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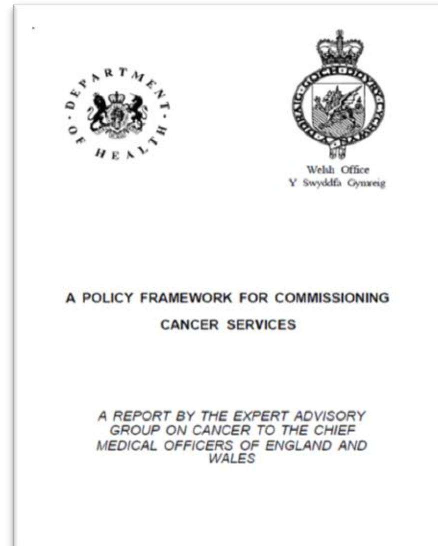
MDT Improvement

UCLH Cancer Collaborative Annual Review Event

26th June 2018

Holly Norman
Head of the UCLH Cancer Academy

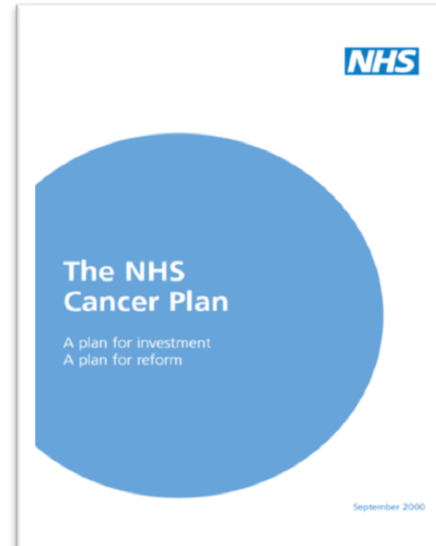
Cancer MDTs have evolved over time


A POLICY FRAMEWORK FOR COMMISSIONING CANCER SERVICES

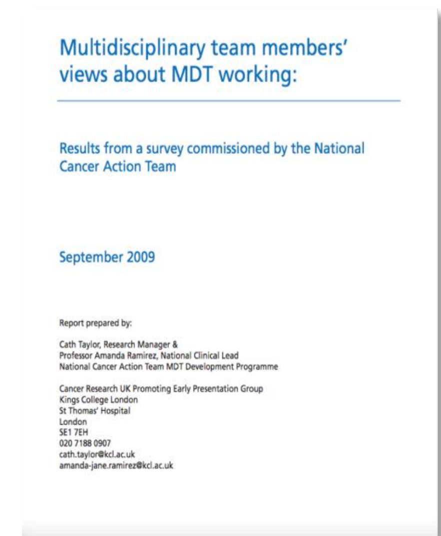
A REPORT BY THE EXPERT ADVISORY GROUP ON CANCER TO THE CHIEF MEDICAL OFFICERS OF ENGLAND AND WALES

Welsh Office
Y Swyddfa Gymreig

1995



2000


Multidisciplinary team members' views about MDT working:

Results from a survey commissioned by the National Cancer Action Team

September 2009

Report prepared by:

Cath Taylor, Research Manager &
Professor Amanda Ramirez, National Clinical Lead
National Cancer Action Team MDT Development Programme

