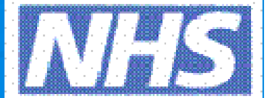
MDT Co-ordinator Annual Conference

MDT Development Programme
An update

3 March 2010

Cheryl Cavanagh   National Cancer Action Team

NATIONAL CANCER ACTION TEAM



What will be covered?

- **Key issues from MDT survey**
- **MDTC specific issues from survey**
- **2010 MDT Development work programme**
- **How you can be involved**

MDT Survey - Background

- Survey ran for ~6wks (30 Jan – 16 Mar 09)
- Sent to MDT members via Cancer Networks and Cancer Service Managers.
- 52 ?s covering perceptions and facts (22 multiple choice, 9 fact based & 21 free text).
- Presenting responses from MDT core & extended members (2054)

Survey Participants: By Professional Group

- 53% Doctors
- 26% Nurses
- 15% MDT Co-ordinators (302)
- 4% AHPs
- 2% Other (e.g. admin / managerial)

Almost all respondents (95%) said their MDT had an MDTC – hurrah!

Survey: Membership of multiple MDTs

- **About half were mbrs of multiple MDTs:**
  - 27% were members of 2 MDTs
  - 12% were members of 3 MDTs
  - 6% were members of 4 MDTs
  - 5% were members of more than 5 MDTs!

- **Majority (82%) of MDTCs were mbrs of 1-2 MDTs:**
  - over half (51%) mbrs of only 1 MDT
  - about a third (31.1%) mbrs of 2 MDTs.

Survey: Some Key Findings

- **MDTs need support from their Trusts**
- **MDT members need protected time for preparation, travel & attendance at meetings**
- **Leadership is key to effective team working**
- **Dedicated MDT meeting rooms should be the gold standard with robust and reliable technology**
- **MDTs have a role in data collection**
- **All clinically appropriate options (incl trials) should be considered even if not offered locally**
- **Patient views should be presented by someone who has met the patient**

Survey: MDTC Specific Issues ..1

- **Of the 15% (302) MDTCs responding to survey:**
  - **85.5% reported spending > 90 mins on prep for each meeting and 10% btw 30-60mins (MDTCs highest of all professional groups);**
  - **39.1% thought a meeting should last 'as long as required'; 30.8% though 60-90 mins was max time a meeting should last and 21.7% 90-120 mins;**
  - **35.8% thought the optimum no. of cases to consider at a meeting was 16-25; 23% thought 26-35 and 22.2% up to 15 cases (MDTCs most likely to opt for higher caseloads).**

Survey: MDTC-specific findings ..2

- **In terms of views on ‘perception’ questions there was little difference btw responses from different professional groups.**

- **There were a few areas where MDTCs were slightly more or less likely than those from other professional groups to agree or disagree with certain statements.**

Survey: MDTC Specific Issues ..3

- **Least likely to agree that MDMs should not take place in lunch period (46% vs 57% all and >70% for nurses & AHPs)**
- **Most likely to agree that late additions to the agenda should not be allowed unless clinically urgent (86% vs 68-76% for other professional groups)**
- **Least likely to agree that a clinician should be able to bring private patient cases to MDM (68% vs 92% of drs)**
- **Most likely to agree that requests for tests & treatments should be booked during MDM (79% vs 64% of drs)**
- **Least likely to agree that documented decisions should be projected for members to views (75% vs 81% all & 87% nurses)**

Survey: MDTC Specific Issues ..3

- **Least likely to agree that any core member could chair MDM (51% vs 68% all and 83% AHPs)**
- **Most likely to agree that a doctor should be chair (74% vs 58% all – even more than drs (68%)**
- **Most likely to think every new MDT member should have a formal induction (78% vs 52% all)**
- **Most likely to agree that no amount of training can improve team working if there are interpersonal problems (62% vs 54% drs)**
- **Most likely to want written guidance & fact sheets, team training & workshops (not necessarily with own team)**

MDT Development Programme: Next Steps

- **Report plus background analysis available: www.ncin.org.uk/mdt**

- **Issue characteristics of an effective MDT:**

  - **Very high consensus on what is important for effective MDT functioning from survey;**

  - **This has been built on at workshops and discussions with stakeholders.**

CHARACTERISTICS OF AN EFFECTIVE MDT: THEMES

- **The Team:**
  - Membership & attendance
  - Leadership
  - Team working & culture
  - Personal development & training
- **Meeting Infrastructure:**
  - Technology & Equipment (availability & use)
  - Physical environment of meeting venue
- **Meeting Organisation & Logistics:**
  - Scheduling of MDT meeting
  - Preparation for MDT meetings
  - Organisation / admin during meeting
  - Post MDT meeting/co-ordination of service
- **Patient –Centred Clinical Decision-Making:**
  - Who to discuss?
  - Patient centre care
  - Clinical- decision making process
- **Team governance:**
  - Organisational Support
  - Data collection, analysis & audit of outcomes
  - Clinical Governance

MDT Development Programme: Next Steps ..2

- Pilot approaches to self assessment & feedback
- Identify potential content for MDT development package
- Develop MDT DVD to highlight impact of different working practices & behaviours on MDT working
- Develop toolkit including:
  - examples of local practice to build and expand on locally if desired.
  - national products such as: checklists, proformas, specifications & templates for local adaptation as required.
- Identify Synergies with other work programmes:
  - Advanced communications;
  - Patient Information;
  - Holistic Needs Assessment ;
  - National Cancer Equalities Initiative etc.

How you can get involved in MDT Development Programme?

- ‘Volunteer’ your MDTs for pilot work! (cheryl.cavanagh@gstt.nhs.uk)
- Share local practice for toolkit
- Cascade messages/ products from programme to members of your MDTs and to other MDTCs in your Trusts

Any questions?