Greater Manchester
Cancer Alliance

THE MDT REFORM TOOLKIT

THE MULTIDISCIPLINARY TEAM (MDT) MEETING REFORM TOOLKIT

© Copyright Greater Manchester Cancer.
All rights reserved.

Why Have we Developed a Toolkit?

Support the implementation of the principles within the Greater Manchester (GM) MDT Meeting Standards.

Examples of good practice within MDTs across Greater Manchester, supporting principles 1-6.

Designed to encourage shared, peer-learning between MDTs.

To allow teams to identify barriers to change and introduce new ways of working to streamline MDTs and patient pathways.

Accelerates awareness around principles which may require significant changes to clinician job plans as well as the identification of further funded administrative support.

Foreword

"MDTs are the backbone of driving excellence in cancer care – but to function effectively they need to evolve, as the rest of cancer care has. This represents an exciting step forward in the holistic care of cancer patients, including their wishes and feelings in the decision-making process wherever we possibly can is absolutely the right thing to do.

At the same time, we have an opportunity to ensure that clinically recognised standards of care are applied with equal excellence across our system, reducing variation and driving up outcomes."

Greater Manchester
Cancer Alliance

Professor Dave Shackley,
GM Cancer Director

Miss Susannah Penney,
GM Cancer Associate Medical Director

Miss Kate Williams,
GM Cancer MDT Reform Clinical Lead

Table of Contents

Introduction to the Toolkit	**5**
Supporting the MDT Standards	**12**
Keeping the patient at the heart of MDT reform	**34**
Coproduced Patient Resources	**36**
The MDT Reform Project Team	**39**

INTRODUCTION TO THE TOOLKIT

Introduction

Our **Greater Manchester MDT Reform Toolkit** has been created for healthcare professionals involved in delivering care to cancer patients. It has been co-produced with cancer patients to share best practice and advice on how best to achieve successful embedding of the Greater Manchester MDT Meeting Standards.

Who is it for?

The toolkit has been developed by the **Greater Manchester MDT Project** in collaboration with Clinicians, Operational staff, and patient representatives, for the benefit of our health and care workforce.

We know MDT reform is a challenging prospect and in response we have collated this toolkit to assist MDTs in developing small and gradual changes to help make MDTs more efficient and effective.

The toolkit contains practical examples of specific improvements achieved through the MDT reform project, which you can adopt and adapt for your cancer pathway.

How to use it?

This interactive toolkit is designed so you can digest the whole thing at once or jump to the section that is relevant for you. As well as sharing top tips and useful resources which you can download and share.

The toolkit is divided into sections with clinical examples to support reform:

Standardised referral forms

Standards of care protocols

Pre-MDT triage meetings

Patient Impact Statement

Communicating outcomes to the patient

Auditing processes

Coproduced patient resources

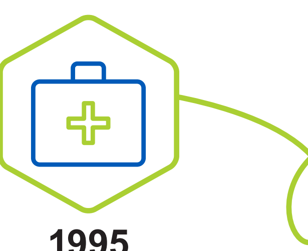
Share this toolkit with others

If you found this toolkit to be useful, we would encourage you to share it with colleagues and MDT members. Patient resources have also been developed to use in waiting areas or in diagnostic packs to give insight into MDTs within the NHS.

We welcome your feedback on how you have used this toolkit and any improvements we can make. Please share your feedback with us to gmcancer.wf_ed@nhs.net.

The Case for Change

Taking charge in Greater Manchester 2017–2021.



1995

MDT working is gold standard in cancer patient management – not changed significantly since 1995.

Evidence that quality of decision-making reduces after 1 hour.

2015

Independent Cancer Task-force Report

Recommended changes to MDT meetings.

2017

CRUK review

"Meeting patients' needs" recommended change.

FIND OUT MORE

2020

NHS England/ Improvement

"Streamlining MDT meetings."

FIND OUT MORE

The Case for Change

Challenge #1

Significant increases in case-load and a change in case-mix, including patients with greater co-morbidities.

Challenge #2

Issues relating to consistent, reliable, information technology, data collection and infrastructure.

Challenge #3

Some MDT meetings are poorly attended by individuals, others by speciality expertise.

Challenge #4

Necessary information regarding the patient and their tumour is not always available at MDT resulting in delay.

Challenge #5

Evidence to suggest wide variation in preparation, effective chairing and proactive involvement.

Streamlining Multi-Disciplinary Team Meetings

Guidance for Cancer Alliances

This guidance has been developed to enable cancer multi-disciplinary teams (MDTs) to respond to the changing landscape in cancer care, as recognised in the NHS Long Term Plan and the Independent Cancer Taskforce Report.

The guidance sets out how MDT meetings (MDTM) can continue to provide effective clinical management by remaining focussed on discussion of those patient cases which require full multidisciplinary input.

