MEETING PATIENTS NEEDS

IMPROVING THE EFFECTIVENESS OF MULTIDISCIPLINARY TEAM MEETINGS IN CANCER SERVICES

A Summary of the CRUK Recommendations

Reference:
http://www.cancerresearchuk.org/sites/default/files/executive_summary_meeting_patients_needs_improving_the_effectiveness_of_multidisciplinary_team_meetings.pdf

The Changing Nature of Cancer Care

- **Cancer Research UK** aims to reach 3 in 4 people surviving their cancer for 10 years or more by 2034-effective cancer services in the UK are key to realising this.

- Central to the UK's cancer services are multidisciplinary teams – MDTs

- MDT working is considered the "gold standard" for cancer patient management- however, the UK's health services have changed significantly since they were introduced in 1995.

CANCER RESEARCH UK

TO REFLECT THE CHANGING NATURE OF CANCER CARE AND INCREASED DEMAND FOR SERVICES, THERE IS A NEED TO REFRESH THE FORMAT OF MDT MEETINGS

"…We do not in any way propose removing or diluting MDT working, or to return to the pre-1990s era of patient care being solely managed by one clinician. We aimed instead to suggest ***streamlining MDT meetings*** *and* ***improve the quality of discussions****, especially for the more complex patients who would benefit the most from the input of the full MDT"…*

The need to streamline MDT processes were highlighted by the Independent Cancer Task Force …

"Achieving World Class Cancer Outcomes-A strategy for England 2015-2020"

5.5 ENHANCING TREATMENT SERVICE DELIVERY

5.5.1 Multi Disciplinary Teams

Recommendation 38:

"NHS England should encourage providers to streamline MDT processes such that specialist time is focused on those cancer cases that don't follow well-established clinical pathways, with other patients being discussed more briefly."

Cancer Research UK commissioned 2020 Delivery to undertake the MDT project…

More than 3,350 survey responses

624 patient discussions….

… across 24 MDT meetings and 10 clinical sites

Findings and Recommendations…

Finding 1

"Due to a dramatic increase in demand, with only minor increases in capacity, there is not enough time to discuss the more complex patients".

Recommendation 1.1

"The UKs health services should work with NICE and SIGN to identify where a protocolised treatment pathway could be applied and develop a set of treatment recommendations for each of these, to be implemented across the UK.

Every Cancer Alliance or devolved cancer network should develop their own approach based on these central recommendations. These treatment protocols should be reviewed regularly."

Recommendation 1.2

"MDTs for tumour types for which a protocolised approach has been developed should agree and document their approach to administering protocols.

This could include a 'pre-MDT triage meeting'. The implementation and outcomes of these protocols should be audited and reviewed by the full MDT in an operational meeting".

Finding 2

"Current MDT meeting attendance is not optimal".

Recommendation 2

"National requirements for individual minimum attendance should be reviewed and amended where necessary, with an emphasis on ensuring all required specialties are present at a meeting.

NHS England should run a series of pilots to determine optimal percentage attendance requirements. The success of these pilots should be evaluated and national guidance changed as appropriate".

Finding 3

"The right information is often not used to inform discussions".

Recommendation 3

"The UK's health services should lead the development of national proforma templates, to be refined by MDTs.

MDTs should require incoming cases and referrals to have a completed proforma with all information ready before discussion at a meeting"…

The Proforma could include…

- Patient demographics
- Diagnostic information
- Patient fitness and co-morbidities, history of previous malignancies
- Results from a Holistic Needs Assessment (if available)
- The patient's preferences (if known)
- The rationale for requiring MDT discussion
- Whether there were known treatment protocols for the specific tumour type
- Whether the patient is suitable for any current clinical trials.

The MDT should have the power to bypass this requirement in exceptional circumstances.

Finding 4

"MDTS are unable to fulfil their secondary roles".

Recommendation 4.1

"MDTs should use a database or proforma to enable documentation of recommendations in real time.

Ideally this should be projected so that it is visible to team members; if this is not possible there should be a named clinical individual responsible for ensuring the information is accurate.

Hospital Trusts and boards should ensure that MDTs are given sufficient resource to do this."

Recommendation 4.2

"Each MDT should ensure that they have a mortality and morbidity process to ensure all adverse outcomes can be discussed by the whole MDT and learned from, rather than discussed in silos.

The primary time for this to take place should be a quarterly or biannual operational meeting.

Time for quarterly operational meetings should be included in attendees' job plans.

There should be oversight from national MDT assessment programmes".

Thank you for listening