

Meeting	Peninsula Cancer Alliance Board 29 January 2020
Title	MDT Modernisation
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Agenda Item	5
Summary	
<p>National guidance for modernising MDTs has been published (attached). The Alliance is proposing practical actions to implementing this guidance.</p>	
Recommendation	
<p>The Board are asked to support the proposed approach to implementing this national guidance.</p>	

Peninsula Cancer Alliance MDT Modernisation

Introduction

The actions set out here are derived from the national guidance *Streamlining Multi-Disciplinary Team Meetings*.

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

1. *Those cases where full discussion at the MDTM is required, for example due to clinical complexity or psycho-social issues, and*
2. *Those cases where a patient’s needs can be met by a standard treatment protocol (or Standard of Care), and so do not require discussion at the MDTM.”*

Actions

Topic	Action	Deadline
Standards of Care	Each MDT will agree Standards of Care including details of which patients do not need discussion at the MDT. These should be signed off by the Trust Medical Director and lead cancer clinician.	
Standards of Care	Standards of care will specify the diagnostic tests needed to assess treatment options. This should include the genomic tests needed.	
Standards of Care	Standards of Care should include clinical trials available as a treatment option.	
Standards of Care	Standards of Care should be consistent with the agreed Alliance Site-Specific Group’s Standard of Care. <i>All MDT have a responsibility to support the rapid agreement of Standards of Care at Alliance Site Specific Groups.</i>	
Pathways	A process for triage should be agreed at Trust level with approval from the Medical Director before SoCs are used to remove the need for an MDT discussion.	

Topic	Action	Deadline
Pathways	<p>The following information must be recorded to list a patient not for discussion at the MDT:</p> <ul style="list-style-type: none"> • Diagnosis date (specify mode of diagnosis) • Stage (specify investigations) • Performance status • Histopathological and/or cytological diagnosis; • Co-morbidities; • Availability of, and suitability for, clinical trial/s; • Relevant genomic/genetic testing¹¹; • Patient preference (if known) and/or any special circumstances have been taken into consideration • MDT recommendation and treatment pathway; • Any additional tumour-specific tests needed to inform diagnosis • Molecular profiling as related to a particular cancer tumour • Specific imaging protocols for a tumour site to ensure consistency of imaging across referral pathways • Other fitness assessment parameters, e.g. frailty assessment, as per SoCs. 	
Pathways	MDTs will revise pathways so that patients are only routinely discussed at one MDT prior to decision to treat (counting both local and specialist MDTs).	
Pathways	Consultants should be supported to get additional diagnostic tests and clinical opinions in a timely way without recourse to the MDT.	
Pathways	<p>Where the Standard of Care indicates a specific treatment option, patients should be referred directly to the treating specialist without waiting for the MDT (local or specialist). This includes referral to specialists at other providers.</p> <p>Where the Standard of Care indicates a need for discussion at a specialist MDT, patients should be referred directly to the Specialist MDT without waiting for a local MDT.</p>	
MDT membership	MDTs with more than one consultant in a treating specialty should review scheduled MDT meeting attendance to identify the minimum attendance needed to be quorate ² and support consultant professional development.	
Diagnostic reporting for MDTs	Radiologists and histopathologists will record their site specialisms in the Directory of Services	
Diagnostic reporting for MDTs	Diagnostics tests (images or pathology) requested explicitly for cancer diagnosis should only be reported by a radiologist or histopathologist accredited as a specialist in that cancer, as defined in the Directory of Services	
Diagnostic reporting for MDTs	Diagnostics tests reported a radiologist or histopathologist accredited as a specialist in that cancer should not be routinely re-reported – even if that specialist is a member of the Local MDT and the patient is referred to the Specialist MDT.	

Topic	Action	Deadline
Audit	MDTs should review a sample of patient data quarterly, covering both patients on predetermined Standards of Care, and those referred for discussion at the MDT.	

Notes

1. The Alliance will support MDTs and Site-specific group by sharing local and national Standards of Care as they are agreed
2. Quality Surveillance Standards only require one consultant (or cover) from each treating specialty¹ to be present at an MDT to make the MDT quorate.

¹ Surgical Specialty, Clinical Oncology or Medical Oncology