The key principles to achieve MDTM streamlining is that all patients remain listed and recorded at the MDTM, however patients will be stratified into two groups:

- Those where a full discussion is required, for example, clinical complexity.
- The cases where a patient's needs can be met by a standard treatment protocol and so do not require a full MDT discussion.

The principles set out are not a one-size-fits-all approach and should be considered in relation to patient need, local circumstance, and by tumour site.

MDTs are ultimately responsible for ensuring that time in the meeting is spent most appropriately to deliver the right outcomes for the patients, however where appropriate this can be a useful tool to support pathway improvement for patients and optimise use of clinical time.

FIND OUT MORE ABOUT STREAMLINING AT ENGLAND.NHS.UK

SUPPORTING THE MDT STANDARDS

Opportunity for Change in the MDT Pathway

The patient

Principle 1: A standardised, single point of entry to an MDTM

Principle 2: Utilisation of the Patient Impact Statement

Principle 3: Standards of Care Pathways

Principle 4: Pre-MDT Triage Meetings

Principle 5: Communication of outcomes to the patient

Principle 6: Audit of MDT outcomes

MDT reform

MDT STANDARDS

Find out more about our MDT standards below.

A Standardised Single Point of Entry to an MDTM

A standardised referral form requires the minimum data set needed for an informed MDT discussion and aids with efficiency within the MDT.

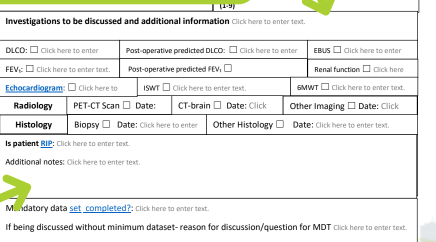
Each tumour group has different requirements but there are some common themes such as:

- What is the clinical question?
- Patient Co-morbidities
- Rockwood/ WHO Performance
- What are the investigations that need reviewing?
- Does the patient have any specific psychosocial needs that need consideration?

Clinical Example Lung Pathway

Multiple options

- Allows referrer to add results to the referral form to aid decision making within MDT.
- Multiple sections to add relevant patient information to guide efficiency within MDTs.



Investigations to be discussed and additional information Click here to enter text.

DLCO: ☐ Click here to enter	Post-operative predicted DLCO: ☐ Click here to enter	EBUS ☐ Click here to enter
FEV1: ☐ Click here to enter text.	Post-operative predicted FEV1 ☐	Renal function ☐ Click here
Echocardiogram: ☐ Click here to	ISWT ☐ Click here to enter text.	6MWT ☐ Click here to enter text.

Radiology	PET-CT Scan ☐ Date:	CT-brain ☐ Date: Click	Other Imaging ☐ Date: Click
Histology	Biopsy ☐ Date: Click here to enter	Other Histology ☐ Date: Click here to enter text.	

Is patient RIP: Click here to enter text.

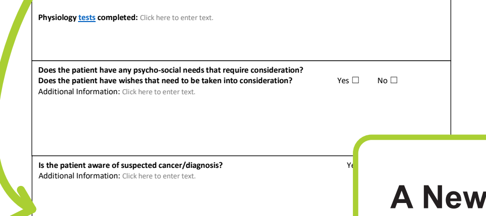
Additional notes: Click here to enter text.

Mandatory data set completed?: Click here to enter text.

If being discussed without minimum dataset- reason for discussion/question for MDT Click here to enter text.

Bringing the Patient's Voice into the MDT

- Supporting MDT members to ensure patients' wishes are taken into consideration.



Physiology tests completed: Click here to enter text.

Does the patient have any psycho-social needs that require consideration?
Does the patient have wishes that need to be taken into consideration? Yes ☐ No ☐
Additional Information: Click here to enter text.

Is the patient aware of suspected cancer/diagnosis?
Additional Information: Click here to enter text.

Has the patient completed an impact statement? (Document any which may affect treat
Yes ☐ No ☐ N/A ☐
Additional Information: Click here to enter text.
(Will trial Patient Impact Statement in small MDT prior to implementation to ascer

Has the patient completed a Holistic Needs Assessment
Additional Information: Click here to enter text.

MDT Outcome:

Interactive referral forms

- Reminds referrer of mandatory criteria for each group.
- Allows referrer to give reasoning if patient does not meet criteria.

REFERRAL FORM

To view the full referral form please see link below.

DOWNLOAD

A New Vision

- Specific questions asking about the patient.
- Supporting MDT members to take patients' psychosocial needs into consideration.
- Aids streamlining within MDT.
- Recording the MDT outcome on document for efficiency and ease.

Clinical Example Acute Oncology Pathway

Adapting the referral form for pathway specific cancers

Ensuring appropriate questions are included on the referral form to provide an informative discussion with the patient following MDT.

Disclaimer

Reminds the referring clinician of their responsibility.

Is the patient aware of suspected cancer/diagnosis? Yes ☐ No ☐
Additional Information: Click here to enter text.

Has the patient completed an impact statement? Yes ☐ No ☐
Additional Information: Click here to enter text.