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2009

MDTs today are dealing with more, and more complex, patients

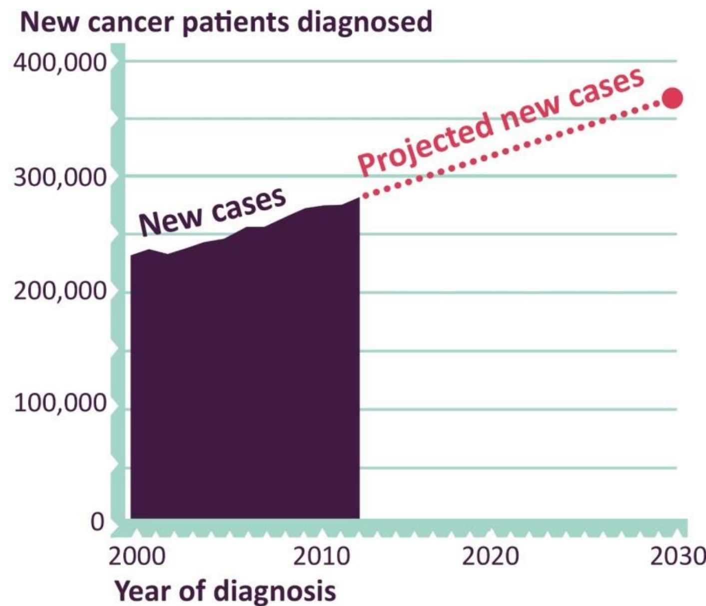
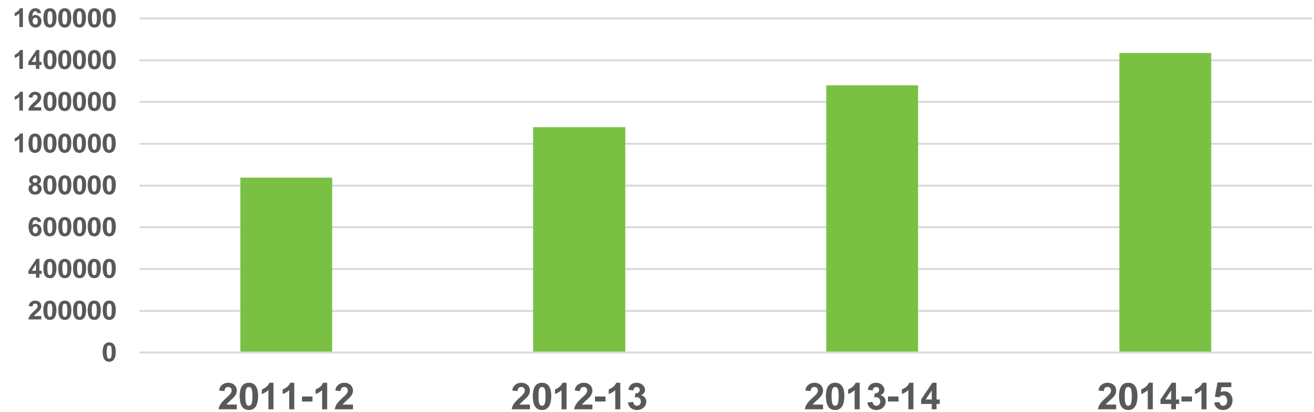
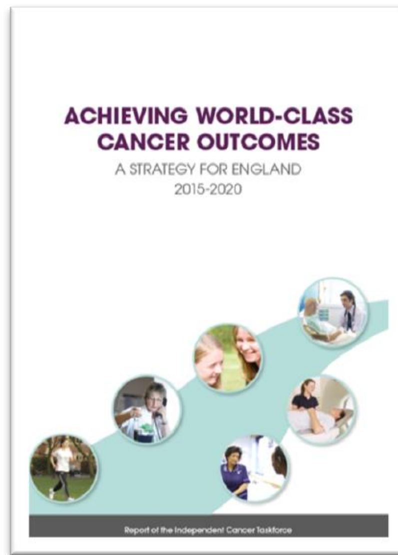


Figure 6: Proportion of people with cancer in the UK living with other long-term conditions[12]

The workload placed on cancer MDTs have been steadily increasing



Recent national reports have suggested that the MDT meeting needs to be reformed



2015

2017

- High levels of variation in MDT functioning
- Opportunities to streamline MDT discussions using pre-determined protocols

