, NSW/Australia, <sup>6</sup>Respiratory, Orange Base Hospital, Orange, NSW/Australia, <sup>7</sup>Palliative care, Dubbo Hospital, Dubbo, NSW/Australia, <sup>8</sup>Medical Oncology, Dubbo Hospital, Dubbo, NSW/Australia, <sup>9</sup>Oncology, Dubbo Hospital, Dubbo, NSW/Australia, <sup>10</sup>Medical Oncology, Daffodil Cottage, Bathurst, NSW/Australia, <sup>11</sup>Bloomfield Campus, Orange Health Service, Orange, NSW/Australia, <sup>12</sup>Thoracic Surgery, St Vincents Hospital, Victoria, VIC/Australia, <sup>13</sup>Thoracic Surgery, Nepean Hospital, Kingswood, NSW/Australia, <sup>14</sup>Medical Oncology, Chris O'Brien Lifehouse, Camperdown, NSW/Australia, <sup>15</sup>Radiation Oncology, Chris O'Brien Lifehouse, Camperdown, NSW/Australia, <sup>16</sup>Medical Oncology, Peter MacCallum Cancer Centre, Melbourne, VIC/Australia, <sup>17</sup>Cancer care service, Hervey Bay Hospital, Queensland, QLD/Australia, <sup>18</sup>Respiratory, Macquarie Respiratory and Sleep, Sydney, NSW/Australia, <sup>19</sup>Respiratory, The Prince Charles Hospital, Brisbane, QLD/Australia, <sup>20</sup>Respiratory, Nottingham University Hospitals, Nottingham/United Kingdom.

## Background

We present an externally supervised lung cancer peer review process that took place in Western NSW Local Health District (fig. 1) in December 2018. Prior to this there had been no similar processes of peer review to guide the development of Australian site specific cancer services.

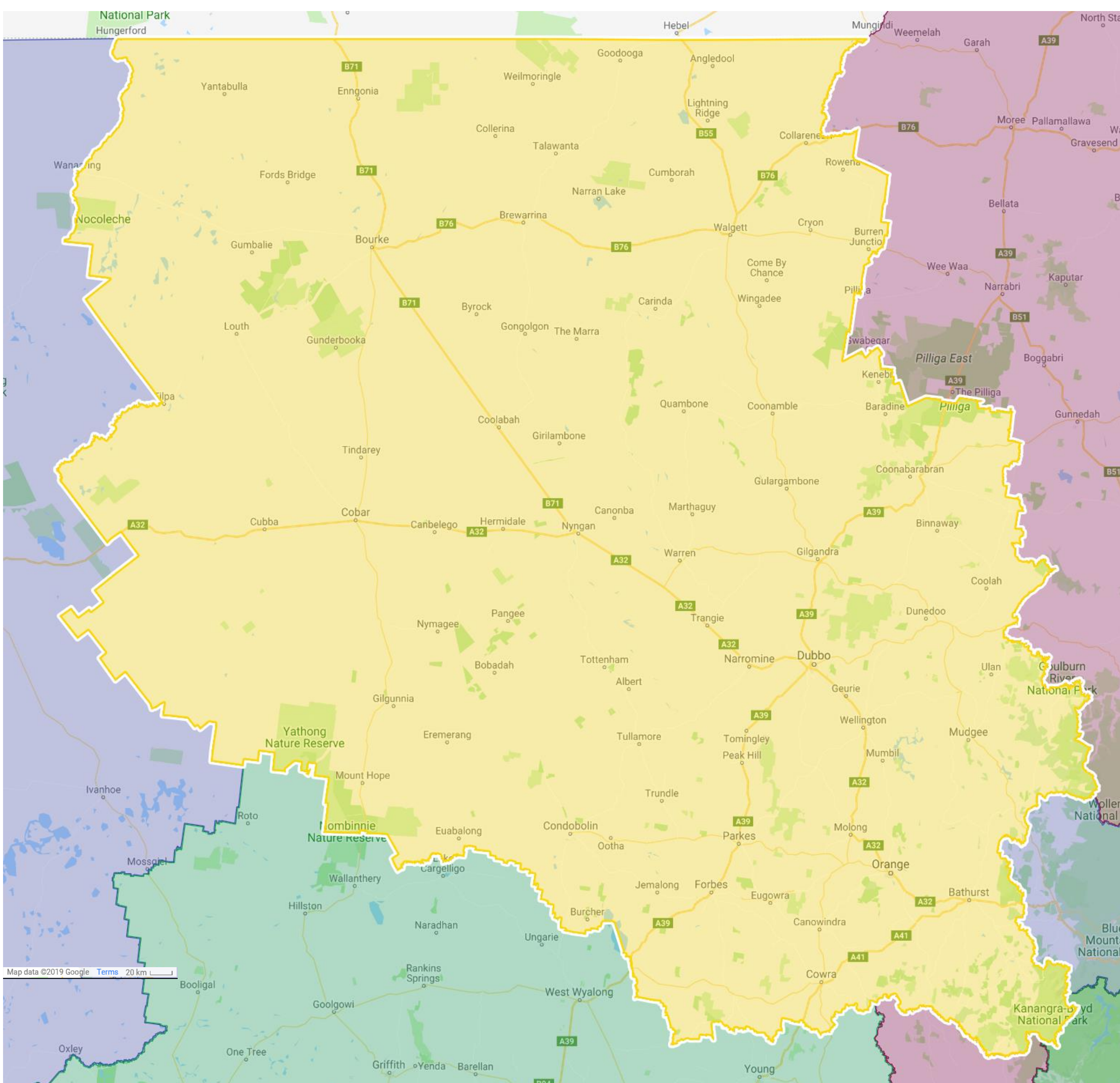


Figure 1. Western New South Wales Local Health district in Yellow.

## Methodology

Experts from the UK, were consulted about the best format for the process. They recommended a formative process due to the early service establishment. The Peer Review Panel represented clinicians from the UK and Australia and covered all relevant speciality areas. The Panel's remit was to critically evaluate the service, ratify the aims for future development and suggest methods to achieve this.

## Results

The panel was impressed with achievements made in a short period. A total of 16 topic areas were reviewed. Recommendations were made for each. Three key recommendations were prioritised.

1. Appointing a lung cancer nurse specialist per site
2. Improving data collection
3. Improving the palliative care service by appointing to positions supportive of the service

A detailed report was presented to the Executive Team with plans for implementation and timelines.

## Implementation

Dubbo Hospital has now appointed a 0.6 FTE lung cancer nurse specialist and the Executive Team supports the pending appointment of a lung cancer nurse specialist in Orange.

The working group and the Cancer Director of Western NSW LHD are currently reviewing potential data base systems.

The Palliative Care Service is facing some challenges in recruiting specialists and nurses. The Executive Team agreed to persevere with recruitment positions.

## Conclusion

The Formative Peer Review of our service identified considerable challenges but many opportunities to make progress. Externally evaluated and agreed recommendations made by an expert panel allows the Executive Team to allocate funds to projects that will provide the most benefit to patients. Further annual Peer reviews are planned with a format similar to the National Cancer Peer Review Structure in the UK. Our positive experience supports peer review across all cancer streams in Australia.