Has the patient completed a Holistic Needs Assessment Yes ☐ No ☐
Additional Information: Click here to enter text.

Disclaimer: *The MUO/CUP MDT is **only advisory** and have no capacity to take responsibility of this patient. **Responsibility remains with referring/treating team.***

***WHO performance status (PS)**

0 – Fully active, no restrictions on activities
1 – Unable to do strenuous activities, but able to carry out light housework and sedentary activities
2 – Able to walk and manage self-care, but unable to work. Out of bed more than 50% of waking hours
3 – Confined to bed or a chair more than 50% of waking hours. Capable of limited self-cares
4 – Completely disabled. Totally confined to a bed or chair. Unable to do any self-care.

STANDARDISED REFERRAL FORM

See where more standardised referrals can be provided.

Utilisation of the Patient Impact Statement

The Patient Impact Statement was developed by gynaecology pathway and coproduced with service users.
The statement supports the patient in being part of their care planning process and reflects what is important to them to bring their voice into the MDT.

Please tell us about yourself and the people who are important to you.

What are you most worried about right now?

What are the most important things for us to take into consideration about you, right now, when planning your care?

SEE THE PATIENT IMPACT STATEMENT

Type: PDF **Size:** 163 KB

Where is the Patient Impact Statement used?

Patient identified

- Patient Impact Statement to be offered where appropriate
- To be offered at the discretion of the clinical team with identified patient cohorts

Patient Impact Statement completed

- Via telephone call or face-to-face
- With a Clinical Nurse Specialist (CNS), Consultant or Health Care Professional (HCP)
- With patient support present

Patient's wishes reported in MDT

- The statement will be taken into consideration within the MDT where the patient's wishes may alter their care planning

Case Studies

Patient Impact Statement in Practice

Patients with clear intent on care planning

Patient Impact Statement read out at Cancer of Unknown Primary (CUP) MDT and patients' wishes for best supportive care were effectively planned for.

Patient declining treatment

Breast patient opted for initial endocrine therapy prior to surgery due to concerns around leaving her pet at home until her family member could come and stay. Patient Impact statement provided a standardised format in which to feed this back into the MDT.

Patients with psychological comorbidities

Family relative of patient within the breast pathway was unfit for treatment due to having dementia. This was fed back into the MDT through the Patient Impact Statement to aid care planning and palliative care interventions.

Clinical Example

Acute Oncology MDT Outcome

Patient Impact Statement

100% of patients accepted to complete the Patient Impact Statement.

With 78% going onto complete.

CNS and Consultant

56% completed with a CNS and 22% completed with a consultant.

Ensured patient priorities were discussed and considered when care planning in MDT.

Statement

Statement completed either face-to-face or over the telephone with/without family present.

Helpful

All patients who completed an impact statement advised they found this helpful and the impact statement influenced MDT discussion and effective care planning.

Safe, Clinically Protocoled Pathways for Defined Patient Groups

Standards of care (SoC)

What are they?

- Tumour sites with well-established pre-defined treatment pathways, where there already exists clear consensus and where a patient may not require a full discussion.

How they can be used?

- Local rather than specialist MDTs, where there may be a greater case mix including fewer clinically complex cases which may require discussion.
- Standards of care can be used in a pre-triage meeting where effective care planning can take place without the needs for discussion within the main MDT.

Future developments

- Require explicit approval from the Tumour Pathway Board and should be reviewed annually with clear auditing processes in place to ensure they are up to date in relation to the latest guidance.
- Pathway Boards should continually identify, approve and embed SoC for different stages of disease and clinical scenarios.