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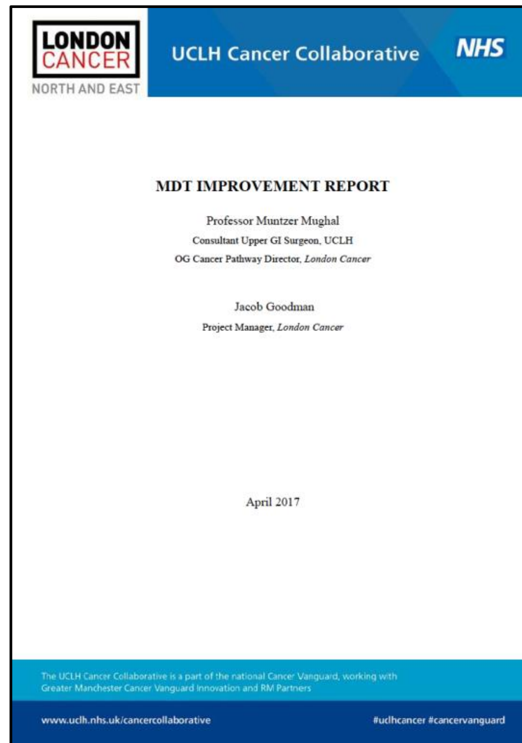
London Cancer identified similar issues and opportunities in NCEL



LONDON CANCER
NORTH AND EAST

UCLH Cancer Collaborative

NHS

MDT IMPROVEMENT REPORT

Professor Muntzer Mughal
Consultant Upper GI Surgeon, UCLH
OG Cancer Pathway Director, *London Cancer*

Jacob Goodman
Project Manager, *London Cancer*

April 2017

The UCLH Cancer Collaborative is a part of the national Cancer Vanguard, working with Greater Manchester Cancer Vanguard Innovation and RM Partners

