Manchester Cancer

Effective working in a lung cancer sector MDT

A charter

Version 1.0

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Introduction

The Manchester Cancer Lung Cancer Pathway Board is committed to developing a sectorised model of lung cancer MDTs reflecting the National Cancer Action Team (NCAT) Characteristics of Effective MDT (Appendix 1).

Key aims of the lung cancer sector MDT

- *Facilitating the Integrated Cancer System*

Manchester Cancer aims to be one of the top integrated cancer systems in the world. In contrast to stand-alone MDTs, Sector MDTs facilitate integrated pathways and promote team-working.

- *Pooling expertise to drive standards*

By pooling resources from the stand-alone MDTs, sector MDTs are attended by >1 member of each core discipline. This creates an environment where diagnostic and treatment recommendations are considered, debated and challenged, and prevents automation and formation of potentially nihilistic habits.

- *Reducing variation in clinical practice and outcome*

Manchester Cancer aims to reduce variation between trusts. Pooling expertise and facilitating integrated working through Sector MDTs will improve access to high quality care for all patients and reduce variation in clinical practice and outcomes between trusts.

- *Improve core member attendance*

Sector MDTs, by pooling expertise and integrated working, are better resourced to adequately cover absences of core members.

- *Trial recruitment*

Pooling resources and expertise will encourage debate about appropriate clinical trials for each patient, and enable attendance by a research nurse to each sector MDT.

- *Education*

Sector MDTs lend themselves to an education by enabling considered appraisal of management decisions both between disciplines but also within disciplines as >1 specialist from each discipline attends.

Aims of the MDT Charter

It is acknowledged that a move from stand-alone MDTs to sector MDT working provides a new set of challenges, in particular the risk of prolonged and inefficient meetings if patients are listed and discussed inappropriately or audio-visual teleconferencing facilities fail. The sector MDT charter sets out pledges which mitigate against these risk and uphold the key aims of sector MDT working (above).

It is expected that each sector MDT will develop an operational policy and work plan to meet the lung cancer measures set out in the National Peer Review Programme and the pledges set out below.

This first version of the Sector MDT Charter aims to facilitate implementing the sector MDTs and refers to functioning of the sector MDTs only. Further aims of the sector MDTs are (i) accountability and (ii) performance management, and will be included in later versions of the charter.

The Sector MDT Charter will be reviewed annually (and adapted as appropriate) by the Lung Cancer Pathway Board.

The Pledges

1. The sector MDT will meet at the same agreed time once a week. All MDT members should make every effort to be punctual.
2. The chair is responsible for ensuring the meeting is paced appropriately. It is recommended that sector MDT aims to take no longer than 2 hours.
3. The position of sector MDT chair will be held for a maximum of 24 months. The new MDT chair should be from a different trust than the outgoing chair.
4. Each trust will ensure appropriate IT support for audio-visual teleconferencing equipment, able to respond to issues during meetings if required.
5. Each trust should have a full-time MDT co-ordinator supporting the sector MDT
6. The sector MDT will be attended by core team members (as defined by National Peer Review Programme) from each trust. The sector MDT will therefore consist of >1 member in each discipline with appropriate cross-cover procedures agreed.
7. The sector MDT chair will be made aware of any absences (and cover arrangements) and/or new attendees in advance, and introduce them at the start of the meeting.
8. All patients from each of the sector trusts will be discussed at the meeting. All sector MDT members are expected to engage in discussions/debate for all patients presented at the meeting.
9. Mutual respect for the views of all core members will underpin the effectiveness of the sector MDT, and the chair is responsible for ensuring each voice is heard.
10. All patients will be referred to the sector MDT via an agreed proforma to summarise the clinical, radiology, and pathology details required to make a management recommendation.
11. The minimum requirement for all patients referred to the sector MDT is a documented performance status, an understanding of the co-morbidities and staging CT scan.
12. Patients should not be referred to the sector MDT without the appropriate investigations to enable a recommendation. Appropriate referrals to the lung cancer sector MDT are:

    a. All patients with a diagnosis of lung cancer or mesothelioma requiring a management recommendation from the lung cancer sector MDT.

    b. Patients with suspected lung cancer or mesothelioma requiring confirmation of diagnosis from the lung cancer sector MDT (including advanced diagnostic techniques).

    c. Patients with known previous lung cancer or mesothelioma, presenting with

recurrent or progressive disease.

Patients discussed at the sector MDT outside of these indications is at the discretion of the chair.

13 Patients referred inappropriately, or without appropriate information/investigations will not be discussed. The referrer will be informed.

14 The sector MDT will be attended by a research nurse. Every patient discussed should be considered for appropriate/available clinical trials, and this should be recorded.

15 The chair is responsible for summarising the discussion and a clear recommendation after each case. This will be recorded on the patients MDT proforma during the meeting.

16 The completed MDT proforma will form part of the patients referral to surgery/oncology/palliative care etc.

17 Feedback on the outcome of “interesting cases” to the MDT is encouraged and should be agreed by the chair in advance.

18 The sector MDT is considered an education opportunity. Medical students and trainees should be encouraged to attend.

19 Sector MDT members are encouraged to raise any concerns about the functioning of the sector MDT with the MDT chair. The Lung Cancer Pathway director should be informed if the above pledges continue to be unmet.

Appendix 1

Characteristics of an Effective MDT

In 2010, The National Cancer Action Team (NCAT) set out Characteristics of Effective MDT:

• treatment and care being considered by professionals with specialist knowledge and skills in the relevant aspects of that cancer type;
• patients being offered the opportunity to be entered into high quality and relevant clinical trials;
• patients being assessed and offered the level of information and support they need to cope with their condition;
• continuity of care, even when different aspects of care are delivered by different individuals or providers;
• good communication between primary, secondary and tertiary care;
• good data collection, both for the benefit of the individual patient and for the purposes of audit and research;
• improved equality of outcomes as a result of better understanding and awareness of patients' characteristics and through reflective practice;
• adherence to national and local clinical guidelines;
• promotion of good working relationships between staff, thereby enhancing their job satisfaction and quality of life;
• opportunities for education/professional development of team members (implicitly through the inclusion of junior team members and explicitly when meetings are used to devise and agree new protocols and ways of working);
• optimisation of resources – effective MDT working should result in more efficient use of time which should contribute to more efficient use of NHS resources more generally.