Clinical Example

Breast Pathway

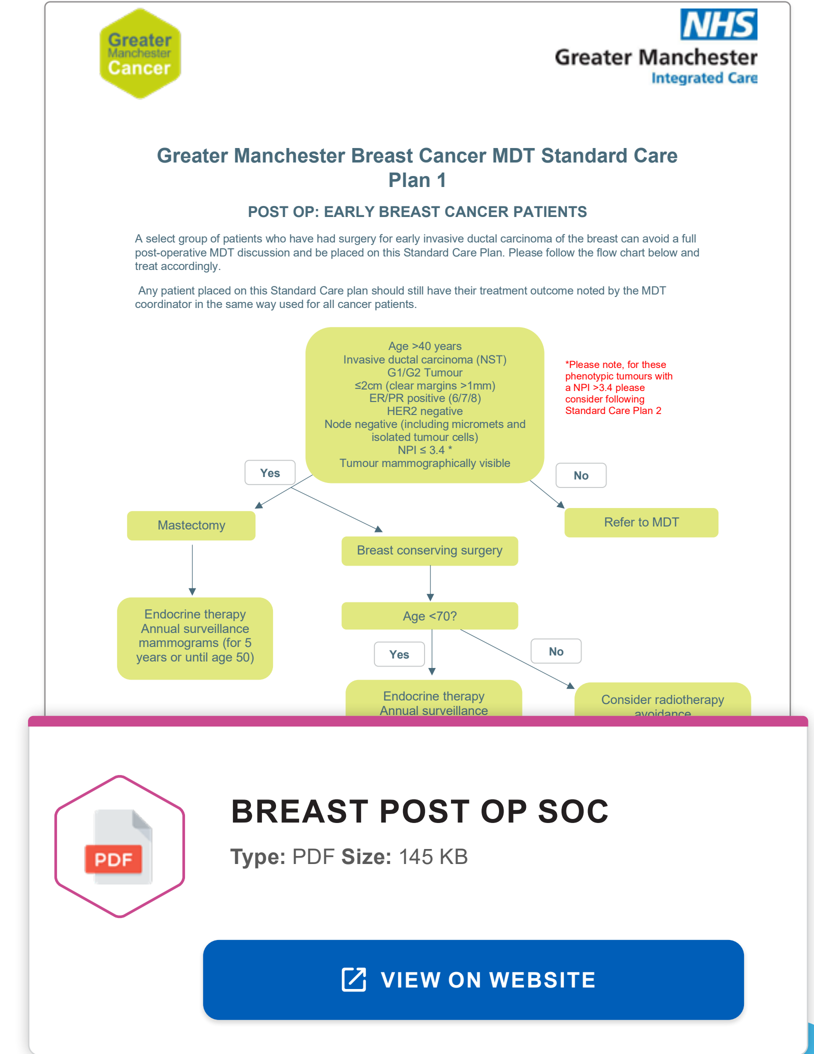
Three standards of care pathways developed:

- Early breast cancer
- Patients requiring Oncotype testing
- Patients with HER-2 positive disease

Trialled within Pre-MDT Meetings at North Manchester to support efficiency within the cancer pathway.

See how SoC are used in pre-triage meetings

GO TO EXAMPLE



Greater Manchester Cancer

NHS Greater Manchester Integrated Care

Greater Manchester Breast Cancer MDT Standard Care Plan 1

POST OP: EARLY BREAST CANCER PATIENTS

A select group of patients who have had surgery for early invasive ductal carcinoma of the breast can avoid a full post-operative MDT discussion and be placed on this Standard Care Plan. Please follow the flow chart below and treat accordingly.

Any patient placed on this Standard Care plan should still have their treatment outcome noted by the MDT coordinator in the same way used for all cancer patients.

