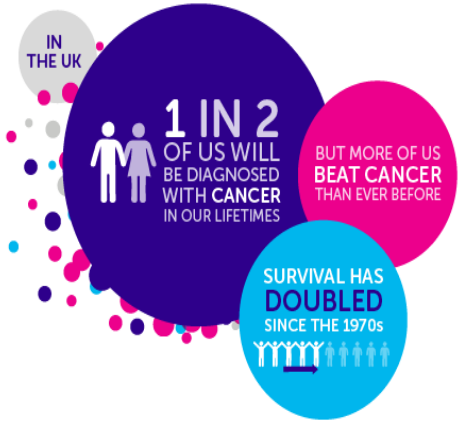
Peninsula Cancer Alliance

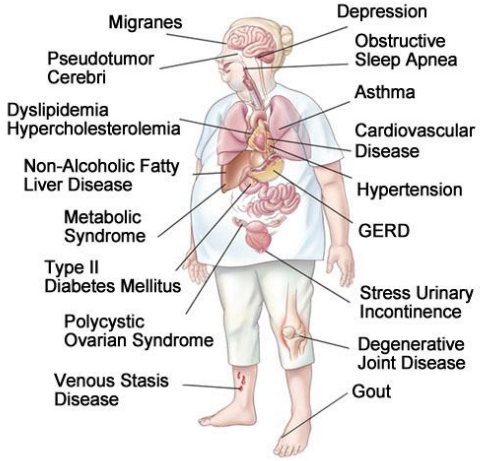
# Streamlining Cancer MDTs

# WHY CHANGE?

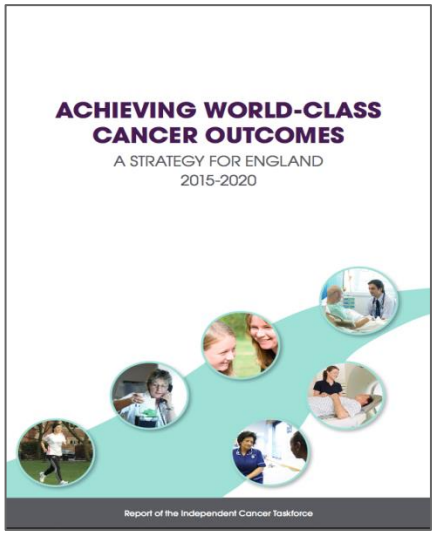
## Cancer services are under increasing pressure

- **Increasing** number of cancers
- **Increasing** complexity of treatments
- **Increasing** number of co-morbidities
- **Increasing** demands on radiology and pathology
- **Increasing** dependence on MDT discussion



# Independent Cancer Taskforce Report




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

***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."*

# *"Meeting Patients' Needs"*

***(CRUK 2017) based on survey of over 2,000 MDT members and MDT meeting observational studies***

CANCER RESEARCH UK

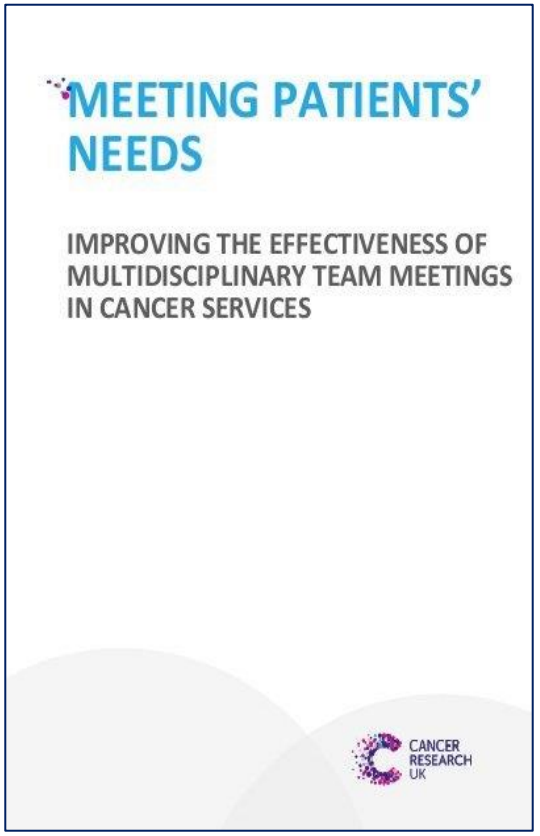
**Finding 1:**

*"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 agreed at least at SSG (if not national) level and reviewed regularly.



# *"Meeting Patients' Needs"*

*(CRUK 2017) based on survey of over 2,000 MDT members and MDT meeting observational studies*

## Finding 2

***"Current MDT meeting attendance is not optimal".***

Most felt the peer review minimum requirement of core members unrealistic and not achievable

Not always the required people in attendance

Limited cross cover available

Oncology, Radiology and Pathology under particular pressure

Variable contribution to discussions

## 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.

# *"Meeting Patients' Needs"*

*(CRUK 2017) based on survey of over 2,000 MDT members and MDT meeting observational studies*

## Finding 3

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

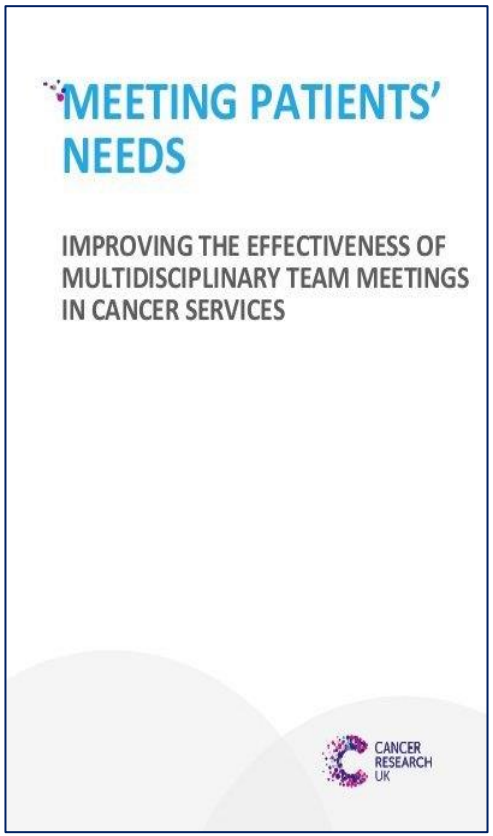
## Recommendation 3

*"**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…"*

**81% agreement that proforma would improve meeting efficiency**

**Imaging and pathology results most important but include patient fitness, comorbidities, history of previous malignancies, patient wishes**

**Pro-forma information requirements according to MDT site**



# Key Aims of Transforming MDTs


**Better use of human resources- particularly radiologists and pathologists**



**More effective data collection, audits and benchmarking to facilitate improvements in outcomes**


**More effective decision making**

# NHSE MDT Pilot

**The NHSE MDT Pilot has commenced-participating MDTs across England are working through a 12 week cycle of audit, change (introduction of pre-determined standards of care/triage to "no discussion") and re-audit**

**Through a series of qualitative interviews with participants we are hoping to find out…**

- What are the broader implications of this practice change for MDTs, Providers, and other stakeholders?
- What impact has the introduction of the predetermined Standard of Care (SoC) process had on the workload of MDT meeting staff?
- How was the SoC implemented, including triage? Were there any barriers and enablers to implementation? How were these overcome/identified?

# What Now?

MDTs discuss the new guidance

Eliminate non-essential use of MDT

Work out triage process

Optimise use of team member time

Use Alliance/locally agreed SoCs

Get started!