www.uclh.nhs.uk/cancercollaborative

#uclhcancer #cancervanguard

Leadership, infrastructure and attendance

- MDT lead & MDT co-ordinator JDs
- Quoracy

Process

- Information about patient
- Protocolised pathways
- Clear outcomes

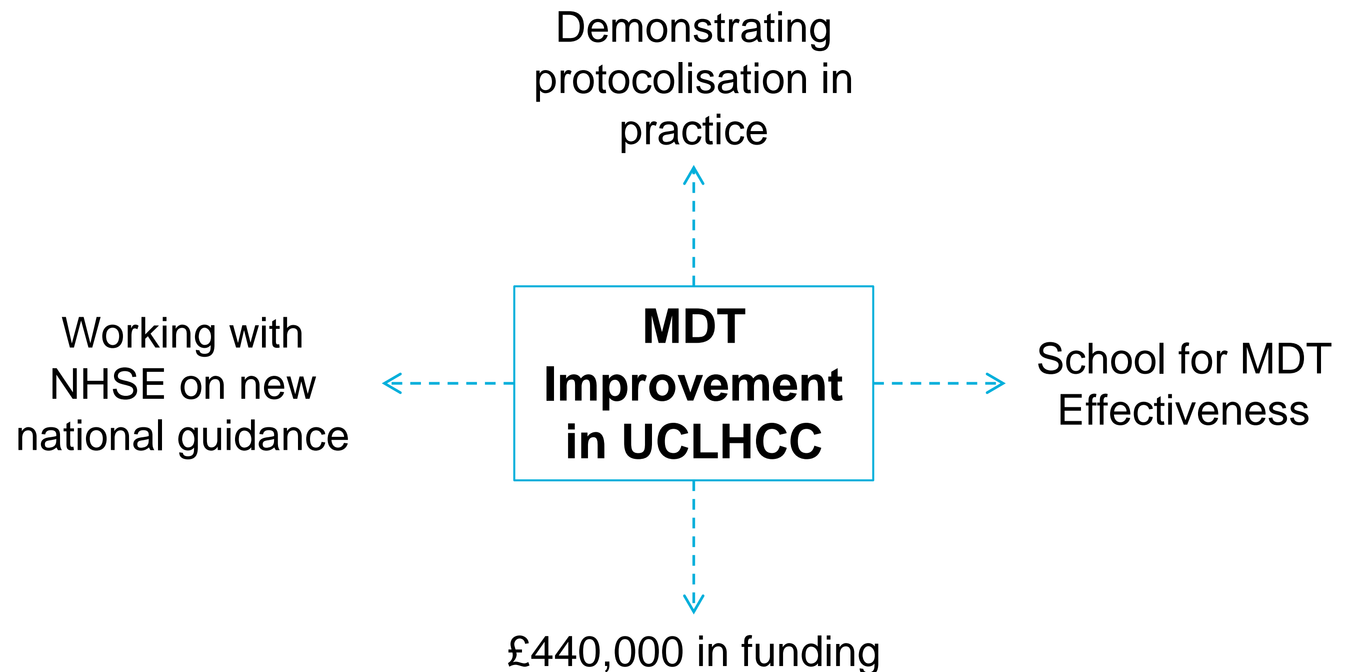
Governance & Improvement

- Morbidity & mortality – SACT data
- Operational meetings

Support

- Mentorship, support & development

One year on, we have established a broad programme of MDT Improvement



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

Wed	Thur	Fri	Sat	Sun	Mon	Tues
	Cut-off for submission	Pre-MDT meeting			MDM	
	23 cases submitted				12 cases for discussion	
		7 patients for oncology review			7 patients for oncology review	
		1 patient for palliative care			1 patient for palliative care	
		3 patients for PET scan			3 patients for PET scan	

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

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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

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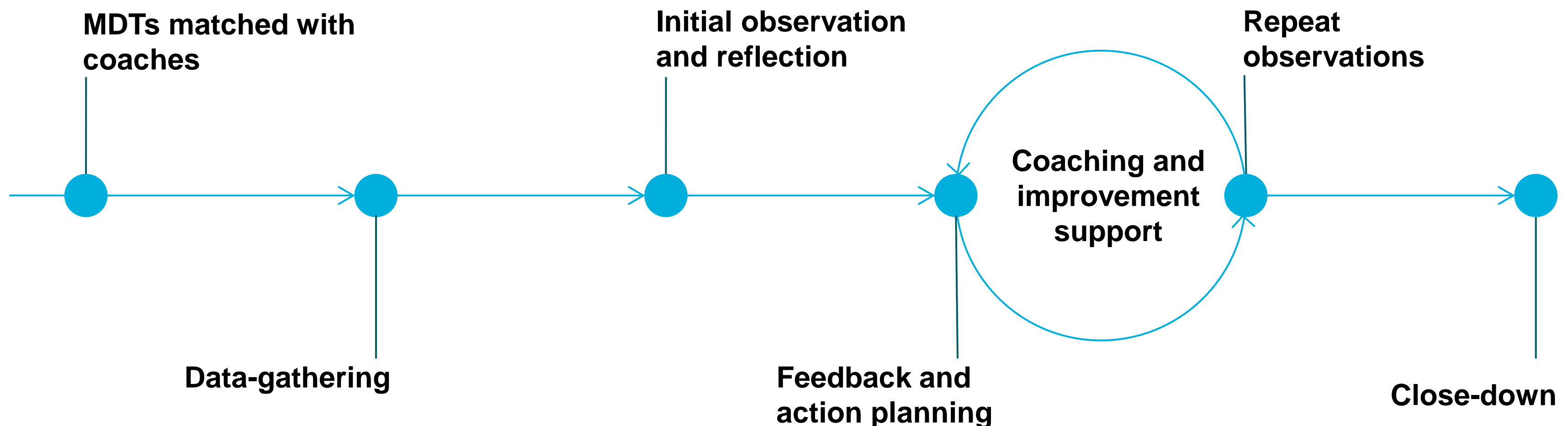
The School is also developing a programme of Clinical Coaching for MDT Improvement

- 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



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