BREAST POST OP SOC

Type: PDF **Size:** 145 KB

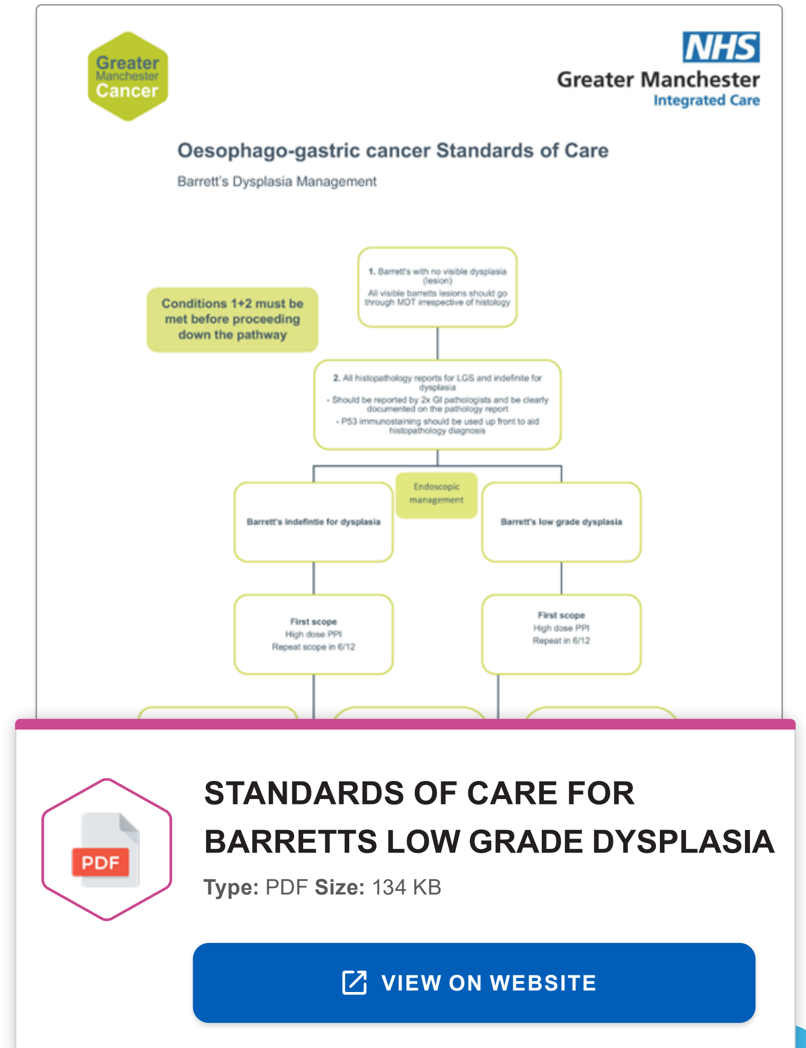
VIEW ON WEBSITE

Clinical Example

OG Pathway

Local Gastroenterologist identified to lead pre-MDT triage for Pennine

- SoC developed for Barrett's and Low-Grade Dysplasia and Indefinite for Dysplasia Management. Approved by MDT leads and to be presented to Pathway Board.
- GM standardised referral form updated with a box for referring clinician to complete if patient presents with Barrett's or low-grade dysplasia / indefinite for dysplasia.
- Pre-MDT triage will include Gastroenterologist, CNS and MDT Coordinator.
- Outcome letter templates to be created to inform patients of outcome and follow-up plan.

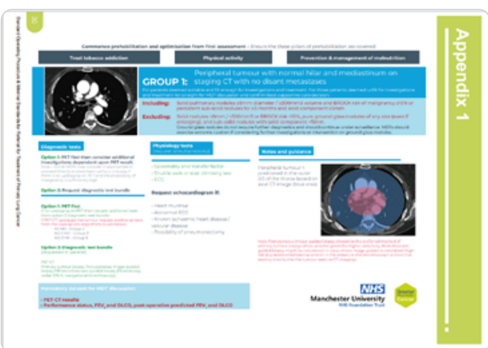


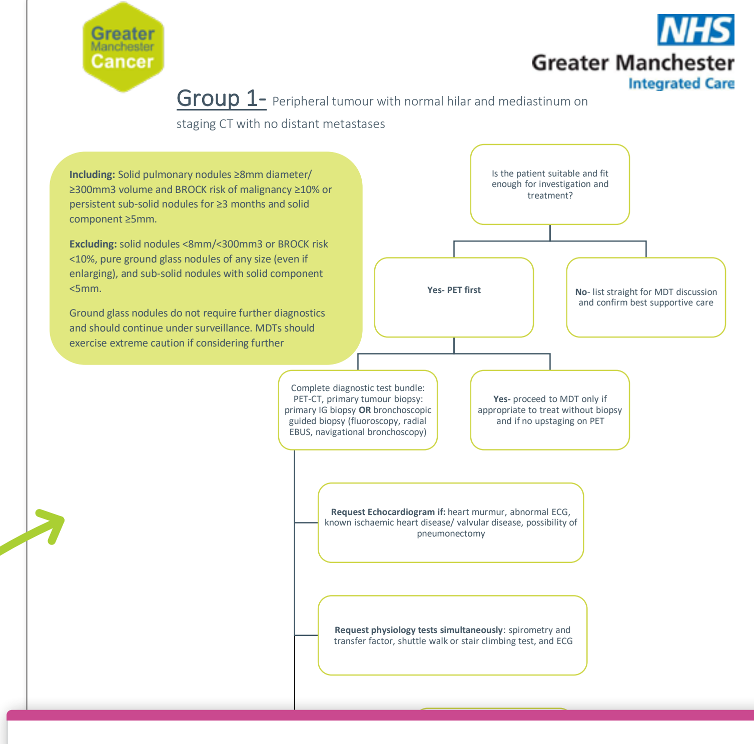
THE MDT REFORM TOOLKIT

Clinical Example

Lung Pathway

- Lung Standards of Care principles redesigned into a flowchart format.
- Aids ease of use and is now more reader friendly.
- Standards of Care feature on the referral form to aid clinicians when referring patients to the MDT.





LUNG STANDARDS OF CARE

Type: PDF Video **Size:** 358 KB

VIEW ON WEBSITE

Safety Netting Processes

Pre- MDT Triage

Pre-triage meeting

Pre-triage meetings consist of a small number of clinicians present to ensure all patients on the agenda for the main MDT require discussion, and if they don't, can be removed for effective use of MDT time.

Protocols / standard care pathways

When protocols / standard care pathways are agreed for each tumour group, they can be then applied within this meeting to streamline the number of patients requiring full MDT discussion.

Safeguarding measures

Safeguarding measures will need to be in place for patients on a Standard of Care Pathway including regular audits, as per national guidance.

Clinical Example

Breast Pre-MDT Triage Meeting – North Manchester

- Average number of discussions per week = 53
- Number removed from plenary MDT = 12 (22%)

Opportunities to reduce numbers further with implementation of protocolisation of care – "Standards of Care".

