MDT Improvement

UCLH Cancer Collaborative Annual Review Event

26th June 2018

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Head of the UCLH Cancer Academy
Cancer MDTs have evolved over time
MDTs today are dealing with more, and more complex, patients
The workload placed on cancer MDTs have been steadily increasing.

Activity (patient discussions)

- 2011-12
- 2012-13
- 2013-14
- 2014-15
Recent national reports have suggested that the MDT meeting needs to be reformed

- High levels of variation in MDT functioning
- Opportunities to streamline MDT discussions using pre-determined protocols
London Cancer identified similar issues and opportunities in NCEL

Leadership, infrastructure and attendance
• MDT lead & MDT co-ordinator JDs
• Quoracy

Process
• Information about patient
• Protocolised pathways
• Clear outcomes

Governance & Improvement
• Morbidity & mortality – SACT data
• Operational meetings

Support
• Mentorship, support & development
One year on, we have established a broad programme of MDT Improvement

- Demonstrating protocolisation in practice
- Working with NHSE on new national guidance
- £440,000 in funding
- School for MDT Effectiveness
The Cancer Academy and *London Cancer* are testing protocols in local and specialist MDTs

**Oesophago-gastric sMDT at UCLH**
- ‘Top-down’ process for developing a protocol
- Pilot suggests 30-50% of patients can be routinely protocolised
- Audit in progress

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<td>Cut-off for submission</td>
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<td>Pre-MDT meeting</td>
<td>MDM</td>
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<td>23 cases submitted</td>
<td>7 patients for oncology review</td>
<td>7 patients for oncology review</td>
<td>1 patient for palliative care</td>
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<td>3 patients for PET scan</td>
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**Colorectal local MDTs on Barts sites**
- ‘bottom-up’ process for building protocols drawing on collective clinical experience
  - Facilitated workshops
  - Pathway board input

- Emerging differences between local MDTs and sMDTs
  - Available datasets
  - Straight-to-test pathways
  - Protocols may be applied at point of referral to MDT by responsible clinicians rather than in a triage meeting
The School for MDT Effectiveness has piloted simulation training for MDTs

- UCLP funding to test simulation methodologies for supporting high-performance MDT meetings
- Pilot brought together breast MDTs from the 3 Royal Free sites
- Workshop identified issues for improvement using a human factors framework
- Simulation of an MDT meeting focussed on ‘soft’ issues to test and refine new ways of working
Early evaluation results suggest further refinement is needed

- Mixed views on success
- Effective at identifying some actionable improvements (e.g. room layouts, changes to how patients are presented to the MDT)
- Logistically difficult and very resource-intensive
- Lots of ‘hard’ barriers to establishing a focus on ‘soft’ improvements (e.g. IT infrastructure, job planning)
- Effectiveness heavily influenced by broader context and ‘politics’ of the MDT
- Likely to be more effective if embedded in a broader programme of improvement for each MDT
The School is also developing a programme of Clinical Coaching for MDT Improvement

- Structured programme matching MDTs with clinicians who act as observers, coaches and ‘critical friends’ over 3-6 months
- Linked to Cancer Academy to escalate systemic and recurrent issues

Diagram:
- MDTs matched with coaches
- Initial observation and reflection
- Feedback and action planning
- Coaching and improvement support
- Repeat observations
- Close-down
- Data-gathering
What’s next for MDT Improvement in the UCLH Cancer Collaborative?

• Continue to work with NHS England to shape national policy on cancer MDTs

• Complete recruitment of clinicians and MDTs to the MDT Improvement Coaching programme, and launch the first wave in October 2018

• Complete protocolisation pilots in oesophago-gastric and colorectal MDTs, including auditing changes to workflows and patient pathways

• Begin work on protocolisation with a second wave of MDTs

• Evaluate our progress