MDT streamlining

Virginia Wolstenholme
Barts Health NHS Trust
July 2019
Protocolisation

• Colorectal team UCH
• MDT-Fit
• UCH MDM Coach project
• Barts Health Breast pilot for London Cancer Oct 18-Jan 19
• NHS England
Barts Health and Homerton MDM

- Barts, Newham, Homerton cases
- Separate Benign MDM started 2014
- Separate Breast Metastatic MDM 2012
- All teams meet at Barts
- Caseload 80-100 cases/ week
- Attendance 30-50
- Live recording since 2014
- Whipps Cross separate MDM until Dec 2018
New Breast Cancer Diagnoses

Should all newly diagnosed breast cancer cases be formally discussed at a MDTM before commencement of treatment?

A. Yes
B. No
C. Not Certain

88% Yes
11% No
2% Not Certain
New Breast Cancer Diagnoses

Does an Oncologist need to be present at a MDTM to discuss **ALL** newly diagnosed breast cancer cases before the commencement of treatment?  

A. Yes  
B. No  
C. Not Certain
Post Op
Should all breast cancer cases undergoing surgery be formally discussed at a MDTM following surgery?

A. Yes
B. No
C. Not Certain
Post Op

Does an Oncologist need to be present for that discussion?

A. Yes
B. No
C. Not Certain
Breast Cancer Recurrence

Should all breast cancer cases of recurrent breast cancer be formally discussed at a MDTM?

A. Yes
B. No
C. Not Certain
Breast Cancer Recurrence

Does an Oncologist need to be present for that discussion?

A. Yes
B. No
C. Not Certain

93% Yes
5% No
1% Not Certain
MDTM Transformation

Would you be in favour of a reformed MDM system where only a small number of selected cases are formally discussed at a MDTM?

The majority of cases being placed on pre-agreed, recognised treatment algorithms / pathways

A. Yes
B. No
C. Not Certain
Getting started

- August 2018: Communicate with MDM
- Convene small MDM and discuss potential problems and limitations
- September 2018: Virtual MDM for 2/52 and devise suitable protocols and pathways
- Mid Sept 2018: Start weekly Triage MDM and collect data
- Dec 2018: Pilot study complete; review data and audit
Getting started

- Suitable pathways for protocols
- Use pre op pts first
- Use benign and Metastatic MDM to full potential
- **T1a/b N0**- straight to surgery
- **T4d**- straight to Oncology, staging requested then for Mastectomy and ANC, no reconstruction. Clinical team to r/v imaging o/s meeting
- **Recurrence**- Staging, decide on biopsy site, back to metastatic MDM
- **Mets**- Stage, decide on biopsy site, back to metastatic MDM
- Trials
- All pts discussed at Triage MDM to appear on MDM in separate section but not for full discussion. All decisions made in Triage MDM to be documented on CRS live
- For pilot period of 3/12 all cases audited with reason for decision and decisions cross checked against main MDM outcomes
- Further audit at 6/12
Problems and limitations

• Fear of new process and governance
• Risk assessment
• Communication
• Clinicians feeling excluded
• Full information not available
• Also made _Allbreast radiologist email
Pilot study data  
Oct 18 – June 2019  
n=594 pre-op patients (BH/ NUH and WX)

<table>
<thead>
<tr>
<th>Reason to move off list</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1 pathway</td>
<td>22/594</td>
<td>3</td>
</tr>
<tr>
<td>NACT pathway</td>
<td>28/594</td>
<td>4.7</td>
</tr>
<tr>
<td>Mets pathway</td>
<td>16/594</td>
<td>2</td>
</tr>
<tr>
<td>T4d pathway</td>
<td>4/594</td>
<td>0.04</td>
</tr>
<tr>
<td>Recurrence pathway</td>
<td>7/594</td>
<td>1.1</td>
</tr>
<tr>
<td>Tests not ready-defer</td>
<td>67/594</td>
<td>11</td>
</tr>
<tr>
<td>Sort via email</td>
<td>33/594</td>
<td>5.5</td>
</tr>
<tr>
<td>Could make a plan</td>
<td>141/594</td>
<td>24</td>
</tr>
<tr>
<td>Double checking reports</td>
<td>82/594</td>
<td>14</td>
</tr>
<tr>
<td>Other-OAFU/Benign Follow up</td>
<td>17/594</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>417/594</td>
<td>69%</td>
</tr>
</tbody>
</table>

Total 77/594 12%  
Total 340/594 57%
Positive comments from team

‘From a pathology point of view, we are all very pleased with how the triage MDT has been working, it has reduced the preparation time for the person covering the pre-op MDT. We haven’t experienced any errors/problems, as we are still able to add any patients back on to the MDT that we feel need discussing again. Many thanks for your hard work in arranging this pilot.

‘The triage MDM process has been excellent from a radiologist point of view as it has generally saved an hour of prep time and also gives the presenting radiologist more time to concentrate on those cases that are on the main meeting. In addition we have found that it significantly reduces the time for the MDM which has freed us up earlier to report after the meeting (and in the future accommodate WX), so all in all very positive from our point of view’

‘I would like to say the introduction of the triage MDM has made a big improvement to the breast radiologist workload, and has significantly reduced the amount of time the radiologists need to prepare. I think this would potentially be of benefit to Whipps Cross as well’
Barts Health - Breast MDT Improvement

Impact on 62 Day Performance
Number of Breaches – By Month

- Number of patients who breached the 62 day pathway reduced following protocolisation.

*MDT protocols started*
62 Day Performance – By Month

- 62 day performance improved following protocolisation which was followed by 2 months of 100% compliance. This had not been achieved since November 2017.
Barts Health has achieved the highest 62 day performance within the UCLH Cancer Collaborative since protocolisation started.

Performance has improved by 4% following protocolisation from the 4 months before it started.
Benefits

• Preparation time radiology/pathology
• Meeting length
• Case numbers
• Allowed amalgamation of MDM with WXH
• Impact on performance indicators
Problems

- Meeting size
- Reliance on VC
- Clinician engagement with Triage
- Time spent o/s meeting
What next?

• Ensure all sites satisfied with Pilot
• Formalise SOP
• Job plans
• Merge WX MDM from Dec 2018
• Start for post –op patients?
• National interest -presentations
Thanks

• To Jennifer Hu, Charlotte Longman, Carl Pratley, Jacky Jones, Dee Oderin and Jacob Goodman