Patient referred onto MDT

- Via standardised proforma
- Clinicians can identify suspected benign pathology at referral

MDT agenda finalised

- "Benign Section"

Pre-MDT triage meeting

- 1 x Surgeon
- 1 x Radiographer
- 1 x MDT Coordinator
- 1 x CNS

Reassured and discharged if concordant and benign – communicated straight away

- If not concordant – referred to the plenary MDT

Clinical Example

OG Pre-MDT Triage Meeting – NCA

Estimated to remove an average of 8 patients per week from the MDT

Patient referred into MDT

- MDT co-ordinator identifies patient case following pathology double reporting

Pre-MDT triage meeting

- Lead Gastroenterologist
- MDT Coordinator
- CNS/Gastro Nurse

Review by Lead Gastroenterologist

- Lead Gastroenterologist makes treatment / follow-up decision

Verbal outcome to patient

- CNS/Gastro Nurse contacts patient with the agreed outcome

Written outcome to patient

- Gastroenterologist to email secretary to advise '*Letter template 1*' for example

Communication of Outcomes to Patients

Intention: reduces the time patients wait to be informed of the MDT outcome

Patients updated at clinic appointment

This may be through delegating tasks to CNS's or equivalent to provide telephone communication to patients, as opposed to waiting for a letter or clinic appointment.

This frees up time for consultants and allocates band appropriate workload for workforce efficiency.

Communication of the MDT management plan to the patient should be achieved within 2 working days where possible.

Clinical Example

Breast Pathway- Bolton's Achievements

Previously: → **Now:**

Surgeons/ CNS's/ consultants took on all active cases.

ANPs or CNS's take all benign cases and radiology take all screening cases.

63% benign patients received a letter with a mean time of **14 working days to achieve outcome.**

Benign patients **receive outcome within 24 hours** of discussion at MDT via pre-arranged phone call.

- Protected telephone clinic establishe
- Freeing up time / workload for Consultants and effectively utilising skill mix
- Improves ability to effectively audit communication of outcomes

Audit of MDT Outcomes

Acute Oncology

CUP auditing processes at Bolton and Wigan highlighted as area of good practice

Annual review to audit the quality of the service and to prove to the Trust that the MDT is well functioning.

Opportunity to audit the mutual work between collaborating departments.

Importance of capturing the workload of the acute oncology workforce, as not all patients referred to the MDT are accepted, but advice and support given in a timely fashion.

Opportunity to showcase patient advocacy and empowerment of the nursing workforce.

Audit of MDT Outcomes

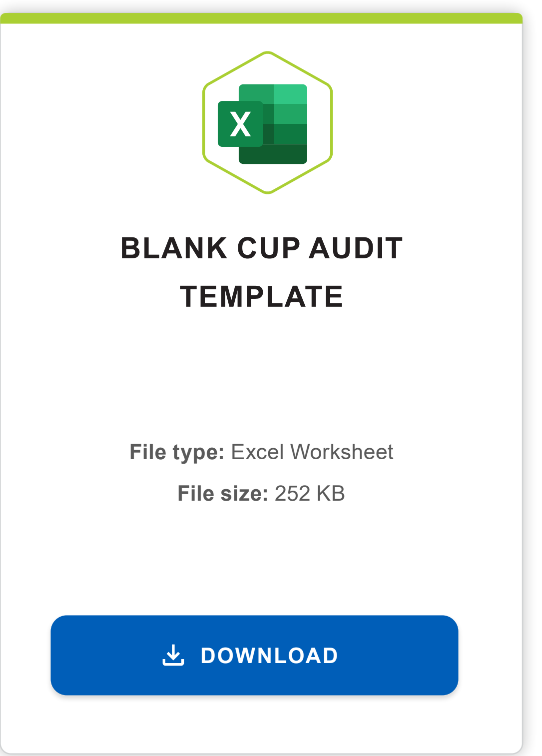
Acute Oncology

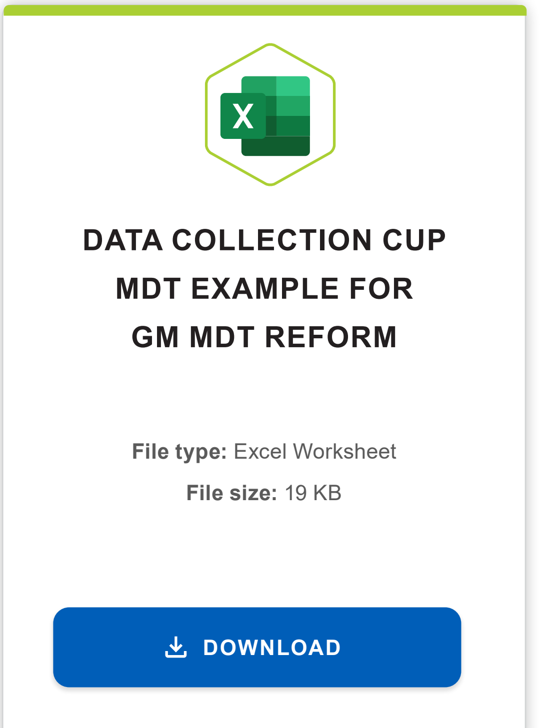
What information is captured in the audit?

