

NCIN CYP TSSG
Clinical Chairs workshop

MDT Effectiveness

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WHAT WILL BE COVERED

- **Key issues from questionnaire**
- **Next steps**

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 of which:**
 - 16% Surgeons
 - 8% Oncologists
 - 6% Radiologists
 - 6% Histo/cyto pathologists
- **26% Nurses**
- **15% MDT Co-ordinators**
- **4% AHPs**
- **2% Other (e.g. admin / managerial)**

- **Just under half were members of multiple MDTs:**
 - 51% were members of only 1 MDT
 - 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!

Survey: Overall Finding

- **Very high consensus on what is important for effective MDT functioning.**
- **Very little difference between views of different professional groups or members of different tumour MDTs.**
- **General agreement that:**
 - **a means of self assessment is needed for MDTs**
 - **a variety of support tools/mechanisms need to be available.**

CHARACTERISTICS OF AN EFFECTIVE MDT: THEMES

➤ The Team:

- Membership & attendance (99%)
- Team working (99%)
- Leadership (95%)
- Development & training (78%)

➤ Meeting Organisation & Logistics:

- Organisation / admin during meeting (98%)
- Preparation for MDT meetings (96%)

➤ Infrastructure:

- Technology (availability & use) (93%)
- Physical environment of venue (78%)

➤ Clinical decision making:

- Case management & process (99%)
- Patient centre care / co-ordination of services (93%)

➤ Team governance:

- Data collection, analysis & audit (90%)
- Clinical Governance (84%)

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: Tumour Specific Issues

- **Of the 51% (1339) of professionals covering 1 tumour type only 1% (14) were just members of CYP MDTs.**
- **Numbers too small to draw meaningful conclusions specific to CYP.**
- **Can views of predominantly adult MDT members be generalised to CYP MDTs??**

Next Steps

- **Report plus background analysis available: www.ncin.org.uk/mdt**
- **Issue characteristics of an effective MDT based on findings**
- **Pilot approaches to self assessment & feedback**
- **Identify potential content for MDT development package**
- **Develop MDT DVD to highlight in an entertaining & informative way impact of poor working practices, poor working environments, poor technology and unhelpful behaviours!**
- **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.**

How can NCIN CYP SSCRG help MDT Programme?

- **Identify 'volunteer' MDTs for pilot work**
- **Share local practice for toolkit**
- **Cascade messages/ products from programme to local MDTs**

Note: if appropriate to incl. CYP MDTs within programme

**Any questions or
Issues you want
to raise?**