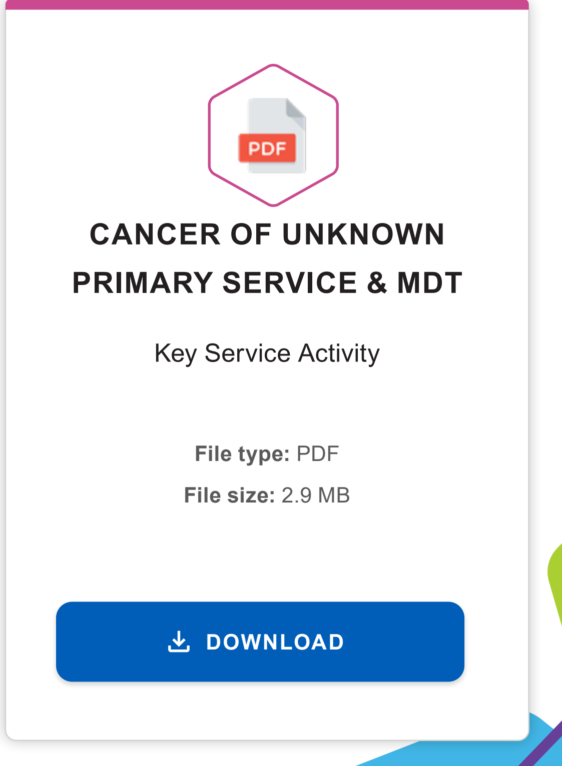
- Age and performance status of patient
- Referral source
- How many interventions with each patient?
- MSCC as first presentation of malignancy of unknown origin (MUO) – national figure around 25% and could compare to rest of GM trusts
- Referred to Specialist Palliative Care (SPC) in X days
- Any onward referrals
- What treatment
- What was the final diagnosis?
- Were inpatients seen within 24 hours?
- Were outpatients seen within 2 weeks?
- Did they survive 3 months from referral, 6 months or 1 year?
- Correlation between treatment and mortality – is the outcome appropriate/reasonable to expect?
- Was the MDT outcome met?
- Was Holistic Needs Assessment (HNA) and Patient Impact Statement conducted and fed into the MDT?

Audit of MDT Outcomes

Downloadable Resources







Principle 7: Updated Guidance Around Quoracy

Guidance for Cancer Alliances

"The national requirement is now for individual scheduled treatment planning MDT meetings to be quorate on 95% or more occasions."

"There is no longer a requirement for a minimum attendance by individual members."

"The detail of required roles and what constitutes a quorum is set out nationally in the ***Quality Surveillance quality indicators and Service Specifications, for each tumour group, where applicable****."*

FIND OUT MORE ABOUT STREAMLINING AT ENGLAND.NHS.UK

KEEPING THE PATIENT AT THE HEART OF MDT REFORM

Keeping the Patient at the Heart of MDT Reform

"The wait for the MDT was a really anxious time."

Steve Sweeney, User involvement Representative

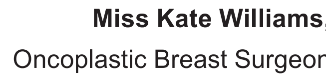
"I had no understanding of an MDT, none, whatsoever."

David McLenachan, User Involvement Representative

"Use our resources efficiently and effectively for patient care."

"The patient's voice needs to come through during every MDT discussion."

"The patient is central to everything we do."



Miss Kate Williams,
Oncoplastic Breast Surgeon

WHY IS MDT REFORM IMPORTANT?

Type: YouTube Video **Length:** 3:10

COPRODUCED PATIENT RESOURCES

Patient Resources

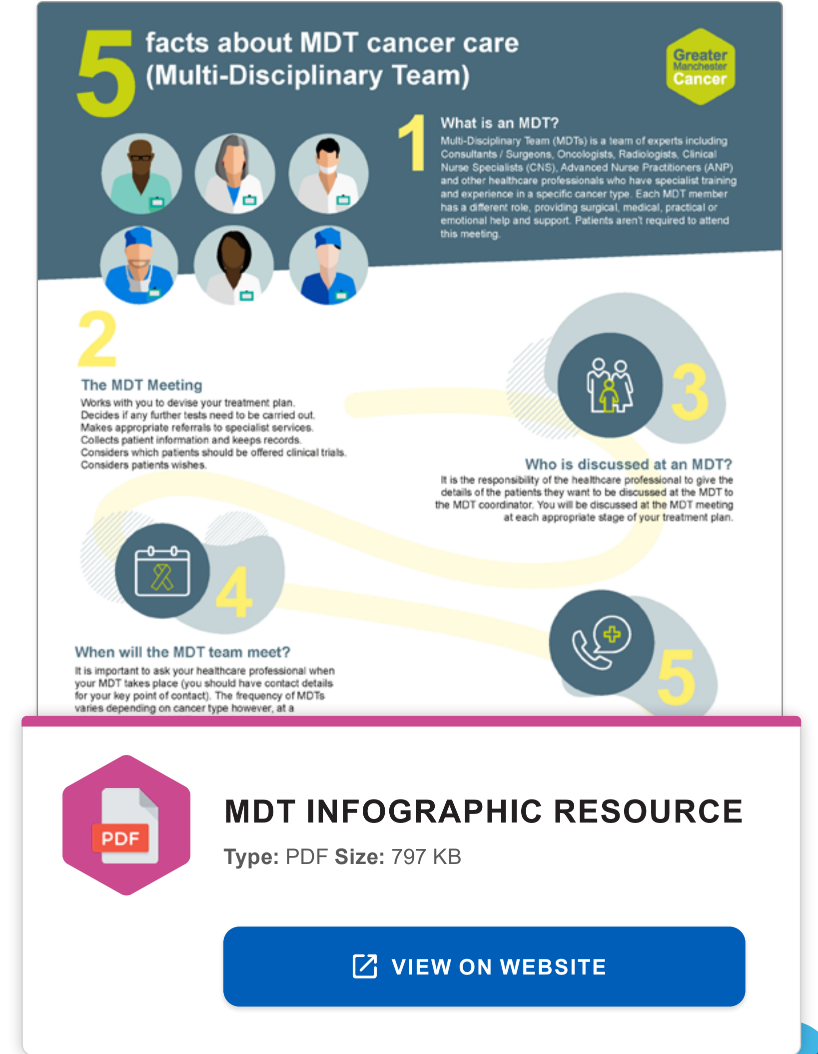
Patient MDT Infographic

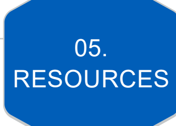
"I wasn't sure about my input, whether my voice would be heard."

Steve Sweeney, User involvement Representative

"It's important a patient understands a large number of professionals are involved in deciding and determining what the best outcome will be for you."

Vanessa Denvir, User Involvement Representative



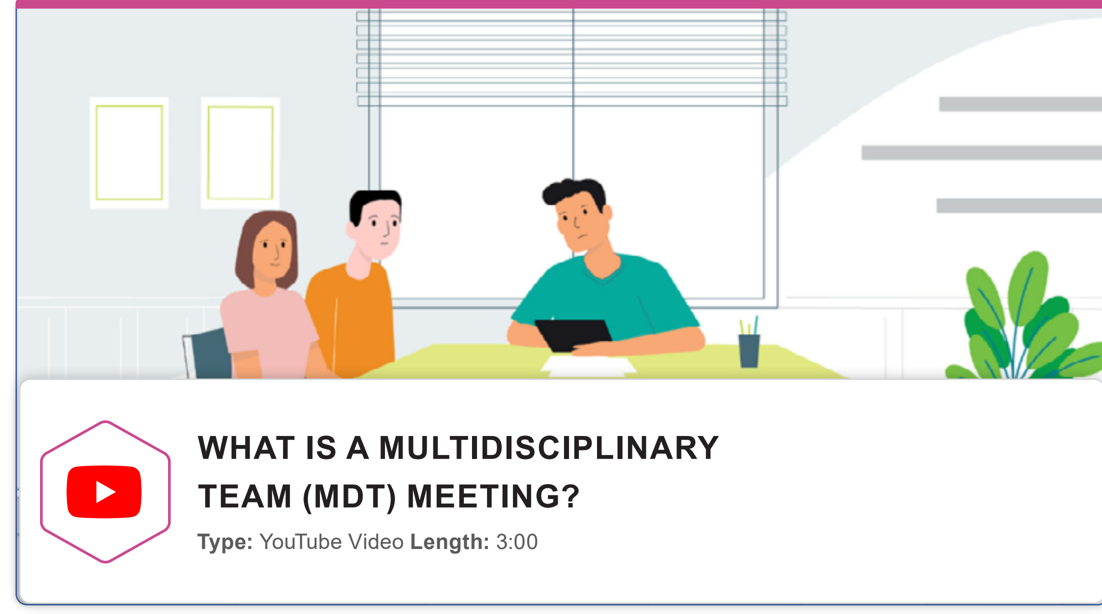


Animated Patient Resource

"The Multidisciplinary team works with you to devise your treatment plan."

"Each Multidisciplinary team member has a different role providing diagnostic, surgical, medical, practical or emotional help."

Animation has been translated into Urdu.



WHAT IS A MULTIDISCIPLINARY TEAM (MDT) MEETING?

Type: YouTube Video **Length:** 3:00

WHAT IS A MULTIDISCIPLINARY TEAM (MDT) MEETING? (URDU VERSION)

Type: YouTube Video **Length:** 3:41

MDT Reform Project Team

Suzanne Lilley

GM Cancer Programme Director for Workforce & Education

Jess Docksey

Workforce and Education Programme Lead

Miss Kate Williams

GM Cancer MDT Reform Clinical Lead

Louise Retout

Workforce and Education Project Manager

Contact the team at gmcancer.wf_ed@nhs.net